

## SOCIO-POLITICAL AND DEMOGRAPHIC FACTORS IN SOUTH AFRICA

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**INTRODUCTION** Referring to the 1974 Bucharest World Population Conference, Hoogvelt (1976) points to the friction that emerged when the effects of uncontrolled population growth were discussed. Some theorists ignored the fact that overpopulation occurred in the former colonies after independence, because of the application of Western medical technology, which reduced mortality rates spectacularly while traditional patterns of procreation sustained high natality rates. To such theorists, overpopulation is a symptom, not a cause, of global inequality. They argued that in the Western World, birth rates came down as a result of industrialization and other improvements which are denied in the Third World countries. Hoogvelt describes the crux of the controversy as follows: "Advocacy of family planning and population control for Third World countries, in their view, is but the rich world's answer to a worldwide unequal distribution of production and income which they, the rich countries, are unwilling to alter. This biased form of argument was pursued at absurdum .. when delegates of Third World countries refused to sign a declaration of intent to make family planning services freely available to all populations by 1985."

The failure of the Bucharest Conference to get even such a mild resolution accepted was a direct outcome of traditional dogmatism. It is evident that bringing children into the world has exceeded family considerations and has many side-effects, causing people to frown on alien plans and explanations, no matter how rational or scientific. This phenomenon can be discerned in top level talks from the level of world conferences down to local situations.

Apart from the embasive world population conferences, there are numerous actions and organizations directed to the problems emanating from uncontrolled

population growth. The Population Action Council based in Washington D.C., and Population Reports of Johns Hopkins University, through laborious research, are exemplary in this context.

**1979 POPULATION CONFERENCE**

At the conference on global population and development issues in Sri Lanka, in August 1979, parliamentarians from 64 countries met in a 5-day conference sponsored by the United Nations Fund for Population Activities, and by the Interparliamentary Union. At this conference, population projections indicate that by the year 2000, the world population will have increased from its present 4 billion to more than 6 billion, and that over 80 percent of the growth will be in developing countries, with a substantial majority living in desperate poverty. This situation can become even more desperate if another trend is concurrently sustained. Almost every major advantage which pushed forward European growth of economic opportunity is negated in Africa and Asia. The Conference dealt mainly with prospects in the field of demography, including socio-political considerations. This was a conference of parliamentarians, and hence, of people with political influence in 64 countries.

The Conference declaration, called the Colombo Declaration, is a 36-point document. In the Preamble, Point 1, it is stated that the delegates "hereby reaffirm that the principal aim of social, economic, and cultural development, of which population goals and policies are integral parts, is to improve levels of living and enrich the quality of life of the people. And we reiterate the necessity of linking population programs with development plans."

Referring to the projections which point to a world population of some 6.2 billion people within the next 2 decades, the Declaration finds the implications of such

increases staggering. Apart from problems of similar magnitude in the provision of food, water, and shelter, the unemployment problem arises. Between now and the end of the Century, 800 million more work opportunities must be created. This is more than the entire actively employed population of the developed countries at present. There is the problem of ever-expanding per capita demand with its insupportable pressure on resources, which also sparked a dangerous level of pollution and general environmental degradation. Even if there is accelerated development in the developing countries, these negative side-effects, together with the increase in population, may change the face of these countries even more profoundly than is anticipated.

. The Declaration makes a call on all governments to order their priorities. This includes redressing the inequities in economic relations between countries, cancelling out armament spending which detracts from the resources available for investment in population and development programs. There is an appeal to governments to examine their own population trends, and the impact of these trends on health, education, employment, agricultural and industrial development, housing, and environmental conditions.

. An appeal is made for the dissemination of knowledge, and development aid in the form of population control, and a target of one billion dollars is set for this purpose. Health personnel, educators, and religious leaders are called on to assist in the concerted effort to curb the tremendous impact of population pressures on human spiritual and physical well-being. We can draw 2 important conclusions. 1) The dissemination of knowledge should be universal, and not limited to clinics, and those who ask for service. 2) The Conference did not regard industrialization and the accompanying urbanization as sufficient aims for the development aid to developing countries,

despite the fact that such targets also bring a reduction in birth rates.

