

CASE STUDIES IN POPULATION POLICY:

# United Republic of Tanzania



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C A S E S T U D I E S I N P O P U L A T I O N P O L I C Y :

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# United Republic of Tanzania



U N I T E D N A T I O N S

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NOTE

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## PREFACE

This publication is one in a series of country case studies being prepared by the Population Division of the Department of International Economic and Social Affairs of the United Nations Secretariat that focus on selected issues in the formulation, implementation and evaluation of population policies in various developing and developed countries.

The objective of the series is to present broadly comparative, issue-oriented case studies that illustrate the myriad approaches countries have pursued in implementing, formulating and evaluating their population policies. The specific issues addressed include the manner by which policies, programmes and targets aim to influence demographic variables directly or indirectly, how they have been formulated, and the extent to which they have been implemented in relation to one another and to other social, economic and political goals. Emphasis is placed on the problems encountered and the strategies undertaken to resolve the problems. It is hoped that this series will be useful to persons responsible for population programmes and policies and, in general, for the sharing of experiences among countries in the formulation, implementation and evaluation of population policies.

The population policy overview for the United Republic of Tanzania, presented on pages 1-6 of this publication, is taken from World Population Policies, volume III, Oman to Zimbabwe (United Nations, forthcoming). The main body of the report is based on a draft prepared by Wilfred Mlay, Department of Geography, University of Dar-es-Salaam, as a consultant to the United Nations. The views and opinions expressed are those of the consultant and do not necessarily reflect those of the United Nations. The estimates and projections presented in the population policy overview may differ from those presented in the main body of the publication, owing to demographic assessments, subsequent adjustments and differences of time reference. Special acknowledgement is due to the United Nations Population Fund for its support of project INT/84/PO8, which made possible the preparation of this publication.

To date, reports issued in the Case Studies in Population Policy series are:

|          |                   |
|----------|-------------------|
| MALAYSIA | (ST/ESA/SER.R/80) |
| KUWAIT   | (ST/ESA/SER.R/82) |
| NIGERIA  | (ST/ESA/SER.R/83) |
| BRAZIL   | (ST/ESA/SER.R/84) |
| MEXICO   | (ST/ESA/SER.R/89) |

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## EXPLANATORY NOTES

Symbols of United Nations documents are composed of capital letters combined with figures. Mention of such a symbol indicates a reference to a United Nations document.

Reference to "dollars" (\$) indicates United States dollars, unless otherwise stated.

The term "billion" signifies a thousand million.

Annual rates of growth or change refer to annual compound rates, unless otherwise stated.

A hyphen between years (e.g., 1984-1985) indicates the full period involved, including the beginning and end years; a slash (e.g., 1984/1985) indicates a financial year, school year or crop year.

A point (.) is used to indicate decimals.

The following symbols have been used in the tables:

Three dots (...) indicate that data are not available or are not separately reported.

A dash (--) indicates that the amount is nil or negligible.

A hyphen (-) indicates that the item is not applicable.

A minus sign (-) before a number indicates a deficit or decrease, except as indicated.

Details and percentages in tables do not necessarily add to totals because of rounding.

16.5 Tanzania shillings = \$U.S. 1 as of December 1985.

POPULATION POLICY OVERVIEW

| DEMOGRAPHIC INDICATORS  | CURRENT PERCEPTION   |
|---|--|
| <p><b>SIZE/AGE STRUCTURE/GROWTH</b></p> <p>Population:            <u>1985</u>    <u>2025</u><br/>           (thousands)        22 499   83 805<br/>               0-14 years (%)    48.8    39.0<br/>               60+ years (%)     3.8     4.6</p> <p>Rate of:                <u>1980-85</u> <u>2020-25</u><br/>           growth                3.5     2.3<br/>           natural increase    35.1    23.4</p> | <p>The Government perceives current growth rates as <u>too high</u>.</p>   |
| <p><b>MORTALITY/MORBIDITY</b></p> <p>                          <u>1980-85</u> <u>2020-25</u><br/>           Life expectancy        51.0    66.5<br/>           Crude death rate       15.3    6.0<br/>           Infant mortality       114.8   48.9</p>  | <p>Present conditions of health and levels of mortality are considered to be <u>unacceptable</u>. Children under the age of five are of special concern.</p> |
| <p><b>FERTILITY/NUPTIALITY/FAMILY</b></p> <p>                          <u>1980-85</u> <u>2020-25</u><br/>           Fertility rate            7.1     3.6<br/>           Crude birth rate        50.4    29.4<br/>           Contraceptive<br/>             prevalence rate       ...     ...<br/>           Female mean age<br/>             at first marriage    19.2 (1978)</p>                                  | <p>Current fertility levels are viewed as <u>unsatisfactory</u> and <u>too high</u>.</p>   |
| <p><b>INTERNATIONAL MIGRATION</b></p> <p>                          <u>1980-85</u> <u>2020-25</u><br/>           Net migration rate     0.0     0.0<br/>           Foreign-born<br/>             population (%)        2.4 (1978)</p>  | <p>The levels of both immigration and emigration are considered to be <u>not significant</u> and <u>satisfactory</u>.</p>                                    |
| <p><b>SPATIAL DISTRIBUTION/URBANIZATION</b></p> <p>Urban                    <u>1985</u>    <u>2025</u><br/>             population (%)        22.3    56.2</p> <p>Growth rate:            <u>1980-85</u> <u>2020-25</u><br/>           urban                    9.5     2.9<br/>           rural                     2.1     1.6</p>  | <p>The spatial distribution is considered to be <u>inappropriate</u>.</p>  |



## GENERAL POLICY FRAMEWORK

Overall approach to population problems: The Government of the United Republic of Tanzania believes that poverty is the root problem to be tackled, and although no official population policy has been formulated, there is growing awareness of the constraints that rapid population growth rate places on the country's socio-economic development. However, the Government has not intervened directly to influence population trends. The main goals are: population redistribution through villagization, and improvement of the health of individuals through free national health programmes, including maternal and child health, and enhancement of the skills and living standards of the labour force.

Importance of population policy in achieving development objectives: The Government has indicated that effective policies of population planning should be linked with the struggle against poverty. There is increasing appreciation in political and policy circles of the impact of demographic trends on development and the need for a comprehensive population policy as part of development planning and policies. The various seminars held for the ruling Chama Cha Mapinduzi (CCM) Party leaders at national, regional and district levels, have urged the CCM and the Government to develop national awareness through intensive education, in order to prepare the groundwork for a comprehensive national population policy.

## INSTITUTIONAL FRAMEWORK

Population data systems and development planning: The United Republic of Tanzania is one of the few African countries with a relatively long history of demographic data collection. Four population censuses have been taken since 1948, the latest being in 1978 and one had been provisionally scheduled for August 1988. The National Demographic Survey of Tanzania was conducted in 1973. Other data sources are civil registration data, village records and household surveys. The latest development plan is the fifth five-year development plan, covering 1987 to 1991.

Integration of population within development planning: A Population and Development Planning Unit was established in 1986 as part of the National Economic Policy Division of the Ministry of Finance, Planning and Economic Affairs. The Unit is currently active in carrying out the groundwork for the formulation of a national population policy, which the Government intends to promulgate. In the long run the Unit is expected to ensure the integration of population factors into the development planning process. A National Population Committee (NPC) has also been established as part of the institution-building process to advise the Government on population matters.

## POLICIES AND MEASURES

Changes in population size and age structure: Although the Government perceives the population growth rate as too high, there has not been any direct intervention to modify the size and age structure of the population. The Government has indicated that the problems associated with poverty must be solved. It is felt that overall economic development will influence peoples' attitudes, behaviour and life-style to such an extent that bearing many children will not be necessary. The importance of carefully studying issues associated with population growth and the balance between human needs and social services has resulted in the establishment of the Population Unit. Concerning the social security scheme, only employees of firms with at least four workers and public employees are covered. Coverage is gradually being extended to smaller firms.

Mortality and morbidity: Since independence in 1961, the Government has consistently followed a policy emphasizing the development of rural areas, the equal distribution of goods and services, and self-reliance. The policy's principal health objective is to raise the living standards of the rural population by developing health programmes to control the major diseases afflicting rural areas, by training health personnel and by concentrating health resources in rural areas. Health projects have stressed primary health care in order to achieve health for all by the year 2000. Recently, a Primary Health Care Co-ordinating Committee was elected to monitor activities and give technical advice. The programme for 1987-1991 focuses in particular on improving, expanding and strengthening the Maternal and Child Health/Family Planning Programme at the national level. In 1987 exploratory work was under way to test the feasibility of introducing child-spacing directly into the primary health care system at the community level based on co-operation with village leaders and health workers largely outside, but co-ordinated with the formal health structure. No quantitative targets have been set.

