<table>
<thead>
<tr>
<th>Region</th>
<th>Population (millions)</th>
<th>Density (per 100 km²)</th>
<th>Surface Area (per 100)</th>
<th>Crude Birth Rate (1965-76)</th>
<th>Crude Death Rate (1965-76)</th>
<th>Annual Rate of Natural Increase (1970-76)</th>
</tr>
</thead>
<tbody>
<tr>
<td>USSR</td>
<td>258</td>
<td>6.4</td>
<td>110 (16.5)</td>
<td>18</td>
<td>0</td>
<td>1.0</td>
</tr>
<tr>
<td>Oceania</td>
<td>2.7</td>
<td>0.5</td>
<td>110 (11.8)</td>
<td>20</td>
<td>0</td>
<td>2.0</td>
</tr>
<tr>
<td>Europe</td>
<td>476</td>
<td>7.0</td>
<td>230 (57.0)</td>
<td>36</td>
<td>6</td>
<td>0.6</td>
</tr>
<tr>
<td>Asia</td>
<td>2240</td>
<td>36</td>
<td>420 (61.0)</td>
<td>28</td>
<td>2</td>
<td>3.2</td>
</tr>
<tr>
<td>America</td>
<td>572</td>
<td>20</td>
<td>303 (22.3)</td>
<td>46</td>
<td>0</td>
<td>2.7</td>
</tr>
<tr>
<td>Africa</td>
<td>442</td>
<td>27</td>
<td>303 (22.3)</td>
<td>46</td>
<td>0</td>
<td>2.7</td>
</tr>
<tr>
<td>World Region</td>
<td>4044</td>
<td>33</td>
<td>13580 (100)</td>
<td>32</td>
<td>1</td>
<td>1.9</td>
</tr>
<tr>
<td>Middle East</td>
<td>1176</td>
<td>60</td>
<td>110 (16.5)</td>
<td>18</td>
<td>0</td>
<td>1.0</td>
</tr>
</tbody>
</table>

4. In relative terms, the size of Africa's population is small. The continent has ten percent more surface than Asia but less than a fifth of the latter's total population, consequently population density is rather low in Africa, 14 per Km² compared with density in Asia (84) per Km² or Europe (96 per km²). The data presented above show that the continent of Africa currently has the highest annual growth rate (2.7 per cent) of all the major regions of the world. The continent's crude birth and death rates are also by far the highest in the world. Thus Africa is commonly described as a high mortality-high fertility region with low densities-factors which as we shall see later tend to mitigate against current efforts to achieve reasonably rapid socio-economic development. Death rates are still much higher in Africa than in other areas of the world and then eventual decline portends an even further increase in the African population growth rate. This is likely to be the case if the level of fertility remains constant in the face of declining mortality. Africa's contribution to the increase in world population is however dwarfed by the Asian population "explosion". In that region attention is focused not so much on the growth rate as the sheer size of numbers. Thus in 1950 Asia accounted for less than half of the world's population; by 1975 that continent was inhabited by 75 percent of the world's population. Its annual increase of 46 million accounts for 64 per cent of the world increase yearly.

5. Crude birth and death rates presented below show that the continent of Africa remains a high fertility-high mortality region despite the drop in mortality since the 1950s.

<table>
<thead>
<tr>
<th>Region</th>
<th>Africa</th>
<th>Asia</th>
<th>Latin America</th>
<th>Europe</th>
</tr>
</thead>
<tbody>
<tr>
<td>CBR</td>
<td>44-48</td>
<td>32-33</td>
<td>36-38</td>
<td>16</td>
</tr>
<tr>
<td>CDR</td>
<td>18-21</td>
<td>13</td>
<td>9-10</td>
<td>9</td>
</tr>
</tbody>
</table>

Comparisons of population growth rates of Africa and the subcontinent of Latin America show that the latter has had rates even higher than rates for any other continent during the period since 1950. With an annual growth rate of 2.8 percent by the period 1970-75 its population had more than doubled between 1950 and 1976 from 164 million to 333 million. This contrasts with Africa's more modest increase from 219 million to 412 million during the same period.

6. The uneven distribution of population in the major continents of the world is also a characteristic of sub-regional distribution of population within the continent of Africa. Table 2 below presents population indices for the major sub-regions of Africa for the period 1970-1976.
<table>
<thead>
<tr>
<th>Density</th>
<th>Area Km²</th>
<th>Growth Rate (Percent)</th>
<th>Birth Rate</th>
<th>Death Rate</th>
<th>Crude Birth Rate</th>
<th>Crude Death Rate</th>
<th>Population (Millions)</th>
<th>Region</th>
</tr>
</thead>
<tbody>
<tr>
<td>0.17</td>
<td>210</td>
<td>8.3</td>
<td>2.5</td>
<td>2.4</td>
<td>1000</td>
<td>1000</td>
<td>1970-76</td>
<td>Southern</td>
</tr>
<tr>
<td>0.16</td>
<td>191</td>
<td>8.6</td>
<td>2.5</td>
<td>2.4</td>
<td>1000</td>
<td>1000</td>
<td>1970-76</td>
<td>Middle</td>
</tr>
<tr>
<td>0.15</td>
<td>176</td>
<td>8.6</td>
<td>2.5</td>
<td>2.4</td>
<td>1000</td>
<td>1000</td>
<td>1970-76</td>
<td>Northern</td>
</tr>
<tr>
<td>0.14</td>
<td>162</td>
<td>8.6</td>
<td>2.5</td>
<td>2.4</td>
<td>1000</td>
<td>1000</td>
<td>1970-76</td>
<td>Eastern</td>
</tr>
<tr>
<td>0.13</td>
<td>147</td>
<td>8.6</td>
<td>2.5</td>
<td>2.4</td>
<td>1000</td>
<td>1000</td>
<td>1970-76</td>
<td>Western</td>
</tr>
<tr>
<td>0.12</td>
<td>132</td>
<td>8.6</td>
<td>2.5</td>
<td>2.4</td>
<td>1000</td>
<td>1000</td>
<td>1970-76</td>
<td>Africa</td>
</tr>
</tbody>
</table>

The data presented above indicates that Western and Eastern Africa is inhabited by almost 60 percent of the continent's population. Within the two sub-regions densities are relatively higher than the continental average. These data are summarized in percentages in Table 3 below.

Table 3. Africa - Percentage Distribution of population and Surface Area 1976.

<table>
<thead>
<tr>
<th>Region</th>
<th>% population</th>
<th>% Area</th>
<th>Number of Countries</th>
<th>Population of largest country (as % of Sub Region)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Africa</td>
<td>100</td>
<td>100</td>
<td>54*</td>
<td>(000s)</td>
</tr>
<tr>
<td>Western</td>
<td>28.9</td>
<td>20.3</td>
<td>16</td>
<td>64750 (Nigeria)</td>
</tr>
<tr>
<td>Eastern</td>
<td>28.6</td>
<td>20.9</td>
<td>17</td>
<td>28678 (Ethiopia)</td>
</tr>
<tr>
<td>Northern</td>
<td>24.5</td>
<td>28.1</td>
<td>7</td>
<td>38067 (Egypt)</td>
</tr>
<tr>
<td>Middle</td>
<td>11.2</td>
<td>21.8</td>
<td>9</td>
<td>25629 (Zaire)</td>
</tr>
<tr>
<td>Southern</td>
<td>6.8</td>
<td>8.9</td>
<td>5</td>
<td>26129 (South Africa)</td>
</tr>
</tbody>
</table>

* Excludes British Indian Ocean Territory and French Southern and Antarctic Territories.

NB: Western Africa comprises Benin, Cape Verde, Gambia, Ghana, Guinea, Guinea Bissau, Ivory Coast, Liberia, Mali, Mauritania, Niger, Nigeria, Sierra Leone, Togo, Upper Volta.


Northern Africa comprises Algeria, Egypt, Libya, Morocco, Sudan, Tunisia, W. Sahara.
Middle Africa comprises Angola, Central African Empire, Chad, Congo, Equatorial Guinea, Gabon, Sao Tome and Principe, Cameroon, Zaire.

Southern Africa comprises Botswana, Lesotho, Namibia, South Africa, Swaziland.

7. The highest birth rates are recorded in the Western and Eastern African sub-regions 49 and 48 respectively. Western Africa also has the highest crude death rate of 24 per thousand. Annual growth rates are highest in Eastern, Northern and Southern Africa and Middle Africa with a moderately low birth rate 45 per thousand has the lowest growth rate among the main sub-regions of Africa.

8. It is worth noting that each of the sub-regions, one country dominates the others in population size. Thus Western Africa, the Nigerian population constitutes 54.4 per cent of the total for the sub-region. In Southern Africa, only 6.7 per cent of the population of this sub-region lives outside the Republic of South Africa.

9. A peculiar feature of population distribution in Africa is the widely varying sizes of national populations. Many countries have less than one million people living within their territorial boundaries. In 1976 for example only five countries Egypt, Ethiopia, Nigeria, South Africa and Zaire had populations that exceeded 20 million. Seven other countries (Algeria Ghana, Kenya, Morocco, Sudan, Uganda and Tanzania) had populations of 10–19 million.

10. A third group with populations of 5–9 million included Ivory Coast, Madagascar, Malawi, Cameroon, Mozambique Senegal, Zimbabwe, Tunisia, Upper Volta and Zambia. Eleven other countries (Benin, Burundi, Chad, Congo, Guinea, Liberia, Niger, Rwanda, Sierra Leone, Somalia and Togo) had between one and four million inhabitants. Countries not listed above had populations of less than one million.

11. A review of population densities among African countries shows that only three countries (Mauritius 438), Seychelles (212) and Reunion (203) have densities of over 200 per km². In general population density is highest in the offshore islands. However within the continent, Burundi and Rwanda have densities well over 100 per km².
12. Reasonable high densities are also found in Egypt, Ghana, Morocco, Malawi, Senegal, Tunisia, Benin, Sierra Leone, Togo, Gambia and Swaziland. Here densities range from 25-50 per km². A number of countries are so sparsely populated that densities remain less than 10 per km². These include, Algeria, Sudan, Mali, Zambia, Chad, Congo, Niger, Somalia, Botswana, Djibouti and Gabon. A common characteristic of most countries in this last category is the desert or semi-desert vegetation found within their territories. Only two countries (Gabon and Congo) with densities below 10 per km² are within the tropical forest zone.

Population Structure and growth

13. High fertility and moderately high mortality which has been declining since the 1950s, have pushed the average annual population rate of growth in Africa from 2.1 per cent during the 1950-55 period to 2.7 in the first half of this decade. If further mortality decline occurs as anticipated, the annual rate of growth is likely to exceed 3 per cent before long.

The highest growth rates are recorded in Southern Africa where fertility is moderate by African standards but mortality relatively low. In Northern Africa both fertility and mortality rates are lower than for the rest of Africa. Although Eastern and Western Africa have the highest fertility and mortality rates, there are countries in each sub-region whose mortality has declined and whose growth rate has increased accordingly; e.g. Kenya (3.6 per cent 1974-75) and Ghana (3 per cent 1970-75). This is indicative of the future course of population growth in Eastern and Western Africa which together contain the continent’s two most populated countries (Nigeria and Ethiopia).

Middle Africa with moderately high fertility but high mortality has the lowest growth rate among sub-regions of the continent, (2.3 per cent per annum 1970-75). It is anticipated that improvements in living conditions will reduce the death rate and slightly increase the birth rate and both factors will operate to increase the rate of growth for this sub region.
14. The expansion of public health services and an improvement in living conditions have contributed to reductions in infant and maternal mortality. Furthermore, there has been a remarkable decline in deaths caused by communicable diseases. However, the crude death rate remains over 15 per thousand for all African countries except Egypt (12.4), Libya (14.7), Zimbabwe (14.4), Tunisia (13.8), Sudan (14.4), Mauritius (7.8), Cape Verde (8), Djibouti (7.6), Reunion (7.1) and Seychelles (7.9). Infant Mortality is less than 100 per thousand live births only in a few African countries: Algeria, Angola, Cape Verde, Comoros, Gunea Bissau, Kenya, Mauritius (40.4), Morocco, Senegal, Seychelles and Sudan. Since infant mortality is relatively high in the continent, expected length of life at birth (e%) is low and in a few countries (Central African Empire, Chad, Ethiopia, Madagascar, Mali, Nigeria Togo and Upper Volta) it is still below 40 years. It exceeds 60 years only in the off shore islands of Mauritius, Reuion and Seychelles.

15. Although geographical differentials in fertility and mortality are observed in African data, rural-urban fertility differentials are not quite clearly established and more detailed studies are needed to identify the pattern of any differentials.

