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INNOVATIONS IN POPULATION LAW
AND POLICY IN SUB-SAHARAN
AFRICA: 1975-1985

Nancy I. Heckel, M.P.H.

Center for Population and Family Health
Columbia University
Faculty of Medicine
60 Haven Avenue
New York, New York 10032

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1. Introduction

One of the most important regions of the developing world, sub-Saharan Africa consists of the more than 45 countries which lie south of the north African states of Algeria, Morocco, Tunisia, Libya and Egypt. This region, which had an estimated population of approximately 450 million as of mid-1984, has an annual population growth rate of 3.1 percent.

A little more than ten years ago, representatives of sub-Saharan African nations who participated in the United Nations' World Population Conference, held at Bucharest in 1974, expressed the view that development was the best contraceptive. At that point in history, sub-Saharan African governments saw little or no need for legal and policy measures to broaden access to family planning services or influence population growth.

The past decade has witnessed a major shift in African governments' response to the tremendous population growth rate of their continent. In 1984, an overwhelming majority of them signed the "Declaration of Kilimanjaro on Population Activities and Priorities" at the United Nations' Second African Conference on Population, held at Arusha, Tanzania. This document affirmed, inter alia, the importance of "achievement of population growth rates that are compatible with ... desired economic growth and social development goals," and urged governments to "review and amend existing legislation related to population issues" for the benefit of individuals and society as a whole. In keeping with

the spirit of the Kilimanjaro Declaration, a significant number of countries in sub-Saharan Africa have recently:

- o established explicit population policies;
- o presented more informal country statements at international meetings on population;
- o carried out legal reforms which affect fertility.

This paper examines and analyzes all of these developments to elucidate current population policy trends in the region.

II. Explicit Population and Development Plan Policies

Explicit population policies may be issued as separate policy documents, or as part of more comprehensive national economic and social development plans. Thirteen sub-Saharan countries have established such explicit population policies to date. Two of them have separate policy documents: Burundi's ruling UPRONA party proclaimed a "Family Planning and Demographic Control Policy" in 1983, and Ghana issued "Population Planning for National Progress and Prosperity" in 1969.* Nigeria and Sierra Leone completed draft population policy documents in 1985; however, these have not yet become formal national policies.

Eleven other countries have current or very recent national development plans that establish specific policies to

* At the Arusha meeting in 1984, Ghana officially confirmed that its 1969 policy document continues to provide the basis for the government's efforts in the population field.

influence population problems. These are Botswana, Cameroon, the Gambia, Kenya, Lesotho, Mauritius, Rwanda, Senegal, Swaziland, Uganda, and Zambia.

Whether issued in the form of separate policy documents or as sections of national development plans, these statements are of critical importance because they:

- o outline the major objectives of governments' population policies
- o sometimes establish future demographic goals, and
- o detail key measures regarding:
 - o family planning service delivery
 - o information and education programs, and
 - o research and evaluation efforts.

Detailed information about the measures adopted by each of the thirteen nations that have issued separate population policy documents or development plans with population provisions is given in the appendix. An analysis of measures from Nigeria's draft population policy is also included. By analyzing the provisions of these national policy documents, we can make a number of general observations about explicit population policies in sub-Saharan Africa today.

A. Policy Rationale/Objectives

All of the policies have clearly outlined rationales, and/or general objectives. Eleven among them express concern with rapid population growth, and emphasize the need to reduce or stabilize their growth rates.

In articulating reasons for establishing national policies, several countries enumerate certain problems engendered by rapid population growth. Kenya, for example, cites pressure on its land reserves, while Botswana discusses unemployment, a high dependency ratio, and difficulty in raising the standard of living of its people.

Although demographic targets are not so widely used in Africa as in other regions such as Asia, three of the national policies do establish specific demographic objectives. While Rwanda wants to stabilize growth at 3.7% per annum during the 1982-1986 plan period, Uganda plans to lower its rate of increase from 3% to 2.6% per annum from 1981-1995. Mauritius' policy establishes a specific gross reproduction rate.

In addition to concern with high levels of fertility, a number of countries view improved internal distribution of the population as a major population policy objective. Cameroon, for instance, describes a high rate of rural-to-urban migration as its most serious concern, while Nigeria considers more balanced distribution of population between urban and rural areas a major goal of its policy.

