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SOME DEMOGRAPHIC, ECONOMIC AND SOCIAL CONSIDERATIONS IN  
POPULATION POLICIES FOR AFRICAN COUNTRIES  
(WITH SPECIAL REFERENCE TO FAMILY PLANNING)

(Prepared by the United Nations Population Division)

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SOME DEMOGRAPHIC, ECONOMIC AND SOCIAL CONSIDERATIONS IN  
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I. Introduction

1. Economic and social planning and policy-making is a relatively new phenomenon in the world as a whole. Its current widespread popularity among developing nations reflects the need in these regions to obtain the maximum returns from available resources so as to ensure the highest possible rates of national economic growth and social advancement. Recognition of the importance of the population component of development gained currency following disappointment with results of the first United Nations Development Decade,<sup>1/</sup> and in recent years increasing numbers of governments have incorporated a population policy as an integral part of their official development programme. Because wide varieties and combinations of relevant demographic, economic and socio-cultural conditions prevail in the economically less advanced regions, and in view of the dynamic nature of these conditions, there is neither a blue print for development nor a population policy formula that will meet the needs of all developing nations.

2. The African continent is one of diverse cultures, and the countries differ also in respect to demographic situation, density and settlement patterns, level of development, quality of natural resources and economic growth potential. What constitutes a suitable population policy depends therefore upon the demographic situation in relation to resources, development needs and avenues of potential development.

3. One of the principal handicaps to a useful discussion of population policies is the lack of information on social, economic and other relevant conditions, as well as on the demographic situation. Much of the needed data are particularly lacking for countries of this region.<sup>2/</sup> In addition, the variety and the vast complexity of cultural institutions are such that little confidence can be placed in present knowledge as to their relevance for population change and the development process. Moreover, the rapidity of social change which has been one of the outstanding characteristics of Africa during the decade of the 1960's,

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1/ The United Nations Development Decade: Proposals for Action (United Nations publication, Sales No.: 62.II.B.2), pp. vii, 7.

2/ "Report of the Seminar on Application of Demographic Data and Analyses to Development Planning", convened by the Economic Commission for Africa, Addis Ababa, 2-9 June 1969. (United Nations document, E/CN.14/457), pp. 7-8.

further complicates the problem of outlining relevant population policies. But the crucial needs for development in Africa and the importance of population policy to the achievement of development goals make it imperative that these questions be addressed, in spite of problems regarding the amount and quality of available data and the gaps in relevant scientific knowledge.

4. The following provides only a brief description of the African demographic situation, as details of this are available in other documentation. The main body of the paper sets forth types of population policy suitable in different circumstances, and attempts to pinpoint some of the demographic and other conditions that give rise to needs for such policies.

## II. The Demographic Situation<sup>3/</sup>

### A. Size, density and settlement patterns

5. At mid-1967 the population of Africa was estimated to be about 328 million, slightly less than 10 per cent of the world's inhabitants.<sup>4/</sup> Average density in the region was relatively very low -- 11 persons per square kilometre, approximately the same as the average for Soviet Union and Northern America. By comparison, the range for the world's major regions was very wide, from two in Oceania to 96 per square kilometre in Europe. There were, however, considerable differences among the regions of Africa in respect to population density, which reflects in part the suitability of terrain, soil, climatic and other circumstances affecting human survival, as well as historical conditions.

6. In addition, there were wide variations in density within some of these countries which often represented an accommodation to the natural topography.<sup>5/</sup> It is important to remember that measures of density

<sup>3/</sup> This discussion is intended only as a background for the consideration of types of population policy that may be applied in countries of the region, and measures whereby these policies may be implemented. Nonetheless, it is noteworthy that the data upon which the discussion is based are of limited reliability. For a discussion of the quality of data, see Population Bulletin of the United Nations, No.7 - 1963, op. cit., and World Population Prospects as Assessed in 1963 (United Nations publication, Sales No.: 66.XIII.2).

<sup>4/</sup> These data are from United Nations Demographic Yearbook 1966 and 1967 (United Nations publication, Sales Nos.: 66.XIII.1 and 67.XIII.1); ECA Demographic Handbook for Africa (March 1968), and files of the United Nations Statistical Office.

<sup>5/</sup> See, for example, Population Growth and Manpower in the Sudan (United Nations publication, Sales No.: 64.XIII.5), pp. 32-33.

do not suffice as indicators of population pressure upon land and other resources, as the meaning of the measure for any country depends upon level of development, amount and quality of arable land and other factors.