16. Current stable rates of fertility and declining rates of mortality have led to an increase in the proportion of young people in the total population of African countries. Reductions in infant and child mortality have also had a similar effect. In table 4 below population in broad age groups are presented for 1975 and projected proportions for 2000.
<table>
<thead>
<tr>
<th>Age Group</th>
<th>0-4</th>
<th>4-14</th>
<th>15-64</th>
<th>65 and over</th>
</tr>
</thead>
<tbody>
<tr>
<td>Poland 1975</td>
<td>19.7%</td>
<td>14.1%</td>
<td>55.7%</td>
<td>10.5%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Age Group</th>
<th>0-4</th>
<th>4-14</th>
<th>15-64</th>
<th>65 and over</th>
</tr>
</thead>
</table>

Table 4. Age Structure of African Populations (Millions)
17. The data presented above show that close to a half of the continent’s population is dependent children below fifteen years old. This situation is likely to remain constant for the rest of this century. This contrasts with the situation in developed areas e.g. U.S.A. where children under fifteen represent only a quarter of the total population. While birth rates are high and modest progress is achieved in reducing mortality, the African population will remain predominantly young and the population in the working age group (15-64 years) will continue to bear a greater dependency burden than is the case in more developed countries. The burden of the dependent population in most African countries is aggravated by the high unemployment and underemployment among school leavers.

Urbanization and Migratory Movements

18. The phenomenon of urbanization in Africa has become so significant that it warrants a separate section in this discussion. During colonial rule, European merchants established ports and collection points for the easy evacuation of raw materials. These developed into commercial, administrative and finally political centres of African countries. The advent of political independence sparked a rapid growth of the urban centers and cities like Kinshasa doubled their populations in about a decade. Thus while in 1950 only 13 per cent of African’s population could be classified urban, the urbanization rate currently exceeds a quarter of the total population. Although Northern and Western Africa have had a long history urbanization the over-concentration of economic, political and cultural resources in the capital city has activated what is commonly termed, “rural” to urban exodus. This movement has tended to be sustained by a number of factors. Firstly there was an attempt by many African Governments to make their capital cities little “Paris-London” after independence. These cities received the bulk of the investment resources available at the time and became focal points for adventurists, job seekers and curious admirers from the countryside. Secondly, the educational system which was designed in the colonial days to train clerical staff and orderlies to service the export oriented economy was expanded extensively after independence. It turned out half baked clerics totally unsuitable for the economy that demanded greater training in agricultural skills.

19. Thirdly, the relative neglect of the countryside in contrast to the rising towers and lighted streets of the city
encouraged young people to flock to the city in search of jobs which they rightfully believed were only available in the capital. This movement has been a prime activator of some of the rather endemic social and economic problems in African cities (shanty towns, poor drainage, poor sewerage services and many other public health and sanitary problems) have rendered life miserable for many in these cities.

20. The urban population has remained predominantly young even in North Africa with a larger population urban than rest of Africa. Although three-quarters of the continent's population is rural, growth in urban population is by far greater than the annual rate of natural increase.

21. Recently, the refugee problem on the continent has introduced a new phase in the urbanization process. African cities like Lusaka, Nairobi, Abidjan to cite only a few, have become attractive points of call and eventual stay for persons fleeing from some perceived form of political persecution in their own countries. These movements have tended to create rather intractable problems in the cities.

22. We can summarize the first part of this discussion as follows:

(a) The level of fertility is generally higher in Africa than in any other continent of the world. Crude birth rates range from 42 to 50 per thousand. The highest fertility rates are observed in Western and Eastern Africa. Middle Africa records relatively lower fertility rates and the crude birth rate falls well below 40 per thousand for Gabon and parts of Zaire. Fertility is likely to remain constant the rest of the century and significant signs of a reduction are confined to the off shore Indian Ocean Islands.

(b) Like fertility, the level of mortality in Africa remains high notwithstanding significant reductions in the last quarter of a century. Crude death range from over 15 to 25 per thousand. Infant mortality remains high averaging 155 per thousand live births. A peculiar pattern of mortality is observed among children in which second year deaths constitute close to two-thirds of all deaths to children 1-4 years old.

(c) The relative neglect of the rural areas and the failure of the educational system to prepare young people for an agricultural economy has provoked an influx
of people (especially the young) into the cities. Consequently urban areas especially the capital city are growing at rates that are too fast to permit any systematic planning, designing and servicing of the city and its population.

(d) The current growth rate of 2.7 is likely to increase if anticipated reductions in mortality occur.

Population Policies in Africa

23. There has been some confusion and contradiction on the subject of what constitutes population policy and which countries in Africa have population policies. It is often emphasised in many conferences that effective population policies are needed in Africa especially to reduce the high level of mortality and increase life expectancy at all ages. In contrast however, others deplore the fact that over half of all African Development plans analysed have no policy for population limitation nor any specific policies for influencing population growth rates.

The population Concil has summarized the situation as follows:

Table 5 Government Population Policies in Africa 1975

<table>
<thead>
<tr>
<th>Group</th>
<th>Government Policy</th>
<th>No. of Countries</th>
<th>1974 (millions)</th>
<th>Population (Percent)</th>
</tr>
</thead>
<tbody>
<tr>
<td>A.</td>
<td>Official policy to reduce population growth rate.</td>
<td>7</td>
<td>83</td>
<td>2.2</td>
</tr>
<tr>
<td>B.</td>
<td>Official support for family planning activities (not demographic)</td>
<td>13</td>
<td>186</td>
<td>47.6</td>
</tr>
<tr>
<td>C.</td>
<td>No policy to reduce population growth - no support for family planning activities</td>
<td>28</td>
<td>122</td>
<td>31.2</td>
</tr>
<tr>
<td>All countries</td>
<td></td>
<td>48</td>
<td>391</td>
<td>100</td>
</tr>
</tbody>
</table>

24. Some countries (Egypt, Ghana, Kenya, Mauritius, Morocco and Tunisia) have official policies on programmes to reduce population growth through family planning programmes. Discussions on the subject have always created the impression that countries not included in this category have no population policies.

25. A suitable approach to population policy in Africa is perhaps a review of population problem areas resulting from the current demographic situation: Such a review should identify for each area suitable policy orientation;

(i) The lack of adequate and detailed information on population parameters for most African countries constitutes a major obstacle to understanding population dynamics and appreciating inherent problems. African Governments’ appreciation and response to this has been very impressive considering the number of countries that have participated in the African Census programmes 1970’s - round of censuses. The area of vital registration however remains relatively neglected and there is lack of understanding of the in-built capacity for growth in population in African countries. Low densities and the small sizes of total population in most African countries have led many policy makers to emphasize the need to fill “empty space” and reject the whole idea of family planning. Arguments for higher densities and larger population sizes have tended to stem from a lack of any clear idea of what factors determine the rate of population growth on the one hand and economic growth on the other.

(ii) The lack of data on the magnitude of pregnancy wastage, infant and child mortality, the absence of empirical evidence on the effects of frequent and prolonged child-bearing on individual women, and the effects of closely spaced and numerous pregnancies on the welfare of children, their mother and the family have prevented the development of any comprehensive policy in this area.

(iii) High fertility and high but declining mortality have resulted in growth rates which produce a broad-based age pyramid in which children under fifteen years old constitute over 40 per cent of the total population. This structure has imposed a heavy dependency burden of the working population. The transformation of the socialization system by the introduction of formal schooling has robbed parents of their traditional duties of integrating their offspring into the rural economic and social life. This role is being left to schools which
are rarely designed to provide rural agricultural skills. Thus there is an outcry of under-employment and unemployment among school leavers. Ambitious programmes for free primary education in some countries have not taken into account the age structure of the population and the fact that for a very long time to come the situation will not change.

26. Similarly the expansion of health programmes has not been able to meet the ever increasing demand for maternal and child health services. These services are usually labour-intensive and require more trained personnel than other areas of medical care.

(iv) The process of urbanisation has necessitated the use of enormous resources for social engineering and other non-productive investment such as housing, health and sanitary services for the urban population. Rapid urbanization has led to a breakdown in cultural values - a factor that is a major cause of the reduction in birth intervals among urban women. Consequently while education of urban females has contributed to raising age at first marriage, urban fertility females has contributed to raising age at first marriage, urban fertility has tended to remain high because of a tendency to reduce the period of postnatal taboo on sexual relations or abandon it completely. Very low female labour participation rates have also contributed to many urban women taking child-bearing as the only role left for them.

27. These and other related problems have not been analysed critically by policy makers on the continent because population problems have been viewed at the national or macro level in terms of rates and ratios. Analysis of micro population problems at the family level has been largely ignored. This is an area in which social workers are likely to play a significant role. Such an approach will necessarily avoid generalisations about the good or bad effects of such population programmes as family planning and sex education.

28. The latter concept is however not an easy area of social legislation and programme development. Even if there is agreement on the need for sex education the crucial question of whose sex values should be taught is yet to be overcome. Would parents be wrong to object to their daughter getting lessons from an unmarried or childless woman? Do social workers have in-depth knowledge of cultural values and practices that were institutionalized to ensure the survival of the
tribe? How does the traditional prestige of the large family get broken if there is clearly no perceptable difference in the life style of smaller families?

29. These questions are raised here only to underline the complexity of evolving a comprehensive population policy because no population policy is likely to be successful if its fruits are not perceived by the population it is formulated for. For example, women are not likely to adopt contraception on a large scale if mortality levels among children remain high irrespective of family size. Finally, changes in population characteristics take so long to evolve that any population policy designed to yield immediate results is likely to fail. Pronatalist attitudes are developed in conditions of high mortality and although there is some evidence to show that fertility decline causes an appreciable part of mortality decline, it remains largely true that a clearly identifiable decrease in mortality must precede a substantial decline in fertility.
POLICIES AND PROGRAMMES OF FAMILY
WELFARE-FAMILY PLANNING IN AFRICA

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The views expressed in this paper are those of the authors and do not necessarily reflect those of the International Planned Parenthood Federation, Africa Regional Office.

Family Welfare is a set of social welfare programmes geared to family units and their constituent members. These programmes are generally intended to alleviate human suffering and improve the conditions of life of people so as to sustain an acceptable level of well-being. A number of services that are now provided in family welfare programmes were originally provided by the families and communities on their own. But because of the social, political and economic transformations through which the families and communities have gone, such services have had to be assumed by governments and organized voluntary organizations. At the same time the changes that have taken place have added new problems which individual families and communities are not equipped to solve. A UN report in 1965 defined the purpose of family welfare programme as being:

"to strengthen the internal unity and safeguard the integrity of the family, to support and enhance the capacities of parents and other family members, and to facilitate the participation of the family in the economic and social life of the community. Particularly in developing countries, such programmes might include, broadly speaking, education and counselling activities to improve child care and parent-child relations and to promote family adjustments to changing conditions."

In our African society the place of the family as an institution is still a respectable and an important one. It is still the basic social unit that caters for the welfare of the individual human being. It is the family on which the child
or any other member makes first claim for meeting many of his needs and which, in turn provides his primary needs. It is central to all social structures. Consequently any knowledge, attitudes and practices which affect directly or indirectly, this crucial institution of the family, its survival, growth and wellbeing should be of major concern to all social and other development workers.

Most development programmes that intend to tackle problems that affect families in one way or another can be considered family welfare programmes. Such programmes include the provision of a number of social services including education, health, employment, social security, child care, nutrition, recreation, counselling, family planning etc.

Most African governments claim that their activities are directed towards the total welfare of their people. These activities span a wide spectrum of sectors and indeed include the above listed family welfare programmes. Different countries lay varying levels of emphasis on different family welfare activities depending on the countries’ priorities.

In this paper we shall draw our illustrations about family welfare-family planning programmes from three African countries namely, Kenya, Nigeria and Tanzania. Kenya for example looks at social welfare services as having an underlying principle of prevention rather than cure of social and individual problems. Th broad objectives in the field of social welfare according to the 1974-1978 Development Plan are:-

- to ensure that social welfare services are available
- to assist in the elimination of social and personal distress
- to render opportunities to the people to participate in the life of the nation by helping them to obtain the basic necessities of life in time of need.

The Kenyan priorities in the field of social welfare during the period of the plan are day care centres, adoption, foster care and pre-school feeding, social work education, family services, including public assistance to the needy, and assistance to the aged.

In Nigeria some areas in which social welfare officers work to strengthen family life include:

- settlement of disagreements between husbands and wives with a view to forestalling the total disintegration that would result from divorce or permanent separation with their attendant negative consequences.
- the rehabilitation of juvenile delinquents who might have got into difficulty as a result of poor parental care caused by the disintegration of some family units as a result of separation, divorce, death of one or both parents, or other reasons.