8. Family Planning Services

With the exception of Cameroon, all of the policies surveyed place major emphasis on the development and expansion of family planning service delivery programs. It is important to point out that while modern methods of contraception are gaining increased

acceptance throughout sub-Saharan Africa, family planning remains a somewhat sensitive area. Broadly speaking, the current trend is to integrate family planning services within programs of maternal and child health care, and to view them as a means of birth spacing which has a key role in reducing maternal and child morbidity and mortality throughout the region.

Strategies to improve family planning service delivery include strong emphasis on national MCH-FP programs, combined with government support to family planning associations and other private voluntary organizations. A number of policies also emphasize the development of delivery systems in underserved rural areas.

C. Information and Education Measures

Along with family planning services, the importance of information and education programs is widely recognized among those sub-Saharan countries with population policies; virtually all of the countries surveyed have included such measures.

Large-scale population, family planning and/or family life education programs are to be conducted in a number of countries. Plans for mass-media campaigns are included in the policies of Burundi, the Gambia, and Rwanda. Many countries incorporate family planning education in primary and secondary school curricula, while Lesotho, Nigeria and Uganda provide such training through non-formal educational programs for adults as well. Several countries emphasize educating special populations.

Botswana and Burundi cite the need to educate youth for responsible parenthood, and Swaziland's policy emphasizes the importance of providing information and education to males.

D. Research and Evaluation Measures

Somewhat less emphasis is placed on research and evaluation activities, probably because a larger share of resources is being devoted to direct service provision and information and education programs. Nonetheless, fully half of the policies incorporate provisions on research and evaluation.

Nigeria and Uganda both stress measures to improve their vital registration systems and survey research efforts. These are important as many sub-Saharan African countries currently lack adequate demographic data for effective socio-economic development planning.

Two other types of research are emphasized by several of the policies. These are:

- o Basic research on subjects such as infertility (Cameroon), fertility (Botswana, Rwanda), and infant and child mortality (Botswana)
- o Operations research for program monitoring and evaluation (Kenya, Nigeria).

E. Other Key Policy Measures

A wide variety of other measures are featured in a number of plans. Major examples include:

- o Programs to improve maternal and child health in order to reduce mortality
- o Measures to improve the status of women in order to reduce fertility
- o Steps to regulate immigration and emigration, and foster more balanced internal distribution of the population.

III. Implicit Policy Trends: Country Statements Presented at the Second African Conference on Population

At the Arusha meeting, which issued the Kilimanjaro Declaration discussed earlier, twenty-eight sub-Saharan African nations presented country statements on population, which included program and policy information as well as an analysis of demographic trends. Although these statements do not constitute explicit population or development policies as such, they do provide some information on general policy trends, particularly for those countries which have made few, if any, population statements in other public fora. Although a comprehensive analysis of these statements is beyond the scope of this paper, a few observations will contribute to a more complete overview of population policy trends in sub-Saharan Africa today.

Several countries noted that although they considered

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demographic factors important, they lacked adequate statistical data on population. While the Central African Republic and Djibouti both made this point, Benin and Ethiopia were among countries which explained that they had not established official population policies because of the dearth of accurate data. Lack of accurate data continues to be a major problem for many countries.

A number of countries are satisfied with current population growth rates, or wish to increase their growth. Chad, for example, stated it was satisfied with current levels of fertility, while Gabon aimed to increase its growth rate to 2.3% by 1990 by using a range of social services and payments to encourage higher fertility.

Finally, even though numerous countries have no official population policy, many provide at least some support for family planning, either through national health programs which offer family planning services, or through grants of supplies, facilities, or financial assistance to FVUs. Examples of such countries include Burkina Faso, Malawi, Tanzania, Togo, and Zimbabwe, to name a few.

IV. Legal Reforms

Complementing the increasing number of policy statements which governments have recently issued, a limited but varied array of legal reforms has helped to increase access to family planning services in a number of sub-Saharan countries. These

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have affected:

- o contraceptive distribution
- o contraceptive advertising and information
- o import and related restrictions
- o access to voluntary surgical contraception.