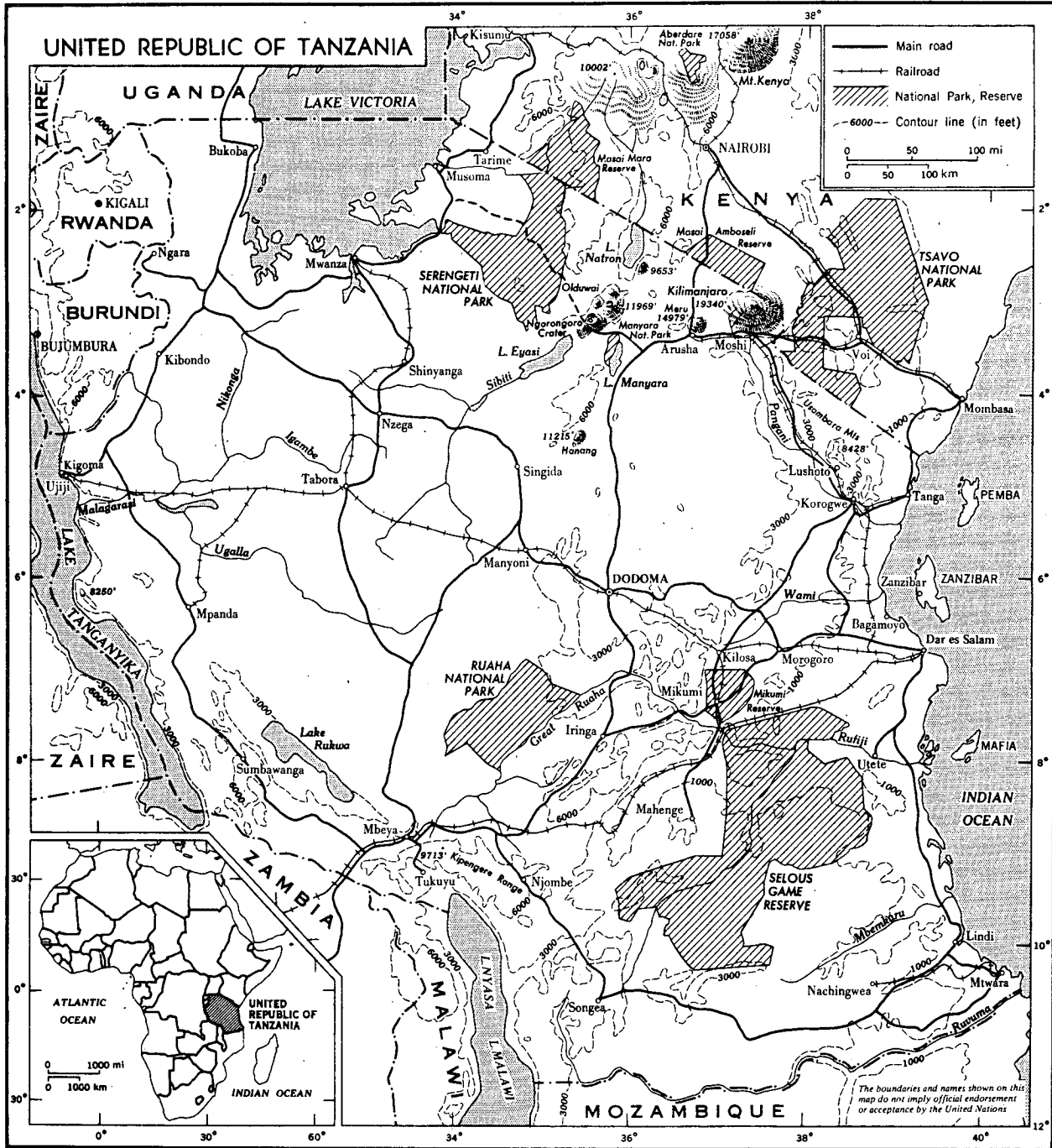
Fertility and the family: Although the Government does not intervene to reduce the level of fertility, it supports the principle that improving the quality of life requires effective programmes to reduce current high levels of fertility and mortality and alleviate the uneven pattern of population distribution. An extensive Maternal and Child Care Programme has been established, which includes programmes on child-spacing, family-life education, and family planning. Child-spacing, in particular, has been stressed by the Government. Both direct and indirect support for contraceptives are provided. Abortion is legal to protect a woman's health. Sterilization is permitted on medical grounds. The Family Planning Association of Tanzania, in conjunction with the Ministry of Health, provides a wide range of contraceptives and undertakes training in family planning for medical and paramedical personnel within the Maternal and Child Health Programme in both urban and rural areas.

International migration: The Government believes that immigration has not had any significant effect on the country's socio-cultural development. Although quantitative targets have not been set for either immigration or emigration, concern has been expressed over refugees and asylum seekers who have sought

refuge from violence in neighbouring countries. As of June 1987, the United Republic of Tanzania was hosting some 220,000 refugees. A large proportion of refugees in rural settlements are self-sufficient and well integrated.

Spatial distribution/Urbanization: Since the second five-year plan the Government has formulated a comprehensive policy which is a spatial distribution mechanism as well as a socio-economic programme. The Villagization Programme was based on the understanding that the country's vast resources was constrained by the country's diffuse pattern of population distribution and by deficiencies in the economic and social organization of society. The Villagization Programme has specifically aimed at controlling rural-to-urban migration. The Villagization Programme was expected to be the vehicle for distributing the nation's wealth and services equitably and raising productivity by providing people with new farming techniques, as well as credit and marketing facilities, which would modernize agriculture. The Government is planning to develop Dodoma, in the central region, as the new capital in order to reduce the primacy of Dar-es-Salaam. However, despite detailed plans, the Government has fallen behind schedule in transferring ministries to the new capital.

Status of women and population: The Union of Tanzanian Women has as its mandate to unite all women into an organized force capable of overcoming their problems in development activities. With international assistance, various projects have made concerted efforts to include women systematically in the various development activities. The minimum legal age at marriage for women is 15 years.



MAP NO. 1960 REV.2 UNITED NATIONS  
MARCH 1978

## SELECTED SOURCES

The information contained in the overview is based on the continuous monitoring of population policies undertaken by the Population Division of the Department of International Economic and Social Affairs of the United Nations Secretariat, as part of its work programme.

The Government of the United Republic of Tanzania's response to a United Nations questionnaire entitled "Fifth Population Inquiry Among Governments: monitoring of Government perceptions and policies on demographic trends and levels in relation to development as of 1982" constitutes an important source for the overview.

Except where otherwise noted, the demographic estimates and projections are based on the tenth round of global demographic assessments undertaken by the Population Division. The various demographic indicators are derived from data that were available to the United Nations generally by the end of 1985; therefore, the figures supersede those that were previously published by the United Nations.

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## INTRODUCTION

### A. Population and socio-economic development

The United Republic of Tanzania, like other sub-Saharan African countries is facing unprecedented population growth rates - both in rural and urban areas.

The population of the United Republic of Tanzania is currently estimated to be 23 million (1986) but is projected to exceed 35 million by the end of the century. Such rapid growth of population is a reflection of a trend that has persisted over the last three decades. Between 1957 and 1967 the population grew at 2.7 per cent per annum, and between 1967 and 1978 at 3.2 per cent per annum. This growth is a result of a persistently high crude birth rate of nearly 50 per 1,000 and a crude death rate that declined from 24-25 per 1,000 in the 1950s to somewhere in the neighbourhood of 15-18 per 1,000 in the 1980s.

Not only has the growth of the national economy not kept pace with population growth but in recent times the economy has gone through periods of negative growth. For example in the period 1970-1971, food production was growing slowly at 2.9 per cent per year, and the United Republic of Tanzania was a net food exporter. However, from 1974 onwards the country has had to import larger quantities of food each year - even in periods of good harvests. It is estimated that by 1980 the value of the country's agricultural exports was less than 60 per cent of the 1977 peak. The Government has also been forced to depend increasingly on foreign aid to finance its development programmes, because of insufficient earnings in the public sector.

Rapid population growth has in addition reinforced the uneven spatial distribution of population. The high density zones, which are also the most productive, have experienced growing population pressure which can contribute to rapid depletion or destruction of the rich soils and natural vegetation. By the mid-1960s, over 60 per cent of the population was concentrated in less than 20 per cent of the total land area. Estimates based on the 1978 census show that this trend has persisted over the last decade despite Government policy to redistribute population. Areas of high density have continued to experience large increases in density in both relative and absolute terms. Serious cases of desertification, exacerbated by high concentrations of human and animal populations, have occurred in the northern, central and north-western parts of the country.

Although the population of Tanzania is overwhelmingly rural, the rate of urbanization has accelerated rapidly over the past 40 years. In 1948 only 1.5 per cent of the African population was recorded in the then 15 townships, of which only two had a population exceeding 10,000 inhabitants.

By 1967, there were 16 towns, only one of which had a population of less than 10,000. At the time of the 1978 census the urban population constituted 13.2 per cent of the population. The urban population growth rate between 1967 and 1978 was 9 per cent per annum. According to United Nations estimates and projections as of 1984, by the year 2025 the urban population will be roughly half of the total population. In other words about 47 million Tanzanians will be living in towns as compared to the present 3.5 million. The main factors behind this growth are both natural increase and rural-to-urban migration. The latter influences the former in that patterns of high fertility in rural areas are transmitted to urban areas by migrants. Studies of migration show that migration contributes about 50 per cent of urban population growth. An important cause of rural-to-urban migration in Tanzania is the inability of the subsistence rural economy to absorb a growing proportion of school leavers.

In towns, the imbalance between demands of a rapidly growing labour force and the supply of jobs, housing, health and education facilities are evidenced by the magnitude of unemployment (over 10 per cent in most towns), and acute strains on the stock of housing and on basic services, including sanitation, transportation and other public utilities. Given the current momentum of urban population growth, these problems are likely to continue to grow, at least in the short run, and to challenge efforts to deal with the imbalances.

#### B. Historical setting

The United Republic of Tanzania is comprised of mainland Tanzania and the islands of Zanzibar and Pemba. It is a large country, with a total land area of 945,000 square kilometres, including 59,050 sq. km of inland water. Zanzibar, located 32 km from the coast, has an area of 1,656 sq. km, while Pemba is 40 km north-east of Zanzibar and has an area of 983 sq. km.

Located on the east coast of Africa, the United Republic of Tanzania shares a border with eight countries, including Burundi, Kenya, Malawi, Mozambique, Rwanda, Uganda, Zaire and Zambia. Its African population contains more than 130 ethnic groups, only one of which exceeds 1 million members, while its non-African population constitutes less than 1 per cent of the total. About 45 per cent of the people follow traditional religious beliefs, some 30 per cent are Muslims (Islam is the dominant religion on Zanzibar), and about 25 per cent are Christian.

