

SOCIO-ECONOMIC PERSPECTIVES OF FERTILITY REGULATION IN  
TRADITIONAL AND MODERN AFRICAN SOCIETIES

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INTRODUCTION

Before the intrusion of colonial influence, traditional African societies flourished on entrenched political, economic and socio-cultural norms and values that had long historical evolution and far-reaching socio-economic consequences. But within barely a century the rising tide of European colonialism swept and nearly obliterated marks left by traditional norms and values which shaped those societies, preserved their very existence and constituted their source of pride. Ranking high among some of the most cherished values in traditional as well as modern African societies is the reproductive capacity of families, tribal societies or such other entities where fecundity established credibility and fertility ensured stability of marriages. It is necessary at the outset to distinguish between the two easily confused concepts. While fertility is the potential level of performance (or physical capacity for bearing children) fecundity denotes an actual level of performance of births in a population based on the number of live births that occur.<sup>1</sup> Still-births, while evidencing fecundity, were considered misfortunes in traditional societies, explained in the context of contravention of certain taboos or beliefs, and rarely attributed to other causes, such as disease. The importance of fertility cannot be over-emphasised in these societies where of the total children born, just as many died in infancy as survived, thereby resulting in slow rates of population growth. In such a precarious demographic situation fertility was accordingly regarded as an insurance against mortality and therefore a safeguard to imminent extinction of family and societal lineages. Even in a majority of modern African societies it has remained an important asset which defies explanation, as economists would want to convince us, in cost-benefit terms or standards of living.

The thesis of this paper is that fertility regulation has been and still is a feature of traditional and modern societies. Fertility regulation was a collective decision in traditional societies where it

was rationalised on the basis of family or societal demands as well as obligations. In modern societies on the other hand, it is being imposed on the population based on norms and values that are grossly irrelevant for the indigenous peoples whose attitudes are hardly gauged or their reactions monitored beforehand. Thus whatever benefits accrued to the practice in traditional societies have been thrown over-board by modern methods of fertility control. This paper addresses itself to four areas of concern. In the first place, it describes and discusses the theoretical perspective of trends in population growth influenced by fertility mortality oscillations in changing and consistently modernising human societies. Essentially, this entails analysis of the "population cycle" explained in the context of the Logistic Curve of population growth, the Malthusian theory and the Demographic Transition Theory. Second, the paper illuminates trends in fertility regulation within traditional societies against the background of fertility/mortality experience of those societies. Third, it examines the phenomenon in modern societies, placing special emphasis on the rationale for this. Finally, both traditional and modern forms of fertility regulation are compared and contrasted in order not only to ascertain the contradictory traits, but also to explore possibilities for blending them into an acceptable and broadly based population policy. The conclusion drawn by the paper is that fertility regulation is currently pregnant with certain undesirable modern values that are irrationally biased against traditional values and practices whatever benefits have been derived or are derivable from it.

#### THEORETICAL FRAMEWORK OF POPULATION GROWTH

Population growth has occupied an important place in the analysis of societal milieu. It has attracted the attention of chroniclers, ancient philosopher-kings, spiritual and religious leaders, monarchs and modern scholars with diverse disciplinary backgrounds, to quote some of the most notable examples. To this end, theories have been propounded to explain the phenomenon in the presence or absence of regulatory measures. Three of them are considered in this paper because of their relevance to changing circumstances in societies.<sup>2</sup>

The first school of thought considered here argues that population growth is cyclic and that whether or not population is checked it will increase for some time and level off at another before the cycle starts again. This theory rests on the experiments of the biologists, Reeds and Pearl, using the Drosophila melanogaster in the limited environment of a milk bottle. Treating their observations as a mathematical law they used the logistic curve to describe the curve of population growth. In fact they went on to fit logistic curves to human populations in the United States of America and in the cities of New York and Baltimore in the same country. From this Reed and Pearl were able to argue that:

