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POPULATION CONTROL, DEVELOPMENT, AND GHANA'S NATIONAL FAMILY PLANNING PROGRAMME, 1960–1972*

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ABSTRACT. *The National Family Planning Programme (NFPP) was launched in Ghana in May 1970. It was a tool to implement the 1969 Population Policy Paper, which the military government, the National Liberation Council (NLC), had written with the aid of Ford Foundation advisers. The policy paper reiterated international 'overpopulation' discourses that pushed for national planning to stem population growth, especially in 'developing' countries. Indeed, it constituted an example of development planning. It discursively linked Ghana's prosperity, and modernity, to stemming rapid population growth through fertility limitation. When the NFPP was launched by the Progress Party (PP) government in 1970, its focus was to implement the population policy by limiting population growth through curbing fertility. International discourses of development and population, as well as the specific interventions of organizations such as the Ford Foundation, the Population Council, and the International Planned Parenthood Federation, shaped Ghana's family planning story. However, choices over the implementation of family planning were ultimately linked to governments' modernization and development projects and ideologies. Different approaches to family planning by the Nkrumah, NLC, and PP governments highlight the fact that family planning was ultimately political, but legitimized by development discourses of global and local origin.*

I

In 1967 Ghana became the first sub-Saharan African country to sign the United Nations (UN) World Leaders Declaration on Population. It was signed by General Ankrah, chairman of the National Liberation Council (NLC), Ghana's military government, which had recently taken control through a coup. The declaration affirmed that deciding the number, and spacing, of

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children was a human right and that family planning assured the individual dignity of human beings. It also stated that the world had a 'population problem', and that the control of this problem must be a part of national planning if nations' economic goals were to be achieved.[1] Following this, the NLC was the first African nation to create an official population policy, which was part of its national development planning. Three years later, Ghana, now back to civilian rule under Kofi Abrefa Busia's Progress Party (PP), launched a National Family Planning Programme (NFPP). At its launch, in May 1970, the minister for finance and economic planning, J. H. Mensah, argued that overpopulation was 'one of the greatest threats to mankind', and that, in responding to this problem, Ghana was joining the response to an issue that 'no nation [could] ignore'.[2] Evidently, the creation of Ghana's population policy, and the subsequent launch of the NFPP, was understood in global terms. The 'population problem' was an international and transnational phenomenon in the mid-twentieth century. However, it was also linked to *national* development. This article explores the dynamics of the launch of Ghana's population and family planning policies, and the decade leading up to them. It argues that they were created as a result of specific international discourses that linked population control to economic development. The article particularly emphasizes the way in which politicians in Ghana harnessed development discourse in shifting ways, in order to legitimize their choices regarding systemized implementation of family planning. This has wide-ranging implications for the global history of family planning interventions.

Demographic change in Africa has been at the root of the continent's chequered twentieth-century history, according to John Iliffe. A period of optimism that swelled the rank and file of nationalist movements in the mid-century gave way to economic decline and autocracy in the 1970s as population growth overwhelmed the continent.[3] This model is convincing, and is one way to explain Ghana's adoption of a family planning policy at the end of the 1960s. However, it is also deterministic. This article examines the history of population control in Ghana, focusing on political choices that successive governments in Ghana made about family planning, and the discourses connecting population to development that were so powerful in the mid-century. It argues that development discourse was utilized by politicians to legitimize their actions regarding population control.

In this, global population activism played a crucial part. By the mid-twentieth century the discourse of overpopulation was ubiquitous; the threat of the 'population bomb' meant that population control became a powerful prescription for action. It was thought that, globally, rapid population growth would lead to

[1] Turbay Ayala and Lord Caradon, 'Declaration on Population: the world leaders statement', *Studies in Family Planning*, 16 (1968), pp. 1–3.

[2] 'Address by JH Mensah…on…formal launching of National Family Planning Programme', 22 May 1970, Koforidua, Public Records and Archives Administration Department (PRAAD), ERG 5/1/41.

[3] John Iliffe, *Africans: the history of a continent* (Cambridge, 2007), p. 251.

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poverty, particularly in 'developing' countries. Population activism took on a transnational characteristic and imbedded itself into developing countries.[4] Among population activists, the most pervasive hailed from the US. NGOs spread discourses of overpopulation through training and institution-building in developing countries.[5] The United States Agency for International Development (USAID) made the limitation of population growth a stipulation for aid. Population activism was based on a global divide, in which poverty was linked with high fertility. In the early 1970s, Mahmood Mamdani argued that population control was a 'weapon of the political conservative', because it acted as a substitute for social and economic change. He claimed that overpopulation discourse contained biases that meant that controlling populations was as much to do with their 'quality' as with their quantity.[6] Indeed, in 1980s Namibia, health workers and patients alike expressed their distaste at the political implications of a family planning programme which specifically targeted the black population.[7]

In the 1960s, while population activism grew at the transnational level, certain local actors identified a necessity for birth control in Ghana. Ghana was not alone in this dynamic: for example, in the West Indies, some colonial officials, politicians, and health and social workers promoted birth control on the grounds of rapid population growth, while others identified it as a racialized, discriminatory, policy.[8] In the 1970s, Depo-Provera was disseminated around the developing world, and, as Emily Callaci has argued, while population activists saw this technology as 'an anti-poverty vaccine', 'local gatekeepers shaped its uses in contexts of scarcity, uncertainty, and controversy'.[9] Important scholarship has highlighted that women often subvert regimes of power that fertility control represents,[10] using contraceptives in ways that are not predicted at the transnational level, sometimes to preserve and maximize fertility rather than to limit it.[11] This article builds on an approach in which global, transnational ideas are negotiated and acquire meanings at the 'local' level.

[4] Matthew Connelly, *Fatal misconception* (Cambridge MA, 2009).

[5] John Sharpless, 'Population science, private foundations, and development aid: the transformation of demographic knowledge in the United States, 1945–1965', in Frederick Cooper and Randall Packard, eds., *International development and the social sciences: essays on the history and politics of knowledge* (Berkeley, CA, 1998), pp. 176–200.

[6] Mahmood Mamdani, *The myth of population control: family, caste, and class in an Indian village* (New York, NY, 1974) pp. 18–19. A similar point is made in Randall Packard, *A history of global health* (Baltimore, MD, 2016), p. 186.

[7] Jennie Lindsay, 'The politics of population control in Namibia', *Review of African Political Economy*, 36 (1986), p. 59.

[8] Nicole Bourbonnais, *Birth control in the decolonizing Caribbean* (Cambridge, 2017).

[9] Emily Callaci, '"Injectable development': Depo-Provera and creation of the Global South', *Radical History Review*, 131 (2018), pp. 82–104, at p. 84.

[10] Amy Kaler, '"Who has told you to do this thing?' Toward a feminist interpretation of contraceptive diffusion in Rhodesia', *Signs*, 25 (2000), pp. 678–82.

[11] Caroline Bledsoe and Fatoumatta Banja, *Contingent lives: fertility, time, and aging in West Africa* (Chicago, IL, 2002).

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Specifically, at the time that the NFPP was launched in Ghana, population control was linked to establishing development trajectories under successive governments between 1966 and 1972. The connection between stemming population growth and the success of 'development' on both a global and a national scale was the driving discourse surrounding policy implementation. During this period, the world was 'colonized by development discourse', so that there was no alternative.[12] By the 1960s, in Ghana and almost universally, development was linked to 'modernization'.[13] Modernization was seen as being based on industrialization, urbanization, centralization, and a vision for Africa's future. James Ferguson conceptualizes modernization as a 'myth', which provides people with an understanding of the world around them. Crucially, this myth provides a way to interpret their experiences.[14] I argue here that successive governments' population policies constituted a set of myths. These myths were built on discourses of development. I understand development discourse as 'practice' in the Foucauldian sense. Instead of judging whether development discourse was accurate, Ferguson set about 'showing what it does'. His approach allows us to highlight the fact that the choices that successive governments in Ghana made over the issue of population control and family planning were political, despite the depoliticizing nature of development discourses.[15]

By the late 1960s, development had taken on a strong local dynamic in Ghana. President Kwame Nkrumah had been in power since the country achieved independence in 1957. His government emphasized industrialization and modernization as crucial to national development. One example of his approach was the Akosombo Dam project, which spanned decades, and was 'at the center of debates and imaginations about nationhood, modernity and development'.[16] In Ghana, development was inextricably linked to anti-imperialist, pan-African ideals, as Nkrumah set out to gain first political, then economic independence, not just in Ghana but across the African continent.[17] Importantly though, Nkrumahism did not connect development with population control; as we will see, the case was quite the opposite. The Nkrumahist vision ended in disappointment as the government became increasingly authoritarian and austerity measures were brought in in 1965 to combat

[12] Arturo Escobar, *Encountering development: the making and unmaking of the Third World* (Princeton, NJ, 1995).

