

Population Policy Adoption in Sub-Saharan Africa: An Interplay of Global and Local Forces

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Abstract: Sub-Saharan African countries have the highest population growth rates in the world, and are also the poorest. In response to a variety of global and local forces, during the 1980s and 1990s two thirds of sub-Saharan African countries adopted national population policies to reduce population growth. Drawing from existing research and using the texts of population policies to illustrate key points, this article summarises the factors that drove population policy adoption in the region. Globally, powerful donors with significant leverage promoted population policies as a solution to lagging socioeconomic development while international organizations spread norms about women’s rights and reproductive health. Locally, technocrats working within relevant ministries backed efforts to increase contraceptive prevalence, and population policies furthered political projects unrelated to population. The interplay of global and local forces led to governments adopting population policies. Ultimately, continued high desired fertility and limited implementation capacity have prevented population policies from significantly lowering fertility, but these policies have likely increased the availability of contraception, created important discursive space related to gender and sexuality, and provided countries with an opportunity to test procedures and approaches for policy-making on sensitive issues.

Keywords: Population policy, Sub-Saharan Africa, Fertility, Senegal, Nigeria

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Introduction

Rapid population growth is, and has been for many years, a reality in most sub-Saharan African countries (Department of Economic and Social Affairs 2015). The roots of such growth lie in high fertility rates, averaging five children per woman across the region (Population Reference Bureau 2016). Although high mortality persists, most African countries have rates of natural increase over two percent, resulting in population doubling times of less than 35 years, and even southern African countries hard hit by AIDS have maintained positive growth (Bongaarts et al. 2008; Population Reference Bureau 2016). While high desired fertility drives the observed rates, so too do difficulties accessing contraception (Bongaarts 2011; Cleland, Harbison and Shah 2014).

In addition to having the highest rates of population growth in the world, sub-Saharan Africa also has the strongest concentration of extreme poverty of any region. Of the 43 countries classified in 2013 by the United Nations as having “low development,” only eight were not in sub-Saharan Africa (UNDP 2015). While academic debate exists about the extent to which high population growth drives poverty, and just how much decreasing population growth alone would reduce poverty, since the 1950s academics and practitioners alike have looked to slowing population growth as a means to improve socio-economic development (e.g., Coale and Hoover 1958).

Population policies, along with family planning programs, are a form of development intervention designed to increase access to contraception, and by that means slow population growth. They aim to

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alter the growth rate, age composition, or geographic distribution of a country's population (cf. May 2012; Robinson 2015). Population policies are distinct from family planning programs in that they require a national-level declaration from the government as a whole and focus on more than family planning. They are in this sense 'national' policies. In sub-Saharan Africa, these policies have targeted population growth, mortality, and the distribution of urban-rural population. The texts of African population policies follow similar templates, and borrow heavily from the documents produced by international and regional population conferences. Specifically, the policies generally start with a broad statement about the relationship between population factors and development and wellbeing, are followed by a discussion of the demographic and economic situation of the country, present policy objectives and strategies, and conclude with a description of the institutional structures for implementing the policies as well as plans for monitoring and evaluation.

Figure 1 shows the timing and geographic distribution of population policy adoption across

sub-Saharan Africa. The first countries to announce population policies were Kenya in 1967 and Ghana in 1969 (Caldwell and Sai 2007; Chimbwete, Watkins and Zulu 2005; Locoh and Makdessi 1996). Following these early declarations no new policies were adopted for almost 20 years until Kenya announced a revised policy in 1986 and Nigeria, Senegal, and Liberia adopted policies in 1988 (Harvard School of Public Health 1988 -1996/97; United Nations Population Fund and Population Reference Bureau 2003). This trend continued through 1999, with 27 additional countries adopting new policies, and Ghana revising its 1969 policy. Since then, no country without a policy has announced a new one, although countries have revised extant policies.

