

Population Policies and the 'Creation' of Africa

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Résumé: *Cet article cherche à évaluer l'impact des politiques de population sur les définitions de la vie et de la culture africaines. Le 20^e siècle est entrain de se terminer sur une importante activité concernant les négociations en cours sur les identités ethniques, nationales et culturelles au plan mondial. Les politiques de populations ont eu tant qu'activités de recherche envahi ces activités où l'on discute du passé et de l'avenir de l'Afrique sur la base des théories de la modernisation et des plans de développement. Les discussions portent sur 3 groupes principaux: les femmes qui sont les principaux cibles des discours sur la population, les hommes et les intellectuels africains. Même si les groupes se redéfinissent à l'intérieur des frontières nationales, un courant également très fort se définit comme membre du continent.*

Introduction

Before the mid-1970s, most of the African nations resisted global pressures, which had been rising for two decades, to institute population policies. In 1974, only 6 nations (Egypt, Tunisia, Kenya, Morocco, Ghana and Mauritius) had developed official policies. Many remained pronatalist (Sudan, Ethiopia, Somalia, Tanzania, Gabon etc.) arguing that more people were needed to develop national resources, to absorb the cost of building infrastructure and offset problems emanating from low densities. For instance, as late as 1980, a population density of 18 per sq km was reported for Tanzania and 13 per sq km for Africa as a whole, compared to 326 per sq km and 96 per sq km for Great Britain and Europe respectively (Egero 1980). However, the anti-growth establishment, originating in the USA but now working with the United Nations and national governments, saw population growth rates in Third World countries as unsatisfactory and inimical to resource conservation and future quality of life. Having gained some success in Asia between the 1960s and 1980, neo-Malthusian pressure groups turned their attention to Africa and the 1980s proved to be a turning point in the battle for population control. Thus according to ECA, between 1975 and 1990 most African nations accepted the idea to develop official policies. By 1992, only Botswana and Zimbabwe had not drafted policies, although both had evolved strong family planning programs (ECA 1992).

Although population policies developed by different African nations contain comprehensive statements about government plans to alter

population size, composition, health, growth rates and distribution, the overwhelming emphasis has been on growth rates and population control. The theoretical position underlying each document and guiding its implementation has been one which sees people (volume) as the cause of poverty and an obstacle to development. By the 1960s, the 'development' model had been accepted in Africa and was applied to different sectors of society. As a general perspective, development merged the theory of evolution with faith in progress and an emphasis on accumulated wealth. For Western societies where the process was said to have originated, it was seen as an endogenous phenomenon which could be analysed and implemented elsewhere. In other words development could occur in non-Western societies through planning after 'knowledge' had been distilled from Western experience. The diffusion of Western cultural phenomena became central to the process of development in Third-World nations (Afonja and Pearce 1986).

When applied to the population field, development or modernisation perspective argued that the demographic transition, which had occurred in the West, could be duplicated in Third World nations and ensure a rise in standards of living. Given the role that diffusion was expected to play in the modernisation of non-Western societies, massive borrowing of materials, technology and ideas was advocated to reduce growth rates and forestall the predicted explosion of the population time bomb. Family planning programs and biomedical contraceptive techniques became the centre pieces of population control policies and development strategies. Thus population control policies were used as the new development strategy, family planning became the instrument of implementing these policies and women became the main targets of contraceptive service points (Pearce 1991).

In its own review of the activities of African governments, ECA noted that even though its member states reported that they perceived population mal-distribution as a more serious problem than growth rates in obstructing development, much more effort was expended to alleviate the latter problem (ECA 1989). Thus fewer strategies and measures were developed (e.g. day care, provision of comprehensive social sensitivity, migration assistance, employment/housing subsidies etc.) to address other population issues, many of which are closely tied to problems of rural development and the empowerment of women. Rather, emphasis has been placed on setting (and resetting) targets for reducing total fertility rates, growth rates and increasing contraceptive prevalence rates. For example, growth rates of 2.5%, 3.4%, 1.75% and 2% by the year 2000 have been set for Kenya, Zambia, Ghana and Nigeria respectively (ECA 1992; National Commission for Development Planning/Zambia 1990; Federal Ministry of Health/Nigeria, 1988). Similarly, contraceptive practice has been set at 40%, 30%, 65% and 80% respectively for the above-named nations. In line with the new policies, almost identical

family planning programs have been introduced across the continent by private and government agencies. These include clinic/hospital-based and community-based distribution systems, social marketing programs and projects to extend supplies at place of work, day care centres and so forth.