The mainland part of the United Republic of Tanzania (called Tanganyika until April 1964), became an independent State in 1961 after 75 years of colonial rule. Between 1885 and 1914 Tanganyika was a

German colony called "German East Africa". After the First World War it became a British protectorate. Zanzibar, made up of the islands of Pemba and Zanzibar, was an Arab sultanate and British protectorate. It became an independent State in January 1964 after a bloody coup which removed the Arab régime. In April 1964 a treaty of unity was signed bringing the mainland and the islands of Zanzibar and Pemba into what is now called the United Republic of Tanzania.

Under the union constitution, Zanzibar has its own Government with an elected president and legislature. The Zanzibar Government handles all matters pertaining to the islands except foreign affairs, defence and finance. These are dealt with by the Union Government which has a strong representation from Zanzibar. The Union Government also functions as the mainland Government. Currently the President of Zanzibar is also the first Vice-President of the Union Government. The President of the Union Government is elected by both Zanzibar and mainland Tanzania and may be a candidate from either area. Since 1977 both Zanzibar and mainland Tanzania have been ruled by a single party, the Revolutionary Party of Tanzania (CCM), which selects a single candidate for the Presidency. The legislative body, the Parliament, is composed of representatives elected from constituencies in both Zanzibar and the mainland. All candidates for Parliament are CCM party members and the party selects two candidates to contest each parliamentary seat.

C. Government philosophy towards intervention in economic and social policies

During the first six years of independence, between 1961 and 1967, the Government concentrated on consolidating its political gains and in mobilizing the population to work hard and increase production under the slogan "Uhuru na Kazi" (Freedom and Work). The economy was dominated by a subsistence agricultural sector containing over 90 per cent of the population. Commercial agriculture was confined to a few large-scale farms and plantations, most of which were operated by foreign firms and a minuscule settler population. However, even before independence, peasant farmers were increasingly encouraged by the colonial Government to grow cash crops on their small holdings, especially coffee and cotton. Progressive farmers were assisted by an extension service to grow commercial crops and local co-operative marketing facilities were established. In addition, schools offering basic education and vocational training were established under "native authorities" in all parts of the country. Educational policy was geared towards training clerical staff, primary school teachers and agricultural extension staff. These would serve the colonial system at the lowest level in administration and training. The aim of health policy was to create a healthy labour force. In agriculture, the focus was on export crops. Settler farmers were given incentives of long-term land leases, generous



farm credits and research support services to stimulate important export crops. Following the Second World War, agriculture shifted increasingly towards food production, in order to meet demand from Europe and from plantations where large labour forces were employed.

The national Government inherited and adopted these policies, but placed greater emphasis on improving the welfare of the majority, who were peasant farmers, through the delivery of social services and economic aid to rural populations and through efforts to increase labour productivity in all sectors of the economy.

After six years of independence in 1967, the Government made a radical shift in its development philosophy. Instead of the capitalist-oriented development it had inherited at independence, it opted for a socialist, centrally-planned economy. The philosophy of the development strategy envisaged is summarized in a policy statement entitled "The Arusha Declaration", which identified socialism, equity and self-reliance as the central principles guiding national development. The four prerequisites for its achievement were spelt out as: people, land, good policies and good leadership. The Government was thus seen as the major catalyst for development. This philosophy radically altered the ownership of the means of production and the ideological orientation of the country.

Through nationalization, the Government took over all large enterprises, including major industries, large-scale farms, banks, wholesale businesses, insurance firms and all land. A number of additional policy statements followed the Arusha Declaration. One, described in a document entitled "Socialism and rural development", advocated the re-organization of the traditional system of production by introducing a modern system of communal production through villages, with common ownership of all basic productive assets and the equitable sharing of proceeds. The major thrust of the policy was the establishment of spontaneous, as well as planned, communal "Ujamaa villages", in which agricultural production would be modernized and basic social services (health, primary education, clean water supply) and delivery of modern techniques of production would be provided.

The Government devoted a great deal of attention to the implementation of the rural development policy, and by 1975 it was estimated that 13 million people were living in some 8,000 villages, 50 per cent of which were new villages to which people had been moved from scattered homesteads. Notable success was achieved in the provision of education, health and water supply to the villages but communal production was disappointingly low. Agricultural production suffered because of the disruption caused by the movement of people from their traditional setting into areas that were often unsuited for agriculture. The contribution of communal production to the national

economy has fallen well short of the intended level over the past 10 years, and even at the household level it has been below that of individual plots.

While communal production remains the official goal, in practice the Government is now downplaying political campaigns and exhortations and has turned its efforts towards stimulating production through price incentives, provision of consumer goods and credit to farmers.

## I. DEMOGRAPHIC SETTING

### A. Historical demographic trends

The first scientific census of Tanzania was conducted in 1948. Prior to this, population statistics were based on crude approximations and broad estimates.

The peopling and settlement of mainland Tanzania is generally associated with the emergence of food production by Bantu-speaking communities and cattle-keeping Nilotic groups towards the end of the late Stone Age. These superseded and intermingled with an indigenous population composed mainly of hunters and gatherers. The new settlers started using iron tools, which made possible territorial as well as agricultural expansion and economic diversification which gave impetus to population increase.

Recent attempts to reconstruct past population trends using limited and fragmentary evidence suggest that certain sets of factors combined to facilitate or inhibit population growth in what is now mainland Tanzania. It has been argued that before the nineteenth century the population had been growing slowly in response to the spread of the iron culture and increased food production, though with "seasonal" and temporary population declines occasioned by natural disasters and internecine wars.

For the nineteenth century it is not clear whether the population grew or remained static. On the one hand there is evidence to suggest an expansion of agricultural settlement and the diffusion of new crops and technologies, which implies a growing population. On the other hand, the slave trade removed large numbers of people from many parts of the territory, which might have entirely counterbalanced population growth.

The initial effect of the colonial administration was a decline in population growth due to a series of factors, including the impact of colonial invasion and natural and man-made calamities. Significant population growth began in the 1920s (see table 1). Since the end of the Second World War, there has been a steady increase in the rate of population growth. This is partly due to the successful efforts made by Governments to organize a national economy and to improve the health and social conditions of the majority of the people. In particular, the introduction of modern medicine and the use of vaccines against such diseases as cholera, smallpox, and measles have had a major impact on reducing the death rate. A general improvement in standards of living has also undoubtedly reduced the mortality level.

Table 1. Population estimates, 1890-1931

| <u>Year</u> | <u>Tanganyika</u> |                    | <u>Zanzibar</u> |
|-------------|-------------------|--------------------|-----------------|
|             | <u>African</u>    | <u>Non-African</u> |                 |
| 1890-1900s  | 4,622,000         | ..                 | 201,000         |
| 1913        | 4,145,000         | 20,777             | ..              |
| 1921        | 4,106,890         | 216,797            | ..              |
| 1928        | 4,740,706         | ..                 | ..              |
| 1931        | 5,022,640         | 41,020             | 235,428         |

Source: Dato, (1976)

#### B. Current demographic levels and trends

During the twentieth century, four scientific censuses have been conducted (1948, 1957/8, 1967 and 1978). and the next census is scheduled for 1988. Each census has drawn on the experience of the previous ones and made use of recommendations prepared by the United Nations. Consequently data quality has improved over time. Age misreporting is common in all the censuses taken so far, although the age distribution in the 1978 census indicates a great improvement over previous censuses, possibly owing to substantial rises in the rate of literacy.

As can be seen in table 2, the total population of Tanzania has grown from nearly 8 million in 1948 to nearly 18 million in 1978, more than doubling over 30 years, with an average growth rate of 2.6 per cent. The 1985 population of around 22 million is expected to be around 27.0 million by 1990.

#### Mortality

Because the United Republic of Tanzania has lacked an effective vital registration system, estimates of mortality levels and trends have had to be based on the application of various techniques to censuses and surveys. Before discussing levels and trends in mortality it is necessary to consider the quality of the available estimates.

Table 2. Census population, 1948-1978

| Year | Mainland   | Zanzibar | Total      |
|------|------------|----------|------------|
| 1948 | 7,716,395  | 264,725  | 7,981,120  |
| 1957 | 9,303,495  | 297,357  | 9,600,852  |
| 1967 | 11,909,265 | 353,687  | 12,262,952 |
| 1978 | 17,036,499 | 476,111  | 17,512,610 |

The techniques used to estimate the level of mortality from censuses have included analysis of questions about the survivorship of children, spouses and parents, as well as application of stable population methods. Mortality estimates from the 1978 census are regarded as more reliable than those from prior inquiries, largely because efforts were made to obtain a more complete count of births and child deaths through asking mothers to enumerate children who had died immediately after birth and children living away from home, as well as the total number of children dead. Such details had been omitted in prior censuses and surveys. Comparison of mortality estimates between the 1978 census, the 1973 National Demographic Survey and the 1967 census has clearly indicated under-reporting of deaths and underestimation of mortality levels in the pre-1978 data. This is especially clear in the 1973 National Demographic Survey, which gave higher estimates of life expectancy than either the 1967 or 1978 censuses.

The estimates of mortality in table 3 suggest a relatively slow mortality decline for mainland Tanzania, with life expectancy at birth rising from 35-40 years in 1957 to 41-43 years in 1967 to 44 years in 1978. For Zanzibar, table 3 indicates that mortality remained nearly static between 1958 and 1967, and then declined somewhat by 1978.

The most recently observed level of life expectancy in the United Republic of Tanzania is low in comparison with other developing countries. While the Government launched a number of social programmes intended to improve health in the 1960s, the increase in life expectancy has been disappointing, because the economy has proved unable to support the programmes to the intended extent.