7. The great unevenness of population distribution in many African nations has become accentuated in recent years by the rapid pace of urbanization. Whereas around 1950, Africa had 6 cities with more than 500,000 and only one with a population of one million, by 1960, 10 cities had reached the 500,000 category, and three had as many as a million inhabitants.<sup>6/</sup> In the meantime, the number of cities with 100 thousand and more inhabitants had increased from about 21 around 1950 to nearly 100 at the end of the 1960's.<sup>7/</sup> As these changes suggest, the average annual rate of population increase in localities of 20,000 and more has been very high, about 5.4 per cent, higher than for any of the other major world regions. And while total population growth has been a contributing factor, the principal cause has been the phenomenal volumes of rural to urban internal migration. International migration has also swollen the big city population in tropical Africa, and many problems have ensued. The adverse effects upon the social and economic structure due to the remarkably rapid pace of urbanization in this region are so considerable that urban growth has become perhaps the central problem in the demography of Africa.

#### B. Fertility, mortality and natural increase

8. Fertility is estimated to be higher for Africa as a whole, than for any other major region. Around 1965 the continent had an average crude birth rate of 48 per 1,000 population and a gross reproduction rate (GRR) of 3.1. But the measures vary considerably among the countries. The average birth rate for West Africa around 1965 was 54 per 1,000 population and the GRR amounted to 3.4, whereas the respective measures for Southern and Eastern Africa were 45 and 2.7.<sup>8/</sup> The level in Northern Africa was intermediate between that of the Southern, Eastern and Western regions, with the GRR varying from about 2.8 to 3.1.

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6/ Growth of the World's Urban and Rural Population, 1920-2000 (United Nations publication, Sales No.: 69.XIII.3), and United Nations Demographic Yearbook 1966, 1967, op. cit.

7/ Ibid.

8/ "Interim report on conditions and trends of fertility throughout the world" (United Nations document, E/CN.9/230/Add.1).

9. Fertility is much lower in Central Africa, with estimated gross reproduction rates of the order of 2.1 to 2.4. These lower rates are probably due in large part to physiological causes. Thus, fertility may increase as health conditions are improved and the incidences of sterility and sub-fecundity decline. The high fertility characteristic of much of Africa may be a relatively recent phenomenon, due at least in part to improvements over the past few decades in health and related conditions.<sup>9/</sup> As the possibilities for further improvements in health conditions are still very considerable, many of these countries may record even higher fertility rates in the near future.

10. Mortality, like fertility, is higher among the peoples of Africa than for the world as a whole. Around 1965 there was an average of about 23 deaths per 1,000 population compared with the world average of 16. The rates were highest in West Africa where, it will be recalled, birth rates were also highest. Conditions of mortality appear to have been most favourable in southern Africa, for which the average crude death rate was only about 16 per 1,000 population. Rates for the northern and eastern region were also below the continental average, whereas in Central Africa they were estimated to be above this level. Differences in crude death rates among countries were very large, ranging from around 9 in Mauritius to over 30 per 1,000 population in some countries.

11. The low expectation of life and the high death rates in Africa are accompanied by heavy mortality in infancy and early childhood. Infant mortality in a few exceptional cases is estimated to exceed 300 per 1,000 live births and rates around 200 per 1,000 are still rather common. Not only is there a need for improved medical care of mothers and infants, but also for alleviation of adverse factors in the area of public health and, in some cases, perhaps also a change in relevant cultural practices.

12. Over the first half of the 1960's the population of Africa increased at the rate of about 2.5 per cent per year, and the growth rate will probably accelerate, because of the declining trend of mortality and, in many countries, stable fertility. The rate of natural increase is highest in those regions of Africa where mortality improvements have been greatest. Such is the case especially in Southern and Northern Africa and, to a lesser extent in the Eastern region. But, a rising rate of natural increase is probable for the remainder of the continent.