Perhaps the most important legal reform has been repeal of the old French anti-contraceptive law of 1920. Under provisions based on this law, which is still in effect (although not always enforced) in more than 15 francophone African nations, it is illegal to distribute, advertise, or otherwise disseminate information about contraceptives. During the past decade, Cameroon (in 1980), Senegal (in 1980), and the Ivory Coast (in 1981) all repealed this law in quick succession. Mali did so even earlier, in 1972. Burkina Faso is in the process of repealing its law and Niger is considering taking similar action.

The same law which repealed the old 1920 French provision in Cameroon specifies that contraceptives containing estrogen can be sold only by prescription. Yet another important regulation affecting contraceptive distribution was issued by Zimbabwe. Whereas distribution of Depo-Provera was once illegal there, under new guidelines issued by the Ministry of Health in 1984 health personnel may give Depo to women over 29 years of age, who have at least four children and who cannot tolerate other family planning methods.

Also in 1984, the Kenyan Legislature passed two important

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laws to increase the availability of family planning. Under the Sales Tax Act, consumers no longer need to pay sales tax on contraceptives, and under the related Customs and Excise Act, import duty is no longer payable on contraceptives imported into the country.

Although voluntary surgical contraception (VSC) is a little-used method throughout sub-Saharan Africa, two countries liberalized their laws to provide increased access to this service. As of 1980, women over the age of 35 in Mozambique can generally obtain voluntary sterilization on request, with spousal consent. A 1981 reform in the Ivory Coast's penal code legalized VSC there when it is performed by a physician in "good faith" with the patient's consent. (However, a sterilization not meeting these requirements is punishable by death.)

Although these legal changes of the past decade are not numerous, they do suggest that the general trend in sub-Saharan Africa is towards liberalization of laws to increase the availability of family planning services and information to more individuals who wish to use them.

V. Conclusion

The past decade has witnessed a gradual, but nonetheless dramatic, shift in the way African governments view population growth and its effect on national and regional development. The proliferation of population policy statements and the trend towards legal review and reform bear witness to these important

concerns, and to some African leaders' willingness to grapple with these issues and formulate meaningful policy and program measures to address the problems they have identified.

While these changes in law and policy, initiated at the highest levels of government, provide some reason for optimism, it must be remembered that the population of sub-Saharan Africa continues to grow at the staggering rate of 3.1% per year resulting in an expected population doubling time of only 22 years for the sub-continent as a whole. Given this growth rate and the many complex economic, social, cultural and religious factors which continue to encourage large family size in this region of the world, it is difficult to assess whether and when legal and policy changes may have an impact on demographic growth.

It is nevertheless clear that, both in the short and long term, liberalization of laws and policies serves the valuable purpose of increasing the availability of family planning services and information to a greater number of individuals who wish to use them. Furthermore, changes in law and policy have the long-term potential to foster a balanced relationship between population and resources, thereby helping to promote economic and social development in the region. Consequently, legal and policy changes should be encouraged whenever countries wish to undertake them.

VI. Appendix

Population and Development Policy Statements:

Country and Policy Document	Policy Rationale/Objectives	Family Planning Services
<p>BOTSWANA Fifth Five-Year National Development Plan 1980-85</p>	<p>The policy is motivated by concerns about the effect of rapid population growth on the dependency ratio, unemployment and prospects for raising the average standard of living.</p>	<p>Family planning is to be integrated with MCH in basic health services. The goal is to increase contraceptive use to 15% of women of reproductive age by 1985.</p>
<p>BURUNDI Family Planning and Development Control Policy, 1983</p>	<p>Rapid population growth endangers socio-economic development and strains natural resources. A policy goal is reduction of the population growth rate.</p>	<p>The policy is to create a National Family Planning Service to be integrated with MCH; family planning is also to be integrated into other sectors.</p>
<p>CAMEROON Fifth Five-Year Economic, Social and Cultural Development Plan, 1981-86</p>	<p>The Plan recognizes the high birth rate and high dependency ratio; Cameroon's most serious concern is the rate of rural-urban migration.</p>	<p>-----</p>
<p>GAMBIA second National Development Plan 1982-86</p>	<p>Population policy should be pursued in the context of overall development policy. Primary long-term objective is to reduce the population growth rate.</p>	<p>A three-pronged strategy involves: integrating FP into MCH services of the Medical and Health Dept.; involving other government departments in FP motivation activities; and Government support to the Gambia FPA and other voluntary agencies.</p>

