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**International Development Study Center**

**Contract: AID/afr-C-1702**

**Analysis and Recommendations: Lesotho**



**Human Affairs Research Centers**

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## FOREWORD

Since the inception of international population assistance--especially the pioneering efforts of the Agency for International Development (AID)--to Less Developed Countries (LDCs), Africans and African governments have expressed cynicism and often hostility apropos the intentions and motivations behind the call for population policies and population control programs. In a continent steeped in profound traditions and values regarding fertility and the wealth of children, the thought of massive foreign assistance to foster population control measures has met with strong opposition and, often, with charges of racism and genocide.

Most African nations, as we know them today, emerged in the late 1950's and early 1960's. In the short time span of twenty years, these fledgling governments have had to come to grips with the complex and awesome tasks of economic and social development--providing basic human requirements to rural and increasingly urban populations--and not always with adequate tools for proper development planning. Only in recent years have attempts been made to inform and educate LDC governments, particularly those in Africa, on the linkages between population variables and economic development and the impact these variables ultimately have on the attainment of development goals and objectives. Initial approaches, technical assistance and funding assistance vis-à-vis population programs were focused in the area of family planning service delivery, an approach neither understood nor wanted by Africans. As a consequence, Africa today lags noticeably behind Asia and many of the Latin American countries, not only in terms of the number of countries with official population policies and programs, but also in the availability of reliable family planning services to women and couples who wish to regulate their fertility. This state of affairs exists despite a longstanding practice of traditional African forms of birth control and child spacing.

In mid-March 1981, Battelle Human Affairs Research Centers (HARC), through its International Development Study Center (IDSC) research staff and African advisors, initiated an important process: the solicitation of African views regarding population and development assistance, and, by design, their participation in (on a country-specific basis) determining appropriate population assistance programs and inputs vis-à-vis overall economic development objectives. Battelle IDSC's intent in this process is to report accurately and objectively what we were told and what was observed by Basotho officials, civic leaders and private citizens. The case for family planning per se was not necessarily strengthened by this process, but, as the report indicates, several insights did come to light. In essence it shows that much work is required, especially of an educational nature. The impact of this process may prove incalculable, as it served to send a strong, significant message: foreign aid experts are finally beginning to ask Africans what their opinions really are--a revelation that obviously delighted the Basothos we interviewed.

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## I. INTRODUCTION

Battelle HARC's International Development Study Center (IDSC) under contract agreement (AID/afr-C-1702) with the Africa Bureau, Agency for International Development (AID), has conducted a unique analysis of government and private sector knowledge and attitudes apropos population phenomena in the Kingdom of Lesotho. Specifically, the study was designed to:

- assess a cross-section of perceptions held by policy makers, technocrats, academicians, and church and civic leaders - of current trends, causes and consequences of population change;
- analyze attitudes/opinions on policies and programs designed to address problems associated with population trends, e.g. family planning/child-spacing/MCH services and others; and
- obtain specific recommendations from Basotho officials regarding international population assistance, AID activities, and requirements deemed culturally appropriate by interview respondents--within the realm of national development planning.

Accordingly, Battelle IDSC's Africa Population Assistance Advisors (APAA) team, comprised of Mrs. Tsahai Yitbarek (leader), Ms. Anne Sheffield (Battelle Visiting Scientist) and Dr. Moses Ebot (Battelle Research Scientist) visited Lesotho from March 15-26, 1981 to carry out this assignment.

## II. SUMMARY

The team's summary observations and implications for future USAID/population assistance are as follows.

### A. Observations

- Knowledge of population growth trends was qualitative rather than quantitative (i.e., adjectives and adverbs were used to describe these trends rather than statistics or percentages), but nonetheless respondents demonstrated surprisingly good understanding of their links with socio-economic development, and the adverse impact of current population trends on development in Lesotho.
- The causes of population trends most frequently cited were out-migration to the South African mines, improvements in health and a resultant gradual decline in mortality, a depressed rural agricultural economy, traditional preferences for large families and other factors associated with cultural values and mores, a strong Catholic influence, and a perceived "laissez-faire" attitude toward population issues on the part of the Government of Lesotho.
- The effects of current population trends most frequently cited were stress on the overall economy, pressures on health and educational services, growing rural/urban migration and rapid urbanization-particularly in the capital, Maseru; unemployment and increased crime, a significant rise in the incidence of teenage pregnancy and illegal abortion (even in rural areas), and deterioration of the environment.
- Government officials as well as other respondents are uncertain whether an official GOL population policy exists, but generally agree that such a policy is needed despite probable political and social repercussions tied to opposition from the Catholic church, the large numbers of Catholics in the government, and widespread belief and concern that easy availability of contraceptives will encourage promiscuity, particularly among unmarried young people.
- Population dynamics seriously affect the Lesotho economy today and trends indicate an ever steeper rate of unemployment among a relatively well-educated population in the future and a social service infrastructure unable to meet growing basic human needs.

## B. Implications for USAID Assistance

- The degree of qualitative recognition and understanding of the problem, if matched by a commensurate quantitative understanding, may help to facilitate more definitive government action. Investments in strengthening planning capability is a necessary first step to improving quantitative understanding: beginning with applied research and following through with the design, implementation and evaluation of a number of integrated rural community and family health care projects. Each of the above was acceptable to a majority of the interview respondents.
- Appropriate population-related assistance should include measures to improve the GOL's ability to factor demographic data into policymaking and planning, population development education for planners and policymakers (on the need for a balance between numbers of people and available resources), sex education for adolescents, health care and an extension of integrated health and family planning services to rural areas, promotion of income-generating activities, especially for women, and specialized training in all these areas.
- Respondents suggested long term rather than short term assistance in order to ensure continuity and self-sufficiency when funding ceases. For example, long term assistance would offer in-depth training opportunities to Basothos and thus eventually relieve dependency upon foreign experts.
- International donors should urge the GOL to make widely known its concern for the increasing imbalance between population and available resources, and for the associated low rates of productivity.
- National and regional seminars and workshops to widely disseminate information and education on the links between population phenomena in Lesotho and GOL development goals and objectives should be actively supported.
- The team found no clear evidence that additional large scale assistance to the GOL for provision of family planning services at this time would be useful; however, upgrading of current services and promotion of their availability and utility are strongly recommended and could be provided through centrally funded PVO's.
- International PVO's could assist some of the Lesotho private sector agencies such as the Lesotho National Council of Women, the Red Cross or the Lesotho Private Health Association--in their efforts to promote village development, including income-generating activities, improved technology for farming and performance of traditional tasks; the introduction of family planning and family life education at the rural community level would also be appropriate.

- Over a period of 3-5 years, the APAA team believes the suggested course of action will lead to increased acceptance among GOL officials and other segments of the population for the utility of demographic data in effective development planning, and the role and impact family planning - combined with policies and concomitant programs - can have on improving living conditions for all.

### III. PROCEDURES

#### A. Project Methodology

Battelle IDSC spent a number of hours developing and testing the interview protocol designed to elicit maximum responses and information possible regarding population trends and related issues. Prior to the Nairobi planning session (March 13-15), an interview protocol labelled Appendix A (as an attachment to this report) was developed and tested with the assistance of three African officials based in Washington, D.C.-- citizens of Ethiopia, Ghana and Tanzania. The protocol proved to be too long and tedious (an hour and a half to complete thoroughly).

During the Nairobi session, the African advisors influenced a simplification of the protocol (see Appendix A-1), and the decision was made to distribute the questions in advance to all scheduled respondents. This latter step was introduced to increase the potential for productive discussions/ interviews.

The amount of time available to conduct interviews among busy government officials was of considerable concern to the APAA team. In the final analysis, we all agreed not to interrupt a respondent answering a question at length, but to request additional appointments/time if required to complete the interview protocol.

The country reporting format was also discussed and approved by the APAA in Nairobi.

#### B. The Interview Process

In Lesotho the team conducted 34 formal interviews, each lasting an average of 90 minutes. These were supplemented by numerous informal meetings with many of the same respondents.

Among those interviewed within the GOL were high level officials from the Office of the Prime Minister, the ministries of Central Planning and Development, Labor, Health, Education and Rural Development, and the Institute of Statistics (an arm of Central Planning). The team also visited a rural health and training clinic maintained by the government in Thsakhelo, and the Lesotho Dispensary Association, a semi-autonomous central depot which receives and distributes all drugs. In addition, the team met with officials of the Private Health Association of Lesotho (PHAL), the Lesotho Family Planning Association (LFPA), the Lesotho National Council of Women (LNCW), the Red Cross, and Scott Hospital (one of the largest mission hospitals in the country). One full morning was spent with professors and researchers of six departments of the National University of Lesotho (NUL). Representatives of many of the international organizations based in Lesotho, including UNFPA, UNESCO and FAO, provided useful background information to the team.

The team was briefed by Joseph Carney and Charles Brooks of USAID on March 16, and Byron Bahl on March 17. The APAA team debriefed Frank Correll, AID/Lesotho mission director, on March 26. A thorough debriefing session was also held with the Deputy Permanent Secretary of Central Planning and Development.

