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Reflections on Zambia's Demographic Profile and Population Policy

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ABSTRACT

This paper attempts to describe the nature of Zambia's demographic situation, which eventually led to the formulation of a national population policy; the policy instrument; and some of the measures necessary for the effective implementation of the policy.

Introduction

Until quite recently it has been the popular opinion that population is not a problem influencing Zambia's development. The country is relatively large with overall a sparse concentration of people. These two factors have tended to reinforce the conceptualisation that population growth and distribution are not development issues. However, since the early 1980s, it has become accepted wisdom that demographic dynamics are important factors in a country's socioeconomic development, and hence planners cannot afford to ignore population parameters in their planning endeavours. It is in recognition of this that the Fourth National Development Plan has a national Population Policy.

Demographic profile¹

Zambia's demographic situation is characterised by three dominant features: a high rate of natural increase, massive urbanisation, and wide variations in fertility and mortality levels between the provinces (independent of differences between rural and urban areas).

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Natural increase

The population growth rate in Zambia has been phenomenal. In seventeen years the overall population increased from 3,5 million in 1963 to 5,66 million in 1980, an increase of 62 per cent. Currently, the total population, according to the 1990 census, stands at 7 818 447. The rate of population growth is estimated at 3,2% per annum. The death rate, on the other hand, has fallen from 30 per thousand in 1950 to between 17 and 19 by the 1970s (Wood, 1986).

The rate of population increase is a worrying issue, primarily because population expansion is occurring at a faster pace than socioeconomic development. In addition, population structure and distribution have proven to be problematic to the attainment of national development objectives. A notable feature of the Zambian population is its youthfulness. Approximately 50 percent of the people are below the age of 15. In this category an estimated 40 per cent are under the age of five years. When this portion of the population is combined with those of 65 years and above a very high dependency ratio emerges. The 1980 census and projections indicate that the age group 10-24 forms about 32,4 percent of the total population. Comparatively, there are 962 males for every 1 000 females in the population (CSO, 1984).

Migration and urbanisation

There are distinct variations in population distribution throughout the country with provincial densities ranging from 2,4 (North-Western Province) to 39,9 (Copperbelt Province). District densities are variable, ranging from 1 to over 400 per square kilometre. Much of this variation is the result of urbanisation. Rural densities are generally below 10 per kilometre except in the few densely settled areas along the Luapula/Zaire border in the North of the country and the Eastern/Malawi border. Lusaka and Copperbelt provinces are the most urbanised areas, having approximately one-third of the nation's total population. Lusaka Province is the administrative centre of the country, containing the national capital. Copperbelt Province contains several towns where largescale mining and medium to largescale industrial operations take place. Rural areas account for 58% of the population while urban areas account for 42% (CSO, 1990).

Urbanisation in Zambia is a recent phenomenon. Most of the towns and cities were established during the present century and served, initially, as colonial administrative centres. Rapid and largescale urbanisation began occurring in 1963, on the eve of political independence, when many of the travel restrictions on Africans were removed. During the colonial period the African presence in town was limited, firstly, to men working in the mining and service sectors of the economy, and later to the immediate families of such workers. When these restrictions were removed Zambia experienced a rate of rural-urban migration

unparalleled in SubSaharan Africa. Analysis of the 1990 census revealed that the urban population doubled between 1964 and 1980.

Besides Lusaka and Copperbelt Provinces, the majority of the other large urban areas (LUAs) are concentrated along the 'old-line-of-rail'. These LUAs are centres of administrative, industrial and mining activities and have served as magnets, attracting migrants from the poor rural countryside. Men, especially the young, have tended to migrate more readily than women. This has created a pronounced sex imbalance in terms of overall population distribution. Copperbelt and Lusaka Provinces have a male surplus. However, in the remaining seven provinces, the sex ratio at the national level is 96,7 males per 100 females, having increased from 95,8 in 1980. This means there are 3% more females than males (CSO, 1990).

