Population Politics and Development
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From the Policies to the Clinics

Lisa Ann Richey
To my father William Hobson Richey (1930–2007)
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Introduction

From the Policies to the Clinics

How does “overpopulation” create development problems that can be solved through international donor assistance programs aimed at regulating African women’s sexual self-discipline? Processes of international development are contingent upon shared understandings of the problem to be solved, yet these are usually taken for granted and only results are scrutinized for effectiveness. When interventions fail to achieve their stated objectives, “politics” are usually to blame, but they are not held up to any systematic analysis. This book analyzes the politics of the emergence of population as a “problem” and family planning as its “solution.” How did African countries that were outspoken advocates of “take care of the people and the population will take care of itself” come to embrace typical family planning policies and neoliberal approaches that value limiting a woman’s offspring? How do local women and men interpret the changing population messages in ways that make sense as they try to raise healthy children in a context of economic uncertainty?

Family planning practices in Africa are situated within neoliberal notions of modernity, national policies, and global discourses claiming that population is an obstacle to development. The development project—or assisted, driven modernization—is, in theory, a rational bureaucratic means of harnessing, marketing, profiting, and selectively redistributing resources. In practice, it is also a meaning-making project that attributes value through measurement and indicators. Since the Second World War, the point of legitimate state intervention into the intimate and reproductive lives of its citizens has been through population policy. Controlled fertility signifies “modern,” predictable,
Westernized relations between the individual body and the body politic. In African countries, the technologies and practices of family planning are promoted as essential gestures for the performance of neoliberal modernity. This book charts how a seamless global population discourse is created through jagged iterations of local practice. How do global discourses like the overpopulation problem get interpreted as they travel from international conferences to policies and clinics? This book answers the question by looking at the effects of international donor discourses on development interventions relying on expatriate, state, and local translators. Three narratives—demographic, development, and feminist—compete for discursive and material precedence. A discourse is not geographically neutral, but is always situated in time and space, and this analysis draws on empirical work from Tanzania. My intention is not to adjudicate success or failure of family planning in Tanzania, but to demonstrate the politics of interpreting a global discourse in the quotidian lives of policymakers, clinic service providers, and local men and women. The interpretive gaps described in this book contribute to our understanding of why there continues to be a familiar disconnect between international development, national policies, and local implementation.

Population policies provide a unique realm of inquiry into the power of development. First, they are considered one of the few legitimate grounds for discussions of gender—women were first brought into development through schemes to control their fertility. Second, they are prototypes of a development apparatus—both the problems and the solutions of population are created in Washington (and London, Paris, and New York) and presented to the Third World either directly by Western consultants and donors or indirectly by an effectively trained cadre of “local” experts. Third, population policies are attempts to bring the power of the state into the most intimate spheres of citizens’ lives—the bedrooms and the family.

The shifting global population discourse, integration of HIV/AIDS into reproductive health, and the changing value of children are explored in this book as important directions for the future. In fact, reproductive health in many African communities might be best understood as remaining healthy long enough to reproduce. The translational politics portrayed in this book must be understood if the interpretive gaps between global discourses and local development interventions are to become narrower.

While characterizing the population discourse and its effects as global points to a similar logic and apparatus throughout the Third
World, Tanzania provides a particularly revealing example of the peregrinations between global and local. Unlike the notorious examples of state-led coercive birth control, such as China’s one-child policy in 1979 or India’s forced sterilizations under the Emergency in the mid-1970s, population policy in Tanzania represents a softer version of reproductive control. However, even in this muted variety, certain family resemblances stand out. The global population discourse assumes that it is possible to specify a generic and permanent solution to the “problem” of population for all people in all places.

When an interview respondent in rural Tanzania replies that her children are “enough” [wanatosha], how do we begin to categorize this statement? Scott suggests: “there is no single, all-purpose, correct answer to a question involving measurement unless we specify the relevant local concerns that give rise to the question” (1998, 26). When local concerns draw on global constructions of meaning, as they necessarily do in the context of development, we must grapple with the processes of meaning making and not simply with what appear to be their outcomes.