As described above, the interview protocol designed and tested in Washington, D.C. underwent some modifications (see Appendix A-1) by members of the APAA attending the planning meeting in Nairobi, March 13-15, 1981. Additional minor revisions resulted from the initial interviews carried out in Lesotho, but the original content, divided into three general topics, proved sound. The three topics are: 1) perceptions of current population trends (fertility, mortality, in-, out- and internal migration patterns, family size preferences, etc.), their causes and their effects; 2) opinions on population policy as well as on related policies and programs within the context of Lesotho's development planning and problems associated with them; and 3) population-related programs which would be appropriate for the international donor community to fund--especially AID--problems associated with them, and factors relating to their administration, urgency and duration.

The Ministry of Central Planning and Development (CPDO) made all appointments for the team with the exception of one (with the Lesotho National Council of Women), and preferred that they be carried out serially, with all three members of the team attending each one. A Senior Planner from CPDO accompanied the team on all interviews with the exception (her own discretion) of those with the Ministry of Health, the Private Health Association of Lesotho, the Lesotho Family Planning Association and the Lesotho National Council of Women. (It should be pointed out that APAA team interviews as originally designed did not include a representative of the host government, but in Lesotho this was a positive and useful addition.)

The team wishes to note that CPDO was extremely helpful and cooperative, as were all of the respondents. The team was received everywhere with unflinching courtesy and everyone, including the highest ranking members of government, gave generously of their time.

Each interview began with an explanation by the team of its task (a survey of Basotho perceptions, attitudes and opinions about the topics comprising the interview format) and its rationale (an interest on the part of the African Regional Bureau of USAID to learn more about the country's specific insight on population matters in an effort to better understand, and if possible, respond to Basotho needs and ideas).

The team clearly stated that its mandate was only to transmit results of the interviews to USAID, both the mission and AID/Washington, and was not acting as foreign assistance broker between the GOL and USAID. All respondents indicated their understanding of the team's objectives and appeared satisfied with them, although they expressed hope that something concrete would come out of this effort--which appeared as a surprise albeit practical and welcome intervention.

A preliminary interview was held on Monday, March 16 with the Deputy Permanent Secretary of CPDO, the Acting Deputy Director of the Statistical Institute and a Senior Planner subsequently depuced to finalize the team's schedule. Mr. Joseph Carney of AID accompanied the team and introduced the members to the GOL representatives present.

In the judgement of the team this was the correct procedure to follow and resulted in a mutually amicable and satisfactory work environment.

At the end of each day the team worked together to codify and summarize the results of each interview. Halfway through the Lesotho assessment, the team agreed on a matrix into which completed interview results were fed. By March 25 a rough draft of the team's report was ready, and served as the basis for an exit debriefing for the AID Mission Director and for the Deputy Permanent Secretary of CPDO.

### C. Respondents/Contacts

Each of the following persons was interviewed separately by the APAA team. In addition, informal follow-up meetings were held with several of the respondents.

#### Persons Interviewed and List of Country Contacts

PRIME MINISTERS OFFICE	Mr. Makeka, Deputy Senior Permanent Secretary
MINISTRY OF CENTRAL PLANNING AND DEVELOPMENT (CPDO)	Mr. M. P. Sejanamane Mrs. Moji, Deputy Permanent Secretary Mr. Mustafa Fanana, Sr. Planner Mr. Moeshreshoe, Planning Officer
INSTITUTE OF STATISTICS	Mr. Tonane, Acting Director Mrs. Morojele, Demographer Mr. Phamotse, Data Processor Teferi Syume, UNFPA Coordinator
MINISTRY OF LABOR	Mr. F. S. Matholoane, Commissioner of Labor
MINISTRY OF EDUCATION	Mrs. Manto Moteselebane, Head of Planning
MINISTRY OF RURAL DEVELOPMENT	Mrs. Mosae Mr. V. P. Machai
MINISTRY OF HEALTH	Dr. Marnping, Director of Health Services Mrs. Seipobi, Coordinator, MCH/FP
RED CROSS	Mr. Mosalae, Director Dr. Hakan Sanbladh, Advisor of League of Red Cross Societies

LESOTHO NATIONAL COUNCIL OF WOMEN	Mrs. Mannete Ntsane, Vice Chairman Mrs. Mathabise Mosala, Secretary Miss Mapeele Mokhosi, Council Member and Parliamentarian
SCOTT HOSPITAL	Dr. Germond, Chief Superintendent Dr. M. Ferhag, Community Health Physician
TSAKHOLO HEALTH CLINIC (GOVERNMENT)	Miss Miam, Nurse
LESOTHO FAMILY PLANNING ASSOCIATION	Mr. Tlebere, Executive Director General Secretary, Board of Directors
PRIVATE HEALTH ASSOCIATION OF LESOTHO	Mr. B. T. Pekeche, Executive Secretary
LESOTHO DISPENSARY ASSOCIATION	Mr. Wim Faasen, Managing Director
NATIONAL UNIVERSITY OF LESOTHO	M. M. Tonane, Lecturer in Economics S. Santo, Teaching Assistant, Gov't and Administration G. M. Malahleha, Head of Sociology Department M. C. Mokoresi, Teaching Asst., Accounting and Commerce J. Rutherford, Lecturer, Statistics John Gay, Lecturer, Sociology B. A. Tlelase, Registrar
USAID	Frank Correll, Mission Director Byron Bahl - Program Office Joseph Carney Charles Brooks, Comptroller

#### IV. COUNTRY BACKGROUND

The following information--on major population issues, current population trends, and external population assistance--was compiled by IDSC research staff to brief members of the APAA team. It is included in this report as essential information to readers.

##### A. Country Profile

The Kingdom of Lesotho is an amalgam of 1.3 million Sesotho-speaking peoples (98% ethnic Basotho) inhabiting approximately 30,350 Km<sup>2</sup> of mountainous land surrounded by South Africa and the independent State of Transkei. With the birth rate of about 40 per 1000 and a death rate of 16 per 1000, the Basothos increase in number 2.4 percent each year. Some 40 percent of the population is under 15 years of age. Over 90 percent of Sesotho-speaking peoples are rural and less than ten percent urban with about 2.5 percent living in the capital city of Maseru. Approximately 90 percent of the population resides in the lowlands, giving the area one of the highest densities in Africa. While the overall population density of 104 persons per square mile is not great, the 770 person density per square mile of arable land exceeds that of India.

##### B. Major Population Issues

The Government of Lesotho's economic policies are almost wholly defined by close ties with South Africa and its participation in the Rand Monetary Area and the South African Customs Union. The most important effect of these relationships is one the employment of the Basotho labor force.

Until now, South Africa has provided an outlet for Lesotho's expanding labor force. In 1978 the total labor force was estimated at 575,000 and growing at 12 - 15,000 a year. Of the total 125,000 were employed in South African mines, perhaps another 25,000 elsewhere in South Africa, 35,000 in the formal sector in Lesotho and 25,000 in the formal sector. Rough estimates put unemployment at between 5 to 8 percent.

While the unemployment rate is currently small compared to other African nations, there is cause for serious concern for several reasons. First, 40 percent of the 125,000 increase in the total labor force in Lesotho from 1967 to 1978 was absorbed by the South African Mines. This source of employment is not expected to increase and may even decline in absolute terms. Second, there is little unused arable land remaining in Lesotho which could absorb additional labor. Third, recent efforts to generate formal sector employment within Lesotho have been largely unsuccessful, with the exception of government employment, but the ability of government to continue absorbing labor is extremely limited.

A related effect of Lesotho's migrant labor policy is on the fertility of women. Visiting husbands from the mines adopt, as a precautionary measure, a strategy to leave their wives pregnant before returning to the mines. As a result, about 40 out of every 1000 Basotho women give birth each year.

It is estimated that the total fertility rate of a Basotho housewife is greater than 5.4. High birth rates and declining death rates (now 16 per thousand) among the Basothos suggests that the population will grow too large for the nation's land resources to support the extensive grazing and cropping system now in use.

#### C. Official Position on Population Issues

Prior to 1979, Lesotho had no official population policy, and the government position was that the country had no population problem despite high density ratios and growth rates. However, the private Lesotho Family Planning Association (LFPA), an affiliate of the International Planned Parenthood Federation (IPPF), was organized in 1966-67 and offers family planning services through its clinics in Maseru. Some private physicians provide contraceptives, and IUD's are inserted at Scott Memorial Hospital.

The government has shown increased interest in the past decade in population planning efforts. The culminating point was 1979 when the government established that family planning information and materials be made available to interested people. The Prime Minister announced the objective of reducing population growth from 2.2 to 2.1 percent. The Lesotho Family Planning Association (LFPA) is responsible for this activity, and is training nurses in family planning methods. With the extreme scarcity of doctors, there has been an important breakthrough in that nurse clinicians are available in increasing numbers to counsel citizens and dispense materials in rural clinics. Training of nurses and nurse-clinicians in preventive as well as curative services and in family planning techniques is being done under AID's sponsorship.