Rural-urban migration and the consequent rapid growth of Zambia's towns have also been attributed to the considerable and growing differences between rural and urban incomes, and overall standards of living (Heisler, 1974; ILO, 1981; and Wood, 1986). A 1974/75 national household budget survey revealed substantial inequalities between rural and urban income levels. Average income in urban areas were 3,5 times as high as in rural areas. This discrepancy has continued although declining formal sector employment, shortages of basic commodities, rising prices and overstrained government services have greatly diminished many of the advantages enjoyed by urban dwellers. According to a 1980 ILO Basic Needs Survey, about 60 per cent of Zambia's households were considered to have incomes below a basic needs level, and 85 per cent of these households were estimated to live in the rural area (ILO, 1981). This is particularly revealing considering that, at the time of the survey, an estimated 43 per cent of the population was concentrated in urban areas.

External migration continues to remain insignificant in its impact on Zambia's development. It is the internal migrations that have the greatest impact. Major migration flows reported in the 1969 and 1980 census were between the Copperbelt and Northern, Luapula, Eastern, Lusaka and North Western Provinces; and between Central, Lusaka and Eastern, Southern, Northern and Copperbelt Provinces. The repercussions of migration and subsequent high levels of urbanisation have been many. Luapula, Northern, and portions of Eastern Province suffer very high levels of out-migration by males, and as a result have some of the least developed rural areas. Most of the males from these areas migrate to the Copperbelt to work in the mines.

These provinces, therefore, have a large proportion of female-headed households, estimated at 33 per cent, and a high dependency ratio. As young people migrate to the towns a disproportionate number of children and old people remain. Labour shortages occur, making it difficult to raise these areas above a subsistence level.

Fertility

Age at marriage plays an important role in determining the levels of fertility in a population. Marriage is fairly early with 50 per cent of the women being married by the age of 20 (CSO, 1984). Culturally, marriage and child-bearing are seen as important obligatory stages in the transition from childhood to adulthood. Moreover, because of the limited educational and employment opportunities for girls, early marriage is seen as the most desirable alternative.

Zambia presents a picture of a very sexually active youthful population. For example, general fertility rates among the youth appear to be very high. If we consider the age group of 15-29, about 15,26% is defined as productive. However, of the age group 20-24 31,82% is found to be productive. Again if we consider the fact that of the peak age group 15-19 years, only 25% are productive, then the fertility rate for the age group 20-24 years is very high. When one considers the average parity by age and total fertility, the high rates are again found to persist. For the age group 15-19 there are about 30 children per 1 000 women. However, this increases to 180 children per 1 000 women for the age group 20-24. Since 1985 the fertility rate has been about seven births per woman. A survey done at Kamanga Township in Lusaka by Ng'andu *et al* (1988) confirms the picture painted above (see Table 1). In the survey, the distribution of women by age at first pregnancy was as follows:

Table 1
Distribution of Women by Age at First Pregnancy

Age (years)	Number (%)
12-14	46 (8)
15-19	391 (72)
20-24	96 (18)
25+	11 (2)

The data indicated that 98% of the women had been pregnant for the first time by the age of 24, and 80% by the age of 19. However, only 2% became pregnant for the first time after age 25.

Fertility analysis of the 1980 census reveals variations in levels of fertility on a regional basis and in terms of the rural-urban dichotomy. Fertility levels in the urban areas were higher than those in the rural; the estimated total fertility rates being 7,6 and 7,2 respectively (GRZ, 1979).

Regional variations were pronounced. Luapula was the province with the highest fertility, with a completed family size of 7,6 followed by other provinces with between 6,6 and 7,6 completed total fertility rates. North-Western and Western provinces were notable exceptions with relatively low total fertility rates of 5,7 and 6,5 respectively.

