The 1987 document on the population development programme

N.B. Gouws
Dept. of National Health and Population Development

1. INTRODUCTION

Following a decision by the Cabinet of the RSA, the Population Development Programme (PDP) was launched during March 1984. The aim of the programme is to establish and maintain a balance between the size of the population and subsistence resources. The Department of National Health and Population Development (Chief Directorate: Population Development) was given the responsibility to co-ordinate all efforts in this connection. This programme is the result of the following two investigations:

1.1 On 12 August 1980 the cabinet constituted an Interdepartmental Task Group with the commission to investigate and report on the desirability of a long term population strategy aimed at attaining the above-mentioned balance. The future availability of natural resources as well as the country's social and economic potential were to be taken into account and consideration was to be given to government programmes which could be implemented to execute this strategy successfully.

1.2 The President's Council (President's Council Report 1983 : Preface) was commissioned on 16 September 1982 to advise the State President on the following matters:

- "the extent to and ways in which economic and social development, the quality of life and the productivity of the population of South Africa are being affected adversely by the population growth and population structure, now and in the future;
- "which available population levels and trends would be most advantageous to the economic and social development of the population and its potential; and
- "the most effective and acceptable ways in which such population levels and trends may be achieved with special reference to metropolitan and rural communities, as well as the organisations, structures and measures which will have to be activated."

The most important finding of the two reports which were prepared are discussed below:

2. THE NEED AND REASONS FOR THE PDP

2.1 Population size and resources

As a result of research on demographic trends in South Africa undertaken by the Science Committee of the President's Council as well as the Interdepartmental Task Group, it became evident that South Africa is facing an escalating demographic crisis. In 1982 the growth rate of the South African population was 2,3% and if this growth rate were to continue, the South African population (TBVC countries included) would increase from the present 28 million people to 47 million by the year 2000, to 80 million by the year 2020 and to 138 million by the year 2040 (President's Council Report 1983 : 111-117).

If these demographic trends were to continue South Africa would soon be faced with a situation in which it would no longer be possible to maintain the necessary balance between population size on the one hand, and natural resources and social and economic potential on the other hand.

An imbalance between population size and the available natural and other resources will inevitably lead to a lowering of living standards. According to a finding of the United Nations, governments in various developing countries have become aware of the negative effect of uncontrolled population growth on the living standards of the population. The result is that almost 80% of the population of the developing world live in countries in which governments are involved in programmes aimed at controlling the rate of population growth (President's Council Report 1983 : 207).

For those determining the eventual optimal population size which a country can accommodate, it is important that the following factors be taken into account:

- The availability and renewability of natural resources
- Expected economic growth
- Expected social development
- Present population size and expected growth

Having taken all these factors into account, it was found that South Africa can only accommodate an eventual population of 80 million people (Report of the President's Council 1983 : 210).

2.2 Economic trends

From an economic point of view this figure of 80 million people is however subject to debate. Economists who take into account the country's potential to create employment opportunities, estimate a lower optimal figure. The opinion of economic experts is that the country's population growth has reached the point where there are already more people in this country than the number for which work can be provided at any stage in the future.

Whatever the findings regarding the optimal population are, the fact of the matter is that the population has already reached a certain size and that the growth potential of the population is such that it is unrealistic to expect that the population will stabilize at less than 80 million people. From a purely demographic point of view this figure of 80 million is also a very optimistic

one. The conclusion which one arrives at is that all efforts will have to be made to stabilize the population size at 80 million people. Should this be achieved, all problems will not automatically be solved. Social and more particularly economic development will have to receive special attention in order to accommodate these 80 million people. Hence the PDP has three major driving forces. Decreasing population growth, stimulating economic development and stimulating social development.