#### Mortality differentials

Despite a declared policy of extending basic health care and social amenities throughout the country, substantial regional variation in mortality levels persisted in 1978, as can be seen from the four

Table 3. Mortality estimates from censuses of 1957/58; 1967 and 1978

| Area     | Year | Crude death rate | Infant mortality ( <sub>1</sub> q <sub>0</sub> ) <u>a/</u> | Life expectancy at birth | Survival at age five ( <sub>5</sub> l <sub>5</sub> ) <u>b/</u> |
|----------|------|------------------|--|--------------------------|--|
| Mainland | 1957 | 24-25            | 190  | 35-40                    | ..   |
|          | 1967 | 21-23            | 160  | 41-43                    | 740  |
|          | 1978 | 19.1             | 137  | 44                       | 769  |
| Zanzibar | 1958 | 20-21            | 160  | 42-43                    | ..   |
|          | 1967 | 20-21            | 140  | 43-44                    | 760  |
|          | 1978 | 17.0             | 125  | 47                       | 791  |

Source: Sembajwe, (1983a).

a/ <sub>1</sub>q<sub>0</sub> as shown here is the number dying between age 0 and age 1 per 1,000 births; it is somewhat lower than the infant mortality rate.

b/ <sub>5</sub>l<sub>5</sub> as shown here is the number surviving from birth to exact age 5.0 years per 1,000 births.

indicators of mortality shown in table 4. The variation in overall mortality is reflected by the crude death rate, which varied between 10 and 23 deaths per 1,000 population, and by life expectancy at birth, which ranged between 40 years and 58 years.

Considerable variation in child mortality is also apparent in table 4. The chance of a newborn baby dying by its first birthday, shown in the column labeled <sub>1</sub>q<sub>0</sub> varied between 76 per 1,000 in the Kilimanjaro region and 170 per 1,000 in the Rukwa region. The odds of a newborn surviving to its fifth birthday, shown in the column labeled <sub>5</sub>l<sub>5</sub> was as low as 717 out of 1,000 in the Rukwa region, with nearly 300 children dying out of every 1,000 births, and at best was 881 out of 1,000, in the Kilimanjaro region.

Such regional variations reflect the persistence in 1978 of substantial variation in conditions among the different regions. Mortality was lowest in regions with the highest socio-economic

Table 4. Mortality indicators, by region: based on 1978 census

| Area                    | Life expectancy<br>at birth | Crude death<br>rate | Child mortality |       |
|-------------------------|-----------------------------|---------------------|-----------------|-------|
|                         |                             |                     | 1q0/a/          | l5/b/ |
| Kilimanjaro             | 58                          | 10.2                | 76              | 881   |
| Arusha                  | 50                          | 14.8                | 108             | 821   |
| Dar-es-Salaam           | 50                          | 15.1                | 108             | 821   |
| Tanga                   | 49                          | 15.5                | 112             | 813   |
| Coast                   | 47                          | 16.9                | 121             | 796   |
| Dodoma                  | 45                          | 18.5                | 133             | 775   |
| West Lake               | 45                          | 18.5                | 133             | 775   |
| Singida                 | 44                          | 19.1                | 137             | 769   |
| Mainland                | 44                          | 19.1                | 137             | 769   |
| Mwanza                  | 44                          | 19.2                | 139             | 767   |
| Morogoro                | 44                          | 19.3                | 140             | 764   |
| Tabora                  | 44                          | 19.3                | 140             | 764   |
| Mara                    | 44                          | 19.3                | 140             | 764   |
| Ruvuma                  | 43                          | 20.0                | 145             | 755   |
| Lindi                   | 42                          | 20.4                | 151             | 745   |
| Shinyanga               | 42                          | 20.7                | 150             | 748   |
| Iringa                  | 41                          | 21.8                | 152             | 743   |
| Mbeya                   | 41                          | 21.7                | 161             | 733   |
| Mtwara                  | 40                          | 22.3                | 161             | 733   |
| Kigoma                  | 40                          | 22.9                | 163             | 731   |
| Rukwa                   | 40                          | 23.1                | 170             | 717   |
| Zanzibar/TW             | 49                          | 15.5                | 112             | 813   |
| Zanzibar S              | 48                          | 16.4                | 120             | 800   |
| Pemba S                 | 47                          | 17.2                | 123             | 794   |
| Zanzibar                | 47                          | 17.0                | 125             | 791   |
| Pemba N                 | 46                          | 18.5                | 128             | 782   |
| Zanzibar N              | 45                          | 18.9                | 132             | 777   |
| United Rep. of Tanzania | 44                          | 19.1                | 137             | 769   |

Source: Sembajwe (1983a).

a/ 1q0 as shown here is the number dying between age 0 and age 1 per 1,000 births; it is somewhat lower than the infant mortality rate.

b/ l5 as shown here is the number surviving from birth to exact age 5.0 years per 1,000 births.

development, such as Kilimanjaro, Arusha, Tanga and Dar-es-Salaam. Conversely, it was highest in the least accessible and least developed regions, especially Kigoma, Rukwa and Mbwaru. The main difference between the high and low mortality regions are in their access to education, health, water supply and transportation, and in their level of economic productivity, especially food production.

These differences also undoubtedly had a rural and urban dimension. As often is the case in less developed countries, urban areas in the United Republic of Tanzania received a disproportionate share of public services as compared with rural areas. The highest proportion of well-educated, high status and skilled labour were concentrated in towns where housing conditions, health and sanitation, availability of food and other basic amenities were much better than in rural areas.

Mortality levels are also closely associated with education. Analyses of the censuses of 1967 and 1978 and of the National Demographic Survey all indicate lower child mortality among women with higher levels of education. Similarly, child mortality among women in high status occupational groups was lower than among women in low status occupational groups.

#### Fertility

The available evidence on fertility emanates from the analysis of census questions on the total number of births and on the timing of the most recent birth, using a variety of estimation techniques.

The estimates in table 5 suggest that Tanzania's fertility increased between 1967 and 1978, with the total fertility rate rising from 6.6 to 6.9 and the crude birth rate rising from 47 per 1,000 to 49 per 1,000. While the evidence for a rise in fertility is not absolutely conclusive, since the censuses of 1967 and 1978 differ in important respects, it is at least clear that natality did not decline over the period and persisted at a high level.

Conditions in the United Republic of Tanzania are favourable to high fertility. The average age at first marriage is low, 17-18 years; a high proportion marry, 85 per cent of women aged 20-24; and contraceptive use is very low. Compounding this, it is widely believed that there has been a decline in certain traditional practices that inhibit fertility, including prolonged breast-feeding and sexual abstinence after birth.

As can be seen in table 5, fertility in the period directly preceding the censuses of 1967 and 1978 was by no means uniform across the regions of the country. The total fertility rate estimated from the 1967 census varied between 4.3 and 8.4 children among the regions



Table 5. Estimated total fertility rates and crude birth rates:  
based on censuses of 1967 and 1978

| Area                        | 1967 |     | 1978 |     |
|-----------------------------|------|-----|------|-----|
|                             | TFR  | CBR | TFR  | CBR |
| Dodoma                      | 6.9  | 48  | 7.4  | 52  |
| Arusha                      | 7.1  | 51  | 7.6  | 48  |
| Tanga                       | 6.9  | 46  | 7.1  | 47  |
| Morogoro                    | 6.0  | 44  | 6.3  | 45  |
| Coast                       | 4.9  | 37  | 5.3  | 35  |
| Dar-es-Salaam               | 4.3  | 33  | 5.7  | 48  |
| Lindi                       | ..   | ..  | 5.9  | 43  |
| Mtwara                      | 5.0  | 38  | 6.2  | 47  |
| Ruvuma                      | 6.7  | 48  | 6.4  | 47  |
| Iringa                      | 8.4  | 55  | 7.3  | 53  |
| Mbeya                       | 7.6  | 52  | 7.4  | 55  |
| Singida                     | 6.1  | 45  | 6.9  | 47  |
| Tabora                      | 5.5  | 40  | 6.2  | 45  |
| Rukwa                       | ..   | ..  | 8.7  | 62  |
| Kigoma                      | 5.9  | 43  | 7.1  | 52  |
| Shinyanga                   | 7.5  | 51  | 7.1  | 49  |
| West Lake                   | 7.1  | 50  | 7.6  | 49  |
| Mwanza                      | 6.9  | 49  | 7.4  | 51  |
| Mara                        | 7.1  | 52  | 7.4  | 53  |
| Mainland                    | 6.6  | 47  | 6.9  | 49  |
| Zanzibar N.                 | ..   | ..  | 7.0  | 46  |
| Zanzibar S.                 | ..   | ..  | 6.6  | 41  |
| Zanzibar T/W.               | ..   | ..  | 6.2  | 47  |
| Pemba N.                    | ..   | ..  | 7.8  | 53  |
| Pemba S.                    | ..   | ..  | 7.5  | 48  |
| Zanzibar                    | 6.5  | 48  | 7.0  | 48  |
| United Republic of Tanzania | 6.6  | 47  | 6.9  | 49  |

Adapted from: Ngallaba (1983), pp. 341-370.

shown. This is a wider dispersion than seen in the 1978 census, where fertility differentials were appreciably narrower, with a total fertility rate that varied between 5.3 and 7.6, if attention is confined to regions represented in both censuses.

Both the 1967 and 1978 censuses have shown significant fertility differentials among women of different educational levels. In the 1967 census it was demonstrated that women with no formal education or with very little education had higher fertility than those in the highest educational category. In the 1978 census, the mean number of children ever-born to women aged 20-34 decreased consistently with rising education. The fertility of women with primary education was 17 per cent below that of women with no formal education, while for women with secondary education or higher, the mean number of live births was about 50 per cent below that of women with no education, as can be seen in table 6.