[13] Gilbert Rist, *The history of development: from Western origins to global faith* (3rd edn, London, 2008), pp. 93–103.

[14] James Ferguson, *Expectations of modernity: myths and meanings of urban life in the Zambian copperbelt* (Berkeley, CA, 1999), pp. 14–15.

[15] James Ferguson, *The anti-politics machine: development, depoliticization, and bureaucratic power in Lesotho* (Minneapolis, MN, 1994), p. 28.

[16] Stephan Miescher, '"Nkrumah's baby": the Akosombo Dam and the dream of development in Ghana, 1952–1966', *Water History*, 6 (2014), pp. 341–66, at p. 342.

[17] Jeffrey Ahlman, *Living with Nkrumahism: nation, state, and pan-Africanism in Ghana* (Athens, OH, 2017).

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economic decline.[18] After the 1966 coup, the new government's emphasis for development shifted to encouraging outside assistance. In the context of the Cold War, the NLC shifted from Nkrumah's socialist affiliations, happy to exploit Cold War tensions to attract international investment. It also attracted foreign aid, which it accepted, alongside the conditions accompanying that aid.[19]

Studies of family planning programmes in Kenya and Nigeria highlight how politicians interacted with transnational discourses and organizations on population and development, but emphasize that family planning programmes had little effect on fertility.[20] International organizations pushed the link between declining fertility rates and the process of development. The language of development used to 'sell' the NFPP spoke both to those international organizations involved and also to Ghanaian state-builders and ordinary Ghanaians who had already lived through the fervent Nkrumahist, developmentalist, era. Looked at in this way, the significance of studying population control programmes in Africa is evident, given its capacity to highlight how visions of 'development' were linked to decisions over whether or not to implement population policies that were ultimately political.

II

For the most part, the Nkrumah government did not engage with the global campaign against 'overpopulation'. In fact, the government was pronatalist. In the 1950s, economists had warned against rapid industrialization in the country because of a lack of appropriate 'manpower'.[21] On top of this, as Iliffe argues, the Convention People's Party (CPP) owed its success to the youth of the country, swelled by demographic growth.[22] Far from wanting to limit population growth then, Nkrumah saw it as necessary for national development. In parliament, members argued that the country needed to see population growth because 'our manpower resources are not adequate'.[23] The MP for Kpandu South, Mr Djan, connected the need for labour specifically to fertility when he stated that 'at present we want manpower for our industries and factories and persons who have twins and triplets are surely doing well to

[18] Naomi Chazan, *An anatomy of Ghanaian politics* (Boulder, CO, 1983), pp. 154–8.

[19] Bianca Murillo, *Market encounters: consumer cultures in twentieth-century Ghana* (Athens, OH, 2017), pp. 116–27.

[20] Maria Dornemann, 'Seeing population as a problem: influences on the construction of population knowledge on Kenyan politics (1940s–1980s)', in Heinrich Hartmann and Corinna Unger, eds., *A world of populations: transnational perspectives on demography in the twentieth century* (New York, NY, 2014), pp. 201–21; Elisha Renne, 'Interpreting population policy in Nigeria', in Mie Nakachi and Rickie Solinger, eds., *Reproductive states: global perspectives on the invention and implementation of population policy* (Oxford, 2016), pp. 260–89, at p. 261.

[21] 'Professor A Lewis' report on industrialisation', 1953, Accra, PRAAD, ADM 5/3/90.

[22] Iliffe, *Africans*, p. 251.

[23] *Parliamentary debates*, 10 Mar. 1965, Accra, Balme Library, University of Ghana, col. 1308.

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increase the manpower we want'.[24] What is more, a large population was seen as a sign of a powerful nation, which was especially significant given Nkrumah's pan-Africanist, anti-imperialist outlook. If we accept, as Kwame Anthony Appiah has argued, that pan-Africanism was racialized, and that Nkrumah believed in Africa as a 'natural, racial, home', negative views on internationally promoted population control make ideological sense.[25] Family planning met with similar ideas in Kenya, where it was seen as neo-colonial, racialist, and even 'genocidal'.[26]

The pan-African model was often a socialist one, and certainly was in the case of Nkrumah's Ghana. At the beginning of the 1960s, Nkrumah became more leftward-leaning, and began to work with the Soviet government. He pledged to base Ghana's development planning on the Soviet model, during a visit in 1961.[27] Socialism meant that the state had a responsibility of care for pregnant women and children. This was contrasted, by Mr Iddrissu, MP for Dagoma North, with capitalist ideologies that encouraged birth control because the individual was expected to care for the child.[28] Iddrissu also highlighted that in other socialist countries, such as 'Russia and China', the state provided for the care of pregnant mothers and infants.[29] The reference to Soviet policy in this context is interesting. The USSR opposed what it called 'neo-Malthusian' tendencies within the UN.[30] Paradoxically, Soviets' re-legalization of abortion in the mid-1950s actually aimed to encourage population growth.[31]

The Ford Foundation claimed that the Nkrumah regime had had a 'strong pronatalist posture' and had hoped for a 'jump' in population growth, because 'population size was equated with influence in African and international affairs'.[32] In line with this attitude, the government brought in pronatalist measures such as maternity leave, and laws making abortion punishable by up to ten years' imprisonment. Some MPs also suggested that, since 'Osagyefo [President Nkrumah] has asked us to produce more [children]', this punishment should

[24] Ibid., col. 1311.

[25] Kwame Anthony Appiah, *In my father's house* (New York, NY, 1992), p. 20.

[26] Lynn Thomas, *Politics of the womb: women, reproduction, and the state in Kenya* (Berkeley, CA, 2003), p. 179.

[27] Jeff Grischow and Holger Weiss, 'Pan-Africanism, socialism and the future: development planning in Ghana, 1951–66', in Egle Rindzevičiūtė and Jenny Andersson, eds., *The struggle for the long-term in transnational science and politics: forging the future* (New York, NY, 2015), pp. 228–9.

[28] *Parliamentary debates*, 10 Mar. 1965, Accra, Balme Library, University of Ghana, cols. 1298–9.

[29] Ibid., col. 1301.

[30] 'Report on the 9th session of the UN Population Commission', 4 Feb. 1957, p. 2, World Health Organization Archives (WHO), P13/86/2/9.

[31] Yuliya Hilevych and Chizu Sato, 'Popular medical discourses on birth control in the Soviet Union during the Cold War: shifting responsibilities and relational values', in Ann-Ketrin Gembries, Theresia Theuke, and Isabel Heinemann, eds., *Children by choice? Changing values, reproduction, and family planning in the twentieth century* (Boston, MA, 2018), pp. 99–122.

[32] 'At least two roads to Rome: the evolution of population policy and programs in Ghana and Thailand (reports 009436)', 1972, p. 6, Rockefeller Archive Centre (RAC), Ford Foundation collection, box 390.