Shortened periods of postpartum abstinence have been cited as one explanation for the existence of the high fertility zones, and rural labour shortages have been cited as an impetus for high fertility in both developed and less developed areas. In the developed areas where commercial farming is prevalent, polygamous marriages and frequent childbearing serve as sources of much needed farm labour. In the least developed areas the same process occurs, but through a different set of social dynamics. The shortage of males is supportive of polygamy. Overburdened female heads of households also have many children to assist them with household tasks and the subsistence farming necessary for survival (Chilivumbo, 1984).

Fertility rates have been correlated with levels of education. Women with only primary education have been observed to display similar levels as those having no formal schooling. This is quite significant because of the large number of girls between 14-20 who leave school with only primary level education. Secondary and tertiary education, however, appear to make a difference. The estimated total fertility for female secondary school leavers, according to the 1980 census, was 6.5 and for those having university education 4.5. The estimated seven births per woman seems to reduce with more education (CSO, 1984).

Use of contraceptives

Although there are marginal differences between rural and urban women in levels of fertility, the use of contraceptives seem to be similar for both groups. Urban women appear to be more knowledgeable about birth control than rural women, but only a small percentage of the former actually use contraceptives (CSO, 1984). Discontinuation of contraceptive usage is quite common. The Lusaka Branch of the Planned Parenthood Association of Zambia conducted a survey in 1985/86 to ascertain the characteristics of contraceptive users in Lusaka District. The majority of the respondents were aged 20-29 years, although a small minority (10 per cent) were in the 15-19 year category. An important result of the study was that the majority of acceptors as well as drop-outs (ie those who discontinue) fall within the 20-24 year age range. The fact that this category has a large drop-out rate may not be that important because it corresponds with the optimum age for childbearing. As most Zambian women are married by age 25, this seems to be the reasonable period for family formation. On the other hand, it is significant that a large number of acceptors are within the 20-29 age range.

There are a number of barriers (cultural and social) to reducing fertility levels through the widespread adoption of contraceptive technologies. Family Planning for childspacing appears to be readily acceptable and, actually, a long standing practice among the majority of people. Traditional methods, such as abstinence, extended periods of breastfeeding, use of beads, etc, are utilised to obtain desired ends (Ali, 1983). New technologies have had less success because they are often

poorly understood; regulated by a legal and formal administrative structure that may serve as barriers; and may be costly in terms of time and/or finance.

A pilot study of the knowledge, attitudes and advocacy levels among a selected group of personnel in the family planning service delivery system in Lusaka Province revealed that a number of service providers were either ignorant of the nature of the services they were dispensing or of the policies regulating the services (Siamwiza, 1987). The implications were that family planning clients were sometimes given erroneous information or discouraged from certain technologies.

The administrative and legal procedures for obtaining family planning services serve as a discouragement to a number of potential users. For example, government-sponsored services, which are free, are provided in a clinical setting necessitating that the client assume a patient role. This does not facilitate the type of dialogue that is necessary for enhanced understanding of family planning techniques. There is also the requirement that information and other services be given to those women accompanied by spouses or producing a letter signifying spousal consent. Although this requirement does not seem to apply to men, the overwhelming majority of family planning clients are women. Furthermore, unmarried adolescent girls are denied services because of legal prohibitions and societal disapproval.

Implications of demographic structure

According to the Fourth National Development Plan, 1989-1993, the most immediate implication of the population situation is that the structure and rate of growth have been obstacles to socioeconomic development. In addition, the youthfulness of the population also means that there is still momentum for high population growth in the future, even if fertility levels decline immediately, because half of the population is under fifteen, and there is a great number of females entering their productive ages. The structure of the population and the increase in numbers have, and will continue to, put pressure on resources and services such as education, health, housing and consumer goods. The growth rate of 3,7% is estimated to be about six times the growth rate of the economy. Also the high rate of urbanisation and rural-urban migration have negative consequences for various sectors of the economy. They impose a great strain on the country's infrastructure, productive capacity, and political will (Fourth National Development Plan, 1989-1993).