Fertility differentials have also been observed between different occupational groups. Women engaged in agriculture (cultivators) have higher fertility than women in professional, managerial and sales groups. When fertility levels are cross-classified by educational level and by occupation this difference persists, with a higher mean number of births to agricultural women within each level of education.

These fertility differentials by education, occupational status and by rural/urban place of residence strongly indicate that the socio-economic status of women is an important factor in influencing the fertility level. Any policy that affects the status of women, especially with regard to education, employment and residential mobility, is likely to have a major impact on the level of fertility.

#### International migration

International migration makes a fairly minor contribution to population growth of the United Republic of Tanzania. In the 1978 census, aliens constituted no more than 3 per cent of the total population and the contribution of immigration to annual growth between 1967 and 1978 was only 0.2 per cent per annum. Since there is no comprehensive registration of immigrants and emigrants, however, it is not possible to gauge the total number of migrants flowing in each direction across borders or to properly measure net international migration. Refugees from neighbouring countries in the 1960s and 1970s made up a substantial proportion of the immigrants. The main sources of refugees were Mozambique (up to 1974), Rwanda, Burundi and Uganda. Another substantial part of the immigrant population come from Zambia, Malawi, Kenya and Zaire, and is made up of individuals who formerly lived close to the border with Tanzania and whose ethnic groups have been subdivided by international boundaries.

Table 6. Mean number of children ever-born to women aged 20-34, by educational level, 1978

|                             | No formal education | Completed or attending primary school | Completed or attending secondary school |
|-----------------------------|---------------------|---------------------------------------|---|
| Mainland                    | 3.46                | 2.87                                  | 1.74                                    |
| Rural                       | 3.46                | 2.87                                  | 1.75                                    |
| Urban                       | 3.36                | 2.87                                  | 1.68                                    |
| Zanzibar                    | 4.47                | 3.71                                  | 2.16                                    |
| Rural                       | 4.62                | 3.63                                  | 2.15                                    |
| Urban                       | 4.17                | 3.87                                  | 2.16                                    |
| United Republic of Tanzania | 3.49                | 2.90                                  | 1.73                                    |
| Rural                       | 3.50                | 2.90                                  | 1.74                                    |
| Urban                       | 3.38                | 2.89                                  | 1.69                                    |

Fertility index using "no formal education" as base (100):

|                             |     |    |    |
|-----------------------------|-----|----|----|
| Mainland                    | 100 | 83 | 50 |
| Rural                       | 100 | 83 | 51 |
| Urban                       | 100 | 85 | 50 |
| Zanzibar                    | 100 | 83 | 48 |
| Rural                       | 100 | 79 | 47 |
| Urban                       | 100 | 93 | 52 |
| United Republic of Tanzania | 100 | 83 | 50 |
| Rural                       | 100 | 83 | 50 |
| Urban                       | 100 | 86 | 50 |

Source: Ngallaba (1983) p. 375.

### Internal migration

Both the 1967 and 1978 censuses collected information on the volume, characteristics and patterns of internal migration. The 1978 census improved on previous censuses by including questions on current duration of residence. The existing data may be used to broadly describe the level and pattern of migration between the main administrative regions and between rural and urban areas.

The analysis of life-time migration and intercensal migration (1967-1978) suggests that between 20 and 30 per cent of the population were involved in interregional mobility of one kind or another. In the 1970s, migration occurred largely between neighbouring regions, with population exchanges concentrated in particular parts of the country. For example there was a distinctive concentration of population movements between the Lake regions (Mwanza, Shanyanga, Tabora, Kagera and Mara). During the late 1950s there was a peak in labour migration, with a high volume of long distance migration between the coastal plantations and estates, small holder farms in northern Tanzania and areas of labour reserves in western and southern parts of the country. A substantial proportion of these migrants subsequently settled in the regions of destination.

Migration occurring between 1967 and 1977 shows a conspicuous absence of long distance migration. The concentration of short-distance movements reflects a flow of migrants between areas of population pressure (out-migration areas) and those previously sparsely populated (in migration areas). In addition there was an impetus for such population movements during this period because of the Government's deliberate policy to encourage people to move into Ujamaa villages in areas with more land. Towards the end of the 1960s, planned resettlements of a large proportion of the rural population into villages led to a relocation of over 50 per cent of the rural population. Not all of this movement is reflected in the 1978 census data because the distances moved by some of the population was less than 10 kilometres and was largely confined within regional boundaries (the unit of migration data analysis). Geographically larger regions with low density appear to have gained most from migration, particularly Rukwa, Ruvuma, Morogoro, Arusha, Mbeya, Shinyanga and Kagera.

Rural-to-urban migration is of particular importance in influencing local population change. In terms of size, urban population constituted only 13.2 per cent of the population in 1978. However in terms of growth, urban population had been growing at between two and three times the rate of the national population during the 1967-1978 period, and it has been shown that over 60 per cent of the population in the larger towns was born in rural areas. According to the 1978 census, up to 51 per cent of all the interregional migration in the 11-year intercensal period was towards urban centres. The high degree of

primacy on the city of Dar-es-Salaam, characteristic of urban development in many less developed countries, shows no signs of a decline, despite the Government's policy of developing regional urban centres. Thus Dar-es-Salaam, the largest city, accommodates a third of the urban population and is growing faster than most of the other towns despite a 10-year programme aimed at developing an alternative capital at Dodoma. Concentration of employment opportunities in a few towns resulting from many years of uncontrolled concentration of industrial, commercial and cultural development is the main cause of rural-urban migration in the United Republic of Tanzania.

#### Population growth

The population of the United Republic of Tanzania grew by 42.2 per cent in the intercensal period (1967-1978), reflecting an average annual growth rate of 3.2 per cent. The main factor accounting for the rapid population growth is the persistence of a high birth rate in the face of a declining death rate. The estimates of the indices of fertility for the past three censuses show a consistently high level which may even be rising. Mortality has, on the other hand, declined by as much as 20 per cent during the same period. Given the comparatively high level of mortality in the country, it is certain that mortality will fall further as socio-economic conditions of the majority of people improve. The rate of population growth is therefore likely to increase in the foreseeable future.

The pattern of population growth at the regional level is shown in table 8. The relative importance of migration and natural increase on regional growth rates is clearly indicated. The Dar-es-Salaam region (which is 93 per cent urban) stands out because of the great contribution which migration makes to overall growth. All the regions with growth rates of above 3 per cent per annum have a positive net migration rate. At the same time, most of the regions with relatively low rates of population growth have either a high crude death rate (table 7), a high level of out-migration or a combination of both. Only in the coast regions is the level of fertility below the national average. It is known that the effect of diseases, especially malaria, and sexually-transmitted diseases have led to sub-fertility in these areas. As health campaigns succeed in eradicating such diseases the fertility level will probably rise.

All demographic indicators therefore point towards continuing high population growth in the United Republic of Tanzania, with prospects of some rise both nationally and for certain regions of the country, especially urban areas. The possibility of a decline in growth rates will occur only if there is a deliberate Government commitment to reducing population growth.

Table 7. Intercensal estimates of crude birth rate, crude death rate and rate of natural increase, by regions, 1967-1978

| Region                      | Crude birth rate | Crude death rate | Rate of natural increase (%) |
|-----------------------------|------------------|------------------|------------------------------|
| Dar-es-Salaam               | 38.8             | 15.1             | 2.3                          |
| Rukwa                       | 54.9             | 23.1             | 3.2                          |
| Tabora                      | 48.0             | 19.1             | 2.9                          |
| West Lake                   | 51.0             | 18.5             | 3.3                          |
| Arusha                      | 48.6             | 14.8             | 3.4                          |
| Shinyanga                   | 48.9             | 20.7             | 2.8                          |
| Mbeya                       | 48.0             | 21.7             | 2.6                          |
| Ruvuma                      | 47.1             | 20.0             | 2.7                          |
| Dodoma                      | 47.4             | 18.5             | 2.9                          |
| Kilimanjaro                 | 44.7             | 10.2             | 3.5                          |
| Morogoro                    | 44.7             | 19.0             | 2.6                          |
| Kigoma                      | 52.9             | 22.9             | 3.0                          |
| Mwanza                      | 49.7             | 19.2             | 3.1                          |
| Tanga                       | 45.0             | 15.5             | 3.0                          |
| Iringa                      | 49.9             | ..               | ..                           |
| Singida                     | 46.7             | 19.1             | 2.8                          |
| Mara                        | 51.0             | 19.3             | 3.2                          |
| Lindi                       | 43.0             | 20.4             | 2.3                          |
| Mtwara                      | 40.8             | 22.3             | 1.9                          |
| Coast                       | 45.9             | 16.9             | 2.9                          |
| Mainland                    | 47.5             | 19.1             | 2.8                          |
| Zanzibar                    | 51.6             | 17.0             | 3.5                          |
| United Republic of Tanzania | 47.6             | 19.1             | 2.9                          |

Source: Mbaruku (1983), p. 116.