The incontestable “good” of health is embraced by both proponents and critics of development, modernization, and globalization. The attribution of value and the basis for legitimate distinctions made on its behalf come from a doxa (Bourdieu 1999) or dominant vision of process and progress. Yet, despite its universal appeal, the meaning of health and its constituent elements crosses rugged terrain from individual psychology to communal belief systems or culture. Reconstituting the relationship between individual and communal relationship and responsibility for health is part of the development project. People become users, clients, consumers, activists, beneficiaries, stakeholders, and patients within a system that is perhaps neither systematic nor bureaucratic, but that shapes the relationship between those who seek and those who provide health care.

There is disagreement even among those nations providing development assistance as to whether health is a privilege to which one may aspire or a right that is juridically guaranteed. Still, the right and responsibility for one’s own health is located in a particularly modernist perception of the individual, and reproductive health accountability rests upon a gendered individual. In Western family planning discourses there are politically charged debates over the extent to which the individual woman is responsible for control of her own body’s reproduction. An individual, to varying extents autonomous, is assumed to make decisions and thus “control” her sexual behavior,
her actions during fetal gestation, and the outcome of her procreative process. While centering reproductive control on the female body seems "natural," there is no necessary link between procreative possibility and reproductive decision making, as both differences in history and geography make clear. "It is also because matters of culture, and in particular the social divisions and hierarchies associated with them, are constituted as such by the actions of the state which, by instituting them both in things and in minds, confers upon the cultural arbitrary all the appearances of the natural" (Bourdieu 1999, 70).

There is nothing natural about blaming African women for global problems of overpopulation. Campaigns to begin bringing men into reproductive decision making and child rearing signify the extent to which women have been left to shoulder both the biological and moral responsibility for pregnancy and its outcome in most societies. This is not to say that the meanings that Tanzanians give to reproduction, children, or family planning are uniform, stilted by Western meanings, or any more "inauthentic" than such meanings given in the Western cultural context. However, the notion of assisted modernization—the development project—is unique in harnessing international financing and global discourses toward local interventions that both intentionally and haphazardly affect local moral discourses of relation and procreation.

Part of the process of modernization of the contemporary development project is to create women as semi-autonomous actors capable of reproductive decision making in their own right, while simultaneously creating a calculus of value that differentiates good choices from bad ones. It does so in ways that are more intimately linked to the wider processes of globalization and economic change than to historical understandings of the meaning of children, child-bearing, and gender relations within society. We cannot understand family planning or contraceptive choice as taking place in isolation from the differing and contested notions of development and modernity.

International politics, national policies, and local prejudices all interact in structuring relationships at local clinics. Tanzanian women as both service providers and clients must negotiate family planning. While these women are pragmatic (see Lock and Kaufert 1998) in their reproductive strategies, their choices are also prearranged by nearby and distant discourses. A development apparatus creates problems, like overpopulation in a way that structures possible solutions (see Ferguson 1994), without determining outcomes (see Cruikshank
Within this discourse, modern contraceptives function as the ultimate “technologies of sex,” (Foucault 1980) disciplining bodies through their life-giving powers of emancipating the modern subject (i.e., freeing women and families from the burdens of children).

The very modern technologies that identify service providers as experts also require them to negotiate between the demands of local clients and the family planning expectations that bodies will be the same due to the preconfigured user of each technology. The discourses of modern contraceptives “efface the materiality of the body and the social contexts within which bodies are experienced and constructed” (Brush 1998, 22). When “other” bodies exhibit their differences, it is the service providers who must negotiate and translate between expectations. Reflecting the perceptions of a global population discourse that blames Third World women for overproduction, and perhaps more than a bit of job frustration (see also Allen 2004; Booth 2004), service providers construct their own notions of these undisciplined bodies that are constantly thwarting the providers’ best attempts to “modernize” them. Local women in this context of layered and unequal power relations and constructions of their own identity choose to accept or reject modern family planning according to their own perceptions of need. Politics permeate service provision.

The most well-charted narrative in the global population discourse is the demographic narrative that assumes that overpopulation is a fundamental obstacle to development. The second development narrative links improved socioeconomic status to the population challenge. The third and historically most recent narrative is the feminist narrative that assumes that women’s empowerment and gender equality are population problems that must be solved in order to achieve development. In Tanzania, interactions between policymakers and international donors more adequately reflect a global population discourse than they do the experiences of local Tanzanian women. This is in part attributable to the resonance between the global discursive understanding of how local women “are” and the biases held by Tanzanians that separate the interests and identities of policymakers and service providers from those of their female clients. More than two years of fieldwork conducted in the local language suggests that the way that family planning itself is created and recreated at all levels of interpretation reproduces the assumptions and values of a global population discourse that has historically been wedded to population-control ideologies. Thus, policies promoted under the contemporary agenda of reproductive health will need to significantly change the
ways that these policies are conceptualized and implemented. Such a radical shift would entail the creation of new development subjects and would alter ways of doing development.

