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Perpetuating Neo-Colonialism Through Population Control: South Africa and the United States

Monica Bahati Kuumba*

While the process of colonialism and neo-colonialism subjugates both men and women, it does so in different manners. The neo-colonial relationship hinges on the exploitation of men's productive forces, but rests on the control of both the productive and reproductive forces of oppressed women. The current population policies and strategies of fertility control as promoted and orchestrated by an international population establishment¹ are part and parcel of the colonial legacy that haunts "Third World" or neo-colonized women. According to feminist social analysts, women's productive and reproductive labor has been used to buttress colonial systems and imperialist structures, allowing for the full exploitation of male workers in industry.² The location of "Third World" women in the global economy has hinged around their use as cheap laborers as well as their ability to produce additional cheap labor. Thus, their reproductive capacities are manipulated in response to market forces or the need or lack of need for labor.

This article examines how the strategies and programs of the international population establishment are confounded with a race, class, and gender bias and, as such, perpetuate the exploitative, dependent, and unequal power relationship that exists in the world between formerly colonized and colonizers. This has been the case for women of African descent both on the African continent and in the diaspora as a comparison of the cases of South Africa and the United States will demonstrate. In effect, from a Pan-African and feminist perspective,

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1. The International Population Establishment consists of a host of private agencies, foundations, consulting firms, and academic centers. Many have interlocking directorates to coordinate their efforts. The U.S. Agency for International Development (USAID), U.N. Fund for Population Activities (UNFPA), World Bank, International Planned Parenthood Federation (IPPF), Population Council and Population Crisis Center are the most active agencies involved in population control activities.

2. Pepe Roberts, "Feminism in Africa: Feminism and Africa," *Review of African Political Economy*, nos. 27/28, (1984), pp. 175-184. Anne Murray-Hudson, "SWAPO: Solidarity with our Sisters," *Review of African Political Economy*, nos. 27/28, (1984), pp. 120-125.

population policies have become a strategy in the process of African domination and population manipulation.

African Women Targeted: South Africa and the United States

The concentration of population control policies in the "Third World" and among "Third World" populations in the "First World" is well documented.³

There is a marked difference in the family planning approaches towards the people of color in the world. Generally, the fertility of First World populations are encouraged while Third World populations are discouraged from reproducing.⁴

The fact that Africa has become a focal point in the Third World population concerns is also widely acknowledged. This attention is at such a level that Africa currently receives over one-third of USAID Office of Population's family planning service delivery funding and one-half of their policy fund expenditures. Furthermore, African countries account for 9 of the 28 countries receiving the largest amounts of USAID population assistance.⁵ African women wherever they live or are born are prime targets for these population manipulation programs. On the African continent as well as in such countries as the United States, Brazil, and Puerto Rico, the wombs of women of color, in general, and of women of African descent, specifically, have become the frontline of a global struggle. The depressed conditions of African women render them vulnerable for the Malthusian-inspired assumptions that logically conclude that they are to blame for their own poverty and underdevelopment as a result of their population growth.

The cases of South Africa and the United States are particularly illustrative of the focus of population reduction schemes on women of African descent. As related in an earlier study, "South Africa's birth control programs are specifically targeted towards blacks without a concomitant emphasis on the rest of the population. While not explicitly

3. Bonnie Mass, *Population Target: The Political Economy of Population Control in Latin America* (Ontario: Charters Publishing Company, 1976); Angela Davis, "Racism, Birth Control and Reproductive Rights," in Marlene Gerber Fried ed., *From Abortion to Reproductive Freedom: Transforming A Movement* (Boston: South End Press, 1990); Jacqui Alexander, "Mobilizing Against the State and International 'Aid' Agencies: Third World Women Define Reproductive Freedom" in *From Abortion to Reproductive Freedom op. cit.*; Monica Kuumba, "Examining Population Control in Africa," *TransAfrica Forum*, vol. 9, no. 1, (Spring 1992), pp. 69-78.

4. Kuumba, *op. cit.*, p. 73.

5. Betsy Hartmann, "Population Policies and Programs: A Feminist Assessment," *Radical America*, vol. 24, no. 2, pp. 45-51; Kuumba, *op. cit.*, p. 72.

stated, it appears that this is also the case internationally."⁶ Many parallels exist in the strategies used in South Africa and the United States to curb the fertility of African women and expose their essentially oppressive nature.

First, a major similarity between the population policies of South Africa and the United States is the paternalistically racist philosophy that underlies and directs them. In both cases, African people and their population growth are assumed to be responsible for their own deplorable conditions. According to Madi Gray, family planning among the African populations is seen as "a cure for the high rate of illegitimacy, the misery in the urban and rural ghettos, the mounting crime and vagrancy rates."⁷ African women are depicted as sexually promiscuous and ignorant, thereby rendering them incapable of utilizing birth control methods that require high user compliance.⁸ These assumptions combine to justify reproductive intervention and external control.