While improving socioeconomic development is one reason for a country to adopt a population policy, and often the primary objective stated by the policies themselves, there are other possible reasons for population policy adoption. In particular, policies are not the result of a simple cost-benefit analysis where the policy adopted is the one that costs the least, helps the most people, or has the greatest evidentiary base

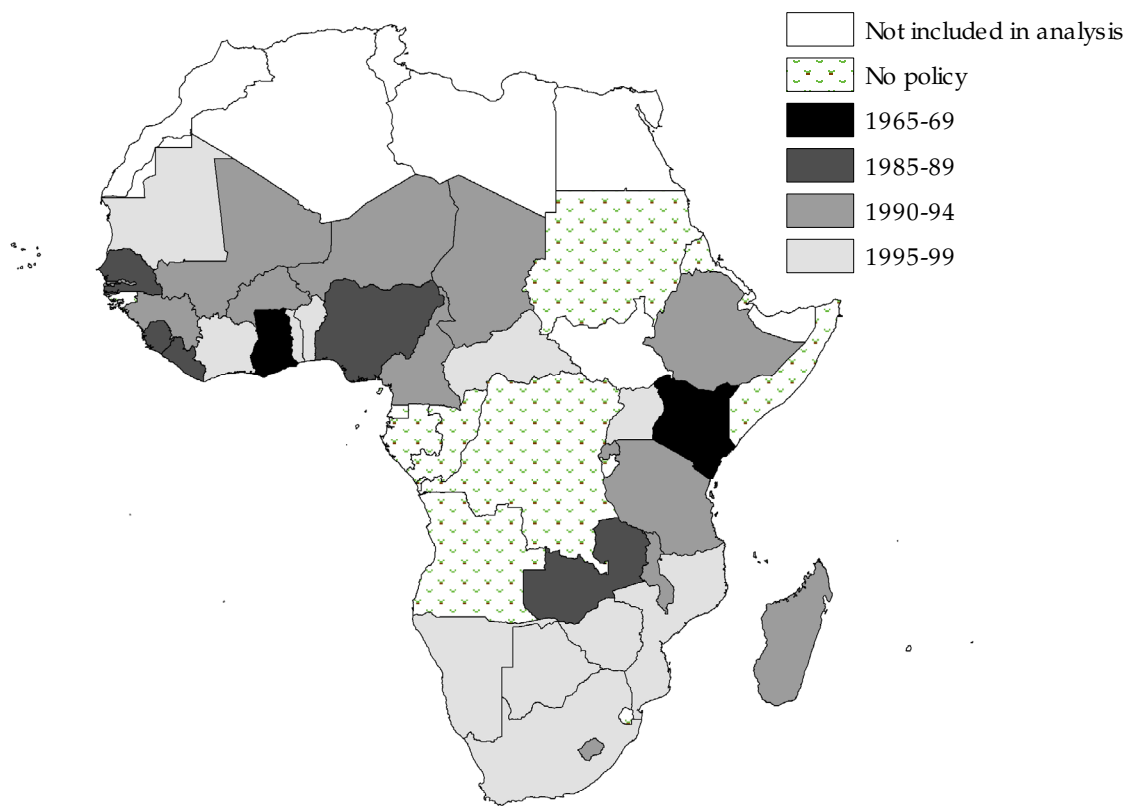


Figure 1: Population Policy Adoption, Sub-Saharan Africa, 1967-1999.

(Nathanson 1996; Wedel et al. 2005; Yanow 1996). In the case of population policy, reasons other than a simple desire to reduce population growth are likely given that these policies touch on politically sensitive areas related to sex and gender. This article categorises the reasons why African countries adopted population policies into global and local factors. The two key global factors were pressure from powerful donors with significant leverage over highly indebted countries who believed that population policy would promote socioeconomic development, and norms that emerged about women's rights and reproductive health. Local factors included technocrats working within relevant ministries as well as the capacity of population policies to further domestic political projects.