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be extended to those using contraceptives.[33] Certain doctors in the 1960s were concerned over the high level of abortion and the sorry state of maternal health in the country. Fred Sai testified that, given Nkrumah's 'ban' on contraceptives, there was little they could do in the way of family planning.[34] Daniel Otchere agreed that Nkrumah wanted to increase the population for the purposes of industrialization, and was not interested in family planning.[35] Based on surveys carried out in urban areas, in 1967, 'most [Ghanaians were] still convinced that a rapidly growing population is in the national good', showing that, politically, population growth was seen as positive.[36]

Despite this pronatalist atmosphere in Ghana, the global surge of support for population control and family planning did not completely bypass the new nation. The Seven-Year Development Plan was written in 1963, overseen by J. H. Mensah, executive secretary for the Planning Commission. Some of those working on the plan informed Nkrumah that population growth would threaten any economic growth they achieved. In fact, the plan noted that the labour force was 'growing very rapidly', owing both to 'achievements' in lessening infant mortality and to high birth rates.[37] Rather than responding to this with suggestions on how to lower the birth rate, as later governments would, the plan outlines how to utilize this growing work force, arguing that 'a growing population presents an opportunity as much as a problem'.[38] Nkrumah also set up an inter-departmental committee to look into the issue of population growth, but no conclusions were reached before the 1966 coup.[39]

Philanthropic organizations – especially those based in the US – promoted the study of the demographics of developing nations. One of the more influential organizations was the Population Council.[40] This organization had risen to pre-eminence in demographics and contraceptives in the 1950s, becoming a 'major nexus for all the other major players in the field'.[41] In Ghana, the Demographic Unit was set up in the early 1960s at the University College of Ghana, organized and funded by the Population Council. This meant that, for the first time, research into demographics was carried out in Ghana. In Dr Barnor's account of the evolution of the NFPP, he wrote that 'Nkurmah's desire to increase out modest population…was *not allowed* to materialize',

[33] *Parliamentary debates*, 10 Mar. 1965, Accra, Balme Library, University of Ghana, cols. 1298–9.
[34] Frederick Sai, *With heart and voice: Fred Sai remembers* (Cambridge, 2010), p. 81.
[35] Interview with Dr Daniel Otchere, Takoradi, Ghana, 31 Jan. 2018.
[36] John Caldwell, 'Population prospects and policy', in W. Birmingham, I. Neustadt, and E. Omaboe, eds., *A study of contemporary Ghana, vol. 2: some aspects of social structure* (London, 1967), pp. 147–200, at p. 152.
[37] 'The Seven-Year Development Plan 1963/64 to 1970/71', 1964, Accra, PRAAD, ADM 7/5/89, p. 7.
[38] Ibid., p. 8.
[39] Perdita Huston, *Motherhood by choice: pioneers in women's health and family planning* (New York, NY, 1992), p. 141.
[40] Sharpless, 'Population science'.
[41] Connelly, *Fatal misconception*, p. 159.

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because of research carried out at the university funded by the Population Council. Clearly, he sees the role of the Demographic Unit at Legon as important. However, the demographer he mentions, S. K. Gaisie, did not publish work emphasizing Ghana's rapid population growth until 1971, according to Barnor, when the NFPP had already been launched.[42] The connection between the unit and Nkrumah's apparently frustrated plans for population growth therefore appears tenuous.

However, as Gerardo Serra has highlighted, 'for newly independent states, the collection, construction, and dissemination of statistics came to be seen as an important precondition of economic and social modernization'. As the Nkrumah government committed itself to the provision of health, to education, and to industrialization, demographic data was an important part of nation-building.[43] In fact, Grischow and Weiss have emphasized the differences between the CPP's approach to development planning, and the Nigerian experience, drawing attention to the fact that Ghana's Seven-Year Development Plan, launched in 1964, was based on 'concrete statistical information'.[44] The request that was made to the Population Council to fund courses in demography during the preparation for the 1960 census was therefore consistent with an intense period of development planning. It was also linked to modernization projects, which required, and were practised through, the accumulation of data and knowledge about the population. This census was carried out with expert advice from the UN official Benjamin Gil. It was anticipated that the census would produce masses of data, which no Ghanaians were trained to deal with at the time.[45] As Serra has argued, it was emphasized that the proceedings of the census be 'modern'. The implication of this is that, it in its collection of data on the population, and defining of territory, it constituted a modernization project in the new nation. However, the government did not choose to engage with projects to limit population growth, but rather saw modernization and industrialization as capable of absorbing this growth.

The Population Council funded a training programme and doctoral programme in demography through the unit. African students, such as Addo, Aryee, and Gansah, all of whom later became involved in census-taking in Ghana and as consultants for international organizations, were trained through this programme.[46] E. N. Omaboe, who was later in charge of producing

[42] M. A. Barnor, *A socio-medical adventure in Ghana: autobiography of Dr M. A. Barnor* (Accra, 2001), p. 283.

[43] Gerardo Serra, '"Hail the census night": trust and political imagination in the 1960 population census of Ghana', *Comparative Studies in Society and History*, 60 (2018), pp. 659–87, at pp. 659–60.

[44] Grischow and Weiss, 'Pan-Africanism, socialism and the future', p. 230.

[45] 'Proposal for a programme of studies in demography at the University College of Ghana', 1959, pp. 1–2, RAC, Population Council collection, box 45, folder 640.

[46] 'University of Ghana, Legon, Accra', 1962, RAC, Population Council collection, box 46, folder 646.

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Ghana's population policy, also attended.[47] Perhaps the most prolific figure at the Demographic Unit, joining it in 1962, was John Caldwell, who wrote extensively on the subject of Ghanaian demographics. In 1965 he estimated the fertility rate at 7.3 children per woman, and population growth at 3.5 per cent between 1948 and 1960.[48] This high growth rate could be revised down to 2.5 per cent given inaccuracies in the 1948 census, but nonetheless remains high.[49] Caldwell explained Ghana's rapid population growth culturally. He argued that the 'urban elite', a group caught up in a 'headlong rush to *modernity*', would naturally lead the way in family planning. Furthermore, this group 'must necessarily be concerned with population questions…[because] their literacy and education make it possible for them to understand the problems of economic development'.[50] Caldwell reflected contemporary discourse, which connected development, modernity, and population control. Demographic transition theory argued that industrialization and modernity should lead to a reduction in fertility. By the end of the 1940s, the chief authors of this theory had already started to view it as 'practical policy': that is, population growth needed to be slowed in order for the benefits of economic development to be felt.[51] By showing that the urban elite saw the necessity of population control because of their cultural modernity and awareness of the intricacies of economic development, Caldwell claimed that the process of fertility transition was already taking place in Ghana. In fact, he argued, it was senseless to think that rural populations would accept family planning until those in the towns had.[52]

Caldwell also opined that development planners working on the Seven-Year Plan were 'keenly aware of the population problem', implying that planners saw it as just that: a *problem*, which would ideally be tackled.[53] They were not the only ones to identify high levels of fertility in Ghana. In 1956, Edith Gates of the Pathfinder Fund gave talks in Ghana to women's groups and Christian groups, as well as meeting with doctors interested in family planning. Gates did not open any permanent family planning service in Ghana, but she kept in touch with women's organizations in the country, offering to send contraceptives.[54] The same year, Dr Bannerman, who was in charge of the Accra

[47] 'Letter from J C Caldwell', 17 July 1962, RAC, Population Council collection, box 46.

[48] John Caldwell, 'Family formation and limitation in Ghana: a study of the residents of economically superior urban areas', in Bernard Berelson, ed., *Family planning and population programs: a review of world developments* (Chicago, IL, 1966), pp. 595–613, at p. 596.

[49] E. V. T. Engmann, *Population of Ghana, 1850–1960* (Accra, 1986), p. 106.

[50] John Caldwell, *Population growth and family change in Africa* (London, 1968), pp. 16–17, emphasis added.

[51] Simon Szreter, 'The idea of demographic transition and the study of fertility change', *Population and Development Review*, 19 (1993), pp. 659–701, at p. 672.

[52] Caldwell, 'Family formation and limitation in Ghana', p. 597.

[53] Caldwell, 'Population prospects and policy', p. 150.

[54] Letter from Edith Gates to Mrs Amarteifio, Accra, 9 July 1959, personal papers of Evelyn Amarteifio.