- the inculcation of positive values and moral and character training in youth in society to prevent them from becoming wayward.

- the organization of adult groups into various councils of social services for purposes of voluntary social work to help alleviate pressing social problems.

Tanzania also provides social welfare services for destitutes, the physically handicapped and delinquents and wherever possible helps such people to become self supporting by giving them appropriate basic training in trade or agriculture. In addition, familyhood - Ujamaa - is the basic development philosophy of the country. This philosophy encourages families to live together, work together for the benefit of all.

Family planning on the other hand is a process by which couples and individuals are enabled, by the use of contraceptive methods, to regulate their fertility in such a way that they will have children only when they want to have them and will have that number of children that they desire to have. And a family planning programme is basically a population programme designed to promote family planning activities by providing necessary information and education about family planning, and family planning services. As a programme, family planning may have varying purposes. Among the varied purposes are:

- the protection of human rights of women in their child bearing years.

- the protection of the health of the women and children in particular.

- the reduction of the incidence of the clandestine and illegal abortion.

- the promotion of social welfare and the reduction of population growth.

- the reduction of infertility and sub-fertility.

In Africa, South of the Sahara family planning programmes have been run both by governments and voluntary organisations (like family planning associations). Government family planning
programmes in those countries where such programmes exist, are mainly operated as a component of the maternal and child health programmes. Such programmes have been carried out with objectives focussing on health, population growth, and reproduction and family formation. Family planning programmes carried out by voluntary organisations on the other hand tend to operate with an objective that embodies the ideal that each couple should be enabled to have the number of children they wish and at the time they wish to have them. This in effect means that the voluntary organisations’ family planning programmes direct their activities and services to the personal needs of individual people with no special regard to the communal needs of the state. Where the state finds the activities of these voluntary organisations producing effects contrary to those approved by the state, it will discourage or prohibit them. Where on the other hand the activities agree with state purposes, they will be encouraged.

However, looking at the Region as a whole, Governments’ policies with regard to their involvement in the provision of family planning can be placed in the following four categories. There are those governments that restrict use of family planning by actively enforcing some restrictive laws or measures concerning the production or distribution of contraceptives. This category included several Francophone African countries which still operate under the old French law of 1920, whereby all anti-conceptional information and services are prohibited. These countries include among others, Mauritania, Central Africa Republic and Chad. The second category is of those governments that allow the provision of family planning services by private organizations or local authorities, but that do not actively support such activities. This includes for example Madagascar and Zaire. The third category is that of governments that actively support the programme of private organizations and local authority activities or both, or that have implemented pilot programmes in government departments. Examples of these include Uganda and Zambia. Finally there are those governments that themselves sponsor family planning activities as part of public health services eg. Botswana and Mauritius.

The three countries that this paper focusses on namely, Kenya, Tanzania and Nigeria can be fitted in the four categories above. Kenya for example fits both in the third and fourth categories because it does not only support activities of a voluntary organization in family planning namely, the
Family Planning Association of Kenya but also runs a family planning maternal and child health programme in its Ministry of Health. Tanzania on the other hand fits in the third category as it supports the activities of a voluntary organization in the field of family planning namely the Family Planning Association of Tanzania - UMATI and dispenses family planning services through the MCH programme of the Ministry of Health. Nigeria like Tanzania fits in the third category by supporting the activities of a voluntary organization namely, the Planned Parenthood Federation of Nigeria and giving family planning services in maternal and child health of the Ministry of Health.

When one defines as we have done above, all development programmes that aim at tackling the problems that affect families in one way or another as family welfare programmes, then family planning can be seen as part of this wider concept of family welfare. And as already noted above the purposes of family planning clearly indicate that a family planning programme is part and parcel of social welfare programmes. To illustrate this further we present a sample of some of the activities family planning programmes whether government or those of private organizations concern themselves with. For a government family planning programme we use the Kenyan case while for the private organizations we use the Family Planning Association of Kenya (FPAK) the family Planning Association of Tanzania (UMATI) and the Planned Parenthood Federation of Nigeria (PPFN)

The Kenya Government 1975-79 Five Year Family Planning Programme intends, among other things, to:-

a) “provide a highly visible and well supported institutional infrastructure of administering an expanded family planning maternal and child health (FP-MCH) programme.

b) improve the quality of family planning maternal and child health services in those parts of the country where family planning practices have already gained some acceptance while gradually extending services to the rest of the country.

c) considerably expand family planning information and education activities.

d) provide specialised training for all cadres directly involved in dispensing family planning services, motiva-
ting new acceptors and continuing users, and contact-
ing the family unit in their development activities.”

Turning to the voluntary organizations referred to above
and looking at what they intend to do in their programmes the
following picture emerges:-

The Family Planning Association of Kenya (FPAK) will
during 1979 adopt the following programme strategies in
carrying out its family planning programme:-

i) “provide adequate services in FPAK clinics through
improving the clinical services and by paying
more attention to physical set up and providing
a conducive atmosphere to clients who patronize
FPAK clinics.

ii) continue to encourage private practitioners to
provide family planning services to their clientele
by making them appreciate the role of family
planning in improving the health of the mother
and children.

iii) up-date family planning knowledge and improve
skills of communication of the field educators so
that they can be able to cope with the current
emphasis on face-to-face motivational approach.

iv) facilitate collection and compilation of up to date
statistical data on some of the current social
problems related to family planning and thereby
enable a revision and improvement of the pro-
gramme emphasis by:

- "stressing the role of contraception in
reducing abortion rates.

- establishing the prevalence of infertility
and sub-fertility with a view to devising a
programme for assisting infertile and sub-
fertile couples....”

The Family Planning Association of Tanzania will, on the
other hand, adopt the following programme strategies in
carrying out its family planning activities during 1979:-

1) “provide education and information to all people that
will enable them to accept the desired changes in
family planning/maternal and child health and res-
ponsible parenthood.
2) enable the youth of Tanzania to act responsible in all matters pertaining to sex behaviour and family living as well as preparing them to become responsible and better future parents.

3) provide enough contraceptives and other family planning equipment and materials so that family planning-maternal and child health demands are adequately met.

4) fill the gaps as well as play a complementary role in the integration process so that EP/MCH service becomes satisfactory.

5) train sufficient numbers of personnel so that they may be able to give satisfactory FP/MCH service throughout the country.”.

The Planned Parenthood Federation of Nigeria has during 1978 adopted the following programme strategies in carrying out its family planning activities:

(a) “motivate youths and young women on the importance and advantages of Planned Parenthood;

(b) reduce the current high rate of induced abortion in Nigeria.

(c) establish a model family planning clinic for the Federation (i.e. PPFN);

(d) ensure the availability of family planning services to clients;

(e) provide training in family planning motivation (for government officials working in the rural areas);

(f) seek funds and concessions from Federal and state governments for family welfare activities at the State and national levels”.

In spite of the fact that when family welfare is seen within the broader perspective it incorporates family planning, some advocates have not accepted family planning as a component of a family welfare programme.

This failure is brought about by various misconceptions some of which are given below:

- That family planning is advocated simply for population control and through this advocacy no regard is made for other issues of development.
- That through family planning multinational companies and some United States foundations are keeping down the population numbers in developing countries in order to permit their exploitation.

- That family planning encourages immorality.

These misconceptions are dramatised in the following poem which was published in the Daily News of Tanzania of 11th March 1973 under the authorship of D. Rwehikira Bashome, University of Dar-es-Salaam and it is in reference to the Family Planning Association of Tanzania - UMATI.

You call them family planning methods! You call it a family planning association! You lie, I'll tell the truth It's birth control, nay, it's family destroying, They are birth control drugs, these family destroyers, It's a birth control clique, it destroys families. Who are the addicts? Married mothers?

Very few, ignorant of the dangers Unmarried mothers? Yes, once bitten twice shy. School girls, working girls with no families, What do they plan? Prostitution, destroying harmonious families, Selling themselves to every man, the so called girls, Big men, small men, married men, unmarried men, When wives know run away from husbands You call this family planning? These drugs are evil, they spoil the female lot Un-African, Unsocialist, inhuman, reactionary. Complicated pregnancies, births of deformed babies, sterility.

Venereal diseases like in America Where they spread incurable gonorrhoea, Have they found the cure? STC* order it now we'll need it in five years. Alternatively UMATI must be assassinated. Women, girls of Tanzania, women, girls of Africa, Look where you came from, look where you are going Plan for Tanzania's Socialist transformation, Plan for the African Revolution Ladies we need your constructive ideas, Not new colonialist ones from Imperialist nations Father TANU, Mother UWT*

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For Africa's sake, wipe out UMATI.
UMATI you've done enough harm,
Should we wait till you drain us,
Of foreign exchange, manpower, ideology, culture, morals
No! I demand total ban,
On importation of the evil drugs
UMATI you've done enough harm,
UMATI, you're the people's enemy,
Traitor of Africa, you must go.

There are certain factors which must be looked at critically in an attempt to develop and implement a family welfare/family planning curriculum. These include:-

(a) the recognition of the fact that family planning in the form known and practised today is an innovation. We should therefore try and understand what leads to its non-adoption or even abandonment. An attempt must be made to see what can be learned from the successful introduction of other innovations. For a study of the above problem areas would throw light on such other related issues like:-

- Do people fail to practice family planning because they are ignorant of the existence of family planning programmes?
- Or is it because they do not have the means of getting the birth control devices?
- or is it that family planning as practised today is contrary to their belief systems and customs?
- or is it that the way information about family planning is passed on to them confuses rather than enlightens them?

(b) The support of governments for family planning programmes should be constantly solicited. Some governments are also victims of the misconceptions mentioned above. They therefore also need to be educated into the welfare and development aspects of family planning.

(c) In developing this curriculum we must take note of the fact that in the African society value is attached to many children as a source of labour, old age security and a safe-guard against high infant mortality rates. This value has not been effectively challenged
by the level and patterns of development in our African countries, and

(d) finally, the curriculum will have to develop techniques which will enable social workers to disseminate family welfare/family planning information and education to families as units rather than to people as individuals. For as Prof. de Graft Johnson put it:-

"Decisions of family size and spacing in many African communities are subject to pressures from the extended family who may define their own clan or lineage interests, in terms of—for example wanting more sons or more daughters. Although it is an individual couple's decision which finally prevails, it should be recognized that there are two levels of pressure groups on desired family size, the extended family, and the government. The problem here is that the individual decisions of couples may represent a consensus that runs counter to the hopes, wishes or intentions of the nation's planners".

References


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E. Madukwe Unaka, Welfare’s Development strategy aimed at the family unit:


PLANNING AND ADMINISTRATION OF FAMILY WELFARE PROGRAMMES*

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The Topic can be approached from different angles. However, for the sake of convinience, and clarity it appears better to define first what is meant by family Welfare before embarking upon a discussion of the mechanisms of planning and programming. The term family Welfare has different meanings depending on how broadly or narrowly one wants to define it. The problem is not one of dearth of definitions or descriptive materials but rather of an over abundance of both. The problem is how to reconcile and synthesize the different approaches and interpretations.

As the attention of the world is focusing more and more not only on the numerical but also on the qualitative aspects of the population question, some concepts are taking more broader and definite meanings. Therefore when we talk of family welfare we are referring to programmes that cater for a group of people that make up the nucleus of what we call the family. The family is defined, in a 1969 United Nations Declaration as follows.

"The family is the basic unit of society, and the natural environment for the growth and well-being of all its members particularly children and youth and should be assisted and protected so that it may fully assume its responsibility within the community."

Thus family Welfare is much more broader that what some people conceive it to be. It is aimed at improving the total quality of life of the family members as a unit. It should not be equated with family planning as some people tend to

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* This paper was not presented to the seminar.
think. Family Planning is only one, but important component of family welfare. A 1965 United Nations report makes this quite clear.

"The primary purpose of all family welfare programmes is to strengthen the internal unity and safeguard the integrity of the family, to support and enhance the capacities of parents and other family members, and to facilitate the participation of the family in the economic and social life of the community... such programmes might include, broadly speaking education and counselling activities to improve child care and parent-child relations and to promote family adjustment to changing conditions".

Family planning as part of family welfare is therefore a means of assisting families to adjust to the changing social and economic conditions. Its objective is to create an awareness about the options people have as a result of the changing socio-economic conditions and to create an awareness as to the advantages of spacing and conception control would bring to individual families and to the overall national development. Families burdened with a large number of children born one after the other will definitely lack the means and the stamina to fully participate in national development. Therefore family welfare is one of the many important measures that have to be taken as part of the overall national programmes for better socio-economic improvements.

