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Population and Population Policy in Tanzania

Laurean Ndumbaro*

1. Introduction

The world is witnessing an unprecedented expansion of the human population. Within the last fifty years that population has more than doubled: from 2.5 billion in 1953 to 5.5 billion in 1993. World Bank estimates show that the population will grow to 8.7 billion within the next thirty years. The situation in Tanzania is more alarming, since its population has quadrupled in less than fifty years.¹ However, it is important to note that the absolute number of people is not a problem for Tanzania. Rather, it is the rate at which the population is growing that causes concern (PHRD, 1990). This accelerated population growth has negative effects on economic growth, the environment and social services (Simon, 1977; South Commission, 1990; Missana and Nyaki, 1993; Omari, 1994; Kamuzora, 1981). These problems call for the adoption of a national population policy that locates population concerns within the overall national development strategy. This paper provides a general survey of Tanzania's population policy, the major problems associated with it, and some possible solutions.

2. The Context of Population Policy in Tanzania

2.1 Historical Background

The world's highest population growth rates are found in Africa. Like many other developing countries, Tanzania has been experiencing accelerated population growth in the last fifty years. A decline in death rates and high birth rates are the main explanations of the rapid population growth in Tanzania.

The crude death rate is estimated to have declined from about 22 per thousand in 1967 to 15 in 1988. The infant mortality rate per 1000 live births

*Lecturer in Political Science, University of Dar es Salaam

¹The Tanzanian population grew from 7.7 million people in 1948 to 12.3 million in 1967, and to 23.1 million in 1988 (PPU, 1995). Currently, the Tanzanian population is estimated to be 33 million people.

also declined from 170 in 1967 to 115 in 1988, and further declined to 88 in 1996 (TDHS, 1996).² Success in reducing death rates in Tanzania can be attributed to several factors including the government policy of free medical and health services of 1966-85, particularly the Maternal and Child Health (MCH) program. Public health education programs for the general public, including the famous *Mtu ni Afya* and *Chakula ni Uhai* programs, were also contributory factors. The inclusion of public health education in school programs, together with Tanzania's policy of free and compulsory primary school education enabled health education to reach a large number of people. This also partly contributed to the reduction of the crude death rate in Tanzania.

While the crude death rate in Tanzania has been declining over the last thirty years, the country still has a high fertility rate (TRCHS, 1999), which is about 5.6 per woman. The birth rate in rural areas is 6.3, and 4.1 in the urban centres. This is still very high. According to Omari (1994) and Kamuzora (1987 and 1997), socio-cultural factors account for high fertility rates found among Tanzanian women. They argue that the socio-cultural environment facilitates the transfer of reproductive decisions and rights from women to men. Most traditions invest reproductive decision-making powers to husbands, thus reducing women to mere reproductive tools. The logic of dowry payment is the cornerstone of the loss of women's reproductive decision powers. As the process of bride-wealth payment involves the whole extended family, it means that reproductive decisional rights and powers are the prerogatives of the husband and his lineage.

Most Tanzanian societies consider children as a foundation for family wealth and prestige. Children are expected to provide domestic and agricultural labour, as well as insurance in times of disaster, sickness, and old age. In this regard a wealth of children is vital, and that is why marriage is related to the production of many children. This also explains why most Tanzanian communities are prone to pronatalism. For example, findings by the TRCHS (1999) show that there is an inclination towards the making of large families among women. More than 50 percent of women above 40 years of age still want more children. This also explains why only 16 percent of married women aged 15-49 use modern family control techniques (TRCHS, 1999).

Existing traditions also encourage early age marriage. For example, parents will encourage—or sometimes force—their daughters to get married so that

² It should be noted that despite this decline, mortality rates still remain high.

they can get dowry. The law supports these traditions by setting 15 and 18 years as the legal marriage ages for females and males respectively. Early age marriage creates a conducive environment for women to bear children at an early age, which causes them to have many children. It also translates into a premature end to education for girls, which in turn means denying them the chance to acquire modern life skills or career advancement (TDHS, 1996). found out that the median age at first marriage for women between 25 and 49 years old was 18 years, and more than 67 percent had been married twice by the age of 20. This shows the magnitude of this problem.