. According to Spengler (1972), "Industrialization has commonly been advanced by 20th Century economists as the means whereby population pressure may eventually be reduced in areas which at present are relatively overpopulated. For industrialization, it is supposed, provides employment for the excess agrarian population, supplies purchasing power where-with deficiencies in the domestic food supply may be made up, and brings about urbanization and the adoption of a cultural pattern suited eventually to bring population growth to a stand." Such a process is too time-consuming.

#### MAINLAND CHINA

. Hoogvelt (1976) writes that: "China, though spearheading the neo-Marxist argument at the Bucharest Conference, is herself a country where birth rates in recent years have come down, not as a result of industrialization, but as a result of successful transformation of cultural beliefs and social patterns. Birth-control posters are next to pictures of Chairman Mao - possibly the most widely distributed posters reaching out to every town and commune in the land, as do the contraceptives."

. The situation in China and the measures taken there accords perfectly with the main theme of this paper, for South Africa. The Chinese Revolution had an agrarian basis, and had been going on for some time in rural areas before the culmination of the Chinese Communist revolution in 1950. Characteristics prevalent in rural life, such as face-to-face relations and direct social control are positive attributes which are retained even in urban areas through special policies leading to cell formation. These local cells are political, but in the relatively intimate small group, more satisfactory interpersonal relations are possible. It also permits additional social control

measures through conversation and discussion in these rather informal groups. Of special relevance is the birth control issue. The number of children which would not upset educational and welfare programs is estimated at a central point. From there, the approach is that of dispersion. As Pichao Chen (1978) puts it: "Once the number of births for a factory or neighborhood group has been set, the members allocate the births among themselves." A 3-level priority formula is applied: 1) Newly married couples are free to have their first child without delay. 2) Next are couples with only 1 or 2 children. 3) Last are couples whose youngest child is five years of age. Communal responsibility is facilitated in the cells, and serves a useful purpose apart from controlling births.

#### DEVELOPING COUNTRIES

. One of the most characteristic problems confronting population program workers is infrastructure. The environmental and mental communication channels are still being developed, and this has a significant effect on getting a message across to the people. Suyono (1978) puts it as follows: "The long-term success of family planning in Indonesia hinges on the ability of the Government to transfer to the individual and the community the same sense of urgency that now exists at higher levels of government, rather than simply imposing a family planning program on an otherwise uncommitted public." Several less developed countries, such as Pakistan, Bangladesh, and Afghanistan show little change in fertility over the past few years. These governments have not been able to set up administrative, communication, and transport systems which can reach the village masses, either with the ideas of the outside world or with the minimal services and goods which make the new ideas credible.

. The problem of changing traditional views on family size, especially the deep-rooted idea

that children provide good old-age insurance demonstrates the need for new approaches. Without powerful persuasion power, no significant changes can be expected. In India, an election issue on whether to introduce compulsory sterilization contributed to disaster at the polls for Prime Minister Gandhi.

. This is not to imply that change in regard to natality cannot show improvement in the short term. Fertility has declined in Sri Lanka, Kerala, Thailand, the People's Republic of China, and Indonesia. In each of these countries, there has been very limited developmental change. Good organizational arrangements in communication can compensate for negative effects of development, or can supplement positive aspects. Examples are: Hong Kong, Singapore, Thailand, Bali, East Java, and the Phillipines. In some regions, where there has been some progress, the adoption of new birth control practices has been rather slow, as shown in Table 1. Poorly organized and poorly funded family planning programs are a reason for this delay. Traditional meager ways of controlling birth has some effect, and the statistics in Table 1 do not include the effect of abortions.

. A tremendous task confronts population program workers in Asian countries and in Africa, where the infrastructure plays a significant role. In this respect, the situation in South Africa resembles that of Africa in general, despite the fact that physical infrastructural means are highly developed. It is on the level of more abstract communication that bridges must be built.

#### THE AFRICAN CONTINENT

. For more than three centuries the whites of European origin inhabiting South Africa have insisted that they were Europeans, and maintained segregation with signs marked "Europeans only" or "Blacks only" in public facilities.

TABLE 1: CONTRACEPTIVE PRACTICE

Region	Women at risk (Millions)		Practicing contraception (Percent)	
	1971	1976	1971	1976
East Africa	16.9	19.7	8.2	13.6
West Africa	19.1	23.2	1.2	2.9
Mid East & North Africa	24.4	21.1	10.7	18.3
Indian Ocean	92.1	111.9	10.9	20.0

TABLE 2: RACIAL & ETHNIC POPULATION\* (1977 estimates, millions)

Blacks	19.2
Coloreds	2.4
Indians	.8
Whites	4.4

\* With Bophuthatswana & Venda.