States and Statistics: From Population to Political Economy

The literature on population is commonly criticized for asserting a sterile, positivist view of human reproduction in which little is understood about how these processes take place and even less about what they might mean. The blame is put onto this literature’s heavy reliance on demography, a policy-oriented, empirical pursuit wedded to the truths created by statistical relevance.

Statistics embody a “quintessential modernist scheme” (Tilly 1999, 338) and population is, in fact, a concept possible only in the statistical sense (see also Duden 1993). The discourses of development, whether academic or applied (Ferguson 1997), deviate very little in the categories used to organize the messy phenomena of human reproduction. We are all, to paraphrase Bourdieu (1999), thinking like states. Calhoun elaborates this argument that “the categories with which states ‘think’ structure too much of the thinking of all of us in modern society; breaking with them is a struggle but an important one” (2003, 18).

To begin to think about family planning experiences in an un-statelike fashion, we must question the core of the assumptions about population. Scott (1998) quotes a prosaic tale of eighteenth-century-Prussian forestry to illustrate the important critique of diverse standardizing schemes that operate in the interest of isolating and maximizing some single element of instrumental value. In the example, a single, precise, standardized tree (Normalbaum) is developed by a collaboration of mathematicians and foresters. While forests of such trees were both manageable and legible by the state, their lack of diversification led to “forest deaths” as the rationalized trees were subjected to less-engineered forces. The Normal Tree holds lessons for the Normal Family. This book examines family planning in Tanzania and the global population discourse and discontent to demonstrate, as described by Tilly, “the impact of top-down imposition of rationalizing schemes on the recalcitrant complexity of local social life” (1999, 332). In doing so, it describes the processes that act as mediating mechanisms between the abstract, centrally promoted plans and small-scale social life.
One of the goals of this book is to argue that family planning does not belong in the realm of personal decision making, individual health, or happenstance, but is one constituent arena of the global political economy. The term “political economy” is used to mean quite different things by diverse constituencies. Anthropologists are now calling for multi-sited ethnography addressing the political economy as a way to link where they come from to the places they study. Economists use the term to designate the nonobjective, and often ideologically driven work done at the margins of mainstream economics. This book uses the global political economy in terms put forth by feminist international relations. Drawing on Peterson (2002), such a political economy comes into existence through the interaction of reproductive, productive, and virtual economies.

The link between family planning and the reproductive economy is most intuitive. It is within the reproductive economy that negotiations take place over the conditions of biological reproduction of the community. Human reproduction, historically associated with the domestic, the feminine, appears “natural” but is in fact both public and political. Thus family planning is intimately linked to gender negotiations over childbearing, to norms and expectations of mothers, to questions of acceptable risk, inconvenience or side effects, to reproductive “choice,” and to the meanings given to children, proper timing, and reproductive morality. The meaning of successful reproduction in countries like Tanzania is being changed: it no longer means caring for an average of seven children, but now means caring for two children, plus wage-earning labor, plus successful birth control.

The productive economy is the one most familiarly termed “economic” and involves “products (objects, services, commodities, property), factors of production (symbolic and material resources, labor), the processes of production, and processes by which goods are consumed. But it also involves identities and the production of desires and tastes” (Ibid., 6). The relationship between family planning and the productive economy is evident in the historical debates over population growth and development, but also at the local level in the content of messages used to promote family planning, the reasons elaborated by those persons who choose to accept it, and the limitations in the family planning environment in poor countries. Women and couples are encouraged to use family planning in order to bear fewer children to reduce the economic strain on the household and increase the investment of resources per child. Family planning users
most frequently describe *maisha magumu*—"tough life"—in terms of the costs of education, health care, and clothing as reasons for choosing a smaller family than their parents had. Finally, the productive economy is the basis of the meaning of underdevelopment in Tanzania. Tanzania is a "heavily-indebted poor country," "recipient," "Third World," "resource-poor," "post-conditionality" state because of the character of its productive economy. These economic conditions constrain the kinds of family planning services that are made available to Tanzanians and also shape the motivations for planning families in particular ways.