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maternity hospital, initiated the first family planning there.[55] However, at this time there was no systematic provision, and Bannerman's activities were probably on an infrequent, ad hoc basis. Pathfinder also funded a medical advice centre (MAC) at the YWCA from 1961 onwards, which was run by the Christian Council and provided family planning.[56] The Christian Council was made up of Presbyterian and Methodist churches, and by the English Church Mission.[57] The MAC was run by Jean Forrester-Paton, head of the Committee on Christian Marriage and Family Life in Accra. Although the MAC offered family planning, most of its clients came for advice on problems with sub- or infertility; there was much less interest in limiting fertility.[58] The motivation behind the clinic was to ensure the stability of Christian married life in the capital, as 'sterility represents a potential broken marriage'.[59] The MAC nevertheless carried out pioneer work in providing contraception in Ghana, and the Christian Council's role in that area continued to grow. As time went on, they formed an important part of the NFPP. It should be noted here that, despite Professor Sai's memory of a 'ban' on contraceptives, Caldwell claims that condoms and spermicidal foams had 'long been on rather inconspicuous sale from pharmacies' in large towns.[60]

The first significant steps towards forming a family planning organization occurred in 1966, when Betty Hull of the International Planned Parenthood Federation (IPPF) visited Ghana. A group of doctors who were marked out by their growing interest in widening the availability of contraceptives and family planning met with Hull. However, in the context of deepening state control[61] and a pronatalist government, these doctors had to remain clandestine in their work.[62] Personal memoirs by the doctors highlight that their growing concern over women's and children's health in Ghana particularly related to self-induced abortions[63] and malnutrition.[64] Fred Sai notes, however, in his autobiography, that he was also aware that population 'was a very important

[55] 'Letter from R H O Bannerman chief medical officer for education and family health, WHO to Dr Boi-Doku', 7 Dec. 1970, WHO, P13/372/9.

[56] 'Grants to carry out the purposes of Pathfinder Fund, 1964', 1964, RAC, Population Council collection, box 106, folder 1985.

[57] 'Statement by the Christian Council of the Gold Coast on Christian education in primary and middle schools', n.d. (early 1950s), p. 1, Centre for the Study of World Christianity Library, Edinburgh (CSWC), CCG: CCMFL 1/1.2.

[58] '1961–88 reports to council: report on medical advice centre 1961–62', p. 1, CSWC, CCG: CCMFL, 1/2.2.

[59] '1961–88 reports to council: annual report 1964', p. 2, CSWC, CCG: CCMFL, 1/2.2.

[60] Caldwell, 'Population prospects and policy', p. 155.

[61] For a detailed explanation of the situation regarding security and state control in Ghana, see Ahlman, *Living with Nkrumahism*, pp. 148–57.

[62] Barnor, *A socio-medical adventure in Ghana*, p. 258.

[63] See Dr Armar's testimony in Huston, *Motherhood by choice*, p. 145; see also Barnor, *A socio-medical adventure in Ghana*, p. 253.

[64] Sai, *With heart and voice*, p. 85.

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factor' in the establishment of family planning in the country.[65] These medical professionals were therefore also aware of the demographic implications of their work. In fact, this awareness was what meant that they had to work as resistors to the state, which did not wish to limit fertility rates.

Interviews carried out in 2018 show that doctors working in the 1960s to establish some family planning in Ghana remain respected as 'pioneers'.[66] They decided to form the Planned Parenthood Association Ghana (PPAG) after being invited to an IPPF conference in Copenhagen in 1966. Among those attending this conference were the future director of the NFPP, Dr Armar, as well as Drs Barnor, Bentsi-Enchill, and Saakwa-Menta, and the only woman of the group, Dr de Graft Johnson.[67] PPAG started small, originally situated in Dr Barnor's living room;[68] however, it immediately started to expand into the regions, albeit 'on a very limited scale'.[69] This expansion was partially feasible because of a strong base of voluntary work in Ghana. Interestingly, these included many more women, such as midwives, social workers, and the wives of those doctors involved with the IPPF conference in Copenhagen.[70] This network of volunteers and their organizational activity arguably created a base upon which the organization – with its international sponsorship – could be founded. It was not until after the downfall of Nkrumah, however, that this network was able to be fully, openly, active.[71] The official inauguration of PPAG had to wait until 1967. Dr Barnor describes a phone call from Betty Hull almost immediately after the coup asking if the political situation had changed sufficiently to allow an official family planning organization to be formed. He answered that it had.[72]

The fact that development planners, medical professionals, and representatives of foreign agencies were actively concerned about high rates of fertility in the country contrasts starkly with the impression given by politicians that pronatalist policies were favourable. Discourses of development were certainly harnessed by these politicians, who suggested that national prosperity and progress would make use of increasing 'manpower'. Furthermore, this progress and prosperity could be measured by the government's ability to provide for mothers and infants. Statisticians and medical professionals identified an alternative view to these statements: that population growth was outstripping

[65] Ibid., p. 86. Sai actually went on to advise Mr Omaboe in the writing of the Population Policy, which is discussed below.

[66] Interview with Sabina Gladys Efua Mensah, Anaji, Western Region, Ghana, 5 Feb. 2018.

[67] Huston, *Motherhood by choice*; see ch. 11 for a description of the early work of Dr Barnor, Dr Armar, and Dr Sai.

[68] Catherine Dawson-Amoah, 'The PPAG story', n.d. (sent to author in 2017), unpublished presentation given in Accra.

[69] 'Letter planned parenthood activities from Dr R Y B Karikari', 13 May 1969, PRAAD, Koforidua, ERG 5/1/41.

[70] Barnor, *A socio-medical adventure in Ghana*, p. 261.

[71] Sai, *With heart and voice*, pp. 85–9.

[72] Huston, *Motherhood by choice*, p. 138.

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economic growth, and that women's health was suffering as a result of high fertility and clandestine abortions.

III

In 1966, President Kwame Nkrumah was overthrown in a coup d'état. The new military government, the NLC, was decidedly more open to private business, foreign investment, and aid. There was a 'swing to the West' and ties with socialist countries were broken.[73] The NLC also saw a population policy as a way to, relatively quickly, tackle the country's economic problems. The new commissioner for economic affairs, E. N. Omaboe, who had been part of the Seven-Year Development Plan team as government statistician, had a personal interest in population matters and started working on a population policy from 1966 onwards.[74] In this he was aided by economic advisers from the Ford Foundation. It was in economic planning, then, that the transnational discourses of development found their counterparts at the level of national politics. The Foundation was instrumental in advising Ghana on its economic policy, including sending advisers specifically to aid the government in the development of their population policy. As in Kenya, where a 1960s family planning programme was 'largely inspired, funded, and equipped by foreign aid agencies', the NFPP was dependent on advice, donations, and pressure from non-governmental, international organizations.[75]

Ford advisers remained in Ghana until 1975 to help with the implementation of the NFPP. Population growth was one of the Foundation's principal concerns, so much so that in the late 1960s half of its funds were devoted to the population field.[76] In its report for the years 1970–1 the Foundation reflected that, 'Although concern with excessive population growth has increased enormously throughout the world in recent years, few developing countries have been successful in limiting their fertility.'[77] The report goes on to blame this lack of success in Africa on the shortage of available contraceptives and on 'deficiencies in the management of population programs'.[78] In so doing, the Foundation created a discursive divide between the concerned funding bodies of the world who possessed knowledge about the threat of population growth and the ability to act, and 'developing countries' who were unable to control their fertility. The idea that Africa's fertility was something beyond the control of Africans dates back to colonial discourses of underpopulation

[73] Roger Gocking, *The history of Ghana* (Westport, CT, 2005), p. 148.

[74] 'Inter-office memorandum to David Bell', 4 Nov. 1969, RAC, Ford Foundation collection, grant #0071168, reel 4048. Gordon Perkin, Ford Foundation adviser in Ghana, described the NFPP as 'Omaboe's baby'.

[75] Dornemann, 'Seeing population as a problem', p. 202.

[76] 'Ford Foundation annual report', 1971, p. 82, PRAAD, Accra, RG 8/2/617.

[77] Ibid., p. 81.