The racist content of population control strategies in the United States became widely apparent at the turn of the century with the popularizing of the "race-suicide" notion. This concept was even vocalized in a 1905 speech by President Theodore Roosevelt which condemned birth control among specific U.S. populations (read white women) for fear of the annihilation of the white race. These sentiments became known as a concern about "race-suicide," the "fear that the Yankee 'stock,' which displayed the lowest birth rates, would be overwhelmed, numerically and hence politically, by immigrants, nonwhites, and the poor."⁹

In 1939, the Birth Control Federation of America went so far as to plan a "Negro Project." This strategy included the recruitment of African-American ministers to assist in the promotion of birth control among African-Americans who were considered the "portion of the population least fit, and least able to rear children properly."¹⁰ The integration of the birth control and eugenics movement took organizational expression in such entities as the Birth Control Federation of America, Population Reference Bureau and the Planned Parenthood

6. Kuumba, *op. cit.*, p. 73.

7. Madi Gray, "Race Ratios: The Politics of Population Control in South Africa," in Lars Bondestam and Staffon Bergstrom eds., *Poverty and Population Control* (London: Academic Press, Inc., 1980), p. 148.

8. National Black Women's Health Project, "Facts: Norplant" (pamphlet, n.d.).

9. Linda Gordon, *Women's Body, Women's Right* (New York: Penguin Books, 1976), p. 137.

10. Angela Davis, *op. cit.*, p. 21.

Federation. At their inception, all of these organizations had "birth control as a means of reducing the population of immigrants and blacks" as their stated mission.¹¹ They also had interlocking leadership with such racist collectives as the American Eugenics Society and the Race Betterment Conference.

The South African equivalent can be found in the white political rhetoric of the "black peril." According to this logic, the unchecked population growth of the indigenous African population posed a threat to white power, safety, and profits. This ideology became institutionalized with the formation of the Family Planning Association which emerged in 1932 and merged with the International Planned Parenthood Federation in 1953. By 1983 there were 21,000 birth control clinics targeting African women which offered only contraceptive devices.¹²

A second parallel underlying the population policies directed at African women in South Africa and the United States lies in the relationship between growing economic displacement and an intensification of population control efforts. Structural change in the economies—increased technology and world wide economic recession—has resulted in large surplus labor pools that are disproportionately composed of Africans in both countries. According to a South African scholar, "to the [South African] government an ample population became 'overpopulation' when the labour reserve became too large, rather than when poverty and underemployment first developed."¹³

Likewise, coercive birth control tactics that largely affect African-American women have intensified in concert with growing unemployment and rising poverty in the United States. For instance, mandatory birth control associated with criminal convictions and welfare transfer payment receipts emerged in 1992, a year of record high unemployment and poverty among African-Americans. Instead of altering the underlying sources of the problems, the official position has been to alter the African population itself.

Third, the coercive nature of the strategies used to "persuade" African women to use birth control is common to both South Africa and the United States. In South Africa,

women at some factories report that they must accept an injection of Depo Provera contraceptive in order to keep their jobs...There is some talk, by

11. Bonnie Mass, *op. cit.*, p. 33.

12. Barbara Brown, "Facing the 'Black Peril': The Politics of Population Control in South Africa," *Journal of Southern African Studies*, vol. 13, no. 2, (January 1987), p. 266.

13. *Ibid.*, p. 262.

the Director-General of Department of Health and Welfare among others, using drastic measures including compulsory sterilisation, unless blacks accept family planning voluntarily.¹⁴

This type of forced birth control is not foreign to the experience of African-American women. Involuntary sterilization has been part of the history of African women as well as other women of color in the United States. It is now known that in 1970 just under half (43 percent) of all women sterilized through federal funding were African-American. Over 10 years later, women of African descent continued to be disproportionately sterilized according to U.S. estimates. Sterilization abuse was especially prevalent in Southern states where young African-American girls were sterilized under the threat of either themselves or their families losing welfare benefits.¹⁵

The controversial imposition of Norplant upon young, poor women of African descent in the United States is a contemporary example of this infringement of the basic right to reproductive choice. In 1991, a California judge started the ball rolling by sentencing an African-American woman to have Norplant inserted as punishment for child abuse.¹⁶ Moreover, in early 1993 the city of Baltimore, Maryland began encouraging the use of Norplant, and providing its implantation free of charge, to young African-American teenage girls. While, in many cases, the implants are provided free of charge, the removal is only performed at the expense of the women, thereby discouraging their discontinuance.¹⁷

Fourth, family planning efforts often disregard the health of African women in South Africa and the United States. Emphasis is so exclusively focused on African population reduction that concern for the well-being of those targeted is often compromised. The experimentation and promotion of unhealthy and, often unapproved, birth control technologies among African women is a case in point. The contraceptive hormonal injection Depo Provera, found to have multiple side effects and medical risks, was widely tested and used on African women in South Africa. Likewise, women of African descent in the United States have

14. *Ibid.*, p. 268.

