In mid-1972 the continent of Africa had a population of 364 million or 9.6 percent of the world population of 3,782 million. The annual crude birth and death rates which were 47 and 21 per 1,000 respectively produced a growth rate of 2.6 percent per annum, a rate second only to that of Latin America. The African population will double in 27 years. The population is very young with 44 percent under 15 years of age while only 3 percent is 65 and over.

The expectation of life is mostly under 40 years. Completed family size is estimated between 6 and 7 children (The Population Council, 1968, p. 10-12). The continent is overwhelmingly rural with only 20 percent of the population living in towns of 5,000 or more and 12 percent in towns of 100,000 or more (Hance, 1970, p. 222).

This paper will deal with two issues: What are the population problems in Africa and what are the African peoples and governments doing about them?

Whether Africa has a population problem is a topic that will continue to be debated for the rest of this century. It is an issue on which reasonable and intelligent people disagree. Our position is to say categorically that a problem does exist and then go on from there. Those who take an opposing view buttress their arguments by looking at the following indicators: population density and pressure, undeveloped resources, the availability of empty lands and finally alleged intrigue by external forces.

The argument has been advanced that Africa is underpopulated; that the population density is very low. With a crude density of about

* This paper is a preliminary essay on a continuing project on fertility and family planning in Africa.
Africa has the lowest density in the world with the exception of Australia and New Zealand. The pro-natalist argument therefore is based on facts but their understanding of the facts is limited. The problem with averages is that all available scores are included in their calculation. When they are used without a supplementary measure of variability whatever usefulness they might have is lost at least partially. It is not the case that on every square mile in Africa 30 people are found. On some, no persons are found but on others over 1,000 live. And, of course, the number of persons per square mile has to be related to the quality of the opportunity structure in the economy, the desirable standard of living (which should at least be, in my mind, the highest available in that age), environmental pollution and so on.

And there are areas of overpopulation despite the low figure of population density. Hance has suggested eleven indicators of population pressure: soil deterioration, degradation, or outright destruction; use of excessively steep slopes and other marginal lands; declining crop yields; changing emphases, especially to soil tolerant crops such as manioc; reduction in the fallow period and lengthening of the cropping period without measures to retain soil fertility; breakdown of the indigenous farming system; food shortages, hunger and malnutrition; land fragmentation, disputes over land, landlessness; rural indebtedness; unemployment and underemployment in rural and/or urban areas; certain types of out-migration. Applying these criteria to the continent Hance reported that as of mid-1967, 47.1 per cent of the area of Africa and 50.5 per cent of its population were under population pressure. The comparable figures for sub-saharan Africa were 37.2 per cent of the area and 40.2 per cent of the population (Hance, 1970, p. 417-20). And while in Nigeria the comparable figures were 15 per cent of the area and 47 per cent of the population, in the former Eastern Nigeria 31 per cent of the area and 66 per cent of the population were under pressure at an average density of 925 per square mile (Hance, 1971, p. 20).

The next pro-natalist position is that undeveloped resources and empty lands abound. Most African nations are mono-crop economies and very few are endowed with enormous mineral resources. Nigeria and Zaire stand out as exceptions. But even in these two, the resources need to be developed. Development requires large amounts of capital and without the influx of foreign capital this mineral wealth would still by lying untapped. Some of the alleged reservoirs of potential wealth are not in commercial quantities. It would be instructive if
those countries that have never balanced their budgets tell us where their assumed wealth is buried.

Empty lands may be available but they are not endowed with easily mined gold or diamonds. That is, the empty lands do not promise immediate wealth to any adventurous person. No one has reported any ‘Son, go West’ slogan. And even if one had that frontier spirit, possession of any empty land is not an easy affair. Ethnic sensibilities and territorialities are tremendous factors to contend with. Reluctance to leave home may be overcome but money to settle any one willing to move may not be forthcoming as fast as some may imagine. Our experience with farm settlements in the former Eastern and Western Nigeria suggests that no government in Africa can make enough money available to every potential farmer. And it was not uncommon in those days for the new farmers to develop trade union tactics as soon as they got to the farm settlements. Some viewed the farm settlements not as an opportunity to become a successful farmer but as a reward for working hard for party loyalty and solidarity, success at elections, etc.

