
THE RHODESIAN JOURNAL OF ECONOMICS

The Quarterly Journal of the Rhodesian Economic Society

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A. M. Hawkins (Editor), D. G. Clarke, J. A. C. Girdlestone, A. F. Hunt
and M. L. Rule.

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Articles

**Problems of Family Planning
Amongst Africans in Rhodesia**

Contributors

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PROBLEMS OF FAMILY PLANNING AMONGST AFRICANS IN RHODESIA*

D. G. CLARKE

Amongst current development problems facing Rhodesia that of a high rate of population growth must be regarded as one of the most fundamental in its effects on the immediate short-term and long-term economic and social welfare of a large proportion of the country's population. Whereas most of the country's other problems can be solved by means of judicious planning and institutional and political adjustment, the disabilities and strains imposed upon the economy by the prevailing demographic structure cannot be easily negotiated towards a rapid solution. Instead, demographic influences will retain a permanence, for the purposes of prospective economic policy, irrespective of the prevailing political order. For this reason the relative lack of effective attention that the population problem has received from policy makers is not only alarming for the country's future economic prosperity but also requires some explanation.

The purpose of this paper, therefore, will be to draw attention to Rhodesia's present demographic structure, to relate its significance to the economic problems of unemployment and income distribution and to highlight a number of the factors that impede the promotion, adoption and effectiveness of a comprehensive family planning programme.

The Demographic Structure

The first striking feature of the Rhodesian population structure is the contrast in the demographic stages of the different racial groups. Numerically, the African population is the dominant group with the latest estimates¹ being 5 220 000. Next in size is the European population of 249 000, followed by a Coloured population of 16 900 and an Asian group of 9 300. Thus, over 95 per cent of the population are African and it is primarily in relation to this group that the question of population growth has most relevance and to which the analysis that follows is addressed. This does not mean to say that the effects of population change within the non-African community have little economic significance for the rest of the country or vice-versa. In fact, the contrary holds true, for it is the intricate economic relationships and interdependence of the racial groups in the economic sphere that is at the heart of present development problems.

It is not only the racial population ratios that lead one to focus on the African population when speaking about demographic problems in Rhodesia. Differential rates of natural increase, dissimilar historical trends in birth rates and death rates and markedly contrasting age structures accentuate the divisions suggested by the numerical balance.

The birth rate and the natural rate of increase for Europeans have both fallen sharply since 1954 while death rates have remained relatively stable at the low level of 6 or 7 per 1 000 of population. The community finds itself at an advanced stage of the demographic cycle; this is a function of the community's immigrant origins, economic modernity, high income status and close associations with population groups in economically advanced countries.

* I am indebted to I. R. E. Spilhaus, former Director of the Family Planning Association (Rhodesia) for making available the records of the organization for research purposes, and to P. S. Harris for a number of valuable comments on an earlier draft of this paper. Responsibility for any remaining errors remains with the writer.

Further, immigration serves as an important source of population growth and affects both the quantitative and qualitative aspects of the European labour force.

The Asian population group can be viewed in a similar manner. Numbers are small, even in relation to the European population, and the natural rate of increase of 1,7 per cent per annum is less than 50 per cent of the African rate. Likewise with the Coloured community, with the exception that the annual rate of population increase considerably exceeds the African rate.²

It therefore appears logical to group the Asian, Coloured and European population in a separate category for research that is beyond the scope envisaged in this paper. This should not, however, obscure the need for consideration of appropriate population policies amongst the non-African communities and their repercussions for the welfare of the total population of the country.

