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# DEMOGRAPHIC DATA FOR DEVELOPMENT

## POPULATION POLICY REVIEW

### MALAWI

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DEMOGRAPHIC DATA FOR DEVELOPMENT

POPULATION POLICY REVIEW: MALAWI

INTRODUCTION

This population policy review contains statements and information, referred to here as "indicators", of the explicit and implicit position of the Government of Malawi on selected population matters. The review includes the latest information available from public sources and identifies the population issues of greatest concern to Malawi and how the government is responding to those issues. The purpose of the review is to assemble available material on the indicators in order to enable the reader to analyze the current policy situation on the basis of available material. Therefore, no attempt has been made to use only one source of information on a policy indicator where several exist. An attempt is made, however, to point out inconsistencies in information. A bibliography is included at the end of the review. Comments and new information are welcome; the review will be updated as new information is received. To input new information or to make sure you have the latest information available, contact DDD, Westinghouse Social Sciences International, P.O. Box 866, Columbia, Md. 21044, tel: (301) 992-0066 x276.

Note: the following abbreviations are used: FP=family planning; MCH=maternal and child health; NA=information not available.

ABSTRACT

Information in this review indicates that the Government of Malawi considers its population size and growth rate to be satisfactory. The government has recently given high priority to the provision of MCH services which include some FP services purely as a health measure. There is no specific law regarding sterilization. Abortion is illegal except to save the life of the woman. The level of immigration is considered to be insignificant, however emigration is significant but satisfactory. The government is concerned about the rate of urbanization and has undertaken a number of measures to curb this flow. Of the three governmental agencies that address population issues, only one, the Ministry of Health, provides FP services. No information on non-governmental population agencies was obtained.

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I. Population Statistics, 1984

(SOURCE: Items A-I, O. Population Reference Bureau, 1984. Items J-N, P, Q. Population Reference Bureau, 1981)

A. Population estimate (in millions).....	6.9
B. Crude birth rate.....	51
C. Crude death rate.....	19
D. Rate of natural increase.....	3.2
E. Total fertility rate.....	6.9
F. Infant mortality rate.....	170
G. Expectation of life at birth (both sexes).....	47
H. Percent urban.....	8
I. Percent of population under age 15.....	48
J. Percent of women aged 15-19 in union.....	31
K. Average age at marriage for women.....	18
L. Percent of women aged 15-44 in union using contraception..	NA
M. Percent literate-females.....	12
N. Percent literate-males.....	34
O. Per capita GNP (in US\$), 1982.....	210
P. Population per nurse or midwife.....	3846
Q. Percent of women aged 15-64 economically active.....	54

II. Government Population Policy

A. General Statements on Population Policy

1. Policy situation as assessed in 1983  
(SOURCE: UN, 1983a)

"The Government has indicated that its population size and currently high rate of growth are satisfactory and viewed as an asset for the country's economy, particularly the agricultural section. It also notes that its considerable unused physical resources may make its population size 'deficient'. It has also indicated that fertility rates in the country are satisfactory. Family planning services are discouraged except within private practice, and the Government has recently substantially increased the priority given to maternal and child health services and preventive medicine in general. There is a desire to redress the country's regional imbalance in economic development and population distribution by stemming the tide of migrants to the cities. Recently, the capital was moved from Blantyre to Lilongwe; the move is intended to provide a stimulus to the development of the long-neglected central region and viewed as an asset for the country's economy, particularly the agricultural sector. Emigration of workers on contract to South Africa, which was terminated by the Government of Malawi for some years in the later 1970's, has been resumed."

2. Policy situation as assessed by IPPF  
(SOURCE: IPPF, 1983a)

"Government regards population size, and levels and trends in population and fertility rates as satisfactory. Government has however, substantially increased priority being given to maternal and child health services, including child spacing. IPPF assistance with contraceptive supplies to medical practitioners."

"Publicity for contraceptives prohibited. Abortion legal if woman's life at risk."

3. Government position on population growth and family planning  
(SOURCE: NORTMAN, 1982, TABLE 6)

"The government considers unutilized physical resources an indication of inadequate population size. Family planning services are discouraged but maternal and child health services and preventive medicine have recently attracted attention."