TABLE 3: RESIDENT POPULATION IN BLACK TERRITORIES, 1974

Independent Lands	1000's	Area km <sup>2</sup>
Bophuthatswana	1,110	40,000
Transkei	2,281	45,010
Venda	320	6,680
<u>Black Homelands</u>		
Ciskei	442	7,700
Kwa Zulu	2,456	32,957
Qwa Qwa	66	606
Lebowa	25,843	1,307
Gazankulu	316	7,410
Swazi	163	3,910

TABLE 4: CRUDE BIRTH RATES, 1978 (per 1000 population)

Republic of South Africa	39.9
Lebowa	59.3
Gazankulu	65.1
Venda	57.4
Swazi	34.8
Whites	15.1

In recent times, whites have abandoned this orientation in culture and public life, and have come to grips with reality, that they are a part of Africa.

. Although most whites enthusiastically accept the implications of an Africa-oriented future, and hope to make a positive contribution to the welfare of the Continent, there is some discouragement. This is clearly put by the

African writer, Adedeji (1979): "The current birth rate in African developing countries is 46.3 per 1000, which is the highest of all continents, and the crude death rate is also high by international standards, at about 19.8 per 1000 population. The infant mortality rate averages 155 per 1000 live births. The current average annual rate of population growth is 2.64 percent, again, the highest of all continents."

. A doubling of population within 26 years is highly probable. At the same time, in developing countries, close to 50 percent of the population is under age 16, facilitating further rise in birth rates and dependency ratios. This has serious repercussion for the basic problem of food supply. If present trends in agricultural enterprise are sustained, "undernourishment would be rampant, exports would decline, and the requirements for food imports would be beyond our reach." More than 25 percent of the African population now consume less than the minimum daily calorie intake (Adedeji 1979).

. Even today, the Food and Agricultural Organization of the United Nations takes very strong counter-measures, not only in agricultural advice, but on the level of emergency measures. Early in 1978, a decision was taken by the Food and Agricultural Organization (FAO) in Rome to launch an official campaign to persuade peasants and others in Black Africa to turn to what is euphemistically called bushmeat. Wild creatures including monkeys, rats, worms, snails, snakes, and grasshoppers are to be eaten, since their protein content is like that of beef or poultry, and they are low in fat content.

. The desperate need for birth control measures in the African Continent is evident. Although much is being done, traditions still curb development, both on the macro and the micro levels. On the micro level, individuals believe that having many children gives good security, and constitutes a sign of manhood. On the

macro level, not all governments are making real efforts to promote family planning.

. An outstanding example of irrationalities in population policy at the government level is the position in the francophone countries of West and Central Africa. France has good relations with her former colonies. France followed a pro-natalist policy after the population losses of World War I. Now, the statutes of virtually all of the French-speaking countries south of the Sahara Desert prohibit the sale, advertisement, and distribution of of contraceptives and birth control information. The origin of these decrees is a French law enacted in 1920 to encourage the French birth rate. In France, the 1920 law was superseded by new laws in 1967 and 1975. On achieving independence, the francophone African countries enacted legislation adopting all French colonial law in force during the colonial period, and not contrary to their new constitutions. Mali is the only exception, having repealed the French act. Others are now looking into the matter.