Recorded official data relating to the African population indicates a relatively rapid rise in the net natural rate of increase since 1948. At that time the birth rate was put at 46,2 per 1 000 and the death rate of 18,1 per 1 000 giving a growth rate of 2,81 per cent per annum.³ By 1954 the natural rate of increase was 3,04 per cent,⁴ mainly the result of a fall in the death rate to 14,4 per 1 000, and in 1962 this was revised upwards, on the data made available in the first census of the African population,⁵ to 3,40 per cent per annum with the birth rate estimated as 48,0 per 1 000. The final results of the 1969 census have not yet been processed but preliminary data have been released. Again there has been an upward revision of the rate of natural increase, this time to 3,6 per cent per annum, but in contrast to previous trends both the birth rate and the death rate are reported to have risen since 1962 from 48 to 52 per 1 000 in the former instance and from 14 to 16 per 1 000 in the case of the latter.⁶ The proportion of the population in the economically inactive age groups is indicative of the economic problems produced by the unfavourable age structure and the consequences of current high rates of natural increase. In 1962 an estimated 46,6 per cent of the population were in the 0-14 age group and in 1969 preliminary results indicate that this has risen to 49,6 per cent.⁷ Set against a background of existing rural poverty, relative stagnation of the economy in the period 1959-1968 in terms of income per head,⁸ low rates of growth of employment in the modern sector of the economy, a markedly inequalitarian and increasingly unsatisfactory income distribution⁹ (particularly against the rural sector), and institutional and political impediments¹⁰ to the economic advancement of Africans, it will be readily appreciated that population growth makes a negative contribution to the overall economic status of the African population and that this predicament is likely to become increasingly severe in the future.

Downward movements in the African birth rate are likely to be slow and forthcoming only with rapid economic growth and when comprehensive family planning services are effectively within the grasp of those who most urgently need them. Within the country regional differentials in rates of population growth, birth rates and death rates do exist.¹¹ Part of the difficulty with the present embryonic family planning services is that resources are thinly spread and not within the immediate reach of a large proportion of the African population.

Migration is also an important cause of change in the structure of the African population. The picture regarding the movement of foreign African

males is one of gradual reduction in numbers, in absolute and relative terms, since 1955.¹² The main economic consequence of these population movements can be traced to the labour supply and demand conditions that have prevailed in the Agricultural and Mining sectors where more than 50 per cent of the estimated 200 000 foreign workers in 1970 are employed.¹³ Apart from providing a low cost supply of labour for these sectors and acting as an element that restrains wage increases in other sectors, this group exhibits different demographic and socio-economic characteristics from the balance of the African population. In 1962 some 11,2 per cent of the African population were born outside Rhodesia. By 1969 this figure stood at 7,5 per cent of whom 239 160 were males and 98 680 females.¹⁴ Many foreign Africans are employed in low productivity occupations, earn low incomes, remit funds home under agreements signed between the Rhodesian and respective home country governments, and are employed on short-term contracts, often for a specified period of two years. Approximately 64 per cent of non-indigenous Africans in 1969 had entered the country since 1950 and 15,7 per cent since 1965. Thus a considerable proportion have resided in the country longer than 20 years. The continued presence of foreign Africans in the country is a little uncertain. No explicit government policy of repatriation exists, although the *de facto* operations of the Rhodesian Labour Supply Commission, economic pressures within the country having their major effects in those sectors in which the concentration of foreign Africans is particularly high, and a growing unemployment and under-employment problem amongst the African population in general, tend to indicate that a continued net emigration is likely for the future. The rate of emigration is, however, unpredictable and subject to administrative, economic and political variables which cannot be accurately forecast.

It can, therefore, be observed that the major demographic variable that will influence the economic well being of Rhodesia's African population is the birth rate. Death rates could in the long term be reduced by some 50 per cent, perhaps, if one is to accept the existing death rate level of the European population as a likely outcome of any increased medical expenditures, improved incomes, and the effect of spreading knowledge of preventive medicine. A birth rate of 52 per 1 000 is well above levels of 18 per 1 000 that are experienced in advanced countries and amongst economically advanced groups within developing countries. It is only in a fundamental reversal of the trend in the birth rate as rapidly as possible that Rhodesia can hope to forestall further declines in the real standard of living of the majority of her population. Quite clearly there appears to be little movement in that direction at present and it will take a massive programme over a long period to start the process going, especially if the increases in rural poverty that have characterized economic development in the country over the last decade continue unchecked.