The article first examines the global factors driving population policy adoption in sub-Saharan Africa, followed by discussion of the local factors. It draws heavily from the texts of the policies themselves, existing case studies of individual countries, as well as previous research on population policy adoption (Robinson 2012; Robinson 2015; Robinson Forthcoming). After presentation of the reasons for population policy adoption, the article presents some of the implications, which are significant even though these policies have not been shown to have a measurable effect on fertility in sub-Saharan Africa. I also briefly discuss population policy adoption in other regions of the world, as well as touch on the role of population policy within the broader determinants of fertility decline.

Global Forces Driving Population Policy

Two global forces drove population policy adoption at the national level: coercive pressure from donor organizations and normative pressure from both donor and other international organizations regarding human rights and reproductive health. Statistical analysis of all sub-Saharan African countries indicates that coercive pressure from donor organizations influenced population policy adoption regardless of time period. Normative pressure led to population policy adoption only following the 1994 United Nations International Conference on Population and Development in Cairo. This conference marked the end to the era of population control, and institutionalised reproductive health as a global norm on par with other

human rights (Eager 2004; Hodgson and Watkins 1997; McIntosh and Finkle 1995) to which countries could demonstrate allegiance by adopting population policies. I discuss each of these two types of pressure below with reference to the experience of specific countries.

Coercive Pressure

International organizations have strongly promoted population policy in developing countries (Demery 2011), and did so in sub-Saharan Africa in particular during the 1980s. While the presence of pro-population policy international organizations in a country does not imply that coercion occurred, the resources that these organizations controlled raises questions about the extent to which sub-Saharan African countries could voluntarily adopt such policies. Indeed, many of those scholars most critical of population policy have pointed to the outsize role of international organizations in the process (e.g., Connelly 2006; Hartmann 1995; Liagin 1996), and in particular the World Bank. But the United States Agency for International Development (USAID) was also involved in population activities in sub-Saharan Africa during the period of population policy adoption, as were a number of other private foundations, all of which viewed slowing population growth as a precursor to improved socio-economic development.

The World Bank attributed lagging economic development to rapid population growth starting in the 1960s and particularly during the 1970s and early 1980s (Fair 2008). In parallel, structural adjustment programs in the 1980s gave the World Bank and International Monetary Fund leverage over the policy actions of most sub-Saharan African countries. On average, among sub-Saharan African countries during the 1980s, loans and credits from the World Bank made up approximately 18% of gross domestic product, and multilateral debt service accounted for almost one third of total debt service (author's calculations from World Bank 2009). The Bank's involvement in population-related activities on the continent, including expanded financial support for family planning programs, accelerated during this period of structural adjustment (Conly and Epp 1997; Gibbon 1992; Hartmann 1995; Mosley and Branic 1989; Sai and Chester 1990; Sinding 1991; World Bank 1992).

USAID provided a large proportion of the contraceptive commodities available in many African countries in the 1980s and 1990s, and also engaged

in a number of other family planning activities. In an effort to sway the hearts and minds of technocrats and political leaders alike, in the 1980s USAID funded the Futures Group to develop a series of presentations for a number of countries—including many in sub-Saharan Africa—detailing the negative impacts of population growth on the economy, health care system, schools, and beyond. These presentations, called Resources for the Awareness of Population Impact on Development (RAPID), were given to policymakers and other leaders (Hartmann 1995) and are still used today.

While proving that African countries adopted policies in exchange for foreign aid is nearly impossible, statistical analysis demonstrates that African countries with greater levels of World Bank debt were more likely to adopt population policies, even net of other factors (Robinson 2015). The texts of policies themselves reveal the imprint of donors. Almost half of the population policy documents mention international organizations as funding policy-related preparatory meetings, outreach, and/or publication efforts. Policies from Benin, Central African Republic, Senegal, Sierra Leone, Tanzania, Togo, and Uganda all mention structural adjustment. Malawi and Senegal's policies explicitly refer to RAPID presentations, and Tanzania's describes something that sounds very much like RAPID.