Another factor responsible for the high fertility rate is the large age difference between spouses. This tends to narrow the possibility of discussion related to reproductive health and the rights of spouses. Socio-cultural factors and the low educational level of women in Tanzania impede them from making informed choices on reproductive health issues and rights, including the use of family planning services.

In addition to socio-cultural variables, education is a significant factor that accounts for variations in fertility levels. For example, in 1996 the fertility rate for women was 3.2 for those with secondary education and above, 5.4 for those with primary education, and 6.4 for those with no education (TDHS, 1996).

It is important to note that migration is a non-factor in population growth in Tanzania. Results from previous censuses show that net gain for the total Tanzanian population from migration is insignificant. However, it is important to note that the ever-increasing rural-urban migration creates serious strains on already overburdened public services and social infrastructure in urban areas.

The rapid population growth in Tanzania is not commensurate with the country's wealth generation. Tanzania is among the poorest countries in the world, and the majority of its citizens are poverty stricken. Measures taken to address the 1980s economic crisis, despite certain merits, have enlarged the reservoir of the unemployed. Major budget cuts and debt payments have worsened the quality and scope of social services, particularly health, education, and safe water. The effects of these processes fall heavily on the poor.

The 1988 census shows that about 47 percent of the population is aged below 15 years, while 4 percent is aged 65 years and above. This implies that there will be an accelerated population growth as these young people enter their

reproductive life, irrespective of whether fertility rates decline or not. Prior to the 1980s, population growth was not an issue in Tanzania. The general thinking was that Tanzania was too large for the existing population. In fact, it was felt that Tanzania needed more people. This is attested to by the fact that the government saw people, land, good policies, and good leadership as the only necessary ingredients for development (Arusha Declaration, 1967). The deepening economic crisis in the early 1980s helped to raise the awareness of population problems, which called for changes in national thinking about the population question. Hence, by the mid-1980s, population concerns were elevated to policy issues in the national development agenda.

2.2 The Debate

The debate on population policy in Tanzania began to take shape in the mid-1980s. This debate divided scholars as well as practitioners into two major camps. The first camp—supported by the World Bank and other international development agencies—argued that rapid population growth tends to inhibit investments as savings are depleted by the increase in consumption levels. The net result is retardation in economic growth, environmental degradation, poverty and income inequality.

The second camp—represented by the government, religious institutions, and some scholars—holds that population growth enhances agricultural output by intensifying factors of production. According to this view, population pressure forces communities to develop coping techniques that are likely to improve production technology (Boserup, 1981; Baregu, 1990). It is further argued that the African population problem is one of too few people increasing at too slow a rate (Baregu, 1990). In support of this view the Population and Human Resource Division in Tanzania asserts:

... Even allowing for the generally poor soils and low and unreliable rainfall, there is enough to support some decades of growth even at the current levels of technology Indeed it can be argued that the country would benefit from a substantially larger and more densely-settled population, which would allow the realization of the economies of scale in manufacturing and industries, in agricultural marketing and input supply, in government administration and in the provision of infrastructure and social services (PHRD, 1990).

It has also been argued that population growth creates conditions for technological change and capital investment in agriculture, from which new patterns of land use may emerge. They see transformation of the farming

system, rather than population control, as a solution for development problems. On their part, most religious leaders condemn the use of modern medical techniques to deal with population growth.

The South Commission, which was chaired by the former president of Tanzania, the late Mwalimu Nyerere, acknowledges the existence of population problems in developing countries:

We are greatly concerned that the population in many countries of the South is growing at an explosive, and in a long run, unsustainable pace. The present high rates of population growth increase the burden of dependency and reduce the resources available for raising productivity to what is sufficient just to maintain subsistence levels. In several countries the pressure of growing numbers on the limited fertile land is accelerating the degradation of land and water resources and causing excessive deforestation. Rapid population growth is also a principal factor in the uncontrolled growth of vast urban agglomerations (South Commission, 1990).

It is important to note that population growth is not necessarily an impediment to development. However, rapid population growth that is not commensurate with a country's capacity to generate wealth can be a serious obstacle to the country's development process. Cassen (1994), for example, argues that though rapid population growth is not the core problem of development, it exacerbates the situation and makes remedial measures more difficult. It is difficult to discern effects of rapid population growth in the short-term. However, its cumulative long-term effects can have a serious impact on the quality of life.

