



54048



Distr.
LIMITED

E/C N.14/POP/129
3 November 1974

Original: ENGLISH

S

UNITED NATIONS ECONOMIC AND SOCIAL COUNCIL

ECONOMIC COMMISSION FOR AFRICA

Expert Group on National Population
Policies and Programmes in Africa

Addis Ababa, Ethiopia, 11-15 November 1974

REVIEW OF POPULATION POLICIES AND PROGRAMMES IN AFRICA

I. INTRODUCTION

1. An expert panel of the United Nations Population Commission has defined population policy as "measures and programmes designed to contribute to the achievement of economic, social demographic, political and other collective goals through affecting critical demographic variables, namely, the size and growth of the population, its geographic distribution (national and international) and its demographic characteristics".
2. The panel went further to say that "the ultimate goal of population policies is to improve the general well-being of the population" and that "it must form an integral part of overall development policy and be explicitly related to such goals as better education, full employment and the rationalization of reproductive behavior".
3. Population policy is defined in this paper to mean simply the official attitude of a government, towards population trends or the demographic situation existing in a country. Population policy in this sense may either concern itself with a rather limited aspect of the situation or be an all-embracing one dealing with the total population, its composition, distribution and growth as well as with the dynamics of growth namely fertility, mortality and migration. It may be worthwhile to point out that official policy or attitude may not always be a declared one. A government may sometimes take certain measures which may influence population dynamics in one way or another without any officially declared policy statement. It may also be explained that a population policy should not be taken to be synonymous with population control or family planning. A policy whether openly declared or not, could be pro-natalist, anti-natalist or one of apathy or neutralism.
4. There is no doubt that this latter definition adopted in this paper is in essence the same as the definition of the expert panel, and in this regard it may be pointed out that a policy may not always attain its aim or goals but this does not by any means prevent it from becoming a policy.

5. The formulation of official attitudes to population dynamics as part of general development policy is a relatively recent phenomenon in Africa. This is first and foremost due to the fact that development planning is itself a recent phenomenon which became prevalent only after political independence. Even when development planning started, many of the governments did not consider population to be a problem as far as development in general was concerned. This latter view stems from the fact that for a long time many African countries considered their populations to be small mainly because "population problems" were for a long time seen in terms of pressure of population on total land area - i.e. overall densities, which even now are very low in many African countries.

6. The emergence of comprehensive plans which consider the interrelatedness of the various sectors of the economy, has also given rise to statements on population trends and their implications for development objectives. While some of these statements on population have been very comprehensive dealing with all aspects of population dynamics like those of Ghana and Kenya, most of them have tended to cover only certain aspects especially the growth of urban population and sometimes the growth of the total population. An examination of development plans also shows that the more recent ones contain more detailed statements on population trends and their relationship to economic and social development than the earlier ones. This is clearly evident in countries like Kenya, Ghana, Tanzania, Mauritius, Liberia, Madagascar, Tunisia, Egypt and many others.

7. This trend is also supported by recent statements on population by such African leaders as Presidents Mobutu Sese Seko of Zaire, Nyerere of Tanzania and Tolbert of Liberia. All these statements try to relate the idea of "responsible parenthood" and the ability to determine the size of one's family to economic development and improvement in the quality of life.

8. This paper will attempt to review some of these policies and programmes in Africa and try to evaluate the implementation of the policies as stated and especially programmes designed to give effect to these policies.

II. POLICIES ON POPULATION SIZE

9. Available evidence indicate that many African governments especially in tropical Africa consider their population as being rather small, and hence in many cases a desire for larger populations have been expressed. The main reasons usually given for such an attitude are: (a) the need for larger labour force to develop potential resources; (b) the need to expand domestic markets and (c) the existing low overall densities in many African countries as compared with countries of equal size in the developed world. Another view implicit in statements by African leaders on population, not very often explicitly expressed is the idea that the size of the population of a country is directly related to the prestige the country has; in other words the larger a country's population the higher its prestige and the more respect it gets from other countries and vice-versa.

10. The following statements on population size from some African development plans illustrate some of the attitudes of some governments to population size.

"Somalia's First Five-Year Plan (1963-1967) has this to say: "the rate of population growth is not known. The birth rate is probably high but, due to the inadequacy of health services, it is unlikely that the death rate is very low. Thus, the rate of natural increase cannot be very high. However, the death rate will decline with the improvement in health services as envisaged in the Plan, and this will result in an increase in the rate of population growth. But the Somali republic is not overpopulated. In view of the relatively small size of the population and the very large area and natural resources which would be progressively exploited through economic development, the country is not likely to have a population problem in the foreseeable future."

11. Similarly the Ethiopian Second Five-Year Development Plan (1963-1967) says: "During the next five years the total increase in the population is estimated to reach nearly two million, while in 1974 the population will be about 9.0 million larger than in 1954. Such a rapid growth of population is encouraging, both from the point of view of the availability of the labour force and of the extension of the domestic market, particularly since Ethiopia is a sparsely settled country."

12. Even Ghana, which now has one of the most comprehensive and well-articulated policies on population in sub-Saharan Africa, had this to say in its 1963-1970 plan: "A growing population presents an opportunity as much as a problem. As there are more mouths to feed so also are there eventually more hands to work. A sustained stream of productive investment at an adequate rate is required to turn this opportunity into reality." Though this statement contains a caution, there is no doubt that it also indirectly advocates a high rate of population growth in order to have more hands to work.