The President's Council made certain proposals to curb unemployment, namely:

- "An economic growth rate in excess of 4,5% will be required to avoid a future increase in unemployment
- "More labour-intensive and less capital-intensive projects will have to be undertaken on condition that wage and productivity levels still make such projects profitable ones
- "Small enterprises (self-employment) will have to be stimulated." (Report of the President's Council 1983:183)

Whatever the optimal figure may be, it is essential to give urgent attention to ways and means of preventing the South African population from increasing to beyond 80 million, in order to maintain the necessary balance between population size and available resources. The drastic decline in population growth experienced in developed countries since modern contraceptives have become available, emphasizes the importance of these measures as instruments in restricting population growth. However the mere availability of and access to modern contraceptives are no guarantees that the desired decrease in population growth will be achieved—motivation and knowledge with regard to their meaningful use are also important. Furthermore population growth is not influenced by family planning alone. If the historic course of change undergone by populations in the developing and the developed world is analyzed, there are definite indications that reduction in population growth is also linked to development.

2.3 Demographic development trends

Analysis of the historical data in developed as well as developing countries has led demographers to identify five phases or transitional stages of demographic development, namely:

2.3.1 The primitive stationary stage—before the start of socio-economic development virtually no population growth takes place. Fertility and mortality rates are both high and of approximately the same magnitude.

2.3.2 The premodern stage—development is accompanied by a decline in the mortality rate while the fertility rate maintains a high level, resulting in moderate population growth.

2.3.3 The transitional stage—further development creates improved health conditions and an increasing number of children survive the early years of their lives. Fertility remains high and may even increase. It is during this stage that the so-called "population explosion" occurs.

2.3.4 The modern stage—modernization results in a drop in fertility to a point where population growth almost equals the premodern stage.

2.3.5 The modern stationary stage—further modernization results in a further drop in fertility to a point where fertility and mortality rates are of the same magnitude. A stage of zero growth is ultimately reached (Hauser 1979:50).

The demographic transition that occurred in the European countries took approximately one to two centuries to complete. Countries in the developing world are moving more rapidly through their transitional stages than was the case in the countries of the present developed world, because the experience gained by western countries is applied in present developing countries (Report of the President's Council 1983:71).

The various population groups in South Africa are at different levels of development and also in different phases of demographic transition. Whites have already been in the modern stage for some time and are beginning to move out of that stage towards the modern stationary stage. The Asian population is at present entering the modern stage. The coloured population is in the process of moving out of the transitional stage, whereas the black population is still in the transitional stage (Report of the President's Council 1983:72).

Since the present population growth will adversely affect the standard of living of all people in South Africa in the future, it is essential to increase the pace at which the various population groups are moving through the stages of demographic development.

After careful deliberation and after having taken cognisance of all the aforementioned facts, the President's Council and the Interdepartmental Task Group came to the conclusion that there is only one way in which it is possible to achieve a balance between population size and resources, namely the institution of a comprehensive national Population Development Programme (PDP).

3. THE AIMS OF THE POPULATION DEVELOPMENT PROGRAMME

The overall aim of the PDP is to establish and maintain a balance between the size of the population and subsistence resources.

Objectives

The specific objectives pursued in the PDP are the following:

- An improved quality of life for all people
- A demographic objective of a population of 80 million people that will stop growing by the end of the following century
- The acceleration of the social and economic development of all population groups so as to achieve parity in opportunities for development as soon as possible
- An average of two children per woman by the year 2010
- The promotion of the basic level of health among all population groups
- Orderly geographical distribution and development in the rural areas of South Africa

4. PRINCIPLES OF THE POPULATION DEVELOPMENT PROGRAMME

The following principles form the basis of the PDP:

- The individual and each couple have the right to decide on the number of children they wish to have but it is also their responsibility to feed, clothe and educate their children adequately.
- The state has the responsibility and the right to institute measures and implement programmes in order to ensure a balance between resources and population numbers in the interest of all the people in the country.

- The private sector is co-responsible for and should have a voice in the planning and implementation of the PDP.
- The problem of rapid population growth is multi-dimensional, and in dealing with this problem a multidisciplinary development approach at all levels is required.
- Development should take place by and with the co-operation of each community.
- The co-ordination of development programmes should be carried through down to the local level.

