

**IMPACT OF THE STRUCTURAL ADJUSTMENT PROGRAMME
ON HOUSEHOLD STRUCTURES IN MUFULIRA, COPPERBELT
PROVINCE, ZAMBIA.**

BY

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**A Dissertation submitted to the University of Zambia in partial fulfilment of the
degree of MASTER OF SCIENCE in GEOGRAPHY**

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TABLE OF CONTENTS

	PAGE
Declaration.....	i
Approval.....	ii
Dedication.....	iii
Acknowledgements.....	iv
Abbreviations.....	v
Operational Definitions.....	vii
Abstract.....	viii
CHAPTER ONE: INTRODUCTION.....	1
1.0.0. Introduction.....	1
1.1.0. Structural Adjustment Programme (SAP) in the Third World Countries..	1
1.2.0. Structural Adjustment Programme (SAP) in Zambia.....	4
1.3.0. Rationale of this Study.....	8
1.4.0. Objectives.....	11
1.4.1. Overall Objective.....	11
1.4.2. Specific Objectives.....	11
1.5.0. Hypotheses.....	12
1.6.0. Organisation of the Dissertation.....	12
CHAPTER TWO: LITERATURE REVIEW.....	13
2.0.0. Introduction.....	13
2.0.1. The Demographic Transition Theory.....	13
2.0.2. Structural Adjustment Programme.....	16
2.1.0. Cost of Living.....	17
2.2.0. Social Services.....	18
2.2.1. Health.....	19
2.3.0. Employment.....	20
2.3.1. Informal Employment.....	20
2.3.2. Formal Employment.....	20

2.4.0. Education.....	22
2.4.1. Informal Education.....	22
2.4.1.1. Post Partum and Periodic Abstinence.....	22
2.4.1.2. Lactational Amenorrhoea Method.....	23
2.4.1.3. Coital Frequency.....	23
2.4.2. Formal Education.....	24
2.4.2.1. Education in the Colonial Era.....	24
2.4.2.2. Education in the Post Colonial Era.....	25
CHAPTER THREE: THE STUDY AREA AND METHODOLOGY.....	28
3.1.0. The Study Area.....	28
3.1.1. Introduction.....	28
3.1.2. Position.....	28
3.1.3. Size and Population.....	28
3.1.4. Importance of Mufulira.....	31
3.2.0. Methodology.....	31
3.2.1. Sources of data.....	31
3.2.1.1. Secondary Data.....	32
3.2.1.2. Primary Data.....	32
3.2.1.2.1. Unstructured Interviews.....	32
3.2.1.2.2. Structured Interviews.....	32
3.2.2. Sample and Sampling Procedure.....	34
3.2.3. Limitations.....	35
3.2.4. Data Analysis and Presentation.....	35
CHAPTER FOUR: RESULTS AND DISCUSSION.....	36
4.1.0. Introduction.....	36
4.2.0. The impact of the Structural Adjustment Programme on household sizes and structures in Mufulira.....	36
4.3.0. Influence of the cost of living on household structures.....	40
4.3.0.1. The household's ability to economically survive in the harsh economic environment.....	40
4.3.0.2. Household structures and the number of meals a household can afford per day.....	41
4.3.0.3. Attitudes towards desiring additional number of children and family planning practices.....	45
4.4.0. The relationship of household structures and Social Services.....	50

4.4.0.1.	Influence of health services (fees) on household structures.....	52
4.4.0.2.	Influence of education services (fees) on Household structures.....	55
4.4.0.2.1.	Relationship between employment status and education fees.....	56
4.5.0.	Employment status and household structure.....	57
4.5.0.1.	Income and household structure.....	58
4.5.0.2.	Employment status and the number of meals a household can afford per day.....	59
4.5.0.3.	Relationship between income and the level of education.....	59
4.5.0.4.	Employment status and the number of children.....	60
4.5.0.5.	Employment status and the number of children not in school.....	60
4.5.0.6.	Income and medical fees.....	61
4.6.0.	Relationship between education level and household structure.....	63
4.6.0.1.	Relationship between households' number of meals per day and education levels.....	64
4.6.0.2.	Relationship between the number of children and education levels.....	64
4.6.0.3.	Relationship between the number of children in school and education levels.....	65
4.6.0.4.	Relationship between education levels and family planning.....	66
CHAPTER FIVE: CONCLUSION AND RECOMMENDATIONS.....		71
5.1.	Summary of Findings.....	71
5.2.	Recommendations.....	75
REFERENCES.....		77
APPENDICES.....		80
Appendix A:	Tables.....	80
Appendix B:	Interview Schedule.....	83

LIST OF TABLES

TABLES	PAGE
Table 3.1: Population distribution of Mufulira according to settlements.....	30
Table 3.2: Sample areas and sizes according to their socio-economic status.....	34
Table 4.1: Trend in household size from 1990-1998, according to sample areas in Mufulira.....	37
Table 4.2: Respondents' understanding of SAP.....	38
Table 4.3: Whether SAP is a good policy or not.....	38
Table 4.4: Observed and expected values tabulated using the Chi-square test on the ability of households to economically survive in the harsh economic environment according to sample areas in Mufulira.....	40
Table 4.5: Number of meals per day a household can afford.....	42
Table 4.5(a): Kawama West.....	42
Table 4.5(b): Kamuchanga.....	43
Table 4.5(c): Kantanshi.....	43
Table 4.5(d): Mufulira.....	43
Table 4.5(e): Whole Sample.....	43
Table 4.6: Observed and expected values tabulated using the Chi-square test with regards to influence of the socio-economic status of the sample areas on the number of meals a household can afford per day.....	44
Table 4.7: Households' desire for additional children in Mufulira.....	46
Table 4.7(a): Kawama West.....	46
Table 4.7(b): Kamuchanga.....	46
Table 4.7(c): Kantanshi.....	46
Table 4.7(d): Mufulira Central.....	47
Table 4.7(e): Whole Sample.....	47
Table 4.8: Methods of fertility control practised by respondents.....	48
Table 4.9(a): Whether affected negatively by education fees.....	51
Table 4.9(b): Whether affected adversely by medical fees.....	51

Table 4.10:	Response to illness.....	53
Table 4.11:	Reasons for keeping relatives.....	56
Table 4.12:	Number of dependants in relation to the average monthly incomes in the sample areas in Mufulira.....	58
Table 4.13:	The relationship between levels of education and average monthly incomes in Mufulira.....	59
Table 4.14:	Education levels in relation to average number of dependants.....	63
Table 4.15:	Relationship between the number of children and education levels in Mufulira.....	65
Table 4.16:	Results of the multivariate correlation analysis.....	67
Table 4.17:	Levels of Teachers'/Lecturers' education in Mufulira.....	69
Table 4.18:	Number of Teachers/Lecturers in a few selected subjects.....	69

LIST OF FIGURES

FIGURE

Figure 1:	National Copper Production, 1964-1997.....	4
Figure 2:	Trends in Employment in Mufulira.....	10
Figure 3:	Location of Mufulira in Zambia.....	29
Figure 4:	Mufulira Showing sampled areas.....	33
Figure 5:	Acceptors of family planning methods at ZCCM main health centre (Ronald Ross Hospital), 1998.....	50

THIS DISSERTATION BY MS CECILIA KANYWA MUCHEPA MUZYAMBA IS APPROVED IN PARTIAL FULFILLING THE REQUIREMENTS FOR THE DEGREE OF MASTER OF SCIENCE IN GEOGRAPHY BY UNIVERSITY OF ZAMBIA.

DECLARATION

I, Muchepa C. K. Muzyamba, declare that this dissertation is a result of my own archival and field research. It has never been presented for a degree at this or any other University. All figures (maps and graphs) and tables, except for those whose sources have been acknowledged, are original.

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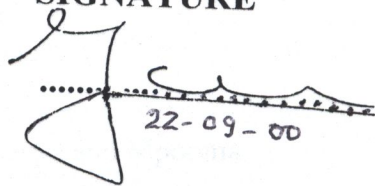
APPROVAL

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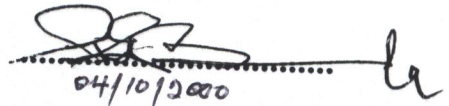
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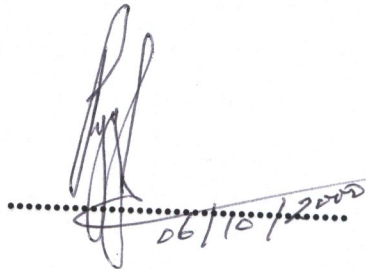
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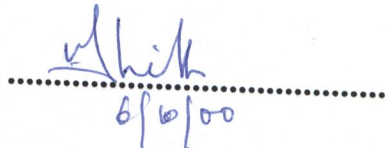
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DEDICATION

To my children, Chikaduma, Nyambanza, Muzeya and **Mpooma**.

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ABBREVIATIONS

AECI	African Explosives and Chemicals Industry
AIDS	Acquired Immune Deficiency Syndrome
AIEMS	Action to Improve English, Mathematics and Science
BTL	Bilateral Tubal Ligation
CBH	Central Board of Health
CBR	Crude Birth Rate
CDR	Crude Death Rate
CFF	Compensatory Financing Facility
CIO	Chief Investigations Officer
CSO	Central Statistical Office
DPB	Dairy Produce Board
DRC	Democratic Republic of Congo
DTT	Demographic Transition Theory
ESAP	Enhanced Structural Adjustment Programme
ESAURP	Eastern and Southern African Universities Research Programme
GRZ	Government of Republic of Zambia
HIV	Human Immune Virus
IBRD	International Bank for Reconstruction and Development
IMF	International Monetary Fund
KADECO	Kawama Development Committee
KL	Kafironda Limited
LAM	Lactational Amenorrhoea Method
LRP	Labour Reform Programme
MCBD	Mufulira Central Business District
MDC	Mufulira District Council
MDHMB	Mufulira District Health Management Board

MMD	Movement for Multi-party Democracy
MW	Metal Work
NCDP	National Commission for Development Planning
NDC	National Drug Company
NGO	Non Governmental Organisation
NI	Natural Increase
NHS	National Home Stores
PA	Periodic Abstinence
PAGE	Programme for the Advancement of Girls' Education
PPA	Post Partum Abstinence
PRB	Population Reference Bureau
SAP	Structural Adjustment Programme
SPSS	Statistical Package for Social Sciences
TB	Tuberculosis
TD	Technical Drawing
TFR	Total Fertility Rate
UBZ	United Bus Company of Zambia
UNFPA	United Nations Fund for Population Activities
UNICEF	United Nations Children's Fund
US \$	United States Dollar
WW	Wood Work
ZACCI	Zambia Association of Chambers of Commerce and Industries
ZARD	Zambia Association of Research and Development
ZCBC	Zambia Consumer Buying Corporation
ZCCM	Zambia Consolidated Copper Mines
ZIC	Zambia Investment Centre
ZK	Zambian Kwacha
ZPA	Zambia Privatisation Agency

OPERATIONAL DEFINITIONS

Cost of Living is the amount of money required to buy a basket of consumer goods in a given period of time in order to sustain the physical needs of a household.

Education is the process by which a person's mind and character are developed through teaching which is done informally or formally.

Employment is a situation where people are engaged in the production of goods and services either informally or formally.

Health is the state of being well in the body and mind, and free from disease.

Household is a group of persons who normally eat and live together. These people may or may not be blood relatives but make common provision for food or other essentials for living and they have only one person whom they regard as the head. It may comprise several members and in some cases may have only one member.

Household Structure is the interrelatedness of the household members.

Structural Adjustment Programme is the dismantling of any form of economic development planning and management and allowing market forces without government intervention and control in allocating resources.

ABSTRACT

Structural Adjustment Programme (SAP) is an economic model of the International Monetary Fund (IMF) and the International Bank for Reconstruction and Development (IBRD) that was adopted by a number of Third World countries as far back as the 1960s' as a way of rectifying the macro-economic imbalances. Zambia's SAP was initiated in 1971 and has been associated with miseries by the majority of the urban and rural poor due to the unprecedented rate of social marginalisation. From the SAP scenario, a number of concepts such as 'the new poor', 'the chronic poor', and 'the vulnerable groups' have emanated.

IMF and IBRD aid conditions, like the Labour Reform Programme and the removal of subsidies on consumer goods and services, have resulted into increased unemployment and high cost of food stuffs, education and health services to the ever increasing population of Zambia in general and Mufulira in particular. Unemployment, high cost of food stuffs and education have consequently initiated migrations of household members to either join other households or settle in other geographical locations. These have created changes in family sizes, structures, geographical and living space thereby exerting socio-economic pressure on recipient households whose sizes keep increasing. Therefore, this study aimed at investigating, explaining and analysing the impact of SAP on the household structures in Mufulira, Copperbelt Province, Zambia.

A sample size of 127 households from four stratified residential areas were taken. The stratification was done according to the samples' socio-economic status of squatter, municipal, mine and high cost (Mufulira Central) townships. Data were analysed by using a desk calculator and computer's Statistical Package for Social Sciences (SPSS) and Microsoft Excel. Percentages, tables of frequencies, means of descriptives, non-parametric and parametric tests were used to establish the relationship between household structure on one hand and the cost of living, social services (health and education), and employment on the other.

The findings of this study show that regardless of the differences in the socio-economic status of the sample areas, Mufulira's population experiences a high cost and low standard of living. This is because of the high cost of consumer goods and services that has made it difficult for households to manage their welfare as a result of either unemployment or low wages/salaries.

However, there have been changes in both the household sizes and structures. The sizes have reduced from the average of 7.3 (1990) to 6.4 (1998). This shows a 12.3% decline.

Similarly in 1998, 50.6% of the total households had adopted the nuclear family norm as compared to 35% in 1990. According to the author's view, the 49.4% households that still practice the extended family norm will reduce in due course to the effects of SAP.

As Mufulira's population is facing various economic hardships;

- (a). private entrepreneurship should be encouraged as this would enhance trade competition and consequently reduce prices for commodities;
- (b). agriculture should be encouraged as this would help improve the households' food security;
- (c). non and fee paying education and health facilities should exist side by side. This would help cater for the under privileged. However, for the non-fee paying category, beneficiaries and stakeholders should make financial and material contributions for the acquisition of facilities and services that will be provided to them;
- (d). community based programmes should be encouraged as this would not only improve people's standards of living but also make the population economically more productive than ever before and;
- (e). further investigations on the effects of HIV/AIDS and Programme for the Advancement of Girls' Education (PAGE) on household structures should be carried out.

It is hoped that the findings of this study will be applied to other urban areas within and outside the country, and indeed provide added information to development planners and other researchers.

CHAPTER ONE

INTRODUCTION

1.0.0. Introduction

Rapid population increases have been a characteristic of most Third World Countries. These population increases have exerted pressure on the natural resources in general and the economies and social services in particular. As a result of the above, the economies of the Third World Countries, especially Zambia's, began to deteriorate in the late 1960s. This was one of the reasons why, the Zambian government, in 1971, sought financial assistance from the International Monetary Fund (IMF) and the International Bank for Reconstruction and Development (IBRD) in order to carry out a Structural Adjustment Programme (SAP). Therefore, this study was aimed at investigating the impact of SAP on the household structures in Mufulira, a Zambian town on the Copperbelt.

1.1.0. SAP in the Third World Countries

The later part of the twentieth century has seen most Third World Countries transforming their economies by instituting changes in their economic structures. They are said to be undergoing SAPs. Scholars and Organisations have defined SAP in a number of ways. Bardouille (1992:101), states that "SAP is the dismantling of any form of economic development planning and management and allowing market forces without government intervention and control, to allocate resources". Mulenga (1993:4), defines SAP as "a series of economic reforms designed to transform a controlled economy into a free market economy", and the Zambia Association of Chambers of Commerce and Industries ([ZACCI], 1993:12), defines SAP as "the method by which African Countries,

South of the Sahara, are starting to move from Socialism and Stagnation to Pragmatism and Prosperity". The common feature in all the three definitions highlighted above is that of economic transformation to prosperity by removing certain impediments in the economic machinery. Even though the definition advanced by ZACCI applies only to Sub-Sahara African countries, SAPs have been a common feature in most Third World Countries. The economic restructuring was necessitated by the deteriorating economies due to the quadrupling oil prices of 1973/1974 and 1979/1980, and the world economic recession. These affected the countries' balance of payments, hence the constraints on their economic growth.