13. The reasons given above to justify the desire for larger populations when examined in terms of agricultural development may have different implications altogether depending upon conditions. For example, in terms of densities what is more important for agricultural development is the density of population in terms of arable land. In this connection the situation in many African countries look quite different as compared with overall population densities. For example, Botswana which has an overall density of 1 person per square kilometer however has a density of 339 per square kilometer of arable land. On the other hand Uganda which in 1969 had an overall density of 33 persons per square kilometer had at the same time a density of 199 persons per square kilometer of arable land. Thus whereas in terms of overall density, which is the measure often known and quoted, there was relatively less pressure of population on land in Botswana than in Uganda, in terms of density per arable land, however, which is usually less known and which in fact is the measure which should be more important to agricultural countries, the situation was completely different. The situation even becomes less attractive when it is considered that much of the so-called arable land in many of the countries requires large investments to make them really productive. These investments in terms of fertilizers, irrigation, improved seeds, feeder roads etc. have often proved too large for most African countries to cope with.

14. The situation in Botswana is very aptly described in the country's 1970-1975 National Development Plan in the following words "although Botswana is a large country in terms of area, it is not markedly under-populated in terms of resources endowment". Similar situations exist in other countries like Egypt, Burundi, Rwanda, Mauritius, Kenya and in some cases even in certain parts of countries whose overall densities in terms of arable land may be better than that of Botswana. In the face of these facts there is the need to minimize the use of overall measures of population densities to determine what problems population can create for African countries. It may be argued that in Botswana the situation has changed since the statement was made because of the discovery of deposits of iron ore and diamonds in commercial quantities, and that their exploitation will bring the needed financial resources, for development. This may somehow be true, but it must also be remembered that these minerals have had to be exploited with foreign resources and expertise and that such a procedure, which is also common in many countries of the region, deprives the countries of the full benefits derived from the exploitation of their resources.

15. Added to these problems are other problems which are equally inimical to accelerated agricultural development especially when they exist in conditions of large populations and high rates of population growth. Foremost among these related problems are outmoded land tenure systems, high rates of illiteracy, archaic methods of cultivation, lack of feeder roads, poor marketing arrangements for agricultural products especially foodstuffs, poor systems of education which encourages the few educated persons to leave the rural areas, and poor health services.

16. Similar fallacies can also be seen in the idea, that many countries need larger populations in Africa for reasons of larger labour force to develop potential resources. This view is often falsified by the high rates of unemployment and underemployment often prevalent in many African countries. Even when the labour force exists it often lacks the requisite training, assuming that the capital need is available. It is of course true that this situation exists because of other related problems and policies adopted to solve them, yet it is also true that larger populations will not by themselves make African countries accelerate their pace of development unless the conditions for making the populations more productive also exist.

17. On the question of labour force one important factor to which more attention needs to be given is training. There is no doubt that one major problem which impedes rapid development in Africa is the fact that manpower is largely untrained and unskilled. Though it might be true that some countries could develop faster with larger labour force it is also true that the other conditions such as the requisite skills and the needed capital are not always available. Thus while there is large scale unemployment and underemployment in many countries there is also an acute shortage of skilled manpower. Perhaps one way out, if in fact some countries require larger labour force will be to make better use of female labour in the modern sector. But here too, the problem is the lack of the proper skills. Even in agriculture in which female labour force is extensively used in many African countries, there is no doubt that productivity could be considerably increased if the proper skills and tools could be provided.

18. The evidence at least at present does not seem to support the view that there is a labour shortage in terms of numbers in Africa and therefore no justification for the wish for larger labour force for development in Africa now in the absence of the technical innovations and other reforms needed for accelerated development.

19. Even in a country like Ghana which at one time depended so much on migrant labour in its mining and co coa industries, it is evident that the situation was so because these were jobs the nationals did not want to take up and not because there was labour shortage. The situation has of course changed to some extent now.

20. In order to arrest the current situation there is therefore the need to change the educational systems to provide the labour force (both male and female) with the proper skills to make it more productive. There is also the need for proper planning to release more resources even from existing resources for development. The answer does not lie in increasing the labour force by leaps and bounds.

21. On the question of providing markets for African products (the situation is that); only a few of the countries, could perhaps provide markets for all their products within their own boundaries assuming that markets were determined only by the size of population. This of course stems from the fact that most of the countries are at present too small to support for example any economically viable iron and steel industry assuming that each country had the potential and the resources to develop such industries. Most of them will have to depend on external markets for a long time irrespective of how fast the population grew. This once again strengthens the need for greater amount of economic cooperation among African countries. That this is realized, can be seen from the existence of such organizations as UDEAC, OCAM, the East African Community, and efforts to establish a West African Economic Community and other groupings in Africa. West African has for a long time been giving consideration to the establishment of an iron and steel industry using Liberia's extensive iron ore deposits. There is also the talk about the joint development of the large deposits of limestone in Togo for a cement industry which could serve the needs of most of the countries in the area. Such a joint approach to development will definitely be a more economic way of developing Africa's rich resources, allow free movement of excess labour wherever it exists, and provide markets large enough for the economic development of most of the mineral resources of the region.

22. It must also be pointed out that the purchasing power of a population is very vital in determining the market for any particular product. This, however, is a point which those who tend to relate the size of population to the size of the market for products seem to take for granted, and it is high-time the factor were given the importance it needs.

III. POLICIES ON POPULATION DISTRIBUTION AND URBANIZATION

23. The population of many African countries is very unevenly distributed, and this is a feature which has been of great concern to many governments. Many of the countries are on the one hand characterized by the existence of a multiplicity of small hamlets too small to service economically and on the other hand by a few large cities already proving too large and too difficult to service adequately. Available evidence indicates, for instance, that in 1960 about 16 percent of Ghana's, 19 percent of Liberia's and 43 percent of Sierra Leone's total population lived in small hamlets of about 10 persons or less. In circumstances like these it becomes difficult to provide social services like education, health, housing, etc., for the population even where the resources are available. Such situations have often aggravated the migration of rural population to the few cities which are themselves poorly supplied with most of these services.

24. Several statements have been made by African leaders and plans elaborated in development plans to improve life in the rural areas as a means of checking excessive rural-urban migration, but few have actually worked for several reasons, the most important being the lack of resources needed for the proposed schemes. These will be further examined under population programmes. In many cases, however, there has been the emphasis on the slogan back to the land without the serious backing that the slogan needs to succeed.