These national objectives and principles have been adopted with a clear understanding that all communities in South Africa will have to undergo changes in order to enhance the quality of life of all people. Although such changes demand time, money and education, definite liaison and mutual responsibility are prerequisites for co-operation between developed and developing communities. A need for development should be nurtured in all communities and all communities should be involved in development if the quality of life is to be enhanced successfully. Development cannot be one-sided or enforced.

5. THE SCOPE OF THE POPULATION DEVELOPMENT PROGRAMME

5.1 Who is involved and responsible?

The PDP is the responsibility of all the people, groups, and institutions in South Africa. It is not a government programme only. It was introduced as a goal-orientated action plan to achieve essential goals in order to ensure an acceptable standard of living for all people in the RSA and, in this way, to maintain the stability in the country.

The success of the PDP will be determined by the co-operation of all the people, groups and institutions, thus encompassing all social, economic, structural and constitutional spheres.

The government and the private sector are consequently coresponsible for achieving the national goals: namely to ensure a balance between the size of the population and the resources in the country.

The government has, within its framework, taken responsibility for the following:
- Monitoring and co-ordinating the programme
- Creating an awareness of the problems, focus points and priorities of the PDP
- Stimulating the implementation of programmes which promote objective achievement

To this purpose the Chief Directorate: Population Development was created within the Department of National Health and Population Development. An Interdepartmental Committee for Population Development was also formed so as to encourage and co-ordinate the efforts of the different government departments with regard to population development. A Council for Population Development, consisting of 25 experts in various development fields, was also constituted. The members of this council are, with the exception of two, all from the private sector. The functions of the council are the following:
- To recommend policy (on a continuing basis), for the Population Development Programme for consideration, implementation and execution by the government
- To advise the government regarding the co-ordination, implementation, research and evaluation of the programme
- To consider and recommend methods in order to promote the programme in certain communities

- To establish committees with the permission of the Minister of National Health and Population Development with regard to certain projects which the council may decide on
- To foster co-operation between the different research authorities such as the Human Sciences Research Council, the Medical Research Council and the universities

5.2 Spheres and actions

The goals which have been set for the PDP necessitate action in the following spheres:

Education	Manpower training	Primary health care	Family planning
• Formal education (at least 7 years) • Non-formal education • Literacy programmes • Population education at schools • Education of women • Community development	• Manpower training • Training of women • Productivity • Community development	• Decreasing the Infant mortality rate • Basic services (fresh water, sanitation, garbage removal) • Health education • Community development	• Family planning • Community development

Economic development	Housing	Urbanization	Rural development
• Job creation • Promoting the informal sector • Integration of women in the labour force • Increasing personal *per capita* income • Community development	• Promoting self-help building • Promoting home ownership • Community development	• Orderly urbanization • Providing basic infrastructure • Electricity • Community development	• Providing basic infrastructure • Providing services to rural areas • Improve the quality of life of farm workers • Improve the status of women • Community development

5.3 Community development

The improvement of the quality of life will only succeed if all communities are involved and if community development is introduced as a community-based philosophy and a method of self-help.

Encouragement, support and opportunities are necessary at grassroot levels in cities, towns and farms to enable communities to identify their own needs and problems, to determine their priorities and to plan and implement self-help programmes in accordance with their own norms.

Although each community is responsible for its own development, the mutual interdependence between communities cannot be ignored. However this co-responsibility of developed and less developed communities does not mean that developed communities should improve the quality of life of developing communities, but that developed communities should assist in stimulating an enhancement in the standard of living of other communities, thus enabling developing communities to take responsibility for the improvement of their own quality of life.

5.4 The Chief Directorate: Population Development (CDPD)

5.4.1 Constitution of the CDPD

The Chief Directorate: Population Development (CDPD) consists of a head office component which is situated in Pretoria together with regional as well as subregional components. The regions correspond with the different planning regions of the National Physical Development Plan. Each planning region is the responsibility of the local CDPD staff member. In this way the national goals for the whole of the RSA are being addressed *via* regional and subregional inputs in accordance with the situation in different areas. In other words the problems in each region and subregion projected against the background of the national aims will eventually determine which matters will receive attention.