The Family is composed of both the prospective and the actual manpower resources of a nation. The first group consisting of children and youth make up 45 to 50% of the total population of most African countries. This group is the most vulnerable in terms of lack of health care, malnutrition, lack of educational facilities and proper upbringing. We are told, by health experts, that out of ten children born in the Continent about three to five die in infancy while hardly 40 percent live to attain adulthood. Both this group and the other members of the family that make up the actual manpower of developing nations need very badly their requirements met in terms of health, food, home-care, education and vocational training. Therefore, family Welfare programmes have to be broad-based to provide adequate care. It is generally felt that family welfare programmes usually neglect the male

adults in the family. But if such programmes are to be effective this apparent over-sight must soon be corrected.

What the IPPF Africa Regional Conference on Family Welfare and Development suggested as the activities of a family welfare programme, with a small addition, may serve: as a model. These activities are:  

1- preparation for parenthood;  
2- antenatal care; supervised delivery; postnatal care;  
3- endurance of adequate child nurture, growth and healthy development through immunization, nutrition and immediate primary health care;  
4- family spacing information and services;  
5- marital counselling - adoption services;  
6- sexuality education;  
7- assurance of education and socialization of the children;  
8- treatment of infertility and sub-fertility;  
9- Vocational and continuing education to ensure the employment of family members to enable them to contribute to national development and the betterment of their own lives.

How best can these programmes be planned, programmed and administered? For effective delivery of family welfare programmes three areas assume increasing relevance.

1- Effective planning vis-a-vis the allocation and optimum utilization of available resources;  
2- the development of adequate administrative and managerial competence both at central and local level;  
3- the training and allocation of competent manpower.  

Let us take each of these three areas separately. Planning can be defined as "a deliberate, rational process that involves the choice of actions that are calculated to achieve specified objectives at some future times." Thus planning becomes

essential in order to pinpoint the goals or objectives of family welfare and to project the end results to the expected. Planning also enables one to develop base lines to be used as tools in evaluating the effectiveness of family welfare programmes. However, once the objectives and the means of achieving these objectives are determined the planning of family welfare programmes should be integrated with the overall national development plans. The integration should begin at policy level.

The Integration at the policy level will definitely assure the acceptance of family welfare as an integral component of the social welfare system which is part and parcel of the overall development programme. This kind of integration will best be achieved if the political leadership could be educated as to the value and contribution of family welfare to the overall integrated development of a nation. This kind of education must, in fact, be a priority area in order to have family welfare as a sector woven into the national plan.

It is to be assumed that the integrated development plan will specifically indicate not only the resources available but also the ways and means for their maximum utilization.

The development of adequate administrative and managerial competence must be the prerequisite for good planning in order to maximize available resources. A well organized administrative apparatus is essential at the central, district and local levels. At the same time there must be adequate decentralization all the way down the hierarchy so that people at all levels, can carry out their day-to-day activities without being stifled by bureaucratic procedures that can be done away with. Bureaucratic procedures that are usually instituted for the sake of control should be replaced by a system of evaluation and follow-up of programme objectives that should be built into the system of administration and management. All these must be clearly reflected in the integrated plan.

Family Welfare is an interdisciplinary programme. Its educational aspect such as family life education, family planning education, population education etc. require education expertise for proper and adequate delivery. Such programmes as responsible parenthood need information and motivational know-how for effective dissemination while the delivery of clinical services and health education are the domain of health educators. On the other hand the delivery of non-clinical contraceptives and services such as interviewing,
counselling and referral are the responsibilities of other professionals such as social workers. All these are indicative of the need for a strong inter-agency or interministerial network of coordination for effectively monitoring a well-integrated programme of family welfare as part of an expanded programme of social welfare.

Another point that has to be clearly stated in the plan is the personnel requirements at all levels both in terms of quality and quantity. At the central level there is a need for policy makers and administrators. These people need to be well acquainted with the objectives and value of family welfare as a programme. Care must be taken that people at these level are not the type that tend to believe social welfare only as a programme. At this level there is a need for committed policy makers and administrators that understand the value and the contribution of women to development and that family welfare programmes are indespensible to enable women to fully participate in all aspects of the development programme.

At the district level there is a need for supervisors that would guide and evaluate the professionals and para-professionals that would actually deliver the services at the local or sub-district level. It is essential to clearly state how many of each category is required when and where. How are they to be acquired? Are they to be trained or is there a possibility of drawing them from the existing pool of trained personnel? How certain is the latter option? If this option is not feasible how fast can they be trained? Do the facilities exist or do they have to be developed from a scratch? All these and similar other questions need to be raised and answered adequately and planned for in an unequivocal manner.

What makes planning usable and effective is the appropriate use of data. Data not for the sake of figures but data to give meaning to what is wanted to be achieved. This has been aptly put by Alfred J. Kahn.

"Planning without investigation of relevant realities, relevant social facts, is utopian thinking or travelling blind. Planning that assembles volumes of data without imposing criteria of relevance and priority in the appraisal is useless Vitalization."

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Adequate data in the initial plan makes the task of programme development much more easier. Planning that is restricted to policy analysis is incomplete or may be referred to as academic planning. It is concerned only with analysis and the identification of values, choices and consequences. It may also develop theoretical frameworks for eventual evaluation. But for actual implementation all of the above must be operationalized. In short a programme of implementation must be drawn out.

Programming involves the preparation of detailed outline for the interpretation and implementation of broad policy guidelines to achieve stated goals. In essence it means the development of logistics that would enable us to achieve the maximum of effectiveness and efficiency in delivering the service.

This is well summarised by Perlman and Gurin.

"... programming involves the mobilization of resources and their delivery to where they are needed. The following are the major elements to be considered:

1- Content of the job - what are the specifics that need to be done - what kinds of activities, programs, services; in what sequence and what quantities; and through what physical arrangements

2- Resources - what is required to do the various pieces of work - capital facilities, manpower of what qualifications and funds; where those resources are now located, who controls them, how they can be mobilized.

3- Feasibility - availability or nonavailability of resources, creation of new resources, and the like; existence of acceptance or resistance; strategies for achieving necessary changes (conflict, negotiation, bargaining, and so on)".

The basic task of rearranging functions and resources in the process or programme development raises a number of questions. Among the basic questions one concerns as to whether to redistribute resources or responsibilities among existing agencies or whether to create a new agency to carry

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out the new mandate. In effect this means should the delivery of family planning as part of family welfare programme be assigned to existing agencies or departments or should a new agency be created? This will very much depend on the capacity and commitment of existing organizations to take up this added responsibility. Since the main objective is to utilize existing social welfare systems to inform, educate and motivate the community, the delivery of family welfare should be as much as possible, integrated with other services for families and youth. The type of agency and organizational set up will vary from country to country. But definitely an added responsibility should reflect additional financial and manpower resources.

The second question is at what level of organization should the new responsibility be lodged? The questions of centralization versus decentralization swings back and forth and partially accounts for the periodic re-organization one witnesses in the human services field. It is often heard that the implementation of new policies may be more effectively carried out if control is transferred to local units. But there is a counter argument. Local organizations are often accused of taking new resources and using them for long-stand needs of their own, in which case the new policy will have been vitiated. On the other hand a tight centralization can stifle the kind of initiative and growth that a new programme requires. The way out may be to leave the programme to local units with a good supervisory and control mechanisms.

In conclusion it may be necessary to point out that what has been advocated above may not be the only way out. The most important thing is that we ought to have a plan to deliver family welfare. This plan should not be isolated from the overall plan of a country. This is essential not only for maximizing the delivery of services but also for the effectiveness of the programme. If programmes for the welfare of families are offered in a more centralized fashion, that is, related services for the family offered through one agency rather than scattered among various agencies, not only can we make savings on resources but we can also deliver a much more coherent and effective service. Therefore, the important factor is that we accept the value of integrated planning and that we resort to the latest developments in the methods of planning, programming and administration and adopt whatever seems to be more feasible to the local conditions.
PART THREE: Family Welfare and Development
THE DEVELOPMENTAL ROLE OF SOCIAL WORK EDUCATION: STRATEGIES FOR FAMILY WELFARE

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"Humanism... places man at the centre of concern in all its consideration. But it should be noted that in Zambia man is always placed in a family context. Self-reliance as expressed in Humanism, is, in fact, the family caring for itself. This means that the family must be a central concern in development... It seems very evident that welfare must be seen in a family context. This kind of emphasis on the family is possible - and in fact, necessary in Zambia - because the traditional social pattern is very much operative".¹

These words were uttered by Dr. Mutumba Bull at a sub-regional seminar of International Association of Schools of Social Work held in Nairobi in 1977 and on the theme: "Family Welfare as a Developmental Strategy". Dr. Bull was echoing a sentiment and goal that has been the subject of several African seminars and conferences during the last two decades. It is the concern that to be meaningful and effective, social welfare must be congruous with the way of life of the people it supports to serve. It must be part of the local social system. In this way, social welfare can contribute of real development.

The historical background to the development of social work and social welfare services on the African continent is too well known to participants of this seminar to warrant repetition in this paper. However, let me reiterate what has been repeatedly stated: that social work came to all African countries in the form of technical aid from industrialised

metropolitan countries of the West. The social welfare services provided were carbon copies of what existed in the Mother Countries. Since these countries were at the time providing mostly remedial services aimed mainly at rescuing victims of industrialisation and urbanisation, Africa also copied the services, although they were obviously a misfit. Africa has now rejected this approach to social welfare. Hence the call for a change from remedial to developmental social services; a change from caring for victims to an emphasis on the development of total communities.

It was in this context that IASSW Sub-regional Seminar in Nairobi unanimously voted for the integrated approach to social welfare and a “Supermarket” type of social service delivery system. This is a group approach to serving mankind and the family is known to be most basic human group. At the Third Conference of the Association for Social Work in Africa held in Addis Ababa in April, 1976, Maxine Ankrath put the responsibility for family welfare squarely on the shoulders of the social work profession when she observed that:

"Social work, still the dominant profession in the family welfare field, is in a position to contribute substantially to reinforcing the trends of governments, international bodies, and institutions advocating for social development toward giving greater prominence to family welfare as a major component in national development" (emphasis added)

It now remains for the social work practitioners in the African region to actualise what has come out in the general sentiment and concrete proposals for ensuring that family welfare is given its rightful place within national development. It is my considered opinion that for social welfare to have continuing meaning in Africa, it must be equated to family welfare; otherwise it will continue to be viewed as a foreign technology to be put to use only when seen as expedient by its users. Social welfare, seen in its developmental perspective, is much more than this.

A perennial problem that has almost made it impossible for the African region to implement its goals of developmental social welfare is the paucity of relevantly qualified manpower. Africa is not short of “qualified” social workers. The majority

of “qualified” African social workers have trained abroad while others are products of African training institutions which depend on borrowed foreign curricular and teaching materials. As has been voiced at various social work seminars and conferences, these social workers always find themselves ill-equipped to tackle African social development. Their borrowed tools are unsuited to the demands of African needs and problems. It is the existence of this problem that has given credibility to the existence of the Association for Social Work Education in Africa, whose main goal is to see that Africa produces its own “relevantly qualified” social workers within Africa and using, as far as is possible, African resources including social work educators and teaching materials.

The 1977 I.A.S.S.W. Sub-regional Seminar held in Nairobi, and already referred to above, devoted a considerable amount of debate on the question of preparing personnel for social work practice in Africa. In summing up that Seminar I noted that one of the main prescriptions that came out of that Seminar was the production of a new type of African social worker. The type of social worker whose knowledge and skills would be rooted in the African situation. In her Keynote address at the same seminar, Dr. Bull made the following observation:

“This significant orientation toward a broad range of development efforts and services calls, therefore, for redefinition and rearrangement of social work training in the requisite areas of knowledge, techniques, and skills in order that the profession may cope more effectively with this new and most welcome emphasis”.

As early as 1965, a seminar for social work educators held in Alexandria, Egypt, concluded that “Social work, in the face of rapid social change in Africa, must so train its practitioners and re-examine the application of professional concepts that it will anticipate change rather than be overtaken by change...” In order to achieve this goal, the seminar recommended the following among other things:

“Social work education in Africa consequently has to eschew the easy path of imparting techniques, largely derived from a foreign environment and applied to a relatively narrow field of work. It has to be rooted in the regional and country situation”.

The English are correct in stating that “it is easier said than done”. During the past thirteen years, African Social Work Educators have visited regularly once or twice a year and have debated the issue of Africanising Social Work Education. The Association for Social Work Education in Africa has been instrumental in this thrust. A consensus was reached at the inception of these meetings. The problem has been in moving towards DOING what we spoke about for so long. Evidently this has been a difficult task for which many of us were unprepared. This problem is not unique to Africa alone, as can be seen from the comments of Mr. P.D. Kulkarni at the XVIIth International Congress of Schools of Social Work held in Nairobi, Kenya in July, 1974 when he said: “If the task of comprehending the developmental orientation of social welfare is difficult, that of translating it into curricula terms for social work education is more so”.