"Growth occurs in cycles. Within one and the same cycle, and in spatially limited area or universe, growth in the first half of the cycle starts slowly but the absolute increment per unit of time increases steadily until the mid-point of the cycle is reached. After that point the increment per unit of time becomes smaller until the end of the cycle"<sup>3</sup>

Thus Read and Pearl's theory accommodates tempo-spatial perspectives of population growth in a finite environment. It has great scope for analysis of population resource relationships in a world yet to be exposed to scientific and technological innovations. Like other experiments made on non-humans to infer human behaviour it is grossly deficient in explaining the realistic situation. But in the context of early stages of human civilisation it has farreaching ramifications; it reflects the laissez-faire attitude toward population growth that characterises traditional societies. Population, it is assumed in those societies, will find its own level as dictated by prevalent conditions to which human civilisation will respond readily. In defence of such societies Notestein advances a most convincing argument:

"Any society having to face too heavy mortality characteristic of the pre-modern era must have high fertility to survive. All such societies are therefore ingeniously arranged to obtain the required births. Their religious doctrines, moral codes, laws, education, community customs, marriage habits and family organisation are all focused toward maintaining high fertility."<sup>4</sup>

In short, there is a strong correlation between culture and fertility; and since culture is the vehicle for conveying societal norms and values it has

to be included in the matrix of factors influencing fertility and ultimately population growth.

The second and widely publicised theory is the argument put up by the Reverend Thomas R. Malthus in the eighteenth century. In 1798, he published, An Essay On The Principle Of Population As It Affects The Future Improvement Of Society.<sup>5</sup> Simply stated, population grows at a faster rate (by geometric ratio) than that of the means of subsistence (by arithmetic ratio), later interpreted to mean the economy. The only checks he was convinced would regulate this trend were "moral restraint", basically restraint from marriage, e.g. celibacy, which is not substituted with irregular sexual gratifications; "vice" which included promiscuous intercourse, unnatural passions, violation of the marriage bed, and improper arts to conceal the consequences of irregular connections; and "misery" which could be in the form of wars, famines, pestilence and excesses. The pious stance of Malthus' argument is clear, and earned him much criticism by a wide breed of scholars. His theory is weak on four grounds. First, Malthus placed undue emphasis on the limitation of the supply of land. He did not take cognizance of the agricultural technology and its inherent features that even in the nineteenth century had started to revolutionise agriculture and render land an infinite resource: crop rotation, chemical fertilizers, plant and animal breeding and improved livestock feeding. A second criticism is that Malthus did not recognize the scope of industrialisation and its subsequent elevation of standards of living among the population who were exposed to it. Systematic improvements in scientific and technological abilities have enhanced inventions and innovations that have led to tremendous improvements in human society. Equally important he did not take into consideration the consistently improving modes of transport and communications which facilitated transfer of raw materials from colonies to the metropolitan powers. Besides, the colonies provided cheap labour for the modern sector which developed at the expense of the traditional sector of the economy and, above all, a ready market for manufactured goods, even if these did not meet their taste. Colonies thus became the destination of emigrant population from Europe, especially from those parts which experienced population pressure. The weakness of the theory is that Malthus's religious convictions prevented him from anticipating, let alone recognising, widespread adoption of

contraceptives. It is precisely for this reason that, in keeping with his pious stand, he considered birth control an immoral act, his substitute for this being "moral restraint".

Despite these weaknesses the Malthusian spirit is as alive today as it was in the last century when this theory was subjected to rigorous analysis. There has been continuing debate over this theory and some vestiges of it are today manifest in many developing nations. Indeed, the contemporary world is in the Malthusian trap from which it is struggling to escape. Malthusianism and its contemporary derivative, neo-Malthusianism, is a counter-action against traditional attitudes towards population growth. It was used extensively by the colonial administration to thwart traditional views that favour increasing fertility and the resulting spiralling population growth. In many ways, Malthusianism, the modern contraceptive apart, is synonymous with birth control and other euphemistic expressions that are interchangeable with it.