Table 8. Components of annual population growth rates,  
1967-1978 <sup>a/</sup>  
(Percentages)

| Region                      | Rate of natural increase | Net migration rate | Annual growth rate |
|-----------------------------|--------------------------|--------------------|--------------------|
| Dar-es-Salaam               | 2.4                      | +5.4               | 7.8                |
| Rukwa                       | 3.2                      | +1.3               | 4.5                |
| Tabora                      | 2.9                      | +1.5               | 4.4                |
| West Lake                   | 3.3                      | +0.6               | 3.9                |
| Arusha                      | 3.4                      | +0.4               | 3.8                |
| Shinyanga                   | 2.8                      | +0.7               | 3.5                |
| Mbeya                       | 2.6                      | +0.7               | 3.3                |
| Ruvuma                      | 2.7                      | +0.5               | 3.2                |
| Dodoma                      | 2.9                      | +0.0               | 2.9                |
| Kilimanjaro                 | 3.5                      | -0.6               | 2.9                |
| Morogoro                    | 2.6                      | +0.3               | 2.9                |
| Kigoma                      | 3.0                      | -0.1               | 2.9                |
| Mwanza                      | 3.1                      | -0.3               | 2.8                |
| Tanga                       | 3.0                      | -0.3               | 2.7                |
| Iringa                      | 2.8                      | -0.1               | 2.7                |
| Singida                     | 2.8                      | -0.1               | 2.7                |
| Mara                        | 3.2                      | -0.6               | 2.6                |
| Lindi                       | 2.3                      | -0.2               | 2.1                |
| Mtwara                      | 1.9                      | +0.1               | 2.0                |
| Coast                       | 2.9                      | -1.2               | 1.7                |
| Mainland                    | 2.8                      | +0.4               | 3.2                |
| Zanzibar                    | 3.5                      | -0.8               | 2.7                |
| United Republic of Tanzania | 2.9                      | +0.3               | 3.2                |

Source: Mbaruku (1983), pp. 118-119.

<sup>a/</sup> The net migration rate is simply the difference between annual rates of growth and rates of natural increase.

## II. REVIEW OF POPULATION POLICY SITUATION

The United Republic of Tanzania has no official population policy. However, implicit policies with very definite demographic objectives and consequences can be discerned from a survey of the national development plans and programmes since independence. The aspects of development plans and programmes which have specific population content are those related to health (including maternal and child health), education, rural development and spatial distribution. The first three five-year development plans in particular had specific population goals included in their objectives.

The first five-year development plan (1964-1969) called "The People's Plan" identified three population relevant objectives as part of a long-term national development goal:

(a) To increase per capita income to 900 shillings per annum by 1980;

(b) To achieve self-sufficiency in high level manpower requirements in the public sector;

(c) To improve standards of living and increase the life expectancy at birth from 35/40 years to 50 years by 1980.

At independence, the main obstacles to national development were seen as poverty, ignorance and disease. The subsistence nature of agriculture and the extremely low incomes of the majority of the population who were peasant farmers were seen as major problems. Since the national economy was largely dependent on agriculture, the first five-year plan concentrated on two policies which were aimed at raising productivity. These were called "transformation" and "improvement" strategies. The improvement strategy was aimed at bringing about a gradual improvement of farming methods in the small holder sector without major changes in the social and cultural values of the peasant farmers. However, in selected areas, village settlements were organized to accommodate especially chosen "progressive farmers" who were moved from their traditional setting. The productivity of these farmers was to be transformed by their being trained to adopt mechanized farming and other modern techniques of production under close government supervision. It was expected that both approaches would, in the long run, not only raise productivity but, in addition, would bring about an improvement in the general level of incomes and standard of living for the majority of the people.

In the implementation of these strategies emphasis was placed on the use of the existing small number of agricultural extension staff and capital investment especially for the settlement schemes. It became



apparent after a few years that the Government did not have the resources to achieve the objectives of the plan and that reliance on highly capitalized programmes was ineffective and wasteful. These programmes were therefore abandoned towards the end of the plan period.

Immediately after independence there was a critical shortage of manpower. By the end of 1961, there were only 20 Tanzanian university graduates, and a large proportion of the colonial expatriate staff in the civil service had emigrated to Britain or other British colonies leaving many vacancies in all government departments. The new Government was also embarking on a policy of Africanization to fill strategic posts with nationals. In order to achieve the objective of self-sufficiency in manpower within two decades, the Government established a university and several post-secondary school training institutions for administrators, technicians and agricultural personnel. In order to sustain the growth of these institutions, secondary schools were expanded to increase their intake. Educational expansion in general was a major policy of the first independent Government.

In industry, as well as in administration, the shortage of qualified manpower was seen as a particularly crucial obstacle to development. The official position was that the country possessed vast natural resources but lacked the manpower to exploit them. It was therefore the view of most politicians and policy makers that the country would benefit from a larger population. This position was bolstered by the fact that average national population density was low. Except for a few core areas, population pressure did not seem to be a problem.

Thus the private Family Planning Association, founded in 1959 just before independence, was mainly patronized by foreigners and for many years remained a small organization viewed with suspicion and sometimes hostility, by the Government and the ruling Party, TANU. Even as late as the early 1970s the association was the object of criticism by members of the National Executive Committee of TANU, and some up-country offices of the association were closed by district officials.

The taxation system favoured married couples, who were given tax rebates in proportion to size of family. Housing in urban areas was allocated on the basis of family size. Given the high social and economic value of children such measures had widespread appeal.

The third objective of the first five-year plan was to raise life expectancy at birth to 50 years by 1980. The Government sponsored programmes of building regional and district hospitals and encouraged local authorities to establish dispensaries and clinics through self-help schemes. At the same time, training programmes for medical personnel at all levels were drawn up. Nursing and medical training

schools were established at national and regional levels to complement those which were being run by missionary societies. Public health campaigns were carried out to educate rural people on health and hygiene. There was a focus on construction and use of pit-latrines, cleaning of dwelling environments to eradicate insect vectors, use of clean drinking water and maintenance of sanitary conditions both in towns and rural areas. Such campaigns were also organized by rural auxiliary health personnel to educate people on the causes of common diseases and on the need to use modern medical facilities at dispensaries and hospitals. Inoculation of children against major diseases, such as measles, small pox and tuberculosis, was extended through the school system.

It is difficult to assess how well these strategies succeeded in increasing the length of life because of imprecision in measuring life expectancy, which was estimated at 35-40 years in 1957, 41-43 years in 1967 and 44 years in 1978. While there was clearly a significant mortality decline between 1957-1978, it is not clear whether the time-path of the decline was steady in all years, or concentrated in particular periods. On the other hand, the mortality reduction was substantial enough to significantly increase the rate of population growth to a record 2.7 per cent per annum for 1957-1967, which was much higher than the 2.1 per cent observed between August 1948 and August 1957, and which was somewhat higher than the maximum rate of population growth of 2.5 per cent that had been anticipated in the first five-year development plan.

In the second five-year plan, 1970-1974, some of the programmes and long-term objectives of the first plan were carried over. However, the development philosophy changed dramatically with the adoption of the Arusha Declaration as the blue-print for socialist development. The specific objectives of the second plan which have had an influence on population trends are:

(a) Self-reliant development through mobilization of local resources, including greater use of local manpower;

(b) Social equity - through the spread of the benefits of development widely to avoid extreme disparities in incomes and wealth;

(c) Development of economic activities through co-operative and collective effort.

#### A. Population distribution policy

The cornerstone of the second five-year plan was the rural development policy which aimed at the development of communal agricultural villages (Ujamaa villages), and which also contained a

far-reaching population redistribution policy. The villagization programme effecting this policy was based on the assumption that hitherto, exploitation of the vast resources of the country was constrained by the sparse pattern of population distribution and by deficiencies in the economic and social organization of society. Therefore, it was assumed that concentrating population in agricultural villages would provide economies of scale in production, while minimizing government expenditure on the delivery of social and economic services to the majority of the population.

Through the villagization programme the objectives of the second plan would be achieved by encouraging rural peasants to use local resources and labour which would be plentiful in their self-reliant villages in meeting their development needs. In addition, because of the greater concentrations of the population, it was expected that diffusion of innovation and organization of economic and social activities would be more efficient and benefit more people.

Implementation of the rural development policy was carried out in stages. Initially, scattered populations and those in areas of land scarcity were encouraged to move into new villages on a voluntary basis and with minimum government assistance. By 1970 there were 650 such villages with a total population of over 300,000 people. This represented 2.5 per cent of the total population. Most of the villagization took place in the less developed areas especially in the south/central and coastal regions, where special problems such as flooding, security and drought made many people willing to leave their traditional scattered dwellings. By 1974 3 million people had moved into new villages largely through persuasion, though in some cases with the use of coercion. The extent of villagization and the related redistribution of population varied a great deal from region to region. At one extreme, 60 per cent of the regional population in Dodoma had been moved into villages while on the other, no more than 10 per cent of the population in Kilimanjaro and West Lake had been relocated. The main reason for the disparity was the varied nature of the availability of land and the local conditions that tended to favour or hinder villagization. However in 1975, a new law (the Villages and Ujamaa Villages Act) was introduced which required every rural person to live in villages. By that time it was estimated that there were 8,000 villages with a total population of 13 million people or 80 per cent of the population.

Since 1975, large-scale redistribution of population has been de-emphasized, first to release time and resources for the consolidation of village organization and second to improve village productivity, which suffered greatly during the years of relocation. Redistribution at the local level was allowed, however, to correct the mistakes made during the exercise of resettling people.

Just after the completion of the villagization programme, a study was carried out in 1976 to assess the impact of villagization. It noted that one of the achievements of the programme was the creation of village communities within reasonable (5-10 km) distance of basic social services such as schools, dispensaries, clean water supply and market centres. Villagization had also succeeded in moving substantial numbers of people from the crowded highland areas into the more sparsely populated lowlands. The redistribution aspect of the programme was a notable success in promoting access to social services. With very few exceptions, however, the programme failed to secure the anticipated increase in agricultural output.