This paper will look at the ways in which population policies have played an important role in the ongoing debate about African identities and culture. Presently, Population Studies draw together a wide variety of concerned groups representing international, national, community and household interests. Thus, given the interlocking concerns of Western and African governments, demographers, Western and non-Western NGOs, UN agencies, feminists, local lineages, women, environmentalists and many others, input into the discourse has been substantial. The population debate has involved differentially actors who are both inside and outside of Africa. In dealing with the construction of Africa, this paper will be limited to the impact of the population discourse on Africans. Three groups will be considered. These are: the target population of (largely rural) women; males (representing the patriarchal dimension); and African intellectuals. Even though membership in each group is not mutually exclusive, each will be dealt with separately for ease of analysis.

The Creation of Africa

The idea that the peoples of Africa comprise one distinct subset of humanity has a long history and many definers. According to Curtin (1964) by the eighteenth century people from Africa had already been designated collectively as belonging to the Negro race and a collective image of 'the African' had been formed by European travellers and scholars. Over the eighteenth and nineteenth centuries numerous perspectives and theories developed to explain African culture or Africans, as a separate group of humans. Negative images created by Europeans were challenged to some degree at the turn of the century by African American scholars and activists of the Pan African movement (Duignan and Gann 1984). After the second world war, and particularly during the struggle for independence and establishment of post-colonial governments, African scholars and public officials sought to define various dimensions of 'African' culture (Appiah 1992). Indeed one important debate during the immediate post-colonial era was the self-serving argument of politicians attempting to legitimise one party states. It was alleged that the competitive multi-party system was alien to the African mode of political conduct, that social classes were not part of life on the continent and that government by debate and consensus under one political umbrella was the African way of life. Since the independence decade, academicians have increasingly felt the pressure to define Africa as a supranational entity with a distinct identity, involving a philosophy, religion, music, family style and mode of solving human problems (An-naim and Deng 1990; Mazrui 1980; Soyinka 1976; Wiredu 1985). At the same

time, intra-continental organisations are constantly being formed. Intergovernmental economic associations on the continent are now more than 200 not to mention health or academic networks. For instance, membership criss-crosses among nations in ECOWAS, OAU, SADIC, ECCAS, PTA, CEAO, UDEAC and the African AIDs network (Lancaster 1991).

None of these organisations however has dampened interest in other social, ethnic, and national associations in Africa. These activities are also part of larger global trends which mark twentieth century negotiations about the other, self and conflicts over economic and/or cultural domination (Comaroff and Stern n.d.; Tomlinson 1991). Two arguments have become important in the present discourse on identity formation. The first is that identities are constructed and fluid over time rather than given and unchanging (Appiah 1992; Vail 1988). Closely tied to this perception is the view that power relations remain central in the policies of constructing identities and making them stick. In the dense interaction between insiders and outsiders the ability to self-define is empowering as much as the inability to create an identity or reject negative definitions are dis-empowering (Friedman 1992). Thus Friedman (1992) has argued that there is a growing area of contestation between insiders and outsiders in identity creation. Appiah (1992) has also noted that the management of identities is important for the ways in which interests/needs are portrayed, given credibility and undergird programs for change.

The Work of Population Data

In order to understand population dynamics and the extent to which things need to be changed, or the extent to which programs might be viewed as successful, massive data have been collected on African nations over the past 30 years. This includes population, health, educational and other types of statistics. In addition, data collected earlier by historians, anthropologists, philosophers and others have often been used. At the core of this data collection is the concern to find ways in which African states can be assisted in modernising along the path already passed by Western nations. Therefore in terms of this overall project, data have been compiled to develop models of and models for life on the African continent. In so far as the expected features of a modern society have already been outlined, the level of development of any society or any region within a society is presumed to be assessable at any time. Also, the degree to which a country is resistant in responding to development strategies can also be evaluated.