Selected Countries 1975-1985

Information & Education Measures	Research & Evaluation Measures	Other Key Policy Measures
Education of youth for responsible parenthood is considered a vital family health issue.	Research on fertility and on foetal, infant and early childhood mortality are mandated by the Plan.	Programs to improve maternal and child health.
Information, education and communication activities are to be expanded, especially for adolescents. Educational campaigns are to be conducted by radio, press and other media.	---	Decentralization of family planning service delivery. Training of family planning personnel.
A family education program is to be instituted for parents and future parents to promote family well-being within a framework of responsible parenthood.	Research on infertility and human reproduction is to be carried out.	Measures are to be taken to: improve rural farming environment to slow rural-urban migration; create new jobs; accord increased value to women's work.
The Department of Information and Broadcasting will cover population issues to increase public awareness of the relationship between population and development. The Government will support and incorporate population education into primary and secondary school curricula.	-----	Monitor immigration and emigration and seek practical arrangements to control migration across borders. Reduce mortality.

Population and Development Policy Statements (continued)

Country and Policy Document	Policy Rationale/Objectives	Family Planning Services
GHANA Population Planning for National Prog- ress and Prosperity, 1969	At Arusha in 1984, Ghana affirmed that its 1969 Policy continues to provide the basis for the Govern- ment's efforts in the popu- lation field. The 1969 Policy states "the main goal of population/FP is the reduction of the growth rate...in order to cushion the negative effect of unwanted growth rates on national development and to offer the...citizenry free- dom to choose family planning in spacing the births."	In keeping with the Government's policy to provide assistance to couples wishing to space or limit their reproduction, Ghana has established a National Family Planning Programme.
KENYA National Development Plan, 1984-88	Rapid population growth in- creases pressure on land and other resources, and neces- sitates greater resources to meet basic needs such as food, education, health care, water supply and housing.	Family planning services will be increased, mainly in rural areas, by increasing the num- ber of health facili- ties which offer these services, and the num- ber of trained service providers.

Information & Education Measures	Research & Evaluation Measures	Other Key Policy Measures
<p>Policy is to provide FP information and advice (of an educational, non-coercive nature) to couples who wish to space births. The Ministry of Information and the Ministry of Labour and Social Welfare have major responsibility for information and education activities.</p>	<p>-----</p>	<p>Other measures include those to:</p> <ul style="list-style-type: none"> -improve women's educational and employment status -encourage Government employees to have smaller families -regulate internal migration and reduce immigration -foster improved spatial distribution.

<p>Since the rate of population growth is mainly determined by decisions taken by parents on family size, the Government, in co-operation with NGOs, will intensify its programme of informing actual and potential parents of the benefits of smaller family size.</p>	<p>The National Family Welfare Centre, established in 1979 to co-ordinate the MCH/FP Programme, will strengthen its capacity for monitoring and evaluation.</p>	<p>Population policy development will be centralized in the National Council for Population and Development. The Council will establish population policy goals to guide the Integrated Rural Health and FP Programme for 1982-88.</p>
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Population and Development Policy Statements (continued)

Country and Policy Document	Policy Rationale/Objectives	Family Planning Services
LESOTHO Third Five- Year Develop- ment Plan, 1980-85	The Government's objective is to balance Lesotho's population and economic growth rates. While population growth should be met with comensurate increases in food production, management practices must respect the Nation's religious and cultural traditions.	Family planning services are provided at clinics and other health institutions, and by field workers.
MAURITIUS Five-Year Plan for Social and Economic Development, 1980-82	The demographic target of the population policy for the 1980-82 period is to maintain a gross reproduction rate of 1.53.	The Plan calls for intensification of FP program effort, with special emphasis on FP dropouts and reducing higher-order births among older women. MCH/FP Planning Division of MOH to open more FP clinics and service delivery points.
NIGERIA Draft National Policy on Popu- lation and Development for Unity, Progress and Self-Reli- ance, 1985	The goals of the policy are to: improve the standard of living and quality of life of the people; achieve lower population growth rates; and foster more balanced distribution of population between urban and rural areas.	A fertility regulation and family planning program is to be developed and implemented within the health care system. Family planning services are to be integrated with MCH services.