There are several reasons given for the failure of villagization to raise agricultural productivity. First, the major part of the programme was carried out at a time of national and international economic crisis (1973-1975) when there was a sharp increase in the price of oil. In addition, the United Republic of Tanzania suffered a major drought followed by widespread food shortages in 1973-1974. Also, villagization disrupted agricultural activities and uprooted people from environments with which they were familiar. Moreover, the new village sites were often unplanned and unsurveyed. In many cases people were moved to areas with inferior arable land. Within a short period of the establishment of the villages, it became apparent that the transformation from shifting cultivation (which was widely practiced) to continuous, permanent cultivation was a major problem. The fragile soils and the inexperience of most people with intensive cultivation led to the rapid deterioration of the land and decline in yields. The overall result is that the nation experienced a major decline in crop production and the gross domestic product in agriculture fell sharply.

On the positive side villagization created the conditions for major campaigns to build primary schools, dispensaries and water supply systems. It was through the village system that a major effort in raising the national literacy level was made. Over 1.5 million rural inhabitants were provided with clean water supply during the second plan period, and about 50 per cent of all children of school age were enrolled in primary schools. By 1977 about 65 per cent of the rural population was literate, one of the highest literacy levels in Africa.

These successes would have been much harder to achieve under the traditional system of rural settlement. Furthermore, despite recent setbacks in the economy, which has adversely affected the delivery of rural services, the potential of the new village structure to transform the way of life of the people in rural areas has yet to be fully exploited.

Related to the rural development policy of villagization was the policy adopted in the second five-year plan to discourage the private development of Dar-es-Salaam, the largest city and de facto capital, and

to encourage the growth of regional urban centres throughout the country. As part of this policy, the Government attempted to discourage the excessive growth of the urban population, which was growing at over 6 per cent per annum. Villagization was expected to absorb and retain most of the school-leaver population. However, this did not happen, and the Government resorted to forceful resettlement of the urban unemployed and those in petty trade. Between 1967 and 1977 the Government spent over 11 million shillings to resettle unemployed people from Dar-es-Salaam city to rural villages. Employed urban dwellers have been issued with work passes, while in villages by-laws were enacted with the intention of curbing rural-to-urban migration. In 1983, a Human Resources Deployment Act was introduced which required every able-bodied adult to be engaged in a productive economic activity and each major urban centre was allocated a special fund to relocate its unemployed population in rural villages.

Despite these efforts, rural-to-urban migration increased prior to 1978, as evidenced in the results of the 1978 census. Dar-es-Salaam grew at almost double the rate of other towns between 1967 and 1978, and population growth in urban areas was twice the national average. In the absence of attempts to control urban growth, however, the United Republic of Tanzania might have had even faster urbanization.

The third five-year plan (1976-1981) was intended to be the last stage of the long-term 15-year plan (1964-1980), and it was expected that all the objectives of the long-term plan would be achieved by the end of 1980. The third five-year plan was aimed at attaining national food self-sufficiency, increased growth in agricultural production at 5.1 per cent, and laying the foundations of a long-term industrial strategy.

Unfortunately, none of these objectives were realized. Food shortages became endemic in the country and food rationing became mandatory throughout the country by 1981. While the country was spending 60 per cent of its budget on importation of oil, food imports were growing annually, reaching a peak in 1984. Industrial plants were operating at 40 per cent or lower, and the whole economy was crippled. All the social programmes initiated in the 1960s and 1970s began to deteriorate badly as the demand by a population which was found in 1978 to be growing at 3.2 per cent per annum far exceeded the ability of the economy to sustain it.

#### B. Emerging need for a national population policy

The above review of the first three national development plans has shown that certain implicit population policies have been pursued by the Government for almost a quarter of a century. The main objective of the national plans was to improve the welfare of all people and to increase

productivity in the national economy. To do this, the Government concentrated on programmes intended to raise the level of incomes, health, education and environmental conditions for the majority who live in rural areas.

Despite problems encountered, the Government has been fairly successful in its population distribution policy, though less successful in reducing mortality, which has fallen more slowly than was planned. As a consequence of its policy of allowing the population to grow unchecked, population has grown so rapidly that it has become a major stumbling block towards achieving other development objectives. It is in this context that the leadership has begun to perceive a need for a national population policy to address the problem of overly rapid population growth.

The first hint of official uneasiness over rapid population growth was expressed by President Nyerere in 1969 while introducing the second five-year plan. It had just been realized from the recently analysed census statistics (1967) that the population was larger and growing faster than had been anticipated while preparing the plan. In his speech President Nyerere noted some of the implications of these facts:

"It is very good to increase our population, because our country is large and there is plenty of unused land. But it is necessary to remember that these 350,000 extra people every year will be babies in arms, not workers. They will have to be fed, clothed, given medical attention, schooling, and many other services for very many years before they will be able to contribute to the economy of the country through their work ... But it is obvious that just as the number of our children is increasing, so the burden on the adults - the workers - is also increasing."

Nevertheless, the general view of the Government throughout the 1960s and most of the 1970s continued to be that rapid population growth was not a problem in the United Republic of Tanzania. This view was also widely held by the society which places great value on large families. Before universal primary education was introduced, children provided an important amount of family labour in agriculture, livestock keeping and in carrying out essential household chores such as fetching water and fuelwood, and baby minding. Although the contribution of child labour is declining with the enforcement of universal primary education, the high value of children is none the less considered to be important for the maintenance of the family. Children are an important "insurance policy" for parents against old age and, given the prevailing high childhood mortality rate, the adage that "there is safety in numbers" is still relevant to most of rural Tanzania.

Attitudes towards fertility regulation and family planning have therefore been, for a long time, negative. The Family Planning Association of Tanzania, established in 1959, was viewed with suspicion and occasionally attacked by politicians as an agent of foreign powers whose motives were to hold down the population.

The United Republic of Tanzania was one of the most vocal countries at the United Nations World Population Conference, 1974, held at Bucharest, where it strongly expressed the third world's popular view that rapid population growth was not a problem or a cause of poverty in the poor nations of the world. The Tanzanian delegation argued instead that the attention given to population issues was intended to divert attention from the real issue of development, and stated that: "We believe that the cardinal principle of our action will be and must be to match resources and development to population and not population to resources and development."

In subsequent official statements in the 1970s the Government at times maintained the stand that the rapid population growth rate achieved by the country had a positive impact on national development, but some of its views, expressed elsewhere, were more balanced. For example, in May 1976, in response to a Population Inquiry from the United Nations, the Government noted that the contemporary population growth rate (2.7 per cent to 3.0 per cent per annum) simultaneously contributed to and constrained the achievement of various development objectives. It considered that contemporary rates of population growth contributed to development by providing a sufficient population to allow economic exploitation of natural resources, including food production, the maintenance of the environment and its conservation for future use and the supply of labour for economic expansion. Rapid population growth was also seen as stimulating economic growth and providing an adequately-sized domestic market. However, in terms of encouraging a desired increase in income and generating an appropriate level of savings for investment, the Government recognized that rapid population growth might be a major constraint.

By 1977 the Government was beginning to recognize that many of its programmes were not achieving their objectives. The implementation of the villagization programme was showing clearly that the presumed vast land resources which needed a larger population to develop were largely marginal lands requiring huge capital expenditures before they could become an economic asset. Even potentially productive river basins, such as the Rufini river basin, required large foreign capital to develop them. Many other uninhabited areas were found to lack reliable water supplies, to have fragile soils, to be inaccessible or to be infested with tsetse fly and other insect disease vectors.

Population pressure, soil erosion and deforestation came to be regarded as acute problems, especially in central and northern parts of the country. In areas such as Shinyanga near Lake Victoria, desertification has developed owing to increased human and livestock populations and intensive cultivation on a land resource that is better suited at the present level of technology to shifting agriculture and a lower human and animal density. In the Kilimanjaro region, which has one of the highest birth rates in the country, population pressure is so acute that land fragmentation has marginalized the incomes of the people in areas that once used to be among the most prosperous. Large numbers of people have therefore been forced to migrate to other regions in search of jobs or farmland. In the meantime food shortages and malnutrition have surfaced as acute problems in the Kilimanjaro region.

A gradual change of perception on the need for intervention in population matters by the Government and individual families has found expression in a number of programmes that have been given full government support. The most important of these is child-spacing, carried out through the maternal and child health care programme (MCH) under the Ministry of Health. The goal of this programme has been stated explicitly as child health and family well-being. However, increasingly, the need to space births and limit family size has been voiced by policy-makers especially over the past three years. President Nyerere was ahead of the general thinking in the country in this respect. As early as 1969 he had cautioned against the view held by the general public concerning child bearing:

"Giving birth is something in which mankind and animals are equal, but rearing the young, and especially educating them for many years, is something which is a unique gift and responsibility of men. It is for this reason that it is important for human beings to put an emphasis on caring for children and the ability to look after them properly rather than thinking only about the number of children and the ability to give birth. For it often happens that men's ability to give birth is greater than their ability to bring up the children in a proper manner."

The Family Planning Association of Tanzania has gradually achieved greater acceptance nationally. At the time of writing in 1986 its chairman is currently a member of the National Executive Committee of the ruling Party and a regional commissioner, and it collaborates with the Ministry of Health in providing family planning services through the maternal and child health programme. Additionally it receives an annual subvention from the Government to assist it to carry out its activities. Family planning services have been extended to rural areas through the MCH programme. The association has launched a number of



imaginative projects in rural areas which combine solving critical community problems (such as proximity to clean water supply) with family planning services. This approach is improving the image of the association in rural areas, and is making family planning more acceptable.

During the Second African Population Conference, held at Arusha, United Republic of Tanzania, in 1984, the official position of the Government on population issues stressed its traditional approach but acknowledged the importance of family planning and improvement of the status of women:

"The population problem facing many African countries is essentially a problem of socio-economic development. Tanzania's concern is to enhance the status of the population through the provision of health services, rural development, education, and improvement of the status of women. The pace at which significant family planning efforts will be realized will therefore largely depend on available resources and recognition of the importance of women's education."