IV. POLICIES ON INTERNATIONAL MIGRATION

25. International migration across national frontiers was something which was taken for granted in many areas of Africa for a long time first because it was almost impossible to control such movements and secondly because the former colonial administrations encouraged and made movements in their areas of control easy. Even when two different colonial powers controlled two neighbouring countries movements across the borders could not be controlled because most of the borders were artificial ones which divided peoples of the same tribes, and sometimes families. Because of these circumstances movements across national frontiers were frequent especially in West and East Africa even after independence until only recently. The migrants usually moved mainly after jobs, trade or for family reasons and very often became permanent residents in neighbouring countries. Such were the conditions that produced a non-Ghanaian population of 12 per cent of the total population of Ghana in 1960, a non-citizen population of 5 per cent in Uganda in 1969 and a foreign population of 10 percent in Liberia in 1962 etc. Except in a few countries most of these foreign or non-citizen populations were Africans, mainly from neighbouring countries.

26. Even after independence these movements continued because most of the governments accepted the status quo and in most cases agreed that the foreigners were needed because they were mostly predominant in certain jobs and any extreme measures would have disrupted certain industries which were very vital to the economies concerned. Thus Ghana for instance had 13 percent of its labour force

foreign with foreigners originating mainly from Togo and Upper Volta in the Cocoa industry, Upper Volta in the Mining industry and the services. Similarly many fishermen in Liberia and Sierra Leone were Ghanaians.

27. Recently, however, the attitudes of many African governments to the participation of non-nationals in some sectors of economic activity and hence to free movement of people across borders have changed. This change in attitude has mainly been brought about by economic and in some cases political reasons. The change has brought about the adoption of policies which have sought to exclude non-citizens from participating in certain economic enterprises and to consolidate economic power in the hands of nationals. Such policies have been adopted in Ghana, Nigeria, Zaire, and Uganda (mainly against Asians) and Kenya. In some cases, e.g. in Ghana in 1969, such policies have been dictated by rising unemployment in the countries. In a few cases the adoption of these policies have led to the forcible expulsion of many non-nationals. Such incidents have taken place in recent years in Ghana, Zaire and Uganda (Asians).

28. It may be worthwhile to discuss the long term effects of such policies and also to consider other alternative methods to deal with the basic problems which the policies aim at solving, bearing in mind, of course, the sovereignty of all governments. It might also be helpful to consider the effects of greater economic co-operation in the region on such policies. Some countries have in the past tried to control international migration by trying to allow only the immigration of people with the type skills needed in the recipient countries. Such approaches have not been very successful because of the lack of the means to control the existing borders and the adequate means statistical or otherwise to check on those who filter through the borders either on the pretext of visiting relatives or genuinely doing so through recognized frontier posts. Could conditions be improved to make such an approach to the problem more feasible in the future?

29. Another type of international movement which has been in existence for many years and which might continue for sometime is migration of workers from Botswana, Malawi, Lesotho and Swaziland to work in South African mines. It estimated that in 1972 there were 2000 from Botswana, 131,000 from Malawi 132,000 from Lesotho 10,000 from Swaziland and 122,000 from Mozambique in South African mines. Could the trend be stopped in the near future and if so under what conditions? In case the South African Government decided to stop these movements for one reason or another, what will be the consequences for the affected countries? What possible reasons could make the South African Government stop these immigrations? In fact it has been reported recently that the Malawi's government intends to stop the migration of its citizens to South Africa, because of recent riots there. What will be the likely effect of this decision on the labour situation both in Malawi and South Africa?

30. The drought in some countries of the region also caused some amount of migration in some parts of the continent especially West Africa, one of them being the drift of nomadic population from Niger to the Northern part of Nigeria. Definitely the solution of the root causes of drought for example by the provision of water on permanent basis for the affected population could also stop this type of movement in Africa. Similarly the irradiation of some environmental human predicament like the irradiation of the black fly in West Africa and the Tsetsefly could make more areas habitable.

31. The movement of refugees across national frontiers is another problem which has been of some concern to some governments. The Third Five-Year Development Plan of Uganda 1971/2 - 1975/6 speaks of Uganda government giving refuge to about 175,000 persons from neighbouring countries and which has made the government in collaboration with the United Nations High Commission for Refugees to make temporary arrangements to settle them until "political and social conditions in the countries from where the refugees came sufficiently settled, when the refugees will be expected to return to their homelands". Similar conditions also exist in countries like Tanzania and Zambia which due to political conditions in neighbouring territories have had to give support to a number of refugees. The questions to ask are, will these people ever return to their own countries even if conditions change, and if they do not want to return what problems do they pose for the recipient countries. A recent statement by a group of Angolan refugees in Botswana to the effect that they would like to stay on in Botswana irrespective of whatever changes took place in Angola, makes it evident that this cause of action could be taken by other refugees in other countries, and therefore makes it imperative for recipient countries and the UNHCR to give thought to the cause of action to be taken in circumstances like this.

32. To date emmigration from Africa to countries outside the region could be considered negligible except from the countries of North Africa especially Tunisia, Morocco and Algeria to Europe and especially France for employment purposes. Available figures estimate that in 1973 there were approximately 700,000 people from these three countries working mainly in menial jobs in France. Here too questions like those already posed about migration of workers to South Africa may be asked.

33. In the face of the type of migration from a number of Southern African countries to South Africa and from a number of North African countries to Europe mainly to find jobs and sometimes in humiliating conditions and also the high rates of unemployment which exist in the countries of origin of these migrants is it really valid to say that there is the need for higher populations in African countries as a means of providing labour for the development of potential resources in the region. It might be worthwhile to find answers to some of the questions posed in this section and proceed further to find out the relevance of these answers to the formulation of population policies within the countries of the region.

