

State Building After Empire: Health Care, Family Planning, and International Aid in North Africa

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Abstract

This project explores the origins and expansion of family planning programs in Tunisia, Morocco, and Algeria from the 1960s into the 1980s. It asks how and why these North African countries were among the first in Africa and the Middle East to enter into voluntary partnerships with international organizations, and examines the outcomes newly sovereign leaders hoped to achieve. It shows how local leaders forged strategic alliances, albeit with varying levels of commitment, with the Population Council and the Ford Foundation, and later with USAID, the World Bank, and the WHO. Their efforts aimed to secure vital international aid, including financial, material and intellectual resources, that would support their goals to develop a more robust health care infrastructure after the end of empire. This project also demonstrates the contradictions of sovereignty and agency in the post-independence era, for on the one hand, slowed population growth would theoretically secure the North African countries' economic independence, but, on the other hand, independent leaders had to rely on transnational foreign experts for funding and material resources to achieve that goal. This study, therefore, contributes to our understanding of the complex interplay and necessary flexibility and adaptability between newly sovereign states in the Global South and international organizations after decolonization.

Report

In 1960, Tunisian President Habib Bourguiba faced a rising population growth rate approaching 3 percent and needed substantial foreign capital to invest in and develop Tunisia. His quandary, similar to those in many newly sovereign countries, necessitated a timely solution. In 1962, the Population Council, a barely decade-old New York-based private organization that focused on managing population growth around the world, approached him about implementing family planning programs in Tunisia. Bourguiba, the leader of this small North African country since independence in 1956, welcomed the overture. Having already adopted the rationale for demographic transition theory, the idea that fertility rates will fall as a result of modernization and industrialization, he agreed to move forward and publicly endorsed family planning at an address to the National Union of Tunisian Women in December 1962. While speaking to the crowd, Bourguiba explained that “unless we control births we will never succeed because, in spite of our efforts (at raising the standard of living) we risk finding ourselves at a level below that at which we started.”¹ Bourguiba’s words gave the Population Council strong reason to believe that he supported family planning and that he embraced modernization efforts. His speech also indicated that he might work well with the organization, invite technical experts, and launch a national campaign aimed at educating Tunisian men and women about the immediate and long-term benefits of planning the size of one’s family.

Bourguiba’s willingness to endorse a taboo subject set him apart from most of his peers in the developing world at the time. While some countries, including India, Egypt, China, and Japan, contributed to contraceptive research and explored family planning initiatives prior to international organizations’ efforts in the mid-1960s, they were the exception in the Global South rather than the rule.² Several places in Latin America, such as Peru, Puerto Rico, and the Caribbean, ambivalently engaged with family planning.³ African leaders in Kenya, colonial Zimbabwe, and the Congo remained quite skeptical of the initiative throughout the 1960s, and many ordinary men and women feared that population control efforts had more pernicious end goals.⁴

Critical studies on the origins of the population control movement suggest that in many instances their fears were valid.⁵ For example, in his seminal work *Fatal Misconception*, Matthew Connelly demonstrates that many American experts and donors expressed eugenicist impulses that were motivated by an escalating Cold War contest. For some, the very “political survival of western civilization [wa]s at stake,” and for this reason, they urged action to counteract rising populations in the Third World who they worried would fall prey to communism.⁶

Bourguiba did not publicly articulate the same anxieties about family planning shared by his contemporaries, nor did he link controlling one’s family size with colonial, neocolonial, or Cold War agendas. In fact, his endorsement and promotion of family planning encouraged Morocco’s King Hassan II to follow suit shortly thereafter, and Algeria adopted a similar policy more than a decade later. Bourguiba’s position begs questions: How and why was Tunisia among the first countries in Africa and the Middle East to enter into a voluntary partnership with international organizations, namely the Population Council, and what outcomes did the leader hope to achieve? How did Tunisia’s experience with family planning influence its regional neighbors to take similar action? And in what ways were North African leaders able to adopt and adapt the program for their own ends?

In order to answer these questions, I build upon the framework of my first book and examine the role of medicine and health care in the process of postcolonial state building.⁷ It once again challenges the familiar and still dominant accounts of decolonization that emphasize political and economic factors over social policy, particularly health and welfare. *State Building After Empire* situates family planning as the core health policy to be interrogated and returns to my fundamental methodology of using the prism of medicine and health to illuminate the ways North Africans shaped their new national institutions and navigated their place on the world stage. The regional focus provides a comparative perspective that will shed light on different experiences of decolonization and state building, as well as transnational linkages in these processes. North African states were aware of their neighbors’ state-building approaches and, in certain instances, borrowed from them and adapted them to their own needs.