As I reported in a paper to the Third ASWEA Workshop held in Addis Ababa in April, 1977, a number of schools of Social Work and Community Development training centres have embarked on a number of innovations relating to their training programmes. Quoting cases from Egypt, Ethiopia, Malagas, Mauritius, Uganda and Zambia, I showed that both the curriculum content and field work instruction had been redesigned in such a way that they contributed and conformed to the integrated approach to social work education with an emphasis on developing relevant and adequate knowledge of the communities to be served. With specific reference to field work and quoting the Zambian example, it was pointed out that “…more than four months of living, learning and working with client communities produce the kind of knowledge, skills and attitudes that are likely to be most suited for dealing with the ever-changing needs in our communities”.

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6. Ibid.
In the innovations referred to above, it was my intention to show that students in Schools of Social Work and Community Development Training Centres are the primary beneficiaries from such innovations. In the present paper, I wish to submit that the currently followed developmental and integrated approach to social work education has a direct impact on our communities and as such contributes to goals of national development. In building this case, I will use a number of examples from the many aspects of social work education in Africa.

1. Curriculum Content. As has already been shown in the first part of this paper, Africa has voted for a new type of social worker - the type that is both the product of his own environment and is relevantly trained to serve such a community. According to the ASWEA Document 7, a number of Schools of Social Work and training centres in Egypt, Ethiopia, Malagasy, Togo and Zambia have redesigned their curricula in such a way as to emphasise the development of adequate knowledge about communities in which they are located and in which the students will work upon graduation. The inherent goal is not only in production of highly knowledgeable social workers; rather it is the production of workers that will render an effective service to their communities.

It can therefore be concluded that a service is rendered to local communities through the development and use of particular type of curricula content. The importance of training as a means of raising the quality of service as well argued in the 1975-76 report of the Ministry of Social Affairs, Arab Republic of Egypt which states in part:

“If education is considered the best way to qualify man to perform his role in the production process, training is the ideal method to raise the performance standard if of all citizens through increasing their know-how and information, acquainting them with advanced skills and developed expertise, disseminating modern means and methods, and deepening concepts and values in compliance with the requirements of the (Egyptian) society”.

2. Field Work. In addition to helping students experience the reality of social work practice while they are in training, field work gives the students an opportunity to render real service to their clientele. As differentiated from laboratory

work in the physical and natural sciences, field work in social work education entails working with \textit{REAL} people in relation to their \textit{REAL} needs, aspirations and problems. Field work practice is therefore another way in which schools of social work have rendered service to the communities in which they are located. Apart from doing the real work, students on field work placements also assist in programme development, programme change and also act as links between schools of social work and existing social services in the field.

3. \textbf{Consultation.} Another way in which schools of social work render service to their communities is through provision of consultative services to social agencies. There are many examples of social work educators being invited to assist with programme planning or policy formulation in social agencies. The beneficiaries of this service are not only the social work agencies, but, more so, the clientelle served by such agencies.

4. \textbf{Public Service by Social Work Educators.} Since social work educators are first and foremost social workers, they render direct service to communities through joining voluntary organisations and other community institutions. Although they may do this in their individual capacities, the credit must be shared by the schools that employ them and which in most cases encourage such participation in community life. With good recruitment and appropriate orientation, the school of social work can render an effective service and contribute to community well-being.

These then are the ways in which social work education may directly benefit individuals and groups within a community and in the long run contribute to national development. Since social work in Africa has chosen to focus on the family Schools of Social Work have also changed their focus in training. The innovative approaches developed in training programmes do not only benefit the students, but also the communities in which the students do their field work and practice after graduation. In this way, schools of social work can be said to be playing a very vital developmental role in the countries of their location by contributing to social welfare activities that have family welfare as their main concern.
THE MARXIST VIEW ON THE POPULATION QUESTION

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Competing Views on the Population Question

The Marxist view on the population question differs from the non-Marxist view in terms of emphasis. By this is meant that although the Marxist view is very critical of the traditional emphasis on the control of the population it is itself not opposed to population control as such. It is opposed to its conservation character. The latter is reflected in this quotation by Dudley Kirk, a strong advocate of population control: "Given the favourable attitudes found in surveys family planning may be easier to implement than major advances in education or economy which require large structural and institutional change in the society as a whole."1 "The practical political implication of such a view is that, by and large, overpopulation control measures become a substitute for the structural and institutional change in the society which the protagonists of family planning themselves acknowledge to be imperative for social and economic progress. And as Manhood Mamdani has aptly pointed out "Optimism concerning the possibility of population control without a fundamental change in the underlying social reality is in fact a weapon of the political conservative".2

However, although the difference between the two views is a matter of emphasis it is fundamental in character with scientific and methodological implications, in addition to the political one. For example, the logical scientific and methodological of the conservative political undertone of over-

2. Ibid., 18.
population policies as a substitute for fundamental, even revolutionary, social change is a conception of the population from the other aspects of social relations. Of course, there is the usual but never fulfilled intention to integrate the problem later into the totality of the social situation.

This is quite well illustrated by the attitude of the over-population theorists to the empirical facts concerning the population problem. Quite apart from the fetish of empiricism which characterized traditional population studies there is the tendency to view empirical facts in complete isolation from the other social phenomena, thereby obscuring their origins in social existence. When an empirical fact is thus stripped of its relation to social reality it becomes more an object for psychological rather than social analysis. Explanation is sought in the motivation of isolated individuals, independent of the individual's social existence. Consequently, an excessive emphasis is placed on obtaining the opinion of the individuals and gathering certain objective data such as birth rate, death rate, population distributed by age and per capita income. Conversely, the analysis of the opinions and data themselves within their social context is ignored. In this methodological frame of mind it is easy to accept the dissemination of contraceptive devices and the education of individuals about the importance of using them as crucial to an adequate population policy, rather than to seek to alter the social circumstances of the individuals and thus to change the social basis of individual behaviour.

Clearly, therefore, the methodology of population studies tends to determine the conception of the population problematic and the results that flow from analysis. Herein lies the major and fundamental difference between the Marxist and non-Marxist views on the question. The Marxist method emphasizes the social orgin of motivations, their concrete character and their roots in the social structure. Under the circumstances a solution to the population problematic must come to grips first and foremost with the character of the social reality of the population concerned. Consequently, an adequate solution to the population question must emphasize the salutary transformation of the social structure and with it the social reality and social existence.

Unfortunately, most of those concerned with the population question in Africa today have been those trained in and equipped with the non-Marxist methodology which has constrained them against approaching the question from the broader and
more scientific point of view of the relevant social structure. All discussion is limited within the prevailing social structure which itself may be the major obstacle to the solution of the population question.

The compatibility of Social and Economic Policies

If the central aim of a population policy is to improve the quality of the population then the underlying assumption that this quality can only be improved through ensuring a rate of increase in population commensurate with the rate of growth of the economy (population control or family planning) has no validity in empirical fact, and is untenable logically. Empirically this assumption, which mechanically equates the quality of the population with per capita income, is clearly embarrassed by the experience of the socialist countries. The labour enthusiasm, the upsurge in the people's creative powers which marked the early and subsequent stages of the Soviet Union's socioeconomic development are largely due to the considerable improvement in the conditions of the work-ink people which did not stop even during the economically disastrous periods of national economic reconstruction. They were a direct consequence of (a) the fairness of the system of distribution according to work done and (b) the enormous increases in the funds of the development of the social forms of personal consumption such as state social insurance, free medical services, pensions, free education at all levels, the extensive and free system of mother and child welfare and full employment. All these were done under economic conditions in which given a capitalist form of society they would not have been deemed feasible.

This progressive social policy was possible because the Soviet regime was not constrained by the sterile argument of non-Marxists that social progress runs counter to economic progress because an attempt to divert funds from the rich to these social services for the majority will reduce the potential accumulation fund. The experience of all the socialist countries explodes this myth. In fact, the bulk of the incomes of the propertied classes in the developing countries especially of the trading, usurious, finance and banking bourgeoisie, landowners, feudal and semifideal elements is utilized for non-productive consumption, enabling the numerically large privileged upper classes to live in luxury at the level of ultra modern Western standards. It is the pattern of life what sharply reduces the potential accumulation fund and also
creates a home market that is extremely unfavorable for eco-
monic growth.

As a result of the limited home market and the protect-
ed foreign market a considerable part of the money resources
finds no productive application and is therefore employed for
land and other speculation or is removed from circulation
and hoarded. This is one of the deepest and most persistent
contradictions in the capitalist way of development. Accumu-
lation constantly comes into conflict with consumption (the
mass market) which ultimately is the decisive condition for
the productive use of accumulated capital.

Also, a progressive social policy is possible provided
that the living standard of all segments of the population and
the real wages of the working people do not as a rule in-
crease for any considerable time faster than the increase in
production and the productivity of labour. Since the standard
of living is a result of volume of production, its growth rate
and the level and growth rates of labour productivity, it must
not run ahead of the expansion of production but must follow
the latter, keeping a certain distance behind it. Only the ob-
servance of this condition can ensure the harmony between
the economic and social aspects of development which turns
social progress into a motive force for economic growth.

Therefore, improving the condition of the working people
on the one hand and reducing the income of the propertied
classes, especially the exploiting classes, on the other hand
are not an obstacle to economic growth. On the contrary,
they are among the indispensable prerequisites for stable
economic growth in the developing countries. Progres-
sive legislation in this sphere, which ensures the maximum re-
moval of non-productive incomes for the purpose of national
development and shifting the burden of this development on
to the propertied wealthy classes, is in line with the principles
of justice and as such does not represent the expropriation
of property in productive capital. Since the national effort
for radically transforming the society and mobilizing national
resources against underdevelopment entail immense sacrifices,
the pattern of distributing these sacrifices becomes crucial.
The granting of more and more privileges to those nearer the
economic, political and military seats of power creates a very
destabilizing potential for the national leadership; and is like-
ly to immobilize the human resources of the vast majority
of the population. The only meaningful alternative is an egal-
tarian-democratic policy which is capable of mobilizing the
popular energies at an increasingly high level of social consciousness.

Thus the experience of the Soviet Union and the other socialist countries demonstrates that the progressive reorganisation of the social, cultural, and vocational standard of the working people is among the principal prerequisites for economic growth. In fact, the Marxist approach to underdevelopment does not make mere arithmetic comparisons of per capita national income. The latter is important but not decisive evidence of the development of a given society. As early as 1857 Karl Marx spoke out against such simplified notions of progress, and that is why he and Engels never reduced the problem of the backwardness of the East to a mere comparison of the East and West, in the share of material production. For them the stagnation of the social pattern is the chief indicator of backwardness. Therefore, to eliminate backwardness a people should improve the social conditions of its population instead of limiting the latter, the equation is not between over-population and economic growth but between a stagnating social pattern and economic growth.

There are several ways open to the poor countries to improve the social condition of their working population. They include radical land reforms which releases the tiller of the soil from the oppression of the big land owners and merchant as well as usurious capital, the establishment and strengthening of a network of cooperatives capable of defending the interests of the ordinary producer from market anarchy and rapacious exploitation by traders, money lenders and the monopolies, the implementation of progressive labour legislation, improvement of the systems of education, health services and social security, and effective measures for increasing employment. In other words the vital problems of the broad sections of the working people can only be solved through radical socio-economic changes up to and including social revolution and the ousting of the exploiting classes from power.

An emphasis on social progress and the social aspect of development demands that special attention be paid to the socio-economic factors that hold back major improvements in the people's welfare. This is why non-Marxists often ignore the social variables of development. The need for social pro-

gress is a weighty argument in favour of the non-capitalist path. Capitalism by its very nature and as demonstrated by its entire history is organically incapable of ensuring an optimal, or even minimal, compatibility between the economic and social aims of development in the interest of the majority of the population. Hence the emphasis on programme to reduce the majority instead. In the interest of economic growth social welfare services for the majority are postponed to the long-run which never comes.

The Social Nature of the Population Question

Logically, the non-Marxist assumption that population control is the only short-run way of improving the quality of life of the population is untenable because the population question is a social and not a biological phenomenon. Its solution can, therefore, only be found through social rather than such biological measures as the control of fertility and the birth rate. It is important to underline this social character of the population question. This is to say that the question of population size and its implications are not concerned with the biological reproductive aspects of man's existence, or merely the mechanical relationship between man and his biological and physical environment, notably the often reiterated relationship between man and the resources available in his environment. The population question is all these and more. It is essentially characterized by the tripartite relationship between man, other men and the biological and physical environments so characteristic of social phenomena.