13. The age structure of the population determines to a large extent the variations in needs for goods and services and for certain facilities. Though mortality has some influence, age composition of the

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<sup>9/</sup> See, for a fuller discussion, Population Bulletin of the United Nations No. 7 - 1963 (United Nations publication, Sales No.: 64.XIII.2), Chapter III.

population is determined chiefly by past levels and trends of fertility. African populations have a higher proportion of children than are found in any other major region. It is estimated that at least 43 per cent of the population is in the age group 0-14 and only 54 per cent in the working ages, i.e., 15-65. In Europe, which represents the other extreme, the child population accounts for only 26 per cent of the total, and the population in the working ages 64 per cent. The aged, or post active, comprise only 3 per cent of the population in Africa, compared with 10 per cent in Europe. African countries thus have a higher proportion of economic dependents and a much larger share of the national wealth is absorbed by the care and rearing of children. In such circumstances great difficulties are encountered in efforts to accumulate savings for investments in economic growth.

### C. International migration

14. A lack of demographic data on migrations is common to both more and less developed countries. For African nations, this situation is particularly critical, because migration is a frequent and important phenomenon in this region, and it has many social, economic and cultural implications. International migration particularly, is influenced by recent social and political changes, and by the fact that the frontiers in Africa are often of relatively recent origin and are not always respected by the population.

### III. Relevant Population Policies and Factors Affecting Them

15. The concept of modern government is such that all nations possess laws, design policies and implement programmes which have a direct or incidental effect upon the growth and redistribution of population, and upon its social and economic characteristics. But these measures may be instruments of a population policy only when their explicit purpose is to alter characteristics and trends of population. Measures in the economic, social, political and other fields can influence the flow of migration across national boundaries as well as across administrative units within a nation, and may also influence the sex, age, educational and other characteristics of population. In addition, such measures may have an impact upon family formation and dissolution and upon the general quality of manpower resources, and in all cases, but particularly in the field of public health, they tend to improve mortality conditions and increase life expectancy.

16. In recent years, developing regions have experienced increasingly higher rates of population growth mainly as a consequence of declining mortality coupled with fairly stable levels of fertility. This acceleration of population growth has become recognized by many as a deterrent to rapid economic and social development, and a large number of governments have undertaken programmes to aid their nationals in the

regulation of fertility and family size, but, as noted previously, the conditions vary considerably among individual countries. Some governments favour a larger population because the inhabitants are few and density is low, and larger numbers are thought to offer opportunities for a better utilization of existing resources. While consideration is given in this text to other elements of population policy, the emphasis is upon policies and measures affecting fertility.

A. Policies affecting population redistribution

1. International migration

17. International migration is influenced by the economic, social and political conditions in the countries of origin and the countries of destination. In sub-Sahara African, it is also influenced by the artificiality and recency of national boundaries.

18. Economic conditions, particularly those relating to supply and demand for labour, are among the foremost considerations in modern policies relative to immigration. Thus, in setting forth its population policy, the Government of Ghana stated:

"The Government will take steps to evaluate and, as necessary, to control immigration and to assure that permitted immigration is in the best interest of the country." It added, "Uncontrolled immigration of labour, especially of the unskilled type, reduces employment opportunities for citizens. It is intended that immigration will be used primarily as a means of obtaining needed skills and stimulating social and economic development."<sup>10/</sup>

19. In addition to problems of employment, concern was expressed also for the size of the outflow of remittances to the immigrants' countries of origin, creating balance of payment difficulties, and the failure of migrants to assimilate.<sup>11/</sup>

20. Thus, as the desire to regulate the influx of unskilled labour may be a principal consideration of legislation restricting immigration, so the need for a larger population and for skilled labour may be met by policies favouring selective immigration. Such a policy is implied in the Ghana statement quoted above, and is the common policy in much of Africa south of the Sahara.<sup>12/</sup> The latter type policy for meeting

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<sup>10/</sup> Republic of Ghana, Population Planning for National Progress and Prosperity. Ghana Population Policy, Accra-Tema, March 1969. (Pamphlet), pp. 22-23.

<sup>11/</sup> Ibid.