The project is the first book-length study to take up the history of family planning in a postcolonial, regional African framework. Specifically, it examines the history of family planning in postcolonial Tunisia, Morocco, and Algeria between 1956 and 1980. This research, based on Rockefeller Archive Center archival collections, as well as Tunisian, Moroccan, Algerian, French, British, Swiss, and American archives, demonstrates how North African leaders, health professionals, and foreign population experts negotiated to develop national family planning and maternal health programs that better addressed their collective interests and took into account local conditions. Their efforts reduced population growth. Moreover, they provided newly sovereign countries with the ability to secure vital international aid, including financial, material and intellectual resources, which in turn, enabled the respective regimes to develop a more robust health care infrastructure and deliver medical supplies, biomedical technologies and expertise to the local people.

The local government's motivations and role in shaping the terms and implementation of family planning programs is often overlooked in the scholarship on international organizations and postcolonial health programs.⁸ These actors in the Global South certainly had goals of their own and *State Building After Empire* foregrounds them. The state-centric approach of this broader study intentionally examines the decision-making process and those making and implementing the policy, rather than the effect of these policies on everyday people. This methodology affords new interpretations and challenges three dominant narratives about the history of family planning and population control. Arguably the most pervasive narrative explains how the programs acted as a colonial/neocolonial enterprise with the pernicious goal of reducing the number of black and brown people. Scholarship in this vein highlights the program's coercive and harmful practices.⁹ A second trend in the literature, which relies heavily on Cold War politics, casts global population control efforts as an American development tool abroad in its international race with the Soviet Union for influence in the Third World.¹⁰ A third narrative emphasizes the detrimental and inflexible one-size-fits-all family planning model that many international organizations exported around the world. Foreign population experts, according to these scholars, developed and implemented programs that did not sufficiently

consider the local social context or the viewpoints of local women, and as a result, created unsustainable and poorly understood initiatives with little chance of success.¹¹

All three approaches provide an essential foundation to the history of family planning. And yet, they differ from mine because they rarely examine the politics of the newly independent state in such a way that presents it and its leadership as active agents in the decision and implementation process. Furthermore, they rarely position international organizations as engaged in a mutual partnership with the local officials and people, one in which both sides formulated policies derived from a shared language and understanding of development, governance and political expectation.¹² *State Building After Empire* tells that story and places at its center the relationship between the Population Council and North African leaders and officials.¹³ In doing so, the study ascribes agency to officials and medical personnel in the development process, as an increasingly salient idea and actual practice, after independence. It stresses a dynamic relationship between the Maghribi leadership, population experts, and global health programs. While introducing family planning programs across the region, they negotiated, adapted, and balanced competing agendas in order to achieve their respective goals. Examining the origins of family planning in North Africa also shows how population control created contradictions of sovereignty and agency for recently independent states and their leaders. On the one hand, slowed population growth hypothetically would secure Tunisia, Morocco and Algeria's economic independence. But, on the other hand, independent leaders had to rely on transnational foreign experts for funding and material resources to achieve that goal. This study, therefore, revises our understanding of global health programs, development, and international organizations in the post-independence era and offers new ways of studying family planning, state building and the Global South.

¹ Rockefeller Archive Center, Ford Foundation Records, Tunisia Field Office Files, box 16, reports 2/3, 1962–69, Memorandum on population problems and controls in Tunisia, December 1962.

² Sunil S. Amrith, *Decolonizing International Health: India and Southeast Asia, 1930–65* (New York: Palgrave Macmillan, 2006), 96–97; Beth Baron, “The Origins of Family Planning: Aziza Hussein, American Experts, and the Egyptian State,” *J. Middle East Women’s Stud.* 4, no. 3 (Fall 2008): 31–57; Alison Bashford, *Global Population: History, Geopolitics, and Life on Earth* (New York: Columbia University Press, 2014); 310–17; Laura Bier, “From Birth Control to Family Planning: Population, Gender and the Politics of Reproduction in Egypt,” in *Family in the Middle East: Ideational Change in Egypt, Iran and Tunisia*, eds. Kathryn M. Yount and Hoda Rashad (New York: Routledge, 2008), 55–79; Matthew Connelly, *Fatal Misconception: The Struggle to Control World Population* (Cambridge: Cambridge University Press, 2008), 182–94; Randall Packard, *A History of Global Health: Interventions into the Lives of Other Peoples* (Baltimore: Johns Hopkins University Press, 2016), 190–91.

³ Nicole Bourbonnais, *Birth Control in the Decolonizing Caribbean: Reproductive Politics on the Four Islands* (Cambridge: Cambridge University Press, 2016); Laura Briggs, *Reproducing Empire: Race, Sex, Science and U.S. Imperialism in Puerto Rico* (Berkeley: University of California Press, 2002); Raúl Nécochea Lopéz, *A History of Family Planning in Twentieth Century Peru* (Chapel Hill: University of North Carolina Press, 2014).