The overpopulation theorists have focused only on the biological aspect of its relationship concentrating on man in isolation, ignoring his relations with other men and, at best merely pointing out that a relationship exists between man and his biological and physical environment. This is why these theorists, while recognizing that the population question concerns the ability of the environment to provide the resources needed for the operation and development of the community as a social, cultural and economic system, nevertheless confine their analysis to such biological issues as the birth rate, death rate, the dissemination of contraceptives, the limitation of the number of children, the spacing of children, helping childless parents to bear children, and the improvement of the health of mothers and their children. Only marginally are they concerned with non-biological problems and even then these
are confined to such issues as the restriction of immigration, the ejection of immigrants, and rural-urban migration.

Most consistently and conspicuously ignored are those aspects of the population question concerning man's relationship with his fellow men. Consequently, overpopulation theorists do not concern themselves with the fact that agrarian relations are archaic, the peasantry is deprived of the land and has no economic stimulus to raise productivity on land, labour in general is of low productivity, a regime may be very oppressive, and that it is the poorest section of the population especially in the countryside that often treat with great distrust and apprehension any suggestion to break up a system of social relations which for centuries has maintained their existence though as a rule at the lowest physical boundary. In order to change traditional ways the new system must in the very next day offer a better solution to the very concrete problems of the lower working strata because any failures will affect very painfully the most impoverished elements of the traditional structure who have no stock of food and other material goods to take care of the transition period until the socio-economic changes begin to bear fruit.

More important still is the tendency of the over-population theorists to concentrate on abstract quantitative indicators to the neglect of the class content. For example, it is assumed that if the rate of increase in population is brought below the rate of increase of the per capital income the quality of life of the population will improve. But is this really true? This question can not be adequately answered without considering the class character of the society, particularly the pattern of distribution in the society. Mao-Tse Tung underlined the critical importance of the class content of social services and social policy which lie obscured by official figures and statistics when in 1965 he vecieerously attacked the Chinese Ministry of Health calling it the “Ministry of Health of the City-Dewiller”. He argued that the protection of health “becomes jibberish if it leaves 350 million peasants aside.” He pointed out that of the 500 million peasants, 350 million had no direct means of benefiting from the nation's medical services.

As a result of this kind of class analysis Mao was able to order that medical and health work be moved out of the

cities and centred in the rural-areas. This decision was a revolutionary population policy of immense importance. It led to (a) a revolutionary transformation of the medical profession (b) a medical mass movement which gave birth among doctors as well as among soldiers and workers to the advocacy of a new health system for all (c) a decentralized health structure which involves the training of thousands of barefoot doctors, the creation of thousands of rural medical centers, health centers, and small hospitals, and the requirement that medical specialists in the cities make rounds in the rural areas (d) the exaltation of the traditional method of treatment, such as acupuncture and herbal medicine, which are followed and administered by millions of men, not just graduate doctors but also barefoot doctors and soldiers.⁵

Marxism, Labour and the Population Question

In order to fully comprehend the Marxist view on the population question it is necessary to keep in close view this social character of the phenomenon as well as its class content. Also, it is important to clearly define the objective of population policy. Earlier, we had indicated that this goal is the improvement of the quality of life of the population. Unfortunately, the overpopulation theorists have not clearly defined what they mean by the improvement of the quality of life of the population. All they suggest is that this improvement will occur if the rate of growth of per capita income keeps ahead of the rate of growth of population. But this is not enough. It leaves no clues as to the operational indicators of a good population policy. This methodological deficiency accounts in part for the theoretical confusion and ambiguities which have characterized family planning studies and practice.

The Marxist approach to the population question on the other hand has a clear definition of what constitutes a qualitative improvement of the population. And it is on the basis of this that a population policy can be formulated and assessed. Central to this definition is the Marxist conception of the place and role of labour in social life. Man extends and reproduces himself socially through labour. He improves himself economically, socially and culturally through the cooperative use of his labour with others in the transformation of his immediate physical and human environment.

Therefore, man improves himself qualitatively in a social sense when his labour conditions improve. Such an improvement varies directly with the elimination of all human and non-human impediments to the creative application of human labour. These impediments arise either from the hostility of the physical and biological environments or from the hostility of the inter-human environment, the existing pattern of social economic and cultural relations. Both exert their impact through their consequences for the alienation of labour. When labour is alienated it loses its self-liberating and self-extending qualities.

In general there are two aspects to the alienation of labour. The one is psychological, the other material. At the psychological level labour has a liberating role because of the hurrah effect arising from the creative and disciplined realization of the mental picture of the end product of labour. At the material level adequate compensation for the creative efforts of labour provides a good measure of satisfaction and makes it possible for man to improve his labour power. Psychologically, therefore, labour alienation arises when the worker, in his place of work, is divorced from continuous contact with the mental picture of the end product of production at all stages in the production process. This arises essentially as a result of the increasing division of labour in the production process arising from growth in production. It dampens the creativity of human labour and, therefore, adversely affects the quality of the human population.

A good population policy must, therefore, find a way of ameliorating, if not totally eliminating, this kind of alienation of labour. In socialist societies such a population policy attempts to actively involve the worker in the organisation of the production process, at the same time as he is the executor of one or more production function in conjunction with others, uses the means of production and dispose of the products of labour again with others, is responsible for the work of the production collective and ultimately of the entire national economy. All these enable him to maintain mental contact with all aspects of the production process up to and including the end products and its distribution. This democratic participation at the production level which is made possible by the elevation of workers to the status of proprietors and the feeling by the workers that they are co-proprietors of the socialist economy stimulate them to great creativity and awaken their latent energy and desire to work to the ut-
most of their ability, increase productivity of labour, optimally exploit material resources and working time, and improve the production process.

Moreover, the worker, conscious of himself as proprietor strives not only to improve his own labour input, he is also deeply concerned that his comrades work well. He actively combats all manifestations of negligence, inefficiency and violations of concerned discipline by those who do not yet have the necessary sense of responsibility. As a true proprietor the worker, along with other workers, carries out a search for unexploited ways to raise productivity to improve the result of common labour. In other words he takes part in the management of production.

This situation contrasts sharply with in that manner with the enterprises. Here the zeal stems from the desire not to lose his job, to earn more, from fear of punishment by management. In other words there are here no motives of a higher order expressing the awareness of social interest. And as many studies by Western sociologists have shown, given the monopoly control of industry, the hired worker's personal initiative runs up against the bureaucratic organisation of labour in which goals, forms and methods of activity are categorically and rigidly prescribed. The worker loses all sense of initiative and creativiy because his work activities are in no way connected in any clear and meaningful manner with the general results of production. Work is for him only a source of wages not the extension of his social self, the meaning of social life.

In socialist countries working people's active participation in the managing of the economy is implemented through a variety of organisations. In the Soviet Union these include everyday activities of the communist Party, trade union, Komsomol (Youth) organisations, through scientific and technical societies, through organs of national control, autonomous units such as public bureaus, teams of the scientific organisation of labour? (SOL), standing production conferences (SPC), worker meetings, and social inspection. The SPC are the most representative collective organs at enterprises and construction projects in the Soviet Union. Analyses of the issues which they deal with shows that they make decisions on a wide range of production and economic matters.6

In China the SPC is one of the major organs of red power. It is elected by all the workers and is in charge of the daily problems of the factory including the administrative and social problems. It works with the revolutionary committee which actually operates the factory. This committee is composed of revolutionary mass organisations and soldiers. Job rotation within and between enterprises also takes place.

Materially, labour alienation arises when the worker is denied an adequate material compensation for his contribution to the end product of production. It also results from the inability of the worker to contribute his maximum to production due to poor health, ignorance and in general the hostility of the environment which then have the effect of reducing his material reward from production based on the productivity of labour. Most of the problems in this sphere arise from the private ownership of the means of production and the consequent disproportion in the distribution of surplus values in favour of the owners of these means of production. The resultant exploitation of the working population causes funds which could be used in providing social, health and other welfare services in the broad public interest to be the luxury consumption of the privileged minority property class. The exploited worker becomes alienated.

The system of material stimuli plays an important role in the improvement of the quality of a population. It determines the extent to which the individual is personally interested in attaining maximum economic efficiency. The distribution of material benefits makes the individual’s level of material well being directly dependent not only on his own labour but also on the labour of the entire collective. If this sort of link is correctly established, the worker will more actively concern himself with improving production than otherwise. For this, it is necessary that the worker’s increased wellbeing be connected with the growing profitability of this enterprise and its sub-divisions.

Thus, adequate population policy must address itself to the reorganisation of the system of material incentive in favour of the broad majority of the working population in order to abolish the material alienation of labour. In socialist countries this is done in major part by the abolition of the private ownership of the means of production and with

it the abolition of exploitation inherent in the capitalist system of production. In addition, a larger part of the national surplus is devoted to socially useful consumption such as full employment, health, education, social insurance, pensions, child and mother care, and the enjoyment of leisure which are provided free or at minimal costs and which help the worker to improve creative labour. Thus, for example, the socialist revolution in Russia made it possible for the broad masses of the country to obtain free education and to gain access to the riches of human culture. All types of education are free and aggressively pursued by the state. From its inception Soviet power started a campaign to eliminate illiteracy. This did not consist solely of extending primary and later secondary education to all children. The Soviet Union was the first country to provide education for millions of adults without their having to give up their jobs.

Also the Soviet state has established an incentive for those who combine work and study. It provides stipends for an absolute majority of these students. Consequently, in 1972 there were 10.7 thousand evening schools for the urban and rural youth attended by 4 million people who obtained complete secondary education without having to interrupt their work. In addition, there is a vast network of academic institutions which train and retrain workers. In 1972 there were 5,476 secondary technical schools training skilled personnel for all branches of the national economy.

Of these 3,698 located in the cities train workers primarily for industry. They enroll 15-16 year olds who have completed eight grades in a general school. They acquire specialized technical knowledge and learn a trade. At present these schools graduate over 1.7 million workers for industry, construction, transportation and agriculture. Between 1941 and 1971 more than 25 million skilled workers were graduated. And the growing need for the worker to have a general education has resulted in a new type of school which in three years provides the worker with a profession and a complete secondary education. In 1972 there were 926 such schools with an enrolment of 319 thousand.

9. Ibid., pp. 52-53
10. Ibid., p. 53.
The Implications For Social Welfare Work In Africa

The implications of the above discussion for social work in Africa are clear. First and foremost is that the goal of the social work must be conceived broadly as the improvement of the quality of the population, at least its vast majority, the workers and peasants who are quagmired in poverty, ignorance and disease. Second is that this improvement in the quality of life, as far as family planning and social welfare are concerned, is primarily a social phenomenon and must, therefore, be approached from a social rather than a biological perspective if an adequate solution is to be found. Of course social phenomena have some biological components. Therefore, such biological concerns, in the area of population, about the birth rate, fertility and death rate are relevant to the population question. But they are only marginally relevant because a social phenomenon is dominated by interhuman relations which are only marginally affected by biological factors.

Furthermore, the social phenomenon associated with improving the quality of life is very closely related to the capacity of man to liberate himself from all forces which tend to constrain his social self-reproduction, self-extension and the maximum release of his creative energy. Such forces act essentially through the alienation of his labour. This labour alienation in turn has a psychological as well as a material dimension. It is, therefore, the task of social welfare work in Africa to identify those factors which cause such alienations and to determine ways and means of eliminating them or at least ameliorating their adverse effects on the African population.

In this regard, alienation at the psychological level in Africa is the result of a complete international, national and factory division of labour which completely and thoroughly alienates the producer from the products of his work. The restricted international division of labour imposed and controlled from outside Africa makes it impossible for Africans to have any meaningful say in why they produce, how it is produced and how what is produced is marketed and the proceeds distributed on a world scale. At the same time it confines the African countries to uncreative and dependent menial tasks incapable of stimulating any significant growth in the creative energies of the African population. Similarly, the vast majority of the African people who live in the rural areas are alienated by the division of labour within their respective
countries which relegates them to peripheral, dependent and non-creative tasks.

More important still is the division of labour at the place of work. The immediacy and direct relevance of the activities in this sphere to the life of the worker is unmistakable. Activities at the work place are the most perceptible to him, explaining his greater desire to participate in shaping their nature and dynamic. The capitalist organisation of the work situation causes the worker to be totally divorced from the production process and to be only mechanically and mundanely related to its end products. Under such conditions labour ceases to be an instrument of self-liberation, social self-extension and self-reproduction. It becomes instead a monstrosity which degrades man’s humanity. The quality of the population diminishes.