#### D. External Population Assistance

External Assistance: The U.S. Agency for International Development (AID) is providing assistance to Lesotho through a regional maternal and child health/family planning project initiated in 1972 under a contract with the University of California, Santa Cruz. The program is designed to introduce the concept of child spacing into the health service and to seek ways of motivating families in child spacing. AID support extending through 1976 paid for advisory personnel, commodities, participant training, and local program costs. Funds also have gone toward the construction of lecture rooms at the maternal/child health center at Tsakholo in the Mafeteng District.

The United Nations Fund for Population Activities (UNFPA) has assigned a family planning doctor to the Ministry of Health and Social Welfare.

The International Planned Parenthood Federation (IPPF) supplies financial support to the Lesotho Family Planning Association (LFPA) for fieldworkers, education and publicity, training and the operation of two clinics. The Pathfinder Fund supplied office equipment for the LFPA, and World Neighbors has also helped the Association.

E. Demographic Profile Lesotho

Population Estimate [Mid-1980]	1.3 million
Birth Rate	40 per thousand
Death Rate	16 per thousand
Rate of Increase	2.4 percent
Number of years to Double Population	29 years
Project Population 2000	2.1 million
Infant Mortality Rate	111 per thousand
Total Fertility Rate	5.4 children
Population Under Age 15	40%
Population Over Age 64	4%
Life Expectancy	50 years
Urban Population	4%
Projected Ultimate Population Size	5.1 million
Per Capita Gross National Product	\$280
Female Population	675,000
Female Population (15-49)	309,000
Female Population in Union (15-49)	211,000
Female Singulate Mean Age at Marriage	20 years
Percent Women (15-49)	22%
Percent Women in Union (20-24)	76%

Official Policy to reduce population growth for demographic reasons;  
support family planning to implement this policy.

Sources: Population Reference Bureau. 1980. World Population Data Sheet.  
Washington, D.C.: PRB.

Population Reference Bureau. 1980. Family Planning and Marriage.  
Washington, D.C.: PRB.

## V. PRINCIPAL FINDINGS

This section of the report is divided into the three principal topics: A) population trends, causes and effects; B) population policy; and C) international population assistance. It provides detailed review of the answers given by all those interviewed, but does not link specific respondents and answers in compliance with Battelle's desire to maintain confidentiality, except in those rare instances when clarity would otherwise suffer and confidentiality was not a problem. The team wishes to note, however, that no one requested confidentiality during the formal interviews.

There was a degree of consensus among the respondents; when opinions diverged widely from that consensus, this has been so noted.

### A. Population Trends, Causes and Effects

1. Population trends: Current population trends in Lesotho, as perceived by the average respondent, include: a shifting population whose base is growing with a high rate of growth, and where there is no substantial change in either fertility or mortality levels, with the exception of a gradual decline in infant and maternal mortality.

The APAA team found that understanding of current population trends was surprisingly good among the respondents. Knowledge of levels of births, infant and general mortality, population size and distribution was qualitative rather than quantitative, but reflected an appreciation of population dynamics even when respondents were unable to quote demographic statistics and percentages.

The following come from an interview with officials at the Institute of Statistics. Other respondents with access to statistical data provided the same information. Those respondents who did not cite sources usually estimated the current population growth rates as being higher (up to 2.9%).

Total population: 1.2 million (per the 1976 census).

Population growth rate: 2.2% (per WFS data).

Birth rate: 36-39/1000.

Death rate: 14-16/1000.

Infant mortality rate: 107/1000 and gradually declining.

Life expectancy: 50.2 overall (Males: 48.3; females 52.3)

Total Fertility Rate: 5.9.

Gross Reproduction Rate: 2.6.

Urban growth: the population of Maseru was estimated to be approximately 20,000 in 1966 and 40,000 in 1976.

2. Perceptions of causes of population change: As expected, varying causes were cited for current population trends. The causes cited by the respondents are given below, divided into economic, social, cultural, and political. Variances, whether related to specific causes or to the degree of importance assigned to them, can usually be explained by familiarity with or concern for one sector over others, ideological stance, and/or the tendency of more LDC government officials to minimize or ignore, in official communications, topics such as illegal abortions.

a. Economic causes: Most respondents cited economic reasons for the high rates of out-migration to South Africa (at any given moment it is estimated that approximately 200,000 Basotho males are working in the Republic, most of them in the mines) and for rural/urban migration as well. Low, perhaps even declining agricultural productivity, resulting from poor farming management techniques and other related factors, keeps rural farmers at a subsistence level and provides few incentives to the 90% of the population living in rural areas. The prospect of far more lucrative remuneration as a miner, or the hope of employment in urban centers, drain the countryside of able-bodied males and skews the sex ratio (estimated to be 5 women to each man).

b. Social causes: All the respondents agreed that improvements in health and sanitary conditions are primary contributors to the continuing high trends. A slight decline in infant, maternal and overall mortality, against a background of relatively stable fertility levels and a growing population base, help sustain the high growth rate.

Modernization acts through push-pull factors to depopulate rural areas and increase urban centers. The stagnant rural agricultural economy cannot absorb rural educated youths, and so they flock to urban areas in hope of employment, or seek employment in the South African mines.

Education ranks high among Basotho family priorities, as evidenced by willingness to pay extremely high school fees and associated costs, and this helps to spur rural/urban migration, given the lack of opportunities in rural areas. This situation is aggravated also by the breakdown of the traditional system of land allocation. Rather than outright ownership, each young Basotho male, as he comes of age, receives land for farming from the local chief but does not have the right to pass the land onto sons or other family members through inheritance. There are simply too many young men and too little land, with the result that many years may go by before the would-be rural farmer receives his allotted acreage. Many do not wait.

There is widespread concern among respondents that easy availability of contraceptives encourages promiscuity among young people. Given the influence of modernization, which exposes the young to situations and influences for which they are ill-prepared, lack of contraceptive access and lack of knowledge about sexual relations is giving rise, according to respondents, to an increase in teenage pregnancies and

illegitimate births, both of which were cited as causes of current population trends. A related phenomenon, the fact that departing migrants prefer to leave their wives pregnant rather than protected by contraceptives, was also noted. The imbalanced sex ratio (5 women: 1 man) was cited by some respondents as a contributing factor to high birth rates and by others to a birth rate that is lower than it might otherwise be.

c. Cultural causes: Lesotho has strong cultural traditions which were noted by all respondents as contributing factors to high growth trends. The first is the traditional preference for large families-- a factor prevalent throughout all African society, to embellish the value of fertility and to ensure the longevity of the clan or lineage. Special to Lesotho is a preference for sons over daughters since traditionally only boys are allowed to tend the animals (sheep in particular), the Basothos traditional symbol and expression of wealth and affluence.

In addition, a traditional practice which for generations acted as a curb on the birth rate is now breaking down. Basotho women have traditionally breast fed their children for three years or until weaning, during which period sexual abstinence was strictly observed. Increased rural/urban interactions and growing exposure to modern practice through books and films are causing more and more women to discard these very effective birth spacing practices, but the majority of women are not replacing them with modern contraceptive methods.

d. Political causes: many respondents described the GOL's position on population as "laissez-faire." For instance, although government hospitals offer family planning services, the availability of such services apparently is not widely known, nor is family planning promoted by government as advantageous for health purposes. Private entities, such as the mission hospitals which operate under the over-all umbrella of the Private Health Association of Lesotho (PHAL) and the LPPA family planning offer clinic services and contraceptives. While these services are not actively promoted or encouraged by GOL, they are allowed to function fully without government interference.

On the other hand, government does not, through official pronouncements or through the media, express its concern about the impact of population dynamics on the country's development goals and programs. Thus, neither government officials nor private sector leaders, nor presumably the general populace, receive any clear message from the top that population is a problem which must be addressed. [It is apparent, however, that many people read "between the lines" and decide that perhaps it would not be politically wise to pressure for solutions.]

The government did sponsor in 1979 a National Conference on Population Management and Development as a Factor in Development Including Family Planning out of which came 10 specific recommendations ranging from controlling Lesotho's population growth rate to bring it in line with its economic growth rate, to providing more education to children at various stages in their development. (For more details, see Appendix B.) Many respondents, however, noted that although the govern-

ment appeared to move toward implementation of one or another of these recommendations (no specifics provided), it did not respond with any real enthusiasm. (See the section on Population Policy for elaboration of a conflicting view.)

Also cited by all respondents as a further political cause of continuing high population trends was the strong influence of the Catholic Church in Lesotho, and the predominance of Catholics among government officials at all levels.

A few respondents adopted a power-through-numbers stance, and suggested that 3 or even 5 million was the ideal population size given the geopolitics of Lesotho's position vis-a-vis the Republic of S.A., plus the generally held thought that large populations "guarantee" vigorous economic development and growth.

Several respondents cited apartheid/racist policies as causes of pronatalist attitudes due, in part, to the perceived "artificiality" of Lesotho's borders. These policies are also a cause of out-migration to the mines and in-migration of refugees, which in turn influence mortality and fertility through the poor health of returning miners, and the spread of venereal disease and other illnesses.