5.4.2 Function of the CDPD

The functions of the CDPD are as follows:
   (i) to promote the national aims of the PDP as well as create an understanding of the problems underlying these aims
   (ii) to co-ordinate all actions aimed at achieving the national aims
   (iii) to initiate the implementation of actions in order to achieve the national aims
   (iv) to advise institutions, groups and individuals from national to local level on the implementation of actions to achieve the national aims
   (v) to undertake research in connection with population development
   (vi) to train groups and institutions in community and population development
   (vii) to monitor the progress of the Population Development Programme
   (viii) to report progress with the PDP to the cabinet at six-monthly intervals.

6. MONITORING OF POPULATION DEVELOPMENT PROGRAMME PROGRESS

6.1 Sources of data

At this stage the monitoring of the PDP is done with the aid of data received from the Central Statistical Services as well as the Human Sciences Research Council (HSRC). The CDPD commissioned the HSRC to undertake specific socio-economic sample surveys for the CDPD in the 44 planning regions. These surveys are undertaken on a rotation basis in cycles of four years. Two development regions are covered each year. The first round of these surveys was completed during the 1985/86 financial year and the present (1987/88) financial year is the second year of the second round.

6.2 PDP: Quality of life indicators

A prerequisite for development aimed at a better quality of life is the definition of broad national objectives. Quality of life has different meanings in different countries and communities. All countries with population development programmes similar to that in South Africa have their own quality of life indicators.

In Chile, for example, the indicators are:
— Infant mortality rate
— Literacy
— Housing
— Infrastructure
— Employment opportunities
— Justice systems
— Private sector involvement

Each of these indicators has specific objectives that must be achieved (Chilean Social Programme Document).

In South Africa the following PDP indicators have been accepted as indicative of the quality of life:
— Infant Mortality Rate (IMR)
— Life expectancy
— Total Fertility Rate (TFR)
— Teenage pregnancies
— Economic dependency rate
— Personal Per Capita Income (PPCI)
— Literacy rate
— Percentage of children not attending school
— Room density

These indicators, their weights (see Paragraph 6.3) and their objectives according to time scales (see Paragraph 6.4) were approved by the cabinet.

6.3 Weights for the PDP indicators

For the monitoring of progress with the PDP it was necessary to attach weights to the PDP indicators. These weights reflect the views of approximately 80 members of the Chief Directorate: Population Development after being confronted with the following question: "If each of the nine PDP indicators is influenced in such a way that the specific objective is reached, indicate on a nine-point scale which indicator will, in your opinion, have the greatest impact on increasing standard of living and quality of life." The result of this exercise was the following:

Indicator	Weight
● Personal *per capita* income	13,6
● Literacy	13,2
● Total fertility rate	11,9
● Economic dependency rate	11,0
● Infant mortality rate	10,9
● Children not attending school	10,8
● Room density	10,5
● Teenage pregnancies	10,0
● Life expectancy	8,1
	100,0

6.4 Definitions of and specific objectives for the indicators of quality of life

6.4.1 Infant mortality rate

● The number of deaths of infants under the age of one year per thousand live births.
● Objectives:

Population group	1980	1985	1990	1995	2000	2005	2010	2015
White	13	11	10	9	8	8	8	8
Coloured	61,9	56	50	39	30	17	10	8
Asian	20,4	19	17	14	12	10	8	8
Black	90,0	67	50	39	30	17	10	8

6.4.2 Life expectancy

● The number of years a newly born child can expect to live if existing mortality conditions continue to prevail. (Note: Life expectancy can be given for any age, but for the purposes of PDP life expectancy at birth is taken as the indicator.)