V. POLICIES ON POPULATION GROWTH

34. Available evidence shows that many African countries are at present either satisfied with their rates of population growth or wish to raise them. The main reason for this is that the total populations of the countries are at present considered small. In most of these cases the size of the population is mainly judged in terms of the overall density per square kilo metre of total land area. Another reason for this attitude to population growth is that

in some of the countries concerned like Gabon, Cameroon and Central Arab Republic the evidence points to the existence of some amount of infertility and sub-fertility, which tend to make levels of fertility lower than in other countries of the region. For this reason the aim of the countries concerned is to raise the level of fertility and hence the rates of growth of population. In some of these countries like Gabon studies are going on to find out the causes and treat them if possible. Some of these countries therefore have adopted a pronatalist attitude to population. Gabon for instance is the only country in the region where the possession of contraceptives is at present a criminal offense. Cameroon is another country with a typical pronatalist approach to population where the official attitude is that the population which is now about 6 million should reach 10 million before anything will be done to slow down the rate of growth.

35. To date only 7 countries have official policies which aim at lowering the levels of fertility and have initiated National Family Planning Programmes to help achieve the desired reductions in fertility and as a means of helping to improve the standard of living of people. The countries are Botswana, Egypt, Ghana, Kenya, Mauritius, Morocco and Tunisia.

36. There are some countries where official statements in National Development Plans indicate concern about rates of population growth and their implications for national development efforts. This is especially evident with plans for educational, health and employment facilities for the population. Despite this concern the governments have not adopted any policies on population as such or made statements on the desirability of smaller families or lower rates of growth.

37. There are also those countries which are apathetic to population policies as such and just do not do anything or say anything about them in their development plans. In recent years some African leaders notably President Nyerere of Tanzania, President Tolbert of Liberia and President Mobutu Sese Seko of Zaire have made statements in support of what may be called desirable family size and responsible parenthood. These statements in countries which at present do not have official family planning programmes may be pointers to the changing trends in official attitudes to population.

38. It might be worthwhile to consider the basis of current attitudes to population growth within the region and in doing so one of the factors to consider is the current high rate of mortality and especially infant mortality in many of the countries which desire higher rates of population growth. In quite a good number of these countries the rate of growth are already above 2 per cent even with the current high levels of mortality. The trend is that with the improvement in health facilities, mortality which is at the moment declining in these countries will decline further and the consequent effect on population growth must also be remembered.

VI. POLICIES ON MORTALITY

39. All governments, both in their development plans and other official statements, show great concern about the still relatively high rates of mortality in Africa. All plans aim in particular to reduce infant and child mortality, frequently by curtailing the incidence of malnutrition infectious diseases and malaria among children.
40. It is, of course, obvious that no government will follow any other course than the reduction of the still high rates of mortality and the raising of life expectancy. Furthermore, unless the high rates of infant and child mortality in many rural areas of sub-Saharan Africa are reduced, it will be difficult for governments to convince many people of the desirability of family planning. Parents will want to be assured that most of the fewer number of children, which they are encouraged to have, are going to survive.
41. The World Population Plan of Action as adopted at the World Population Conference stresses the need for increased efforts to reduce mortality levels and increase life expectancy. In fact the targets recommended pose a big challenge to African governments in terms of the health infrastructure needed to make their achievement possible. Yet it is a challenge which should be accepted. Recent events have shown that greater efforts need to be made in many areas to curtail or minimize the cyclical occurrence of famines and their effects on the population which result from droughts in some areas of the region. Efforts are being made and these will also lead to a reduction in mortality. This is a trend which is bound to continue though differently in different countries depending both upon the present level of mortality and the efforts made to reduce them.

VII. POPULATION PROGRAMMES - THEIR ACCOMPLISHMENTS, PROBLEMS AND LIMITATIONS

(a) Official Family Planning Programmes

42. To date seven countries in the African region have official policies which aim at reducing the rates of population growth. These countries are Botswana, Egypt, Ghana, Kenya, Mauritius, Morocco and Tunisia. All these countries have also instituted national family planning programmes to help achieve their aim. The oldest of these national programmes is that of Tunisia which was started in 1964, followed closely those of Egypt (1965), Mauritius (1965) Morocco (1965) Kenya (1966), Ghana (1969) and lastly Botswana (1971). In addition Nigeria has a "qualitative population policy" which aims at integrating the various voluntary family planning programme schemes into the overall health and social welfare programmes of the country. The policy further aims at helping the population to have "access to information facilities and services that will allow them freedom to choose the number and spacing of their children". It is however not known whether this policy is being implemented and if so how. Private family planning services however still continue in Nigeria.

43. Of the seven national family planning programmes in Africa, four, namely those of Egypt, Mauritius, Morocco and Tunisia have set themselves specific targets in terms of fertility reduction. Egypt's programme for instance aims at reducing crude birth rate by one point per year during a decade, in the 1970s; the Mauritius programme aims at reducing crude birth rate from 30 to 20 per 1000 by 1975; Morocco's aim is to reduce the crude birth rate from about 50 per 1000 in 1968 to 45 by 1972 and to 35 by 1985, while Tunisia's programme aims at reducing crude birth rate from 43 per 1000 in 1968 to 34 by 1975. Ghana's programme has annual targets in terms of the number of acceptors to be reached. On the other hand the programmes in Botswana, and Kenya have the general aim of improving the health of the people and reducing the birth rate without fixing specific targets.