### 3. Perceptions of effects of population trends:

#### a. Economic effects:

- Population trends put stress on the country's overall economy, and have an adverse impact on already low economic and agricultural rates of productivity;
- Unemployment is increasing, and the specter of changing hiring policies on the part of the Republic of South Africa signals a worsening situation which could be exacerbated by possible repatriation of large numbers of Basotho currently employed in the mines;
- Rural women are being exploited; due to the male exodus to work in the South African mines rural women must assume a disproportionate burden of responsibility and often work on such state development projects as road building in return for food rather than wages;
- The extremely high population density to arable land ratio has created severe problems for the traditional system of land tenure (each male farmer traditionally is assigned three fields to work by the local chief) and farmers must wait years to receive land. The GOL is now attempting to implement an extraordinarily complex Land Reform Act passed in 1979 for which several respondents predicted problems and even failure;
- Severe deforestation and soil erosion, despite several GOL programs to counteract the widespread damage already perpetrated by population pressures, is continuing.

b. Social effects:

- The social infrastructure is inadequate to meet the country's growing needs (pupil to classroom ratio is 83:1, and the population to physician ratio is 19,000:1), especially in rural areas, and there is a severe housing shortage in urban areas;
- Out-migration is contributing to a breakup of the family unit, depriving children of fatherly guidance and placing heavy burdens on women;
- There is increased crime stemming from high unemployment rates, overcrowding, and lack of social and recreational amenities;
- A marked increase in illegal abortions, following an increase in teenage pregnancies, especially in the urban areas.

c. Cultural effects:

- The rapid breakdown of traditional values and mores is attributed to rapid urbanization, overcrowding and a general lessening of the constraints which previously regulated relations between the sexes.

## B. Population Policy

There was considerably less agreement among respondents as to the existence of a GOL population policy than there was to the existence of a population problem. Two high ranking government officials (one in Central Planning and another in the Prime Minister's Office) insist there is a clear policy, and that it will be spelled out in the (two-years-overdue) Third Five Year Development Plan. All other respondents in both the public and private sector, with the exception of the Lesotho Family Planning Association (LFPA), emphatically insist there is no policy. The evidence for the LFPA's contention is a speech given on October 25, 1980 by the then Director of Health Services in the Ministry of Health (and now with WHO), excerpts from which follow:(1)

"...this seminar comes only eight months after the adoption of the ten resolutions passed by the National Conference on Population Management as a factor in Development, Including Family Planning(2) as National Policy, for it was on the 5th of February of 1980 that Cabinet passed those resolutions as National Policy..." Today Family Planning activity in Lesotho is now part of our overall national development strategy and an integral part of our health delivery system... Its national acceptance is beyond any doubt, following the broadly based national dialogue on this important issue..."

"...In 1980, a Family Health Coordinating Committee within the ministry of health was formed with the purpose of making policy recommendations to government. LFPA is a member of that committee. Within that Coordination Committee there are several technical subcommittees, one of which is the technical subcommittee on Family Planning. The LFPA is a member of that technical subcommittee..."

The seeming ambiguity may stem from the fact that in Lesotho actions taken by the Cabinet are not necessarily passed on to parliament for deliberation. The APAA team is unable to explain why all but two of the COL officials interviewed were unaware of the existence of a policy, and had some difficulty in understanding the clarifying statements which the two "policy-yes" officials offered.

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(1) See Appendix C for the full text of this speech, given at a seminar on Family Planning Management organized by the LFPA.

(2) See Appendix B: The report published on the 1979 National Conference on Population Management as a factor in Development Including Family Planning, co-sponsored by the Lesotho MOH and the UNFPA, was attended by a number of government officials and opened by the Prime Minister.

One of these officials stated that the policy, as enunciated in the forthcoming Third Five Year Development Plan, is much broader than a simple family planning policy, and that the Plan includes some tax incentives for smaller families, among other measures not spelled out to the team. The other GOL official did not refer to the substance of the policy, noting however that population management is a term adopted by the government as being less controversial than family planning but is in fact "geared to the family." He added that the GOL believes that people should have the option to voluntarily choose the number of children they wish to have, and that there are as yet no incentives to reduce family size.

The majority of the "policy-no" respondents believe that real action vis-a-vis the use of demographic variables in development planning and the active promotion of family planning will not be taken without pronouncement of an explicit policy, a development they do not anticipate given possible political ramifications. There is broad consensus as to the influence of Catholics (39% of the population) as an anti-population policy force, and to the sensitivity surrounding the issue that access to contraceptives encourages promiscuity among young people and will thus aggravate rather than solve problems of growing illegitimacy, teenage pregnancies and illegal abortions. Thus, traditional Basotho conservatism regarding social conventions and mores undoubtedly places an additional constraint on pronouncement of an explicit policy.

The GOL does appear to recognize the need for family planning services, as evidenced by the following:

- Nurses trained in government hospitals receive instructions and practical training in maternal and child health/family planning;
- Government hospitals and clinics provide contraceptive products to clients, including pills, IUDs and, at least in some cases, Depo-Provera. One facility (not in Maseru) performs tubal ligations but the team received no specific information on the program.
- The Lesotho Dispensary Association, a government pharmaceutical depot, receives and distributes family planning commodities to hospitals and clinics all over the country; and
- the MOH compiles statistics on family planning acceptors broken down by method and by health facility, both public and private.(3)

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(3) See Table 1, Contraceptive Usage 1979, on following page.

Table 1

Contraceptive Usage - 1979

(provided by Mrs. Seipobi, Coordinator,  
Ministry of Health's MCH/FP Program)

<u>Government Hospitals</u> (by District)	Pill	IUD	Others	Total
Butha-Buthe	20	9	0	29
Leribe	37	2	7	46
Berea	0	0	0	0
Queen Elizabeth II (Maseru)	180	128	98	406
Mafeteng	193*(LFPA)	392	176	761
Mohale's Hoek	0	0	0	0
Quthing	0*(LFPA)	0	0	0
Qacha's Nek	0*(LFPA)	0	0	0
Mokhotlong	0*(LFPA)	0	0	0
	430	531	281	1,242
<u>Mission Hospitals</u> (PHAL Institutions)				
Mamochau	27	4	1	32
Maluti	0	0	0	0
Seboche	0	0	0	0
St. James	42	0	36	78
St. Joseph's	0	0	0	0
Paray	0	0	0	0
Scott Hospital	491	112	559	1,162
Tebellong	21	13	42	76
	581	129	638	1,348
All Hospital	1,011	660	919	2,590
<u>Health Centers</u>				
Berea	0	0	0	0
Maseru	361	56	233	650
Mafeteng	194	26	76	296
Mohale's Hoek	130	40	137	307
Quthing	137	11	77	225
Qacha's Nek	49	4	27	80
Mokhotlong	9	-	5	14
	880	137	555	1,572

\* The LFPA did not provide the MOH with figures for LFPA family planning clinics located in GOL hospitals (with the exception of Mafeteng), nor any figures for other LFPA clinics. The LFPA also did not provide the AAPA Team with statistics despite a promise to do so.

Although some respondents felt that the LFPA is allowed to operate throughout the country under a "laissez-faire" government policy, others went much further, stating that the LFPA works in coordination with the government, running family planning clinics in some of the government hospitals. The LFPA itself speculates that in the foreseeable future the GOL will take over all LFPA facilities, incorporating them into government MCH facilities, leaving the association to concentrate on education, information and motivation in support of the government's service delivery program.

All respondents, whether in government, the private sector or at the university, would prefer that a population policy be established and fully implemented, given the increasing need for family planning services as measured by the following:

- an alarming rise in the incidence of illegal abortions;
- desired family size appears to have declined from over 10 in the older generation to between 3-5 among today's younger urban population(4);
- the school dropout rate is rising for both boys and girls, and is associated in part with adolescent pregnancies (girls are not allowed to return to school if they become pregnant; boys who impregnate a girl often leave school for the South African mines); and,
- despite the high cost of Depo-Provera (R.4=US\$5.48 per injection), there is a demand for it even among the rural poor.

As is by now evident, the team found it difficult to unravel the contradictory responses to those questions pertaining to population policy. This does not, however, obscure the universally shared concern among all respondents that Lesotho's economic growth rate is not keeping pace with its population growth rate. Further, policy or no policy, some services are being offered in government health facilities and no restrictions are imposed on the provision of services by private health entities.

It remains to be seen how the GOL will choose to deal with political-religious pressures, and with the not-uncommon belief that contraceptives for the unmarried young lead to promiscuity.

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(4) Although the small size of the sample interviewed precludes any scientific conclusions, almost every respondent comes from a family of between 9 and 11 children, but has or intends to have no more than 3.

As part of this section on population policy, respondents were encouraged to give their opinions as to the types of population programs they felt were feasible in Lesotho and what sorts of problems such programs might encounter. As we analyzed responses, we realized that what we collected was each respondent's "wish list" for overall development programs. These included such things as: eliminating racism and apartheid; pressuring South Africa to improve conditions for migrant miners; an integrated population education program -both formal and nonformal; expanding health facilities and primary health care into rural areas; developing a uniform reporting system for national health statistics training programs for all levels of health workers; more social science research studies on population/development topics of importance to the Basotho people; introducing income generating activities for rural women; and appropriate energy technology for rural communities.