Case studies of the process of population policy adoption in specific countries also strongly point to an extensive role for international organizations, including the World Bank and USAID but also nongovernmental organizations and foundations. In 1967, for example, Kenya adopted a population policy that closely followed the reasoning and recommendations in a visit report made by the Population Council (Chimbwete et al. 2005, Frank and McNicoll 1987, Warwick 1982). The Planned Parenthood Association of Ghana, founded in 1967 and the affiliate of the International Planned Parenthood Federation, advocated for what became the 1969 population policy (Caldwell and Sai 2007). Tanzania's 1992 population policy resulted in part from international donors, including the United Nations Population Fund, the World Bank, the International Labor Organization, and the Economic Commission for Africa (Richey 2008).

In Nigeria, not only did the World Bank describe itself as influencing the 1988 policy, it funded Nigerian consultants to analyze data for the RAPID presentations, and Bank president Barber Conable met with Nigerian president Babangida

to discuss population issues (Hartmann 1995; Sai and Chester 1990; United Nations 1988; World Bank 1989). Formulation of the population policy was part of the UNFPA's 1981 funding package, and the Interministerial Consultative Group on Population Policy that drafted the policy was co-sponsored by the Nigerian government, USAID, and the World Bank (Dixon-Mueller and Germain 1994; Osuide 1988; United Nations 1988; United Nations Population Fund 1986; United Nations Population Fund 1989).

In Senegal, USAID provided the Ministry of Planning and Cooperation with consultants to help draft the 1988 population policy and organized a study tour to Zaire for Senegalese officials to learn about its family planning program (Hartmann 1995). USAID also funded the RAPID presentations, first used in Senegal in 1982 and ultimately shown to leaders in all the countries' regions, as well as to the president himself (Devres 1991; Hartmann 1995; Mbodj, Mané and Badiane 1992). The World Bank made a population policy a condition for the release of part of its third structural adjustment loan, and both USAID and the World Bank took credit for the population policy (Sai and Chester 1990; United States Agency for International Development 1992; World Bank 1989; World Bank 1992).

As the above examples demonstrate, international organizations promoted and facilitated population policies across sub-Saharan Africa. In some cases, they clearly took advantage of the leverage they had, but in most cases their objectives were facilitated by the interplay with normative pressure and local factors, both of which I discuss below.

Normative Pressure

The impact of normative pressure on country-level decisions related to policies, bureaucratic structure, and other state-level action has been well documented by sociologists and political scientists. In particular, sociologists writing from the world polity perspective and social constructivist political scientists have noted that the extent to which countries are beholden to a variety of globally espoused norms is a strong predictor of country level behavior (Finnemore 1993; Meyer et al. 1997; Thomas et al. 1987). Thus countries sign human rights treaties, establish environmental ministries, and expand women's suffrage because of their ties to a global core that promotes the associated norms (Frank, Longhofer and Schofer 2007; Hafner-Burton and Tsutsui 2005; Ramirez, Soysal and

Shanahan 1997).

There is good evidence that international population conferences and demographic training programs transmitted to developing countries the global community's belief that rapid population growth had negative implications for socio-economic growth (Barrett 1995; Barrett and Frank 1999; Barrett, Kurzman and Shanahan 2010). In turn, all population policies make reference to the relationship between population growth and socioeconomic development, usually as a justification for the existence of the policy. For example, "Controlling population growth should be seriously considered because of the changes in the natural population growth rates over the past 30 years. The Government should adopt measures to ensure that this objective is attained, so as to establish a balance between population growth and the process of socio-economic development" (Government of Mali 1991: para 2.2.1). More simply, the first goal of Nigeria's population policy was "to improve the standards of living and the quality of life of the people" (Federal Republic of Nigeria 1988, para. 4.1.1).