44. It might be desirable to discuss the desirability of setting specific targets for programmes. A target definitely gives programme operators a better means of evaluating their efforts provided of course the target is based on reliable data and is not a mere wish. In this connection many African countries are not in a position to fix such targets because the facts are not available. In a good number of the countries vital rates are based on estimates in some cases derived from very unreliable age distributions. Of the countries mentioned above only Mauritius and Tunisia have complete registration of births while Egypt has a near complete system. It is obvious from the way Morocco's target has been put that there was some doubt about the crude birth rate in 1968. Perhaps the way out of this difficulty will be to fix the target in terms of the number of acceptors to be reached over a period of time. Of course, once this can be determined it will also be possible to estimate the number of births to be averted. Even in such a kind of approach one problem is whether the size of the target population is fixed in terms of the capabilities of the programme or the ability to provide

services or merely as a wish. In this connection it must be remembered that in Africa the extension of family planning services depends to a large extent, assuming the motivation exists, on the extension of health services. The evidence shows that the rate of extension is very slow. Even without specific targets programme operators can still evaluate their efforts and find out whether these efforts are contributing to a decline in the estimated birth rates and if so to what extent.

45. The general policy in the African countries is that family planning programmes or services wherever they are provided should form part of the normal health services, and specifically maternal and child health service, and all the national programmes in the region conform to this norm. In fact in most of the countries of the region the introduction of such programmes cannot succeed in any other way because of the extent to which opinion is divided on the desirability of such programmes.

46. The delivery systems of family planning services in Africa is handicapped because of the general lack of infrastructure and personnel in the countries of the region. Though the services of physicians are used most of the programmes rely mainly on the services of paramedicals, mainly mid-wives and nurses. This is especially so in Ghana. Physicians play a major role in the programmes of Egypt and Morocco. By way of infrastructure Egypt had 3030 hospitals and clinics in its programme, Kenya, 250, Tunisia 313, Ghana 231, Mauritius 94, and Morocco 168 in 1972 (see table below). In addition Kenya and Tunisia also make use of mobile units to deliver services in rural areas.

Table 1. Personnel and Facilities Specifically Allocated to Family Planning Services in African Countries with National Programmes

Country	Personnel				Resources	
	Doctors	Midwives	Type Nurses	Other	Hospitals and Clinics	Mobile Teams
Ghana	-	61	34	64	131	-
Kenya	60	-	30	-	250	12
Tunisia	75	40	60	50	313	14
Egypt	3800	5800	-	1800	3030	-
Mauritius	8	-	14	394	94	-
Morocco	589	47	7859	-	168	-

Source: Population Council, Reports on Population/Family Planning Number two, September 1972.

47. Though all the programmes offer all the usual methods of contraception the most popular ones in all the programmes are the pill and the IUCD. Table 2 shows the trends in the patronage given by acceptors to the various methods in some countries. Tunisia is the only country where sterilization and abortion are used to supplement conventional methods of fertility regulation. Tunisia is also the only country in Africa where abortion on social and economic grounds is allowed.

Table 2. Acceptors of Family Planning Services (in Thousands) by Method and Year of Acceptance for Family Planning Programmes in Africa

Country and Year	All Programme Methods	IUCDs	Oral Contraceptives	Sterilization	Other Programme Methods
Ghana					
1969	2.6	2.0	0.3	0	0.3
1970	8.3	2.8	2.7	0	2.8
1971	22.7	4.6	8.6	0	9.4
1969 through 1971	33.6	9.4	11.6	0	12.5
Kenya					
1967	u	11	0	0	u
1968	9.5	3.7	4.9	0	0.9
1969	26.4	15.5	8.3	0	2.1
1970	30.9	18.1	10.3	0	2.5
1971	41	10	27	0	4
1967 through 1971	u	59	51	0	u
Mauritius					
1967	11.5	0.9	6.1	0	6.0
1968	9.1	1.5	4.8	0	6.3
1969	8.6	0.7	7.9	0	5.7
1970	9.8	0.2	8.9	0.0	3.9
1971	10.0	0.3	7.1	0.0	6.4
1964 through 1971	59.7	3.9	39.6	0.0	34.0
Morocco					
1967	5.5	5.1	0	0	0.4
1968	10.3	8.5	0	0	1.8
1969	20.2	11.0	9.2	0	1.8
1970	23.8	9.8	14.3	0	1.0
1971	27.5	7.7	17.9	0	3.3
1966 through 1971	92.3	47.5	41.4	0	7.7

Table 2 cont'd

Country and Year	All Programme Methods	IUDs	Oral Contraceptives	Sterilization	Other Programme Methods
Tunisia					
1967	12.8	9.7	0.6	0.7	1.6
1968	16.3	9.3	4.8	1.6	3.2
1969	20.4	8.7	7.9	2.5	4.5
1970	25.2	9.6	10.0	2.5	5.0
1971	u	12.4	11.8	2.3	5.4
1964 through 1971	u	75.7	35.7	11.1	u

Source: Population Council, Reports on Population/Family Planning Number two, September 1972.
u. Not available

48. There is considerable variation in the fees charged to acceptors for contraceptive services in the different countries of the region. For example 1971 an IUD insertion was free in Egypt and Tunisia while it cost US\$0.98 in Ghana and US\$0.9 in Mauritius. On the other hand the pill was free in Tunisia while it cost US\$0.12 per cycle in Egypt, US\$0.20 in Ghana and between US\$0.10 and US\$0.47 in Mauritius. Table 3 shows the fees charged in a number of countries for the different methods. Unlike programmes in Asia none of the programmes in Africa offers special incentives to acceptors.

Table 3. Fees Charged to Acceptors of Family Planning Services by Type of Service 1970/1971

Type and Cost (in US\$)				
Country	IUD	Orals Per Cycle	Sterilization	Condoms
Egypt	Free	0.12	Free	-
Ghana	0.98	0.20	-	0.10
Mauritius	0.9	0.10-0.47	-	-
Tunisia	Free	Free	Free	-

Source: Population Council, Reports on Population/Family Planning Number two, September 1972.