- Objectives:

Population group		1980	1985	1990	1995	2000	2005	2010	2015
White	M	68,8	69	70	71	72	72	73	73
	F	73,8	74	74	75	75	75	75	75
Coloured	M	56,0	57	58	59	60	62	64	66
	F	61,0	62	62	63	65	66	67	68
Asian	M	62,0	64	65	67	68	69	70	71
	F	67,5	68	68	69	70	71	73	74
Black	M	55,0	56	57	59	60	61	63	65
	F	60,0	61	61	62	62	65	65	67

6.4.3 Total fertility rate

- The average number of children a woman will bear during her reproductive years.
- Objectives:

Population group	1980	1985	1990	1995	2000	2005	2010	2015
White	2,1	2,1	2,1	2,1	2,1	2,1	2,1	2,1
Coloured	3,3	2,9	2,6	2,4	2,1	2,1	2,1	2,1
Asian	2,7	2,4	2,2	2,1	2,1	2,1	2,1	2,1
Black	5,2	4,5	3,8	3,3	2,8	2,4	2,1	2,1

6.4.4 Teenage pregnancies

- The percentage of total live births born to women younger than twenty years of age.
- Objectives:

Population group	1980	1985	1990	1995	2000	2005	2010	2015
White	8,7	7,6	6,6	5,7	4,9	4,3	3,7	3,2
Coloured	17,2	14,8	12,7	11,0	9,0	8,1	7,0	6,0
Asian	11,6	10,5	9,5	8,6	7,7	7,0	6,3	5,7
Black	14,3	13,7	13,2	12,7	12,2	11,7	11,2	10,8

The table above implies that during 1985 no less than 13,7% of live born black babies were born to mothers younger than 20 years of age. The objective in this case is 10,8% in the year 2015.

The remaining indicators are of a non-demographic nature and the objectives will consequently not be elaborated on.

6.4.5 Economic dependency rate

- The total number of persons not economically active per hundred economically active persons.

6.4.6 Personal Per Capita Income (PPCI)

- The personal income (in rands) per person.

6.4.7 Literacy

- The number of persons who have passed at least Standard four, expressed as a percentage of persons 13 years and older.

6.4.8 Children not attending school

- The number of children six to eighteen years of age not attending school, expressed as a percentage of the total number of children six to eighteen years old.

6.4.9 Room density

- This is the average percentage occupancy of dwellings in terms of the scale given below. Percentages exceeding one hundred indicate overoccupancy. The more this percentage is in excess of one hundred, the greater the extent of overoccupancy. (This indicator was designed by Prof. E. Batson, previously of the University of Cape Town.)
- Only "equivalent persons" are counted and a child under the age of ten years is counted as half a person. Furthermore only bedrooms are taken into account. Over occupancy exists when more than the following number of equivalent persons occupy a dwelling of indicated size.

2,5 equivalent persons: 1-bedroomed dwelling
3,5 equivalent persons: 2-bedroomed dwelling
5,0 equivalent persons: 3-bedroomed dwelling
7,5 equivalent persons: 4-bedroomed dwelling
10,0 equivalent persons: 5-bedroomed dwelling
12,5 equivalent persons: 6-bedroomed dwelling
15,0 equivalent persons: 7-bedroomed dwelling
17,5 equivalent persons: 8-bedroomed dwelling
20,0 equivalent persons: 9-bedroomed dwelling

The purpose of this formula is to serve as a type of "thermometer" to measure dwelling occupancy. It is not the intention that 100% occupancy should be regarded as the ideal or the objective. However the opinion is that overcrowding problems may arise if the percentage exceeds 100%. Therefore the ideal is an occupancy of less than 100%.

6.5 The monitoring system

Having decided on indicators of the quality of life and objectives connected to time scales, the next step was to decide on a method which would at a glance enable the following:

- Determination of the quality of life of any group of people in any geographical area
- Monitoring of progress towards the betterment of quality of life.