The end product, modern nations with small families and slow rates of population growth, has been difficult to achieve even though there have been pockets of success (particularly in Northern Africa). There is growing exasperation outside the continent, especially since the collapse of the

socialist block and the loss of interest in Africa as a strategic region in the cold war. Aid going to Africa is now seen as something being thrown into a bottomless pit. It is believed that by the year 2000 for Africa, 'poverty is expected to increase significantly, even with optimistic assumptions about policy reform, aid and world economic conditions' (Callaghy 1991:45). Callaghy admonishes that Africa must realise 'that it is indeed a self-help international system and that resources will flow only to those who help themselves' (p. 49). But perhaps the history of colonial interaction with Africa has also taught that resources have flowed to those who were able to help themselves to the resource of others.

Nonetheless, there has been continued criticism of the development model in Third World nations. According to underdevelopment theorists, the long-standing unequal interaction with the developed world has inhibited the accumulation of wealth within regions such as Africa. Rather than developing, such areas have been undermined and underdeveloped. For Africa specifically, Amin (1972) has argued that the degree of distortion in the various economies precluded modernisation along Western lines. For Wallerstein (1991) all theories which focus on the nation-state as the unit of development have misconceptualised the problem. Data that compare nations or regions within nations fail to see that the unit of development is transnational and one in which different regions of the world perform different roles. The capitalist world economic system rather than individual societies is the unit which is actually developing.

According to Wallerstein (1991:90), 'there is a worldwide allocation of economic activities (and hence of occupational roles) which is unequal and hierarchical. We speak of this today as the core-periphery axial division of labour in the world economy'. Those on the periphery can therefore never really catch up. There have been good and bad periods for the unit as a whole. Now that there are no more frontiers, people at the periphery feel the shock of any economic crisis severely. Thus 'in periods of world economic contraction, whole peoples can be pushed back into forced autarky and left to survive as best they can ...' (pg. 91). Because the system has reached its geographic boundaries, Wallerstein basically posits the working of a zero-sum game in which any improvement for one set of actors diminishes the status of others. Given this scenario the model held up for African states as the outcome of following development schemes is unattainable. The form in which most data are being collected entrenches the image of failure or minimal progress.

The data generated about population dynamics over the past 30 years from which population policies drew a sense of urgency and crisis are vast, and overlap substantially with health material. As a discipline, demography was established and legitimised as the scientific study of population issues from the 1950s onward because of the specific interest in coming to grips

with the population question globally (ECA 1989; Freedman and Isaacs 1993). For Africa, most of the population and health statistics have been disturbing. Since the onset of the economic recession the picture has been particularly dismal. Africa is the continent with the fastest growing population (3.3 per annum), the highest total fertility rate (6.5), the highest rate of urbanisation (over 5% per annum), maternal mortality rate (640 per 100,000 live births) and infant mortality rate (99.8 per 1000). The average life expectancy is merely 55.5 years and annual productivity is very low. Overall output grew at only 2.3% in 1991, a downturn from the 3.2% of 1990 (ECA 1992a).

While some scholars query the manner in which national statistics are often collected, the major concern is with the presentation and interpretation of much of the data. The 'deficit' image of Africa comes as much from the manner of presentation as from the statistics themselves. As Williams (1992) has noted, a lot of the information is descriptive and ahistorical without sufficient reference to the external and internal patterns of interaction which set in motion or escalate poverty and low status. Superficial references to 'endemic' poverty or unyielding 'traditions' (Goliber 1989) become misleading when they contribute to images of abnormal resistance or unique fixations. Africa's problems are no longer perceived as reflecting climate, race or biology, as in the past (Curtin 1964) but resulting from unrelenting social practices. In so far as the 'development' thesis asserts that the position of non-Western people 'can be transformed, provided they are educated in the skills necessary to act in certain ways' (Wallerstein 1991:88) and develop certain cultural practices, the population perspective is merely a subset of the general modernisation thesis. The root of the problem is seen as residing in the characteristics of the disadvantaged rather than in processes of interaction.

