

From Population Control to Reproductive Health Campaigns? Family Planning in Nigeria

by Ogechukwu Ezekwem

University of Texas at Austin



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Early in September 2015, I was discussing my research with a Ph.D. candidate that I had met for the first time at the University of Texas, Austin. I told him that I had conducted preliminary research at the British National Archives and Cadbury Research Library in Birmingham, England during the previous summer. These archives had colonial and missionary documents, respectively, and I expressed a desire to explore documents on healthcare in Nigeria by groups other than the government or the church. My colleague told me about the Rockefeller Archive Center's (RAC) collection and encouraged me to contact an archivist about documents on Nigeria. Of course, I was skeptical. "What can an archive in New York have on early Nigerian history?", I mused. Seeing my reluctance, he reiterated that there was no limit to the collection's reach and gave me a link to the website. I contacted an archivist who encouraged me to search the Center's database. I was surprised and delighted to find tons of files on medicine and reproductive health in Nigeria.

The research for which this archival visit was undertaken explores the changing approaches to midwifery, childbirth, and reproduction in Nigeria between 1900 and 1970s. It evaluates the adaptations of local birthing practices and the professional field of midwifery to colonial and newly emergent post-colonial establishments. The RAC had documents on health projects in Nigeria covering the period between 1879 and 1999. The files dealt with general accounts on nursing, a Fertility Trends Project, the Population Council, and Ford Foundation grants related to reproductive health initiatives. Other files contained Rockefeller Foundation officers' diaries from 1911 to 1992 and photographs of doctors and laboratories from the 1930s. These records create a narrative of independent organizations' interventions in Nigeria's medical scene, a perspective missing from existing literature on the subject. They offer glimpses into conditions of medicine, fertility, and childbirth during the colonial era in Nigeria (1900-1960). Most importantly, they demonstrate how medicine and reproductive health developed beyond the colonial government, missionaries, and indeed the colonial era. Where existing literature focuses extensively on government and missionary interventions, these RAC files make it possible to extend the conversation beyond

governments and missionaries to independent organizations whose roles in developing countries expanded dramatically in the post-colonial era.

Developments in Global Population Control

Concerns about global population control, especially in developing countries, reached their peak in the 1950s, a time when colonies were rapidly gaining independence. In June 1952, the Office of John D. Rockefeller 3rd convened a “Conference on Population Problems” to discuss this subject. Afterwards, conference participants recommended that the conference become a more permanent feature that would annually assemble experts on fertility and reproduction.¹ Conference participants observed that the death rates were dropping in the developing world and it was important that this low rate matched an equivalent decrease in birth rates to ensure that production capacities were not overwhelmed. As reflected in the 1952 conference proceedings and similar meetings during this period, achieving a global balance between birth and death rates was a major concern among influential philanthropic organizations, such as the Rockefeller and Ford Foundations.² How would these goals be achieved?

John D. Rockefeller 3rd and Ford Foundation files on population control identified various obstacles to fertility control efforts and showed strategies adopted to curb these setbacks.³ One of these issues was the existence of cultural barriers to change. Contraceptive techniques were discussed in conference proceedings and the model approach adopted involved creating seminars that addressed such issues, providing facilities for research and testing, and establishing institutes for research on the physiology of reproduction. The researchers and political strategists involved in these efforts recognized that newly emergent nations were wary of foreign interference in their affairs; therefore, they proposed that these reproductive health programs reflect non-governmental support in order to deflect any thoughts of the US meddling in another nation’s business. Rockefeller’s files also evaluated existing US and international organizations that dealt with issues

related to population and assessed academic programs with population-related courses.⁴ This linkage between population control and higher education will be seen in the tactics adopted for Nigeria.

Nigeria and Population Control Efforts

As interests in global population control expanded, the Population Council created a world conference on population that specifically targeted academics as a medium for spreading ideas on fertility control. Throughout the 1960s up to the 1990s, Ford Foundation documents show that the tactics proposed at the 1950s conferences had been applied to Nigeria. A lot of outreach programs targeted Nigerian academics in the 1960s, and from this period onwards, the Ford and Rockefeller Foundations funded a variety of academic and community-oriented projects associated with population control. They also sponsored the work of organizations whose goals were the advancement of family planning, sex education, and the curtailment of population growth.