Finally, it is within the virtual economy of meaning-making that family planning has its most interesting manifestation. Family planning is one of the ways in which market logic is being introduced into cultural life (see Anagnost 2004). In the demographic transition, "family" is taken over by the market, with its distinctions between quantity and quality. Where children may have once constituted a means of noncommodified pleasure, they now should be valued in terms of their potential contributions and burdens on the family unit. Parents (mostly mothers) are persuaded through public health educational campaigns to have fewer children so that they can purchase more goods: better healthcare, education, and an overall higher quality of life for the family—all of which are becoming increasingly expensive. Contraceptives themselves are an important part of meaning-making in the political economy of the sign, and this book will show how these technologies operate as identity artifacts within the clinic context in Tanzania. Taken together, the reproductive, productive, and virtual economies map a material and symbolic context for family planning by individuals and society.

**Disciplined Bodies: Gender, Culture, and Family Planning**

How did a lack of self-control by African women come to receive the blame for causing underdevelopment in African societies? One of the earliest modern articulations of the role of self-discipline in constructing society was Emile Durkheim. Durkheim had a notion of each person as part individual and part society, and thus each person places internal constraints on behavior in order to maintain the categories of rational thought. Governing the individual within the disciplining categories of the social is necessary for survival. According to
Durkheim (1961 [1915]):

If men did not agree upon these essential ideas at every moment, if they did not have the same conception of time, space, cause, number, etc., all contact between their minds would be impossible, and with that, all life together. Thus society could not abandon the categories to the free choice of the individual without abandoning itself (Ibid., 30).

Here, there is a strong notion of society as an independent entity with needs that translate into legitimate demands made on the individual. This opens the door for later theorists who depict a grid of disciplinary powers that actually construct the individual. “Discipline ‘makes’ individuals: it is the specific technique of a power that regards individuals both as objects and as instruments of its exercise” (Foucault 1979, 170). “Discipline in general, like its most rational offspring, bureaucracy, is impersonal. Unfailingly neutral, it places itself at the disposal of every power that claims its service and knows how to promote it” (Weber 1978, 1149).

Nowhere is the link between individually disciplined bodies and national development more explicit than in the discourse of population as it is presented to Third World women. Foucault describes through his notion of bio-power how “this technology of sex was a whole series of different tactics that combined in varying proportions the objective of disciplining the body and that of regulating populations” (Foucault 1980, 146). I would like to suggest modern contraceptives as the ultimate technologies of sex, and the international population discourse as a regulating apparatus that operates in Tanzania constructing, controlling, and regulating bodies. Bio-power emphasizes the productive, creative, and potentially fulfilling aspects of governance. It is a useful representation of the power of development as contrasted to colonial power (Brigg 2002). Bio-power refers to the regime of government placing the transformation of the human life through knowledge-power technologies as the central obligation of the state. Bio-power coalesces around two distinct poles: the human species (as defined by scientific categories such as population, fertility, etc.) and the human body (as an object to be manipulated and controlled) (Rabinow 1984, 17).

Modern family planning as well is meant to be a technology for transforming individuals. In ways analogous to the prison’s production of “delinquents” (Foucault 1979), the global population discourse produces “family planners”—those women whose bodies are properly
disciplined according to the needs of the neoliberal community. However the presentation of “needs” is framed in the language of individual rights, children’s health, and national development when local women are being sensitized to the population problem.

The modern state requires a particular type of modern disciplined bodies. However, Foucault failed to recognize the explicitly gendered nature of associating undisciplined bodies with things premodern, traditional, backward, and feminine. Apffel-Marglin describes how “women presented a particular problem to the onward march of reason. Reason came to be seen in the eighteenth and nineteenth centuries as antithetical to the experiences of menstruation, gestation, birth, and lactation” (1996, 151). Indeed, it is these feminine experiences that most call for control by disciplining practices. Hunt’s seminal work (1988, 1999) describes the lengths to which the colonial regime would go to regulate the bodies of Congolese women through the institution of a proper breastfeeding regime coupled with socialization to become good mothers. Their efforts were a response to the “demographic panic of the 1920s.” While the maternal “education,” feeding, and surveillance mechanisms were linked to a pro-fertility discourse, Hunt links the colonial need to control intimate aspects of African women’s lives to the contemporary attempts by family planning experts to appropriate “this ancestral precedent” of abstinence while nursing as a “banner” for programs encouraging the use of modern contraceptives. Similarly, Vaughan (1991) describes how African women were central to the missionary medical concerns of maternal and child health linked to the perception of African women as the repositories of “all that was dark and evil in African culture and social practices” (1991, 23).