For this reason there is eminent logic in a family planning programme being accompanied by extensive rural development schemes aimed at raising rural incomes. Early initiatives in this latter regard under the auspices of the Land Husbandry Act of 1951, the Community Development policy initiated since 1965 and lately through the Tribal Trust Land Development Corporation, launched in 1967, have proven inadequate in scope, orientation and financial underpinning. The problem is also related to discriminating practices and policies operative in Rhodesia, both with respect to employment policies in the modern sector and the reservation of some 48 per cent of the land in the country for the small European population group, a high percentage of whom are resident in urban areas.

The significant wealth and income differentials that exist between the racial groups and between the rural African community and the rest of the African population place definite practical limits on the mobilization of economic resources for the development of the low income, rural based, African community. However, such a subject requires more extensive treatment than can be made in the present paper and accordingly the discussion to follow selects only a few aspects of the development problem, viz., those which work to impede the establishment, effectiveness and acceptance of comprehensive family planning as a basis for a national population policy at the present time.

Obstacles to Family Planning: Economic

The obstacles to family planning amongst Africans in Rhodesia can be grouped into four broad headings—economic, financial, sociological and political.

At the individual level, especially for the low income rural African in the Tribal Trust Land areas, and to a lesser extent in the Purchase Areas where economic conditions tend to be more favourable, there is a considerable degree of personal confidence, that may seem misplaced to casual external observers, in the logic of a large family size. The individual farmer already has a low income, close to subsistence. Most of this is taken up in consumption, the balance being invested in the education of one or more of his children, usually the males first, or in some other asset form, varying from small deposits in rural banking agencies to less sophisticated and more traditional investments in additional livestock. Because the family is still the basic unit of production and the maximization of family income is an identifiable objective, the household head, or young males, or both, may seek to earn income in urban areas, or in other wage employment sectors of the economy. While a host of factors (personal, economic and sociological) govern the distribution of time and effort spent in earning this part of the family's aggregate income—this being determined by the relative effort price of income earned in other pursuits¹⁵—the important point remains that not only does the existence of additional children increase aggregate family income and the expectation that one of the migrants in the family will be fortunate in securing a high earning job, but a large number of children would also increase the expectation and continuity of cash remittances.

This does not mean to say that all these events need necessarily take place in accordance with expectation but only that this state of affairs represents the expected probability facing the individual. Indeed, it may be true that should economic conditions change adversely and these be recognized objectively by the individual, for instance in the case of increasing unemployment in urban areas, it may well still be to the individual's advantage to have more children, even though on a macro-economic level the increase in population would only aggravate already critical employment and social conditions. Apart from these economic incentives to procreate there are added advantages, given traditional African social customs, in having children to provide for parents in their old age, in case of disability or misfortune. Thus, whatever the social cost of excessive rates of population growth in terms of budgetary cost per annum for education and health, for example, the private gains for the individual decision maker and household head in the subsistence sector in terms of expected income and social security are both significant and crucial when related to existing rural income levels and the operative framework of the economy. It is, therefore, possible to appreciate the divergence in micro and macro assessments

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of the population growth phenomenon. From a national viewpoint the acceptance of a rapid rate of population growth seems widely at variance with rational priorities for economic growth but from the subjective perspective of an individual African farmer, migrant, or even urban dweller, this estimate need not necessarily hold true. Consequently, considerable inertia, based on a divergence of the private and social net costs of a high rate of population growth, is often experienced amongst certain groups in accepting the need for family limitation. It appears unlikely that these assessments will alter without compensation for welfare losses sustained as a result of change in socio-economic behaviour.