But international conferences did more than help spread a belief about the relationship between population growth and socioeconomic growth. In particular, the 1994 International Conference on Population and Development indicated that population policies were a desirable outcome (Findlay and Borgegard 1995; United Nations 1995). Because there was no international reproductive rights treaty that countries could sign, population policy adoption after the conference became one way of demonstrating a commitment to human (reproductive) rights, which the conference elevated to new levels. All sub-Saharan African countries signed the Cairo Programme of Action, and policies written after 1994 mention 'rights' on average 8.8 times per policy, while those adopted before 1994 mention 'rights' only 6.4 times.¹

Population policies from very different countries used remarkably similar language about rights, supporting the interpretation that countries used these policies to show allegiance to international norms, and also that those norms drove the creation of these policies. For example, Liberia's policy stated, "Our national policy is based on the principles that all couples and individuals have the basic right to decide freely and responsibly on the number and spacing of their children and to have information, education

and the means to do so" (Republic of Liberia 1988: 2). Botswana's policy mentioned rights in the context of reproductive health, reflecting its post-Cairo drafting, stating that the policy "Upholds the basic rights of couples and individuals to reproductive health, and to decide freely and responsibly the number and spacing of their children, and to have access to information and education to make an informed choice; and the means to do so" (Republic of Botswana 1997: 4). Although the texts of population policies indicated the influence of global norms about rights, not all countries had fully embraced those norms. For example, The Gambia's policy noted that "The concept of equality of sexes should be promoted without disturbing the existing patriarchal basis of the social system which should be maintained in order to preserve the fabric of society and ensure stability of family life" (Republic of The Gambia 1992: 25).

As the above discussion demonstrates, global factors, including the desires of international organizations as well as norms, influenced the adoption of population policies across sub-Saharan Africa. Next I turn to the local factors that interacted with these global factors to facilitate the production of population policies.

Local Factors Driving Population Policy

Despite the clear impact of international organizations and global norms, it would be wrong to attribute population policy exclusively to global forces. Flagging economies motivated governments to try to slow population growth. Indeed, in almost all sub-Saharan African countries, the Ministry of Planning, rather than the Ministry of Health, developed and managed population policies, reflecting their economic import (Robinson 2015). In addition, local technocrats promoted population policies, political leaders used population policies to send messages to global audiences and to obtain resources from donors, and population policies served as opportunities for states to attempt to manage the population. Population policies also reflected the unique contexts of sub-Saharan Africa's diverse array of nation states.

Local economic factors certainly facilitated the adoption of population policies, as did concern about resources more broadly. In Senegal, those working in the population field described the creation of the 1988 population policy as a necessary response to

¹ Difference is significant at the $p < 0.10$ level using a one-tailed t-test.

the imbalance between population and development (Robinson Forthcoming). In Nigeria, the policy blamed population growth—as well as global recession, natural disasters, and immigrants—for the country's abysmal economic performance since the end of the oil boom in the 1970s, thus deflecting attention from government corruption and mismanagement, the real causes (Robinson 2012). Policies from Malawi, Uganda, and Zambia all referenced the relationship between population size and land availability. For example, Uganda's policy listed as a strategy for achieving population policy goals "Discouraging traditional inheritance systems whereby land is fragmented at every successive generation, in the light of increasing population" (Republic of Uganda 1995: para. 9.7), and Malawi's policy even included the calculation for how land-holding per person would decline with increases in population size.

Technocrats, who participated in international population conferences and were often educated abroad, helped make population policies a reality in their home countries (Thomas and Grindle 1994). It was at these conferences that they learned about the link between population growth and slow socio-economic development. But they interpreted what they learned with reference to the context of their own countries and their own priorities. In Nigeria, Minister of Health Olikoye Ransome-Kuti strongly promoted the population policy as a means to increase contraceptive prevalence and thus reduce maternal and infant mortality, part of his larger commitment to primary health care (Robinson 2012). In Senegal, technocrats served as consultants during the drafting of the population policy, and were remembered in those roles more than 20 years later (Robinson Forthcoming). These included Landing Savané, a long-time politician as well as a demographer who published *Population: Un Point de Vue Africain*² in 1988, as well as academics Abdoulaye Bara Diop, a professor of sociology at Senegal's main university the Université Cheikh Anta Diop, and economist Malick Sow.