The Objectives Matrix, designed by the Oregon State University, proved to be the most appropriate method and was consequently implemented. The functioning of the Objectives Matrix will not be dealt with in this article. However the following examples of statistics which are derived from this matrix illustrate its use:

Viewing the nine indicators of quality of life as a whole, 60,7% of the present objectives for the coloured population group in the RSA have been achieved. Coloureds in the Durban metropolitan area have the highest quality of life (93,0%) when compared with coloureds in other areas. At the other end of the scale, coloureds in Planning Region 22 (Vryburg and surroundings) have the lowest quality of life—19,3%. In the first instance the matrix therefore indicates where PDP attention is necessary. The matrix also shows, in order of priority, which indicators require attention. In the case of coloureds in Region 22 the position is as follows:

First priority: Total fertility rate. (The highest coloured TFR in the RSA—5,6 children per woman—was encountered in this region. This TFR rated a so-called "count" of 0, compared with the count of 5 for the average for the RSA and 10 for the present objective.)

Second priority: Children not attending school—Count 0.

Third priority: Room density—Count 0.

(Although all three of these indicators had a count of 0, priorities were determined by taking account of their previously mentioned weights.)

Fourth priority: Personal per capita income—Count 2.

Fifth priority: Literacy—Count 2.

Sixth priority: Economic dependency rate—Count 2.

Seventh priority: Infant mortality rate—Count 3.
Eighth priority: Life expectancy—Count 3.
Ninth priority: Teenage pregnancies—Count 6.

Attention is drawn to the fact that only one of the nine indicators (teenage pregnancies, with a count of 6) is more favourable than the picture for the RSA as a whole (count 5). On the other hand the position in the Durban metropolitan area is as follows: All but two of the nine indicators (TFR and economic dependency rate) are equal to or better than the present objectives. The count for economic dependency rate is 5—in other words equal to the present RSA average rate. The count for the TFR is 9—in other words virtually equal to the present objective which rates a count of 10. For such interpretation of the Objectives Matrix the following should be borne in mind:

Count 10 = present objective;

Count 5 = present RSA average value;

Count 0 = most unfavourable value encountered in any area.

Thus: Counts 9 to 6: better than present RSA position, but the lower the count, the more unfavourable; Counts 4 to 0: less favourable than the present RSA position, and the lower the count, the more unfavourable.

Each year updated values for the indicators are determined and in this way progress is monitored and areas which require special attention are identified.

7. CONFUSION WITH REGARD TO POPULATION DEVELOPMENT AND FAMILY PLANNING

The activities of the Department of National Health and Population Development are divided into twelve chief directorates. Two of these directorates are the Chief Directorate: Population Development and the Chief Directorate: Family Planning. It has been found that much confusion exists regarding the functions of these two chief directorates. Some individuals wrongly believe that the Chief Directorate: Population Development has taken over the functions of the Chief Direc-

torate: Family Planning. Others are under the impression that their different functions overlap. It is therefore important to explain the activities of these two directorates.

The Chief Directorate: Family Planning was established in 1974. The aim of this directorate has never been to curb population growth, as is the case with the Chief Directorate Population Development. The aim of family planning is to enable people to plan their families in such a way that each member of the family has the best opportunities in life. The Chief Directorate: Family Planning has the following objectives:

- Postponing the first pregnancy until the husband and wife have the maturity and financial means to start a family
- Spacing of children so that each child receives its share of parental love and attention during the important baby and toddler phases
- Limiting family size to the number of children which the parents can afford
- Preventing more pregnancies when the desired number of children has been reached

To illustrate that family planning does not focus on the limitation of numbers, one can mention that this directorate also renders assistance to couples who are infertile, thus promoting fertility. Hence it is clear that the focus is on the *planning* of a family.

As has already been mentioned (Paragraph 5.2), the PDP entails action in eight different spheres. One of these is family planning. Thus the Chief Directorate: Family Planning forms part of the PDP, as is the care with departments that concentrate on the remaining seven spheres (Departments such as Manpower, Education and Training and Development Aid form part of the PDP).

In brief the difference between the Chief Directorates: Population Development and Family Planning is that the former has, among other things, definite demographic objectives while the latter strives towards orderly family planning.