Discourses of choice and responsibility in contemporary Tanzania hinge on the existence of a particular type of female body. The disciplined body feminine is necessary to create the modern body politic/economic. The body politic is defined by Lock and Scheper-Hughes as “the regulation, surveillance, and control of bodies (individual and collective) in reproduction and sexuality, work, leisure and sickness” (Lock and Scheper-Hughes 1996, 45). The body economic is linked to the physical body as described by Foucault through the development of bio-power: “this bio-power was, without question, an indispensable element in the development of capitalism; the latter would not have been possible without the controlled insertion of bodies into the machinery of production and the adjustment of the phenomena of population to economic processes” (1980, 140, 141).
Drawing on the work of Mary Douglas (1966), Lock and Scheper-Hughes argue that “when the sense of social order is threatened, boundaries between the individual and political bodies become blurred, and there is a strong concern with matters of ritual and sexual purity, often expressed in vigilance over social and bodily boundaries” (Lock and Scheper-Hughes 1996, 61). I would like to ponder this notion from a different vantage point, one that links global processes with the local realities of Tanzanian women. Perhaps, the sense of social order is threatened on the global level by terrorism, increasing economic instability, the contagion of cultural homogenization, and an environment that will not indefinitely sustain current human lifestyles. Therefore, the response is vigilance at the level of individual women’s bodies justified by the popular myth of African women as profligate reproducers breeding their societies into poverty. International perceptions of the chaotic lead to local calls for control.

In this case, the blurring of the individual and political bodily boundaries is centered in the areas of geopolitical weakness, that is, the Third World. The strong concern over sexual purity and vigilance over social and bodily boundaries is seen in the rational, sterile, global population discourse. I am not making the claim that privileged interests in the First World directly and successfully manipulate Tanzanian women’s bodies to serve their own ends. Instead, this book shows how the reality is more complex than that. The population discourse itself, constructed by and constructing how we think about population as a problem, limits the ways that we can think of its solution.

Many theorists of discourse discuss the dissemination of ideas and power as something nebulous, indistinct, and shifting (see Foucault 1979). The power of the global population discourse should not be understood as intentional, singular, or “top-down” power. It is the diffuseness of its power, often the absence of overt force, yet the ordering mechanisms of bodily governance (see Brigg 2002) that we see when we look at what discourse does. Drawing on Ferguson’s work (1994, 1997, 1999) relating power and African development interventions, this book argues that population is governed by closely analogous or even identical population institutions and that these share a common discourse—including a common pool of expertise embodied in population “experts” and a common definition of the problem using similar vocabulary and acronyms where one might normally expect full words. Some interests in the realm of population have more power and others have less. Those with power have primary responsibility for determining how the discourse is constructed and
the channels through which it is dispersed. Therefore, when we are speaking of shifts in the global population discourse, we should remember to associate this with material changes: new topics for international seminars, different terminology for international assistance’s strategic objectives, revised protocols and research themes, new institutional forms and links between players in public and private sectors, amended technical guidelines, improved training programs, reworked protocols for service provision, and the movement of resources from one site to another.

Another common pitfall of discourse analysis is a misunderstanding of discourse as narrative to be counterposed against empirical reality or practice. Yet, discourses both constitute and are constituted by reality (see Hansen 2006). Furthermore, in the words of Cruikshank, “social construction is just not that simple or straightforward. The system and its makers do not create order from above; rather, the messiness of small things makes possible a large system” (1999, 42). A challenge of this book is to trace gaps in the discourse on population—to point out what is not being said about reproduction in Africa and how what is being said is often compartmentalized, or “ghettoized” so that it does not disrupt development business as usual. The global population discourse is critical for setting up the development problem to be solved, and thus for structuring the parameters of possible solutions. Population policy articulates this discourse.