If the existing empty lands were all that profitable the influx into African cities would not have occurred. The constant cry of ‘Go back to the land’ one hears from numerous top officials in various African capitals would have been unnecessary for the people would not have left their villages in the first place. And, if they did, they would have been moving into the uninhabited jungles rather than flocking into the slums of African cities.

There is a third pro-natalist contention of intrigue. This charge is usually directed at attempts at family limitation. Though one can marshall data to refute arguments dealing with population densities, untapped resources and empty lands, how can one deal with charges of imperialist intrigue? That the accusations cannot be proved beyond reasonable doubt by their perpetrators is not the point at issue. The important point is that that is their state of mind, their definition of the situation. Even if some developed nations really want the populations of the developing countries to die out so that they alone would own the world, one can only hope that that is not the stance of the developed nations in general. Anyone who has an intimate knowledge of any family with 10 or more children struggling on an income of less than $100 per annum would sympathize with any efforts to help the family understand that it could decide to do something about the next child rather than leave it to the deities. Such a move is not genocidal.
One thing that worries me about the charge of imperialist intrigue is not its simplicity and naïveté but its ability to boomerang. In places where competitive politics are intense, opposition forces could easily accuse any government of conspiring to introduce family planning to freeze the relative sizes of the ethnic groups which probably favor the incumbents. This immediately ruins a national program of family planning. Even if we think of an ideal situation where all groups: ethnic, religious and cultural, live in peace and harmony, we must remember that every nation has its poor. How would those in Africa now opposing the introduction of family planning, essentially the elites, explain to the poor whenever family planning is eventually introduced that it is not a gimmick to slow down or stop their ability to maintain a physical advantage. The fact that the Afrikaners were able to outbreed the other Europeans in South Africa and consequently grabbed political power and the fact that the Catholics in Northern Ireland are expected to capture numerical majority in twenty years should not obscure the simple fact that the more people we have in the continent the poorer each person becomes unless we experience a productivity explosion. And in my mind, a half billion strong, virile, productive, powerful and prosperous Africans would be better than a billion weak, undernourished, poor, ignorant Africans.

One final point and I am done. The point has been made that the African desires personal immortality (Mazrui, 1971, p. 38-44). This desire for immortality is evidenced in such Igbo names as Amaechina, Ahamefula (our compound or lineage should not die out; my name should not be lost, forgotten). As Mazrui argues this desire for personal immortality and the fact of high infant mortality combine to perpetuate the desire for a large family on the assumption that some would survive to carry forward the family name. How would those now selling the intrigue idea convince an average African that the call for family planning is not an intrigue by society, powerful others, including the top official, to wipe out any memory of his existence on earth. One possible approach that is worth exploiting is to begin to drive home to our people that one can immortalize one's name by other means, for example, by having fewer children and giving them the best training obtainable. These stand a better chance of achieving the parents' desires. And for those who are more fortunate, there are universities to endow, foundations to found, books to write and many humanitarian ventures to initiate.

The second part of this essay deals with what African governments have done about the population problems in their various countries.
Population problems and family planning in Africa

POPULATION POLICY AND NATIONAL FAMILY PLANNING PROGRAMS

Few governments have population control policies and/or national family planning programs. These countries include Ghana, Kenya, Mauritius, Morocco, Tunisia and the United Arab Republic. The rapid growth of the cities, the increasing unemployment, especially in the cities, and the inability to fulfill the promises made at the last elections and/or the latest coup d'état combine to force governments to take cognizance of the population problem. At present

Governments of black African countries for the greater part either support family planning programs or permit such efforts to exist under private auspices (AID, 1971, p. 69).