The effects of the world economic recession on countries were varied in nature. Firstly, "the appreciation of the exchange rate gave rise to losses in export market shares and to increases in import shares in Colombia, Mexico, Egypt, Morocco, Peru, Nigeria and Turkey" (Balassa 1981:10). This contributed to an increase in the balance of payments, in that these countries were disadvantaged as they lost out on their exports due to the appreciated real exchange rates. Secondly, some countries like Korea, Thailand and Indonesia, to mention but a few, experienced currency over evaluation on exports in the 1973-1979 period. This largely offset measures of export promotion. Thirdly, Zambia, Jamaica, Kenya and Portugal had a reduction in import shares due to import protection. And fourthly, Chile, Uruguay and India had higher saving ratios as a result of positive interest rates. However, negative real interests also adversely affected domestic saving in communities like Argentina, Brazil, Peru, Nigeria and Turkey (Balassa, 1981).

These problems prompted some countries to revisit their economic policies. By so doing most of them sought external financial assistance which was made available by

IMF and IBRD. These two financial bodies set conditions for the borrowers of their money. Since most programmes were financed by IMF and IBRD, SAP became its economic model. IMF and IBRD are involved in the planning and packaging of the programmes for the recipients.

SAP has multi-dimensional expositions to the extent of having produced a variant picture of perceived successes and failures either with or without IMF and IBRD financial aid. The countries that have been cited as having succeeded are Ghana, Cote d'Ivoire, Uganda, Botswana, Swaziland, Mauritius, South Korea, Thailand and Singapore. All these, except Botswana, were funded by IMF and IBRD (ZACCI, 1993). Botswana developed a strong SAP based on her diamond reserves which have enabled her not to have any public financial deficit since Independence. It is difficult to cite countries that have failed as no time frame is set for the completion of their programmes. However, the major objective of SAP is to replace commandist structures and practices by creating enabling environments in which people respond to market opportunities.

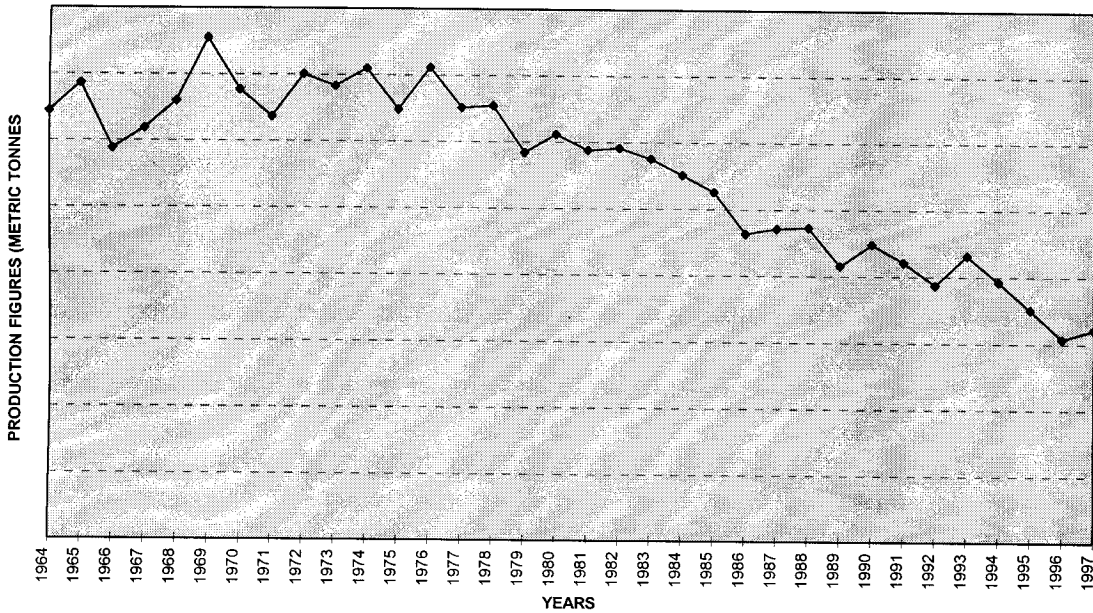
In all the transformations, the populations have had to suffer job losses, inflation and high prices on consumer goods, to mention but a few. Some countries that have been successful in the implementation of the economic policies are experiencing a high standard of living.

1.2.0. SAP in Zambia

Zambia's SAP has been as a result of the deterioration of the economy which has for a long time been largely dependent on the one main export product - copper. During the period from the 1970s to the 1980s the country experienced internal and external

economic shocks (Balassa, 1981; Young et al., 1990). The internal shocks resulted from the low production of copper, although there were fluctuations of high output within the period (See Figure 1.1).

FIGURE 1.1: NATIONAL COPPER PRODUCTION, 1964 -1997



Source: ZCCM Corporate Head Offices, 1998.

The price of copper has also had a downward trend from the 1960s but slightly picked up in the early 1970s. The downward trend recurred in the mid 1970s as a result of the declining world demand and stiff competition from aluminium as a substitute mineral. By 1982, operational losses had grown to ZK140 million (US\$130.8 million). The rest of the economy was subsidising the mining industry. The external shock was as a result of high prices of oil that quadrupled in the periods 1973/74 and 1979/80 (Balassa, 1981; Young et al., 1990; Mwanza, 1992). The declining economy greatly affected the country's balance of payments, hence the external debt began to increase.

Despite these problems, the Government continued to subsidise goods and services for its ever increasing population; control investment, prices and interests, and own a lot of enterprises which were labour intensive (Young et al., 1990). The government's involvement in the planning, management and control of resources turned out to be more costly in that the economy continued to deteriorate as the population became more and more dependent on the government. There was no significant positive correlation between population Natural Increase (NI) and resources. To date the population NI has been very high. This has resulted in pressure being exerted on social services in particular and the economy in general. In the late 1970s and early 1980s there was provision of coupons for the acquisition of mealie meal - the main staple food, whose price was paid for by the government. The value of coupons was determined by the family size, hence the tendency of households to mobilize additional dependants. Similarly, there was a tax rebate for employees with at least four children. These, in a way, encouraged people to keep relatives and produce more children. The extended family structure, with a large number of children, was a common feature.

These problems caused by a high population increase of more than three percent per annum prompted the National Commission for Development Planning (NCDP) to initiate a draft population policy in 1984 which was adopted in 1989 (Banda, 1993). The population policy aims at partially reducing the Total Fertility Rate (TFR) from 7.2 to 6 by the year 2000. Another of the many population policy objectives is to ensure that couples have the basic right to decide freely, but responsibly the number of children to have by making family planning services available and affordable to most people (Hachipola, 1995). In spite of family planning services being available and affordable, by

1993 not many people utilise them either due to illiteracy, religious affiliation, tradition or lack of knowledge (Banda, 1993). Hence the population growth rate for Zambia still remains among the highest in Africa and the world as a whole. However, recent research indicates that Zambia's population growth rate has decreased in the past few years.

In 1996, Zambia's population NI was three percent (3.0%). This figure had dropped to one point nine percent (1.9%) in 1998, reflecting a thirty-seven percent (37%) decrease. At 1.9%, Zambia was (in 1998) among the few Sub-Sahara African countries with a smaller population growth rate below the average of 2.5% for the continent (Population Reference Bureau [PRB], 1998). Nevertheless, Zambias' overal population is still youthful and hence characterised with a high growth momentum.

The decline in the economy and the increase in the population since independence (in 1964) as identified by Bardouille (1992) and Banda (1993) respectively, necessitated the need for the government to seek external financial assistance from IMF and IBRD in order to transform the economy towards stability.

In Zambia, SAP was initiated in 1971 when the government negotiated for a Compensatory Financing Facility (CFF) to enable the country moderate the impact of the September 1970 Mufulira Mine Disaster. In order to qualify for this aid the government agreed to modify economic policies through selected price controls, reduction of government expenditure and relaxation of the exchange rate. Several other agreements were made which included the devaluation and auctioning of the Zambian currency (Kwacha) and removal of subsidies on consumer goods. These conditions led to civil unrest in the form of food riots and strikes on the Copperbelt and the rest of the country hence their withdrawal in 1987.

In 1991, the Movement for Multi-party Democracy (MMD) government signed a new contract of SAP with IMF and IBRD in order to move away from the dependency upon copper towards the establishment of an efficient and sustainable economic foundation with improved mobilisation and utilisation of domestic resources. The implementation of the IMF and IBRD doses began in February 1992 with the removal of subsidies on goods and services, enacting the Labour Reform Programme (LRP) and privatising state-owned enterprises. This signalled the Enhanced Structural Programme (ESAP). These have since induced a lot of suffering on the majority of the poor since education has become costly, medical care has to be paid for, jobs have been lost by some workers, and food stuffs have become expensive. The latter has led to many households to do away with certain food stuffs or reduce the number of meals per day, especially in homes where there are many people (Bardouille, 1992; Government Republic of Zambia [GRZ], 1993; Central Statistical Office [CSO], 1994; 1997; Mlambo, 1995) and real wages or salaries have become relatively low.

It was assumed that the loss of jobs, the introduction of fees in the education and medical sectors, the high prices of food stuffs were likely to affect the household structures in the country, especially the urban areas and Mufulira in particular. Studies conducted by a number of scholars such as Blake (1974); Caldwell (1980) and Banda (1983) have revealed that education, employment, health care and nutrition have negative influence on fertility rates, thereby influencing the household structure moving away from a more extended family type, with a large number of children to a small and nuclear type of family in order to create an environment where basic needs would adequately be provided.

Similarly, studies by Bardouille (1992), Lungwangwa (1992) and Mlambo (1995) have identified the impact of SAP on population in general and women, children, education and health in particular as being negative. They reveal that the cost of education has increased at the expense of its quality and coverage while health and nutritional conditions have also deteriorated. On the whole 70% of the population has been affected by high levels of poverty (CSO, 1997).

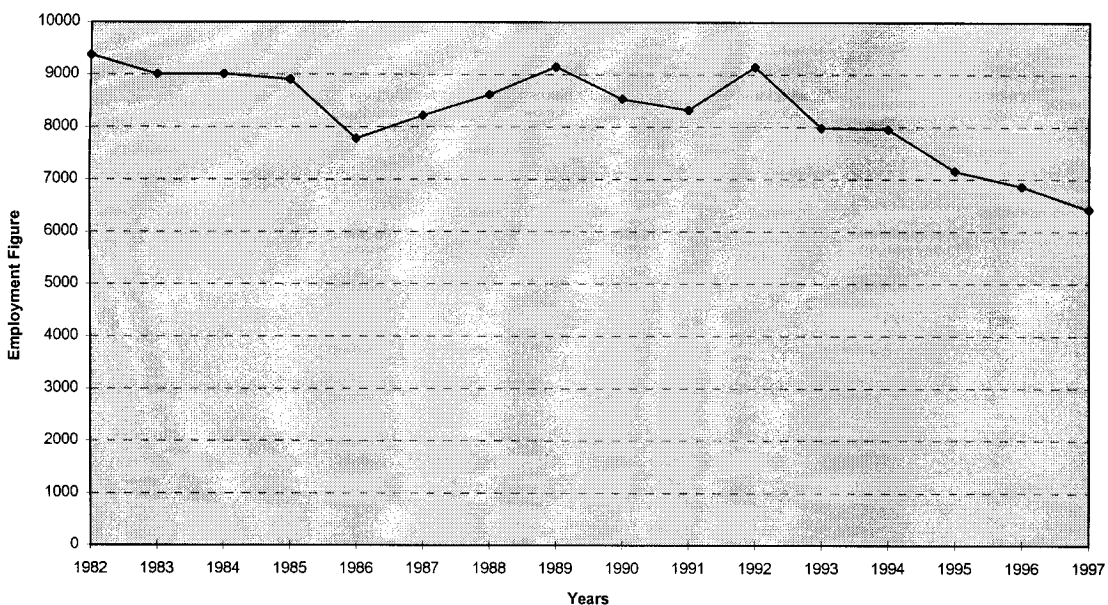
However, existing literature does not reveal the impact of SAP and indeed ESAP on the households structures in Mufulira, hence, the need for this study which was undertaken in order to investigate the trends in household structures in the period of radical economic reforms.

1.3.0. Rationale of this Study

Mufulira, which is basically a mining town in the Copperbelt Province of Zambia, has one of the world's largest underground copper mines and was one of the few mines in the country providing a reasonable financial return. Its metallurgical operations include concentrating, smelting and refining (Zambia Consolidated Copper Mines [ZCCM], 1982) where a large population was employed. There was a subsidiary company, the Kafironda Limited (KL), which manufactured commercial explosives and accessories and traded in related imported products. The factory has since been sold to Africa Explosives and Chemicals Industry [AECI], (Zambia Privatisation Agency [ZPA], 1997). There are other commercial enterprises within the town such as financial institutions and knitting, milling, trading and transport industries. Of all these, mining is the town's major commercial undertaking.

The mining industry, however, has for a long time been executing retrenchments as a way of curtailing the production costs to allow the industry to make profit amidst heavy taxation of thirty-five percent (35%) as company tax by the government (Bull, 1997; Zambia Investment Centre [ZIC], 1997). Following the governments' policies of liberalisation and labour reforms, the industry was encouraged to create an environment conducive to investment. In so doing some workers have been losing employment as production and sales over the years declined (for trends in employment figures see Figure 1.2).

Figure 1.2: Trends in Employment in Mufulira (1982-1997)



Source: ZCCM Corporate Head Office, 1998.

Kafironda factory was not the only enterprise that was privatised. Others were Mufulira Hotel (1995), National Drug Company [NDC], (1995); Zambia Consumer Buying Corporation [ZCBC], (1995), Dairy Produce Board [DPB] (1996), and National Home Stores [NHS] (1996); while the United Bus Company [UBZ] was liquidated (ZPA,

1997). These too contributed to unemployment by shading off some, and in certain cases all employees.

Job losses, government removal of subsidies on consumer goods and services, and labour reforms brought about great suffering to the majority of the people. Some people could not provide their children and dependants with adequate and nutritious meals. Neither could they cater for their education and health needs, the reason for this being lack of money for such purposes. Other effects of SAP are increased degree of white collar crime or fraud, embezzlement of funds, corruption and pauperisation, to mention but a few. All except for pauperisation are common amongst managerial staff and top government officials (GRZ, 1993; Mlambo, 1995).

With all these problems it was imperative for the current researcher to investigate whether there was any relationship between SAP and trends in household structures in Mufulira. It was assumed that migrations initiated by job losses consequently created changes in the living spaces of the households and indeed the family sizes, thereby influencing the household structures; that is, families either moving away from an extended family norm to a nuclear one or indeed vice versa.

1.4.0. Objectives

The objectives of this study were two fold: Overall, and specific ones:

1.4.1. Overall Objectives

The overall objective of this study was to assess whether SAP (including ESAP) and other socio-economic factors had any effect on the household structures in Mufulira.

1.4.2. Specific Objectives

It was from the overall objective that the following specific objectives emanated:

- (i). to assess whether the cost of living had any impact on household structure in Mufulira;
- (ii). to investigate whether the provision of social services (Education and Health) influenced household structure in Mufulira;
- (iii). to determine whether one's occupational status influenced household structure in Mufulira, and;
- (iv). to examine whether one's educational attainment influenced household structure in Mufulira.

1.5.0. Hypotheses

Arising from the specific objectives that are presented in section 1.4.2 are the following hypotheses:

- (i). There is a significant relationship between cost of living and household structure in Mufulira;
- (ii). There is a significant association between social services and household structure in Mufulira;
- (iii). Household structure is a significant function of one's occupational status in Mufulira, and;
- (iv). Household structure is a significant function of one's educational attainment in Mufulira.