Commonplace to students of population is the Demographic Transition Theory, also known as the Vital Revolution.<sup>6</sup> Basically, it involves changes in fertility and mortality which in turn influence the rate of population growth. Fluctuations in population growth are attributed to the level of scientific and technological advances in society, examined in a historical perspective. Four stages constitute the demographic transition. The first stage, the primitive stage, experiences high fertility and high mortality, resulting in slow population growth. This is before the population is exposed to the means of controlling death and when births are left to save population from extinction. It is a stage likened with the traditional African societies before colonialism imposed its influence on the two vital events. And it is a stage through which modern African societies are deemed to have passed. In the second stage, science and technology begin to exert their impact, in terms of enhancing survival of those who are born and controlling deaths, especially those engendered by endemic and epidemic diseases. The yawning gap between high fertility and declining mortality result in rapid population growth. This is the stage in which much of contemporary Africa finds itself, the stage which has accordingly necessitated fertility regulation by modern and generally unacceptable methods.

It characterised the Industrial Revolution in Europe which Malthus did not incorporate in his theory, hence the criticism levelled against him. The third stage now reached by countries of southern Europe and a few enclaves in Asia but yet to be reached by African nations, is that in which fertility starts declining as mortality maintains its declining trend. As a result, there is moderate population growth, higher than in the first stage but certainly lower than in the second. It is experienced in the wake of widespread use of contraceptives and modernisation of society to the extent that traditional roots of fertility practice have been almost completely lost. The final stage in which the affluent societies of North America, Europe, the U.S.S.R., Japan and Australia find themselves, exhibits low fertility and much lower mortality. This results in very slow population growth, generally below 1.0 percent per annum. Fertility has been reduced to "replacing level", whereby marriages result in two children, only replacing both parents. The last two stages have been considered by societal analysts as the success-story of fertility regulation and as targets at which traditional and quasi-modern societies have to aim their trends in procreation. The first two stages are considered an impediment to societal advancement, irrespective of the disappointing episode of colonial encroachment on traditional societies.

It may be noticed from the foregoing that the theoretical construct of population growth has significant relevance to the process of change in human society. But it rarely takes into account the tendency for currently modernising societies to by-pass phases of life which advanced societies lived, and which have been so by-passed by dint of scientific and technological advances. Less often, these advances have been superimposed on the traditional infrastructure without transforming it to suit changing conditions. This explains the need for gaining insights into the knowledge, attitudes and practices of fertility regulation in traditional and modern societies before hazarding possibilities for blending the two within the framework of societal development.

#### FERTILITY TRENDS AND REGULATION IN TRADITIONAL SOCIETIES

Fertility has been the fulcrum of stable marriages in traditional societies. It has often determined family as well as societal happiness and played an important role in broken marriages where the decision of who,

between husband and wife, retains the children depends upon other socio-cultural factors including the role of dowry. Large family sizes were therefore favoured for some very sound reasons. In a survey of about thirty tribal societies, Molnos has identified that "the general and diffuse motives accompanying this sentiment were that many children meant wealth, prestige and the blessing of God and ancestors."<sup>7</sup> In order to ensure continuity of family or societal lineages, many children had to be born as an insurance against deaths.

Polygynous marriages, although having smaller family sizes on the average, were intended to widen the scope for larger family sizes. This trend underscores why the heads of large families occupied the highest echelons of social status in traditional societies. There were also economic reasons:

that large families facilitated division of labour between the two sexes and among members of one sex. Members of a family or society pooled their skills and resources to maximise their contribution for the success of all the members. Individualistic tendencies were discouraged if egalitarianism was to be or seen to be achieved. But in yet a different context, large family sizes gave families as well as societies a firm political base, often necessitated by persistent military encounters with traditional enemies or those encountered in the process of conquests. Wisemen of traditional societies encouraged healthy well-spaced and well-nourished children who would live up to societal challenges during their youthful and middle-age years. This essentially necessitated fertility regulation as enshrined in societal unwritten but widely published regulations for its members.