4. Report on Malawi child-spacing activities  
(SOURCE: IPPF OPEN FILE. Sept. 9, 1983)

"Despite an annual rate of natural increase of 2.6 per cent and an average of 7.7 births per woman, Malawi's government remains sceptical about family planning. An IPPF report mentions that the government prefers to stress child spacing as a method of reducing maternal and infant mortality and morbidity. However, it was only as recently as 1982 that the government permitted an element of child spacing to be introduced in the maternal and child health programme. With some \$2 million assistance from the World Bank, the facilities provided by this programme are being expanded throughout the country. Personnel training has begun. Arrangements involving the supply of contraceptives are being reassessed. The Malawi drug list does not currently contain any contraceptives although the private sector has not been discouraged from importing supplies. The drug list is being reviewed to take account of the child-spacing component in the maternal and child health programme. At present, only a few major hospitals provide small family planning services, which are supplied from the Central Medical Stores. As a result, family planning services are among the most expensive of the health services available in Malawi. Services have previously been available on request, but some methods, including Depo-Provera, can be prescribed only by a gynaecologist. There is no general information and education about family planning in Malawi. The Ministry of Health has however begun to collect pamphlets, books, brochures and posters to adapt for use in Malawi. These educational activities will, however, only begin when facilities have been expanded and equipped and when trained personnel are available. A seminar scheduled for 1984 will present the child spacing programme to policy makers. The recommendations from the seminar will form the basis of future information and education strategies."

5. Government statement on child-spacing.  
(SOURCE: UN, 1984)

"Even though recently the Government has stated that 'information on child spacing should be available to all the mothers attending under-five clinics, antenatal clinics and maternities, and that child spacing services should also be made available to them', the reason for permitting family planning is maternal and child health."

## B. Perceptions/Statements on Specific Population Issues

1. Population and development: NA  
(SOURCE: STAMPER, 1977)

2. Population Size and Growth

- a. Government's appraisal of rate of population growth and intervention to influence rate as of 1983: satisfactory; no direct intervention  
(SOURCE: UN, 1983b, TABLES XIX.3a, XIX.3b)
- b. Government position on population growth and family planning and year adopted:  
(SOURCE: NORTMAN, 1982, TABLE 6)

"Residual category: countries in this category neither have a policy to reduce the population growth rate nor support family planning programs for any reason, demographic or otherwise. The list therefore includes countries that are neutral toward their population growth rate as well as those that are pronatalist, but the distinction between 'neutral' and 'pronatalist' is considered too conjectural to warrant classification by separate categories."

- c. Target for rate of natural increase: none  
(SOURCE: UN, 1982, TABLE 7)

3. Fertility

- a. Government perception of the acceptability of the current fertility level and the desirability of intervention to change it: rates satisfactory; intervention not appropriate  
(SOURCE: UN, 1983b, TABLE XXI.6)
- b. Government policies concerning effective use of modern methods of fertility regulation, 1983: access limited  
(SOURCE: UN, 1983b, TABLE XXI.7)
- c. Government perception of and policy toward fertility:  
(SOURCE: IPPF, 1984)
  - i. government perception of fertility level: acceptable

- ii. government policy to influence fertility: no intervention
  - iii. government position on contraceptive services: restrictions
  - iv. availability of contraceptive services: limited services through government and private doctors.
- d. Targets concerning various fertility measures: NA  
(SOURCE: UN, 1982. TABLE 7)
4. Mortality
- a. Government perception of acceptability of average life expectancy, 1983: under 50 years; not acceptable  
(SOURCE: UN, 1983b. TABLE XX.3)
  - b. Government perception of level of infant mortality: NA
5. International Migration
- a. Government perception of the acceptability of and policies with respect to international immigration, 1983: immigration not significant; situation satisfactory  
(SOURCE: UN, 1983b. TABLES XXIII.1, XXIII.2)
  - b. Government perception of the acceptability of and policies toward international emigration 1983: emigration significant, satisfactory; policies in favor of maintaining current rate  
(SOURCE: UN, 1983b. TABLES XXIII.3, XXIII.4)
6. Spatial Distribution and Internal Migration
- a. Government perception and policies concerning internal migration and spatial distribution, 1983: partially appropriate; policies in favor of decelerating internal migration.  
(SOURCE: UN, 1983b. TABLE XXII.3)
  - b. The government has adopted policies to help stabilize urban wage levels and to make rural areas attractive to live in. Incentives are provided to encourage enterprising members of the rural population to continue in agricultural occupations. Prices of locally manufactured goods are controlled to ensure social equity and regional balance.  
(SOURCE: UN, 1984)