Information & Education Measures	Research & Evaluation Measures	Other Key Policy Measures
<p>Family planning information is provided at health institutions. A major Government objective is to integrate family life education and population matters into all formal and non-formal educational programs.</p>	<p>-----</p>	<ul style="list-style-type: none"> -Reduction of the high mortality rate in the 0-4 age group. -Initiation of a campaign on population management that develops cooperation among all relevant institutions.
<p>A large-scale family planning education program is to be initiated.</p>	<p>-----</p>	<p>-----</p>
<p>Special emphasis will be placed on educating the population at the grass-roots level on the health, social and demographic effects of FP. FP education to be incorporated in training programs for adults whenever possible.</p>	<p>Steps will be taken to improve the vital registration system, and to ensure fuller and more timely analysis of census and survey data for economic development planning.</p> <p>Multi-disciplinary research will be undertaken for use in program evaluation.</p>	<p>Measures to:</p> <ul style="list-style-type: none"> -improve MCH health -reduce migration to urban areas -strengthen the role and status of women -meet the educational, social and economic needs of youth.

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Population and Development Policy Statements (continued)

Country and Policy Document	Policy Rationale/Objectives	Family Planning Services
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RWANDA
Third Economic,
Social and
Cultural
Development
Plan, 1982-86

Policy objective is to stabilize the population growth rate at 3.7 percent per year.

The Plan calls for the establishment of a network of family planning centers at prefecture hospitals throughout the country.

SENEGAL
Sixth Quadren-
nial Plan of
Economic and
Social Develop-
ment, 1982-86
Law No. 80-49,
1980

The Sixth Plan notes that population growth affects economic and social variables. The preamble to 1980 law states that "family planning has been recognized as an element in the harmonious development of the individual and society." The objective is to promote birth spacing.

The Department of MCH includes a Division of Family Planning, which provides assistance and counselling on birth control, in order to improve family well-being.

SWAZILAND
Third National
Development
Plan, 1978/79-
1982-83

Government measures designed to maintain good health are viewed as an investment in human potential. Objectives include substantially moderating the population growth rate, and encouraging the practice of family spacing.

All public health and government clinics offer family planning services; the goal is to increase coverage of the population. Some rural clinics will begin provision of IUDs.

Information & Education
Measures

Research & Evaluation
Measures

Other Key Policy
Measures

A family planning awareness campaign will be carried out through the mass media, and the educational system.

A series of studies will be conducted to determine the various factors which influence fertility in Rwanda.

Raise the legal age at marriage.

The *Ministere de la Promotion Humaine* is responsible for sex education programs.

CONAPOP (Commission Nationale de la Population) has the mandate to collaborate with other public and private entities to conduct population research.

Measures to:
-foster more balanced spatial distribution of the population.
-improve women's status and integrate them more fully into the economy.

Family spacing is to be a major component of health education programs. Emphasis is placed on educating males, and introducing family life education in the schools.

Provision of infertility services.

Population and Development Policy Statements (continued)

Country and Policy Document	Policy Rationale/Objectives	Family Planning Services
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UGANDA
Ten-Year Re-
construction
and Develop-
ment Plan,
1981-90.

Objectives of the population policy over the 1981-95 period are to:

- lower the population growth rate from the currently projected level of 3% per annum to 2.6% per annum
- increase the quality of the people's physical, mental and social capacity, their educational status, and their access to cultural and social services.

Government will strengthen the family planning services delivery system, and design and integrate it fully with the national health service delivery system.

ZAMBIA
Third National
Development
Plan,
1979-83

Family planning is considered an important part of maternal and child health care services.

In mid-1980, the MOH launched a contraceptive service delivery program in rural areas.

Information & Education Measures

A multi-disciplinary approach to population education will be carried out. The National Curriculum Development Centre will promote population education in primary and secondary schools, and non-formal population education will be carried out by the FPA.

Research & Evaluation Measures

Research and analysis of data from censuses, surveys and the vital registration system will be carried out.

Other Key Policy Measures

- The MOH will co-ordinate and administer all aspects of health and family planning.
- Government will take measures to improve women's educational status.

The Zambia Council for Social Development has been established to co-ordinate NGO activities.

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