Traditional African societies therefore had considerable knowledge of fertility regulation. Both very short and very long birth intervals were abhorred. Short intervals were discouraged because they did not enable mothers to attain good health before being subjected to confinement again. Children born within short intervals hardly survived infancy and were most prone to infant mortality. But even if they survived to later years they developed certain weaknesses attributable to precarious nurturing and nutrition during infancy and childhood. Long intervals did not have similar effects; if anything, they resulted in strong, well-built

children although born after considerable psychological strain on the part of parents. On the basis of varied yardsticks, a reasonable interval was 2-3 years when the last child was able to walk, talk and recognise things around him/her. This knowledge was disseminated among the youth in society long before they thought of marrying, and when they got married, they were expected to adhere to the established societal norms and values.

There was an ambivalent attitude toward fertility regulation. Where a couple was fertile, greatest importance was attached to spacing and control of reproduction so as to avoid "animal-like breeding" which was thought undignified for humans. In extreme cases, where for some reason births had to be averted altogether, an attempt was made to appease the couple(s) concerned. Conversely where a couple was subfertile or infertile, attempts were made to reclaim their fertility since the two conditions were vices ascribed to misfortunes. Whatever policy adopted was effected in the interests of both the family and the society. There was no temptation to contravene unwritten but effective codes of regulations.

Perhaps the most important aspect of fertility regulation related to its practice. Given the diversity of tribal societies in the continent, there were diversified practices of fertility regulation in various societies. A few cases may be cited in order to illustrate the significance of certain practices.

A major aspect of fertility regulation was post-partum sexual abstinence, or avoidance of conception.<sup>8</sup> The custom was connected with beliefs that a new child in the mother's body would "spoil" or poison her milk and thus degenerate the body of the sucking child, eventually killing it. Among the Luo of Kenya the period of abstinence lasted for anything up to about 3-4 years. The readiness of a mother for another conception was demonstrated by various gestures. Among the Kikuyu, for instance, a child was sent to take something to the father where he was seated with other men; the child's recognition of the father demonstrated his/her maturity (age 3-4 years) and therefore readiness of the mother to conceive again.



Another tradition involved the wife and husband sleeping in different huts, while not necessarily preventing love-making. Apart from post-partum abstinence there were other occasions that necessitated abstinence among married people: during mourning, following the death of a close relative such as a child, parent or sibling; during certain ritual periods, for example, preparations for a sacrifice, a hunt, a raid, an expedition in hostile country; during initiation ceremonies; or during any other socially prescribed periods.<sup>9</sup> Failure to observe these occasions of culturally-imposed abstinence was believed to have detrimental effects on the contravening persons.

An emotionally difficult but significant means of avoiding conception is the "withdrawal" method, coitus interruptus. It is unacceptable among most men and women since it deletes the most crucial stage in coital performance. Traditionally, it was practised among the Ganda of Uganda, the Sukuma of Tanzania and among other East African peoples.<sup>10</sup> Like abstinence, the practice was instituted for very sound reasons that were common knowledge for all married members of society.

The system of polygamous marriage, which facilitated both abstinence and coitus interruptus, acted as an important check on total population growth. While it is true that polygamy increased the progeny ratio per man, the wives married to one man could spread the birth of children widely over the fertile years.<sup>11</sup> On the average, there were much fewer children per wife in a polygamous than in a monogamous marriage. Moreover, most polygamists generally married young women who therefore bore less children than they would have done otherwise. The norm in most traditional societies was for people to marry later than today (approximately 30-35 years of age for men and 25 years and above for females), a practice that delayed fertility and shortened the reproductive years. In pastoral and nomadic societies, there was a marked period of celibacy for males including warriors who had to fulfill certain cultural pre-requisites for marriage.

Several environmental constraints also checked population growth in traditional societies. Nutritional resources were poor and generally scarce: their availability depended heavily on climatic factors as well as the health of the working-age population on whom traditional economy squarely rested.