<sup>12/</sup> J.C. Caldwell, "Population policy: a survey of commonwealth Africa", in The Population of Tropical Africa, J.C. Caldwell and C. Okonjo, eds., (London, 1968), p. 370.



manpower needs represents an alternative to more rapid population growth that is less costly and sooner realized than the production, education and rearing of larger numbers of children. Such a policy would increase the supply of skilled manpower, without rendering the population factor less favourable to prospects for development.<sup>13/</sup> But various political considerations have also motivated certain countries of the region to discourage permanent immigration and to regulate all migration.<sup>14/</sup>

## 2. Urbanization and internal migration

21. The pace of urbanization and the redistribution of population between rural and urban areas constitutes a problem with grave social and economic implications for nearly all African countries. In recognition of the severity of the situation, it has been recommended that countries of the region should incorporate into their development schemes provisions for guiding urbanization "along constructive lines".<sup>15/</sup> Briefly stated, the problem arises from the rate of total population growth, the excessive migration of rural nationals to major cities and the migration of foreign nationals to principal urban areas, along with an imbalance between urbanization and industrial development and the modernization of agriculture. As a consequence, the major cities developed more severe housing shortages, problems of public health and sanitation, more widespread unemployment and underemployment and a generally overburdened infrastructure, while small towns stagnated. Moreover, the disruption of family life and an increase in individual instability have become more evident in both urban and rural communities.<sup>16/</sup> Among the demographic consequences are abnormalities of the sex ratio and of age structure in rural and urban communities, with attendant problems of economic dependency, family formation, and so on.<sup>17/</sup> Though Africa is the least urbanized of the world's major regions, the problems

<sup>13/</sup> Population Growth and Manpower in the Sudan (United Nations publication, Sales No.: 64.XIII.5), pp. 121-126, and J.C. Caldwell and C. Okonjo, op. cit.

<sup>14/</sup> J.C. Caldwell, "Introduction", in J.C. Caldwell and C. Okonjo, eds., op. cit., pp. 335-336.

<sup>15/</sup> "Report of the Seminar on Application of Demographic Data and Analysis to Development Planning", convened by ECA at Addis Ababa, 2-9 June 1969. (United Nations document, E/CN.14/457), p. 10.

<sup>16/</sup> K.C. Zachariah, "Statement by the Rapporteur", Proceedings of the World Population Conference, 1965, Vol. I, Summary Report (UN document, No.: 66.XIII.5) pp. 165-168.

<sup>17/</sup> C.N. Ejiogu, "African rural-urban migrants in the main migrant areas of the Lagos Federal Territory", in C.J. Caldwell and C. Okonjo, eds., op. cit., pp. 320-330.

of urbanization are no less critical. The countries of Northern Africa have the highest proportions of urban population. And though the proportions of total urban population concentrated in cities of 100,000 and more is high throughout much of Africa, this urban concentration is generally prevalent in countries south of Sahara.<sup>18/</sup>

22. It is thus to be expected that planning officials in these countries would emphasize policies aimed to ensure that urbanization should assume a pace and character more favourable to economic growth. The measures most commonly proposed for application in Africa as well as in other regions include, inter alia, the following:

(1) decentralization of industries and their administrative offices in both the public and the private sector; (2) development of new towns; (3) provision in rural areas of facilities for health and education, and improvement of rural water supply, sanitation facilities and transportation; (4) construction of new roads and other transportation modes over routes conforming with the population redistribution policy; and (5) provision of equal social benefits to rural and urban inhabitants.<sup>19/</sup> Several of these schemes have been proposed in the Ghana population policy,<sup>20/</sup> the development plan of Kenya<sup>21/</sup> and the 1969 reconstruction and rehabilitation plan of Nigeria.<sup>22/</sup> Governments of other countries within the region have also adopted policies aimed to alleviate conditions of urban life.

### 3. Patterns of population settlement

23. There are a number of African countries in which the distribution of population over the land area is unfavourable to national development. In some the problem is one of extremely low national density, while in other countries there are dual patterns of very dense and very sparse settlement. The first condition, low national density, has prompted officials in some countries to proclaim a need for a larger population

<sup>18/</sup> Demographic Handbook for Africa, published by the United Nations Economic Commission for Africa (March, 1968), p. 60.

<sup>19/</sup> "Report of the Seminar on Application of Demographic Data and Analysis to Development Planning", op. cit., p. 16.

<sup>20/</sup> Republic of Ghana, Population Planning for National Progress and Prosperity, op. cit., p. 22.

<sup>21/</sup> B.H. Ogola, "Future economic development in Africa. Two country examples: (b) Kenya", The Role of Family Planning and African Development (IPPF, Nairobi), July 1968, pp. 21-22.