1.6.0. Organisation of the Dissertation

This dissertation consists of four additional chapters. Chapter Two reviews literature related to the study. Chapter Three gives information on the study area and

methods for collecting, analysing and presenting data used in this study. Major results of this study are presented and discussed in Chapter Four. Finally, conclusions and recommendations have been presented in Chapter Five.

CHAPTER TWO

LITERATURE REVIEW

2.0.0. Introduction

A number of scholars have conducted studies on fertility and SAP (including ESAP) in various dimensions. Some of the studies on fertility have focused on the Demographic Transition Theory (DTT), fertility trends and control, while some of those on SAP have concentrated on its impact on the population in general and women, children, the rural and urban poor, and education in particular. One of the population policies lays emphasis on control of the population growth rate through the use of family planning services and techniques while SAP was adopted as a way forward towards positive economic stability after some countries' macro-economic imbalances that were experienced in most of the Third World Countries, Zambia included.

2.0.1. The Demographic Transition Theory (DTT)

As indicated earlier most scholars have focused on DTT which is the process of change in the society's population vital rates (Stolritz, 1970; Banda, 1993). DTT was born out of the works of Notestein in the 1930's (Bizien, 1970; Caldwell, 1982) and it advocates for a patterned decline in CDRs and CBRs in relation to the economic development of the country which would also influence development in social services like education and health, and improve people's standard of living. Banda (1993) classifies DTT into four phases, but one would argue that there is a fifth phase as indicated below:

Phase I

Phase I is the pre-transitional stage characterised by high CBRs and high CDRs due to very low standards of living. This stage conforms to the Malthusian idea of the effects of natural population checks such as wars, famine and epidemics. The survival rates of infants and children are low, hence the need for couples to produce more children in order to ensure survival of some to adulthood. Banda (1993: 28) asserts that “all societies were once at this stage of demographic transition but have now moved from it to either the second, third or fourth stages”.

Phase II

Phase II is characterised by decline in CDRs due to new technology and social change while the CBRs still remain high. During this phase, an increase in food supply and the ability to control diseases creates improvement in the probability of infant-survival and increased life expectancy, thereby accelerating NI. Most Third World countries, including Zambia, fall within this transition stage.

Phase III

In Phase III, NI decelerates as both CDRs and CBRs continue to decline. This phase is associated with the changes in the economy that induce negative attitudes in people towards desiring large numbers of children. Countries like China, Cuba, Mexico and Thailand are in this phase (Banda, 1993).

Phase IV

In this phase, countries are expected to achieve zero population changes as both CDRs and CBRs drop to levels of almost being equal. This phase is associated with the post industrial period where levels of standard of living are higher than they used to be during the pre industrial period. Most countries in Europe such as Greece, Spain and Sweden are within this stage.

Phase V

This phase is characterised by a decrease in NI: CBRs are lower than CDRs, therefore countries which are in this stage experience negative population growth. Examples of such countries are Bulgaria (-0.6), Latvia (-0.6), Russia (-0.5) and Ukraine (-0.6), (PRB, 1999).

However, DTT has been criticised by Graff (1979) and Caldwell (1980) in that it is not uniformly experienced in the world and that there are variations in timing. This theory is based on the pre and post industrial continuum. It is not every demographic transition that has been as a result of the Industrial Revolution. Some of it has been either due to population pressure on land (land fragmentation as families grew) or changes in the social welfare of the population as a result of improvements in education, health, employment and information flow. SAP, however, has had negative effects on education, health and employment sectors and hence its link with DTT in this study.

2.0.2. Structural Adjustment Programme (SAP)

Chapter one clearly indicates the reasons why SAPs were adopted. Even though SAPs were introduced as early as the 1960s, some countries do not seem to have learnt from the experiences of others since the trend of the impacts of SAPs in most countries are similar. Despite the differences in the countries' economic problems, IMF and IBRD aid conditions are the same for all the recipients. Kaunda, in Mlambo (1995:81) says "IMF does not care whether you are suffering from economic malaria, bilharzia or broken legs; it will always give you quinine". Quinine, as a drug, has side effects depending on the age, natural immunity and degree of parasitic infection of the patient. So are the ailing economies that have not shown any signs of improvements even after getting financial support from donors; instead there has been increased dependency. This has had two major socio-economic implications. Firstly, there has been household labour mobilisation as a way of cushioning the impact of SAP and ESAP. This has led to a great deal of child labour being used. Most of these children have left school due to high cost of education, hence the need for their contribution to the well being of the households. This has lowered the age limit for the potential labour force from 12 years to 7 years (GRZ, 1993; CSO, 1994). Secondly, there has been an increase in household morbidity and mortality due to decreased caloric intake as the quantity and quality of food supply

has sharply declined. The prices for food stuffs have become extremely high against the low purchasing power of the Kwacha (GRZ, 1993).

Both SAP and ESAP have increased social, moral, psychological and economic stress in households as they (households) are subjected to high cost of living coupled with falling standards of living, education, health services, nutrition and employment.

The above scenario stimulated the current researcher to investigate the impact of SAP on the households in Mufulira, Copperbelt Province, Zambia.

2.1.0. Cost of Living

Cost of living can be defined in simple terms as

the amount of money required to buy a basket of consumer goods in a given period (month) of time to sustain physical needs of a household. It is a multi-dimensional phenomenon which embodies many other factors that are closely linked such as high inflation, sky-rocketing prices of basic consumer goods, falling or eroded purchasing power of the Kwacha, declining real incomes, removed subsidies resulting in more and more higher costs of education for the children, transport and health services, (Chanda, 1990:24).

The main factor, 'Inflation', fuels all the others mentioned above and also encourages increased taxation and demand for increased incomes (Kashimani, 1993). These, actually, form a vicious cycle. Therefore, it would be necessary to understand the prevailing level of inflation to be able to combat it. Otherwise, wage freeze or increase and high taxation do not provide any practical solution to high cost of living as inflation is, in itself, a form of taxation.

The taxation burden falls on salaried workers and companies who are levied taxes in form of personal income tax and corporate tax of 2½% to 35% and 35% respectively (Bull, 1997). Taxation on the formally, but poorly paid government employees, has contributed to the poor maintenance of households as the real incomes have also, over years, declined. Therefore, the inflationary incomes are very inadequate for the acquisition of basic goods and services. This in turn has contributed to malnutrition and poor health, hence the increase in morbidity and mortality.

Price increases on essential food stuffs have been associated with the removal of subsidies and trade controls. It has been rough for the population that has to move away from the 'dependency syndrome'. On the other hand the budgetary cuts on public expenditure in the health and education sectors have contributed to the deterioration of services and infrastructure, thereby, enhancing poor quality services which later affect the household sizes and structures. All the factors mentioned in the preceding paragraphs culminate in one thing; the high cost of living which today is greatly affecting an ordinary Zambian who is living under harsh economic conditions. These conditions have subjected many people to adopting the standard responses of 'Surviving' which include doing away with certain food stuffs, and voluntary child fostering and indeed controlling fertility. Therefore, there was need to investigate the situation in Mufulira.

2.2.0. Social Services

This study was concerned with the assessment of the provision of health and education services. Nonetheless, an extensive discussion on education is done under section number 2.4.0 of this chapter.

The government has been the major provider of health and educational services since independence. These sectors have suffered recession mainly due to improper planning, wrongly placed resources, a weak purchasing power of the Kwacha and also the strain on the resources by the ever growing population. The latter had led to the overcrowding in hospitals and schools resulting in the fall of standards of these amenities.

2.2.1. Health

The government provides 51.2% of the health services throughout the country while missionaries and, parastatals companies and private enterprises provide 34.5% and 14.3% respectively (ZIC, 1997). The health sector has expanded since independence in terms of both infrastructure and personnel. As at 1997 there were 84 hospitals and 1,037 health centres in the country (ZIC, 1997). These figures have increased to 86 hospitals and 1,086 health centres to date. Even with these numbers most people in far flung areas are still left without access to health facilities.

ZIC (1997) states that even though the last decade recorded an average growth rate of 35% in the population of infants, children below the age of five, adolescents and women in the reproductive age, these were also accompanied by an increase in number of

deaths. These deaths were as a result of malnutrition, inadequate supplies of drugs, the worsening Human Immune Virus (HIV), Acquired Immune Deficiency Syndrome (AIDS), Tuberculosis (TB) and other general diseases, and the dampened staff morale. The latter has caused many health workers to migrate to other countries where conditions of employment are better.

Due to increasing government's expenditure on drugs, equipment, food stuffs and other health materials caused by the ever increasing population through the policies of 'democratisation' and 'cost sharing' health boards were introduced through an Act of Parliament in 1996 (ZIC, 1997). The role of the boards was to map out modalities to sustain the health institutions as a result of government's curtailed budget on public expenditure.

2.3.0. Employment

Employment is defined as "the state of using the services of a person or group of persons to perform work in return for pay" (Longman, 1987:333). Employment can either be informal or formal.

2.3.1. Informal Employment

The informal sector concept was originally introduced by Hart in 1971. This model was based on the distinction between wage earning and self-employment opportunities (Bardouille, 1982). This type of employment was most prevalent during

the colonial period and also in the 1990s. In the colonial period people were involved in agricultural and trading systems. But the coming of the European mineral prospectors and commercial farmers systematically undermined the pre-capitalist system of simple commodity-production set up (Snelson, 1974; Zambia Association for Research and Development [ZARD], 1985). The informal sector has expanded in the 1990s because of the radical economic changes and inadequate formal employment facilities.

2.3.2. Formal Employment

Formal employment in the pre-independence era started as a result of the coming of the Europeans, who coerced able bodied young male Africans (Zambians) into providing the low cost labour (on migratory basis) to produce cheap copper and other minerals for export, and agricultural produce for the mine areas (ZARD, 1985). This marked the beginning of gender differentials in employment as the wives, children and dependants of these labourers were neither employed nor allowed to follow their spouses. The few men that were employed as teachers, clerks or petty administrative officials were those amongst the 1,200 secondary and 100 university graduates (Bardouille, 1982).

Soon after independence, the government began to expand its social and economic infrastructure in order to facilitate the expansion of the employment sector. This was done by enacting a number of reforms such as the Mulungushi of 1968 that aimed at attaining rapid expansion of the manufacturing sector. In 1969, the government acquired 51% interest in the mining industry. The implementation of nationalisation and Zambianisation policies saw most females into formal employment (mainly the

government sector as shown in Appendix A:1); although not on a competitive basis with their male counterparts. Between 1986 and 1991, for example, the employment figures rose by 8.3% (108,000) for males and by 4.4% (47,000) for females reflecting a proportion of 2.3 to 1. The employment situation began to change again after 1991 especially after the re-implementation of SAP. The privatisation of state owned enterprises and labour reforms pushed most people out of formal employment.

Scholars such as Blake (1974), Caldwell, et al., (1992) and Banda (1993) have associated female employment with small family size norms as women would want to live well with the families. On the other hand employers set working conditions for female employees as regards maternity leave or grants. This has been seen to assist in child spacing and fertility control. However, female employment has little influence on population increase as only very few women are engaged in formal employment due to the sex-stereotype of education.

The prevailing situation of job losses, general economic hardships and the deteriorating health and education standards made it imperative for the current researcher to investigate the situation in Mufulira. This was in order to establish any association between the cost of living, social services, occupational status and educational levels with household sizes and structures.

2.4.0. Education

Education is the process by which a person's mind and character are developed through teaching which is either done informally or formally (Longman, 1987).

2.4.1. Informal Education

Banda (1983), Jones (1990), Kurz, et al., (1991) and Queenan et al., (1992) argue that informal education emphasizes Post Partum and Periodic Abstinence (PPA and PA), Lactational Amenorrhoea Method (LAM) and coital frequency as regards to reproductive health and family planning.

2.4.1.1. Post Partum Abstinence (PPA) and Periodic Abstinence (PA)

PPA is the abstention from sexual intercourse after child birth until the child is 2 - 3 years old. PA is complementary to natural family planning methods in that abstention is practised when the female (wife) is ovulating. This latter method entails proper knowledge of the ovulatory cycle otherwise it could result into high levels of unplanned pregnancies (Banda, 1983; Queenan, et al., 1992). Therefore, it was seen to be the most appealing amongst the better educated.

2.4.1.2. Lactational Amenorrhoea Method (LAM)

LAM is a method based on exclusive breast feeding. The risk of conception was minimized by abstention from sexual intercourse by the feeding mother. This method is common in rural communities, although there is an association of LAM with the level of education and employment status. Shorter amenorrhoea results into greater fertility, an undesirable effect where fertility is already high (Kurz, et al., 1991).

2.4.1.3. Coital Frequency

To avoid unplanned pregnancies men were involved in socially accepted extra marital unions. The favoured demographic view is that fertility is lower in less stable

unions essentially because sexual activity is reduced (Jones, 1990), thereby giving chance to a child born from another woman to grow well. However, one could argue that this method, instead of helping to control fertility, actually enhances fertility in two ways. Firstly, women in such unions feel impelled to have children in order to make relationships more permanent as the men would be responsible for their off springs. Secondly, some wives resort to high reproductive rates as a way of keeping the husband at home.

ZARD (1985) argues that informal education lays emphasis on income generating skills through farm and non-farm activities. These are done on a small scale and do not uplift women's economic status much beyond the subsistence level, thereby reinforcing their subordinate status of reproduction and maintenance of their children and dependants. This results into large household sizes and extended family structures. In conclusion it can be argued that informal education prepares both males and females for marriage, child bearing and home keeping as they practice their different gender roles.

2.4.2. Formal Education

Formal primary education in Zambia started in 1883, and fifty-five years later, the first secondary school was established (Snelson, 1974). The development of formal education can be categorised into two phases; the colonial and the post colonial eras.

2.4.2.1. Education in the Colonial Era

Christian Missionaries brought modern education to the then Northern Rhodesia. Along side evangelisation, they attempted to replace African traditional culture with the

western standards and ways of living (Snelson, 1974). However, their formal education was not greatly availed to the indigenous people, more especially females, due not only to the sex-stereotype curriculum, colonial racial and sex discriminatory policies, but it was also regarded as a capital consuming service; an optional extra burden for which the government would provide limited funds only after budgetary provision had been made for more important items of expenditure (Snelson, 1974). Apart from what has been mentioned above, females were further disadvantaged due to the socialisation patterns that prevailed in homes which modelled them (females) into wives, mothers and domestic providers. These socialisation patterns encouraged early marriages and care for extended families which consequently gave rise to high fertility rates resulting into large household sizes. Therefore, these reduced their (females) chances of engagement into formal employment as the education sector, during this era, did not expand much in terms of infrastructure and enrolment.

2.4.2.2. Education in the Post Colonial Era

Education expanded both in terms of infrastructure and enrolment after independence. The services were free from primary to university level so as to build upon the paltry figure of secondary school leavers and university graduates the country had at independence. The government worked towards having five (5) primary and one (1) secondary schools in each district, one (1) teacher training college in each province and one (1) national university (Singo, 1988).

Despite the expansion policy, not much was done to the curriculum as it continued to provide subject specialisation that determined gender roles after school, hence female participation in Vocational and Technical Training was very low as is shown in Appendix A:2. Participation of women in Domestic Science and Secretarial Training was 100% as compared to 39%, 20% and 3% in primary, secondary teacher training and Technical and Vocational Training respectively. This scenario clearly illustrates the reinforcement of feminine roles which had an effect on the family structure (extended) and encouraged large household sizes.