A second economic trend that is likely to reinforce the maintenance of the high birth rate, rather than operate to reduce it, is the stagnation of rural African incomes experienced over the last 16 years. It can be seen from national accounts data¹⁶ that the earnings of the African rural household sector, comprising an estimated 60 per cent of the African population, have declined significantly over the period 1954-1970. Income from sales of produce to the market sector of the economy (representing the main ingredient of cash income above subsistence consumption), has fluctuated between a lower level of £2,8 million in 1968 and an upper level of £5,6 million in 1956 (measured in current prices) for the period 1954-1968, while at the same time the rate of growth of the rural population has been both positive and high. The inevitable result, as Sutcliffe¹⁷ has shown, is that rural black income per capita has been steadily declining from £14,4 in 1954 to £11,2 in 1968 (1964 prices). Given more difficult economic conditions the average rural household will be encouraged to protect itself, on the basis of maximizing security and minimizing risk, by maintaining or increasing its size. The evidence of increasing birth rates over the period 1954-1970 bears out this hypothesis. Until the adverse distributional trends in income against the rural sector in both absolute and relative terms can be checked and reversed it would be ambitious to expect significant reductions in the birth rate, particularly in as much as these declines in fertility would be expected to result from the process of economic growth and increasing income. By comparison with the rural population the urban African population have enjoyed a relatively strong secular increase in wages and salaries and in growth of income per head. From an income per capita of £30,9 in 1954 Sutcliffe estimates that the increase by 1968 was approximately 64 per cent, giving an urban income per head of £50,9 (1964 prices) at that time.¹⁸ It is more likely, though data is fragmentary on this point, that the potential for declines in the birth rate is better in urban areas, and amongst the wage employed sector, not only because of the effect of higher and secularly rising incomes, the effect of urbanization and industrialization and the higher cost of dependents in urban centres, but also because of the higher average level of education, literacy and comprehension of family planning in the towns vis-a-vis the more remote and traditionally orientated rural communities.

This does not imply that reductions in the net rate of natural increase must necessarily be expected in urban areas for a number of reasons. Firstly, it is likely that with the greater proximity and availability of medical facilities urban area death rates will be lower than in rural areas. Secondly, knowledge of modern clinical family planning techniques tend to be more widely spread in urban areas but the coverage of family planning clinics in urban areas at this stage cannot be regarded as comprehensive and so the effects may be limited. Further, the intensification of family planning programmes for Africans has only become prominent in recent years and more particularly since the

Family Planning Association began successfully soliciting more substantial financial support from public authorities. Very little of this actually relates to the period 1948-1965 in which increases in the birth rate have been marked. Thirdly, it is easy to overestimate the magnitude of the growth of income per head in the urban area when comparison is made with rural income levels. In fact, in comparison to the income levels of the European, Asian or Coloured communities the levels are still very low and relatively sizeable percentage gains from year to year reflect to a considerable degree the small base on which annual absolute increases are computed. Finally, there is evidence in Urban Budget Surveys conducted by the Central Statistical Office at irregular intervals over the period 1958-1968, that increases in the urban household size have occurred that cannot be attributed solely to in-migration from rural areas. It can at best be assumed that increases in the birth rate for urban areas have been lower than in rural areas while it is possible that death rates may be declining more rapidly in urban centres and by corollary that death rates in rural areas have increased in the 1962-69 period. Unfortunately, there is little evidence available at present to trace the cause of this phenomenon, since published data do not disaggregate attendance at clinic and hospitals on a regional basis.

Another economic impediment, but also related to the political structure of the country and the social attitudes of African parents, is the effect of a low level of education amongst the existing adult population group and future members of this group as represented by children presently under 15 years of age. Many of the former group have little formal education. This problem is proportionately greater in the rural compared to urban areas. In 1962 the Census showed that of adult males born between 1918 and 1945 some 42,2 per cent had never been to school, 4,9 per cent were still at school, 36,8 per cent left school at Standard III or before, while only 3,1 per cent had progressed beyond Standard VI. For females the equivalent figures were 52,8 per cent, 3,0 per cent, 36,4 per cent and 1,1 per cent respectively. The regional disparities are also significant. For males in African rural areas the proportion that had never attended school was 42,0 per cent, while in urban areas it was 35,3 per cent. More serious than both these figures are the data relating to Africans in European farming areas. Here 64,1 per cent of adult males had never attended school, while for females the figure was 74,2 per cent. Again the percentage of adult males and females in rural areas who had left school after Standard VI was 3,0 per cent and 0,7 per cent compared to 3,9 per cent and 2,5 per cent for urban areas, and 1,0 per cent and 0,5 per cent in European farming areas. The importance of these factors becomes clearer when it is seen that the responsiveness of adults to acceptance of family planning is related to educational attainment. Persons with higher levels of education not only more readily accept the need for family planning, but are likely to use more effective techniques than persons with lesser education. Data gathered by the Family Planning Association reveal that receptiveness has been greater in urban compared to rural areas and from educated persons in urban and rural areas compared to those of lesser educational standing. As a result the difficulty of reaching and getting a large, growing and widely scattered rural population to accept the need for family planning is increased by the distribution of the country's educational stock. It is in the rural areas where programmes are most urgently required, where costs of administering programmes are highest because of lower densities of population, but where at present resources are most sparsely deployed.