<sup>22/</sup> "Report of the Seminar on Application of Demographic Data and Analysis to Development Planning", op. cit., p. 4.

as an aid to development. It is maintained that the increased numbers would expand markets and increase the supply of labour needed for the exploitation of national wealth.<sup>23/</sup> However, it may be considered that the purchasing power rather than the size of the population will be a paramount factor in the demand for products. When the population increases at a rate sufficiently high to impede economic growth, the rate of capital accumulation is inadequate, even declining, and the purchasing power of the population is reduced. Other serious problems also arise. Moreover, as noted earlier needs for skilled manpower may be met more efficiently through provisions for selective migration.

24. Resettlement of population for development purposes has been attempted in several countries, but in no case have the efforts met with wide success. Land, kinship and various other cultural ties of population in the area of proposed out-migration have been the principal deterrents. Burundi, Cameroon and Lesotho are among the countries aiming to improve patterns of population settlement, principally to relieve high density areas.<sup>24/</sup> Transfers from large metropolitan areas, for example, would reduce the burden upon the infrastructure of the city, as well as relieve conditions of employment and other problems. Government subsidies and land grants and development of health, sanitation, education and transport in areas proposed for resettlement are among the innovations that will facilitate such projects.

25. Resettlement has also been proposed as a measure to improve development prospects in low density countries and in those where the population is widely scattered and where there are wide variations in climate, soil quality and terrain. In these circumstances, increased concentration of population would improve the use of manpower resources, enhance conditions of marketing and facilitate the provisions of utilities, schools and other services to large proportions of the population.<sup>25/</sup>

#### B. Policies influencing mortality and health

26. It has been observed earlier that all measures to elevate living standards diminish mortality and improve the health conditions of the population. The demographic and other, related aspects of health policy are thus exceedingly broad, and the relevant policies themselves include a range of topics somewhat beyond the scope of this paper. Health is of major concern in the African region, for mortality -- particularly of infants and children is still very high and morbidity is

<sup>23/</sup> Ibid., p. 16.

<sup>24/</sup> Ibid., pp. 2-3.

<sup>25/</sup> Population Growth and Manpower in the Sudan (United Nations publication, Sales No.: 64.XIII.5), pp. 121-126.

reportedly very widespread. Also, many current health problems have important implications for fertility levels and trends, particularly those associated with sterility and sub-fecundity. These aspects are discussed in sections below.

27. It may be sufficient to note here that all governments in the region allot relatively large proportions of their national budget to health.<sup>26/</sup> In this connexion, analytical studies of demographic, cultural and related factors can strengthen the basis for efficient policy formulation in the health sector.

#### C. Policies aimed to influence fertility and population growth

28. Allusion has already been made to the variety and complexity of factors affecting the fertility of populations in the African region. Moreover, there are discernible variations both in levels of fertility and in the factors affecting it according to sub-regions of the African continent.

29. It has been observed that inasmuch as the level of development is uniformly low, these differences must be attributable to variations in "traditional attitudes and behaviour with regard to marriage, sexual relations and birth of children, or to factors in the cultural and natural environment affecting the incidence of sterility, sub-fecundity and pregnancy wastage".<sup>27/</sup>

30. It is cautioned, however, that the social and cultural institutions are related to fertility in an intricate, highly complex fashion. No attempt is made here to recount all of these factors or to assess fully their interrelationships.

31. It will be recalled that, in addition to fertility variations, the countries differ in respect to mortality levels, density and patterns of land settlement. They vary also in regard to amount and quality of manpower resources and, as noted above there are important dissimilarities of culture. Against this background, it is not surprising that governments within the African region differ as regards appropriate policy in relation to fertility and population growth. As stated previously, several of them are pursuing a policy favouring population increase, and some have enacted measures supporting this position. Some others have undertaken policies and programmes aimed to bring about lower fertility and a reduction of rates of national

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<sup>26/</sup> J.C. Caldwell, "Population Policy: A Survey of Commonwealth Africa", op. cit., p. 370.

<sup>27/</sup> Population Bulletin of the United Nations, No. 7 - 1963, op. cit., p. 21

population growth. At mid-1969 the latter group included Botswana, Ghana, Kenya, Mauritius, Morocco, Tunisia and the United Arab Republic.<sup>28/</sup> In addition, private agencies in a number of other countries are sponsoring family planning programmes frequently with assistance of government. There are also governments that have not yet formulated a policy with respect to population growth.