Of the 35 African countries and territories covered by the AID report only three governments, that is, Cameroun, Malagasy and Malawi, have stated explicitly that they want to encourage population growth in their countries (AID, 1971, p. 76, 88-89). In this matter, governments seem to be running very much behind the needs of a significant proportion of their populations. To find out what the people feel we turn to the researches that have been conducted in various countries of sub-Saharan Africa.

THE RESEARCHES

Ideal Family Size

The ideal family size in sub-Saharan Africa reveals a very positively skewed distribution of fertility aspiration and highly correlates, as has been observed in most surveys, with achieved family size. In all surveys in East Africa, the ideal was more than five and generally six children. In Ghana and Nigeria, the ideal size was seven or more. In general, the ideal family size in Black Africa ranges from six to eight children with more boys than girls being desired. However, the twin influence of urbanization and education in West Africa reduced the ideal family size to between four and six.

Why do sub-Saharan Africans, even the educated, desire so many children? When respondents were asked why they desired a large family, their answers fell into the following categories:

(1) Children are a form of 'wealth,' provide parental prestige and assure parental immortality.
(2) Children share the work burden or help around the house and
(3) Children are, in a sense, social security and permanent life insurance schemes to be drawn from when sick and/or old.

However, a courageous minority, ranging from 6 to 43 percent of the respondents in the Caldwell review, reported nothing good in having a large family.

Sub-Saharan Africans also recognized the handicaps of a large family. The overwhelming fear was economic – increased costs of education, that is, school fees, school clothes and equipment; feeding and housing extra people. Secondary concerns were residential or apartmental pollution, that is, congestion, noise, interpersonal and inter-neighbor discord and finally, though marginally, maternal health. As Molnos (1971, p. 69-70) noted, “it is surprising to observe that while family planning programs have a heavy emphasis on maternal health, the clients and potential clients seem to be incomparably less interested in the health argument than in other considerations.” And “taking as a basis the total number of reasons given (instead of respondents), the ‘health’ rationale represents less than 5 percent.”

All this underscores the necessity to use economic themes in communication for family planning in sub-Saharan Africa. The approach-avoidance situation created by a large family – great for prestige and social security but terrible if you are not rich – should result in a dissonance situation for individual couples. This is a good psychological situation for attitude change toward small family norms if couples beginning to form their families can find something to lean on, to believe in – communications, services and supplies. But how correct are we to attribute the high fertility culture entirely to prestige, social security, household help, infant mortality, etc.? Nowhere in the literature does any investigator consider, even speculatively, that a significant proportion of the high fertility can be attributed to lack of knowledge about contraception. To this we turn.

**Knowledge of Contraceptive Methods: Traditional and Modern**

Abstinence, herbs (abortificients), and withdrawal are widely known in traditional African society though coitus interruptus was little used as a contraceptive method. Traditional herbs involved swallowing some ‘concoctions’ or tying some amulet, cloth or cord around the waist. Whether they worked is doubtful since knowledge of human
physiology and conception was and continues to be at a low level. Even now it is not uncommon for young girls to seek the help of some laxatives after intercourse demonstrating thereby their ignorance.

Formal education per se does not guarantee knowledge since sex education has never been part of the curriculum in primary, secondary or university education in Africa. The situation is changing especially for those in medical schools where family planning knowledge and general sex education are being integrated with normal training.

When we turn to the more modern methods a serious knowledge gap exists. The most knowledgeable group is the urban elites. In Nigeria, the surveys in 1968 show that they know about the oral pills (35 to 38 percent of the respondents), the intra-uterine devices (5 to 15 percent), sterilization (40 to 47 percent) and abortion (62 to 68 percent). The less reliable methods are known: condoms (36 to 61 percent of the respondents), diaphragms, jellies and foams (17 percent) and rhythm (35 to 45 percent) (Caldwell, 1968, p. 609, table 8). But candidly the proportion of the urban elite with knowledge is not very impressive and it would have dwindled if investigators asked respondents to estimate the reliability of methods known.