[78] Ibid., p. 82.

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in the region.[79] The Foundation appears to have been under no doubt that population growth was linked to social and economic development in Ghana, and it advised the Ghanaian government throughout the late 1960s and early 1970s on the formulation and deliverance of the NFPP.[80] There is no doubt that the Foundation's involvement in Ghana's economic planning during this period enabled and encouraged the NLC to take a firm line on population control.

The NLC's Population Policy Paper envisaged population control as a part of its 'ambitious programme of planning and development', which, it argued, was 'threatened by the current rate of population growth', a point of view undeniably supported by those funding it.[81] The inclusion of population in a political culture of 'planning and development' linked the issue to a series of national development plans which were the foundation of how the nation's future was envisaged.[82] Indeed, the government noted that, 'unlike some other types of development projects, a fertility limitation programme can be relatively inexpensive and the benefits begin to appear rather quickly'.[83] The NLC saw – and sold – fertility regulation as a quick fix for development. As under Nkrumah, development planning was used as a neutral legitimizing tool for actions take on population. By the end of the 1960s, there was a worsening economic situation and 50 per cent unemployment.[84] Given the fact that the leaders of the 1966 coup had justified themselves by promising prosperity, the framing of the population policy in the language of economic development is understandable.[85] However, the idea that it would provide a quick fix was a problematic assurance, given that contemporary commentators noted again and again the entrenched cultural preference for large families.[86]

By the time that the policy paper was launched in 1969, the new civilian government under K. A. Busia was in power. The PP came to power promising the deliverance of policies that barely deviated from the NLC model, including an

[79] Karl Ittmann, *A problem of great importance: population, race, and power in the British empire* (Berkeley, CA, 2013), p. 21.

[80] 'Ford Foundation annual report', 1971, p. 80, PRAAD, Accra, RG 8/2/617.

[81] 'Population planning for national progress and prosperity', 1969, preface, PRAAD, Accra, ADM 5/1/13.

[82] Valeska Huber, 'Introduction: global histories of social planning', *Journal of Contemporary History*, 52 (2017), pp. 3–15. Huber points out that in decolonizing countries in Africa there was a widespread culture of 'planning' as an integral part of governance.

[83] 'Population planning for national progress and prosperity', 1969, p. 17, PRAAD, Accra, ADM 5/1/13.

[84] Gocking, *History of Ghana*, p. 158.

[85] Dennis Austin and Robin Luckham, eds., *Politicians and soldiers in Ghana, 1966–1972*, (London, 1975). For the political and economic situation surrounding the coup, see particularly the introduction to this book, written by Dennis Austin.

[86] *National Conference on Population and National Reconstruction*, 7–10 Apr. 1986, Accra (Legon, 1987).

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emphasis on the private sector and on a lack of state interventionism.[87] Indeed, many NLC appointees continued in their roles.[88] The discourse on population overwhelmingly pointed to the idea that the world, and Ghana, had a 'population problem'. As mentioned earlier, at the policy launch in May 1970, the minister for finance and economic planning, J. H. Mensah, highlighted the threat posed by overpopulation as one that 'no nation [could] ignore'. This reflects the kind of hyperbole surrounding population that was emerging from activists such as those at the Ford Foundation and the Population Council. Mensah went on to explain why this problem particularly threatened Ghana. He said that population growth was outstripping economic growth, and that the country would not be able to provide schools, jobs, and hospitals for future citizens. He also mentioned the high infant mortality rates, suggesting both that every child should 'achieve its full potential as a citizen' and that the aim of the programme was to 'secure for each mother a healthy baby with a reasonable chance of survival'. Mensah touched on nationalistic and emotive notes to secure support for what was essentially an economic policy.[89] Crucially he used population control as a way to envisage a political future in which 'citizens' would prosper, thanks to the family planning policy. Thus the policy shift after 1966, which saw efforts to control the population, nevertheless constituted continuity in its method of centralized, bureaucratic planning for development.

Overtones of economic nationalism run through the Population Policy Paper. Omaboe, writing in the preface, stated that 'we are moving into an age where quality rather than quantity determines the power of nations'. He was calling for more skilled workers, rather than an increase in numbers of workers per se. Interestingly, the call for 'manpower' in order to industrialize and develop the nation is in continuity here with the Nkrumah regime; what has changed is the way of going about it. Omaboe also promised in the policy paper that Ghanaian families, and their descendants, would gain prosperity through limiting population growth in order to see the benefits of economic development. The paper begins by outlining the demographic situation in Ghana as it stood at the time, and the threat that this posed not because of the *size* of the population but because of the rate of growth. It then goes on to emphasize the *negative* consequences of this 'rapid' growth. These include the disproportionate number of dependants, and the inability to meet the needs of education, health care, and employment. Finally, the paper explains how *fertility* could be limited in Ghana, discursively leaving this as the only possible path to redeem the situation.[90]

[87] Yaw Twumasi, 'The 1969 election', in Austin and Luckham, eds., *Politicians and soldiers in Ghana*, pp. 140–63, at p. 142.

[88] Gocking, *History of Ghana*, p. 156.

[89] 'Address by JH Mensah…on…formal launching of National Family Planning Programme', 22 May 1970, PRAAD, Koforidua, ERG 5/1/41.

[90] 'Population planning for national progress and prosperity', 1969, pp. 14–18, PRAAD, Accra, ADM 5/1/13.

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It is worth emphasizing here that this was not the only approach available: the CPP had opted to emphasize economic growth in order to absorb population growth. In 1970, at a symposium at the University of Ghana, contributors argued that there could be advantages to Ghana's population growth. E. V. T. Engmann and K. A. J. Nyarko, geographers from the University of Cape Coast, both suggested that a different management of the economy could make population growth advantageous.[91] Engmann argued that resource planning and the modernization of agriculture were the 'key to the population problem'.[92] Focusing on fertility was a political *choice*, linked to international pressure and its implied shift of responsibility onto Ghanaian men and women themselves. This was reflected in parts of the policy paper that identified those modern, educated, urban Ghanaians as those already practising family planning.[93]

Comments by Ford Foundation advisers on the first draft of the policy paper suggested that it be more 'forceful' in its argument, using statistics to hit home the dangers of overpopulation. They recommended using 'dramatic examples', which is reflected in the second section of the policy paper.[94] This highly developed and 'forceful' document discursively left Ghanaians with no real choice but to practise family planning if they did not want to threaten national and global development. The Foundation argued that it should be stated more clearly that 'women in developing countries want fewer children', and that 'recent advances in contraceptive technology' made this possible.[95] This problematic language homogenizes Ghanaian women among a mass of 'women in developing countries'. It is also simply inaccurate. Although Caldwell showed that 'some sections of the community desire[d] fewer children', in the mid-1960s, the majority, especially in rural areas, saw 'considerable numbers' of children as a '"natural" desire'.[96] Furthermore, the mention of contraceptive technology implies that technological advances would inevitably lead to their use in Ghana. It makes technology neutral, and assumes that, once people have information about this technology, cultural values will change and fertility will decline.[97]

Despite the forcefulness of the population policy, in May 1970, when the NFPP was launched, with the aim of reducing the number of children per

[91] N. O. Addo, D. A. Ampofo, G Benneh, S. K. Gaisie, and G. M. K. Kpedekpo, eds., *Dynamics of population growth in Ghana* (Accra, 1972).

[92] Ibid., pp. 29–32.

[93] 'Population planning for national progress and prosperity', 1969, PRAAD, Accra, ADM 5/1/13.

[94] 'Suggestions on "a population policy for Ghana" (reports 004247)', 15 Aug. 1968, p. 1, RAC, Ford Foundation collection, catalogued reports.

[95] Ibid., p. 4.

[96] Caldwell, 'Population change', p. 95.

[97] A similar attitude on the part of the Population Council is described in Beth Maina Ahlberg, *Women, sexuality, and the changing social order: the impact of government policies on reproductive behaviour in Kenya* (Oxford, 1991), p. 192.