### 1. Policies favouring higher fertility

32. Instruments of a pro-natalist policy include prohibition of abortion, restrictions against the manufacture, sale and distribution of contraceptives, and the provision of allowances to mothers, children and families. Economic and social measures in support of the family are not in themselves indicative of such a policy, but their enactment along with the restrictions on abortions and contraceptives usually confirm a policy in support of population growth.

33. According to information presently available, governments of several countries in tropical Africa favour larger populations as an aid to the development of available resources. Among them are the Congo (Brazzaville), Ivory Coast, Malagasy Republic, Malawi, Upper Volta and Zambia. The supporting measures include family allowances, prohibition of abortion and banning of the sale of contraception.<sup>29/</sup> It is important to note, however, that not all of these measures are in force in each country.

### 2. Policies of population control: the national family planning programme

34. In the African context, the national family planning programme may be utilized to achieve one or several goals: (a) the limitation of family size; (b) spacing of children as an aid to maternal and child health; (c) reduction of the incidence of induced abortion; and (d) alleviation of problems of sterility.

<sup>28/</sup> "Report of the Seminar on Application of Demographic Data and Analyses to Development Planning", op. cit., p. 16 and "Statement prepared by the Government of Botswana", International Conference of Ministers Responsible for Social Welfare (United Nations document, E/CONF.55/7, June 1968), p. 99.

<sup>29/</sup> "Measures, Policies and Programmes Affecting Fertility", op. cit., Chapter III and "Report on the Seminar on Application of Demographic Data and Analysis to Development Planning", op. cit., pp. 2-5.

(a) Limitation of family size

35. In recent years, governments that have adopted a policy of regulating the rate of population growth have utilized as the principal instrument, the national family planning programme. In mid-1969, approximately 30 countries had such schemes, and five of these were in Africa.<sup>30/</sup> Insofar as this region is concerned, programmes were initiated first in Northern Africa, specifically Tunisia and the United Arab Republic, which considered that the rapid rate of population growth had impeded the accumulation of savings needed for investment in economic growth.<sup>31/</sup> These and the other governments viewed achievement of lower birth rates additionally as (1) means of reducing the growth rate of the labour force and thereby of alleviating problems of unemployment and underemployment; (2) improving facilities and lowering the cost of education and care of children; (3) and of generally alleviating the pressure of population upon resources.<sup>32/</sup>

36. National family planning programmes in countries of this and other regions have been implemented on the assumption that individuals would limit the number of their children if the advantages of doing so were communicated to them and if given the means and necessary information. These programmes have encountered some resistance and, in view of various social and cultural institutions throughout Africa, it is likely that resistance to family planning for birth limitation purposes might also be encountered in this region. Among probable impediments are: low levels of literacy and education among both males and females;<sup>33/</sup> widespread attitudes favouring large families, particularly in the areas where many children confer status upon both wife and husband;<sup>34/</sup> the limited sources of prestige available to women,

<sup>30/</sup> "Measures, policies and programmes affecting fertility" (United Nations document, E/CN.9/232), Chapter III. The African countries are Botswana, Ghana, Kenya, Tunisia and U.A.R.

<sup>31/</sup> "Report of the Seminar on Application of Demographic Data and Analysis to Development Planning", op. cit., p. 6.

<sup>32/</sup> Republic of Ghana, Population Planning for National Progress and Prosperity -- Ghana Population Policy, op. cit., pp. 18-23; Republic of Kenya, Development Plan 1966-1970 (Nairobi, 1966), pp. 51-52 and African Socialism and its Application to Planning in Kenya (Nairobi (1965), p. 31; United Arab Republic, The Charter (Cairo, 1962); Tunisia, Plan Quadriennal, 1965-1968 (Tunis, 1965); and "Statement prepared by the Government of Botswana", International Conference of Ministers Responsible for Social Welfare (United Nations document, E/CONF.55/7, June 1968), p. 99.

<sup>33/</sup> Among many sources, see A.J. Coale, "Factors associated with the development of low fertility: an historic summary", Proceedings of the World Population Conference, 1965 (United Nations publication, Sales No.: 66.XIII.6), Vol. II, pp. 205-209.

<sup>34/</sup> A. Molnos, Attitudes Toward Family Planning in East Africa (München, West Germany, 1968).

other than childbearing and other conditions relative to their social status;<sup>35/</sup> and such practices in some societies as the subordination of wives in sexual relations.<sup>36/</sup> Another important, possible deterrent to the spread of family planning that is culturally oriented, is failure to choose appropriate methods: where the IUD, for example, would otherwise be acceptable, such side effects as irregular bleeding may be culturally offensive, particularly to Moslems.