#### SOUTH AFRICA

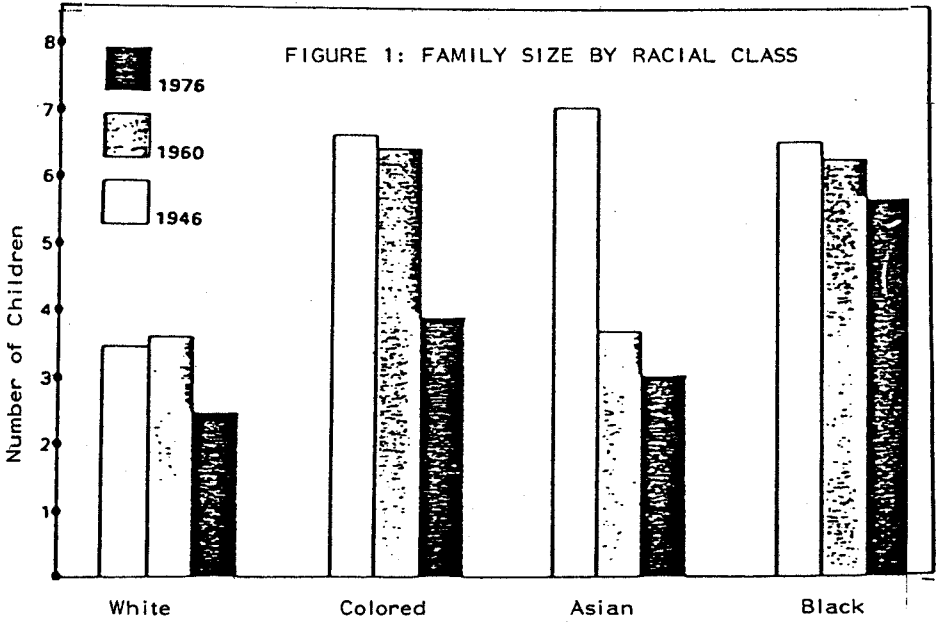
. Due to relatively recent developments, it is necessary to refer to adjacent states as well as the Republic of South Africa. These states have become politically independent from South Africa during the past decade. They are: Transkei, Bophutatswana, and Venda. Due to economic ties and migratory labor of a significant magnitude, they can still be viewed as reflecting South African circumstances. South Africa is also influenced by having hundreds of thousands of their citizens working and living in South Africa.

. The Republic of South Africa was established by a referendum on May 31, 1961, after having been a part of the British Commonwealth. The Whites allowed free elections, and different political parties could aspire to assume government. The different language groups among the Blacks

had their own power structures in the areas which they had occupied over centuries. The South African Acts formed the basis for jurisprudence in the main issues in all areas. Since the early 1960's, starting with one of the largest homelands for Blacks, a new system was introduced with self-government and legislative powers for the inhabitants of Transkei, where the Xhosa people live. Some overriding South African laws still applied there, but the arrangement proved successful, and other homelands were given the same status. Developmental help was rendered by South Africa in budgetary assistance and technology in agriculture and industry. Some of these homelands opted for complete independence from South Africa, and 3 new states came into being.

. Figure 1 shows the comparison in family size among the elements of the population. Table 2 shows the distribution of population in South Africa and the adjacent independent Black States. These figures should be qualified, because significant sections of these populations, especially the men, are in so-called White Territory as migratory workers. Due to decentralization of industries to Black territories, or Border areas over the past decade, this situation has improved significantly. In 1973, apart from 475,000 migrant workers from neighboring states, most of whom came from Lesotho, Malawi, Mozambique, Botswana and Swaziland, there are also about 1.5 million short-term migratory workers from the Black states in the Republic of South Africa. Since 1977, there is a decrease of workers from Mozambique, but an increase from Lesotho. In giving employment to workers from neighboring countries, South Africa contributes to the economy of the subcontinent, but it disturbs the demographic situation.

. In 1970, just before decentralization was accelerated, about 66 percent of economically active Tswana men were in white



territory, and the proportion for men from other Black areas were: Lebowa, over 40 percent, Gazankulu, nearly 50 percent, and Venda, 40 percent. Apart from the major language groups represented in these areas and countries, there is inner differentiation. The people of Lebowa, Homeland of the Northern Sotho people, for example, comprise about 140 tribes, of which about 80 are rather close-knit, and form part of the central group of Sekhukuneland.

. By the year 2020, according to current projections, when all are living in their own territories, the population density per square kilometer in three homelands will be as follows: Bophuthatswana, 220; Lebowa, 340; Gazankulu, 420, compared to some of the more densely inhabited contemporary countries, projected for the year 2000: Japan, 510; Belgium, 602; Netherlands, 700.