In addition to technocrats, population policies came about because of the desires of political leaders and the opportunities that population policies presented to send messages to external audiences. Kenyan policy elites promoted the 1967 policy in part to signal to outsiders that Kenya was committed to forward-progressing development, away from its

"backward" high fertility rate (Chimbwete, Watkins and Zulu 2005). Similarly, although Ghana's socialist president Kwame Nkrumah rejected contraception, he invited international population organizations into the country to support census taking, which met his political goal of modernizing the country (Caldwell and Sai 2007). In 1994 in Malawi, following the fall of the anti-family planning and long-time president Hasegwa Banda, the new political leadership adopted a population policy to signal to the international community that Malawi was ready to engage on population issues, and also more broadly (Chimbwete, Watkins and Zulu 2005).

Political leaders also used population policies to obtain resources. In Kenya, President Kenyatta put aside his personal objection to family planning in favor of the promise of greater donor financing in general, and in particular the resources the policy brought that the government could redirect towards maternal and child health care (Chimbwete et al. 2005; Hodgson and Watkins 1997). In Nigeria, President Babangida manipulated the World Bank to extract resources, in part through the population policy (Robinson 2012). Benin's policy simply stated that donor organizations would serve as the source of funding for population programs described in the policy: "The National Commission on Human Resources and Population and its decentralized bodies will attend to . . . the mobilization of development partners for their support for population programs" (Republic of Benin 1996: 99-100).

Population policies also referred to a number of additional locally specific concerns, which may not in and of themselves have motivated policy adoption, but demonstrate that policies were crafted to reflect local goals. With echoes of biopower (Foucault 1978) and seeing like a state (Scott 1998), some policies made explicit reference to the potential for the policies to facilitate the management of the population, (re) asserting the right of the state to control that process. Senegal's policy addressed the obligation of the state to "protect the family and attend to its physical and moral well-being" (République du Sénégal 1988, para. 3.1.1) and noted that "The intervention of the State in what might appear to be an individual problem is justified and legitimised by the role which is granted to it by the Constitution itself . . . it is also its rightful task to put into effect a policy in the area of population, as it does in the areas of hydraulics, agriculture, and fishing" (République du Sénégal 1988: para. 3.1.1). The Gambia's policy explicitly described the need to change

² *Population: An African Point of View*.

tradition, which presumably hampered the reach of the state across a number of dimensions, explaining that “A strategy is needed to modify cultural influences so as to promote the attainment of the goals of the population policy” (Republic of The Gambia 1992: 30). Population policies also presented opportunities for nationalism. In Nigeria, the government published the 1988 policy in pamphlet form to aid dissemination of its ideas to citizens, with a green and white cover like Nigeria’s flag and multiple references to the strength of the nation (Federal Republic of Nigeria 1988; Robinson 2012). Ethiopia’s 1993 policy explicitly described the population’s important role in “nation building efforts” (Transitional Government of Ethiopia 1993, p. 6).

Just as the text from some policies showed an incomplete embrace of global norms, other policies raised issues specifically important to Africans. A handful of policies, all from West Africa— Liberia, Gambia, Sierra Leone and Nigeria—mentioned the need for scientific testing of traditional health practices, presumably to demonstrate their relevance in comparison to “modern” interventions, such as family planning. The Central African Republic’s policy focused far more on addressing sterility than limiting the size of the population. Finally, Cameroon’s policy stated that “Concerned with the balanced and harmonious development of all aspects of the population, the national population policy will stress the improvement of the physical and psychic wellbeing of Cameroonians by: the promotion of sports; the development of cultural activities; the promotion of local tourism; the restructuring of leisure time; the promotion of culture (such as the music and painting)” (Republic of Cameroon 1993: 44).

All of these examples demonstrate that local forces, large and small, facilitated the adoption of population policies and also shaped their specific contours. While far fewer countries would have had population policies in the absence of the overwhelming interest of donor organizations, these local forces were still important to the processes that unfolded.