While enumerating this "wish list," respondents focused on some of the current realities in Lesotho which seem to impede development planning. The following are illustrative examples of the political, cultural, and economic problems certain development programs can expect to encounter:

- Promoting a population policy is regarded by some government officials as another donor "fad." Some leaders equate increased numbers with increased power, and the Catholic church resists such a policy in the belief that contraceptive availability will increase promiscuity, in addition to the church's official stance against "artificial" birth control.
- Promoting sex education for parents and young people could be interpreted as loosening the marital bond. In the past, Basotho traditions permitted the imparting of knowledge about sex at prescribed periods of one's life; the rhythm of traditional behavior has been profoundly disturbed with the results that parents must learn new ways to communicate with their children on these matters, and better prepare them for the modern environment in which they are now growing up.
- Extending existing MCH/FP programs is logistically difficult and the current health structure is inadequate.
- Encouraging more research activities and studies may not be practical until additional persons are trained in data collection, analysis, and applied research techniques.
- Promoting new small scale industries may not be economically viable as the Basotho have traditionally preferred foreign goods over locally made products.
- Encouraging families to remain in rural Lesotho and farm is impractical since the present GOL system of agricultural price supports and problems associated with land tenure and implementation of the controversial 1979 Land Reform Act made farming an unremunerative occupation, thus further depressing agricultural productivity.

### C. International Population Assistance

This section summarizes respondents' suggestions and recommendations as to population assistance they believe would be appropriate and realistic.

There was surprising unanimity on the kinds of population activities which respondents believe could and should be funded by the international donor community. In only rare instances did anyone specify any one donor agency (UNFPA in the area of data gathering and analysis; Battelle IDSC for technical assistance in applied research; the Scandinavians were twice cited as "ideal donors, i.e., noninterfering in national planning and openly collaborative with appropriate GOL counterparts.)

There was also general agreement on issues of duration and administration of programs. The four areas cited for assistance were health, education, economic development and development planning:

1. Health: All respondents believe family planning should be firmly lodged within the MOH's MCH programs. Those respondents who stressed the need for assistance in primary health care agreed that MCH/FP should be an important component. Officials in the MOH stressed a requirement for reliable studies and demographic data showing the impact of population change on mortality rates, demands on health care systems, etc.

Although some respondents cited the need for expanded access to family planning services which they perceive as an important health initiative, all emphatically stressed a concomitant need to make widely known the fact that GOL health facilities do offer family planning. Thus, greater emphasis was placed on promoting current availability rather than on funding for additional FP services. This implies the need for expanded and active information, education and communication programs, especially in rural areas.

2. Education: Many respondents in both the public and private sectors noted the pressing need for programs of population education directed to all age groups and using all formal, informal and vocational education programs and vehicles for its promotion. Such education should seek to promote understanding of the already precarious balance between people and available resources among primary and secondary school children (through incorporation into the formal school curriculum), and among adults.

Also frequently cited was the need for sex education, although quite a number of the respondents explained that such education should be transmitted to parents who in turn would, through improved techniques for communication with children on matters previously considered taboo, then be able to prepare their offspring for the exigencies of modern influences. Others used the term "family life education." Nonetheless, there is recognition of the results of modernization (teenage pregnancies,

illegitimacy and illegal abortions) and agreement that they must be addressed in a pragmatic fashion even if some traditionalists are offended.

The need for preschool and day care facilities, although cited only twice (by the LNCW and the NUL), is germane because they are perceived as necessary, in part, to address rising illegitimacy and the breakdown and separation of families.

Special education for males on the health and other benefits of smaller families received high priority, given traditional preferences for large families and the reluctance of migrants to allow their wives to use contraception.

Educational incentives as a measure of reducing family size was an important step proposed by several respondents, given the high priority the Basotho assign to education and the already exorbitant school fees previously mentioned.

The LNCW and the NUL both mentioned the need for more vocational education to develop needed skills. At present, the school curricula is based on the British system and emphasizes an academic program.

3. Economic Development: Two requirements received attention, both of them emphasized more frequently by private sector respondents than by government officials. These are the promotion of income-generating activities in rural areas, directed at but not exclusively for village women, and the development of appropriate technology for energy needs (government officials cited the need to encourage creation of small industries in Lesotho.) Respondents recommending these needs (most specifically the LNCW and the NUL) are aware of the assumed link between the status/condition of women and their fertility behavior.

4. Development Planning: Three recommendations emerged and were cited often enough to merit attention.

The first is demographic data gathering and analysis with on going UNFPA activities mentioned as an example of such assistance. Specifically mentioned was the need for improved capability in data analysis. Both the Institute of Statistics and the NUL were in agreement that some analysis could be conducted with information already available. Also, better communication and coordination between Central Planning/Statistics and the NUL would enhance the usefulness and benefits of any forthcoming technical and/or funding assistance.

Related to policy relevant analysis and research was the oft cited need for more conferences and seminars such as the 1979 GOL-sponsored National Conference on Population Management and Development Including Family Planning. Respondents believe such efforts provide a vehicle for the broader dissemination of information and understanding on the links between population phenomena and development goals and planning.

A third area, one cited by all respondents, was skill training for specific target groups: village health workers, paramedics, rural women and census and statistical enumerators.

5. Duration and Administration of Population Assistance Activities: These two factors are closely linked as respondents agree that continuity of activities funded by the international donor community depends upon a long rather than short term donor input, during which time Basotho nationals are trained to take over from their foreign advisers. The emphasis is on self-sufficiency, and assistance programs should contain built-in measures to ensure that initiatives extend beyond the funding expiration date of international donors.

Although insistent that nationals should administer programs, the respondents agree that there is a need for foreign expertise. One respondent spoke for many when he suggested that good in-country training by international experts would ensure that not only top but also middle and lower level competence would eventually emerge.

Most respondents believe that the GOL should administer internationally funded programs, even when specific programs are being implemented by the private sector. This was, for instance, the suggestion of the LFPA (MCH/FP funds should flow through the MOH; population, sex education and other education program funds should flow through the MOE). Exceptions were the NUL, which would prefer to receive funding for research (Central Planning was not in agreement with this), and the LNCW which would prefer to receive and administer assistance for women in rural areas. (The recently created GOL Women's Bureau might not agree; the team had no opportunity to interview any of their staff.)

## VI. RECOMMENDATIONS FOR U.S. POPULATION ASSISTANCE

This section contains the APAA team's recommendations for a USAID population assistance strategy. Drawing upon all of the information culled from the formal and informal interviews, it attempts to elaborate a long-term approach which is acceptable to the GOL, to Basotho private sector organizations involved in population and development, to the country AID Mission and to the Africa Bureau, AID/Washington. The team believes that the better the match between GOL development objectives and AID priorities, the more effective the outcome of the assistance strategy will be.

The current situation in Lesotho regarding population trends is critical for a number of reasons:

- the probability of an even steeper unemployment rate, given the declining number of new Basotho miners being hired to work in the South African mines, and the need to absorb an increasing number of returning migrants;
- a continuing low rate of agricultural productivity and dependence on food imports, due to increasing pressures on the deteriorating land base, only one quarter of which is arable;
- intensification of the existing overload on health, education, and other social services in both rural and urban areas, whether provided by the GOL or by the church missions; and,
- an extremely low recorded number of contraceptive users (based on figures provided by the MOH for both GOL and mission hospitals and clinics).

The failure of the GOL to make widely known its apparent concern for the adverse impact of current population growth trends on the country's economic development is a further, in fact a key, inhibition to concerted action. The majority of respondents both within and outside the government said that there was no population policy, despite the insistence of two high level respondents (and one private sector interviewee) who stated unequivocally the existence of a clear policy.

It is the team's impression that donor pressures on the GOL to announce a formal population policy at this time will not be successful, a view substantiated by both explicit and implicit references by respondents to political and social problems associated with such a step.

As noted elsewhere in this report, the team found good qualitative understanding of the role of demographic variables in the context of development, but quantitative knowledge was lacking. This lack inhibits the GOL's ability to factor into its development planning the specific implications which the generally recognized trends hold for both short- and long-term achievement of development objectives.

Our recommendations for international population assistance, therefore, address the need to promote quantitative knowledge of links between population and development variables, referred to elsewhere in this report. The team also believes that programs which will assist GOL policymakers and technocrats, as well as the people of Lesotho, to a more precise appreciation of the situation can do much to counter the probable continuing lack of a widely announced and well-implemented formal population policy.

APAA recommendations are as follows:

- Assistance to the Ministry of Central Planning and Development, and to its statistical arm, the Statistical Institute, in analysis of existing demographic data for formulation of population-related policies, and a modest program of applied social science research to explore design, implementation and evaluation of population-related problems and issues. Such issues could focus on: rural/urban migration and its impact on municipal services; declining agricultural productivity and its causes; the impact of rural health care and literacy on fertility; and the absence of a significant male work force and its effect on Lesotho's economic development. We further suggest that a series of well designed - with GOL official participation - RAPID presentations help set the stage for these inputs.
- The organization of seminars for Central Planning and Development officials and other ministries on population and development dynamics (these should be in response to specific GOL requests), and, subsequently, funding of technical assistance if needed to the GOL for regional and national seminars on population and development.
- Funding and technical assistance to the National University of Lesotho for policy-relevant applied research. Such assistance will be more productive if it is accompanied by collaborative relations with CPDO, as outlined above.
- Assistance to the Ministries of Health and Education, as well as to some private entities, in two areas of public and family education: population education (stressing the precarious balance between population pressures and available resources) and sex education for parents and for young people (stressing the health and social problems stemming from rising teenage pregnancies, illegitimate births and illegal abortions); this assistance should comprise a 4-step program of field research, materials design, field testing and evaluation of results to ensure that informational and educational materials are consistent with Basotho sensibilities.
- Assistance to the appropriate government ministries and/or private agencies to provide information as to what family planning services are available to married women as well as where and when they are available.