**CONTROL OF POPULATION GROWTH**

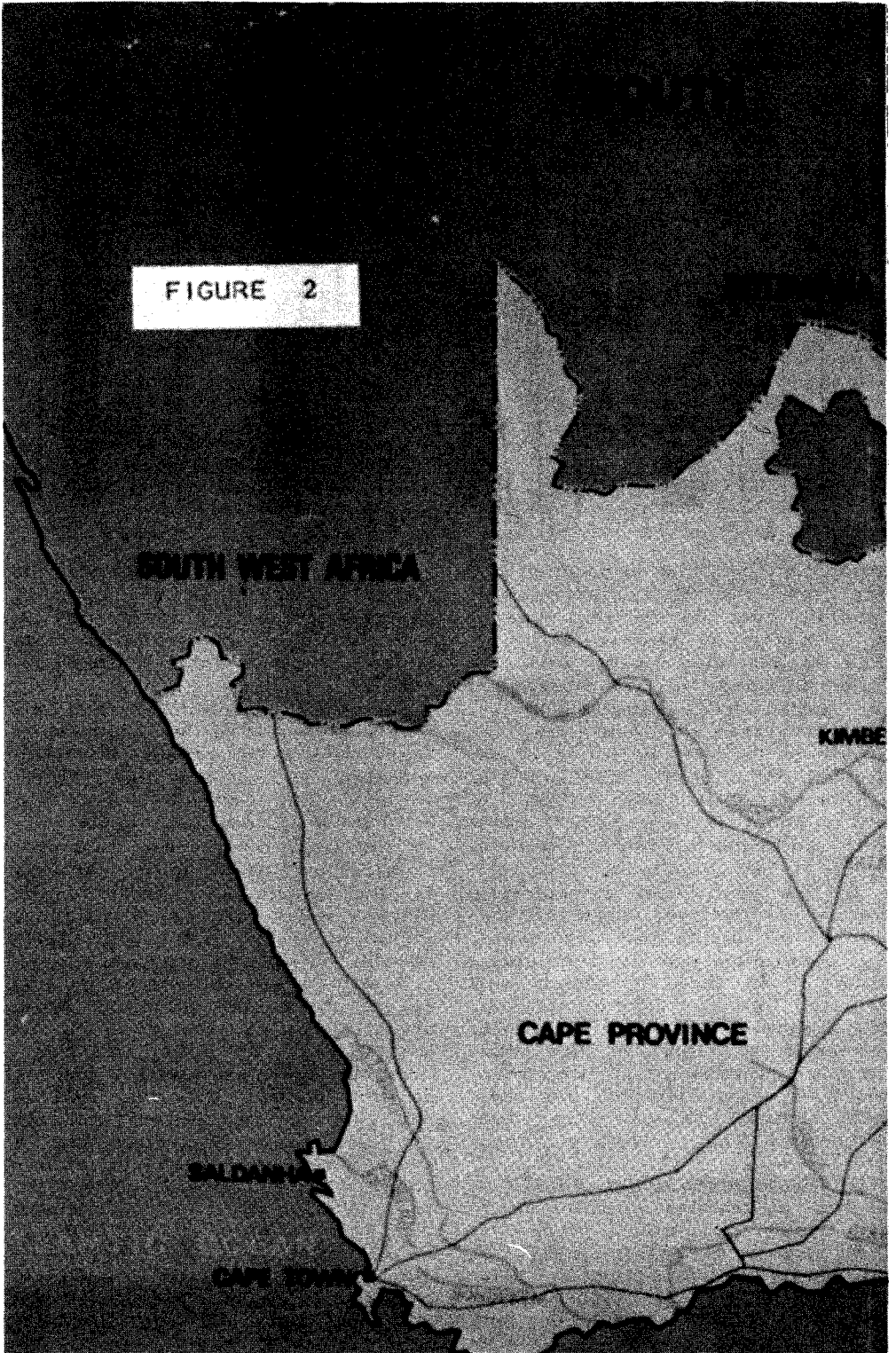
. The attitudinal climate among all urban population groups is favorable to controlling population growth. The heterogeneous racial situation of Whites, Asians, Coloreds, and different language and cultural groups among the Blacks