Conclusions

The impact of two thirds of sub-Saharan African countries adopting population policies is admittedly difficult to measure. Countries with population policies experienced statistically greater fertility declines between 1987 and 2002 than those without

such policies: 21 per cent compared to 14 per cent (author’s calculations from World Bank (2009)). The existence of a causal link between population policy and fertility decline remains difficult to ascertain, largely because countries do not adopt population policies randomly, and so observed differences in fertility outcomes between countries may be due to any number of factors. Also, lurking behind any such evaluation is the role played by fertility desires (Pritchett 1994). From randomized evaluations of family planning programs in Matlab, Bangladesh and Navrongo, Ghana, however, as well as from other research, we do know that such programs are associated with increased contraceptive usage and lower fertility (Canning and Schultz 2012; Debuur et al. 2002; Joshi and Schultz 2013). Ultimately, of course, increased contraceptive usage and fertility decline result from a number of intertwining factors, including policies and programs, but also increased female education and labor force participation, urbanisation and modernisation (Bongaarts 2003; Bryant 2007). That countries that adopted population policies received, on average, more funding from USAID (Barrett and Tsui 1999) at least suggests a pathway through which population policy led to increased funding for contraception, and perhaps lowered fertility.

The process of population policy creation and adoption in turn gave countries practice addressing sensitive topics through policy mechanisms. This practice then arguably helped countries tackle new, sensitive issues: compared to countries with no population policy, countries that had adopted a population policy experienced greater declines in HIV incidence during the 2000s, and provided more HIV-positive pregnant women with antiretroviral medication (Robinson 2011). While factors other than population policy certainly also help explain such outcomes, population policies opened up discursive space related to gender and sexuality and provided countries with practice making policies regarding sensitive issues.

While it is beyond the scope of the paper to compare the experience of population policy adoption in sub-Saharan Africa to other regions, when considering other regions it is still useful to think of the interplay between global and local forces. Global forces have been particularly important in low resource contexts, such as in Asia and Latin America, while local forces have dominated in wealthy countries. That said, the particularly heavy involvement of donors in sub-

Saharan African population policies has resulted in greater similarities among policies than seems to exist in other regions. As in sub-Saharan Africa, in other regions the level of state capacity has influenced the extent and nature of policy implementation. For example, India's population policy, adopted during a period of emergency rule during the premiership of Indira Gandhi, came about through an intersection of donor pressure and local interests resembling what occurred in many African countries, but with coercion on a scale unheard of in any African context given the relatively greater capacity, and motivation, of the Indian state (Connelly 2006; Vicziany 1982a; Vicziany 1982b). The one-child policy in China emerged largely because of domestic factors, but the Chinese interpretation of the models put forward by the Club of Rome (an external factor) were still influential, and high state capacity again facilitated coercion (Greenhalgh 2003; Greenhalgh 2008). In Latin America, explicit population policies have been relatively rare, but national family planning programs have played an important role in providing contraception, again not without instances of coercion as with forced sterilization in Peru under President Fujimori (Aramburu 1994; Boeste 2007; Cleland et al. 2006). Finally, in Europe but also in parts of Asia, national efforts to *increase* fertility, although infrequently called population policies, have operated through social welfare and taxation systems as well as included efforts to make female labor force participation more compatible with childbearing (Demeny 2003; Sun 2012). Only in these wealthy country contexts do local forces strongly outweigh global ones.

Both global and local factors drove population policy adoption in sub-Saharan Africa. Importantly, it was not just the sum of these forces that mattered, but the interplay as well. In particular, global coercive and normative pressure to adopt population policies intersected with a variety of local factors, including struggling economies but also technocrats who promoted population policies and political leaders who used population policies to send messages to global audiences and to obtain resources from donors. Population policies also served as opportunities for states to attempt to manage their populations, and reflected unique aspects of individual countries. While the details described above are specific to population, understanding the history of population policy adoption has implications for other health interventions, such as those related to HIV, and

provides a lens into the broader process of policy-making in sub-Saharan African countries.

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