37. On the positive side, it may be noted that birth prevention is approved in Islamic traditions.<sup>37/</sup> In addition, the secularization of society and the changing role of the family, which is being fostered by the very rapid pace of urbanization, along with improvements in education and, in general, the modernization of African societies may alter values in respect to desired family size. Again, it is important to emphasize the variations in culture, the rapid changes occurring in these societies and the gaps in knowledge of these changes and of the ways in which they influence fertility values.

(b) Spacing of children as an aid to maternal and child health

38. Some studies have shown a correlation between high parity and infant mortality, and in addition, have revealed that infant health, particularly in the prenatal period is frequently related to the prenatal care of the mother. It is considered, too, that frequent pregnancies are a hazard because they contribute to poor maternal health and in cases of prolonged lactation, which is frequent in many African societies, nursing mothers may become pregnant. This applies particularly where intercourse is not proscribed during lactation. Simultaneous pregnancy and lactation constitute a double drain on the physical reserves of the mother, and abrupt weaning due to pregnancy<sup>38/</sup> may seriously impair the health and nutrition of the nursing infant.

<sup>35/</sup> R.A. Henin, "The need for a population policy in the Sudan", The Role of Family Planning in African Development (IPPF, Nairobi, 1968), p. 19. See also, A.J. Coale, op. cit., p. 208; Government of Pakistan, Second Five-Year Plan (1960-1965), (Karachi, 1960), pp. 334-335; A. Molnos, op. cit., pp. 209-211; and "Measures, policies and programmes affecting fertility" (United Nations document, E/CN.9/232), Chapter VI.

<sup>36/</sup> P.O. Olusanya, "Nigeria: cultural barriers to family planning among the Yorubas", Studies in Family Planning (USA), No. 37 (January 1969), pp. 15-16.

<sup>37/</sup> Address by Dr. K.H. Idham Chalid, State Minister for People's Welfare, at the Regional Conference of the IPPF, South-East Asia and Oceania Region, Bandung, 1-7 June, 1969.

<sup>38/</sup> WHO, The Organization and Administration of Maternal and Child Health Services, WHO Technical Report Series, No. 428 (Geneva, 1969), pp. 18-20.

39. Although the emphasis in most national family planning programmes is upon limitation of completed family size, an additional and very important benefit is the cultivation of appreciation for and achievement of success with the spacing of births. Not only is the health and well-being of mothers and children improved, but conditions of sub-fecundity, reflected in vast pregnancy wastage, may also be alleviated. According to the World Health Organization,

"Child spacing is an important factor in the outcome of a pregnancy. Optimum spacing of pregnancies may lower the incidence of prematurity; it also gives mothers a better opportunity to nurture each individual child, and may thus prevent or reduce such complications as gastrointestinal infections and malnutrition during infancy and early childhood."<sup>39/</sup>

(c) Reduction of the incidence of induced abortions

40. It is well known that abortions performed under unsafe medical conditions may cost the life or impair the health of the mother. If the abortion is unsuccessful, the infant's health may also be seriously damaged. There are no reasonable estimates of the incidence of induced abortion on the African continent. Himes has noted that it was the chief "preventive" or birth-limiting check in primitive societies,<sup>40/</sup> and various references attest to its current prevalence. However, it is not at present considered to on such a scale as to constitute a major regional demographic phenomenon.<sup>41/</sup>

41. The Government of Ghana reported, however, that figures on the treatment of abortion in one hospital suggested that the incidence might equal one abortion for every three live births.<sup>42/</sup> It also reported in this connexion that four per cent of all deaths certified in Ghana were due to pregnancy related causes.<sup>43/</sup> In this and other countries in which the problem exists on an appreciable scale, family planning programmes may aid its alleviation, though abortions rates will rise if those adopting family planning are unsuccessful in preventing conception.

<sup>39/</sup> Ibid., p. 19.

<sup>40/</sup> N.E. Himes, Medical History of Contraception, newly issued. (New York, 1963), p. 4.

<sup>41/</sup> J.C. Caldwell, "Population policy: a survey of Commonwealth Africa", op. cit., p. 372.

<sup>42/</sup> Population Planning for National Progress and Prosperity. Ghana Population Policy, op. cit., p. 13.