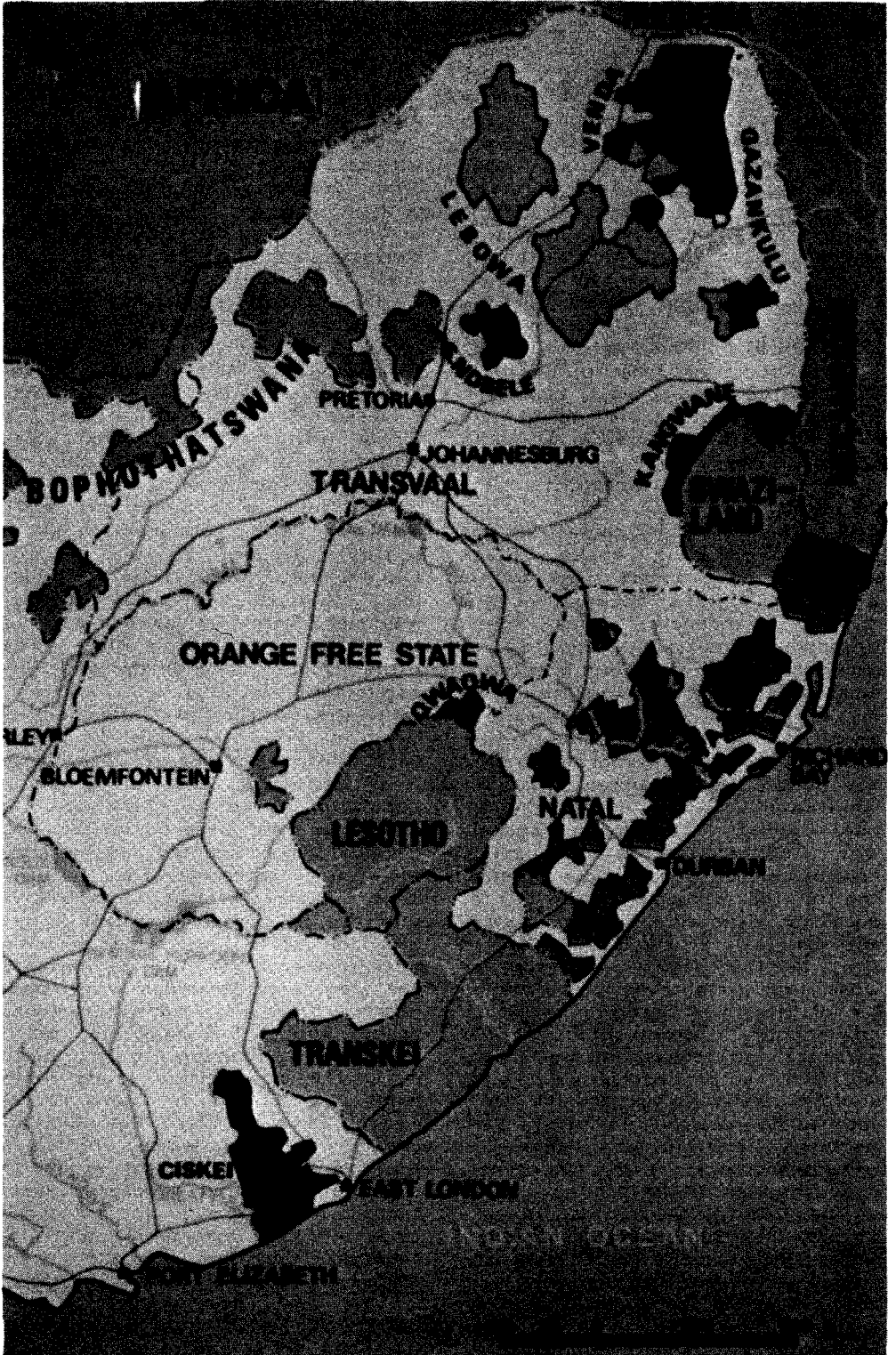
makes it difficult to educate the public in the area of economics as related to population growth and political considerations. State action in demographic matters occurs in 2 parts:

- 1) Services rendered by the Central Government of the Republic of South Africa Department of Health operates only in the White, Indian, and Colored areas, but reaches employees from other racial groups like guest laborers, farm workers, and factory workers.
- 2) The Health Departments of the Black self-governing Homelands, including the 3 independent states maintain their own programs.

. Some special considerations apply to the racial groups in White areas. Where white nurses go out to give information and treatment to other population groups on birth control, they take motivators who are members of the ethnic group receiving service. A white nurse will always be accompanied by a Black, Colored, or Indian motivator who translates the information and appeals to the listeners to adopt family planning practices. South Africa is one of the few countries to employ male motivators, but most are educated Black female workers. The

FIGURE 2







white nurses, together with the motivators, address groups of people from all races, and render the necessary services to those who adopt the principle of family planning. The Health Departments of the Black areas do this work among their own people with considerable variation in emphasis. Some black leaders say that the whites are not honest, and are trying to reduce births among Blacks while trying to increase natality among the Whites.