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family, it gained surprisingly little coverage in national newspapers. Two articles acknowledging the launch appeared in the *Daily Graphic*, the largest circulating newspaper in the country. At the time, the government appeared to be sensitive to possible opposition to family planning. The *Daily Graphic* conveyed this information to the population with one clear message: 'Family planning is voluntary' was the large headline that accompanied the story, which contained an assurance that 'family planning activities would not be an instrument for regulating the private lives and reproductive habits of Ghanaian couples'.[98] The same message was reiterated in a smaller article two days later. However, here it was stressed that 'the country's population growth and reproductive habits posed very serious problems', particularly to the 'development' of the country.[99] The government appeared keen to emphasize that individual families' choice remained of paramount importance, indicating a minimally interventionist attitude, and expectations of resistance to the policy. The emphasis on individualism reflected the NLC's and PP's shift from the socialist model and reflects instead, as Mamdani suggested, a 'politically conservative' approach.[100] The idea that individuals were held responsible, at least in part, for the success of this policy – which would in turn ensure against the failure of the country's development plans – was politically powerful.

Those working in family planning in the early 1970s emphasized that persuading Ghanaians, particularly men, to use contraceptives was challenging.[101] In the progress report for the second year of the NFPP, the secretariat noted that, culturally, there remained a strong pronatalist attitude; what is more: 'In the face of growing nationalism after long periods of colonial domination, many view foreign assistance for family planning with suspicion that it has the sinister motive of corrupting the youth, destroying long cherished cultural practices and leading to general moral depravity of the nation.'[102] These tensions over international assistance in family planning suggest that it was seen by many as culturally alien and politically loaded. Foreign interference was linked to the idea that family planning would lead to moral decline in the country. In this context, pronatalism was still seen by some as positive and nationalist. The government's emphasis on the voluntary nature of the NFPP therefore appears politically astute.

Family planning was still a politically sensitive issue, and something which the newly elected Busia government was wary about. Letters to Ministry of Health

[98] 'Family planning is voluntary', *Daily Graphic*, 25 May 1970, p. 11.

[99] 'Family planning', *Daily Graphic*, 26 May 1970, p. 8.

[100] Mamdani, *Myth of population control*, pp. 18–19.

[101] Interviews were carried out by the author between Oct. 2017 and Feb. 2018 in the western, central, and eastern regions of Ghana. Some interviews were conducted with the help of research assistants: Moses Andoh, William Akuetteh Otoo, and Abiza Isaah. I am also grateful to Cerdick Ofori Antoh for his help with translation and transcription.

[102] 'Ghana National Family Planning Programme progress report July 1971–June 1972', p. 3, RAC, Ford Foundation collection, grant #0007168, reel 4048.

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staff went out only the day before the NFPP launch, reminding them of what the NFPP stood for and asking for 'complete cooperation and support'.[103] This suggests an insistence from above on support for the policy, but it also seems quite late in the day to be sending a message like this to Ministry of Health leaders. Lyle Saunders of the Ford Foundation reported that, in the merging and creation of new departments during the handover to civilian rule in 1969, family planning 'languished'. What is more, in his view, although there was no 'direct opposition' to family planning, there was certainly no 'enthusiasm' for it either. In fact, there was 'strong general resistance' to any new government programme at this stage.[104] Saunders's observations point to a government that was finding its feet and reluctant to launch any new programme that might be controversial. The push for family planning therefore had to come from invested individuals and non-governmental organizations, as well as a considerable amount of international pressure.

We see this aspect coming through with the Ford Foundation's involvement in the writing of the policy, as advisers pushed for the document to be more forceful. Saunders himself describes 'putting pressure' on the government at this crucial juncture in 1969 in an attempt to move the family planning programme along.[105] In the same year, Gordon Perkin, the Foundation's representative at the office in Accra, saw the NFPP losing steam before it even got going. The new minister for finance and economic planning, B. K. Mensa, said that he 'didn't think population was a very serious problem for Ghana'. Perkin suggested that, to remedy this, Robert McNamara, the President of the World Bank, should send a message of congratulations on the population policy statement to Prime Minister Busia. He considered that this would be effective in bolstering the population policy, given that 'the World Bank has a central role in considering Ghana's debts and their possible rescheduling'.[106] Here, the Foundation did not simply act in a role of positive reinforcement of the population policy and the NFPP, but hinted that there might be economic disadvantages to Ghana if they did not follow this path.[107] As the NLC had invited the IMF and the World Bank to intercede in Ghana's declining economy when they took power, the threat was real.

Evidently, there was local impetus for family planning. Women wrote in to newspaper columns asking for advice on planning their families.[108] In addition, not all the impetus for the establishment of family planning clinics came from

[103] 'National Family Planning Programme circular sent from A A Armar', 20 May 1970, PRAAD, Koforidua, ERG 5/1/41.

[104] 'Inter-office memorandum to David Bell', 4 Nov. 1969, RAC, Ford Foundation collection, grant #007168, reel 4048.

[105] Ibid.

[106] Ibid.

[107] For the state of Ghana's economy following the 1966 coup, see J. D. Esseks, 'Economic policies', in Austin and Luckham, eds., *Politicians and soldiers in Ghana*, pp. 37–61.

[108] See, for example, 'Mother and child care', *Sunday Mirror*, 10 May 1974, p. 6.

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above. Local hospitals petitioned the NFPP to join the programme. Dr Bruce-Kennuah wrote in 1970 requesting contraceptives at Tafo hospital, before it was covered by the NFPP.[109] Letters were also received by the medical officer in Koforidua from Akim Oda, requesting materials to set up family planning clinics in their hospitals.[110] Meanwhile, it should be remembered that all of the initial family planning efforts in the country had been carried out by Ghanaian 'pioneer' doctors in difficult circumstances. Doctors in Accra had set up clinics under the Nkrumah regime out of sincere concern for the health of women going through too many pregnancies, and for malnourished children. What is more, there were concerns outlined by these doctors,[111] and by the Population Policy Paper,[112] about high levels of self-induced abortions in the country. This indicates a desire on the part of individual women to reduce the number of children they were giving birth to. In other words, family planning in Ghana was not solely a top-down imposition, nor an international idea.

However, there was considerable top-down pressure, both from specific individuals and from agencies, as evidenced above. As family planning and population control became part of the international development world, in 1962, the UN issued a resolution that connected population directly to economic development.[113] It also stated that the 'health and welfare of the family are of paramount importance, not only for obvious humanitarian reasons but also with regard to economic development and social progress'. Furthermore, the resolution suggested action in 'less-developed countries' or 'developing countries'.[114] This statement discursively put the economic development of developing countries at the mercy of the health and welfare of the family. Family health was transformed to something beyond itself, its 'humanitarian' side becoming secondary to development. As birth control was becoming increasingly accepted, the World Health Organization (WHO) cautiously embarked on a programme of research on human reproduction in 1963. In the World Leaders' Declaration on Population, signed by Ghana in 1967, it was declared that 'We believe that the population problem must be recognized as a principal element in long-range national planning if governments are to achieve their economic goals and *fulfill the aspirations of their people*.'[115]

[109] 'Letter from Dr Bruce-Kennuah to PPAG', 24 Aug. 1970, PRAAD, Koforidua, ERG 5/1/41.
[110] 'Letter from Akim Oda hospital to Medical Officer Chaterjee', 19 Sept. 1970, PRAAD, Koforidua, ERG 5/1/41.
[111] Barnor, *A socio-medical adventure in Ghana*, p. 253.
[112] 'Population planning for national progress and prosperity', 1969, p. 13, PRAAD, Accra, ADM 5/1/13.
[113] UNGA Resolution 1838, 'United Nations General Assembly – seventeenth session, 1197th plenary meeting', New York, 18 Dec. 1962, p. 25.
[114] Ibid.
[115] Ayala and Caradon, 'Declaration on Population', p. 3, emphasis added.