<sup>43/</sup> Ibid.



## (d) Alleviation of problems of sterility

42. In societies where a very high value is placed upon large numbers of progeny, as is the case throughout much of this region, infertility can be a source of particular concern. Results of a number of studies attest to the prevalence of sterility and sub-fecundity in many of the African countries.<sup>44/</sup> Belts of relatively low fertility -- particularly in South-Central Africa, and high proportions of childless and of never-pregnant women over age 45 in regions within some countries have been linked to various conditions. Although the causes have not been sufficiently identified, evidence has indicated as possibly being among them, malnutrition, sexual patterns, malaria and, particularly, venereal disease.<sup>45/</sup>

43. One of the attributes of national family planning programmes is that they create a public dialogue on various aspects of reproduction and, where the programmes are implemented through health services, there is a heightening of awareness of general health problems. Thus, such programmes create a climate in which individuals may seek and receive assistance with infertility problems.

44. It is therefore of interest that infertility and its causes are considered to be public health problems in some countries of the region and constitutes one of the main reasons for government support of family planning programmes.<sup>46/</sup> In this connexion, it has been reported that about one-third of new family planning clinic patients in the United Arab Republic have requested treatment for sterility.<sup>47/</sup> Noteworthy, too, is the fact that an ECA seminar on Application of Demographic Data and Analysis to Development Planning stressed the usefulness of national family planning programmes as an aid to alleviation of sterility as well as in the avoidance of unwanted births.<sup>48/</sup>

<sup>44/</sup> See, for examples, M. Nag, Factors Affecting Human Fertility in Nonindustrial Societies, Yale University Publications in Anthropology, No. 66 (New Haven, 1962) and A. Rcmانيuk, "Infertility in tropical Africa", in J.C. Caldwell and C. Okonjo, eds., The Population of Tropical Africa, pp. 220-224.

<sup>45/</sup> Ibid., pp. 215-216; R.A. Henin, "Patterns of fertility differentials in the Sudan", Population Studies (UK), Vol. XXIII, No. 2 (July 1969), pp. 171-198.

<sup>46/</sup> "Family planning in Sierra Leone", paper presented to the Second Commonwealth Medical Conference, Kampala, 1968; H.M. Husein, "Evaluation of progress in fertility control in the United Arab Republic", Proceedings of the World Population Conference, 1965 (Vol. II, op. cit., p. 143.

<sup>47/</sup> Ibid..

<sup>48/</sup> United Nations document, E/CN.14/457, p. 18.

### 3. Other policies promoting family size limitation

45. Governments have tended in recent years to develop systematic policies in the social as well as other related fields. Pro-natalist population policies deal not only with birth prevention, but also alleviate the burden of rearing children. Governments desiring lower rates of population growth have, for various reasons, generally been less systematic. Increasingly, however, there have been attempts to make large numbers of children less attractive to prospective parents. In some cases, other measures have been implemented, along with national family planning programmes. Thus the Government of Ghana proposed to review and modify policies relating to maternity benefits, tax benefits to large families, age at marriage, divorce and separation and other areas relevant to fertility, as well as to reduce pro-natalist influences.<sup>49/</sup> The Government of Tunisia, in addition to initiating a family planning programme, reduced family allowances, legalized abortions for women with five or more children and banned polygamy.<sup>50/</sup> However, evidence of higher fertility in monogamous marriages make it questionable whether the latter measure will contribute to a reduction of fertility.

#### IV. SUMMARY

46. Levels of fertility and mortality are estimated to be higher in Africa than elsewhere in the world and, because mortality is apparently declining while fertility remains stable, the moderately high rates of population growth may be expected to increase. A great many of the countries are relatively sparsely populated, and others have patterns of population distribution that are also unfavourable for national development prospects. The population of these countries is being rapidly redistributed between rural and urban areas, because of the mass exodus of rural migrants to cities and the tendency for international migrants to settle in the major cities, creating in many countries structural and social disorganization in both urban and rural communities. These conditions pose major problems for development. Because national circumstances differ markedly in respect to combinations of demographic situation, resources and avenues for development, national population policies are best formulated on an individual basis, taking into account the peculiar circumstances of the country concerned.

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<sup>49/</sup> Ghana Population Policy, op. cit., p. 21.

<sup>50/</sup> "Report of the Seminar on Application of Demographic Data and Analysis to Development Planning", op. cit., p. 5.