49. There seems to be considerable variation between the fees charged by the national programmes for the different types of contraceptive devices and the prices paid for the same services on the open market. For example in Ghana the price of a cycle of the pill on the open market is as much as two and a half to three times the fee charged in the programme. On the other hand a tube of foam contraceptive is about four times, while a packet of 3 condoms is between three and five times on the open market as it is in the programme. This means either that the services offered by the programme are heavily subsidized or that the different devices are being offered on the open market at excessive profits or that import duties on these are high. In this regard it might be good for the programmes, if governments take steps to ensure that the difference between the fees charged in the official programme and the fees charged on the open markets for at least the simple and commonest devices like the foam and condoms are not too much. Unless this is done people in rural areas who may have access only to such devices as the condom will always be at a disadvantage.

50. The size of annual governmental budget allocations to family programmes differs from country to country. A considerable part of the expenditure on programmes in all the countries is derived from international sources both government and non-governmental. It is estimated that international assistance to family planning programmes in Africa amounted to US\$16.7 million in 1971 and US\$11 million in 1972. Evidence shows that there are a considerable number of international organizations assisting family planning programmes in Africa. The major ones among these are the UNFPA, IBRD, USAID, SIDA, DANIDA, Ford Foundation, Rockefeller Foundation, Population Council, IPPF, World Neighbours, Church World Service, the Unitarian International Assistance, the Pathfinder Fund, Oxfam.

51. Annual family planning expenditures per capita were for Tunisia in 1973 5.2 US cents for funds from government sources and 30 US cents for funds from all sources; for other countries they were Morocco (1972) 2.2 US cents for government sources only, Ghana (1972) 4 US cents and 7 US cents and Mauritius (1972) 81 US cents and 107 US cents for government and all sources respectively.

52. Most of the family planning programmes are based in ministries of health while in a country like Ghana the programme is the responsibility of the Ministry of Economic Planning. There has been arguments about which of these two ministries should have the main responsibility. The decision on which government organization should have the responsibility will differ from country to country but irrespective of whichever ministry has the responsibility there is no doubt that the success of the programme will depend on the involvement of as many government departments as possible. Foremost among these are Ministries of Planning, Health, Information, Education, Rural development, Workers Organizations, etc.

VIII. ACHIEVEMENTS OF NATIONAL FAMILY PLANNING PROGRAMMES

53. Available evidence indicates that there has been some progress in the different countries in terms of the number of acceptors reached. Total number of acceptors by all methods rose from 145,000 in 1969 to 1,004,000 in 1971 in Egypt, from 2,600 to 33,000 in Ghana, from 8,600 to 59,700 in Mauritius, from 21,000 to 93,000 in Morocco from 26,000 to 41,000 in Kenya and from 20,000 to 31,000 in Tunisia. Tables 4 and 5 below show the proportions of women aged 15-44 years using contraceptives in the different programmes between 1969 and 1973.

Table 4. Percentage of Married Women Aged 15-44 Using Contraceptives in Selected African Countries

Country	Year				
	1969	1970	1971	1972	1973
Egypt	10.0	8.0 ^a	9.0	11.0 ^a	20.7
Ghana	-	2.0	-	-	-
Kenya	1.0	1.0	2.2	-	-
Mauritius	-	-	25.0	21.2	-
Morocco	1.0	1.0	3.0	4.0 ^b	5.6 ^b
Tunisia	3.2	10.0	12.0	6.0 ^b	6.4 ^b

Source: A World Bank Staff Report, Population Policies and Economic Development

a. Estimated from data available. Does not include all methods.

b. Program only

Table 5. Acceptors of Family Planning Program Services per 1000 Women Ages 15-44, 1968-72

	Acceptors by Year				
	1968	1969	1970	1971	1972
Ghana	-	1.4	4.2	11.4	15.2
Mauritius	54.2	50.0	57.6	56.5	44.6
Morocco	3.0	6.3	7.4	8.1	8.1
Tunisia	16.7	20.0	23.0	27.0	28.2 ^a

Source: The same as Table 4.

a. Includes acceptors in the International Post-partum Family Planning Programme.

54. In terms of fertility reduction, there is some evidence that there has been some decline in birth rates in Tunisia, Mauritius, Egypt and Morocco. Of course, though it is very difficult to attribute all these declines to the existence of family planning programmes in these countries, the programmes may have contributed to the decline especially in Mauritius and Tunisia. In Mauritius it is estimated that between 1960 and 1970 there was a drop of 12 percent in the crude birth rate while in Tunisia the drop was about 5 percent between 1965 and 1968. In Tunisia it is estimated that about 39 percent of the drop could be attributed to change in marital fertility while in Mauritius the contribution of this factor is higher. It must also be remembered that the contribution of contraception to decline in birth rates is made up of the effect of both official programmes and private practice of family planning.

Limitations of Family Planning Programmes

55. Family planning programmes in Africa have a number of limitations which make them less effective. Almost all the programmes are concentrated in urban areas and so the majority of the people who live in rural areas where fertility rates are still high have no access to the services even if they were to accept the principle of contraception and small-sized family norms. One of the factors which contribute to this is that in most of these countries family planning services are being provided as part of maternal and child health services and therefore since the infrastructure or the normal health facilities are not available in these areas, it will be difficult to introduce family planning services in these areas. This situation is likely to continue in many countries for a long time to come, because the situation is very critical at present. For example in a country like Ethiopia health services are available to only about 20% of the population, and most of these are concentrated in the two main cities of the country. This does not mean that the principle of integrating family planning services in the normal health services should be abandoned. In the African conditions this approach is one which will win and retain the confidence of the people.

56. The second constraint to the extension of family planning programmes is the high rate of illiteracy in many of the countries. It has been shown from examples elsewhere that education apart from raising the age at marriage also helps the individual to realize the desirability for small families.

57. The current low status of women also contributes to the lack of understanding on the part of both the men and women of the need for family planning as something desirable. Here too, experience has shown that with improvement in the standard of living and the raising of the social status of women by way of education and employment outside the home and especially in the modern sector levels of fertility have been reduced.

58. Another important constraint is the fact that infant mortality rates are still very high in much of rural Africa. In circumstances such as this, it is difficult to convince the individual not to have too many children, because he is not sure that those he has had already will survive.