It is also important to add that the new emphasis of a technical solution (contraception) to deep-seated economic, environmental, health and political problems places poverty stricken families in a double bind. To limit births substantially in the face of high (and for many worsening) mortality and morbidity rates presents increased risks for child survival and old age security. At the same time it can be argued that limiting births might help improve the quality of life of those already born. Oni and McCarthy (1990) have suggested that some of the reported increase in contraception may merely be 'crisis-led' behaviour influenced by present economic frustrations. They may not be as far-reaching as contraception generated by more fundamental and positive alterations in people's socio-economic well being.

The frenzy with which data are being collected or interpreted and population dynamics monitored in Africa, is itself a problem. Petersen's (1981) remarks on population activities among non-Western populations is quite relevant for Africa. The push for information is tremendous, and often

irresponsible conclusions are drawn from questionable charts and statistics. In addition, material from a single nation or small region within a nation is often wrongly used to discuss or predict patterns of behaviour for whole populations or vast areas.

When predictions do not materialise, the continent is left to bear the negative image of confusion and crisis. Thus, the confusion that is sometimes in the data is easily transferred to the continent by any one plowing through the piles of information. There is clear anxiety that Africa is different and resistant to the demographic transition. At best, a different pattern for transition may occur if enough effort is exerted (Caldwell *et al* 1992). However, since the transition itself is believed by many to have been differently executed in Britain, France, Japan and other advanced nations (Egero 1981; Pradervand 1974), one must enquire whether or not there is a single model of population change from which Africa is to be viewed as deviant? At one level, the population discourse is less about 'development' but more about defining populations, safeguarding resources (now defined in global terms) and containing the unwanted spill-over of disease-prone populations (Pearce 1991).

The View on African Populations

Women in their Reproductive Years

Women are the most obvious group engaged by population policies. ECA (1989:68) has reported that 'fertility policies should be targeted to women and should be based on an understanding of the role of women within the family and the larger framework of society. Of course the policies should also take men into account'. Thus international and national governments targeted women and sought to influence female behaviour within the context of 'family life' and societal framework. The definition of these contexts however often differ for different interest-groups or are manipulated differently by the same group at different points in time. Nonetheless, from the outset, gender and family interests were central.

In a country such as Nigeria, official interest in population control had initially been lukewarm in deference to patriarchal and religious concerns and when policies were developed the initial attempt was to lock women in the nuclear model of patriarchy by requiring them to obtain permission of husbands before visiting family planning clinics. This was then followed by attempts to by-pass all patriarchal familial groups (lineage, or nuclear-units) and reach women directly (Pearce 1992). Bleek (1987) has also analysed the ways in which Eurocentric models of the family, households and marriage conflicted with those of matrilineal societies such as the Akan of Ghana. He argued that, as instituted, family planning programs could not be accepted by women as measures to improve the quality of their lives, family health or

bring about female emancipation as some Western interest groups (e.g. medical, feminists) had theorised.

Women's responses to these programs have been influenced by a wide variety of factors including the cultural context of bearing children, raising them, definitions of marriage, economic responsibility for offspring, the economic crisis, child mortality, personal financial solvency and so forth. This overall complex of interacting phenomena did not correspond to the simplistic model on which programs had been developed. Women were in addition, often quite aware of the patriarchal models imposed upon them and resisted. For example, they sometimes obtained the signatures of other males or were accompanied to family planning clinics by some male other than their husbands. In Nigeria, women protested the policy bias which focuses on the number of children for woman. The privileging of males did not go unnoticed in a program which advises four offspring per woman and age limits of 35 and 60 years for females and males respectively.

Much of the effort in the contraception distribution programs of the early 1980s was geared to capturing the interest of illiterate, married woman in the rural areas where 60% to 80% of African women live and work. These women have for some time been portrayed as hard working, low status, 'providing' mothers. With the mountain of statistics on the volume of disease and death in their lives, the language of health and improved status has permeated population policies. Thus good health, emancipating and few children juxtaposes illness, uncontrolled breeding and harassed motherhood in advertisements and posters on contraception. The message is that with fewer children women can begin to expect a reduced burden in productive and reproductive work.