Efforts at fertility control in Nigeria focused on postpartum initiatives. Members of the Ford Foundation and the Population Council visited maternity centers to evaluate their birth control and family planning programs. One of the sites of these visits was the famous Lagos Island Maternity Hospital, which was a focal point of various statistics during Nigeria's colonial period and known in the 1960s as the busiest maternity hospital in Africa.⁵ Other notable hospitals across the country also received such visits. The postpartum programs were geared towards promoting family planning and contraceptive use. The Ford Foundation sponsored the establishment of family planning clinics and advocated for these services to be extended beyond willing participants to every woman who used hospitals for birth. The approach advocated was that the women be asked to return for a postpartum visit at least 6 weeks after delivery.

The Ford Foundation also sponsored trips across the world, including Nigeria, for the study of family planning communication programs. These studies assessed the most effective mediums for promoting family planning messages as well as the community members most suited to translating such messages. The studies focused on the Nigerian media in order to see how ready they were for the dissemination of birth control information. They also evaluated the modes of communication within family planning agencies in Nigeria and between the agencies and hospitals. These studies observed that the most influential target audience for a successful contraceptive campaign would be the elite members of society who were in a position to shape political, social, and cultural decisions. Such elites were divided into five categories: commercial; education; government; professions; and social. Each of the five categories was split further into sub-categories with identifiable leaders.⁶ The studies commended and advocated a focus of initial birth control campaigns in urban settings and among the educated populations who would be more receptive to such ideas and were most likely to be responsible for policy changes. Besides these groups, specific attention was given to government and mission hospitals, physicians, and other medical personnel due to their strategic position in implementing family planning programs. The family planning studies reveal one of the most instrumental parts of the birth control movement's success in Nigeria: the ability to read the audience and streamline messages and its medium of dissemination to suit particular audiences. The studies also assessed sentiments for and against family planning as well as the most effective medium for reaching the target audiences. The files of William O. Sweeney, the Ford Foundation communications specialist who conducted many of these assessments, provide useful data on these developments.

A John D. Rockefeller 3rd file on population interests rendered population issues in the world as a very interesting dialogue between characters, comprising of four pessimists, the absolute optimist, and qualified pessimist.⁷ These characters listened to each other's arguments for and against population control and responded with their own opinions. Some of the points raised included economic development, agricultural technology, natural resources, and marriage. Another

document in the Rockefeller file, titled “The Double Crisis,” discusses the global population problem and possible solutions, as well as how much of a threat population growth poses for developed countries in the West in a military sense.⁸ In an era where military size was still significant, it was not desirable to have countries whose sheer number of military forces could wreak havoc on their neighbors and other developed countries in the event of war.

Ford Foundation Grants and Population Control

Increasingly in the 1970s, the Ford Foundation sponsored projects of various categories in Nigeria that were related to family planning, population research, and family medicine. Many of the grant applications came from universities and were directed at conference sponsorships. Doctors and professors in major hospitals were also marked for these grants and one of the most popular hospitals in this regard was Lagos Island Maternity Hospital.

Lagos Island Maternity Hospital was often described as the largest, busiest, and most important hospital in colonial and postcolonial Nigeria. The reason for this significance was its location in the port city of Lagos, one of Africa’s largest urban cities. In 1970, the record showed that approximately 18-20,000 births occurred in the hospital and about 2,000 patients attended the postpartum clinic. An agent of Ford described the hospital thus:

The hospital is located in the center of the city, in an extremely congested area.... It is one of the most chaotic places I have ever seen. On entering the hospital, the main entrance is filled with people.... This area was congested and so noisy that it was more like a marketplace than a hospital.... The delivery rate was 18-20,000 per year and abortion rate is 2000 per year.⁹

The statistics for the postpartum clinic reflected only 10% of the birth rate, a figure that was unsatisfactory to Ford Foundation, a key sponsor. The Foundation therefore sent William Sweeney to evaluate the hospital’s postpartum program and make recommendations towards advancing birth control methods. One of the

recommendations required “motivators,” a number of health workers tasked with recruiting women for the program, to reach out to as many husbands as possible since the family planning program in Nigeria required a husband’s signature before the dispensing of contraceptives.