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This kind of language linked the future visions of nations to population control. In the Ghanaian context, in which the NLC and PP were contending with 'the legacy of modernization without growth', as Naomi Chazan has put it, this was persuasive.[116] Support for family planning from the UN and the WHO amounted to discourse limiting the choices of 'developing' nations over what 'they do or do not do', following Ferguson's interpretation of development discourse.[117]

IV

The NFPP was launched under the new civilian government, led by Prime Minister Busia. This government lasted only two years until another military coup saw its undoing in 1972. During these two years, the tone was set for the NFPP as a government body, dependent on funding, equipment, advice, and even leadership from international organizations. The NFPP oversaw family planning delivered in three categories. The first was under the Ministry of Health, the second under PPAG, and the third under 'other', which mainly referred to Christian organizations. In addition, private businesses subsidized by the NFPP sold over-the-counter contraceptives. The programme also included non-clinical aspects such as government antinatalist policies limiting maternity leave, and education and information measures throughout the country.

The NFPP was specifically designed to carry out the aims of the population policy, and therefore its main aim was limiting population growth.[118] It was through the programme's information and education campaign that the government's messages on population were relayed to Ghanaians. The NFPP's one-year initial information and education campaign had three objectives with regard to the 'population problem campaign': the first was to create awareness about 'population trends in Ghana and the world as a whole'; the second was to highlight the 'relation of population growth to development planning'; the third was to emphasize the 'activities and accomplishments' of the NFPP up to that date.[119] As outlined above, the population policy's primary message was that population growth threatened economic development and that family planning would be a modernizing force. Population was framed as a *problem*, throughout. What this meant was that population growth that could not be met by economic growth was a problem. What it translated to, through the very existence of the NFPP, was that *fertility* was a problem. The NFPP constituted development practice, which, as Ferguson argues, hides its political implications.

One of these implications was the involvement of foreign agencies in the country's economic development planning. The Ford Foundation provided

[116] Chazan, *Anatomy of Ghanaian politics*, p. 158.
[117] Ferguson, *Anti-politics machine*, p. 18.
[118] 'National Family Planning Programme, briefing paper', 14 July 1969, RAC, Population Council collection, correspondence, reports, studies: box 76, folder 721.
[119] 'Ghana National Family Planning Programme one year information and education programme, July 1, 1970–June 30, 1971', p. 7, Accra, RAC, Ford Foundation collection, grant #007168, reel 4048.

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two grants to the NFPP between 1970 and 1972: the first was for $76,000 and the second for $134,000.[120] In 1971, this still only represented around 15 per cent of the total amount coming from international assistance. Other agencies making donations included USAID, the Canadian International Development Agency, the British Overseas Development Agency, the IPPF, the Population Council, and the UN Fund for Population Activities. These agencies provided costs for programme trials, conferences, equipment, and commodities for the programme, while the government met regular 'local' costs.[121]

But the need for international support went beyond money. As well as funding, the Ford Foundation had an office in Accra and worked with the Ghanaian government on the implementation of the NFPP. Furthermore, the very objects that were crucial for any kind of family planning – contraceptives themselves – were almost all provided by international agencies. For example, the Population Council supplied IUDs and pills through their postpartum programme. The Ford Foundation provided foams, jellies, and diaphragms to Korle Bu hospital.[122] Meanwhile, the IPPF sourced all of the contraceptives and equipment for PPAG, transport for the NFPP was provided by the UN Population Fund, and a grant from USAID met 'all commodity requirements' for the first three years.[123] Although PPAG was partially funded by the activities of local volunteers mentioned above, the IPPF continued to provide the main source of funding to the organization.[124] Having been established before the NFPP, PPAG continued to form a crucial aspect of family planning services in Ghana, especially in these early years as the programme established itself. Although, as has been mentioned above, the proportion of PPAG clinics fell by 1972, those clinics still accounted for 40.3 per cent of new contraceptive uptake compared to the Ministry of Health's 49.8 per cent.[125]

Family planning in Ghana constituted a jigsaw of elements provided by different organizations. For example, PPAG operated within IPPF guidelines, since it represented a branch of that organization. However, it was a voluntary organization, filling the gaps left where NFPP clinics aligned with Ministry of Health hospitals and clinics already in existence.[126] Its first stated aim was to 'assist in

[120] See RAC, Ford Foundation collection, reel 4048, which outlines Ford grants for 'Family planning assistance to Ghana' between 1969 and 1978.

[121] 'Memorandum to Mr McGeorge Bundy, grant report', 1970, p. 5, RAC, Ford Foundation collection, grant #007168, reel 4048.

[122] 'Site visit to Korle Bu Hospital, Accra', June 1970, p. 5, RAC, Population Council collection, box 581, folder 5630.

[123] 'Ghana National Family Planning Programme progress report – March 1971', p. 5, Accra, RAC, Ford Foundation collection, reel 4048.

[124] Barnor, *A socio-medical adventure in Ghana*, p. 265.

[125] 'Fourth annual report of Ghana National Family Planning Programme', 1972–3, table II, RAC, Ford Foundation collection, reel 4048.

[126] 'Planned Parenthood Association Ghana: five year work programme', 1972, RAC, Ford Foundation collection, grant #007168, reel 4048.

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national efforts aimed at improving the quality of the population'.[127] The Christian Council acted in a similar way. It was the only family planning organization that really focused on issues of sub-fertility and infertility. This was because, as a Christian organization, its primary motive was the success of Christian marriage, and, as mentioned earlier, it considered that 'sterility represents a potential broken marriage'.[128] By the 1970s, however, when it came under the NFPP umbrella, its focus shifted towards child spacing and family limitation.

The NFPP aimed to expand its reach, especially in existing government hospitals, 'as quickly as trained personnel [became] available'.[129] It appeared to enjoy some success in this aim. At its launch in May 1970, 46 clinics came under the NFPP. By March of the following year, this number had grown to 80.[130] At the end of 1972, there were 139 clinics registered with the programme.[131] As well as attracting women and men to new clinics, it was reported that attendance at established clinics grew. At Korle Bu, weekly attendance grew from around fifteen to twenty people to ninety.[132] It should be noted, though, that the NFPP was based overwhelmingly in the south, and in urban areas.[133] It was also launched regionally, the central secretariat emphasizing the need for national 'motivational campaigns'.[134] These were annual events in which the streets were lined with bunting, and pamphlets and radio programmes promoted family planning.[135] In Koforidua, the event took place in churches and in the central Jackson Park. As the object was to inform Ghanaians about family planning, an interpreter was employed for the event.[136] Regional launches were directed to stress the importance of family planning to Ghanaians for their nation, and particularly for rural areas.[137] These regional campaigns, alongside the expanding network of various family planning agencies in the country,

[127] 'Fourth annual report 1970–1971 Planned Parenthood Association of Ghana', p. 3, PRAAD, Accra, ADM 5/1/587.

[128] '1961–88 reports to council: report on medical advice centre 1961–62', CSWC, CCG: CCMFL 1 /2.2.

[129] 'Ghana National Family Planning Programme progress report – March 1971', p. 3, RAC, Ford Foundation collection, grant #007168, reel 4048.

[130] Ibid.

[131] 'Ghana National Family Planning Programme monthly report on family planning acceptors, November 1972', p. 1, PRAAD, Kumasi, ARG 2/14/10.

[132] 'Ghana National Family Planning Programme progress report – March 1971', p. 3, RAC, Ford Foundation collection, grant #007168, reel 4048.

[133] 'Ghana National Family Planning Progress report – December 1970', PRAAD, Koforidua, ERG 5/1/41. In May 1970, 20 per cent of all family planning clinics were located in the city of Accra.

[134] 'National family planning week', 1 May 1971, PRAAD, Kumasi, ARG 2/14/10.

[135] 'Minutes of the first meeting…for the formal launching of the Regional Family Planning Programme', 15 June 1970, p. 2, PRAAD, Koforidua, ERG 5/1/41.

[136] Ibid.

[137] 'Regional launchings', 18 Aug. 1970, PRAAD, Kumasi, ARG 2/14/10.

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constituted further involvement of the government in Ghanaians' lives – particularly for women.