In drier areas where the situation was acute, environmental constraints could undermine men's sexual ability as they might deliberately seek to conserve their reduced energy. This has been observed among the Somali who are among the most sub-fertile of societies in East Africa.<sup>12</sup> Coupled with the precarious nutritional situation were a number of environmental problems including droughts, epidemics of human as well as animals and a high incidence of venereal diseases, all of which undermined the reproductive capacity of married people. Internecine warfare which engaged the attention of youthful and middle-age population for a considerable time also engendered compulsory abstinence which consequently checked fertility.

Traditional societies were equally concerned with helping sub-fertile or infertile people get children. Thus contrary to Malthus who thought culture was irrelevant to fertility except in context of moral restraint, it had a pervasive influence on fertility at all levels of the society. The language of fertility regulation and its ramifications was taboo among unmarried people; this is attributed to limitations of pre-marital sexual activity. As will be seen later in the analysis of modern tenets of fertility regulation, this underscores the formalisation of the phenomenon within the matrix of societal life. Similarly, abortion was an accidental occurrence, an event never encouraged in traditional African societies except when dictated by such circumstances as conception between close relatives or those who would never be allowed to marry for reasons explained in societal codes of regulations.

#### FERTILITY REGULATION IN MODERN SOCIETIES

European colonialism had a pervasive influence on all forms of traditional life that characterised pre-colonial societies. By a systematic propagation of Christianity, for instance, the colonial administration has superimposed foreign norms and values on traditional ones. Pertinent in this policy is fertility regulation which has been popularised through foreign channels of communication that defy traditional structures. African societies today therefore find themselves ripped between trying in vain to perpetuate traditional and struggling to adopt modern forms of fertility regulation.

Modern tenets of fertility regulation are imposed on modernising African societies without regard for enhancing knowledge of them amongst these societies.

The major objective of family planning in most African countries is to regulate the "alarming" rates of population growth and thus pave the way for rapid socio-economic development. However, this reason is hardly well-explained by family planning workers who need to allay the fears of their clients.

Rarely do these workers take the position that family planning is authentically African, but that modern techniques of the practice have had to be adopted to supplement traditional methods. Perhaps a new ideal in this context is that families, communities and mankind as a whole can and must decide beforehand on their numbers to fit the goals they set for their own future.<sup>13</sup> Like other tenets of modernisation, fertility regulation has centred on urbanised communities, diffusing slowly to the rural areas where the bulk of population lives and therefore where the problem lies. Consequently, there is urban-rural differential in knowledge of modern methods of family planning: the pill, the intrauterine device (IUD), the condom, the diaphragm and the injectable. A number of factors account for this lack of knowledge. The most quoted is illiteracy, given that most African societies exhibit high illiteracy rates. Oral as well as printed communications that abound in family planning literature make little sense if any; they neither accommodate socio-cultural values nor exercise care in the language used, two aspects of deficiency that often elicit hostile reaction from the supposed clientele. Membership of certain religions also affects knowledge of family planning devices. In the Catholic Church, for example, they are immoral and deemed likely to spoil human morals which is the preserve of all religions. The list of factors inhibiting knowledge of modern fertility regulation could be multiplied. But knowledge alone serves no useful purpose unless its subject-matter has a place in human norms and values. The very irrelevance of modern fertility regulation undermines its impact in contemporary societies and, indeed, on future generations, who will have to perpetuate the current practices or find good reasons for modifying them.

The foregoing account typifies the attitude of African societies to fertility regulation. Simply stated, the attitude is negative, an observed trait that advocates of family planning have absurdly attributed to low mental capacity of African people.