Below the elite, the knowledge level is really low. The older generation with little or no education and from a rural background constitutes the most ignorant class. In most of the surveys Caldwell reviewed, roughly half the respondents had no knowledge about contraception and therefore could not judge meaningfully the rightness or otherwise of contraception. Surveys in East Africa show that 70 to 90 percent of the respondents has no knowledge of modern contraception. In other words, not more than 30 percent has some contraceptive knowledge and some attrition of this group is expected if their knowledge is cross-classified by efficiency of methods. This emphasizes the need for massive, sustained, information, education and communication programs utilizing interpersonal channels, local themes and symbols.

It is my view that high mortality (especially infant) and lack of knowledge of reliable methods and inefficient delivery systems are responsible for the high fertility culture in Africa. If mortality, the highest in the world, could be reduced and knowledge and services provided, Africans would take to contraception since children would survive to serve the needs of parents for immortality, etc. Before these are achieved fertility would remain very high.
ATTITUDES: INTEREST IN FAMILY PLANNING

This high fertility culture prevalent in sub-Saharan Africa does not mean that people are not interested in family limitation. Wherever a direct question has been posed to tap interest in family planning, an astonishing majority of the respondents has always expressed a desire to know more.

In West African urban areas the proportion of respondents who wanted more information on family planning ranged between 40 and 83 percent with only two figures below 50 percent. And even in a village, a Ugandan village, 90 percent of the respondents wanted to know more about child spacing and family planning (Molnos, 1971, p. 67). However one interprets this interest - either as curiosity, politeness or naiveté - there is no doubt that this is a favorable situation for family planning programs. An open-minded approach by potential clients is certainly preferable to hostility if family planning practice itself an innovation - is to become part and parcel of their daily lives.

Of those who already knew something about contraception covered in Lagos surveys, 44 percent in 1964 and 84 percent in 1968 approved of contraception. For Nairobi respondents in 1966 the proportion of those with knowledge who approved was 80 percent for females and 92 percent for males. For women, the younger and more educated approved more than the older and the less educated.

HUSBAND-WIFE COMMUNICATION

Surveys both in West and East Africa have dealt with the question of couple discussion about family size and family planning. Since it takes two, in a family situation, to achieve successful contraception such communication is of vital importance.

In Lagos (1964) one out of every four spouses and in Nairobi (1966) two out of every five men and one out of every fifteen women reported couple discussion (Dow, 1967, p. 790). That this proportion is bound to rise is demonstrated by the Ghana data where among the urban elites two out of three spouses reported discussion. And based on results in Lagos and Ghanaian cities, the proportion who discusses with spouse increases if marriages are first unions and monogamous and also if either spouse is educated, possesses city background and has a white collar job.
Everything written so far suggests one conclusion: little practice. Practice comes after knowledge. Where there is little knowledge, we would expect little use. But even interest in, and approval and knowledge of, methods do not guarantee use, especially current use. Though 21 (females) and 45 (males) percent of the respondent in Lagos in 1968 reported that they have used methods, principally continence and condoms, for contraceptive purposes, only 8 (males) and 11 (females) percent reported current use. The Ghanaian urban elite presents a much more promising picture because 27 (males and females) percent were currently using some method for contraceptive ends (Caldwell, 1968, p. 615, table 12.)

If the urban picture of contraceptive use is discouraging, the rural image is hopeless. The rural contraceptive use ranges from 3 and 10 percent respectively in Ghana and Kenya to virtually 0 in Northern Nigeria.

Knowledge and use of abortion exist. In Lagos in 1968, 62 (males) and 68 (females) percent of the respondents surveyed declared their awareness of it, but only 6 per cent of the females and 4 per cent of males admitted having used it in their marriages. Elsewhere, abortion knowledge is low and use is difficult to assess, because abortion, except for mother's health, is illegal in sub-saharan Africa.

Thus far we have indicated the population problems in Africa. We presented data on the ignorance and little practice of modern contraception. We alluded to the widespread interest the masses of Africans have shown in getting more information on family planning. Every indication points to the necessity for governments to respond positively to this popular demand. Everywhere the people seem to be saying "give us contraceptive knowledge and services and we will demolish the population problem." Will governments respond? The final section touches on just two results of inaction. These consequences—internal and external political violence—will become more insurmountable and inevitable as we march into the next century.