There is, however, some difficulty in deciding where returns to resource inputs will be greatest. If the potential declines in the birth rate are to be maximized in urban areas there may be some justification for concentrating on this zone rather than dissipating limited funds over a wide geographical area. What is required is an overall assessment from a national viewpoint and a clearly formulated strategy based on careful planning. Ideally, this would form the task of a population council attached to a government economic planning agency. However, there exists neither a comprehensive planning unit, nor a population council sponsoring a nationally financed family planning programme.

The future success of a long term plan must also be to some degree dependent on the successful spread and increasing depth of education imparted to urban and rural African children, who are currently in the 7-15 age group. These persons represent a sizeable proportion of the total African population and despite increasing absolute financial outlays on Government current and capital account it is becoming apparent that little relative progress is presently being made to bring under the umbrella of modern education the whole of the potential school going population. The situation is made more serious by existing educational and financial policies undertaken by successive Rhodesian governments, particularly since 1962. In 1967 some 16,85 per cent of the African population, or 705 833 persons, were reported by the Ministry of Education to be in primary and secondary schools. An unspecified number of potential school children are acknowledged to be unenrolled. Reasons for this state of affairs range from lack of parental finance to an increasing cost of education as higher grades are entered, high drop-out rates as a result of inadequate facilities and performance, the marked imbalance in the sexes enrolled with preference weighted strongly in favour of males especially in the secondary tier of the educational system and declared government policy based on a 1965 decision to limit the allocation of funds for African education to 2 per cent of the gross national product. Also because the figure of 16,85 per cent is computed on the basis of the 1962 Census which by comparison to the latest data in the 1969 Census is reckoned to have under-enumerated the population it can be taken that a fairly large number of children of school going age are not in school. The important point is simply that large numbers of children are receiving relatively little education (only 2,43 per cent of the total school enrolment is in the secondary system) with the effect that the more the spread of family planning practices is connected with educational standards of the population at large the more difficult and costly it will be in the future to promote an all embracing family planning programme.

A further economic phenomenon that has been suggested as a partial cause of high fertility rates in Rhodesia arises out of the production structure of the traditional sector in relation to the sex roles and division of labour common in traditional African society both amongst the Shona and AmaNdebele groups which together constitute 85 per cent of Rhodesia's population. Because certain tasks are delegated to males and others to females, and given that the typical unit of production is the family, there exists a demand for both males and females in order to maintain the labour input balance required for the family's economic survival. If the size of the traditional or subsistence sector were rapidly reducing trends would probably work to ease the economic pressure for both sons and daughters and thereby possibly result in a smaller average family size. However, the wage employment sector, which provided the principal alternative economic opportunity for persons in the non-monetized sector of the economy, has not been expanding rapidly enough in the last 15

years to be able to shift the centre of gravity away from traditional forms of economic enterprise to higher productivity wage employment in which the traditional need to maintain the sexual balance in the structure of the family is no longer imperative. The number of Africans in wage employment in 1956 was 602 000, or 18,8 per cent of the total African population. By 1968 total employment was only 697 000, or 14,4 per cent of the total African population.¹⁹ Thus not only is an increasing burden being borne by the wage employment sector, but there is relatively little progress being made in reducing the dependence of the African population on subsistence economic pursuits.