There was some disparity between the 'type' of clinic visited, but by 1971 numbers attending clinics run by the Ministry of Health was rising in proportion to those going to the PPAG clinics, which were established slightly earlier.[138] What this meant was that more family planning was brought into a maternal and child health (MCH) framework. This was a contested issue at the international level, as well as in Ghana. According to Gordon Perkin, the Ford Foundation adviser in Accra, while the main objective of national family planning programmes 'should be' a reduction in the number of births, they should also aim to reach the 75 per cent women in Ghana who did not come into contact with MCH.[139] This attitude reduced women, and their potential and actual children, to numbers. Separating birth from its context as something which happened to women's bodies, through developmentalist language, inspired a disconnection from Ghanaian realities. According to Dr Barnor, the NFPP was entirely 'outside the influence of the Ministry of Health', and was, instead, under the control of the Ministry of Economic Planning.[140] This implies that health workers felt that they were not much involved in decision-making in the implementation of the programme. It also indicates that the point of view 'on the ground' was very much that this was an economic programme, not a health one. This arguably affected the health care provided as part of family planning, as the reduction in the number of births took priority.

The Population Council, on the other hand, held the view that family planning uptake would increase if it was part of MCH services. It was this view that governed its postpartum programme, which three hospitals in Ghana took part in from the late 1960s. It was established in regional hospitals: Korle Bu in Accra, Komfo Anokye in Kumasi, and Effia Nkwanta for the Western Region. The idea was that women going into hospital following abortions or miscarriages, or to give birth, would be more likely to accept family planning. For example, Korle Bu saw 10,000 deliveries in 1968; this meant reaching a potential 10,000 women through the MCH system.[141] Unfortunately for the Population Council, its postpartum system did not work well at Korle Bu. In fact, its reports show constant frustrations with scanty and unreliable data reporting from Ghana. When figures did come back, it was shown that 67 per cent of women in 1970 were 'indirect acceptors' of contraception, rather than accepting contraception in the first three months after their pregnancies. It is important to note the language again here. The term 'acceptor' is passive

[138] 'Ghana National Family Planning Progress report – April 1971', table IV, PRAAD, Koforidua, ERG 5/1/41.

[139] 'Family planning within and beyond maternal and child health', p. 3, RAC, Population Council collection, box 234, folder 2176.

[140] Barnor, *A socio-medical adventure in Ghana*, p. 282.

[141] 'Recent development in population and family planning in Ghana', 15 Aug. 1969, p. 2, RAC, Population Council collection, box 76.

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and denotes a lack of agency on the part of Ghanaian women. Furthermore, if we concentrate, as Ferguson suggests, on what the development project did, rather than its failures,[142] we can identify this as an example of accumulating data from Ghanaian women about their reproductive choices, and conveying messages to them about 'effective' contraception, and the negative impact of high fertility.

Dr Bentsi-Enchill, who ran the postpartum programme at Korle Bu hospital, said that women did not accept contraception immediately after giving birth because they 'want[ed] more time to discuss family planning with their husbands'.[143] This suggests a local sensitivity to, and compliance with, gendered patterns of decision-making surrounding the family and reproduction. Development schemes often fail without reference to local, practical knowledge;[144] arguably the postpartum programme lacked this. At its peak, it operated in 200 hospitals around the world, with little variation in method. In 1971, Dr Major, reporting back to the Population Council, said that 'efforts in attracting direct acceptors must be very anaemic', because the acceptance rate had fallen since the previous year.[145] In other words, doctors at Korle Bu were repeatedly criticized by representatives of the Population Council for their inability to persuade women to begin using contraception immediately after having given birth. Referring to her work on Kenya, Ahlberg suggested an alternative: that family planning 'offers yet another concrete example of problems arising when social policy and planning are not based on concrete knowledge and local realities'.[146]

The argument over the balance between family planning as a part of MCH and as a stand-alone service played out within international organizations, as well as in one-to-one encounters in Ghana. In 1970, Dr Bannerman, now working for the WHO, wrote:

> I personally think that this [NFPP] is essentially a health project, and in our present state of development should remain essentially so…Our Organization [WHO] is making every effort to dissuade national authorities from undertaking family planning programmes as activities isolated from health services which, as experience shows, has impeded the sound development of the countries' general health services or affected detrimentally those already in existence.[147]

[142] Ferguson, *Anti-politics machine*, p. 255.

[143] 'Site visit to Korle Bu Hospital, Accra', June 1970, p. 4, RAC, Population Council collection, box 581, folder 5630.

[144] James Scott, *Seeing like a state: how certain schemes to improve the human condition have failed* (New Haven, CT, 1998), pp. 6–7.

[145] 'Letter from Dr Benjamin Major to Wright', 18 Feb. 1971, RAC, Population Council collection, box 77.

[146] Ahlberg, *Women, sexuality, and the changing social order*, p. 191.

[147] 'Letter from R H O Bannerman chief medical officer for education and family health, WHO to Dr Boi-Doku', 7 Dec. 1970, WHO, P13/372/9.

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In other words, Bannerman argued that a lack of development should *deter* countries from launching 'stand-alone' family planning programmes, rather than encourage it. This was especially so for projects such as the NFPP, which seemed detached from the health system, and was actually a Ministry of Finance initiative. Again, this illustrates dissenting views from those who would approach family planning differently. Discourse that linked economic development to demographics downplayed the health aspects of family planning, which had more to do with individual experiences.

The involvement of government and non-governmental agencies in hospitals and clinics promoting the uptake of family planning constituted an expansion of their involvement into Ghanaians' lives – particularly women's. Stressing that family planning ensured economic development, through education and information campaigns, implied responsibility on the part of ordinary Ghanaians, in their private lives. As the NFPP grew in these early years and began to expand beyond its urban base, to carry out social science surveys, and to facilitate the movement of technologies around the country, the government and its associated agencies became involved in Ghanaians' lives and bodies in a new way. As James Scott put it, Ghanaians became 'legible', which allowed government intervention into their lives.[148]

V

The NFPP had limited impact on overall fertility in its first few years.[149] Whereas Caldwell found the fertility rate to be 7.3 births per woman in the mid-1960s, the World Bank estimates that it was around 6.9. By 1972, this figure had not changed. In fact, it was not until the 1980s that fertility began to decline significantly in Ghana.[150] Furthermore, by July 1972, the NFPP recorded a total of just 45,879 acceptors for its first two years, from a population of 8.5 million.[151] Family planning, then, did not take off in Ghana in the dramatic way that some might have hoped for. Importantly though, it was introduced within a specific framework that linked its success to the development and prosperity of the Ghanaian nation.

Transnational population activism in the period from 1960 to 1972 was anchored in Ghana through the work of philanthropic and non-governmental organizations. However, the NFPP was not simply an international imposition.

[148] Scott, *Seeing like a state*, p. 183.

[149] The UN reported in the 1980s that, although Ghana had been one of the first nations to roll out a national programme, its effects had barely been felt. See Ian Askew, Ndugga Maggwa, and Francis Obare, 'Fertility transitions in Ghana and Kenya: trends, determinants, and implications for policy and programs', *Population and Development Review*, 43 (2016), pp. 289–307, at p. 290.

[150] 'Fertility rate, total (births per woman)', *World Bank Data*, 2019, https://data.worldbank.org/indicator/SP.DYN.TFRT.IN?locations=GH.

[151] 'Ghana National Family Planning Programme progress report July 1971–June 1972', table I, RAC, Ford Foundation collection, grant #007168, reel 4048.

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In Ghana, politicians in successive governments structured their policies through development planning. The discourses of development that drove this planning referred to the country's demographics. The focus of this article has been on the political decisions and discourses regarding the implementation of the population policy, and the NFPP. Meanwhile, an amalgamation of international and national discourses of development influenced the implementation of policy, and the choices available to women and men.

Rhetoric from Ghana's population policy promised a bright future in which the benefits of development could be felt, if population growth could be curbed. It has not been my aim here to argue whether or not women and men in Ghana did benefit from this programme, nor particularly what their attitudes were towards it. Rather my focus has been to demonstrate that discourses that linked family planning to national and global economic development enabled and legitimized successive governments' choices on implementing population policies.

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