**POPULATION PROBLEMS AND POLITICAL VIOLENCE**

On the domestic scene, many observers of the events in Africa have recently warned us of the relationship between population parameters and political violence. For a decade Callaway has drawn attention to the unemployment problems primary school leavers face (Callaway,
Already a revolutionary tinderbox, their incendiary capability increases with every secondary or university graduate unable to find a job. Other recent writers have sought to link this unemployment to political violence. Hance (1970, p. 276-7) cautioned that

"The idle and semi-idle young men (of African cities) provide a fertile field for dissidents and have supported more than one of the many coups and attempted coups that have occurred since independence."

The Hannas have also alluded to the adverse implications of educational bottlenecks in Africa:

"These educational bottlenecks create especially emotional conditions in the towns of Black Africa where aspirations run high yet realization depends upon obtaining an advanced education. An occasional result is anomic political outburst. Educational bottlenecks have also led youths in some towns to participate in organized oppositional activity" (Hanna & Hanna, 1971, p. 184.)

A statistical analysis by the writer revealed a significant correlation (Pearson’s r = 0.391, p < 0.05, 29 degrees of freedom) between per cent literate and a subversion factor (that is, sabotages, assassinations and purges) (Uche, 1972, ch. 4). Drawing from relative deprivation theory, we asserted that as the proportion of those with basic education rises and as opportunity structures diminish, graduates would increasingly be unemployed and frustrated at their inability to satisfy personal and group goals. This discontent in time becomes politicized as politicians fail to fulfill their promises and as the elite-mass gap and urban-rural differentials continue and widen. Expectedly, political actors become the victims of this violence that has been building up for some time. A correlation (Pearson’s r = 0.739, p < 0.01, 29 degrees of freedom) was found between 1967 population and a turmoil dimension (total killed in all internal violence, riots and rebellions, peaceful demonstrations and strikes).

On the international level we found that domestic difficulties could lead to interstate adventurism as political leaders attempt to create a foreign scape-goat for their failures at home. For example, 1967 population correlated (Pearson’s r = 0.474, p < 0.01, 29 degrees of freedom) with a non-military discord cluster (verbal exchanges, diplomatic ruptures and deportations) in international relations in Black Africa. Even the crude population density figure is not left behind. It has a correlation (Pearson’s r = 0.537, p < 0.01, 29 degrees
of freedom) with a war dimension (boundary problems and total killed in all external violence).

Taken together, these findings suggest that whether we are concerned with absolute levels of population size or the proportion of the population that has a basic education, we face a bleak political future within the countries of Black Africa and in their relations with one another. Our results applied mainly to the sixties but we do not yet perceive any radical departures from the population behavior of the last decade to doubt their usefulness in the 1970's.

CONCLUSION

We have attempted to review what is the current knowledge of family planning in Black Africa. The necessity for massive action on the part of governments has been emphasized. The readiness of the population is not in doubt. The political risks the elite - political, military and intellectual - runs should be completely spelled out in any communication addressed to them. What we discussed in the last section is only the beginning of what should be a sustained effort. The elite should rise up to the occasion in their own interest. By their inertia and squabbling over irrelevant population myths, they have nothing to lose but their heads come the doomsday.

NOTES

1 Brass, et al. (1968, p. 167) and Economic Commission for Africa (1965) have estimates of 49 and 47 per 1,000 respectively.

2 Background data so far are taken from Population Reference Bureau Inc. (1972).

3 Our summary of research results draws mainly from the following: Caldwell (1968, p. 598-619); Molnos (1971, p. 63-81). Caldwell’s article summarized 18 surveys completed or continuing in Ghana, Kenya, Nigeria, Senegal during 1963-68.

4 The Nairobi information comes from Dow (1967, p. 790).

5 For a recent overview of the possible consequences of uncontrolled population growth see Pohlman (1971, Ch. 1).

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The Population Council (1968), Studies in Family Planning, no. 29.