59. Social security for parents in their old age is another factor which makes the acceptance of the small family norm difficult. One of the reasons why many rural fathers want many children is the need to provide labour on the farms and to make sure that in their old age there will be someone to maintain them. This problem could be taken care of if there were schemes of social security in the rural areas of Africa, this does not however exist, and therefore the individual ought to resort to the old type of social security to ensure his livelihood in his old age.

60. With all the talk about modernization most of the rural areas of the Continent still remains unaffected by innovations. Education is still available to only a few, while the standard of living is still very low for the majority. In circumstances like these it is hard to expect people to change their traditional social and cultural values. All these values still support large family norms. It is therefore obvious that unless the social conditions in which people live can be changed the idea of modern contraception will remain a modern idea which will not be easily accepted by the rural folk in Africa. One country of the region which has made efforts to support its family planning programme with other measures is Tunisia, where the government has raised the legal age at marriage to 17 for females and 20 for males, abolished polygamy, legalized abortion on social grounds, limited child welfare payments and abolished old colonial laws forbidding the import of contraceptives.

61. Another defect with family planning programmes is the fact they still, for reasons of personnel, concentrate only on fertility regulation, whereas a good programme should also aim at helping childless couples to have children.

62. Lastly, another big handicap with almost all national family planning programmes in Africa is the lack of evaluation schemes within the programmes. It is important that something should be done about this as soon as possible in order to help the countries evaluate the impacts of their efforts and decide on needed improvements in the programmes.

In order that the programmes may have the required impact, there is the need:

- i. For research to determine the types of contraceptives which are acceptable to the people being served;
- ii. For local contribution to the programmes in order not to give the impression that the programmes are imposed by outsiders;
- iii. To step up the training of personnel for the programmes especially social workers;
- iv. To avoid giving the impression that family planning is a substitute for sound economic planning. It must be stressed, instead, that it is part and parcel of comprehensive development. The programmes should therefore be integrated in as many economic and social activities as possible like, co-operative activities, trade unionism, agricultural extension etc. In this regard the results of the FAO, PBFL programmes in East Africa will be very useful for other countries.

- v. For coordination among the different organizations giving aid to such programmes in order that the maximum benefit can be derived from such aid;
- vi. To stress the importance of instituting evaluation schemes at the initial stage of such programmes. This seems to be a weak point at present and needs to be given greater priority;
- vii. To strengthen the educational aspects of the programmes;
- viii. For greater efforts to reduce infant mortality especially through the irradiation of malnutrition and malaria which at present are responsible for the greater proportion of childhood mortality in the region.

(b). Voluntary Family Planning Associations

63. Apart from the countries with official national family planning programmes voluntary family planning associations provide contraceptive services in about 17 others, in many cases with material support from governments. Some of these like those in Tanzania, Sierra Leone, Uganda and Gambia are fairly big programmes. These programmes rely substantially on the International Planned Parenthood Federation and other international voluntary organizations for support. Like the national programmes most of these are concentrated in urban areas for the same reasons as have already been given above.

64. A new trend in the region is the establishment pilot projects in child spacing as part of maternal and child health services with government support. Two such projects already exist in Mali and Niger and a third is planned for Zaire. In fact the latest information indicates that the project in Mali is to be extended to some other parts in the country.

Table 6. Official Attitudes to Family Planning in Africa

Sub-region Country	Population mid 1973 '000	Attitude to Family Planning
<u>North Africa</u>		
Algeria	15535	II
Egypt	37013	III
Libya	2066	I
Morocco	17431	III
Sudan	17393	II
Tunisia	5594	III

Table 6. cont'd

Sub-region Country	Population mid 1973 '000	Attitude to Family Planning
<u>West Africa</u>		
Dahomey	2914	II
Gambia	388	II
Ghana	9950	III
Guinea	4212	I
Ivory Coast	4646	I
Liberia	1245	II
Mali	5483	II
Mauritania	1259	I
Niger	4220	I
Nigeria	71680	II
Senegal	4231	II
Sierra Leone	2841	II
Togo	2019	II
Upper Volta	5747	I
<u>Central Africa</u>		
Burundi	3877	I
Equatorial Guinea	293	I
Rwanda	3110	I
Zaire	18763	II
Cameroon	6195	I
Cent. Afr. Repub.	1634	I
Gabon	496	I
Congo (Brazzaville)	1005	I
Chad	3991	I
Guine Biso	684	I
<u>East Africa</u>		
Ethiopia	26736	II
Kenya	11978	III
Madagascar	7553	II
Malawi	4813	I
Mauritius	927	III
Somalia	3012	I
Uganda	9298	II
Tanzania	14379	II
Zambia	4721	II

Table 6 cont'

Sub-region Country	Population mid 1973 '000	Attitude to Family Planning
<u>Other Africa</u>		
Botswana	666	III
Lesotho	1105	II
Swaziland	461	III

Attitude Codes

- I: Countries that are at present not interested in family planning programmes either private or national.
- II: Countries that do not at present have national programmes, but have programmes run by voluntary associations with or without government support or have pilot child spacing programmes operating.
- III. Countries that have official national family planning programmes.

Category	Number of Countries ^{1/}	Total Pop. '000	% Africa's Total
I	18	53,279	15.6
II	17	204,726	59.9
III	7	83,559	24.5
	42	341,564	100.0

^{1/} Member States of the ECA only.

65. There are on the other hand quite a good number of countries which are either apathetic to or are opposed to any form of family planning. Most of these do so because it is thought that their populations are too small in size. The cases of Cameroon and Gabon have already been mentioned. In fact most of these countries still retain French colonial laws on contraception which France itself has repealed.

66. It must however be remembered that in some of the countries in the Central African sub-region there is some evidence of the prevalence of infertility and lower levels of fertility as compared with other countries of the region. This fact therefore accounts for the attitude of the governments concerned to family planning. Table 6 shows the attitudes of the governments of the region to family planning.