From Fertility Control to Reproductive Health: Shifting International Agendas

Rethinking population policy forces us to reconsider the politics of inclusion and exclusion, and the dynamics that both reinforce boundaries and limit the movement and self-determination of the excluded in controlling their own reproduction and health. These exclusionary politics are as important to shaping health in the North as in the South (Keysers 1999). Population issues have been central to notions of international development. National population policies throughout the Third World emerged from an international historical regime that defined the meaning of “population” (Barrett and Frank 1999, 199). The history of this population discourse can be traced to the eugenics movement in the second half of the nineteenth century. It has linked the local needs of the poor for family planning with the fears of the rich of global overpopulation. Population control came to
be linked with American foreign policy at the end of the Second World
War responding to fears created by the Axis powers’ use of popula-
tion pressures (lebensraum) as a justification for their expansionist
policies. Fertility control of African, Asian, and Latin American
women has been linked to the important policy objectives of eco-
nomic growth, preserving political stability, and environmental sus-
tainability (Bandarage 1997; Chesler 2005; Furedi 1997; Hartmann

Demography, with its core conceptual assumption of universal
progress toward low fertility (Greenhalgh 1995; Kirk 1996; van de
Kaa 1996), gained prominence as a “policy science,” (Hodgson 1983)
the handmaiden of the global population discourse. Ideology has
always been pivotal in how demography was formed and financed,
and in how it has been used to rationalize key demographic agendas
(Presser 1997). Then, “the American vision of population studies
became the global vision” (Sharpless 1997, 183). Large-scale surveys,
financed as part of development assistance, were undertaken through-
out the Third World, and their results were used to support the popu-
lation control agenda with the power of science (Riley and McCarthy
2003). Overpopulation provided the crisis necessary for mobilizing
international support and national policies.

The politics of such policies, often concealed under technocratic
language and scientific evidence, erupted during the three interna-
tional population conferences. In 1974, the Bucharest conference
challenged demographic population control with Marxist develop-
mentalism. The Soviet Union, the Vatican, and John Rockefeller
joined most of the Third World in questioning the necessity of con-
ventional population control (Finkle and Crane 1975). Attended by a
vocal and optimistic contingent from newly independent Third World
countries, a consensus emerged epitomized by “development is the best
contraceptive” and “take care of the people and the population will
take care of itself.” International population programs and family
planning interventions were criticized for their ideological underpin-
ings of racism, imperialism, and xenophobia. The next international
conference in Mexico City saw different alliances but the same issues
for debate. The international development context had changed sig-
ificantly and the optimism of the previous decade was squelched by
economic crises in many Third World countries. By 1984, “develop-
ing countries were in a different frame of mind. They no longer spoke
of international population assistance as racist, genocidal, or imperi-
alistic, or accused Western nations of advocating population control
as a substitute for foreign aid” (Finkle and Crane 1985, 1). In fact, by this time, the interplay between the economic crises, financial aid dependency, and neo-Malthusian goals of donors and lenders had led most Third World countries to move toward development and implementation of conformist population policies. Still, as Watkins argues, “fertility declines, if and when they occur, are almost invariably portrayed as resulting entirely from the agency of individual local actors: colonial governments and the World Bank are rarely seen, nor are gossip networks” (2000, 747).

Conventional population policies come from a blueprint based on the universalizing truths of demography and laid over administrative functionalism of international development assistance. In his classic multicountry study of population policy in the Third World, Warwick (1982) outlines the following generic assumptions behind the promotion of family planning programs as the solution to population problems:

- Irrespective of their social, cultural, and economic circumstances, women of reproductive age want to limit their fertility.
- The motivation to limit fertility can be accurately measured through survey research.
- People motivated to limit fertility will take action to carry out their desire.
- People acting to limit fertility will make use of organized family planning services.
- Individuals not motivated to practice family planning can be made interested though information-education-communication (IEC) programs.
- Individuals who once make use of modern family planning methods will continue to use them until they no longer need them.
- In developing population policies, product is more important than process.
- Population policies are best developed by the central government.
- Family planning programs should be mounted with standard parts and uniform methods of assembly.
- In the development and implementation of population policies sociocultural and economic contexts are largely irrelevant.
- Once harnessed to the structures of government, family planning programs can be implemented through the force of top-down authority.
- The paramount need of clients is for modern family planning services; other needs are either secondary or irrelevant (Warwick 1982).