- Assistance to one or more of the private mission hospitals already providing family planning services for a pilot project of comprehensive, integrated community and family health education with a component addressed to the need for further understanding among all community members of the benefits of child spacing through the use of either traditional or modern birth limitation practices.

The team collected no evidence that significant increases in assistance to the GOL for provision of family planning services, at this time, would be impactful. More important are efforts to make their availability more widely known, with an emphasis on reaching married women, including young married women. Linked to this measure should be an effort to enlighten male attitudes which are basically pro-natalist as found in other African countries. Although recognition of the problem is relatively widespread, the controversial issue is one of solutions - most particularly that of how to avoid aggressive, indiscriminate promotion of family planning. The reasons for this are three-fold:

- the Catholic church (and to a lesser extent some of the other church missions in the country) is officially opposed to modern contraceptive methods. The majority of the GOL upper level officials are Catholics. Since Catholic missions are an important provider of health and educational services in Lesotho, their political clout is considerable;
- there is widespread belief that making contraceptives available to young people will intensify rising promiscuity, in rural as well as urban areas;
- there is some evidence, not conclusive but nonetheless persuasive, that, at varying times in the past and possibly continuing into the present, at least one private sector organization has pushed family planning in isolation, causing some backlash at least on the parts of the health providers in the area.

In summary, the team recommends that population assistance to Lesotho be long rather than short term, and that it establish a continuum along the path of which lie: improved GOL capability in factoring demographic variables into development planning; steps toward the inclusion of population education in all facets of youth and adult education, both formal and informal; the careful promotion of sex and family life education for parents and young people in a manner which recognizes the traditional constraints of Lesotho traditions and mores; and on a carefully selective basis, promotion in rural settings of birth planning in a manner consistent with community values and priorities, within the context of community or family preventive medicine and health and family life education.

The team further recommends that USAID strongly urge the GOL to make widely known among policymakers, technocrats and its constituency, including members of parliament, its recognition of and concern for the negative impact of population trends on economic growth and productivity. Publication, distribution and discussion of the World Fertility Survey results is one vehicle which the government could effectively utilize. Reference to population/land ratios and environmental deterioration in its efforts to promote and implement the 1979 Land Reform Act is another. This approach, while avoiding excessive stress on family planning as the solution, could instill a sense of urgency among government officials and private sector leaders, and facilitate action on the specific program recommendations offered above. The team believes that over a period of 3-5 years, this course of action would lead to greatly increased acceptance of the value of and need for family planning and related programs on the part of the GOL.

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## Africa Population Project

### Introduction

We represent the Battelle Human Affairs Research Center in Washington, D.C. As a part of a research project funded by the U.S. Agency for International Development, we are trying to find out the attitudes and opinions of African leaders concerning population phenomena. We want to use this information to help us design population assistance programs. But above all, we want to get your candid and frank views on population and population policy.

### Interview Questions

#### Section I Perceptions of Population Trends

1. How would you describe the population trends in (your country)?

Probe 1.1

How would you characterize the rate of increase?

Probe 1.2

How would you characterize the stability of these trends?

2. What are some of the similarities and differences in the population trends of (your country) as compared to neighboring countries?

Probe 2.1

As compared to other African countries?

#### Section II Perceptions of the Causes of Population Trends

3. What are some of the factors that contribute to (or affect) the population trends in (your country)?

Probe 3.1

How do cultural factors (e.g., religious beliefs and tribal differences) affect population trends?

Probe 3.2

How do economic factors (e.g., economic growth and inflation) affect population trends?

Probe 3.3

How do political factors (e.g., leadership and consensus) affect population trends?

Probe 3.4

How do social factors (e.g., education and urbanization) affect population trends?

Section III Perceptions of the Effects of Population Trends

4. What effects do the population trends that we've discussed have on (your country)?

Probe 4.1

What impact do population trends have on the following areas:  
(hand the respondent the cards)

- a. Overall economic growth?
- b. Agriculture?
- c. Urbanization?
- d. Energy?
- e. Environment?
- f. Health?
- g. Education?
- h. National integration?
- i. Other:

Section IV Perceptions of the Policy Domain

Now, we'd like to shift the discussion to the policy domain.

5. First, we'd like you to group the items listed on the cards with respect to their priority in development planning. Please sort each card into one of three groups--very important, moderately important, or relatively unimportant.
6. There is much discussion these days about population policy. Does (your country) have a population policy? If so, how would you describe it?

(If the respondent says that his or her country has no population policy, then skip to Question 8)

Probe 6.1

How is this population policy formulated?

7. How would you evaluate this population policy?

Probe 7.1

Is it fully formulated?

8. Now that we have discussed policy formulation, let's talk about the implementation, that is, population programs. Within the realm of development planning, what population programs are feasible in (your country)?
9. What are some of the problems that these programs might encounter?

Probe 9.1

Problems of a social or cultural nature?

Probe 9.2

Problems of a political nature?

Probe 9.3

Problems of an economic nature?

Section V Perceptions of International Population Assistance Activities

10. What kinds of international population assistance activities (bilateral and multilateral) would be appropriate for (your country) and what kinds would be inappropriate?

Probe 10.1

How would you assess the appropriateness of these activities:

- a. Rural development?
  - b. Migration management?
  - c. Collection and analysis of demographic data?
  - d. Programs aimed at changing the role and status of women (e.g., female employment)?
  - e. Education and information (for men as well as women)?
  - f. Family planning?
  - g. Maternal and child health care?
11. Within what time frame would you implement international population assistance activities?

## Battelle Interview Protocol

### Introduction

We represent the Battelle Human Affairs Research Center in Washington, D.C. As a part of a research project funded by the U.S. Agency for International Development, we are trying to find out the attitudes and opinions of African leaders concerning population phenomena. We want to use this information to help us design population assistance programs. But above all, because of the magnitude of concern expressed by African leaders, we want to get your candid and frank views on population and population policy.

### Interview Questions

#### Section I: Population Trends

1. How would you describe the population trends in Lesotho; how would you characterize the rate of increase, and the stability of these trends?
2. What are some of the similarities and differences in the population trends as compared to neighboring countries; as compared to other African countries?

#### Section II: Causes of Population Trends

3. What are some of the factors that influence population trends in Lesotho, of a political, cultural, economic or social aspect?

#### Section III: Effects of Population Trends

4. What effects do the population trends what we've discussed have in Lesotho, on the following areas, in particular?
  - a. overall economic growth
  - b. agriculture
  - c. urbanization
  - d. energy
  - e. environment
  - f. health
  - g. education
  - h. integration of women into overall development
  - i. housing
  - j. employment
  - k. social services

5. How would you rank these issues according to priority?

Section IV: Perception of the Policy Domain

6. There is much discussion these days about population policy. Does Lesotho have a population policy? If so, how would you describe it; how was it formulated; what is your opinion about this policy and its effectiveness?

(If the respondent says that his or her country has no population policy, skip to Question 7.)

7. Within the realm of development planning, what population programs are feasible in Lesotho?
8. What are some of the problems what these programs might encounter, of a cultural, political or economic aspect?

Section V: Perceptions of International Population Assistance Activities

9. What kinds of international population assistance activities (bilateral and multilateral) would be appropriate for Lesotho and what kinds would be inappropriate? Please consider the following as illustrative examples only.

- a. collection and analysis of demographic data
- b. programs aimed at changing the role and status of women (e.g., female employment)
- c. education and information (for men as well as women)
- d. maternal and child health care
- e. family planning
- f. training (paramedics, physicians, short/long-term demographers, planners)

10. Within what time frame would you implement international population assistance activities in Lesotho?
11. Who would administer this program?

**REPORT OF**

**NATIONAL CONFERENCE**

**ON**

**POPULATION MANAGEMENT**

**AS A FACTOR IN**

**DEVELOPMENT INCLUDING**

**FAMILY PLANNING**

**HELD AT**  
**Letsie Hall,**  
**Lesotho Agricultural College**  
**Maseru, Lesotho**  
**26 April - 29 April 1979**

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**Organized by**

**Ministry of Health & Social Welfare**  
**Government of Lesotho**

## SUMMARY REPORT

### NATIONAL CONFERENCE ON POPULATION MANAGEMENT AS A FACTOR IN DEVELOPMENT INCLUDING FAMILY PLANNING

#### **Background:**

Child Spacing is not a new concept to Lesotho, it has been practiced traditionally over the ages. However, due to internal and international migration and other factors, traditional value, 60 systems are breaking down. Government has found it necessary to formulate a definite policy on the regulation of rate of population growth vis-a-vis available national resources for the sustenance of the population as well as for the improvement of the quality of life for this population.