However, in reducing the production of offspring, women are released for other work. At the community level, female labour is important in building local facilities (e.g. schools) and the success of other programs (e.g. health). Now that women are to be more 'consciously' brought into social development programs, the more successful contraceptive clinics become the more energy is left over for development projects. During the 1980s attention was turned to establishing projects at the 'grassroots' level — building cooperatives, health, income and educational projects. Several African States (Nigeria, Kenya, Zambia, Tanzania) embraced the concepts of popular participation, decentralisation and joint government/local community development efforts, as 'take-off' became increasingly problematic. Women became a major target for community programs and the amount of time, energy and effort needed from them rose (Giorgis 1986). More recently, there has been a flood of non-government and other private organisations attempting to organise women on every conceivable issue. With smaller families as the norm, any extra energy left from normal roles can be diverted to other activities. Basically therefore, women's bodies are being captured in

two ways to bring about 'development': first technologically, to facilitate the demographic transition (as a dimension of modernisation); and secondly, physical energies are needed to rebuild communities, stop the economic downturn and hopefully modernise.

Not only is the family expected to be small, but the meaning of children, wealth and family responsibilities are expected to change. In other words many dimensions of family life will be altered. To begin with, life within many agricultural communities in Africa revolves around the fact that children and goods (the good things in life) are perceived as existing on the same side of the fence. The two have remained closely intertwined. However, economic and social changes in the Western world have for long resulted in the issue being posed largely in terms of children or goods. The direct and indirect cost of each child are seen as important considerations for the modern household. While ideally, the home is considered to be more child-centred than in the past, increasingly couples decide to forgo childbearing and its costs. This required attitudinal change towards children has been debated with respect to non-Western societies. For Africa, it has been suggested that measures which will increase the cost of offspring and reduce the demand for children are necessary. The system of non-crisis fostering whereby the cost of raising children is shared among extended family members, has been targeted as one practice which reduces the demand for contraceptive services. In addressing the issue of stimulating local demand for contraceptives, Demeny (1992) suggests the need to develop several social and legal measures which would 'place on parents the major financial responsibility for raising their own children, including the cost of education and health care' (p. 329). Even though economic developments have led to an increase in the exploitative dimensions of fostering, the new measures will definitely have an impact on the connections between members of the large family groups and the role of children in cementing relationships. Thus, not only is the size of families expected to change, with population control, but the interconnectedness of the extended family is also targeted. The family of the future is expected to resemble more closely the Anglo middle-class model.

The Male Connection in Population Control

The exchange between population policy/control advocates and African males has operated at several levels. It has been both direct and indirect. At one level there is the direct communication and confrontation with male-dominated patriarchal states. With the exception of two national governments, all African States have capitulated to the population control lobby. At another level, there are the males in the general population who surface as heads of households/extended families, husbands, boyfriends and community leaders. Much of the discourse here has been indirectly based on the more direct focus on women, although there is a growing interest in

focusing on men directly. However, whether the focus is the state or household, the goal has been to obtain easier access to women within these enclaves (especially since much of the early interest was on married women). In terms of the information needed to alter women's behaviour, it became clear that what transpires within households (decision-making, patterns of income expenditure on children, migratory behaviour, etc.) is important for program planning and data analysis. These academic pursuits will be discussed below, although they do engage the activities of men (as well as women).

At some point in the argument over the causes of failure to develop, post-colonial governments are apportioned blame by scholars of all persuasions. Even though state apparatus grew to be large and has been involved in all aspects of development activities, it was simultaneously perceived as weak, non-virile, impotent, increasingly seen as illegitimate and unable to protect or provide for its citizens (Davidson 1992; Hyden 1986; Tekle 1990; Nyong'o 1987). These problems have been well documented for the post-colonial era, but Ekeh (1990) suggests, in an insightful piece, that the inability of African States to improve the life situation of their citizens and their wanton indifference welfare, began as far back as the slave trade era. In the post-colonial period and particularly after 1970 economic problems intensified after the decline in the price of exported produce. African states began a new round of seeking external public and private assistance to salvage the situation.