Overall, the general assessment of the Lagos Island Maternity Hospital was that it was doing nothing significant towards the advancement of family planning. The sheer size of the hospital and the number of people that it served marked it as an important location for Ford Foundation to extend its post-partum program. In addition to Lagos, Ibadan, another major city, was one of the early focal points of the Foundation because it was a thriving academic hub in a newly independent Nigeria. The University of Ibadan, formerly University College, Ibadan, was home to many medical professors, doctors, and midwives, and had the country’s earliest medical training institutions. The University Teaching Hospital served a significant population in the thriving city of Ibadan and, just like Lagos Island Maternity Hospital, was very suited for the implementation of population control techniques. These efforts also extended to nurses and midwives through associations like the Federation of Female Nurses and Midwives of Nigeria.

By the end of the twentieth century, efforts at population control had long been extended to maternal and reproductive health initiatives for women and young girls. The focus was still predominantly universities but the efforts to reach students in higher education were not just through medical doctors and professors but also through community-based organizations and nonprofit organizations, such as Campaign Against Unwanted Pregnancy (CAUP), Inter African Committee Nigeria (IAC), and Women’s Health and Action Research Center (WHARC), whose target audience was primarily young people, the most vulnerable populations to unsafe abortion. A growing number of students, especially medical students, were also trained through various grants to enhance health communications and the campaign against unwanted pregnancy and unsafe induced abortion. In addition, WHARC targeted local organizations, community leaders, and public officials for its reproductive health education programs.

Conclusion

The collections at the Rockefeller Archive Center provide a background to the emergence of a robust family planning climate in Nigeria. The documents at the Archive Center cover early Western interests in regulating Third World populations as well as the implementation of global population policies in Nigeria. The grant records provide two kinds of documentation. First, it offers insight into the works of the many reproductive health organizations that have thrived in the country. Second, it shows the nature of the projects that Ford, MacArthur, and other US foundations funded across the country as well as the socio-cultural and political tactics they employed to ensure the successes of these projects.

¹ Rockefeller Archive Center (hereafter RAC) JDR III Box 80, Folder 667/670, Location 104.54.1, Population Interests General, 1952-1961, 6-10. The conference proceedings do not include information about where the conference was held or who the participants were, but another file that discusses similar issues - RAC JDR III Box 85, Folder 718-719, FA108, Location 104.54.1, Population Council Williamsburg Conference, 1952 - mentions a Williamsburg Conference which took place in June 1952 and was specifically convened to discuss population issues. Though there's barely any information on attendees, the nature and language of the discourses show that it was not just a US conference but was attended by participants from the United Kingdom, at least, and perhaps representatives from other global stakeholders. The forms of expression and the nature of conference discourses would suggest that some participants had a social science and biology or other human science background.

² See Ibid.; RAC JDR III Box 85, Folder 718-719; RAC PC Folder Nigeria, Box S 107, Location 205.94.2, FA432, Nigeria, Post-partum Program D&I-S, General.

³ RAC JDR III Box 80, Folder 667/670; RAC FF Box 3, Folder 7, FA571, Family Planning Communications in Nigeria, March 1969.

⁴ RAC JDR III Box 80, Folder 667/670, Location 104.54.1, Population Interests General, 1952-1961, 16-18.

⁵ RAC Population Council (PC), Box S 107, Location 205.94.2, FA432, Nigeria, Post-partum Program D&I-S, 3, 24.

⁶ RAC Ford Foundation (FF) Box 3, Folder 7, FA571, Family Planning Communications in Nigeria, March 1969.

⁷ RAC Box 85, Folder 718-719, FA108, Location 104.54.1, Population Council Williamsburg Conference, 1952, Appendix 1, 61-67.

⁸ Ibid., "The Double Crisis," 1-3.

⁹ RAC PC Folder: Nigeria, Box S 107, 1-2.