This discriminatory message has become hackneyed for many years now. A recurrent question in KAP surveys is the ideal family size.<sup>14</sup> In Kenya, one of the African nations where family planning is making great strides, the ideal family size ranges between 4 and 6 children whether the question is asked amongst parents (fertile and sub-fertile alike) or students (prospective parents). Demographic, economic and social benefits deemed to be accruing from family planning are challengeable by the clients who are often subjected to rhetorical but scarcely convincing explanations of the exercise. It is becoming increasingly difficult to reconcile individual and national interests in fertility regulation among pro-and anti-natalists alike. The process of diffusion of innovations has had mixed success as many studies have shown.<sup>15</sup> Despite their technological and managerial soundness, innovations have to take cognizance of sociocultural environments in which they hope to operate. It is the latter rather than anything else that give a society its cohesiveness with which it approaches all its goals and aspirations. In KAP studies, the problem of attitudes is definitely the most important constraint to fertility regulation in modern African societies. Thus before fertility regulation can be expected to succeed in modern Africa, enough attention must be drawn to multifarious forces and factors that influence it at family, community, national and inter-territorial levels. Only a small proportion of people in modern African societies (the elite) are close to adopting modern modes of life; but they still relax their hold of the latter against the back-drop of traditional modes. The majority are yet to be included in this orbit at a stage when the ambivalent attitudes are tested in the transition from traditional to modern societies.

This leads us to consideration of the practices involved in fertility regulation of modern times. The cardinal point in family planning is emphasis on "spacing of births" among fertile and facilitating births among infertile or sub-fertile couples. However, the stemming of the "birth tide" has out-weighed the other side of the coin, for reasons that are interpreted as in the interests of human society.<sup>16</sup> Essentially, family planning involves the motivation of clients by field workers, usually paramedics, to use one of the devices of avoiding conception in the hope that fertility will eventually be regulated.

Reasons advanced for this range from medical to social reasons: improving maternal and child health; enabling families and therefore societies to attain higher standards of living; widening the capacity of families, communities and societies at large to provide good education, health, general welfare and other indices of social advancement for the population. In all family programmes that the author has come across, no interest seems to have been expressed for preserving, maintaining or improving the cultural life of societies.

Family planning has become an institutionalised movement under the armpit of government, quasi-government and non-governmental organisations. Once clients have been recruited and duly examined by qualified gynaecologists, they are provided with appropriate devices as prescribed by the latter. Like other facets of planning—urban, regional, sectoral or rural—family planning has hardly lived up to the declared policy of "grass-root" planning whereby ideas emanating from the general public are incorporated in the framework of planning. The colonial tendency for planning of rather than with people continues without solving the problems of agents-cum-subjects of the planning exercise.

Independent governments in Africa have presented demographic facts, often compiled by foreign and sometimes donor agencies, that rationalise the increasing trend in population growth rate. It may not necessarily be true that this increasing trend is due to the ever-widening gap between fertility and mortality. Rather, it seems to be the result of better data which gives vast differences between what is nearly the true picture and rough estimates made a decade or two ago on the growth rate of population. In the mid-fifties a Royal Commission, analysing political, economic and social trends in East Africa, made a categorical statement to this end:

"...the rate of natural increase is (not) such... as to warrant any large-scale attempts to introduce birth control methods with the object of reducing birth rate for general economic reasons...East Africa is at present sparsely populated, and give the economic adjustments and changes required, a growing population will be an advantage, and may well be a pre-requisite to full use of its resources on modern lives.

This view was endorsed by Kenya's new Governor at that time, Sir Evelyn Baring, and much later by the country's post-independence parliamentarians in opposition to the declared government policy to the contrary.

Within the next decade Kenya's rate of population growth has galloped from just about 3.0 percent to 3.5 percent by 1975. Surely, this cannot be attributed to the interplay of population dynamics, namely, fertility, mortality and migration. Tremendous improvements in data collection, analysis and interpretation in the census period 1948-1969 have been largely responsible for the apparently increasing rates of population growth. It is not surprising that family planning programmes in the country now constitute a major item of foreign aid from governments or international agencies. Thus despite highly questionable "political policies" which guide socio-economic development in most African societies, the "population problem" has been singled out as the leading impediment of development of the latter. While the affluent in society produce all that constitutes the modern sector of the economy, the majority poor manufacture children. Will a balance between these two extremes be struck? The question will remain an important item of population debate for many years.