After 1991, the sector has suffered drastic reductions in the budgetary allocations as a way of cost saving on the part of the government. Part of the cost has been pushed to stake holders as a way of 'cost sharing' through the introduction of boards. This has had a negative impact on the education coverage, teaching and learning environments and in the contribution of education programmes. The literacy levels for most children are low due to the high drop out rate caused by fees demanded by boards. So, parents withdraw their children from schools in order that they should assist their parents in income generating activities such as street vending while some just loiter in the streets. The study by Lungwangwa (1992) revealed that 35.5% of the street children had completed Grade 7 while those that had never been to school and had done grades 1-4 and 5-6 comprised 18.4%, 9.7% and 28.3% respectively. This is supported by the United Nations Children's Fund ([UNICEF], 1994; 1999) which argues that illiteracy is increasing because most children do not get the basic skills at the time they leave school. This trend in the author's view would be prevalent in Mufulira.

However, studies by Graff (1979), Caldwell, (1980) and Banda (1993) to mention but a few, have attributed increased formal education to rationality and secularism. The educated persons are able to carefully make meaningful decisions as they become more open to the world as a whole. The longer the students stay in secondary and higher levels of education, the more their attitudes become affected to an extent of adopting western values regarding small family sizes and nuclear family norms. Education is viewed as an important determinant of fertility in that it helps determine the child's chance of survival by encouraging high standards of child care and child bearing and it improves knowledge of personal hygiene and balanced diet (UNICEF, 1999). Therefore, the incidence of child and infant mortality are lowered, and low fertility levels are encouraged. On the other hand, education increases the chances of engagement into formal employment which becomes a latent function of child spacing.

From the reviewed literature, there is an evident gap regarding the influence of the economic policies undertaken on the fertility trends and household structures in Zambia in general and Mufulira in particular. Therefore, this necessitated the investigation of the impact of SAP (including ESAP) on the household structures in Mufulira, a town in the Copperbelt Province of Zambia.

CHAPTER THREE

THE STUDY AREA AND METHODOLOGY

This chapter is divided into two parts. The first part discusses the Study Area while the second part deals with the Methodology used in this study.

3.1.0. STUDY AREA: MUFULIRA

3.1.1. Introduction

'Mufulira' was derived from the name of a river 'Umufulira' which meant 'plenty' in the Lamba language, hence its being referred to as 'a place of abundance'.

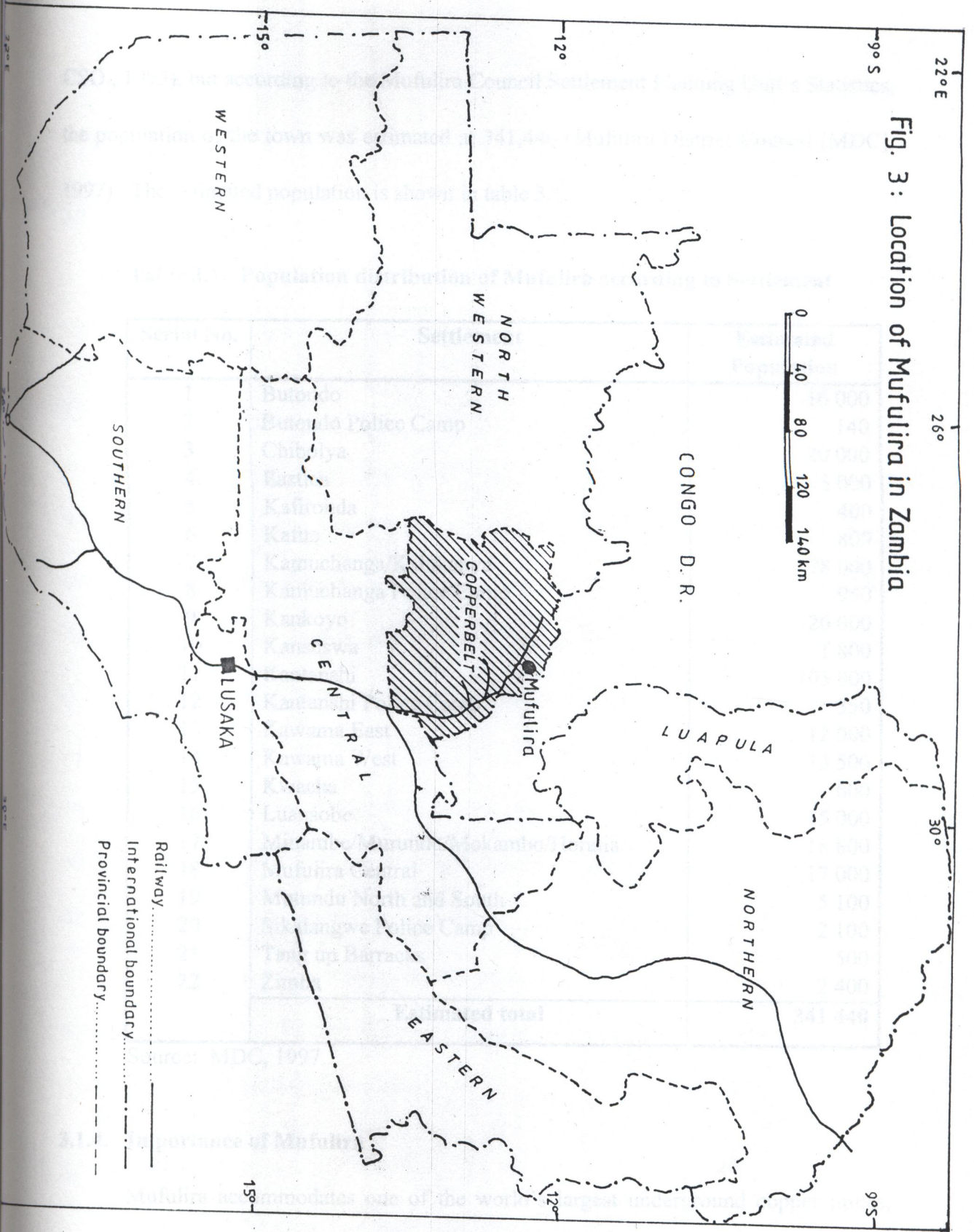
3.1.2. Position

Mufulira lies 12° 32'S and 28° 15'E in the Copperbelt Province of Zambia, on the borders with the Democratic Republic of Congo (DRC) formerly known as Zaire. The town links the Copperbelt province to Luapula through the pedicle road in Congo. It shares district boundaries with Chililabombwe, Chingola, Kitwe and Ndola. Figure 3 illustrates the position of Mufulira.

3.1.3. Size and Population

Mufulira has an area of 1637 square kilometres and is the fourth largest town in Zambia. Its population comprises foreigners and indigenous Zambians. However, its population growth rate has been rising even though the period from 1980 to 1990 experienced a decline. The 1997 CSO projected population which was based on the 1990 census data was 188,071.

Fig. 3 : Location of Mufulira in Zambia



CSO., 1995), but according to the Mufulira Council Settlement Planning Unit's Statistics, the population of the town was estimated at 341,440 (Mufulira District Council [MDC], 1997). The estimated population is shown in table 3.1.

Table 3.1: Population distribution of Mufulira according to Settlement

Serial No.	Settlement	Estimated Population
1	Butondo	16 000
2	Butondo Police Camp	140
3	Chibolya	20 000
4	Eastlea	5 000
5	Kafironda	400
6	Kafue	800
7	Kamuchanga/Kalukanya	78 000
8	Kamuchanga Police Camp	950
9	Kankoyo	26 000
10	Kansuswa	1 800
11	Kantanshi	105 000
12	Kantanshi Police Camp	350
13	Kawama East	12 000
14	Kawama West	13 500
15	Kwacha	600
16	Luansobe	15 000
17	Minambe/Murundu/Mokambo/Horatia	18 800
18	Mufulira Central	17 000
19	Mutundu North and South	5 100
20	Sikalangwe Police Camp	2 100
21	Tang up Barracks	500
22	Zimba	2 400
Estimated total		341 440

Source: MDC, 1997.

3.1.4. Importance of Mufulira

Mufulira accommodates one of the world's largest underground copper mines, and is the manufacturing town of the commercial explosives and other accessories that are used in the whole country. In addition there are other economic activities which

include milling, transportation and knitting. The town acts as the route way to Congo through Mokambo and indeed links the Copperbelt to Luapula province.

3.2.0. METHODOLOGY

This part of the chapter discusses sources of data, methods of data collection, analysis and presentation and time limitation.

3.2.1. Sources of Data

There were two main sources of data in this study, namely, Secondary and Primary. Secondary data were obtained from the Geography Departmental, the main University of Zambia, Central Statistical Office, Zambia Consolidated Copper Mines, Zambia Privatization Agency and United Nations Fund for Population Activities (UNFPA) Libraries. From these libraries various types of literature on fertility, education, employment, nutrition, health, cost of living and SAP (including ESAP) were consulted. Literature on employment trends, household sizes, area and population of Mufulira were obtained from the analytical and survey reports of CSO. From UNFPA, ZPA and ZCCM information on population growth rate and total fertility rates, privatization of Mufulira's enterprises and production of copper and labour force was obtained respectively. Primary data were gathered from respondents through the use of structured and unstructured interviews.

3.2.1.1. Secondary Data

Literature relating to this study was reviewed in order to find out the amount of work done and to see whether there were any gaps or if the current subject had already

been covered. This enabled the researcher to gain more understanding on the subject with particular attention to cost of living, education, health and employment and their relation to SAP and indeed ESAP.

3.2.1.2. Primary Data

Primary data were collected through structured and unstructured interviews held with the respondents.

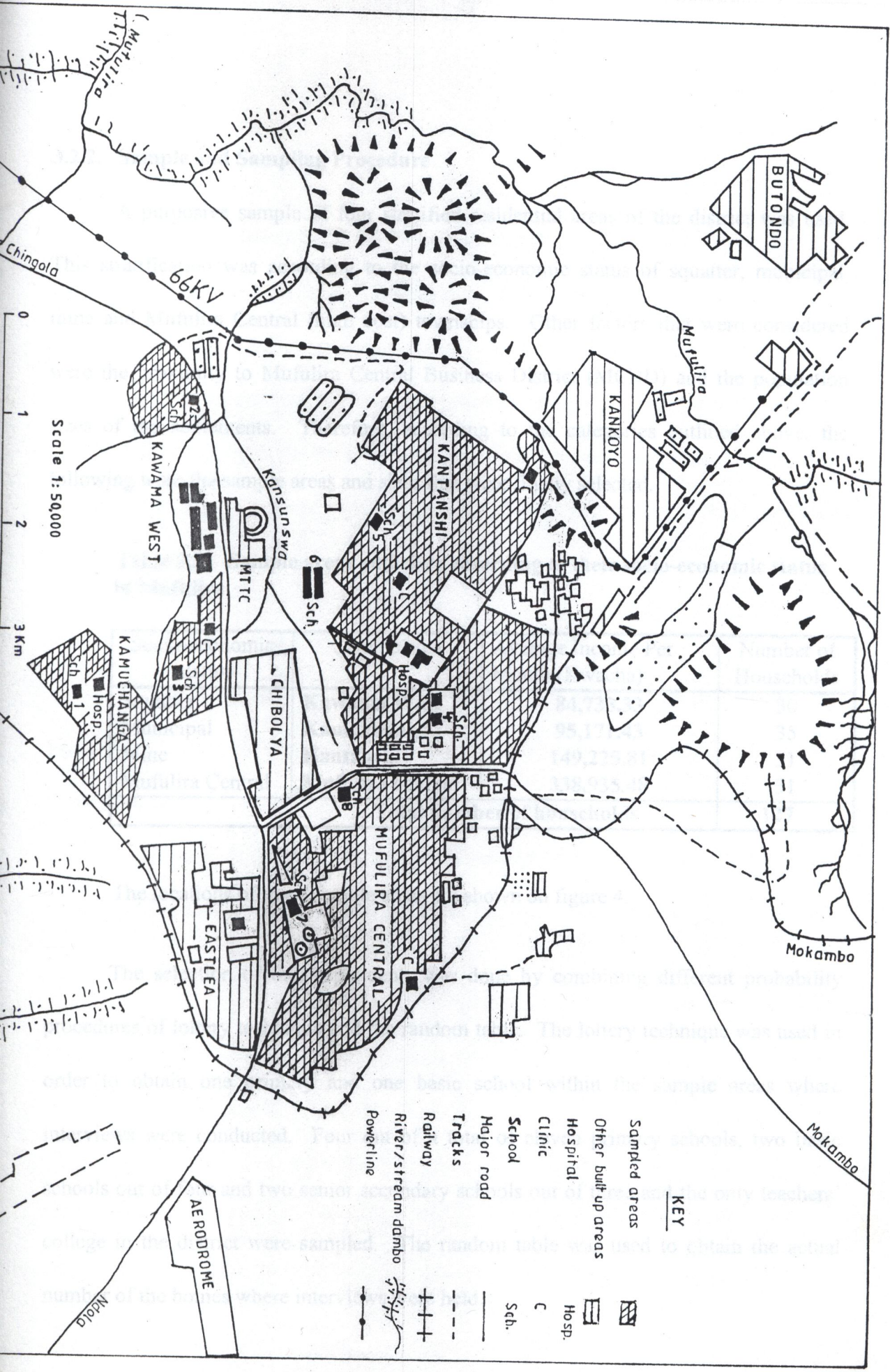
3.2.1.2.1. Unstructured Interviews

These interviews were held with Council and ZCCM officers, and heads of government institutions in police, education and health departments that were located within the sample areas. The information that was collected varied from one officer to the other. However, all in all, the questions were aimed at obtaining information on the impact of SAP as well as ESAP.

3.2.1.2.2. Structured Interviews

Structured interviews were held in all the four sample areas of Kawama West, Kamuchanga, Kantanshi and Mufulira Central (See Figure 4).

Fig. 4: MUFULIRA SHOWING SAMPLED AREAS



3.2.2. Sample and Sampling Procedure

A purposive sample of four stratified residential areas of the district was used. This stratification was according to the socio-economic status of squatter, municipal, mine and Mufulira Central (high cost) townships. Other factors that were considered were the proximity to Mufulira Central Business District (MCBD) and the population sizes of the settlements. Therefore, according to the categories outlined above, the following were the sample areas and sizes that were finally selected.

Table 3.2: Sample areas and sizes according to their socio-economic status in Mufulira

Socio-economic status	Sample area	Average Income Per Month (Kwacha)	Number of Households
Squatter	Kawama West	84,733.33	30
Municipal	Kamuchanga	95,171.43	35
Mine	Kantanshi	149,225.81	31
Mufulira Central	Mufulira central	338,935.48	31
	Total number of households		127

The locations of these sample areas are shown on figure 4.

The selection of the respondents was done by combining different probability procedures of lottery technique and the random table. The lottery technique was used in order to obtain one primary and one basic school within the sample areas where interviews were conducted. Four out of a total of eleven primary schools, two basic schools out of four and two senior secondary schools out of three and the only teachers' college in the district were sampled. The random table was used to obtain the actual number of the homes where interviews were held.

3.2.3. Limitations

Time was a limitation in the collection of data in a number of ways. In some instances, the respondents were uncooperative, this resulted in taking more than the average one hour (1hr) per single interview. Some respondents considered the information in Section A of the interview schedule to be very personal and private, so they took time to respond to the questions. And in some cases, appointments with some managers had to be postponed more than once. All these contributed to more time taken in conducting the survey than was expected.

3.2.4. Data Analysis and Presentation

The following statistical techniques were used to analyse and present the data: Percentages, tables of frequencies and means were used to summarise the data on descriptive findings, while both non-parametric and parametric tests were employed to test for significance of the relationships and differences between variables. The tests used were the Chi-square, Z-score, the Pearson Product Moment and the Multivariate Correlation tests.

CHAPTER FOUR

RESULTS AND DISCUSSION

4.1.0. Introduction

This chapter presents and discusses the results of this study which are based on the effects of the high cost of living, provision of social services (health and education), education levels and employment status on the household structures in Mufulira as a result of SAP.