(c) Other Population Programmes

67. Other population programmes in the region are those which mainly aim at checking excessive rural-urban migration by providing improved conditions for the rural population. In this regard many governments in Africa have in the past tried to introduce various schemes of agricultural settlements, co-operatives, package integrated agricultural development programmes and general rural development projects. Most of these projects have, however, only remained in the planning stage and have never really taken off, and even where they were started some never got beyond the experimental stage and for one reason or the other have not had the desired effects on population distribution. The main reasons for the failure of these programmes are lack of resources for the extension of pilot projects and provide the infrastructure and other facilities needed to make them effective; lack of support from the population, unfavourable land tenure systems, and the general underdevelopment of the rural areas where such programmes are introduced.

68. One of the best known of these projects is the Ujamaa village project in Tanzania where the aim is to encourage collective villages where the inhabitants work together to develop their settlements, provide work for themselves as well as other services needed to make them improve their living conditions. All indications were that this scheme seemed to be working and gaining ground in Tanzania but recent reports indicate that people are not taking easily to the scheme and that the Tanzanian government intends to push it through by force.

69. Another effort in this direction is being made in Kenya where the current development plan places emphasis on rural development with the general aim of improving the lot of the peasants and discouraging them from migrating to the urban areas. Here, an effort is being made to establish "village politechnics" with the help of ILO to provide simple improved skills to make the youth especially the educated ones, more productive and help provide employment opportunities in rural areas.

70. Another type of rural development now being tried as a means of improving the lot of peasants and helping them stay on in the rural areas and produce more is the integrated package development approach being tried in certain countries like Ethiopia. The main purpose of this approach is "to establish suitable methods for bringing about, when applied in an integrated manner and within

a geographically limited framework, agricultural development"^{1/} and to train staff for such development work. The success of such programmes means the initiation of social and economic development in the project area. This is attained by improving the ability of the local population to participate in and eventually be responsible for the development and the local administration. Such projects include "agricultural experimentation aimed at producing a reasonable number of innovations, the transmission of service innovations for farmers, creation and improvement of marketing facilities for agricultural products, provision of credit conservation of natural resources, studies on infrastructure, health, small industrial ventures and trade training". Even in this type of experiment one of the major constraints which has prevented the achievements of the full benefits by the peasants in Ethiopia is understood to be the land tenure system, and specifically the share cropping system which does not encourage the peasant to increase his output because any such increase benefits the landlord more than the peasant.

71. One main reason why many settlement schemes for the educated youth in countries like Nigeria and Ghana have not been successful is the lack of preparation of the youth for such schemes. The type of formal education received only prepares them for white-colour jobs in the urban areas which in any case cannot be found. Very often the social services and infrastructure do not exist to make life worth living in the settlement areas. Incentives in the form of credit, better prices, ready markets for products are often not available. It may be pointed out that schemes which aim at encouraging peasants to produce more should not aim mainly to get peasants produce more to be sold at low prices to the urban dweller. The prices offered to the farmer should encourage him to produce more and in this regard the urban dweller must be prepared to pay more to help the process of development in the rural areas.

72. There is no doubt that, for rural development schemes of the type referred to above to succeed, there is the need to provide the resources needed for the provision of the infrastructure, the provision of inputs like, improved seeds, fertilizers, feeds for livestock etc. as well as the investment in agro-based industries to process agricultural products in the rural areas. The lack of resources has been one of the main causes of the failure of many such schemes in Africa. Equally important is the need to remove such obstacles as outmoded land tenure systems that exist in many African countries at present and reform the type of formal education given to the rural youth which at present makes them dislike their environment, hate agricultural and manual work and encourages them to become unemployed urban dwellers running after white-colour jobs which very often are not available.

73. Deliberate efforts need also be made by governments to disperse industries instead of concentrating them in the existing cities and towns. In this regard it might be found more beneficial to a country in the long run to establish agro-based industries in the areas where the raw materials are found as a means of providing jobs for the inhabitants and improving their conditions of life, rather than always establishing such industries in the towns because of the existence of infrastructure in such places.

^{1/} CADU Project Description April, 1971

74. Lastly there is the need to redistribute development projects in general in many countries of the region. Despite the stress on rural development many countries still spend the major proportion of their development funds in the urban areas sometimes on projects which only benefit the few elite.
75. In this regard it must be remembered that when efforts are made to increase the income of peasants through improved farming methods and ready markets and better prices, one of the logical result is that they will migrate to the urban areas to spend their surplus incomes unless similar facilities are provided in the rural areas.
76. The foregoing has tried to give some of the reasons affecting fertility especially those why many countries of the region have been slow in adopting population policies. Though the trend has been slow there is no doubt that there has been some progress in recent years and in this regard, it may be better to allow the governments to move at their own pace rather than hurry them to adopt policies which may not be implemented whole heartedly.
77. Even where policies have been adopted their implementation has not always been effective because the necessary conditions do not exist. This state of affairs strengthens the view that it is important to formulate and implement population policies and programmes within the general framework of economic and social development. Thus measures taken to minimize the effects of droughts, to irradiate malaria and river blindness, to help mothers space their children properly and according to their will, to educate the population, to provide them with jobs and finally to improve the conditions of living in the rural areas all for aspects of the general effort to improve the quality of life. Many Africans often stress on this approach and it is necessary that the necessary assistance be given for the success of such an approach.
78. On the other hand it is high time policymakers in Africa recognized that population trends and economic and social development are interrelated and paid more attention to this relationship in their planning. It is important to remember that for development the rate of population growth may often be more important than the actual size of the population. Even where there is no need to reduce rates of population growth it is still necessary to provide fertility regulation services to those who want them first because it is a human right and secondly because as a health measure it helps to improve the health of the mother and child, and the quality of life of a population.