It is essential that policy makers and the public at large be informed about the issues of population dynamics vis-a-vis economic development and the planning process. There is also need to consider traditional and religious conflicts on Child Spacing, as well as pressures of other related issues such as immorality, illegitimacy, sexually transmitted diseases, school girl pregnancies etc.

Child Spacing concept has to be well understood in its maternal and child health context. The controversy over the use of contraceptives and natural methods of family planning have to be closely examined. The Government therefore convened a National Conference from 26 — 29 April, 1979 in Maseru, entitled "National Conference On Population Management As A Factor In Development Including Family Planning," with the hope that this will clarify population and child spacing issues and to bring about consciousness of the role of population management in national development.

It will broaden the base of understanding of the various population issues and obtain consensus that will assist the Government in appreciating the needs of the population at large. Conclusions of the conference will assist the Government of Lesotho in formulating appropriate policies and programmes of the Third Five Year Development Plan 1980—84.

The following subjects were selected for discussion by the Conference:

#### Subject No. 1

Social and Cultural Behaviour of Basotho.  
Population Dynamics and Economics of Lesotho.

#### Subject No. 2

Possible Impact of Population Management on Education, Health and Social Welfare of Basotho.

#### Subject No. 3

Religion and Population Management.

#### Subject No. 4

Role of Population Management in National Development amongst various Third World Countries of the World.

The inauguration of the National Conference was the culmination of one month effort commencing with the instructions of the Government to hold a conference to illicit the views of the people of Lesotho.

An Interministerial "Coordination Committee" was set up by the Permanent Secretary, Ministry of Health to give guide — lines for holding of the conference. These guidelines were implemented and all preparations of the conference were made by a "Steering Committee" appointed by the Interministerial "Coordination Committee".

U.N.F.P.A. was approached for assistance to fund the conference and also to provide International Consultants to assist the conference.

Various churches were approached through Christian Council to provide resource persons to present their point of view on the subject.

The work assignment in the preparation for the conference centred around the preparation of a series of papers on the selected subject by specialists. Effort was made with success to get Sesotho version of all the papers.

#### **Conference Arrangements:**

The conference was arranged in two parts, Plenary Sessions and Working Sessions.

In the Plenary Sessions the papers on selected topics were presented, followed by a discussion which gave opportunity to the participants to clarify points raised in the presentation.

This was followed in the afternoon by Group Discussions on the morning presentations. The four Working Groups were assigned to discuss the morning Plenary Sessions presentations and were requested to draw up their recommendations. A group rapporteur was assigned by the "Coordination Committee" and the Group Chairperson was elected by members of the group.

The Resource Persons and members of the Steering Committee were assigned to each of these groups to assist them in their deliberations.

Each group presented a report and its recommendations the following morning to the Plenary.

#### **Participants:**

The participants who attended the conference represented a fair cross section of people from all walks of life, i.e. political, religious, parents, official, technical. They were all knowledgeable of the serious population problem being faced by the country, and offered solutions. They were aware too of the slender resources and limitations. For some of them, rural poverty, the inequitable distribution of rural income and growing problem of rural unemployment provided the content of their official and professional work.

Thus, although the overall concept of population management was generally accepted by the conference, it was subjected to close scrutiny and debate. Realistic and practical considerations discussed at the conference gave a note of caution and recognition of the need for compromise.

It is essential that full use of mass media be made to familiarise and educate the population about the revolutionary nature of Family Planning Programmes and their impact on their lives.

#### **Conclusions:**

Even by cautious estimates, the conference would seem to have achieved a remarkable degree of success in thrashing out issues and problems and discussing their various solutions in the context of Lesotho.

The quality and standard of discussion, the moderation and the spirit of accommodation among holders of diverse views, speaks actually of not only the high standard of presentations, but also gives an idea of the dedication of the participants as well as their comprehension of the urgent need of the issues involved.

In this context official commitment at the highest executive level and its reassuring affirmation at the conference added to the justified hopes of the participants attached with the future evolution and progress of Lesotho.

With the fruitful conclusion of the conference, we have entered a new phase; that of implementation and follow up action in respect of its important recommendations. The sponsors of the conference, particularly the Government of Lesotho, have a serious responsibility in seeing to it that the conference deliberations and findings are not rendered into unfruitful exercise for lack of follow up action. It is essential that organizational and administrative machinery is set in motion as early as possible.

## CONFERENCE RESOLUTIONS

### Resolution 1

Having studied and considered closely the current Lesotho demographic trends in comparison with other countries of Southern Africa, the current economic growth rate of Lesotho, the current growth rates of the social services and the current and projected food requirements; this Conference resolves that Lesotho's population growth rate should be controlled to bring it into pace with its economic growth rate.

### Resolution 2

Recognising the fact that family planning is not a new concept or practice of the Basotho, and further that family planning is of great help and therefore a necessity for individual families and to the nation, this Conference resolves that family planning is acceptable as one of the major ways of controlling population growth and improving the quality of life and thus:—

- (a) Population and family planning education should be intergrated into all educational programmes in Lesotho.
- (b) Family Planning services be integrated into all basic health services in all health institutions.

### Resolution 3

Recognising that all developmental activities are aimed at the improvement of the quality of life of the people, and that they require an involvement and commitment of such people whose quality of life is being improved; this Conference also recognising the absolute lack of knowledge on population and population related matters, amongst the Basotho, it resolves that Family Life Education and population studies be integrated into all formal and non-formal education programmes for adults and adolescents in Lesotho.

### Resolution 4

Having considered in depth the age structure, the high infant mortality rate and the importance of the age group 0 — 4 years, this Conference attaches a lot of importance to child bearing and child-rearing and so resolves that child bearing and child rearing are recognised as a top level national service and that they be given all the respect they deserve especially in regard to:—

- (a) The provision of adequate fully paid maternity leave to working mothers (minimum of 90 days post natal).
- (b) The establishment of nursery facilities near women's places of work so that during working hours they could be given the opportunity to breast-feed their babies.

### Resolution 5

Recognising the effects of the present high rural — urban migration in Lesotho and its adverse effects welfare of the people both young and adult and also on the successful implementation of development programmes, this Conference resolves that a vigorous programme be launched to curb this rural — urban migration and such a programme should include:—

- (a) Establishing schools in rural Lesotho, which provide education at least to Secondary School level.
- (b) Re-establishing boarding facilities in all schools to provide secure accommodation to children who have to leave their families (parental care) to go to school.
- (c) Establishing cottage industries at village level to keep the rural population where they are but still developing.

### Resolution 6

This Conference observes with regret the rise in crime, road accidents, juvenile delinquency, vagrancy, the decline in value systems and norms break down resulting from the current excessive intake of alcoholic beverages and intoxicating drugs and resolves that the Government of Lesotho takes such measures as may control the use of these drugs e.g.

- (a) Impose an age restriction on the purchase of intoxicating drinks.
- (b) Reduce the periods during which bars and shebeens are open.

#### **Resolution 7**

Recognising the importance of the role women can play in the building up of the nation and in the National development programmes and also appreciating the complexity of issues, relating to women's welfare this Conference resolves that the Government of Lesotho establishes a **MINISTRY/BUREAUX** of Women's Affairs.

#### **Resolution 8**

This Conference, recognising the reluctance with which Lesotho Government is providing for the handicapped and the absolute indifference to the handicapped's sexuality this Conference resolves as follows:—

- (a) More attention should be given to the handicapped by establishing care centres, schools and recreational facilities in every district.
- (b) That Family Planning education and services be provided at these centres and wherever these people may be.
- (c) That proper registration for such people be made a top priority function of the administrative machinery of this nation.

#### **Resolution 9**

(As adopted by Conference Participants of the 1974 Population Conference. N.B. The Conference agreed to adopt these recommendations as its own)

Having noted the existence of the problem of population versus known available resources, and noting further that regulation of the population growth rate simultaneously as socio-economic development efforts are stepped up will produce the best combination for realising the national aspirations within the quickest time possible, the Conference recommends as follows:—

(1) The State, in collaboration with the Church and other relevant organizations, should mount a massive campaign aimed at making the nationals of this country aware of the problem. An important component of the people on their responsibilities to both their individual families as well as collective to the State in the solution of the problem.

(2) Government, again in collaboration with religious and socio-cultural organizations, should present to the nation the positive aspects of fertility regulation such as better health for mother and child, better nutrition for the nuclear family, better educational opportunities and health care for children in small families, etc. Couples should be told what means are available to them for fertility regulation. They should at the same time be clearly told that it is their basic right to determine freely and responsibly the number and spacing of their children.

(3) Through the Ministry of Health, specifically the Maternal and Child Health Service, the Government should provide the necessary education and means to enable those couples who so wish to exercise the right to space their children. Such public service as a responsibility of the state, and should be provided free of charge during the initial stages if possible.

(4) Whereas therapeutic abortion is perfectly legitimate, the Conference could not be convinced that abortion laws should be liberalised, with special reference to induced or criminal abortion. The majority view which was upheld is that unwanted pregnancies should be prevented through use of contraceptives rather than having to determine them through criminal abortion. It was noted in this connection that extra-marital sex was a fact to which a modern State or indeed the church could not pretend blindness to or conveniently "bury its head in the sand" Like the proverbial ostrich.