#### GOVERNMENT POPULATION POLICY

. Prominent governmental leaders in some Black areas, shown in Figure 2, want their peoples to adhere to the principle of birth control. Then it is pointed out that the Central Government of the Republic of South Africa directs its actions to all racial groups equally, including Whites. Black statesmen have urged their people to reduce births because of the high dependency rate which thwarts plans for economic improvement. Chief Minister Buthelezi of Kwa-Zulu extends this policy to the Zulus. President Matanzima of the Transkei has similarly carried out programs among the Xhosa people, urging that the population growth had to be checked, saying: "If the Transkei, with a staggering population growth of 3.5 percent per annum, one of the highest in the world, does not soon accept planned parenthood as a national way of life, the prosperity we yearn for will elude us forever." The Minister of Health of Lebowa mentioned an annual growth rate of 2.74 percent, and referred to the economically inactive group which was steadily becoming larger. He referred to a decline in the infant mortality rate and an increase in life expectancy, with no corresponding drop in the birth rate.

. The Lebowa Government is convinced that for economic development, the rate of population increase must be kept in line with the available resources. The Government therefore endorses the principle of family planning in

the frame-work of an integrated community development approach. The Lebowa National Health Council declared: "The Department shall provide family planning services as part and parcel of its comprehensive health care service without necessarily propagating birth control." No specific birth control program is in effect, but services are given to those who request them at hospitals and health care centers.

. This situation seems critical, and it is not only laypersons who are not actively informed. Even gatherings at the academic level are deprived of study reports. Professor Frederika de Villiers, a former white matron in Black hospitals is a professor in Nursing Education and Administration. She wanted to give a paper on family planning and demography at a health conference. She was strongly dissuaded from official quarters, because the "atmosphere" was not right. It amounted to a taboo in a developing Black area with serious dependency and unemployment problems.

. At the opening of White Parliament in 1974, the State President said: "The Government associates itself with the idea of a World Population Year in 1974 and is accepting its responsibility by developing a country-wide family planning program." The Government has undertaken to publicize the idea of family planning among all adults in all areas. Radio advertisements for family planning are regularly broadcast in programs for all racial groups. Great effort is made to reach Blacks, considering their birth rate. The comparative crude birth rates are shown in Table 3. A recent estimate by the Central Department of Health indicates that 37 to 40 percent of women at risk have adopted some method of birth control through the intervention of the Department and its regional branches in the White areas.

#### DOUBTS ON POPULATION POLICY

. Doubts on all sides of the color

bar are rife in South Africa. Various racial and ethnic groups are on the verge of becoming minority groups. Should the country become a unitary state with a government based on a one-man-one-vote system, there will not be a single group which cannot feel threatened by coalitions and other alliances. There is a high degree of goodwill among the racial groups in South Africa, but strong suspicions do exist. The field of uncontrolled population growth certainly contributes to the atmosphere of doubt.

. Blacks can admittedly doubt the good faith of Whites by considering the possibility that through birth control, they could lose some of their relative superiority of numbers in the population. Whites can doubt whether the ever-growing proportion of Blacks can be accommodated in the highly developed South African society. One black leader boasted: "For every two black babies, the Whites manage only one." Such public remarks by black leaders heighten the level of doubt among Whites about the rationality of the people of the other race with whom they must share a common future.

. This lack of recognition links with other fields. The Whites often feel that the good they do is ignored. Though there are millions of positive Blacks and many sincerely positive black leaders, many feel that they are entering an endless tunnel of demands with no prospect of success.

. To aggravate this situation, refugees also come to South Africa or areas where South Africa has responsibilities, such as Namibia. There is presently a stream of refugees from Lesotho, an adjacent black state. In Namibia, in recent years there have been thousands of refugee immigrants. This phenomenon affects the population size and dependency ratio as well as the birth rates. There is an increase in foreign investment in the Black areas, but South Africa bears the brunt of demands for developmental aid.

. Though there are clear indications of a reduced birth rate in all population groups outside the Homelands, among Indians, Coloreds, Blacks, and Whites, there is a universal problem of unemployment. Schools and technicians are established continuously, and the private sector has joined in establishing training centers. But the dependency ratio is a rather insurmountable burden, particularly if present birth rates among the Blacks are sustained.

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