The task of social welfare work in this respect, therefore, is to find ways and means of retrieving the humanity of the worker from the fetters imposed on it by this complex network of divisions of labour. It must suggest ways and means of ending the present unsalutary international division of labour, and replacing the unhealthy capitalist production relations, norms and system of work organisation with more humane and less alienating ones. In other words social welfare work in Africa must be part and parcel of a general anti-imperialist struggle on the continent.

At the material level, the emphasis of social work in Africa must be shifted to restructuring the reward systems in the various African countries. This would involve a restructuring of property relations and the accompanying pattern of appropriation of the surplus from production in favour of the broad masses of the working people. These activities should be supplemented by an active advocacy of broad social welfare measures. such as free primary, secondary and higher education, free and easily available medical services, a highly beneficial social security system, the implementation of progressive labour legislations allowing the working people adequate leisure and the means to enjoy it, gratuitions pension schemes, and of course a guarantee of employment until retirement age. Again, all these can only be effectively done within the context of the anti-imperialist campaigns.

However, if social work decides to limit itself to working within the existing system, or in the interim before the establishment of the new and more humane socio-economic order,
the task of the social welfare workers must be to change the relevant social situations in a way permitted by the rules of the system. For example, emphasis may be placed on ensuring that the population is able to maximize whatever positive benefits that accrue from the existing systems of health, education, pension, social security and other social services which may be lost because of the apathy, ignorance or poverty of the masses of the people. Thus whether by revolution or reform social welfare work in Africa must chart a new and progressive course.
A CRITICAL APPROACH TO WELFARE PLANNING
IN THE AFRICA REGION WITH PARTICULAR
REFERENCE TO COUNTRY HEALTH PROGRAMME

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In any attempt of systematic criticism of Health and
Family Welfare Planning experience in the World Health
Organization “AFRICA REGION” one must keep in mind
that Health Planning exercises started only in 1965.

Given the financial resources scarcity and the availability
of small quantities in high level human resources, the WHO
Regional Office for Africa helped initiating planning for four
of its country members - namely Liberia, Mali, Niger and
Sierra-Leone.

As it is well known the Regional Office for Africa is the
matrix of the country health preoccupations. Its studies,
meetings, orientations reflect the position of Health problems
in the Africa Region. The Regional Director likes often to
say that the Regional Office is not only at the disposal of
the African States, but it is their Office. This is an extremely
important statement, in a context of self-reliant Health stra-
tegies, gives very great emphasis to the notion of responsibility
in running our own affairs.

Therefore, we shall criticize the African planning experience
through AFRO-PAPERS and will question the latest experience
in Health planning methodology and content (Country Health
Planning) in the light of a self-sufficient Health strategy for
African countries.

The notion of self-reliant strategy underlines the thought
of the Regional Director, Professor Comlan A.A. Quenum
during almost twelve years and gives us opportunity to make
a systematic approach of Health Development policies.
At the very beginning of the four mentioned planning experiences it was expected:

1. That they should help in improving the policy tool which is Health Planning;

2. That the accumulation of experiences drawn from those four plans will be of paramount importance for more coherent approaches;

3. It was also expected that, thanks to the evaluation process, which is integral part of planning, methodological weaknesses will be revealed and so further phases of planning substantially improved. Undoubtedly in other countries of the Region, planning will start in better conditions.

It is necessary to remind that planning in the Health and Family Welfare sector is really recent therefore our criticism is in the same constructive lines as WHO - Regional Office, which means that we hope also to arrive at some positive proposals.

The second thing we kept in mind while writing this paper is the secret hope it will help those in-charge of training institutions or involved in field-works to improve their approach of communities. This is the reason why an emphasis is given to the content of curricula and training method. The part dealing with Country Health Programming focuses in teaching methodology and the content of teaching. Its criticism is made in the perspective of transition from neo-colonial Health system to a self-sustaining Health system.

One point of clarification: the artificial separation we make here between content and method is only for the necessity of exposition. In fact it is well known that as well as the hypothesis in the elaboration of any pattern of social change is dependent on the forms of property and the domination structure in the social system, in the same way there is no boundary line between approach method and the strategy of change.

If planning experience is recent in our Region nevertheless the thought guiding this planning has known, during the short period, a very fast evolution... The main reason is that African scholars involved in social change took quickly conscience of the inadequacy of the different development theories and the subsequent weakness of the policy tools. A Health strategy and its options are totally dependent social class structure.
To shape a new profile of pertinent Health system (compatible with the interest of the majority) political struggle is necessary - this is obvious. But this struggle necessitates the elaboration of pertinent theories. So is it understandable we undertake here a brief historical analysis before questioning the Country Health Programming: the latest technical tools developed by the World Health Organization.

I. Development theories: linkage with social planning

1. The theory of dualism:

The roots of this theory is the classical thought. Its concrete application is neo-classical analysis based policies in our countries. There is no room here for a development of classical analysis of the socio-economic structures.

But an aspect - the theory of dualism - of this theory has underlined the Health policy during almost the last thirty-five years in Africa (the best illustration can be already found in the Health Plan for Nigeria - 1945 and the following five-years plan) appears useful to examine the dualism theory.

After the dualism conception the underdeveloped societies are divided into two different sectors, separated and autonomous.

The first sector is the modern Sector characterized by a high level of productivity, high level of living, high level of expectation and motivation. This package of characteristic explain the dynamism of the modern sector. Some social indicators are given to illustrate its superiority and advantages: high rate of alphabetism, high ratio in the medical sector and in social welfare: nutrition, standard of living.

Let us mention for our specific purposes that the ratio given generally Health personnel (general or specific) to population or Health units-population, per capita pharmaceutical consumption, some sophisticated complex index which is a combination of various indicators, morbidity and mortality rates. For family welfare the correct data are family income, consumption of various industrial goods. As can be seen easily such choice of indicators implies an option. For instance the more reduced is the family size, the higher, the welfare indicators. Behind this choice there is the choice for a family planning strategy and a structure of social class relationship.
The second sector is the so-called traditional sector, some call it the backward sector with its characteristics; for trend of economic growth rate if not stagnation, low per capital income and low expectation level.

Opposite to what happens in the modern sector the investments almost inexistent in the traditional sector which explain its main features the simple reproduction.

As far as the social indicators are concerned it is noticeable that the traditional sector has a very high rate of analfabetism, irrational behaviour is common and the Health system inefficient; and so the mortality and morbidity are very high.

This conception of the society leads to specific development policies. The underdevelopment means the existence of an important traditional sector. Therefore development consists in finding ways and means to absorb totally the traditional sector by the introduction of rational pattern of behaviour.

In this line the Health policy in a dualist situation consist to extend the modern health system and gradually do away with the traditional system. There has been, there is still a strong controversy between partisans and opponents to traditional health system. This quarrel reveals the strength of the dualist conception. Some unfortunately among the highest responsible of health policy have no confidence in any traditional medicine and in its possible contribution to the welfare of the African populations.

Unfortunately, because of their total ignorance of social theories and their impreparation to draw lessons from historical experiences their main arguments is always the same: the efficiency of the modern health system bears no comparison with the one of the traditional system. Implicitly they consider those theories out of date which see the development as a linear process.

The best answer to the defenders of the dualist approach of the health sector is to send their back to the conclusions of the Algier Conference (1972) on the "Problem of dualism in the Maghreb", the Afro-Latino-American Conference of Dakar (IDEP-1972) on the "Development Strategy - Comparative analysis on Africa Institut for Economic Development and Planning. The different researches in this Institute and by some African Scholars elsewhere have given the demonstration that the theory of dualism is irrelevant.
For instance in the health sector, the attitude of patients is complex with regard to health care. A man who is sick, has behind him, even in the urban centres, a cultural background which is a complex "system" of traditional and modern elements. There is a close linkage between modern sector and the rural one. There is a relationship between education-poverty and sickness. The poverty in the rural areas is one of the reasons of migration towards the urban centres. The load on the health units and the personnel in the urban centres cannot be separated from the migration or urbanization which has its roots in rural centres. The efficiency of the modern health system is linked to the background of the population, their understanding of causalities, finally to their cosmogony.

The social scientists know well enough how the traditional structures can integrate functionally the advantages of modernism to reinforce itself. The recuperation capacity of the traditional sector is higher than generally admitted.

What is the consequence of the dualist conception for training in the health sector and the methodological approach of the communities?

The pre-eminence in the dualist perception of the society gives automatically priority to modern technical factors. The problem of health is seen in terms of expansion of the health infrastructures, decreasing the ratio Health personnel-population, improving the managerial capacity of health policy makers and field-workers. Briefly the main problem is to organise the Health system after the criteria of the modern health system.

The reference being the western system.

1. Health workers have to be ideologically transformed to accept the superiority of the western system.

2. Technically, their profile has to conform with the technology of the modern system.

By technology, we understand the equipment, technique for utilisation of this equipment, and approach of the patient.

3. In the universities and training institutions the research is directly linked to the modern system Pre-occupation. When social sciences are taught it is in view of increasing the modern sector efficiency. The same pattern constraints analysis for optimization of capital investment. So, the approach of the communities is a functionalist one. The patient is perceived as an individual to be adapted to moderne system. This communi-
ty approach is "egocentric". The observation of facts in the real life shows the persistence of backward social system" and social scientist took conscience that the dualist analysis is weak.

The defenders of dualism have to notice that one can find no African Country corresponding at their model of social system divided into autonomous sector.

But the pre-eminence of the dualist theory explains clearly why social change in general and health policy in particular gave priority to technical factors, why this policy has been characterized by technocratic views. The profile of health manpower and of individuals has to conform with the same profile as in developed areas. This profile, and the biased approach of the population in the health sector find their roots in the ideology of dualism.

In these conditions no research could be undertaken by training institutions in a global perspective - where the African reality is seen as a totality. This global view explains also the failure of health policy based on costly and non pertinent approach.

2. Articulated Social System conception - Implications for Health Training

The persistence of the traditional society and its subsequent "irrational behaviour" of the patients even the urban centres explain why the social theory abandoned the dualist perspective. In the African Region at general level the African Institute for Development and Economic Planning made some fundamental studies on the specific nature of the articulation between modern and traditional sectors in the context of a world economy dominated by imperialism. Actually there is keen interest for simplified Health Technology, in the Framework of Primary Health Care in Africa. This interest has to be interpreted in the light of some fifteen years evolution whose culminating point are the Kampala WHO Regional Committee Meeting (1976). There, the Regional Director for Africa underlined strongly than ever before the necessity of setting up a self-sufficient health system adapted to the Africa Region. That is a health system having its roots in our culture in the broader sense of the word, and aiming at health care for all people by the end of the XXth century. It is in the lines of that great challenge, and the above studies mentioned on self-reliant policy, in an articulated society that can be undertaken a meaningful examination of health policy and tools, therefore need for social training.
Our present period is characterized by a global approach in the health sector:

- By global approach we don’t mean the traditional meaning given to integrated approach. The global approach goes far beyond the famous “integrated approach” because its historitcal background are different.

- The integrated approach meant a non-sectorial approach. It meant that the health sector can solve by itself health problems. The Health of society relies on several factors: nutrition - education - infrastructure etc. So was it necessary to have a comprehensive approach of the Health system? The coordination of action optimizes the effect of all sectors for a more efficient health development. Moreover during the development of economic projects it has been noticed that they had sometimes an ill-effect on the health of the populations. So it appears clearly that the “integrated approach” is totally circumscribed by the perspective of the modern sector development.

- By global approach we mean an attempt of setting up a participative health system. It is a necessary consequence of the perception of the social system as a global one. In the health system it means the impossibility of solving the health problems of the communities without a knowledge of those communities.

- Their material basis (- traditional chemistry - techniques utilised by health) - the political dimension - ideological dimension - but these in their interaction with the western medicine.

The global Health system could be compared to functions in interdependent variables.
But at the present stage of the training, the financial, technical constraint are determinant. This means that we are still in a period of transition.

For instance it is more and more open to question to initiate the chinese medicine of the grass root technology. Beacause it does appear clearly to the responsible Health Policy that social work experience cannot be transferred from a society to another, unless some necessary political, and ideological conditions are fulfilled, we teach the techniques and give other experience as if they could be applied. The chinese could introduce family planning with method, whose efficiency has been proved high because of the political
conscience and the responsibility and because of a pertinent technology (men and means) to their social system. Family Planning in a neo-colonial society seems to me, if not impossible, highly inefficient. The struggle against sickness in this context, by the means of money and sophisticated techniques seems to us hopeless.

What is not, in a neo-colonial context, like ours is a serious training putting forward the specific articulation the various dimension of our society. In this context we have to train social workers conscious of their responsibility and above all of their limits. And to us this is of paramount importance.