Obstacles to Family Planning: Financial

The financial problems facing the Family Planning Association are basically twofold. The first is the inadequate amount of funds in aggregate that is available for allocation to family planning activities and the second is the question of how to rationally allocate these funds in order to maximize effectiveness.

Concerning the former it should be pointed out that the major agency in the field at present is the Family Planning Association (FPA). Initially operations began by opening up a clinic for Europeans and the total annual income at that stage was the paltry sum of £205. In the last 14 years its activities have grown rapidly. Apart from the FPA, who undertake both educational and medical work, the other major directly involved agencies are the central government, missions organizations and local public authorities. Minor contributions are also made by private doctors and a few industrial firms. Some idea of the present aggregate national effort can be obtained from an analysis of the funding of the FPA and by comparing the size of its efforts to the total effort of all agencies combined. No comprehensive data are available for a fully accurate assessment but informed estimates²⁰ made in 1970 suggest that in the educational field some 95 per cent of the work is conducted by the FPA with the balance being undertaken by government. On the medical side some 25 per cent was estimated to be FPA activity, 25 per cent by Missions, 40 per cent by Government and 10 per cent by Local Authorities. This breakdown is changing fairly rapidly as there is a wider recognition of the population problem and public authorities' contributions became more permanent and sizeable.

Prior to a 1966 Ministerial decision to allow government hospitals to dispense advice and facilities for family planning the government contribution was sporadic and irregular. Of the total funds available to the FPA amounting to £77 261 for the period 1957/8-1968/9 approximately 57 per cent were derived from public sector sources and 43 per cent from private donors.²¹ The complacency of government is indicated by the fact that some 88 per cent of the total donations of £39123 have been forthcoming in the period since 1968. The only satisfying feature of the public sector record is that its contributions can now be seen to be of a permanent nature and the allocation from the exchequer is increasing annually, as is the aggregate governmental effort through public hospitals and clinics not connected directly to the FPA. Still, the glaring inadequacy of such funds in relation to the problems can be estimated from the number of persons reached by means of educational film units operated by the FPA in urban and rural areas. In 1968/69 some 56 633 persons participated in this programme, equivalent to about 2 per cent of the "target" African population between the ages of 15 and 44 years of age. It would be highly optimistic to expect that the other 98 per cent had been reached by means of the literature campaign, household visits by FPA workers and public talks (often conducted with the film shows) or had on their own volition attended

government, local authority or FPA clinics. Even if as much as 5 per cent of the "target" population had been in contact with family planning agencies it cannot be assumed that 100 per cent responded positively to the concept of family planning and are actively utilizing the advice and services offered.

It is clear that at the present stage financial resources for family planning are extremely limited. Other difficulties are reflected in the present problems facing the FPA, viz., shortage of qualified staff and funds to train new personnel, the high cost of dispensing services to remote rural areas and the present practice of implementing charges on the provision of a number of medical services, which although relatively small, are significant enough in relation to the average rural household income to deter interested persons from making full use of available services.

It is doubtful whether the solution to the problem is simply that of merely increasing contributions to the FPA. Its organization, planning and research facilities and medical services are not equipped for the size of the task it faces. Co-ordinated effort between all agencies is needed, together with substantial permanent support from public funds. This factor gives rise to the second major financial problem facing family planning in Rhodesia—the lack of rational planning and setting of priorities for the maximum utilization of existing financial resources.

A number of planning difficulties arise in attempting to formulate a family planning strategy for Rhodesia. Firstly there is the problem of allocating existing funds so as to maximize a welfare function that, for example, leads to the most rapid reduction in the birth rate over a given period. The choice of the terminal period clearly affects the intensity of the programme needed and thereby the amount of funds required to meet the target. But given that existing funds are likely to be consistently under current needs, at least in the immediate short run, the principal decisions at this juncture centre around the regional distribution of resources and in the form in which these resources should be provided.