These assumptions are based on demographic truths gleaned from the last half-century of survey research in the Third World, and they reflect the limitations of this knowledge.
Demographers have been successful in translating complex statistical truths into an easily understandable rhetoric for laypeople, including policymakers and their political constituents in the West. Books such as Erlich's *The Population Bomb* (1968) and *The Population Explosion* (1990) gripped the popular imagination and instilled fear of overpopulation as the most urgent threat to Western security. While publications such as these supported a conservative, deterministic demographic agenda that overpopulation was the problem hindering international development efforts, actual demographic evidence presents contradictory stories (see Furedi 1997). Purveyors of different levels of demographic knowledge, including feminist demographers, women’s health activists, Marxist academics, and population policymakers began questioning the strength of the relationship between population and development, its directionality and its implications for policy. These dissenting voices sparked enough debate to loosen the pillars upon which Third World countries had for decades been told to base their population policies.

A strong push by women’s health activists at the 1994 Cairo Conference reflected critically on policies based on fertility control instead of reproductive rights (see Hodgson and Watkins 1997; Sinding and Caldwell 1997; Jain 1998). As elaborated by the United Nations Population Fund, “reproductive health is a positive state, not merely the absence of disease or infirmity… [It] exists in a broader context… [that] includes action towards gender equity, including equal access for women to health care and education, income-generating opportunities, and work in the professional, academic and political spheres” (United Nations Population Fund 1994d, 31). This broad interpretation of reproductive health was expanded to emphasize sexual rights at the 1995 UN Fourth World Conference on Women in Beijing.

Population and family planning programs should be framed in the context of health and livelihood agendas, give serious consideration to women’s health advocates, and be supportive of women’s reproductive health and rights. This has to be more than lip service; it requires reorienting international assistance and national policy, reshaping programs, and rethinking research questions and methodologies. Using the language of welfare, gender equity, or health while continuing family planning as usual will not meet the need (Sen 1994, 71).

Hodgson and Watkins (1997) suggest that the Cairo consensus reflected a fragile alliance between American neo-Malthusians and American feminists, locating the discourse firmly in the international
arena but arguing that it would be Third World governments, many of which are staffed with American-trained neo-Malthusians, that would shape the implementation of reproductive health. Thus, by the late-1990s, population polices were being renamed and ostensibly revised as "reproductive health" policies framed by a shifting discourse that would link population, health, gender, and development issues. The key words characteristic of development intervention into Third World population issues have shifted as shown in table 1.1.

<table>
<thead>
<tr>
<th>Pre-Cairo (1994)</th>
<th>Post-Cairo</th>
</tr>
</thead>
<tbody>
<tr>
<td>Neo-Malthusian</td>
<td>Reproductive health</td>
</tr>
<tr>
<td>Population control</td>
<td>Empowerment</td>
</tr>
<tr>
<td>&quot;Negative&quot;</td>
<td>&quot;Positive&quot;</td>
</tr>
<tr>
<td>Individual</td>
<td>Agent</td>
</tr>
<tr>
<td>Explicit</td>
<td>Implicit</td>
</tr>
<tr>
<td>Conditionality-structural adjustment</td>
<td>Post-conditionality</td>
</tr>
<tr>
<td>Stick</td>
<td>Carrot</td>
</tr>
<tr>
<td>Trickle-down</td>
<td>Partnership</td>
</tr>
<tr>
<td>Demographic, development</td>
<td>Feminist, development, demographic</td>
</tr>
</tbody>
</table>

*Source: Original Data.*

The movement of concepts from one column to the next has not been comprehensive, simultaneous, or irreversible due to time lag, residual meaning, and memory. However, we will see how these concepts shape the population discourse in practice for the case of Tanzania.

Now, a full decade after the Cairo Declaration, most assessments of international development progress in reproductive health have been disappointing. Third World policymakers "pick and choose" between the aspects of the reproductive health agenda that suit them (Luke and Watkins 2002), as we will see in the Tanzanian case. Furthermore, it is common knowledge that most Western countries have not lived up to the financial commitments made to support the goals of Cairo and Beijing, particularly the United States that has even cut back its funding of sexual and reproductive health programs in the Third World to support the administration's right-wing ideology. In a symbolic, but disturbing move, the American president even refused to reaffirm the Beijing Declaration because it endorses sexual and reproductive healthcare (Chesler 2005, 16). These controversies