Population policy: objectives and strategies

The nature of Zambian population, as described, has necessitated the adoption of a population policy with the following objectives (Fourth National Development Plan, 1989:57):

- * to initiate, improve and sustain measures aimed at slowing down the high population growth rate
- * to improve the health of the mother and child
- * to integrate population factors into the development planning and plan implementation process
- * to strengthen and coordinate institutions that are involved in population activities
- * to establish a national population council of Zambia
- * to strengthen and sustain the nation's population data base
- * to extend the coverage of family planning services to all adults
- * to work towards the reduction of the total fertility rate from 7,2 to 4
- * to reduce the infant mortality rate from the present 97 per 1 000 live births to 75 per 1 000 live births per year during the plan period.

These objectives are to be achieved through multisectoral planning and strategies including (Fourth National Development Plan, 1989:59):

- * promoting awareness among all Zambians of the effects of population dynamics
- * educating the youth on family life matters such as fertility regulation and family planning
- * upgrading existing family planning services into a comprehensive service establishing commercial out-reach and community based distribution channels in rural areas
- * expanding existing programmes of primary health care and maternal and child health care
- * establishing a vigorous programme of training, retraining and retention of the various categories of manpower required in the field.

Some requirements of the population policy

Perhaps the most pressing issue concerning the population is to slow down the rate of growth. This involves the ability to manipulate and slow the speed of urbanisation and rural-urban migration; the high rate of natural increase, uncontrolled high level teenage sexual activities which lead to early pregnancies and large family size; conditions that help to reduce early marriages, polygamous marriages and the attitudes that facilitate and maintain large family size; and to seriously tackle the barriers (social, cultural, religious) that mitigate against prudent and controlled use of contraceptive technology.

Institutions base

The population policy indicates that the Party and its Government has adopted a "comprehensive population policy". The concept of comprehensiveness has

several implications. There is now the requirement that a rational approach to population be taken at all times and that decisions concerning population will be based on complete specification of goals ranked by priority. This requires a new behaviour in planning and decision making. It demands the broadening of the planning and decision making base, suppression of behaviour based on sentiment and political expediency, and the cultivation of political will and economic commitment to do what is right, proper, and feasible.

This comprehensive approach also requires that information be available and manageable, and that all those who have a role to play in the policy will have the opportunity to do so. This again implies that all values and issues will be considered and that there is a consensus on what needs to be done and how to do it.

Thus there is the need to create an institutional base that will facilitate the involvement of all organisations, agencies and institutions (social, political, economic) in population activities. In addition, these population activities must be strengthened. The institutional base so created must also support and promote coordination of all population activities.

The nature of the population problem also makes it necessary that all national institutions be involved in population activities, while steps are taken to strengthen and coordinate those institutions already involved in population activities, and others that have to be brought into the action. All institutions must make population issues part and parcel of their function. This calls for the ability to monitor and streamline all population activities to reduce overlap, duplication, laxity, and wastage of resources. It also requires institutional modifications to enable new population programmes and structures to be fused into existing ones.

To create an effective institutional base a strong organisational structure is required. A reliable data base can only be created if there is a strong institutional and organisational set up with the requisite human and material resources. It is in this context that, for example, those government and nongovernment organisations already involved in the social welfare field in general become relevant to family planning and population activities.

An effective population and contraceptive policy calls for a new conceptualisation of the health care delivery system. The community or primary health care concept has not been as effective as it should have been. One of the reasons for this is the strict adherence to the medical model of health care delivery, which puts major emphasis on the utilisation of medical staff. The concept of social or community medicine, which gives adequate roles to family, friends and other community resources and facilities, has not been vigorously promoted and utilised. In this case both medical and non-medical personnel must play their proper roles in health care delivery, including the promotion and use of contraceptives.

Family planning and contraceptive services

The creation of a broad and strong institutional base will enable family planning and contraceptive services to reach all those who need them. On the whole efforts must be geared towards improving the adequacy and efficiency of such services. The extension of family planning services to all adults mean that, first of all, it is necessary to define or redefine family planning in a manner broad enough to be accepted by people with different backgrounds and orientations. For example, different interpretations and perceptions of contraceptive use and its possible impact on society as held by religious groups, the medical community and the general public must be reconciled and a national strategy that does not alienate or antagonise any group developed and implemented.