(5) Noting the further fact of today's life that extra-marital sex is now very prevalent even among the nation's youth in spite of our moral codes and cultural norms, it was recommended that sex education be given to the children by the family, the church, and the State (through its schools) at an appropriate stage of the child's development.

#### **Resolution 10**

This Conference recognising its wide spectrum of representation a spectrum that reflects on the national population itself; recognising the democratic policies of the Govern-

ment of Lesotho; recognising Lesotho's commitment to the U.N. Resolution on the freedom of the individual family to decide on the number of the children they want to raise and the spacing thereof; recognising customary, religious and other factors within the population; urges Government to ensure the availability of all scientifically proven methods of Family Planning in the country in collaboration with churches and other voluntary organizations in order to enable people of different persuasions to make a free choice of method.

That all institutions that deal with Family Planning must be regularly inspected by Government medical personnel to ensure proper standards and safety of the people.

S P E E C H

October 25, 1980

THE FAMILY PLANNING ENVIRONMENT IN LESOTHO AND INTER-AGENCY  
COLLABORATION

DR. P. NGAKHSE MB.ChB. Dip.Mid.COG.  
DIRECTOR OF HEALTH SERVICES.

Mr. Chairman, distinguished guests, Ladies and Gentlemen, first, let me congratulate you, Mr. Chairman and your organisation, the Lesotho Family Planning Association, for organising this seminar on Family Planning Management. Significantly, this seminar comes only eight months after the adoption of the ten resolutions passed by the National Conference on Population Management as a Factor in Development, Including Family Planning as National Policy, for it was on the 5th of February of 1980 that Cabinet passed those resolutions as National Policy.

Looking back at the history of Family Planning in this country, one thing becomes self-evident, and that is the fact that the Lesotho Family Planning Association has played a pioneering role in this most important facet of our activities. Many of us can still remember but a short few years ago when the mere mention of family planning was enough to conjure up visions of sexual laxity and immorality even in some of my respectable medical colleagues. This organisation was the constant victim of vitriolic attacks by persons of great influence in both church and state; by mischievous, if misguided political self-seekers; by the ignorant and an array of others who claim to be the guardians of public morality. But with an admirably

display of tenacity and singleness of purpose this organisation has grown from strength to strength as its essential message became more and more evident and the social pressures on this nation grew more acute. Today Family Planning activity in Lesotho, is now part of our over-all national development strategy and an integral part of our health delivery system. Its national acceptance is beyond any doubt, following the broadly based national dialogue on this important issue. Family Planning in Lesotho is now beyond the realm of conceptual controversy, it is now part of our national life. Government, as a member state of the World Health Organisation, is committed to the social goal of 'Health for all by the year 2000. All our policies and strategies are now geared to make this social target a reality within our country. We have, in concert with other states in our region and in other regions of the world, adopted the strategy of the Primary Health Care approach to our strategies. Family Planning is regarded by government as an important component of Family Health and as early as 1976, a blue-print of government involvement with Family Planning activities, had already been drawn up - this is what today is referred to as the Wicinski report. In the report that resulted in this consultancy, full recognition was accorded the work that had been done by the Lesotho Family Planning Association. But as there was no firm government commitment at the time, it took some time before the recommendations of Dr. Wicinski could be implemented. But following upon the National conference on Population Management as a Factor in Development, Including Family Planning, activity within government gained a new impetus.

Government does not regard the LFPA as a sort of rival in the sphere of Family Planning. Indeed, we regard the L.F.P.A. as an important arm in our Family Planning strategy. When government plans policy, the L.F.P.A. is always part of that planning process. The National conference that I have mentioned was much the brainchild of government as it was of the L.F.P.A. In 1980, a Family Health Coordinating Committee within the ministry of health was formed with the purpose of making policy recommendations to government. L.F.P.A. is a member of that committee. Within that Coordination Committee, there are several technical subcommittees, one of which is the technical subcommittee on Family Planning. The L.F.P.A. is a member of that technical subcommittee.

Even on the operational level, the relationship between the Ministry of Health and L.F.P.A. is characterised by full cooperation as partners on equal terms. The Ministry is involved in the training and orientation of the field staff of L.F.P.A.; on the other hand, field staff of the L.F.P.A. operate from some of our health facilities. It will certainly be a sad day when the L.F.P.A. regards itself as a rival organisation to government. After all, what is government if not the functional embodiment of the aspirations of this nation, indeed of any nation. I would like to allay the fears of our visitor, Mr. Mkhasa, in Lesotho there is no rivalry either in conceptual outlook or in operational terms between government and the L.F.P.A. They need government and government needs them. And to borrow the idiom of the day, there is indeed a very happy and fruitful marriage; :

This seminar then, is to be welcomed as it is a giant leap forward in the direction of national policy implementation. And just as the Lesotho Family Planning Association played a pioneering role in the conceptual stages of Family Planning in this country, it is again playing a vanguard role in the development of management skills which are so vital for the success of this national programme.

But I do not want to leave you with the impression that now that there is a coherent and clearly articulated national policy, there will be no further problems. Old ideas die hard and new ideas are always suspect. Our detractors will always be active. But if we continue to keep our basic philosophic tenets, on which our policy is based, clear in our minds, then we shall not falter in our historic march towards our goal of social justice for all our people.

When we talk of our basic philosophical tenets, we must refer to those factors in our society which have been identified as militating against the social progress of this nation, - a runaway population increase which is threatening to out-pace our social infra-structure, our schools, our health facilities, our communication system; a diminishing land-base with a rapid increase in the number of landless peasants; a lack of employment opportunities within the country; a breakdown of our value system on which our culture is anchored and which is the very fabric which has till now kept the Basotho together as a people - already bizarre manifestations of this breakdown are evident,

the growing alcohol problem, drug abuse amongst our youth; crimes of violence; a breakdown in family life. These Ladies and Gentlemen, are the bitter fruits of an uncontrolled population increase. And here, I have not even mentioned the tragedies of individuals and individual families who have been trapped in the quagmire of poverty, ignorance, and disease, whose only pleasure out of life is to conceive another child. What in fact I am talking about, is ~~four~~ prime concern, the prime concern of government - the diffusion of social justice to reach even the least in our society. Quality of life is more than mere physical survival, it encompasses the whole spectrum of social goals whose achievement gives meaning to life. This is what we commonly call health, a state of physical, mental and social well-being. That is what we as government are striving for.

But to achieve this goal we, the Health Sector as a discipline must work in concert with other sectors. True, we are making our contribution by decreasing our birth rate. But there has to be commensurate activities in other sectors of the economy to supplant our effort. We must strive to maximize our Agricultural output in order to feed all our people; we must strive to find alternate sources of employment for our people within our borders and so preserve the family; (And this presupposes that government will generate projects which will create job opportunities both in the private and public sectors) we must continue to improve our social infra-structure in terms of national coverage and quality of service - our schools, health facilities etc., All this activity needs a

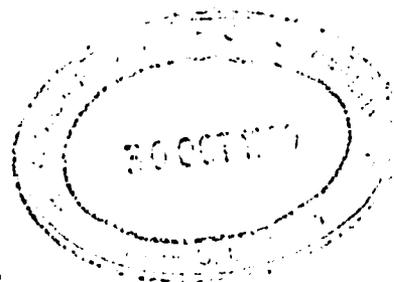
joint strategy by all sectors of our community. We cannot afford to waste our energies on disjointed irrelevant projects with no meaning to our social life. We in the health sector are beginning to plan our strategies with all these factors in view. We are no longer satisfied with the mere provision of a clinic here or a hospital there; we now view the development of the health sector as being part of an overall national development strategy and it is my considered view that this is the correct path for this country. Fortunately we share this view with many of our colleagues in other Ministries and other sectors of our public life.

In this respect, I would like to mention the close collaboration that characterises our Ministry and the private sector, particularly the L.F.P.A., P.H.A.B. and its affiliated institutions, the U.N. system, particularly the W.H.O., U.N.D.P., U.N.F.P.A., U.N.I.C.E.F., F.A.O. and many other subsystems of the U.N. which daily make their unstinting contribution to the progress of this nation towards the achievement of its social goals. But there is still room for inter-sectoral and inter-agency collaboration. This must be the goal that we as planners must strive for. What this country needs is a national strategy for the achievement of its stated goals. And any plan, project or programme that is conceived, must be in line with a master national strategy. I am pleased to note that that seems to be the direction in which government is moving,

and to quote the Hon. Prime Minister in his opening address to the 1979 Conference on POPULATION MANAGEMENT, he said, inter alia ".... On the other hand, we do recognise that population has become a very relevant factor in economic development. It is firm policy of my government to ensure full social justice and a climate in Lesotho in which every individual is guaranteed opportunities for self realisation".

In conclusion, I would once again like to thank the organisers of this seminar for inviting me to share experiences on this most important subject with them.

I Thank You.



25/10/1980

DR. P. NGAKANE

DIRECTOR HEALTH SERVICES