#### A BLENDED FERTILITY REGULATION POLICY

Historically, the population factor has occupied an important niche in human civilisation. Among the ancient Greeks it guided the spirit of colonisation as well as trends in and patterns of settlement. According to the philosopher Aristotle, an ideal married couple had to exhibit marked age differential between husband and wife, his ideal age range being about twenty years. This obviously had far-reaching demographic implications. Imperialist designs of the Roman Empire were also reinforced by the desire for increasing population from whom a sizeable army could be recruited to further the imperialist ambitions besides replacing casualties suffered in wars of conquest. The case of traditional African societies has been examined in a preceding section of the paper. In many ways both traditional and modern African societies owe each other invaluable benefits of fertility regulation that could be blended to formulate a composite, relevant and broadly based population policy. Possibilities for this are examined to demonstrate the scope of a blended policy in contemporary and future societies.

From traditional and modern fertility regulation practices there are acceptable methods that could be blended and unacceptable ones which require careful study before they are even mentioned to the prospective clientele.

Abstinence is one technique that has far-reaching implications for both societies. Given that populations are now better exposed to knowledge of the menstrual cycle and its implications, the rhythm method could easily substitute for total abstinence which denies the happiness of love making to avoid conception. Both the abstinence method practised by traditional African societies and the extended breast-feeding contributed to the reduction of the conception rate among women. Modern mothers now have the alternative either to breast-feed or bottle-feed babies or both. The latter enhances faster recurrence of ovulation hence higher probability of untimely conception. There are however, very genuine reasons for this method of baby feeding, the commonest being employment of husbands and wives, reasons which have necessitated adoption of artificial devices of family planning.

Modern techniques of family planning have generated widespread detestation in a wide spectrum of society. They have been dubbed un-godly, regarded as instrumental in sexual promiscuity, associated with several degenerative diseases and, worse still, considered as dangerous experiments on mankind. Obviously some of these reasons have substance, but others are based on flimsy arguments for which reasons are hard to come by. Oral pills, having to influence hormonal behaviours, have different effects on their users; in most cases users complain of experiencing side-effects. Absurdly enough, triplet births, a rare phenomenon in traditional societies, are now attributed to the use of oral pills. Spermicidals such as condom, creams applied in vaginal walls and tablets that dissolve in them are too unhealthy, let alone absurd, to be acceptable amongst African societies. Intra-uterine devices have been rejected for similar reasons and sometimes resulted in conceptions that have created post-partum difficulties. Injectables, mostly still in the experimental stages, generally cause spotting, usually mistaken for irregular menstruation, which most married couples find difficult to stand. In fact, all the artificial devices have different side-effects hence the widespread negative attitude among the African population toward modern family planning.<sup>17</sup> It is these and other factors that KAP, fertility and population policy surveys, must explore if fertility regulation has to achieve its declared objectives.

As of now very little investigation has been made on hostility to family planning among African societies. Properly administered fertility KAP surveys are crucial in this endeavour. Among other things, they would facilitate formulation of relevant fertility regulation policies, careful analysis of rates of, as well as reasons for, drop-out of acceptors, and ascertain social, economic and cultural factors that in one way or another affect fertility regulation. Reasons generally advanced by governmental as well as non-governmental, local as well as international public and private family planning organisations tend to be heavily skewed toward health and economic benefits. They underestimate the impact of the socio-cultural milieu in which fertility regulation is supposed to operate.

Another growing area of concern relates to field educators engaged in recruiting family planning clients. Experience has shown that a sizeable proportion of them have only a skeletal education and contaminated social backgrounds that undermine their capacity for recruiting happily married couples. To say the least, some of them were divorcees and suspected prostitutes before being drafted into the rank and file of family planning crusaders. Moreover, there are some African societies where young persons are not expected to interview older persons about family fertility histories, mortality suffered in their families and other "sacred" issues. This has occurred in several societies, as emphasis on recruiting field educators is placed more on educational fulfilments than on other culturally important qualifications.