The lack of consensus among scholars, religious leaders, government officials, and other stake holders on the consequences of population growth partly explains the delay in formulating a comprehensive population policy in Tanzania, as both camps present plausible arguments. As the economic crisis of the 1980s was deepening, the debate on the relationship between economic development and rapid population increase became more pronounced. Nyerere (1987:167), for example, maintained that population problems need to be understood within the context of poverty:

To say that the population problem cannot be separated from the general question of economic, social and political development is not to excuse a neglect of the need for population planning policies. But they must be seen as one element of a total development strategy, and they must be designed in a manner which fits into the overall picture. The root cause that must be tackled is poverty

It was not until 1986 that the government began to take serious steps toward formulating a national population policy. Faced with hard facts of the consequences of rapid population growth, the government had no choice except to begin to intervene by formulating a population policy that aimed at modifying demographic processes through family planning. Two years later, the policy was ready for discussion. Several stakeholders, including religious leaders, were involved in the policy debate. By the end of the 1980s, there was a growing recognition that rapid population growth that is not commensurate with the country's wealth generation level will have adverse consequences on national development. Also, there was an increasing awareness of the fragility of the natural environment, and its apparent vulnerability to the stress of a growing population.

Thus, we can generally argue that the economic crisis that affected Tanzania from the 1980s contributed to the recognition that rapid population growth creates a large young population that requires increased investment in social services, such as education, health, and safe water. A rapidly increasing young population also calls for heavy long-term investments that create job opportunities. Rapid population growth amidst poverty limits the opportunity for attaining sustainable development. All these have an adverse impact on national development. The growing consensus among international development agencies about the relationship between population, poverty, and the environment also contributed to the adoption of the National Population Policy (NPP) in Tanzania in 1992. The critical issues that now remain relate to what the mode of intervention should be. Should the government adopt strong policies to reduce fertility? Will this not interfere with the freedom of individuals and families to decide in the sensitive area of reproduction?

3. The 1992 National Population Policy (NPP) in Tanzania

Population policies are not limited to issues of reproduction, nor are they solely of a purely demographic nature. All policies that promote economic development affect population growth in one way or the other. In fact, all policies that have an impact on death, fertility rates and migration are part and parcel of population policy. Prior to 1992, Tanzania had no comprehensive national population policy. There were only some disjointed government interventions in the areas of fertility and family planning. Following the 1967 Arusha Declaration, which was a blueprint for the country's socio-economic development, government programs included the provision and expansion of free social services—health, education, and safe

water. Literacy campaigns, provision of family planning services as a component of the MCH programme, limiting employment-related benefits to the maximum of four children, paid maternity leave of 84 days once in every three years, and census-taking every ten years were established. These programs lacked a population focus, as the government did not take an explicit and conscious step to educate people about the relationship between these interventions and population issues. For example, most people associated issues of limiting employment-related benefits to the maximum of four children, and the paid maternity leave of 84 days every three years, with government financial difficulties rather than demographic matters.

The 1992 population policy focused mainly on the areas of fertility and family planning. In fact, it was a framework for the coordination and integration of past population programs, particularly those of family planning and child spacing, and lacked a number of important factors for successful implementation.

- There were no established institutional arrangements for an effective implementation of the policy.
- The policy put the government at the centre of implementation and neglected other stakeholders, such as NGOs and the private (business) sector in the implementation process.
- Gender was not given its due attention as more emphasis was put in meeting demographic targets rather than gender needs.

Moreover, the policy was narrow in focus. It did not adequately address the linkage between population growth and other important variables such as poverty, environment, gender and development. For example, it is widely acknowledged that the problem of population growth in developing countries is a problem of poverty. The relationship between poverty and population growth is two-way: poverty affects population growth and is reinforced by accelerated population growth. The two therefore need to be addressed simultaneously.

Poverty also has a significant effect on environmental destruction in developing countries. Rapid population growth and environmental depletion lead to increasing unemployment and migrations of people, which in turn adversely affects the quality of life. Any population policy that fails to adequately deal with these interconnections is bound to fail. In the Tanzanian context, socio-cultural factors are among the critical variables that no realistic population policy can afford to downplay. This is particularly

because socio-cultural factors affect gender relations, family relations, family size, and reproductive health decisions and rights. Addressing gender issues, therefore, is one of the keys to the success of a population policy.