Ideally, an overall cost-benefit analysis on a dynamic basis is required with values being ascertained for a number of important variables: (a) the unit cost per "target" population of providing a given quantum of family planning services for different urban centres and rural communities; (b) the responsiveness, in terms of level of utilization of services, of the "target" population to given programmes in terms of the type of services used; (c) the rates of decline in birth rates expected in different areas (defined by either their rural/urban environment or by their regional birth rate levels) under given assumptions pertaining to different sized programmes; (d) the returns per unit outlay on various income groups; (e) the cost effectiveness of concentration of effort on females or males, or both, and between different age groups; and finally (f) expected dynamic changes in input costs for different programme mixes designed for various communities. Quite obviously these questions are not any which will be answered without a considerable degree of research and rational deliberation. To find quantitatively accurate answers may in fact prove impossible given the present limitations of data. This does not imply that the formulation of policies should ignore these items. The above considerations are fundamental and misallocation could seriously affect the returns that might otherwise have been derived from a rational setting of priorities. At the moment there is no adequate planning mechanism, either in government (though it is known that there exists a Population Committee that is considering the general problem of rapid population growth), or in the existing

organization of the FPA. Intuition provides the present criteria for choice of location of clinics, the distribution of the educational programme effort, the choice of techniques used and services offered and a relatively random *ad hoc* forward planning system covering the forthcoming budget year provides the maximum temporal perspective envisaged. This predicament is a direct result of the present state of neglect of existing needs and the relative dis-organization that pervades in the field of family planning for national economic goals.

Obstacles to Family Planning: Sociological

This paper has so far been concerned with the economic and financial obstacles impeding the implementation of family planning in Rhodesia. This does not mean that sociological or political difficulties do not exist, or are unimportant. In fact, the contrary is true and it is worth noting that some of the most outstanding problems lie in the non-economic sphere. Some of these issues will be mentioned in what follows in an attempt to sketch a socio-political outline of the extent to which the economic costs of family planning may vary with changes in the institutional order.

Some 71 per cent of Rhodesian Africans are of Shona origin with 16 per cent being Ndebele.²² Traditional Shona religion and the African social structure place a high priority on child-bearing. A man's status, and in some cases his 'wealth' or welfare, is often determined by the number of children in his household. There therefore exists considerable societal pressure on the individual resulting in the presence of a strong pronatalist philosophy even amongst urban Africans who have long left the rural areas, who may have considerable educational and/or economic advantages, and who may regard themselves as members of a technologically advanced society.

Despite the advances made in the extension of medical services there also exists the memory of the high pre-natal and infant mortality rates that characterized the past and so parents, especially in rural areas, harbour a strong desire for having a large number of children.²³ Consequently, there are strong deep-rooted fears of family planning goals in as far as these call for a reduction in family size.²⁴ As long as such widely felt attitudes prevail a strong degree of resistance to family planning is likely to remain. Only through a rapid transformation of existing social structures can these societal controls be loosened. In this respect the current Community Development programme initiated by the Rhodesian Front administration in 1965 generates a paradoxical effect. One of its immediate objectives is to give increasing autonomy to local authorities, particularly traditional authorities under the auspices of the Chiefs, their Councillors and Headmen. This tends in practice to exclude the more innovative elements of the African society, particularly teachers, the educated elite and others, from the leadership function and decision-making process of local administration and national government. Thus community development attempts to promote local initiative in the growth process yet the overwhelming recourse to traditional authorities is unlikely to aid the cause of family planning because very often, though there are exceptions, the collateral succession procedure for the selection of Shona chiefs brings relatively elderly men to positions of authority and in many cases such persons through tradition, inherited conservatism, religion, or for other reasons, are hostile to the pressing need for family planning and are often reluctant to promote its cause in their communities.