### C. Population-Related Legislation

#### 1. Fertility

##### a. Contraception

- i. Import regulations  
(SOURCE: IPPF OPEN FILE. Sept. 9 1983)

"The Malawi drug list does not currently contain any contraceptives although the private sector has not been discouraged from importing supplies. The drug list is being reviewed to take account of the child-spacing component in the maternal and child health programme."

- ii. Manufacturing regulations: NA
  - iii. Distribution regulations: NA
  - iv. Advertising regulations: "Publicity for contraceptives prohibited."  
(SOURCE: IPPF, 1983a)
- b. Sterilization
- i. Situation as of 1980  
(SOURCE: UN, 1982. TABLE 44)
    - 1) date of law: 1968
    - 2) legality: no specific provision, but law dealing with intentional infliction of a corporal injury in force except if done in good faith
    - 3) grounds: the law or amendment currently in force does not refer to this aspect.
    - 4) age: the law or amendment currently in force does not refer to this aspect.
    - 5) type of sterilization: the law or amendment currently in force does not refer to this aspect.
    - 6) consent: the law or amendment currently in force does not refer to this aspect.
    - 7) facilities/incentives: the law or amendment currently in force does not refer to this aspect.
- c. Abortion
- i. Legal status as of mid-1982:  
(SOURCE: TIETZE, 1983. Table 1)  
  
legal on specified grounds: medical, narrow (life)
  - ii. Situation as of 1980  
(SOURCE: UN, 1982. TABLE 43)
    - 1) date of law: 1968
    - 2) grounds: medical (life)
    - 3) modalities: the law or amendment currently in force does not refer to this aspect
    - 4) penalties for: performer, imprisonment, up to 14 years; woman, imprisonment, up to 7 years; supplier, imprisonment, up to 3 years
  - iii. Legal and administrative restrictions: NA  
(SOURCE: NORTMAN, 1982. TABLE 7)

2. Indirect measures related to population change
  - a. Legal age at marriage: NA
  - b. Family allowances, benefits as of 1983: NA  
(SOURCE: USDHHS, 1984)
  - c. Maternity benefits as of 1983: NA  
(SOURCE: USDHHS, 1984)
  - d. Old age benefits as of 1983: NA  
(SOURCE: USDHHS, 1984)
  - e. Measures to curb urbanization: "See II.B.6."

### III. Government Organizations with Population Activities

#### A. Ministry of Health

- 1) The Ministry has received funding from the UNFPA since 1978 to support its MCH delivery system. Initially, the aim was to develop a comprehensive MCH programme that included child spacing. Later efforts have concentrated on developing the MCH delivery system so that health and health education services could be provided to a great number of women and children.  
(SOURCE: UNFPA. 1984, p.255)
- 2) USAID has provided bilateral funds for training personnel to provide child-spacing services to Malawian families and for training in primary health care and to improve MCH services.  
(SOURCE: USAID. 1984)

#### B. National Statistical Office (SOURCE: MCGIRR. 1984)

The NSO is responsible for conducting population censuses (latest in 1977) and household surveys in order to furnish demographic statistics. Recent activities include a 1982 Demographic Survey and a 1984 Family Formation Survey.

#### C. Office of the President and Cabinet (SOURCE: UN. 1984)

Two divisions within this office, the Economic Planning Division and the Development Division, are responsible for national development planning.

### IV. Non-government Population Organizations

No information available on current organizations.

Note: The UNFPA has developed project papers and is considering funding the development of a Demographic Unit at the University of Malawi.  
(SOURCE: MCGIRR. 1984, p.11)

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