Contraceptive services also have to include a wide range of categories or choices to meet the numerous and varied values and perceptions of those requiring them. In this respect community values, norms, religious beliefs and national ideologies must be blended in such a way that the final product is not offensive to any segment of the population, but rather flexible enough to allow participation and utilisation by as many people as possible. A narrowly defined family planning service widely implemented will still not achieve any significant results.

On the whole, there must be a new emphasis on service provision and levels of utilisation. The reduction of the mortality rate, for example, calls for improvement in social, economic and political life, and the participation of all segments of the population in related activities. Perhaps the greatest challenge is to redefine the roles of institutions and their services, and professionals and ordinary people in communities, etc in the development and implementation of activities related to population policy. Every one has a role to play if the nation must relate population factors to socioeconomic activities, goods and services.

Education and research

An important question that must be put is: What are some of the educational implications of population policy for family planning staff in the field?

Perhaps the most crucial issue relates to understanding the scope and underlying factors of the population problem, contraceptive acceptance and utilisation, and other dynamics of family planning in general. One cannot appreciate the policy if there is no adequate understanding of the population dynamics, especially the factors which promote rapid population growth and the effects of these on the general circumstances of living of the entire population. This understanding entails the appreciation of values, norms, perceptions, attitudes and practices which seem to perpetuate and promote the negative aspects of population growth.

Thus there is the need for educational and research activities to generate and disseminate the necessary data.

There is also the equally important issue of understanding the overall role of family planning within national development, and the role and importance of individual officers in the field. People must understand and be able to defend the importance of their role, both at the local and national levels.

These two issues lead to a third one. Community or social education in relation to population or national socioeconomic health in general could only be undertaken with effectiveness if those involved understand what it is that they are educating others about. This entails the appropriate use of facilities and information, and collaboration with other professionals, institutions, agencies and communities. In line with the national strategies, field officers must be able to update their activities as well as adapt their methods to local conditions, so as to reach as many people as possible, undertake educational activities that allow community participation in population matters, and provide them with the tools to make rational comprehensive decisions relevant to their particular socioeconomic circumstances, and provide examples consistent with what they preach.

For example, educating others on the advantages of small family size, both at the individual and national levels, demands that field officers also have smaller families. In this way they can truly demonstrate that they have resolved their own sociocultural biases, norms and values that are inconsistent with such a stand, and that they believe in what they teach others as well as practice it.

Finally, family planning education must permeate all activities in order to have a national character and scope. All institutions and agencies, as a matter of policy, must make such education part of their activities. This will require the development of adequate and relevant materials and the efficient utilisation of skilled labour.

Conclusion

Finding a solution to the population problem is not a simple task. It is a question that calls for national self-examination; a broad understanding of demographic dynamics; institutional development and the realignment and reorientation of older institutions; a broad based family planning educational system; family planning services and programmes consistent with peoples needs; and the availability of skilled personnel able to perform in a variety of situations; among others.

It is a national duty to resolve any contradictions and controversies among professionals and non professionals involved in the process, techniques, programmes, resources and data base for solving the population problem. Perhaps one of the most rewarding outcomes of the implementation of the population policy

is the opportunity for various public, nongovernment, religious and social groups to work with each other from different angles in the national cause, and promote a common cause as opposed to promoting narrowly defined agency, community, religious and professional objectives.

FOOTNOTE:

1. The authors are indebted to Robbie Siamwiza and Kwaku Osei-Hwedie for permission to use materials contained in their work *Situational Analysis of Reproductive Health and Family Life Education (FLE) for Young People in Zambia* (1989), a Research Report for the International Planned Parenthood Federation, Africa Regional Office, Nairobi, Kenya.

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