Obstacles to Family Planning: Political

Related to the effects of tribal leadership on the acceptance of family planning in the African community are the impediments provided by the nature of the political system and strained race relations. Because of the increased polarization of race relationships and political attitudes in Rhodesia, and the increasing extent to which discriminatory legislation and practices are being promoted,²⁵ there exists a widespread fear amongst Africans that family planning is part of a white plan designed to reduce the potential strength of the African population by reducing its numbers. A more extreme version, popular in African nationalist circles is that any population policy aimed at reducing the African birth rate is tantamount to a form of "racial genocide". Any rational observer can immediately ascertain that the empirical basis of such a possibility is so far removed from the likely future reality of the present demographic position as to be without foundation. Given the existing racial numerical ratio of 21:1 between African and non-African, and the differential rates of growth between the two, it is patent that even equalization of natural rate of increase between the two groups would be inadequate to re-establish the lowest historical numerical balance that has existed in the racial ratios. But in the context of operative political attitudes this is not the point. Resistance to family planning based on political objectives of the above nature is not based on rational criteria but rather is a response to the polemics and rhetoric of both black and white parliamentarians, laymen and misinformed observers whose emotional and provocative statements on the population question tend to be characterized by irrationality and the pursuit of short-term vested interests. The responsibility for drawing such an important socio-economic issue into the sphere of party and race politics must lie squarely on the shoulders of politicians and to some extent on their electorate. On this matter the government do not possess a clear record. Ministerial statements have on several occasions provoked irrational fears by ill-informed references to population problems. This is especially emphasized when related to the contentious non-selective and racially discriminatory immigration policy that is presently operated. Indeed, a recent report on economic planning for the development of Rhodesia which suggested that "In the interests of the Rhodesian economy, and especially of the African inhabitants, it is essential that the European community be strengthened, and the *numerical* imbalance prevented from increasing unduly"²⁶ is typical of cases where value judgement has been substituted for economic analysis. It is significant that the "imbalance" is cast in terms of racial stock ratios rather than in terms of "economic" phenomena such as skilled/unskilled or educated/uneducated persons, with the result that varying prescriptive policies follow from the acceptance of the different premises involved. In the face of statements of this sort on what are delicate issues it is not surprising that harsh reaction is encountered and politicians favouring African nationalism openly claim that family planning is part of an overall attempt by the minority white government to enforce political control. As a consequence the government has been unwilling to overtly commit itself to a large scale, nationally financed and administered family planning programme. In fact, if it did there is no guarantee that in present circumstances political resistance would render it ineffective and inflict long term damage on future family planning programmes. The latest government action in this regard has been the insistence that the government be allowed representation and "control" on the executive board of the FPA. It is likely that this closer identification of government with a voluntary association will further reduce the political credibility of the FPA amongst the recipient African population.²⁷

This overall political situation explains to a considerable degree the lackadaisical response that the FPA has received from government quarters and the general under-investment of resources in family planning. The lack of a homogeneous national consciousness and prolongation for an indefinite period²⁸ of a system in which genuine African participation in the central government is both limited and subordinate militates against any easy solutions being found to the political problems that confront present family planning efforts.

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²⁴ It should be stressed that family planning as practised by the FPA is not confined to stressing family limitation but also relates to the medical and health aspects of child spacing, child care and education in nutrition.

²⁵ C. Palley, *op. cit.*

²⁶ Rhodesia, *Report by J. L. Sadie on Planning for the Economic Development of Rhodesia, CSR 35-1967*, Government Printer, Salisbury, p. 3. The italics are inserted.

²⁷ *Rhodesia Herald*, October 1st, 1971, and October 4th, 1971. The recent comment by an African Member of Parliament, Mr. R. Sadomba, is illustrative of African fears about government involvement in the FPA: "We condemn the attitude that the Government has taken of trying to take an upper hand in the Family Planning Association . . . the government's approach is a politically biased one." *Centre Point*, Vol. 2, No. 1, November, 1971, p. 4.

²⁸ D. G. Clarke, *The Political Economy of the Republican Constitution of Rhodesia, Rhodesian Journal of Economics*, Vol. 4, No. 3, September, 1970. It is shown that under the existing constitution (1969) in which parliamentary representation is based on racial grounds and is made dependent on racial income tax contributions there is clear political incentive, at least in theory, for Africans to adopt family planning to raise incomes per capita and increase income tax contributions. However, the practical futility of such an exercise is easily demonstrated when cognizance is taken of the prevailing economic structure, economic policy, educational policy, immigration policy and taxation mechanisms with the result that the grossly inequitable economic basis of the constitution is incapable of being redressed in its present form.

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