Methodology is crucial in this blending exercise. Central to fertility studies is the sample survey in which a representative sample is subjected to interview by either mail questionnaire, an interview schedule or both. The responses are recorded, analysed and published to infer the general conditions of the entire population.<sup>18</sup> But the most recent innovation in modern African societies is "vital registration" of births, deaths, marriages and closely related vital events. It is a more reliable source of data provided both authority and subjects uphold its principles and avoid its abuse. However, much care has to be exercised to avoid unrepresentative sample studies which fail to give desired results. Surveys of this nature would be at best interdisciplinary, involving various disciplines that have a stake in population dynamics:



demography, linguistics, history, sociology, economics, political science, medicine, philosophy, psychology, and so on. In the process of surveys great attention has to be focused on sensitive issues which, having to be recorded, require careful phraseology in questionnaires. Omitting them is as fruitless as putting them across so bluntly that they elicit hostile reaction from the supposed respondents. Analysis of data collected has also to be in keeping with quantitative techniques that enhance intuitive presentation. It should also be remembered that though quantification is important in fertility-related research, the qualitative aspects of fertility which have been ignored in the past, are also important in understanding factors which affect population growth. Such qualitative aspects relate mainly to sociocultural factors and should also be the focus of fertility related research

#### CONCLUSION

Throughout this paper no attempt has been made to discredit aspects of fertility regulation in one society at the expense of, or in preference to the other. A broadly based policy has to incorporate diverse political, economic, social and cultural norms and values of the society in which it is to operate. Secondly, the alarmist message that has typified family planning movements has to be interpreted in the broader context of human society. This is not the first time in human history that a threat, real or imagined, has drawn the attention of mankind. History has shown that:

"Every society tends to keep its vital process in a state of balance such that population will replenish losses from death and grow to an extent deemed desirable by collective norms. These norms are flexible and readjust rather promptly to changes in the ability of the economy to support population."<sup>19</sup>

This is the premise of the demographic transition theory whose phases relate to levels of societal civilisation. If fertility regulation has to be, or be seen to be, in the human interest, it has to become an integral part of societal development. As the former President of the World Bank, William MacNamara, observed :

"The population problem will be solved in one way or another. Our only option is whether it is to be solved rationally and humanly, or irrationally and inhumanly."<sup>20</sup>

Thus all the parties concerned have to be reconciled to work for a common destiny, the survival and happiness of human society. The process of modernisation gives African societies the opportunity to blend traditional and modern techniques of fertility regulation at a stage of development when ideological issues surface easily in matters that impinge on humans as a species rather than on specific populations.

#### NOTES AND REFERENCES

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11. \_\_\_\_\_ 1973. Beliefs. p. 12-213.
12. \_\_\_\_\_ 1972. Innovations and Communications. Cultural source material for population planning in East Africa, Vol. 2, Nairobi: East African Publishing House.

13. KAP (Knowledge, Attitudes and Practices of family planning) surveys have been conducted by institutions studying fertility and its impact on societal development. It is on the basis of these surveys that family planning programmes have been mounted, presumably in keeping with the tempo of population growth and the feelings of the population in general.
14. See Katz. 1970. The social itinerary of technical change: two studies on the diffusion of innovation. In W.G. Bennis et al The Planning of Change. London: Holt, Reinehart and Winston.
15. Brown, L.R. 1976. In the Human Interest. Oxford: Pergamon Press. The basis of the book is to attempt to stabilize world population.
16. Great Britain, 1955. East African Royal Commission 1953-1955 Report. London: H.M. Stationary Office. Cmd. No. 9475.
17. During his tenure of office with the African Regional Office of the International Planned Parenthood Federation (IPPF) the author came across massive data to this end which was drawn from all over Africa. IPPF sponsors family planning in countries which have expressed the desire to regulate fertility. Country Profiles, its annual publication, gives adequate information on trends, problems, etc., in various African countries.
18. Sample surveys and studies have become fashionable chiefly for their ability to probe intensively into the characteristics of what is being studied at minimal cost and in conformity with scientific principles.
19. Bogue, D.J. 1969. Principles of Demography. New York: John Wiley and Sons.
20. Quoted in Brown 1976. op cit.