4. The New National Population Policy in Tanzania

The 1992 NPP has been revised to address weaknesses and accommodate developments that took place in the last few years. Changes in orientations and approaches to population issues, which emerged as a result of domestic and international discourses on population, raised the need to review the 1992 NPP. These discourses included Tanzania's Development Vision, named Vision 2025, the 1992 Conference on the Environment, the International Conference on Population and Development, the 1995 Fourth World Conference on Women, the 1995 Copenhagen Social Summit, the 1996 Istanbul City Summit, the World Food Summit of 1997 and the 1998 Cairo Conference on Population.

The conferences dealt with population issues, albeit from different perspectives. Issues that emerged from these conferences include a call for an explicit focus on the quality of life beyond demographic targets. The population discourse led to a growing recognition that smaller families and a slower population growth depend more on easy accessibility, availability, and acceptability of reproductive health services, as opposed to state-mandated policies of population control. Issues related to reproductive health, reproductive rights, and the empowerment of women have been brought to centre stage in population policy debates. Other issues that emerged include the broadening of the conceptualisation of population to include issues of poverty, the environment, gender, and sustainable development. In addition to those developments, Tanzania moved from a statist economy and politics to a market economy with pluralist politics, which created a space for civil society to participate in policy formulation and implementation. All these developments needed to be accommodated in the population policy. Other developments were:

1. Increased cases of HIV/AIDS from 22,084 in 1990 to 88,700 by 1996, and to more than 100,000 by the year 1999. Also, as recounted by the National AIDS Control Program (NACP), the inadequate awareness of HIV/AIDS control mechanisms in the population.
2. High maternal, infant and child mortality and high levels of adolescent pregnancies.
3. Ethical and legal questions associated with population issues, such as abortion, and the teaching of reproductive health education in schools.

4. The economic crisis of the 1980s, necessitating major cuts in the social service sector and aggravating the problems of youth and children, including those of accessibility to quality health and education services.
5. An increasing number of street children, orphans from the HIV/AIDS epidemic, and the migration from rural to urban areas, raising serious concerns about population management.

The draft new NPP, therefore, addresses important issues concerning the link between development and population. Scheduled for launching in the year 2000, its concern is to facilitate the realization of an improved standard of living and quality of life for Tanzanians. In this regard, the core goal of the policy is to influence policies, strategies and programs that ensure sustainable development and quality life. The new NPP defines quality life to include good health and education, adequate food and housing, a stable environment, equity, gender equality, and the security of individuals.

Priority areas identified by the policy include the integration of population variables into development planning, increasing unemployment, problems of people with disabilities, the elderly, the youth and children. On the issue of the youth and children, the policy recognizes that 65 percent of the Tanzanian population is in this category, thus deserving special attention.

On gender issues, the policy recognizes that the marginalization of women results from discriminatory socio-cultural practices. Laws, particularly those that are based on customary practice and regulations, set the parameters for childhood socialization, access to and control of property and inheritance, as well as participation in formal education and employment.

The government has made some effort to address gender inequality. This is exemplified by its establishment of the Ministry of Community Development, Women Affairs, and Children; the creation of the Women Development Fund; the adoption of affirmative action in the allocation of parliamentary seats and local government councils; and the encouragement of NGOs to deal with gender issues. However, these are far from the core issues that affect gender relations. While the government talks about gender imbalances, in practice it continues to maintain customary laws that are the basis for the discrimination of women, and does not do enough to educate communities against this. Without investing in changing the socio-cultural variables that define gender relations, efforts to create an environment that is conducive for gender equality will be a waste. Education, both formal and informal, is the key to this.

With regard to the issue of reproductive health and rights, the policy continues to deal with them through the MCH/FP clinics. Reproductive health services in Tanzania fall under four categories: family planning, safe motherhood, child survival, and STDs/HIV/AIDS. While some of the issues related to reproductive health—such as abortion and the use of modern medical techniques to control fertility—have faced a lot of resistance from religious leaders, giving reproductive rights to women is likely to face a lot of resistance from the majority of men. While MCH/FP clinics continue to be a place for women, there is yet no deliberate plan to provide MCH/FP education. It is thus difficult to envisage the achievement of the policy goal in this area. We see the solution lying more in institutional change, including reforming the policies and processes of MCH/FP clinics, rather than in training more staff and buying more equipment or supplies. For example, out of 98 percent of pregnant women who attended ante-natal services, only 47 percent delivered in health facilities, indicating a poor disposition towards modern facilities and their staff.