To date, the response has been direct and consistent and can be summarised in the views underlying the Structural Adjustment Programs. The belief is that states should reduce their role in the economy, that more aid is necessary and population control must be a major part of development. In so far as the state was declared incompetent, earlier official resistance to family planning was set aside and the contraception programs moved forward. The contraceptives to be used were the 'modern' biomedically developed ones since all indigenous methods (except abstinence) were classified as 'inefficient' (as are some modern contraceptives). Altogether, the involvement of the state in failed attempts at development entrenched the perception of impotency.

Beyond the state, the activities of African males were of course of interest. Concern to define the African male has been a long-standing project in the West. Specifically, during the colonial period, this preoccupation reared its head in different ways and in different places. In her work on the colonial encounter in Kenya, White (1990) argues that 'long before Mau Mau, colonialists had put men to work, in long and short trousers, depending on the job, and legislated what they would earn and where they might reside with their wives'. Beneath the rhetoric of social control, these were attempts to create an African masculinity that mirrored a flattening vision of the

officials' own maleness (p. 3). She points out that part of the Mau Mau struggle was an effort to recapture 'the allocation of family life', gender roles and definitions within the African sphere of control. Similarly, Auslander (1993) notes that much of the colonial discourse on South Africa was directed at controlling the male. Here images of the Zulu woman as resourceful, stable and more reliable than the male, were used to suggest that it may be more profitable to look to the female to rise to the situation, in times of crisis, where the male has failed.

Such imagery speaks directly to population concerns as presently constructed. In his discussion, Auslander (1993) draws attention to one particular drawing available during the colonial era. It is one in which an 'African woman in modern dress' is manipulating a puppet dressed as a Zulu male warrior complete with spear and shield. As noted, the male is under control and cut down to size. But it is also relevant that the Western instrument/technology is in the hands of the woman. This is presently the hope of population control advocates — both the male and the continent can be controlled if Western technology is put in the hands of women. From this perspective, the issue is one of both controlling and bypassing the male.

The Situation of Intellectuals

So far, the discussion on males and females has been conducted without reference to any major divisions. Yet within African societies there are deep class divisions and definable segments within the classes (Markovitz 1977). Given these realities, a review of the population can not overlook the position(s) of African academics and intellectuals.

By and large, this group is part of a larger middle class much of which is closely linked to the state in terms of the civil service or 'public servants' position of its members. Universities and research institutes have been government-funded and controlled. As public officers on fixed salaries, this section of the middle class has felt keenly the shocks of the economic downturn and is often locked in battles with the state over its inability to guarantee security, resources or allow institutional autonomy. At the same time, intellectuals have benefited from academic structures as originally designed by the colonial regimes. This situational ambiguity has often manifested itself in the contradictory and ambivalent nature of attitudes and intellectual production. Thus, throughout Africa there are scholars who have successfully challenged both Western scholarship and national governments. The list of exiles and imprisonments is lengthy. At the same time, there have been serious debates over the inability to break out of the moulds cast by the West or to challenge the modernity discourse (Ekeh 1990; Maja-Pearce 1992).

Within the population policy/control debate, the situation of being middle class and non-Western is registered in the tensions exhibited in the

group's participation in the dialogue. This situation is similar to, though not identical with, the dilemma of the black bourgeoisie in the United States during the initial birth control controversy of the 1920s and 1930s. According to Hart (1993) African-American intellectuals vigorously debated the issue of contraception and scholars such as Dubois advocated family planning as a method to uplift the 'race' and ensure progress. However, in America there have always been suspicions of a genocide plot and increasingly so after the testing procedures used in producing the 'efficient' contraceptives. There is anxiety over the genocide agenda of population control policies in several African nations, particularly in South Africa where the racial issue is more immediate. Klugman (1990) discusses the cynicism within the African population over a population development program which is obviously a 'control' program aimed at reducing the growth rate of the black as opposed to the white population.

Despite this position, there are those who believe the rapid distribution of contraceptive technology is critical if only to stop the carnage related to pregnancy wastage and death. Here, the medical profession and other healthcare providers are in the forefront, because on a personal and intimate level they are overwhelmed by the hourly death toll and crippling of families. Recently the Society of Gynaecology and Obstetrics of Nigeria (SOGON) published the following statistics in their report on *Safe Motherhood Initiative in Nigeria* (1990): While Nigeria has about 2% of the world's population, it contributes to 15% of global maternal deaths. About every 10 minutes a woman dies from pregnancy or childbirth! Contraception is advocated to save the lives of mothers and infants and it remains a compelling argument amid the horrors health professionals must witness daily.