Some months before the Conference, in 1983, President Nyerere made a bold statement at a meeting of the National Council of the Parents Association (WAZAZI) held at Zanzibar. He challenged the nation's parents to take the issue of child spacing seriously, noting that families needed to adopt a more responsible approach to parenthood and on the size of family they can afford to bring up. Otherwise, he said the rapid increase of the population would create an impossible burden on the nation's resources.

Although the United Republic of Tanzania did not commit itself to a formal policy with respect to fertility reduction at the Second African Population Conference, it nevertheless supported the recommendations, which were unanimously adopted by the African Governments and reaffirmed at the International Conference on Population, 1984 held at Mexico City. Among the recommendations adopted was the principle that "improvement in the quality of life.....required effective programmes to reduce high levels of fertility and mortality and alleviate the uneven distribution of population". The Kilimanjaro Programme of Action for African Population and Self-Reliant Development (E/CONF.76/6, Annex V) which was endorsed by African Governments, expressed great concern about Africa's ability to raise or even sustain the standard of living under conditions of very rapid population increase.

The Second African Population Conference at Arusha along with President Nyere's speech of 1983 at Zanzibar, led to wide coverage of population issues in the national news media. Many Government and Party

leaders spoke on the need for families to consider using family planning methods - both traditional and modern - as a means of spacing births and limiting family size. In particular, the need to educate the public on population issues was emphasized. Between 1983 and 1986 two basic principles seem to have emerged from the various statements: first, that couples should decide freely and responsibly on the number and spacing of the children they want. And, secondly, that the institutions responsible should make available to couples the information, education and the means to achieve desired family size.

In order to achieve those objectives, the Government has strengthened the maternal and child health (MCH) programme with external support and made its services available widely in rural areas. In conjunction with the Ministry of Health the Family Planning Association of Tanzania provides a wide range of contraceptives and undertakes training in family planning for medical and paramedical personnel within the MCH programme in both urban and rural areas.

Over the past six years, Tanzania has made major progress towards defining more precisely an integrated approach to population and development. In 1980/81 a special rural population education programme - the Population and Family Life programme - was established as an important component of rural development in the Prime Minister's office, with the assistance of the Food and Agriculture Organization of the United Nations. Recently, in 1986, a population planning unit was incorporated in the Ministry of Planning with assistance from the International Labour Organisation.

One of the most significant current developments in the population policy process is the great interest shown by politicians and policy makers in acquiring more information on population issues. There has been a growing demand for seminars and workshops for parliamentarians, planners and policy makers in both Party and government bodies. So far several workshops have been held under the sponsorship of the Family Planning Association of Tanzania, the Parents Association of Tanzania, the Ministry of Planning and the Revolutionary Party of Tanzania (CCM), with financial and technical assistance from the United Nations Population Fund and local institutions. In the seminars there have been persistent recommendations for the country to adopt a national population policy. An ad hoc committee on population and development, which meets under the chairmanship of the Ministry of Planning, has been discussing this issue. A Committee of Parliamentarians on Population and Development was also recently formed. It seems likely that all these developments will in the near future create a political as well as social climate in which a more clearly defined policy on population growth will crystallize.

### III. INTERNATIONAL COMPONENT

The United Republic of Tanzania has played an important role in international affairs both in Africa and the third world, and has adopted a policy of combining efforts with other third world countries to combat the problems of underdevelopment and poverty. Thus, on the political front the United Republic of Tanzania has been an active member of the Movement of Non-Aligned Countries, the Organization for African Unity, the Commonwealth, and the Front Line States of Southern Africa.

In the area of international migration, the country has provided a model by accommodating a large number of refugees from neighbouring States. It is estimated that as of 1 January 1987 about 300,000 refugees were accepted, many of whom have been resettled and integrated into the social and economic life with the assistance of the United Nations High Commissioner for Refugees.

On the economic front, the United Republic of Tanzania has actively participated in regional co-operation aimed at stimulating the economy of the region as a whole. It was a member of the now defunct East Africa Community; currently, it is a member of the Preferential Trade Agreement of Eastern and Central African Countries, The Southern Africa Development Co-ordinating Conference (SADCC) and the Kagera Basin Authority. It is also involved in discussions with the other former members of the East African Community to find ways of establishing another supra-national economic organization.

These international initiatives have important policy implications for the future especially with regard to international migration between neighbouring countries, the movement and availability of labour, the resolution of regional conflicts between neighbouring countries, and the development of markets for locally produced goods and the growth of regional trade to stimulate the economies of the region.

Such involvements will increasingly require the adoption of region-wide policies, which will affect national socio-economic as well as political development. The country has already adopted policy measures that have led to a greater liberalization of the economy and a freer movement of labour, goods and services between the participating States.

#### IV. CONCLUSION

Although the United Republic of Tanzania has yet to formalize a comprehensive population policy, the present study has shown that since independence in 1961, the State has adopted several important policies affecting spatial distribution, internal migration, mortality, and, to a much lesser extent, fertility and growth. The formulation and implementation of these policies have been influenced by the social and economic realities existing in the country at each point in time, as well as by the perceptions of the political leadership.

Following the Arusha Declaration of 1967, the country adopted a comprehensive rural development programme intended to stimulate socio-economic development and to spread the benefits of that development as widely as possible, through a policy that was at one and the same time a socio-economic programme and a spatial distribution programme. The Ujamaa and villagization policies were intended to stimulate agricultural production and to improve the delivery of social services in a setting where the rural population was widely scattered and poorly organized, through concentrating the population in a smaller number of settlements. The resulting improvements in access to health services, basic education and literacy have contributed to some decline in mortality and a rise in life expectancy, and also have substantially reduced disparities in income between regions. Villagization has also diminished the prospects of internal conflict while strengthening the sense of national identity. On the other hand, the anticipated increases in agricultural production have not materialized, and this has greatly inhibited the intended rises in rural incomes while also reducing the financial resources available for improving rural services.

For many years the dominant perception among members of the Government was that a larger population would help to promote economic development through providing a larger labour force and a bigger market. This perception is now losing ground. An increasing number of Tanzanians are now gradually coming to believe that overly rapid population growth has greatly undermined the efforts to raise levels of income and to advance national development. On the other hand, it is believed that it is possible for the country to benefit from a larger population in years to come provided the growth of that population is achieved more slowly and over a longer period of time. No firm position has yet emerged with respect to fertility reduction or a desired population growth rate. There is, however, an increasing government commitment to assisting couples to regulate their fertility. This is being achieved through various policies and programmes including provision of family planning services to couples in both rural and urban areas, delivery of a family life education programme as part of rural development and support for wider education and discussion on the

implications of population trends for the national development goals. These measures should increasingly widen awareness of the need for people to regulate their fertility through family planning. The Government is also committed to establishing a more effective system of collecting demographic data through a national vital registration programme. With the assistance of the International Labour Organisation, a population planning unit was installed in the Ministry of Planning in 1986. This will enable the Government to better utilize the demographic data available from censuses and other surveys in the planning process. Such an integration of population variables in development plans will offer a more realistic picture of the relationships between population and development and will point towards policy options that will enable the country to achieve more rapidly its development goals.

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GLOSSARY

Contraceptive prevalence rate: percentage currently using contraception; usually based on married or sexually active couples with women in the reproductive age.

Crude birth rate: the number of births in a year per 1,000 mid-year population.

Crude death rate: the number of deaths in a year per 1,000 mid-year population.

Dependency ratio or age dependency ratio: the ratio of the combined child population under 15 years of age and adult population 65 years and over to the population of intermediate age per 100.

Foreign-born population: persons born outside the country or area in which they were enumerated at the time of the census.

General fertility rate: the annual number of births divided by the mid-year population of women aged 15 to 49 years multiplied by 1,000.

Gross reproduction rate: a measure of the reproduction of a population expressed as an average number of daughters to be born to a cohort of women during their reproductive age, assuming no mortality and a fixed schedule of age-specific fertility rates. More specifically, it is the sum of age-specific fertility rates for the period multiplied by the proportion of the total births of girl babies.

Infant mortality rate: the probability of dying between birth and age 1 multiplied by 1,000; commonly calculated as the number of deaths of infants under one year of age in any given calendar year divided by the number of births in that year and multiplied by 1,000.

Life expectancy at birth: a life-table function to indicate the expected average number of years to be lived by a newly born baby, assuming a fixed schedule of age-specific mortality rates.

Mean age at first marriage (females): the average age at which women marry for the first time.

Median age: the age which divides the population into two groups of equal size, one of which is younger and the other of which is older.

Natural rate of increase: the difference between the crude birth rate and the crude death rate, expressed per 1,000 mid-year population.



Net migration: the difference between gross immigration and gross emigration.

Net migration rate: the difference between gross immigration and gross emigration per 1,000 of the mid-year population.

Net reproduction rate: a refined measure of the reproduction of population expressed as an average number of daughters that a cohort of newly born girl babies will bear during their lifetime, assuming fixed schedules of age-specific fertility and mortality rates. In other words, it is the measure of the extent to which a cohort of newly born girls will replace themselves under given schedules of age-specific fertility and mortality rates.

Rate of growth: the exponential average annual rate of population growth, expressed as a percentage.

Sex ratio: the number of men per 100 women.

Survival ratio: the probability of surviving from one age to an older one; it is often computed for five-year age groups and a five-year time period.

Total fertility rate: the sum of the age-specific fertility rates over all ages of the child-bearing period; if five-year age groups are used, the sum of the rates is multiplied by 5. This measure gives the approximate magnitude of "completed family size", that is, the total number of children an average woman will bear in her lifetime, assuming no mortality.

Urban population: population living in areas defined as urban by national authorities.