15. National Women's Health Network (Unpublished Information Packet, 1992); Marlene Gerber Fried, ed. *op. cit.*

16. Tamar Lewin, "Implanted Birth Control Device Renews Debate over Forced Contraception," *New York Times*, (January 10, 1991), p. A20; Sally Jacobs, "Norplant Stirs Concern Over Risk, Coercion," *Boston Globe*, (December 21, 1992), p. 1.

17. Tamar Lewin, "Baltimore School Clinics to offer Birth Control by Surgical Implant," *New York Times*, (December 4, 1992), p. A1.

been used as "guinea pigs" for experimental dispersion tactics of recently approved contraceptives.¹⁸

Finally, the intensification of population control strategies among African women in the United States and South Africa has coincided with the threat of social upheaval among the African populations. In the case of the United States, population programs expanded in response to the "rising militancy" of the 1960s. Similarly, in South Africa during the 1970s, a time of "renewed black revolt," massive funding was poured into birth control programs. The number of programs increased thirteen-fold during the decade to follow.¹⁹ Researcher Bonnie Mass describes the general principal as such:

Population control programs in underdeveloped countries of the third world whether administered bilaterally or multilaterally, are racing to outflank social turmoil, working class movements and revolutionary currents.²⁰

Anti-Colonialism and Reproductive Decolonization

"The term 'population control' with its *double entendre* of population limitation and domination over people is the appropriate phrase to describe" the current worldwide strategies for selective population reduction.²¹ Population control has been formally defined as "a large-scale social policy of limiting births throughout a whole society or in certain groups for the purpose of changing economic, political and/or ecological conditions."²² It is markedly different from the concepts of family planning, access to birth control or reproductive rights. While these latter concepts rest on the notion of equality and informed decisions in the midst of multiple options, population control is philosophically and ideologically rooted in inequality, racism and patriarchy.

As shown in the cases of South Africa and the United States, the strategies and tactics utilized in the administration of population services are far from neutral; they serve a particular set of political and economic

18. Letsema, "Family Planning in South Africa - A Kind of Genocide?" *The African Communist*, vol. 90, pp. 73-88; Kuumba, *op. cit.*, p. 73; National Black Women's Health Project, "Facts: Norplant" (pamphlet, n.d.).

19. Victor Perlo, "Racism and Poverty," *Political Affairs*, vol. 72, no. 2, (1993), pp. 13-18; Brown, *op. cit.*, p. 264.

20. Bonnie Mass, *op. cit.*, p. 69.

21. Barbara Brown, *op. cit.*, p. 273.

22. Cited in Laura Punnett, "The Politics of Menstrual Extraction," in *From Abortion to Reproductive Freedom*, *op. cit.*, p. 105.

interests. First, the tendency to blame African women's fertility and African population growth for the wide range of social ills they confront is part of a larger ideological trend which lets colonialism and imperialism "off the hook." The emphasis on the effects of population growth to the neglect of the broader, more substantive issues, serves to redirect attention from the real sources of inequality and oppression among people of African descent as well as other colonized peoples of the world. Second, the linking of aid and loan assistance packages from the World Bank to the stipulated establishment of family planning programs serves to reinforce colonial dependence and neo-colonial linkages. While population growth is not without its effect, to single it out as the prime cause of poverty, overcrowding, and a host of other social ills that permeate the African continent and diaspora is ahistoric and fails to acknowledge the real effects and legacy of colonial domination.

The population myopia also serves to disregard a host of other more pressing issues that confront African and other colonized women. As Indian researcher Malini Karkal states, these include,

...access to health care, economic resources, and social security, to say nothing of freedom from sexual abuse and discrimination, remain unaddressed, though these conditions are directly related to women's lack of reproductive self-determination.²³

The struggle being waged worldwide by African and other Third World women for reproductive liberation and self-determination can be viewed as an aspect of the anti-colonial and anti-imperialist process. Population policies are only fully understood and appreciated once placed in this broader context.

23. Malini Karkal, "Family Planning and Reproductive Health," *The Indian Journal of Social Work*, vol. 54, no. 2, (1993), p. 305.