Nevertheless, it is well known that as (advantaged) professionals, physicians have resisted the restructuring of medical education and health services which could address many of the problems they encounter at work. With few exceptions, the socio-political models of health and disease carry little weight within the biomedical stronghold of medical schools in many African nations.

Similar tensions exist among social scientists. Even though social scientists have generally been the bridge via which Western (development) models have found their way to each village, many have consistently sounded an alarm (Amin 1976; Alubo 1985; Chirimuuta and Chirimuuta 1989; Mburu 1992; Onimode 1988, etc.). Furthermore, feminists in Africa have focused on the tensions existing between concepts such as birth control and population control. Arguments are in favour of the former concept which is seen as addressing the issue of female control of reproductive functions. It also marks a reversal in the use of the two concepts as originally positioned within the USA population lobby (Duden 1992) where

the term 'birth control' was controversial right through to the 1960s because it was associated 'with a radical history and, many claimed, immoral overtones' (Thomas 1993). At the same time, African feminists are challenging the Western language of individual rights when whole communities are still unprotected or without the basic necessities (Petchesky and Weiner, 1990). At times the neglect of women's health in the distribution of contraceptives has been taken up (Ogbuagu 1985; Pearce forthcoming), even though such attention only skims the surface.

The position of African intellectuals is exemplified by the situation of ECA. As an United Nations organisation it has been charged with handling the population control agenda on the continent. Since the early 1960s, it has explained, monitored, and analysed population trends in member states and the continent as a whole. In response to the World Population plan of Action (1974), the African based Kilimanjaro Programme of African Population and Self-Reliant Development (1984) was produced by ECA. While on the one hand ECA takes its general perspective on the 'population problem' from the international approach, under the leadership of Adebayo Adedeji it vigorously denounced Western perspectives on paths to 'development' for the continent. In opposition to the Structural Adjustment Program it championed a counter viewpoint with its Lagos Plan of Action (1980) which urged that export-led economies will never solve Africa's problems. Intra-regional cooperation, self-reliance and the retention of Africa's resources were posited as the way forward. The tension in its own linkages with the dominant international forces, the reproduction of its own existence and its interest in African 'development' strategies are repeated again within the social sciences across the continent.

Concluding Remarks

This paper has taken as its central concern the discourse on population control existing between different categories of Africans and outsiders as well as within Africa. The development of population policies involve both knowledge of and knowledge for Africa. Thus the construction of what Africa is and ought to be in the 'modern' era underlines the task of these policies. With the diversity of disciplinary input in creating population information (which has been used to urge the establishment of policies and monitoring their implementation) population control and the distribution of contraceptives go beyond the issue of population control. All aspects of life on the continent (the meaning of children, the density of family life, marital relations, educational process etc.) are up for reconstruction and streamlining. Population policies, based on the demographic transition thesis are one strategy in the overall development objective. While at one level collated statistics refer to 'African' dynamics, much of it is collected within the boundaries of nation-states which remain questionable entities for understanding the flow of activities (Wallerstein 1991). The inability of

states to redress many of the problems data uncover has also heightened the fear that nothing seems to work in Africa. As Ekeh (1986) notes, we can not calculate the amount of damage done when aspects of cultures are pulled along at some one else's pace, especially as the present network comprising the international/external order has become dense and restrictive.

The implications of this population debate were also reviewed for three categories of people on the continent. These were women as the target population, men in their relationship to women and intellectuals. In creating images of and involving these groups in a variety of ways, the population discourse is now an important site in which dimensions of African culture are being negotiated. On the population issue Africa is referred to as a region apart, as an area that must be brought under control. So far it has proved very 'resistant' given the backlog of modernisation strategies. Finally, it is important to realise that as part of the healthcare delivery system, imported contraceptive technology increases dependency in terms of future supplies.

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