4.2.0. The Impact of the Structural Adjustment Programme (SAP) on Household Sizes and Structures in Mufulira

SAP has influenced household sizes and structures in Mufulira in a number of ways. Firstly, there has been a move from the extended family structure which was very common and quite evident before the implementation of the radical economic reforms in 1992 to the nuclear family structure. In 1990, most households had at least 2.8 dependants, however this figure has declined by 50 percent as the average number of dependants per household is now 1.4. Despite this average number of dependants per household only 49.4% of the households still practice the extended family norm while the 50.6% of the households do not. The small variance is due to other intervening variables such as the high degree of unemployment and HIV/AIDS pandemic (which has left a number of orphans) which have consequently compelled some households to assume parental responsibilities of the affected children. Secondly, there has been an increase in primary school drop-outs as a result of the introduction of education fees (board user fees) which most households are unable to pay. This, with passage of time, is likely to

increase the illiteracy levels because the pupils leave school before the literacy and numerical skills are fully explored and developed. This conforms with earlier studies done by Lungwangwa (1992), GRZ (1993) and UNICEF (1994; 1999) who argue that the illiteracy levels, especially in urban centres, are greatly increasing due to the high cost of education, unemployment and curtailed government funding. Thirdly, the formal employment sector has contracted thereby increasing unemployment and indeed the expansion of the informal sector where the majority of the employees get wages that are not able to sustain their households and themselves. Fourthly, the cost of living has become quite high to an extent of some households not being able to provide the basic requirements to their members, thereby causing rates of malnutrition, and begging for the sake of survival to rise. The quality of life has generally been negatively affected.

Due to the hardships highlighted above, there have been changes in household sizes and structures since 1990. In 1990 the average household size in Mufulira was 7.3 and this figure has reduced to 6.4 showing a 12.3% drop. This is a general trend in the other sample areas. Migration of some household members has occurred over the years. Table 4.1, illustrates the trend that has occurred in household size in the sample areas between 1990 and 1998.

Table 4.1: Trend in household size from 1990 - 1998, according to sample areas in Mufulira

Type of change	Sample Areas (% of Households)			
	Kawama West	Kamaenanga	Kantaashi	Mufulira Central
Decrease	43.4	54.3	51.6	45.2
Increase	43.3	40.0	35.5	35.4
None	13.3	5.7	12.9	19.4
Totals	100.0	100.0	100.0	100.0

Source: Author's calculations based on own 1998 survey data.

The impact of SAP is tremendous as 74.8% of the households in Mufulira do not understand the government's radical economic policy which has been drastically implemented. Most people are suffering from either psychological, emotional or economical stress, and sometimes a combination of these. These have been due to the high cost of living and job losses the Mufulira population is experiencing. These experiences have forced most of them to detest and regard SAP as not a good policy as Table 4.3 shows.

Table 4.2: Respondents' understanding of SAP (%)

Responses	Whole Sample	Kawama	Kamuchanga	Kantanshi	Mufulira Central
Understands nothing	74.8	90	91.4	93.6	22.6
A policy on Poverty	1.6	0.0	0.0	3.2	3.2
A policy on reconstructing the economy	17.3	3.3	2.9	3.2	61.3
Privatization	5.5	6.7	5.7	0.0	9.7
No response	0.8	0.0	0.0	0.0	3.2
Total	100.0	100.0	100.0	100.0	100.0

Source: Author's calculations based on own 1998 survey data.

Table 4.3: Whether SAP is a good policy or not (%)

Response	Whole Sample	Kawama West	Kamuchanga	Kantanshi	Mufulira Central
Is a good policy	13.6	6.7	5.7	6.5	35.5
Not a good policy	86.4	93.3	94.3	93.5	64.5
Totals	100.0	100.0	100.0	100.0	100.0

Source: Author's calculations based on own 1998 survey data.

From the data presented in Tables 4.2 and 4.3, it becomes obvious that there is need for the government to carry out massive education campaigns in order to make the population aware of the socio-economic implications of various policies especially economic policies so that it (the population) can be able to adjust accordingly. This would in turn assist the population to appreciate government's plans and actions towards revamping the economy and ultimately improving the socio-economic welfare of the population.

The results of this study show that SAP has both negative and positive effects on the population. The negative effects are basically the deterioration of standards in education, health, nutrition and employment, which are in themselves functions of personal and national development. Education is the determinant of good health, nutrition and employment as it is the pivot for social change. Education is the most vital element in combating poverty, empowering women, promoting human rights and democracy, protecting the environment, controlling population growth and a path towards international peace and security (UNICEF, 1999). Therefore, although illiteracy varies greatly in its incidence it breeds poverty, sickness and ignorance which conspire to restrain movement towards social betterment and economic growth in the country. The positive effect is the achievement of one of the population policies of free and extensive family planning services which have enhanced the reduction of TFR from 7.2 in 1993 (Banda, 1993) to 6.1 in 2000 (PRB, 2000). This is actually on course as the CSO projected TFR by the year 2000 is 6.0 (Hachipola, 1995).

4.3.0. Influence of the high cost of living on household structures

The influence of the high cost of living on household structures is looked at from any household's, ability to economically survive in the harsh economic environment which can be assessed through the number of meals a household can afford per day, the attitudes towards desiring additional children and the family planning methods practised. These attributes have been chosen because they hinge on the cost of living.

4.3.0.1. The household's ability to economically survive in the harsh economic environment

The ability of households to economically survive in the harsh economic environment depends on each household's total monthly income in relation to its expenditure on basic needs. The Chi-square test was used in order to find out whether or not there was any significant difference in the ability of households to economically survive in the harsh economic environment between the sample areas. Table 4.4 shows the observed and expected values for the Chi-square (χ^2) test for each sub-sample.

Table 4.4: Observed and expected values tabulated using the Chi-square test on the ability of households to economically survive in the harsh economic environment according to sample areas in Mufulira

Sample Area	Manages very well	Does not manage well	Extremely difficult to manage	Totals
Kawama West	6 (10.87)	6 (10.16)	18 (8.98)	30
Kamuchanga	12 (12.68)	15 (11.85)	8 (10.47)	35
Kantanshi	12 (11.23)	11 (10.50)	8 (9.28)	31
Mufulira Central	16 (11.23)	11 (10.50)	4 (9.28)	31
	46	43	38	127

Source: Author's calculations based on own 1998 survey data.

Key : The figures in brackets are the expected values.

The Chi-square results show that there is a significant difference in the households' abilities to economically survive in the harsh environment according to the socio-economic status of the sample areas. The reason being that the calculated value of $\chi^2_{cal} = 19.72$ is bigger than the critical value of $\chi^2_{crit} = 12.59$ at 0.05 level of significance. Therefore, the null hypothesis which states that there is no significant difference between the households' abilities to economically survive depending on socio-economic status of the sample areas cannot be accepted. The households' structures do not influence their ability to economically survive but it is their ability to economically survive that influences the household structures due to the varying average monthly incomes. Mufulira central with an average total monthly income of K338, 935.48 has an average number of dependants of 1.4 while Kawama West whose average income is K84, 733.33 has 0.7 as the average number of dependants. The average number of dependants is, therefore, positively related to income. This means that the extended family norm is more common in Mufulira Central than it is in Kawama West and indeed in Kamuchanga and Kantanshi which have 0.8 and 0.9 average number of dependants respectively.

4.3.0.2. Household structures and the number of meals a household can afford per day

The number of meals was chosen as one of the variables because of the high cost of food stuffs, therefore it was necessary to find out how households are managing their socio-economic welfare in view of SAP.

Household structures do not influence the number of meals but it is the total household income that determines the number of meals the household can afford per day.

According to the world set standards there are three main meals a household is supposed to have namely; Breakfast, Lunch and Supper. This is also practised by the economically well to do households in Zambia generally and Mufulira in particular. The results obtained in this study show great deviations from the above norm as indicated in Tables 4.5. (a) to (d). The most affected area is Kawama West where 53.3% of the households have only one meal per day. Kamuchanga has 62.9% of the households taking only two meals per day while Kantanshi and Mufulira Central have 51.6% and 67.7% of the households taking three meals per day. As earlier alluded to, the household structures do not influence the number of meals the households afford per day, but the average household income is the main determinant. Mufulira Central for example, has households with the largest average number of dependants than the other three areas and also the biggest percentage of households taking three meals per day because the average monthly income is higher than that of any other three areas. Tables 4.5 (a) to (e) show the average number of meals households can afford per day.

Table 4.5: Number of meals per day a household can afford

Table 4.5(a): Kawama West

Household Size	Number of meals per day						Totals	
	1		2		3		f	%
	f	%	f	%	f	%		
1 - 4	1	3.3	4	13.3	0	0.0	5	16.7
5 - 8	14	46.7	6	20.0	3	10.0	23	76.7
9 - 12	1	3.3	1	3.3	0	0.0	2	6.7
13 - 16	0	0.0	0	0.0	0	0.0	0	0.0
Totals	16	53.3	11	36.7	3	10.0	30	100.0

Source: Author's calculations based on own 1998 survey data.

Table 4.5(b): Kamuchanga

Household Size	Number of meals per day						Totals	
	1		2		3		f	%
	f	%	f	%	f	%		
1 - 4	1	2.9	6	17.1	2	5.7	9	25.7
5 - 8	3	8.6	12	34.3	3	8.6	18	51.4
9 - 12	1	2.9	3	8.6	3	8.6	7	20.0
13 - 16	0	0.0	1	2.9	0	0.0	1	2.9
Totals	5	14.3	22	62.9	8	22.9	35	100.0

Source: Author's calculations based on own 1998 survey data.

Table 4.5(c): Kantansu

Household Size	Number of meals per day						Totals	
	1		2		3		f	%
	f	%	f	%	f	%		
1 - 4	2	6.5	3	9.7	6	19.4	11	35.5
5 - 8	1	3.2	3	9.7	5	16.1	9	29.0
9 - 12	3	9.7	3	9.7	5	16.1	11	35.5
13 - 16	0	0.0	0	0.0	0	0.0	0	0.0
Totals	6	19.4	9	29.0	16	51.6	31	100.0

Source: Author's calculations based on own 1998 survey data.

Table 4.5(d): Mufuira Central

Household Size	Number of meals per day						Totals	
	1		2		3		f	%
	f	%	f	%	f	%		
1 - 4	0	0.0	0	0.0	8	25.8	8	25.8
5 - 8	1	3.2	4	12.9	13	41.9	18	58.1
9 - 12	1	3.2	3	9.7	0	0.0	4	12.9
13 - 16	0	0.0	1	3.2	0	0.0	1	3.2
Totals	2	6.5	8	25.8	21	67.7	31	100.0

Source: Author's calculations based on own 1998 survey data.

Table 4.5(e): Whole Sample

Household Size	Number of meals per day						Totals	
	1		2		3		f	%
	f	%	f	%	f	%		
1 - 4	4	3.1	13	10.2	16	12.6	33	26.0
5 - 8	19	15.0	25	19.7	24	18.9	68	53.5
9 - 12	6	4.7	10	7.9	8	6.3	24	18.9
13 - 16	0	0.0	2	1.6	0	0.0	2	1.6
Totals	29	22.8	50	39.4	48	37.8	127	100.0

Source: Author's calculations based on own 1998 survey data.

Table 4.5(c) shows that 39.4% of the households take only two meals per day as compared to 37.8% of the households that take three meals per day. The percentage of households that take only one meal per day of 22.8% is the smallest. Therefore, 62.2% of the households in Mufulira have lesser numbers of meals per day than the 37.8%. This in the current researcher's view is a sign of undernourishment in terms of not only the quantity but also the quality of the food which has greatly deteriorated.¹

The differences in the number of meals households can afford per day is quite significant according to the socio-economic status of the sample areas as the Chi-square test results show. Table 4.6 illustrates the observed and expected values tabulated using the Chi-square test with regards to the influence of the socio-economic status of the sample areas on the number of meals a household can afford per day.

Table 4.6: Observed and expected values tabulated using the Chi-square test with regards to the influence of the socio-economic status of the sample areas on the number of meals a household can afford per day.

Sample Area	Number of meals per day			Totals
	1	2	3	
Kawama West	16 (6.85)	11 (11.81)	3 (11.34)	30
Kamuchanga	5 (8.00)	22 (13.78)	8 (13.23)	35
Kantanshi	6 (7.08)	9 (12.21)	16 (11.72)	31
Mufulira Central	2 (7.08)	8 (12.21)	21 (11.72)	31
Totals	29	50	48	127

Source: Author's calculations based on own 1998 survey data.

Key : The figures in brackets are the expected values

The calculated Chi-square result of $\chi^2_{cal} = 41.52$ shows that there is a significant difference between the number of meals the households can afford per day depending on the socio-economic status of the sample areas as the figure is greater than the critical

¹ The quality of food in most households has declined as balanced nutrition (based on the classification of

value of $\chi^2_{crit} = 12.59$ at 0.05 level of significance. Therefore, the null hypothesis which states that there is no significant difference in the number of meals households can afford in the respective four sample areas is rejected.

4.3.0.3. Attitudes towards desiring additional number of children and family planning practices

Information on the attitudes towards desiring additional number of children and family planning methods practised by respondents and their spouses was drawn from sections A and C of the interview schedule (see Appendix B). The results in frequency Tables 4.7 (a), (b), (d) and (e) reveal that most households, especially those whose sizes lie between 5 - 8 and 9 - 12 persons, do not desire any additional children. Mufulira Central has the highest percentage of 67.7% followed by Kamuchanga with 60% and Kawama West with 53.3%. Table 4.7(c) shows that 54.8% of the households still desire to have additional children. This is so because Kantanshi has a young population whose average age is 32.1 years as compared to 35.5 years, 37.8 years and 40.2 years for Kamuchanga, Kawama West and Mufulira Central respectively. Even though all the average ages in the four sample areas lie within the reproductive age group of 15 - 49 years, the surviving number of children in a household has prompted some households not to desire any additional ones as it has become very costly to bring them up.

protective, energy and body-building) has become a thing of the past.

Table 4.7: Households' desire for additional children in Mufulira.**Table 4.7(a): Kawama West**

Household Size	Additional Number of Children Desired									Totals	
	0	1	2	3	4	5	6	7	No response	F	%
1 - 4	1	2	0	1	1	0	0	0	0	5	16.7
5 - 8	12	0	5	2	1	0	2	0	0	22	73.3
9 - 12	3	0	0	0	0	0	0	0	0	3	10.0
13 - 16	0	0	0	0	0	0	0	0	0	0	0.0
Totals	16	2	5	3	2	0	2	0	0	30	100.0
Percentages	53.3	6.7	16.7	10.0	6.7	0.0	6.7	0.0	0.0	100.0	

Source: Author's calculations based on own 1998 survey data.

Table 4.7(b): Kamuchanga

Household Size	Additional Number of Children Desired									Totals	
	0	1	2	3	4	5	6	7	No response	F	%
1 - 4	4	1	1	0	2	1	0	0	0	9	25.7
5 - 8	10	4	2	2	0	0	0	0	0	18	51.4
9 - 12	6	1	0	0	0	0	0	0	0	7	20.0
13 - 16	1	0	0	0	0	0	0	0	0	1	2.9
Totals	21	6	3	2	2	1	0	0	0	35	100.0
Percentages	60.0	17.1	8.6	5.7	5.7	2.9	0.0	0.0	0.0	100.0	

Source: Author's calculations based on own 1998 survey data.

Table 4.7(c): Kantanshi

Household Size	Additional Number of Children Desired									Totals	
	0	1	2	3	4	5	6	7	No response	f	%
1 - 4	1	3	3	1	0	1	1	0	0	10	32.3
5 - 8	5	1	3	0	1	0	1	0	0	11	35.5
9 - 12	8	2	0	0	0	0	0	0	0	10	32.3
13 - 16	0	0	0	0	0	0	0	0	0	0	0.0
Totals	14	6	6	1	1	1	2	0	0	31	100.0
Percentages	45.2	19.4	19.4	3.2	3.2	3.2	6.5	0.0	0.0	100.0	

Source: Author's calculations based on own 1998 survey data.