The new NPP also covers the issue of female genital mutilation (FGM), which in Tanzania is estimated to affect 18 percent of women. The practice is confined to certain regions in the country, and it is more prevalent in rural areas (21%), compared to urban areas (10%). The policy also covers such other issues as elderly reproductive health problems, the environment, water and sanitation, agriculture, food and nutrition, education, data collection, research and training. Education is instrumental in shaping attitude and promoting behavioural change in population issues. However, this area has not been given its due attention by the new NPP.

4.1 Institutional Arrangements

The policy identifies the National Population Steering Committee (NPSC), the Population and Development Planning Policy Department (PDPP), the National Population Committee (NPC) and population desks in all relevant ministries and at regional and district levels as government implementing agencies. However, there is no clearly defined institutional framework that involves all major stakeholders in discussing the population policy process. The policy states that the PDPP will serve as the secretariat to the Tanzania Council for Population and Development (TCPD), the NPSC and the NPC. The likelihood that the three institutions will work efficiently under one secretariat is minimal. This is partly because lines of accountability, as well as the chain of authority, will be blurred. Besides that, the link between TCPD and other population institutions is not clearly specified in the policy. The

lack of an adequate institutional framework to coordinate and integrate various decision centres in the government, civil society and the private sector is likely to cause discontinuity and delays in the implementation process.

4.2 Strategies

The strategies adopted to achieve the NPP goals leave much to be desired. Most of them are too vague and general to act as vehicles for achieving policy goals and objectives. For example, on population growth and employment, the thrust is more on expanding the labour market than promoting viable family formation. The promotion of labour-intensive industries is not consonant with contemporary technological development and market competition. Moreover, it seems that the implementation of the policy is not based on the national capacity to implement it. As it stands, the policy needs large investments, which are beyond the national capacity. In this regard, it is highly donor-dependent. The likelihood that it will suffer from insufficient funding is very high. Another problem is that the policy does not adequately acknowledge ethical issues involved in the implementation of a population policy, particularly concerning the mode of intervention. The policy completely ignores indigenous knowledge in population matters, making it unable to adequately deal with socio-cultural factors, which are often supported by local traditions and customs rooted in indigenous knowledge.

5. Conclusion

The population policy of Tanzania has been able to identify the critical variables. However, the policy has not adequately addressed the constraints to successful implementation. We see socio-cultural factors, religious values, legal and ethical regimes, inadequate or misdirection or misuse of resources, institutional arrangements, and poverty as among the most serious constraints in achieving the national population policy goals. Without a critical assessment of these constraints, the goals stated by the new National Population Policy will be difficult to realise.

L. Ndumbaro

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Constraints to Democratisation in Tanzania

Max Mmuya*

Introduction

Liberal democracies are characterised by competition, participation, and civil liberties. However, efforts to create liberal democratic regimes in many developing countries have often heightened ethnic or regional or religious tensions. One of the most pertinent questions in the transition to democracy is how to devise a strategy and create institutions that allow various political and social forces to engage in political competition while maintaining overall societal stability for socio-economic development (Vanhanen, 1992; Diamond, et. al., 1988; Young, 1999). This is a serious problem, especially for African countries, which are faced with a number of constraints inhibiting the creation of viable plural, competitive, and open political orders.

As others have noted, the creation of liberal democratic institutions in most African countries has taken place in a hostile situation of scarcity, poverty, a fast growing population, the heritage of authoritarian colonial rule, and ethnic strife (Vanhanen, 1992: 15). This is hardly a firm foundation on which to build a strong democratic political system. Young (1999) argues that under such conditions, the emergence of ethnic, religious and other cleavages is likely to characterize the transition to democracy. It is especially so when challengers and their political parties have difficulty in defining an alternative system for society, thus facilitating the construction of a vision of society based on ethnic or other identity lines.

In many ways Tanzania fits the above description of an impoverished, fast-growing society with an authoritarian political heritage that also has ethnic and religious pluralism. True to Young's characterization, the change to multiparty politics has seen a decrease in the importance of ideology and party platforms, and a rise in ethnic, regional and religious

* Senior Lecturer in Political Science, University of Dar es Salaam.