⁴ Nancy Rose Hunt, *A Colonial Lexicon of Birth Ritual, Medicalization, and Mobility in the Congo* (Durham, NC: Duke University Press, 1999); Amy Kaler, *Running After Pills: Politics, Gender and Contraception in Colonial Zimbabwe* (Portsmouth, NH: Heinemann, 2003); Lynn M. Thomas, *Politics of the Womb: Women, Reproduction, and the State in Kenya* (Berkeley: University of California Press, 2003); Donald P. Warwick, *Bitter Pills: Population Policies and Their Implementation in Eight Developing Countries* (Cambridge: Cambridge University Press, 1982), 12–15, 74–78.

⁵ Bashford, *Global Population*; Emily Callaci, “‘Injectable Development’: Depo-Provera and Creation of the Global South,” *Radical History Review* 131 (May 2018): 82–104; Connelly, *Fatal Misconception*; Packard, *History of Global Health*.

⁶ Connelly, *Fatal Misconception*, 158.

⁷ Jennifer Johnson, *The Battle for Algeria: Sovereignty, Health Care, and Humanitarianism* (Philadelphia: University of Pennsylvania Press, 2016).

⁸ Laura Briggs, Sunil Amrith, Sarah Cook Runcie and Nancy Rose Hunt present notable exceptions for Puerto Rico, India, Cameroon, and the Congo, respectively.

⁹ Bourbonnais, *Birth Control in the Decolonizing Caribbean*; Briggs, *Reproducing Empire*; Hunt, *A Colonial Lexicon*; Kaler, *Running After Pills*; Thomas, *Politics of the Womb*; Warwick, *Bitter Pills*.

¹⁰ Kristin Ahlberg, *Transplanting the Great Society: Lyndon Johnson and Food for Peace* (Columbia, MO: University of Missouri Press, 2008); Connelly, *Fatal Misconception*; Fatima Mernissi, *Doing Daily Battle: Interviews with Moroccan Women*, trans. by Mary Jo Lakeland (New Brunswick, NJ: Rutgers University Press, 1989); Maribel Morey, *The Making of ‘An American Dilemma (1944): The Carnegie Corporation, Gunnar Myrdal, and the Unlikely Roots of the Modern Civil Rights Discourse* (PhD Diss., Princeton University, 2013).

¹¹ Ali, *Planning the Family in Egypt*; Timothy Mitchell, *Colonising Egypt* (Berkeley: University of California Press, 1988); Agnes Riedmann, *Science that Colonizes: A Critique of Fertility Studies in Africa* (Philadelphia: Temple University Press, 1993); Megan

Vaughan, *Curing their Ills: Colonial Power and African Illness* (Stanford: Stanford University Press, 1991); Packard, *A History of Global Health*; Warwick, *Bitter Pills*.

¹² Stephen Macekura and Erez Manela note the ambiguous definition of development and write that “the very meaning of [it] has never been fixed or stable for very long. Rather, development in history has amounted to a loose framework for a set of assumptions...that have structured how diverse historical actors understood their place in the world and sought to change it.” “Introduction,” in *The Development Century: A Global History*, eds. Stephen J. Macekura and Erez Manela (Cambridge: Cambridge University Press, 2018), 4-5.

¹³ The author’s choice not to focus on women’s experiences is not to devalue them but rather to focus on a different aspect of the origins of family planning. For example, for important work on Moroccan women’s view’s on fertility and contraception, see Rahma Bourqia, “Women, Uncertainty, and Reproduction in Morocco,” in *Family, Gender, and Population in the Middle East: Policies in Context*, ed. Carla Makhoul Obermeyer (Cairo: The American University in Cairo Press, 1995), 136-146; Donna Lee Bowen, *Contemporary Muslim Religious Attitudes Towards Family Planning in Morocco* (PhD Diss., University of Chicago, 1981); Lianne Brown, *Measuring Quality of Care and its Effect on Contraceptive Use in Morocco’s Family Planning Program* (PhD Diss., Tulane University, 1995); Susan Schaefer Davis, “Convenience, Cost, and Courtesy: Factors Influencing Health Care Choices in Rural Morocco,” in *Modern and Traditional Health Care in Developing Societies: Conflict and Cooperation*, Christine Zeichner ed. (New York: University Press of America, 1988); Fatima Mernissi, “Obstacles to Family Planning Practice in Urban Morocco,” *Studies in Family Planning*, Vol. 6, No. 12 (Dec. 1975), 418-425; Cortney Hughes Rinker, *Islam, Development, and Urban Women’s Reproductive Practices* (New York: Routledge, 2013); Rinker, “Responsible Mothers, Anxious Women: Contraception and Neoliberalism in Morocco,” *The Arab Studies Journal*, Vol. 21, No. 1 (Spring 2013): 101-125.