Table 4.7(d): Mufunira Central

Household Size	Additional Number of Children Desired									Totals	
	0	1	2	3	4	5	6	7	No response	f	%
1 - 4	3	0	2	1	0	0	0	0	2	8	25.8
5 - 8	13	3	2	0	0	0	0	0	0	18	58.1
9 - 12	4	0	0	0	0	0	0	0	0	4	12.9
13 - 16	1	0	0	0	0	0	0	0	0	1	3.2
Totals	21	3	4	1	0	0	0	0	2	31	100.0
Percentages	67.7	9.7	12.9	3.2	0.0	0.0	0.0	0.0	6.5	100.0	

Source: Author's calculations based on own 1998 survey data.

Table 4.7(e): Whole Sample

Household Size	Additional Number of Children Desired									Totals	
	0	1	2	3	4	5	6	7	No response	f	%
1 - 4	9	6	6	3	3	2	1	0	2	32	25.2
5 - 8	40	8	12	4	2	0	3	0	0	69	54.3
9 - 12	21	0	0	0	0	0	0	0	0	24	18.9
13 - 16	2	0	0	0	0	0	0	0	0	2	1.6
Totals	72	17	18	7	5	2	4	0	2	127	100.0
Percentages	56.7	13.4	14.2	5.5	3.9	1.6	3.2	0	1.6	100.0	

Source: Author's calculations based on own 1998 survey data.

Table 4.7(e) shows that 56.7% of the respondents do not desire to have any additional children. According to the current author's analysis this is because of the high cost of living their households are experiencing. Even the children they already have, have become very costly to manage. This conforms to what Chanda (1990) found out in his study because he argues that the increases in prices for various consumer goods compel people to control fertility. However, the 13.4% and 14.2% of the respondents gave 'being recently married' and 'having either one child or none at all' as reasons for regulating their fertility. Very few households from the survey gave reason of infant and

child mortality as being causes for desiring additional children. Therefore, those that do not desire any more children practice birth control.

Additional analysis revealed that even though 94.3% of the respondents understand what family planning means, 67.7% practice one of either the natural or artificial methods and 6.3% of the respondents have undergone sterility operations of either Bilateral Tubal Ligation (BTL) or Vasectomy. The proportion of those who use BTL is small because in the other sample areas none has undergone such operations as they use alternative methods of fertility control. Table 4.8 shows various methods practised by respondents as a way of birth control and child spacing in the four sample areas.

Table 4.8: Method of fertility Control practised by respondents (%)

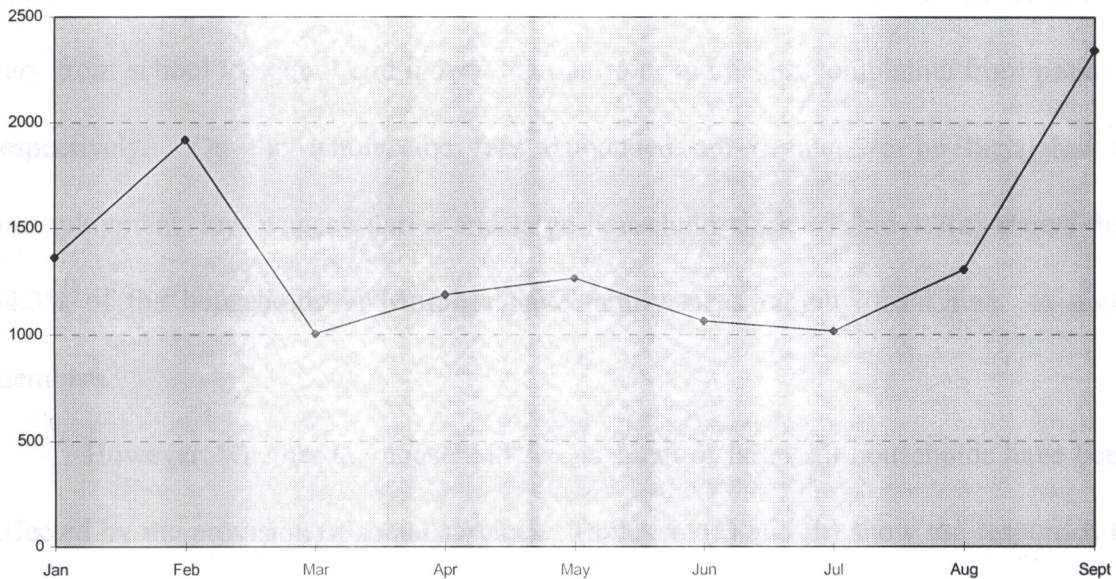
Method Used	Kawama West	Kamuchanga	Kantanshi	Mufulira Central
Does not use any method	36.7	40.0	32.3	19.4
Abstinence (PPA/PA)	3.3	3.6	9.7	3.2
BTL/Vasectomy	0.0	0.0	0.0	25.8
Condoms	6.7	5.7	6.5	25.8
LAM	33.3	5.7	6.5	0.0
Natural	0.0	0.0	9.7	19.4
Pill	16.7	22.9	32.3	6.5
Samboons	0.0	0.0	2.9	0.0
Traditional	3.3	14.3	3.2	0.0
Withdrawal	0.0	0.0	0.0	0.0
Totals	100.0	100.0	100.0	100.0

Source: Author's calculations based on own 1998 survey data.

Table 4.8 shows that Mufulira Central has 80.6% of the respondents practising family planning methods as a way of controlling fertility and spacing child birth. Kantanshi, Kawama West and Kamuchanga have 67.7%, 63.3% and 60.0% of the respondents practising these methods respectively. The number of people using various methods of family planning has been increasing over the years due to, not only economic hardships, but also the decentralisation of the family planning services. The percentages however, vary according to sample areas. LAM is widely used in Kawama West and accounts for 33.3% of the respondents. The Pill is commonly used in Kamuchanga and Kantanshi where 22.9% and 32.3% of the respondents use it respectively. Mufulira Central has 25.8% of the respondents using condoms while another 25.8% have undergone sterility operations of BTL and Vasectomy. The variations in the use of family planning methods are influenced by the mean levels of education in all the sample areas which affect the attitudes towards the use of these methods.

Figure 5 shows the trend of acceptors of the Pill as a family planning method at the main ZCCM health centre (Ronald Ross Hospital) in 1998. Generally, the figures are high even though they had fluctuated between March and August 1998 and then sharply increased in September. This was due to non-availability of free Pills at the centre, therefore, those that could afford to buy (for example Safe Plan Pills) attended the family planning clinics. The figure rose sharply after the centre was re-stocked with free Pills. On the whole, the number of acceptors of artificial family planning methods is bigger than portrayed by the figure in that the figure does not account for those who are either reached by the government run health institutions or those that get their supplies such as Pills and condoms from Chemists and other outlets.

Figure 5: Acceptors of Family Planning Methods at ZCCM Main Health Centre (Ronald Ross Hospital), 1998



Source: Ronald Ross Hospital, 1998.

Generally, households in Mufulira have come up with a number of coping strategies such as reduction in the number of meals, removal of certain food stuffs from the diet and indeed control of fertility to mention but a few, as ways of economic survival in this harsh economic environment.

4.4.0 The Relationship of Household Structure and Social Services:

Most health and educational institutions in Mufulira still fall under government's administration despite the introduction of boards, and hence most of the employees are under the government. This is so because the boards are still in infancy and do not have the financial capacity to completely engage their own personnel. They (the boards) are, however, a measure of 'cost saving' on the government's public expenditure on social services in that the budgetary allocations have been reduced as the stake holders are

required to pay the balance towards the total financial requirements as a way of ‘cost sharing’. These education and health boards have introduced user fees which, of course, vary from school to school and indeed the nature of the health complaints from patients respectively. On the whole, the fees demanded are deemed to be high due to unemployment, low wages/salaries and large household sizes. Table 4.7(e) shows that 54.3% of the households in Mufulira have family sizes ranging from five to eight members.

However, whether the household size is small or large, all households have been affected by the provision of social services. Tables 4.9(a) and (b) show the responses to the introduction of user fees in the educational and health sectors.

Table 4.9(a): Whether affected negatively by education fees (%)

Response	Whole Sample	Kawama West	Kamuchanga	Kantanshi	Mufulira Central
No	20.5	33.3	17.1	22.6	9.7
Yes	79.5	67.7	82.9	77.4	90.3
Totals	100.0	100.0	100.0	100.0	100.0

Source: Author's calculations based on own 1998 survey data.

Table 4.9(b): Whether affected adversely by medical fees (%)

Response	Whole Sample	Kawama West	Kamuchanga	Kantanshi	Mufulira Central
No	29.9	3.3	8.6	83.9	25.8
Yes	70.1	96.7	91.4	16.1	74.2
Totals	100.0	100.0	100.0	100.0	100.0

Source: Author's calculations based on own 1998 survey data.

From Tables 4.9(a) and 4.9(b) it can clearly be seen that most households are negatively affected by the introduction of the user fees in both educational and health institutions. Kantanshi's results (see Table 4.9(b)) differ greatly from the rest in that 83.9% of the respondents indicated that they are not negatively affected by the payment of medical fees. This is simply because of the fact that these households have their medical fees paid for by ZCCM Mufulira Division who is their main employer.

4.4.0.1. Influence of health services (fees) on household structures

The health sector user fees introduced in 1996 have acted as a deterrent for people to have medical services in that people stay away from hospitals or clinics even when they have health problems because they cannot afford to pay the fees that are demanded. Hence, some households, especially in Kawama West and Kamuchanga with extended family members (especially children whose parents are still surviving), have surrendered such children to their biological parents for fear of incurring additional responsibilities in time of illness. In Mufulira Central, 58.1% of the households belong to medical schemes which entails that they contribute towards these schemes from their total monthly incomes, unlike in Kantanshi where such fees are paid for by respective employers.

The test carried out in order to find out whether there is any relationship between the household structures and the medical fees revealed that there is no significant correlation. This is so because the observed Pearsons correlation coefficient value of 0.07, which according to Bless and Kathuria (1993), gives the observed Z - value of 0.786 is less than the Z - score critical value of 1.960 at the level of significance of 0.05. This means that the null hypothesis which states that there is no significant correlation

between the two is accepted. These results are as indicated above because, as earlier alluded to, very few households contribute towards the medical schemes. Many households resort to other methods as indicated in Table 4.10 during the time of illness.

Table 4.10: Response to illness (%)

Response	Whole Sample	Kawama West	Kamuchanga	Kantanshi	Mufulira Central
Does nothing	1.6	0	2.9	3.2	0
Prays	2.4	0	2.9	3.2	3.2
Uses traditional medicines	14.2	43.3	11.4	3.2	0
Buys medicines from vendors	25.2	40.0	40.0	3.2	16.1
Goes to GRZ hospital	14.2	10.0	17.1	6.5	22.6
Uses medical scheme	42.5	6.7	25.7	80.7	58.1
Totals	100.0	100.0	100.0	100.0	100.0

Source: Author's calculations based on own 1998 survey data.

Table 4.10 shows that 80.7% of the households in Kantanshi use the medical schemes in time of illness as these schemes are paid for by ZCCM Mufulira Division as indicated earlier. That is why this proportion is so outstanding. The majority of the households in Kawama West either use traditional medicines or conventional medicines bought from vendors. Similarly 40.0% of the households in Kamuchanga buy their medicines from vendors.

The introduction of health boards in general and medical fees in particular has encouraged open shelf drug marketing as this is a cheap way of obtaining drugs. However, those that cannot afford to buy the required drugs either beg from neighbours or use traditional medicines or do nothing about their health problems. In all these cases patients are made more vulnerable to either long illnesses as or to deaths as the diagnoses

and prescriptions are crudely done without any expertise knowledge and the medicines are taken without proper dosage.

The medical fees demanded by the Mutulira District Health Management Board (MDHMB) as shown in Appendix A: Table 4 are deemed to be high in this era of great unemployment, and high numbers of poorly paid formal workers and low grade informally employed workers. Therefore, most households are denied of medical services.

The problem of fees has, to some extent, affected the day-to-day running of the health centres. Most of the time essential drugs are reported to be out of stock and patients are referred to chemists. Those patients that cannot afford to buy the medicine(s) wait to be treated by the grace of God. This eventually reduces the health condition of an individual.

The board attributes the problem of the inadequacy of drugs in health centres to the new distribution system and the curtailed budgetary allocation. The 'kit' distribution system has been discontinued in urban centres and so each board has to procure the drugs from the central stores. This, however, disadvantages the far off areas as most of the time essential drugs get finished quickly. And at times what is obtained is not sufficient to cater for the population. Another factor is the delay in the government funding. The board is able to run due to supplementary funding it receives from the Central Board of Health (CBH) known as 'Basket Funding'. The 'Basket Funding' is the money from donors donated to CBH which is then distributed to the boards in order to help alleviate some of the problems being encountered. Since health boards, in general and MDHMB in particular, are not autonomous, the problem of funding is perpetuated thereby

contributing to the deterioration in worker's conditions of service, health services and the population's health.

4.4.0.2. Influence of education services (fees) on household structures

The education fees that have been introduced by school management boards have affected most households in Mufulira regardless of whether they belong to nuclear or extended families. The ability to pay fees is influenced by the total household income, the number of children in school and the location of the school. The fees demanded by schools in Kawama West and Kamuchanga are lower than those demanded by schools in Kantanshi and Mufulira Central because the school managements determine the fees in relation to the ability of households to pay. The socio-economic status of the households' residences does influence the figures the boards arrive at.

The Pearson and Z-score tests were conducted in order to establish whether or not there was any relationship between the household structure and the education fees. The tests revealed a Pearson's observed value of 0.28 which when converted to a Z-score becomes 3.143 which is bigger than the Z-score critical value of 2.576 at the 0.01 significance level. This means that there is a significant relationship between household structure and the education fees. This is true in that even the number of relatives that are kept for education sponsorship is bigger than for the other reasons given as shown in Table 4.11. Hence, this has influenced the extended family norm in some households. Due to this result the null hypothesis which states that there is no significant relationship between household structure and education fees is rejected.

Table 4.11: Reasons for keeping relatives (%)

Not Applicable	Accommodation	Education	General Assistance	Orphaned	Sick	Widowed	Total
50.6	8.7	10.5	9.2	12.6	0.8	1.6	100.0

Source: Author's calculations based on own 1998 Survey data.

Table 4.11 also shows that 49.4% of the total households still keep relatives for various reasons hence still follow the extended family norms while 50.6% of them are of a nuclear type. Another aspect that was considered in relation to education fees was employment status.

4.4.0.2.1. Relationship between employment status and education fees

One's employment status determines the total income they get per month. The number of those engaged in informal employment reduces with the increase in the socio-economic status of the sample area. Kawama West has the biggest number followed by Kamuchanga. Kantaashi and Mufulira Central have smaller numbers as most of the residents are engaged in formal employment. Similarly, the average incomes in the sample areas increase from Kawama West to Mufulira Central. This portrays an inverse relationship between the number of informal sector employees and the average monthly incomes. Kawama West has an average monthly household income of ZK84,733.33 while Kamuchanga, Kantaashi and Mufulira Central have ZK95,171.43, ZK149,225.81 and ZK338,935.48 respectively.

The Z-score test conducted revealed an observed Z value of 6.960 which is bigger than the critical value of 2.576 at the 0.01 level of significance. This means that there is a significant correlation between employment status (which is measured in terms of

income) and education fees households are required to pay for their children and dependants. Therefore, the null hypothesis which states that there is no significant relationship between employment status and education fees is rejected. The results further mean that the socio-economic status of any sample area influences the education fees households have to pay on behalf of their children and dependants as already mentioned above.

The education fees are used in the day-to-day running of the schools as a way of supplementing government's funding which has drastically dropped. Primary and secondary schools receive ZK200,000 to ZK300,000, and ZK650,000 respectively; the District Education Offices get only ZK700,000 per month as government grant. This money is used to pay for water, electricity and telephone bills; purchase stationery, uniforms for auxiliary staff, teaching materials (especially for the subjects that are not aided by Action to Improve English, Mathematics and Science [AIEMS]) and sundries. This money is too little to cater for all the services mentioned above as a result standards of education and administration have deteriorated.