Social training may give emphasis on political implications; and ideological ones. The techniques are of secondary importance.

This is subversion? Surely it is. Because the critical issue is to accelerate the period of transition from dependency. In many of our countries we remain still in neo-colonial situation if not a purely a colonial one.

This perspective highlights the following coordination on the most recent tool of social planning: The Country Health Programming.

Country Health Programming and self-reliant social development

It is in Bangladesh that started for the first time in 1973 an exercise on CHP. Latter, many countries with different socio-political orientation invited WHO teams to join their national experts in a CHP development process = that is a transfer of methodology of CHP followed by an exercise of implementatin CHP methodology. As such CHP is an active teaching method. It is a - learning-by-doing method.

- The process of Planning - programming is divided into two main stages:

  - Stage 1: includes: Step 1: Data Collection

    Step 2: Data Analysis

  - Stage 2: Step 3: Review of the information document issued by stage I (doc-
Step 4: Problem definition

Step 5: Identification of Problem-output indicators

Step 6: Identification of current activities addressed to health and health related problems

Step 7: Identification of current resources allocation

Step 8: Target setting

Step 9: Definition of Health Strategies

Step 10: Constraints analysis of these strategies

Step 11: Translation of the strategies into health development programmes

Step 12: Analysis of Programmes constraints

Step 13: Translation of programmes into health projects

Step 15: Preparation of CHP document (which can stop at step 11 or up to Step 14 according to the details required by the CHP-coordinators)

Step 16: Decisions on CHP Proposals and integration of CHP into health structures. Some teams make distinction. And for them stage 2 has to stop at step 11, Then start third and fourth
stages, and the structure is the following one:

Stage 1 - (as above)
Stage 2 - (as above) except step 12, 13 and 14
Stage 3 - Decision on programmes proposals
Stage 4 - Continuation and integration of CHP in Country's Health Structures
Step: 15 - Project formulation
Step: 16- Project implementation

In the light of what is said above: Primary Health care and self-reliant health system, we can undertake simultaneously in analysis of the content of CHP steps and an attempt to point out the weaknesses.

Stage 1

Step 1 - Data collection: The data required for any conventional planning are:

1.1- demographic data - analysis projection- (age structure; urban-rural and vital-statistics infant mortality)
1.2- Economic data - G.D.P.; Health budget and national budget
1.3- Health status data- disease by sex and age, morbidity and mortality rates by different causes
1.4- Health and environmental health services: Health units per administrative region - health manpower by category - Population coverage ratio
1.5 Unit cost data - cost of each type of activities cost of training a nurse, a doctor or cost of vaccination
1.6- Policy data - through national orientations.

Step 2 - Data analysis and presentation: requires the necessity of a clear presentation of the health situation of the country.

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As one can see, in the present lines CHP is presented as a technical tool and directed specifically towards modern sector-while in the AFRO-Line we have to add investigations of the potentialities of the rural sector.

- We have also to point out class differential profits from the health sector - and the pattern of sickness for different social category

- As far as revenue are concerned one has to study the consumption of health care by different ways at different level of revenue-those data are necessary to undertake any long term planning in the framework of a self-reliant policy.

**Stage 2** - Between step 4 and step 1 and 2 the relationship is evident. The same between step 5 and the following step. The same remark is that the whole process is addressed to modern sector - and defined by the technocrats. The choice of priority is tied to the domination of technocrats over the whole social system-CHP process as it is presented doesn't go into ideological and political considerations. No need to ask the political and ideological strategy in view of implementing a CHP process leading totheobjective of the year 2000.

Unless the whole process is re-examined, and the ideological and political questions are given some emphasis in the training of social workers, we are afraid they will feel some frustration on the field.

My conclusion will be short: Health Development and a better Family Welfare relies upon the commitment of social workers. Social workers cannot be committed towards their community unless they are trained to analyse globally these communities, aware of the social political implication of their task. Then will follow the technical training which after all is conditioned by political and ideological factors.
RESEARCH IN POPULATION, FAMILY WELFARE AND DEVELOPMENT IN AFRICA

By

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In most of the countries of the western world the past two decades have witnessed an impressive volume of literature and debate on demography and its relationship to development. Accompanying this, has been the mushrooming of population research institutes and the springing up of foundations principally concerned with population and population growth. Much of the literature and debate, however, has been guided by the capitalist ideology rather than sober and scientific analysis. Moreover much of their attention has been on Africa and the Third World. This has given birth to two myths: a) the myth of “over-population” and the myth of “underpopulation.” The latter results from comparisons of, say, population densities in Africa with population densities elsewhere. This produces rather simplistic conclusions that Africa is much less densely populated than most of the world and that, therefore, population poses no problem to Africa - at least at the present moment. The myth of “overpopulation” on the other hand results from a slightly more complicated set of assumptions and observations. Propagators of this myth consider population size and population growth as negative factors in various models of development and economic growth. African population, for example, is viewed as large considering the poor quality of much of the land. African rates of population growth are viewed as high and becoming higher. The mounting world food crisis has further fuelled this argument leading such alarmists as Paul Ehrlich in The Population Bomb and Paul Paddock in Famine to advocate the use of American food aid programmes to press birth control in African and other Third World Countries. During the World Food Conference in Rome (1975), for example, an American delegate, U.S. Congressman Jerry Litton (D. Missouri) vowed to introduce
"legislation banning Food for Peace funds to any nation which has above- average demographic growth and is not trying to dampen it through family planning." Needless to point out that such a position, while it may be politically palatable, it, is based on the very naive assumption that coercive governmental family planning programmes in themselves will bring down fertility. Experience, in the developed countries, has demonstrated that a reduction in fertility and effective family planning programmes are a consequence and not a cause of better education, improved living conditions, improved income distribution et cetera; in a word, improved social welfare.

In many cases, the myth of "over-population" has come as a reaction to the earlier myth of "underpopulation." Those who advance the "overpopulation" view contend that a reduction in the population growth rate leads to the elevation of per capita income and that it will inevitably lead to the raising of the economic growth rate.

Such arguments are oblivious of the fact that the current imbalance in income distribution and the apparent stagnation in economic growth, to a large degree, owe their origin to external rather than internal factors. They are a manifestation of the centre-periphery relationship that continues to obtain between African countries and the former colonial powers, a relationship that has marginalized the vast propendence of the people. A balanced study of the demographic issues in Africa must not overlook this fact of marginalization for it distorts reality in that it gives the impression of over-population due to rampant unemployment and under-employment found in most African countries. It is important, therefore, that demography in Africa as it relates to development or under-development be viewed in historical perspective.

Population Data in Africa: An Overview

There exists at present a very disturbing dearth of data and documentation on the subject of population dynamics in most Africans countries. To be sure some effort has been exerted to rectify this situation, however the results have been, in the main, inadequate, outdated and of questionable reliability. This problem is historical, going back to the colonial era. Under colonialism, research in population dynamics was not

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geared to solve the problems of national development for the
benefit of all but rather geared to meet colonial goals and
objectives, hence its data were selective and colonially biased
and proved to be of little utility to post-colonial development
planners. Needless to add that to a man, the researchers
themselves were non-African, rather, more often than not,
they were agents of the respective colonial country

For the most part, post-independence systematic interest
in socio-demographic research in Africa and among Africans
scholars can be traced to the mid-1960s. Perhaps a major
turning point was 1966 when the United Nations General
Assembly deliberated on the need for a world-wide policy on
population issues. This debate culminated in the adoption of
General Assembly Resolution 2211 (XXI) expressing a recog-
nition of the gravity of population problems and the need for
scientific study and proper understanding. The following year
(1967) the Secretary General established a voluntary United
Nations Fund for population activities (UNFPA).

Since then, there have been a series of follow-up activities
on demography and social welfare with reference to Africa
in the form of seminars, colloquia, workshops and research.
Support for these activities has come from the United Nations
itself, individual African governments, Voluntary private
organizations such as the Population Council, the Internation-
al Planned Parenthood Federation (IPPF), the Pathfinder fund
etc. Today, it can be said that some form of demographic
research and analysis is being carried out in most African
Universities,² In Nigeria, for instance, virtually all the univer-
sities have some variation of population programmes. There,
demographic research and analysis was spearheaded in 1966
when the University of Ibadan in cooperation with the Popu-
lation Council sponsored and convened the first African
Population Council.

In spite of these efforts, however, socio-demographic
research in Africa by African scholars remains, for the most
part, at a very elementary stage of development. Equally
disturbing is the flabby linkages that exist between socio-
demographic researchers and development planners, resulting
in very low utilization of research findings in policy making.

². In February 1978, the UNESCO Regional Office for Education in
Africa based in Dakar, Senegal published a Draft Directory of
Training and Research Institutions dealing with population, Education
and Development in Africa south of the Sahara. The directory
included eighty-seven institutes in thirty countries.
Population Research and Development

While data on population dynamics in Africa remain inadequate, most researchers agree that as a whole, Africa is not over-populated in the absolute sense. In fact, in comparison with the rest of the world, Africa is found to be "under-populated." The following data assembled by the United Nations Economic Commission for Africa (1975) are note-worthy:

(i) Africa accounts for 22.3 percent of the world’s land surface yet only 9.5 percent of the world’s population (1971)

(ii) Population density in Africa is about 11 persons per square kilometre, while the world average is 27.

(iii) African population density on arable land is 167 persons per square kilometre as compared to the world average of 254 persons per square kilometre;

(iv) Africa accounts for 23.8 per cent of the land currently being used for agriculture and grazing (F.A.O. Production Yearbook, 1969 pp. 21-24).

In addition Africa is immensely endowed with mineral and other natural resources. At present, Africa accounts for 15 per cent of the world’s mineral production with her rich mineral resources only initially touched. The table below shows Africa’s share in world production of some selected minerals.

(In Percentage shares)

<table>
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<tr>
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<tbody>
<tr>
<td>Crude Petroleum</td>
<td>12.1</td>
<td>12.8</td>
<td>11.3</td>
</tr>
<tr>
<td>Iron Ore</td>
<td>9.1</td>
<td>9.1</td>
<td>9.3</td>
</tr>
<tr>
<td>Copper</td>
<td>21.3</td>
<td>20.8</td>
<td>19.8</td>
</tr>
<tr>
<td>Gold</td>
<td>80.2</td>
<td>80.7</td>
<td>81.8</td>
</tr>
<tr>
<td>Diamonds</td>
<td>71.4</td>
<td>68.4</td>
<td>68.8</td>
</tr>
<tr>
<td>Phosphate rock</td>
<td>25.5</td>
<td>25.0</td>
<td>25.7</td>
</tr>
<tr>
<td>Bauxite</td>
<td>5.8</td>
<td>5.9</td>
<td>5.7</td>
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<tr>
<td>Coal</td>
<td>2.0</td>
<td>2.0</td>
<td>2.0</td>
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<tr>
<td>Tin Concentrates</td>
<td>8.9</td>
<td>8.4</td>
<td>8.0</td>
</tr>
<tr>
<td>Lead Ore</td>
<td>6.5</td>
<td>6.1</td>
<td>6.0</td>
</tr>
<tr>
<td>Zinc Ore</td>
<td>5.5</td>
<td>4.7</td>
<td>4.9</td>
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It may also be noted that one-quarter of the world’s copper is now produced in Africa as is 70 per cent of the world’s cobalt, one-fourth of the world’s chrome. Half of the world’s reserves of phosphenates is found in Africa.

While the above statistics are impressive, they pose the powerful paradox that Africa’s population, which is increasing at an annual rate of about 2.8 per cent - i.e. the highest in the world - is increasingly unable to even feed itself and is relying more and more on imported foodstuffs. This has serious implications for development as capital needed for industrial investment is being diverted to paying for imported food products that could otherwise be grown locally. It also means a larger proportion of the family’s meager but hard-earned income must be allocated to meeting the high food prices, thereby adversely affecting the family welfare as other aspects of life, i.e. education, health, recreation, clothing must be sacrificed.

Agriculture, Migration and Unemployment:

The inability of African countries to feed themselves has further serious implications for family and national welfare.

As the rising rural population is being increasingly consigned to a seemingly interminable state of unemployment and underemployment due to diminishing productivity in the agricultural sector, more and more of the rural population, especially the youth, view migration to urban areas as the only alternative left to them. One of the factors responsible for the diminishing productivity of the rural-agricultural sector is historical and attitudinal. It will be remembered that under colonialism, education instilled in the youth a negative attitude against agricultural work or any manual work for that matter. As more and more youth received education, no matter how elementary, they scorned the idea of working with their hands, hence agriculture was left as an activity of old men and women. With time agriculture lost its vitality and plunged into a lethargic state of inactivity. The result has

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