4.5.0. Employment status and household structure

Employment status does not influence the household structures in Mufulira. This is so because whether or not one is in formal or informal employment, their households are either nuclear or extended. One other factor is that the incomes of formal and informal employees do not vary within the same sample area. For example, in Mufulira Central the incomes for both categories of employees range from K100,000 to K900,000. Therefore, it is the total household income which has influence on the household

structures and not employment status. Therefore, income in some cases has been used interchangeably with employment status.

4.5.0.1. Income and Household Structure

There is a positive but very weak relationship between household income and household structure according to the socio-economic stratum of the sample areas as portrayed in Table 4.12.

Table 4.12: Number of dependants in relation to the average monthly incomes in the sample areas in Mufulira

Sample Area	Average Income per month (Kwacha)	Average Number of dependants
Kawama West	84,733.33	0.7
Kamuchanga	95,171.43	0.8
Kantanshi	149,225.81	0.9
Mufulira Central	338,935.48	1.4

Source: Author's calculations based on own 1998 survey data.

The relationship between income and household structure is not significant because the Z-score observed value of 1.347 is smaller than the critical value of 1.960 at the 0.05 level of significance. This means that the null hypothesis which states that there is no significant correlation between income and household structure is accepted. However, 1.44% of the variance in household structure is accounted for by income.

Apart from the results presented above, additional results are as provided in sections 4.5.0.2 to 4.6.0.4

Exchange Rate: ZK3,330 = 1 US\$

4.5.0.2. Employment status and the number of meals per day a household can afford

Employment status has a major role in determining the income of a household which in turn influences the number of meals that a household has. There is a significant correlation between employment status and the number of meals that a household is able to take per day according to the Z-score test conducted. The test yields the observed Z value of 4.378 which is bigger than the critical value of 2.576 at the 0.01 level of significance. Therefore, the null hypothesis which states that there is no significant correlation between the two is rejected. The number of meals increases with the decrease in the number of informal sector employees because of the variations in the average monthly incomes.

4.5.0.3. Relationship between Income and the level of education

A bivariate analysis revealed a moderate positive correlation of 0.50 between income and the level of education. This positive correlation means that as the level of education increases so does the income as is illustrated in Table 4.13.

Table 4.13: The relationship between levels of education and average monthly incomes in Mufulira

Sample Area	Respondent's average number of years spent in School	Spouse's average number of years spent in school	Average monthly income (Kwacha)
Kawama West	5.8	6.8	84,733.33
Kamuchanga	7.5	8.2	95,171.43
Kantanshi	8.6	10.4	149,225.81
Mufulira Central	13.7	12.9	338,935.48

Source: Author's calculations based on own 1998 survey data.

As indicated earlier, income and employment status are used interchangeably. The latter influences the number of children in a household and those not in school, and number of meals a household can afford per day while the former is correlated against level of the respondent's education and medical fees.

4.5.0.4. Employment status and the number of children

Employment status does not greatly influence the number of children in a household. The results of the Z-score test revealed that the observed Z value of -0.842 is smaller in absolute terms than the critical Z value of -1.960 at the 0.05 level of significance. This means that the relationship between employment status and the number of children is insignificant. Hence, the null hypothesis which states that there is no significant correlation between employment status and the number of children is accepted. The insignificance comes about because most people, especially women, are engaged in the informal sector where the nature of employment does not act as a birth control measure as it does to the women who are in formal employment and are bound by the organisations' conditions of service as regards maternity leave or grants. Therefore, there is need to improve the employment status of women as argued by Blake (1974) and Banda (1993) as it would help to regulate fertility.

4.5.0.5. Employment status and the number of children not in School

Even though only 4.4% of the variance in the number of children not in school is explained by the employment status, there is a significant negative correlation between the two. The reason being that the observed value of the Z-score test of -2.357 is bigger, in absolute terms, than the critical Z value of -1.960 at the 0.05 level of significance.

Therefore, the null hypothesis which states that there is no significant association between employment status and the number of children not in school is rejected. This means that the number of children out of school increases with decrease in household income which is predetermined by the employment status within the socio-economic stratum of the residential areas. As earlier indicated Kawama West has the majority of the households engaged in informal employment and the numbers of such people decrease greatly in Kantanshi and Mufulira Central. Similarly, the average household incomes in Mufulira Central are higher than those of Kawama West. Therefore, the disparities in households monthly incomes contribute to school drop-out rates especially at primary school level as some households find it difficult to pay educational fees for the school going children. The drop out rate is further exacerbated by parents/guardians levels of education as is discussed later in this same chapter.

4.5.0.6. Income and medical fees

There is a significant correlation between income and the payment of medical fees because the Z-score test employed yields the observed Z value of 3.592 which is bigger than the critical Z value of 2.576 at the 0.01 level of significance. Therefore, the null hypothesis which states that there is no significant correlation between the two is rejected and the alternative hypothesis accepted. This means that the higher the income, the more the contributions users make to medical facilities. Due to their low socio-economic status Kawama West and Kamuchanga have very few households contributing towards the medical schemes. These two areas have only 6.7% and 25.7% of the households belonging to a medical scheme respectively compared to the 80.7% in Kantanshi and

58.1% in Mufulira Central. On the whole even the percentages of households that go to the hospital when they become sick are bigger for Kantanshi and Mufulira Central. Table 4.10 shows that 16.7%, 42.8%, 87.2% and 86.7% of the households in Kawama West, Kamuchanga, Kantanshi and Mufulira Central afford medical fees or belong to a medical scheme respectively.

Even though employment status does not seem to have great influence on the household structures, it has proved to be a significant determinant of other variables such as the number of meals a household can afford per day, the number of children not in school, and educational and medical fees. Employment sets socio-economic standards of the households' well being. It is worth noting that the reduction in formal employment has not only led to the expansion of the informal sector, but also contributed to the rise in crime rate. Crime reports on mere thefts, house break-ins, store break-ins and shoplifting occur everyday. Burglary and theft occur at an average of three times per week.² These crimes which are committed both during the day and at night have increased the *insecurity of the people in Mufulira. This is yet another negative side effect of SAP. The unemployed, especially, have tended to use short but risky methods (such as stealing) of acquiring what they need in general and money in particular.*

4.6.0. Relationship between education level and household structure

The Z-score test revealed that there is no significant correlation between the level of education and the household structure because the observed Z value of 0.629 is smaller

² This information was obtained through an interview with the Chief Investigations Officer (CIO) of the Mufulira Central Police Division on 25th November, 1998.

than the critical Z value of 1.960 at the 0.05 level of significance. Therefore, the null hypothesis which states that there is no significant association between the level of education and household structure is accepted. This means that education plays a very little role in determining the structure of the household. Earlier results presented in this chapter show that income, too, contributes to determining the household structure. However, Table 4.14 shows that both the lowly and highly educated still keep relatives and the number of relatives increases with the increase in one's education level. Therefore, education, as an instrument that propagates the values of the western middle class (Banda, 1993) has failed to do so in Mufulira due to an increase in unemployment and the number of orphans, hence the households that get high incomes assume more responsibilities.

Table 4.14: Education levels in relation to average number of dependants

Sample Area	Respondent's average number of years spent in School	Average number of dependants
Kawama West	5.8	0.7
Kamuchanga	7.2	0.8
Kantanshi	8.6	0.9
Mufulira Central	13.7	1.4

Source: Author's calculations based on own 1998 survey data.

4.6.0.1. Relationship between households' number of meals per day and education levels

The Z-score test was employed in order to establish any relationship between the number of meals the households afford per day and the average levels of education. The

³ This information was obtained through an interview with the Chief Investigations Officer (CIO) of the Mufulira Central Police Division on 25th November, 1998.

test revealed that there is a very positive significant correlation between these two variables. The reason being that the observed Z value of 6.062 is bigger than the critical value of 2.576 at the 0.01 level of significance. The null hypothesis which states that there is no significant correlation between the number of meals and education levels is rejected. These results mean that the higher the level of education, the more the number of meals the household affords per day. Mufalira Central where the average education level is high (13.7 years) has 67.7% of the households affording three meals per day where as Kawama West, with the lowest average level of education among the four sample areas has only 10% of the households affording three meals per day.

4.6.0.2. Relationship between the number of children and education levels

Studies done earlier by Graff (1979) and Caldwell (1980) have shown that the level of education determines the levels of fertility in many countries. The longer the duration of formal education, especially for females, the higher the rationality and secularism, which later enhances reduction in fertility rates.

Similarly, the results of this study show that those with higher levels of education have fewer children born in the households than where educational levels are low as shown in Table 4.15. The Z-score test yields a very significant negative correlation between the number of children and the level of education. The reason being that the observed Z value of -3.536 is larger, in absolute terms, than the critical value of -2.576 at the 0.01 level of significance. This means that the number of children is inversely related to the level of education. As such the null hypothesis which states that there is no significant correlation between the number of children born in a household and the level of education is rejected while the alternative hypothesis is accepted.

Table 4.15: Relationship between the number of children and education levels in Mufulira

Sample Area	Respondents' average number of years spent in school	Spouses' average number of years spent in school	Average number of children in a household
Kawama West	5.8	6.8	5.4
Kamuchanga	7.5	8.2	4.7
Kantanshi	8.6	10.4	4.5
Mufulira Central	13.7	12.9	4.0

Source: Author's calculations based on own 1998 survey data.

4.6.0.3. Relationship between the number of children in school and education levels

The evident feature obtained from the results is that educated parents/guardians value education and as such they encourage and are interested in the education of their siblings and dependants. The Z-score test revealed a very significant correlation between the number of children in school and the respondents' education levels. This is because the observed Z value of 3.929 is bigger than the critical value of 2.576 at the 0.01 level of significance. This means that the higher the respondents' average level of education the higher the number of children in school. As such, the null hypothesis which states that there is no significant relationship between the number of children in school and levels of education cannot be accepted. Similarly, low respondents' (parents/guardians) education levels negatively affect the number of children in school. The Z-score test revealed a significant association between the levels of education and the children not in school. The observed Z value of -3.401 is bigger in absolute terms than the critical value of -2.576 at the 0.01 level of significance. The result means that the lower the respondents' level of education the bigger the number of children out of school. This is

because there is a positive relationship between the respondent's level of education and income as already alluded to. Therefore, the null hypothesis which states that there is no significant correlation between respondents' levels of education and the number of children out of school is rejected.

4.6.0.4. Relationship between education levels and family planning

In all the sample areas, regardless of the level of education, 94.3% of the respondents understand what family planning means and 67.7% use at least one of either the natural or artificial methods. Of the 67.7%, 5.5% females and 0.8% males have had BTL and vasectomy performed on them respectively.

There is a positive relationship between the level of education and the method of family planning used. LAM is the most common method of family planning in Kawama West which depicts a rural setting because of its low socio-economic status. Mufulira Central registered the highest use of the natural methods which are complemented by the use of condoms. The natural methods which are at the same time referred to as the scientific methods call for better understanding of the ovulation cycle which is accompanied by the rise in body temperature and mucus discharge. Therefore, they require high levels of education for better and efficient administration lest they result in undesirable number of pregnancies. This falls in line with the studies done by Kurz, et al. (1991) and Queenan, et al. [ed.] (1992) who argue that scientific methods that are not properly conducted increase fertility. The pill is the common artificial method of contraception used in Kamuchanga and Kantanshi townships. These two areas do not have great disparities in terms respondents' average level of education.

Apart from the results presented in 4.6.0. above, a multivariate correlation analysis was done in order to find out the nature of influence the number of children and dependants that are in school, number of children in the households and the total annual school fees have on the household structure. Table 4.16 shows the results that were obtained.

Table 4.16: Results of the multivariate correlation analysis

Independent Variable	R	R²	Probability	Status
NCDS	0.610	0.372	0.000	Significant
NCH	0.685	0.469	0.000	Significant
TASF	0.708	0.502	0.013	Significant

Source : Author's calculations based on own 1998 survey data.

Key

NCDS : Number of Children and Dependants in School.

NCH : Number of Children in the Household

TASF : Total Annual School Fees

Dependent Variable: Household Structure.

The results in Table 4.16 show significant associations between the independent variables and the dependent variable which, in this case, is the extended family structure because of the dependants that are found in the households. There is a strong significant relationship of $R = 0.610$ between the household structure and the number of children and dependants in school. Thirty seven point two percent (37.2%) of the variance in the household structure is accounted for by the combination of the number of children and dependants that are in school. This means that the bigger and extended families are greatly influenced by the school going siblings and dependants than the smaller and nuclear ones. Even though only a small number of children influences the size of a household, it plays a significant role in the household structure as indicated in Table 4.16. Similarly, there is a significant correlation between household structure and educational

fees. A combination of all the three independent variables highly influences the household structures in that they (independent variables) account for 50.2% of the variation in the household structures. This clearly reinforces earlier findings highlighted in this study on the relationship between education of the siblings and dependants in relation to household structures. The results presented in Table 4.11 also show that 16.5% out of the 49.4% of the households with an extended family norm keep dependants for educational purposes. Therefore, education has a major role in perpetuating the extended family norm.

Education, apart from being a major determinant of fertility rates, also influences the number of meals in a household, number of children in school and the use of family planning just to mention but a few. However, females still lag behind in terms of educational qualification and subject specialisations in most learning institutions. There are still disparities in the education levels between males and females as shown in Tables 4.17 and 4.18 despite the attempts to revise the curriculum; hence, the effects on fertility rates.

Table 4.17: Levels of Teachers'/Lecturers' education in Mufulira

College/School	Degree		Advanced Diploma		Diploma		Advanced Primary Certificate		Zambia Primary Certificate	
	M	F	M	F	M	F	M	F	M	F
Teachers' College	12	2	2	0	13	4	1	1	4	1
Kantanshi Sec.	9	1	5	0	20	11	5	1	1	0
Mufulira Sec.	6	6	0	0	24	16	0	0	6	0
Kamuchanga Basic	1	0	2	0	2	6	1	0	12	18
Mano Basic	0	0	2	0	5	2	0	4	8	21
Totals	28	9	11	0	64	33	7	6	31	40
Proportions	3.1 : 1		11 : 0		1.2 : 1		1.2 : 1		1 : 1.3	

Source: Author's calculations based on own 1998 survey data.

From Table 4.17 one can note that males have a higher proportion in all the qualifications except the Zambia Primary Certificate where the females proportion is higher. This means that, despite time lapse since independence, there has been no equality in educational qualifications. Similarly, not much has changed as regards subject specialisation as portrayed in Table 4.18.

Table 4.18: Number of Teachers/Lecturers in a few selected subjects

College/school	Maths		Science		Homecraft		Technical Drawing/ Wood Work/ Metal Work	
	M	F	M	F	M	F	M	F
Teachers' College	3	0	4	0	0	4	3	1
Kantanshi Sec.	6	4	9	0	0	2	4	1
Mufulira Sec.	10	4	7	3	0	3	3	0
Kamuchanga Basic	2	0	1	1	0	1	0	0
Mano basic	2	1	2	0	0	1	0	0
Totals	23	9	23	4	0	11	10	2
Proportions	2.6 : 1		5.8 : 1		0 : 11		5 : 1	

Source: Author's calculations based on own 1998 survey data.

The proportions from Table 4.18 show unequal distribution of the teaching staff in the selected subjects. The 'masculine' subjects such as Science and TD/WW/MW record high proportion of males than the 'feminine' subject of Homecraft. The possibilities of both ends changing for the better are slim due to the negative effects SAP is having on education and households as already alluded to in earlier paragraphs.

SAP has initiated a very high cost of living which has prompted households to come up with coping strategies such as cutting down the number of meals per day, doing away with certain food stuffs and voluntary child fostering. The costs of education and

health services which most households are unable to pay for either due to **unemployment** or low wages/salaries have contributed greatly to the drop-out rates at **Primary School level** and the deterioration of the population's health conditions in Mufulira respectively.

SAP has also created insecurity to employees in particular and **the whole of Mufulira's population** in general. Those in employment are **threatened with retrenchments**, hence the deterioration of production and services, **especially in the mines**; where general population has been affected (apart from the other factors already mentioned above) by the increase in **the rate of crimes**.

CHAPTER FIVE

CONCLUSIONS AND RECOMMENDATIONS

5.1. Summary of Findings

This study has attempted to provide an analysis of the impact of SAP and ESAP on household structures of Mufulira in the Copperbelt Province of Zambia, through the assessment of the cost of living, employment and the provision of social services (education and health). This study has used both secondary and primary data to analyse the impact in question.

SAP (including ESAP) as an economic policy, if gradually implemented, is good in a number of ways. Firstly, the privatisation and liquidation of the non-profit making parastatal enterprises reduce the unnecessary financial constraints of maintaining them (enterprises). The privatisation and liquidation of these enterprises is done in order to create an environment conducive for private investors so as to help revamp the economic status of the enterprises in particular and the country in general. Secondly, liberalisation of all forms of trade, especially domestic agricultural trade, gives farmers autonomy in fixing the commodity prices as they are determined by market forces. Thirdly, the labour reforms help do away with excess labour force in institutions and industries as a way of curtailing unnecessary expenditure. And fourthly, the introduction of education and health boards, as a way of involving the stakeholders and beneficiaries, assists in inculcating a sense of authority, discipline and responsibility as administrative power is decentralised.

However, it has been difficult for Mufulira's population to notice the advantages of SAP as well as ESAP as the policies associated with them have not only been drastically, but also, simultaneously implemented thereby causing multiple infliction on the population as it has become difficult to acquire basic needs in most households. This study reveals that 74.8% of the respondents do not understand what SAP and ESAP mean and because of the miseries they are experiencing SAP and ESAP are detested. Only 24.4% of the respondents understand SAP and ESAP to mean the reconstruction of the economy, privatisation and policy on poverty. From these three responses it can be seen that some respondents do not really understand what SAP and ESAP mean. For example, if they are policies on poverty, they are supposed to decrease or increase the poverty level? Most of the respondents in this study feel that SAP and ESAP have enhanced poverty levels. While 74.8% detest SAP, 13.6% of the respondents applaud it.

Generally, the population is experiencing a high cost of living as consumer goods and services have become costly. However, there are significant differences in the households' abilities to economically survive the harsh economic environment according to the socio-economic status of the residential areas. Most households, regardless of residence, have adopted various coping strategies such as reduction in the number of meals, exclusion of certain food stuffs from their diet and the extensive adoption of family planning techniques (as ways of controlling fertility and child spacing).

The number of meals and exclusion of certain food stuffs from the diet are due to high costs of food stuffs which have been attributed to the removal of subsidies and the liberalisation of the market. These (removal of subsidies and liberalisation) have reduced quality and quantity of food intake resulting in high malnutrition rates in the households

(Bardouille, 1992; GRZ, 1993). In Mufulira, 62.2% of the households take a maximum of only two meals per day instead of three, and most of these meals are of poor quality as they are not well balanced. This has an effect on the general health of the people as they become more vulnerable to infections and diseases, hence increases in morbidity and mortality rates (GRZ, 1993; UNICEF, 1998).

Due to a general high cost of living being experienced in Mufulira most households in Mufulira Central (67.7%), Kamuchanga (60%) and Kawama West (53.3%) do not desire to have any additional children as these have become very costly to maintain. Kantanshi's 54.8% of households have, however, a different view because apart from the population being young, most of them have either been recently married or have at least one child, hence their desire to have additional children. In the households where additional children are not desired, the couples practice either natural or artificial family planning methods. Of the 67.7% of the respondents that practice any of the two methods, 6.3% have undergone sterility operations of BTL and vasectomy. These measures have been undertaken in order to control fertility and space child births as rearing children has become more costly than was the case before the 1980s.

There have been changes in both the household sizes and structures. The household sizes have generally reduced as the number of children born has declined. Before 1991 an average number of three children were born per household as compared to the average of 1.4 children between 1991-1998. The available figures show a 53.3% drop in child birth. Similarly, the average number of dependants has declined from 2.8 before 1991 to 1.4 per household in 1998, reflecting a 50% drop. However, 49.4% of the households still practice the extended family norm.

The introduction of Education and Health Boards has brought about primary school drop-outs and deterioration in health respectively. The school drop-outs are likely to contribute to high illiteracy rates with passage of time as these (drop-outs) leave school before their numerical and literacy skills are fully developed. On the other hand the user fees demanded by the health sector have acted as a deterrent to most people. As a result of the latter, most people tend to either use traditional or conventional medicines bought from vendors.

UNICEF (1999) argues that education assists to improve health as it facilitates good diet and hygiene. But with an increase in the number of children out of school there is a great possibility of having an illiterate and unhealthy population in Mufulira in the near future if the current situation is not redressed. Education fees contribute to school drop-outs as most parents/guardians are unable to pay the fees demanded by school management boards either because they (parents/guardians) are unemployed or engaged in informal employment (such as marketeering) which do not yield adequate resources to cater for households' basic needs.

This study has revealed that there is a significant association between the employment status of the respondents and the number of children in school according to each residential's socio-economic status. Kawama West and Kamuchanga where the number of those engaged in the informal sector is high have equally high numbers of children who are out of school. On the contrary, Mufulira Central and Kantanshi have most of the children in school. These disparities are due to variations in the average monthly incomes of households in the sample areas. The variations in monthly incomes

are caused by differences in the levels of respondents' education. There is a direct correspondence between income and level of education.

The labour and economic reforms have not only contributed to the expansion of the informal employment sector but also increased crime rates. The labour reforms and crime occurrences have increased insecurity of workers and Mufulira residents respectively. Therefore, in conclusion, SAP can be said not to be a very good economic policy because the negative outweigh the positive effects.

5.2. Recommendations

As ways of minimising the impact of SAP as well as ESAP on households, the following should be considered:

- (a). The Government should continue to encourage private participation in trade as this would bring about competition which ultimately would help to reduce prices. However, before this is attained, the Government should review trade liberalisation policies in order to reconsider the economic price charges on basic food stuffs. This would assist improve the dietary patterns in households and consequently reduce the rates of mortality and morbidity in Mufulira as well as other towns.
- (b). The Government should increase funding in both the educational and health institutions in order to facilitate their efficient day-to-day running. There should be two categories for the provision of these services; namely 'fee' and 'non-fee' paying. However, in the non-fee paying category, the stakeholders and beneficiaries should contribute both materially and financially based on their

abilities to do so, as a way of supplementing government's efforts. This would also help make them (stakeholders and beneficiaries) responsible over the running of the institutions and ensuring security of the infrastructure and equipment.

- (c). The Mufulira District Council and the Government should improve on the allocations of agricultural plots to residents and put favourable modalities of acquisition of inputs and agricultural loans in place respectively. These would help improve households' food security.
- (d). The Governmental and Non-Governmental Organisations (NGO's) should materially and financially assist the community based development programmes such as Kawama Development Committee's (KADECO) skills centre. The involvement of residents in such programmes would assist to raise their standards of living.
- (e). For further investigations it would be worth undertaking research on the effect of HIV/AIDS and the Programme for the Advancement of Girls Education (PAGE) on household structures in Mufulira.

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APPENDICES

APPENDIX A: TABLES

Table 1: Work force by economic sector and sex in 1983 (%)

Economic Sector	Male	Female
Government	27.3	55.2
Parastatal	47.2	28.6
Private	25.2	16.2

Source: ZARD, 1985.

Table 2: Women's Participation in Vocational and Technical Training 1982 (%)

Type of Training	Percentage of Participation
Primary Teacher Training	39
Secondary Teacher Training	20
Domestic Science Teacher Training	100
Secretarial	100
Technical and Scientific	3

Source: ZARD, 1985.

Table 3: Number of Family Planning Acceptors as recorded at ZCCM Main Health Centre (Ronald Ross Hospital) from January to September 1998

Months	J	F	M	A	M	J	J	A	S
Old Acceptors	1002	1255	786	1022	1000	879	715	725	1665
New Acceptors	358	662	218	163	264	183	303	579	679
Total	1360	1917	1004	1185	1264	1062	1018	1304	2344

Source: ZCCM, 1998.

Table 4: Some of the fees demanded

Out - Patients Department	K	N
Registration	1,500	00
Medical Report (Police Forms)	5,000	00
Medical Examination	10,000	00
Sick Note	1,000	00
Admission (After 5 days, K500 per day)	5,000	00
Dental Clinic		
Tooth extraction	5,000	00
Temporary filling	5,000	00
Scalling	6,000	00
Maternity		
Anti-natal booking	2,500	00
Unbooked case	3,500	00
Normal delivery	7,000	00
Episiothomy	2,000	00
Ceasarian Section	20,000	00
Penalty (without National Registration Card)	3,000	00
Born Before Arrival	3,000	00
Fresh/Mutilated Still Born	4,500	00
Laboratory		
Haemoglobin	1,000	00
Blood Slide	1,000	00
Gravida	5,000	00
Full Blood Count	3,000	00
Stool	1,000	00
Urine	1,000	00
HIV (Voluntary)	5,000	00
HIV (Non-Voluntary)	2,500	00
Theatre		
Loop Insertion	5,000	00
BTL	25,000	00
Prostatectomy	25,000	00
Suturing	7,000	00

Haemorrhoidectomy	7,000	00
Circumcision	10,000	00
Surgical toilet	5,000	00
Skeletal Fraction	10,000	00
Amputation (minor)	7,000	00
" (major)	15,000	00
Skin Graft	10,000	00
Post mortem	50,000	00
Foreign body removal (minor)	7,000	00
" " " (major)	10,000	00
Secondary Suture	5,000	00

Source: Mufulira GRZ Hospital, 1998.

APPENDIX B:

INTERVIEW SCHEDULE ON TRENDS IN HOUSEHOLD STRUCTURES IN MUFULIRA AS A RESULT OF THE STRUCTURAL ADJUSTMENT PROGRAMME.

Serial No..... Residence..... Date.....

Dear respondent,

Ms Muchepa Muzyamba is carrying out research on trends in household structures in Mufulira as a result of the Structural Adjustment Programme (SAP) including Enhanced Structural Adjustment Programme (ESAP). This is in partial fulfilment of the requirements of a Master of Science degree in Geography with the University of Zambia.

This interview schedule consists of four sections. Section A deals with basic information about the respondent, Section B has questions on family and household structure, Section C deals with family planning, and Section D is on SAP (including ESAP). You are therefore, requested to answer all the questions to the best of your knowledge and kindly be assured that once obtained the information will be kept as highly confidential as possible.

SECTION A: BASIC INFORMATION

I would like to have basic information about you, so kindly respond to the questions according to the requirements. (tick/fill in).

1. Sex: Male [] Female []
2. Age _____ years
3. What is your highest educational attainment? _____
4. What is your religious denomination? _____
5. What is your occupation? _____
6. What is your income per month (K'000)? _____
7. What is your marital status? Single [] Married []
Divorced [] Widowed [] Separated []

If your answer to question 7 is 'married' go to question 8 and if it is not 'married' proceed to question 13.

8. For how many years have you been married? _____
9. What is your spouse's highest educational attainment? _____
10. What is your spouse's religious denomination? _____
11. What is your spouse's occupation? _____
12. What is your spouse's income per month (ZK'000) _____
13. How much does your dependant(s) earn per month (ZK'000) _____
14. What is your household's total income per month (ZK'000) _____
15. Use the table below to provide information regarding the children you have ever had.

Serial No.	Year of Birth	Sex	If not alive provide date of death
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			

16. What sex of the children do you prefer? Male [] Female [] Both []
17. Give reasons for your answer to questions 16 _____

18. How many more children would you like to have? _____
19. Give reasons for your answer to question 18 _____

SECTION B: FAMILY AND HOUSEHOLD STRUCTURE

I would like to know about your family and household structure. Kindly respond according to each question's requirement.

20. What is your household size? _____

21. How many adopted children are in your household? _____

22. Why have these children been adopted? _____

23. How many relatives are in your household? _____

24. How are you related to each of them? _____

25. Why are they in your household? _____

26. With the current household size, how are you managing economically?

Very Well	Not Well	Not Very Well

27. How many meals does your household have per day? _____

28. What does your household have for:-

Breakfast _____

Lunch _____

Supper _____

29. How many members were in your household before 1991? _____

30. Has there been any change in your household from 1991 and to date?

Yes [] No []

If your answer to question 30 is 'Yes', answer question 31 and if it is 'No', proceed to question 33.

31. What changes have taken place? _____

32. Why have the changes taken place? _____

33. Would you, in the nearest future welcome any additional dependant(s)?
Yes [] No []

If your answer to question 33 is 'Yes' answer question 34, and if it is 'No', answer question 35.

34. How many members do you plan to have from now on in your household? _____

35. Why would you not welcome any additional dependant? _____

SECTION C: FAMILY PLANNING INFORMATION:

Kindly assist me with family planning information as per the questions' requirements.

36. Do you know what family planning means? _____

37. Are there any family planning clinics in your area? _____

38. Do you discuss family planning issues with your spouse? Yes [] No []

If your answer to 38 is 'Yes' answer questions 39 and 40 and if it is 'No' proceed to question 41.

39. How often do you discuss family planning issues with your spouse?

Everyday _____

Once per Month _____

Once in Six Months _____

Once per Year _____

Never _____

40. Why do you discuss family planning issues? _____

41. Why don't you discuss family planning issues with your spouse? _____

42. Do you ever attend any family planning clinics? Yes [] No []

If your answer to question 42 is 'No' proceed to question 46, if it is 'Yes' answer question 43.

43. How many times do you attend family planning clinics? _____
44. What method(s) of family planning do you use? _____
45. For how long have you used the family planning technique(s) you have highlighted in question 44? _____
46. If you do not use any method, why don't you? _____

47. What method(s) of family planning does your spouse use? _____
48. For how long has your spouse used this/these family planning technique(s)?

49. If your spouse does not use any family planning method, why doesn't he/she?

SECTION D: INFORMATION ON THE STRUCTURAL ADJUSTMENT PROGRAMME (SAP) AND ENHANCED STRUCTURAL ADJUSTMENT PROGRAMME (ESAP)

Kindly assist me by providing me with information on the Structural Adjustment Programme.

50. How many of your biological children who are currently members of your household are in School? _____
51. How many are supposed to be in School? _____
52. How many are not in School? _____
53. Why are they not in School? _____
54. For those not in School, how many are males? _____ Females? _____
55. How many adopted children/relatives do you sponsor to School?
Males _____ Females _____ None _____
56. If your answer is 'none', why? _____

57. How much money do you spend per term on education for the members of your household (ZK'000)? _____

58. Are you a member of any Medical Scheme? Yes [] No []

If your answer to question 58 is 'Yes' proceed to question 59 and 60, but if it is 'No', continue with question 61 and 62.

59. How much money do you contribute towards the Medical Scheme for your household per month (ZK'000)? _____

60. How do you view the payment of fees with the service and treatment offered?

61. Why don't you belong to any Medical Scheme? _____

62. What do you do in time of illness, since you do not have a Medical Scheme? _____

63. What do you understand by Structural Adjustment Programme? _____

64. Is it a good government policy? Yes [] No []

If your answer to question 64 is 'Yes' answer question 65, if it is 'No' proceed to question 66.

65. Why is it a good policy? _____

66. Why is it not a good policy? _____

67. Have you, in any way, been affected by both SAP and ESAP?
Yes [] No []

If your answer to question 67 is 'Yes' answer question 68, and if it is 'No', proceed to question 69.

68. How have you been affected negatively or positively by both SAP and ESAP?

Positively

Negatively

Change in household size _____

User fees in Education sector _____

User fees in Health sector _____

High prices of consumer goods _____

Job loss _____

69. Briefly justify your responses to question 68.

Thank you very much for your co-operation.