PRADER
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Pierre Pradervand West Africa Trip Report

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TRAVEL DIARY OF PIERRE PRADERVAND
March 27-May 17, 1969

LAGOS, NIGERIA

Thursday, March 27: My arrival in Lagos from Geneva was slightly delayed, due to my Nigerian visa not arriving in time in Algiers. I was straight away taken to the Ford Foundation flats, a small appartment house the Foundation maintains for passing guests where I was to pass a few very agreeable days due to the discrete and courteous service of Mr. Eshiett and Mr. Akpan.

Friday, March 28: The day was spent at the office going over an impressive pile of files Mr. Hanson (absent in Ibadan) had prepared for me. Mr. Wolters was kind enough to take me for a good two hour drive through Lagos, which included an amazing open-air local market, a real Babel of smells, colors and humans.

Running through the files, a certain number of questions came to my mind concerning basic policy orientation in the field of family planning: on what basis should one try to introduce F.P. in countries as varied as Mauritania, Congo and Algeria? How should one conceive the presentation of the problem: under the purely individual (or family health) aspect (which seems to have been the approach of Mr. Deane of the Pathfinder Fund in Mali, Haute Volta, Mauritania), although the real reason may be quite different? I will come back to these problems at the end of this report.

Saturday, March 29: The day was spent revising an article published in the December issue of Development et Civilisations (French development journal: title: "La Course Demographie - Development Economique) for AID Paris (Mr. Harcourt) who wants to have 5000 copies made. The paper aims at making a brief synthesis of recent developments in the theory and practice of family planning in developing countries. Copies should be available for distribution in 2-3 months time (20 p. + 6p. annotated bibliography).

Sunday, March 30: Mr. Hanson came in the morning to give me some papers of Jack Caldwell to read. In the evening, I had dinner with Mr. and Mrs. Hanson at their home, during which it was decided I would go up to Ife to settle on my definite journey with Jack Caldwell. It was an extremely pleasant evening, and I am sure we discussed African art as much as demography.

Monday, March 31: At last I managed to finish the large pile of files (probably 10 pounds or so) I had found on arriving in Lagos.

Tuesday, April 1: Today I drove 140 miles to University of Ife, which with its 20 square miles of campus is apparently the largest in the world. Very friendly reception from the Caldwells at whose home I am staying. Apart from a general discussion on demographic trends in tropical Africa, Mr. Caldwell and I discussed the following points:

1. The proposed itinerary of the journey might be the following:

   First stage: Congo Kinshasa and the Cameroons, then back to Lagos.

   Second stage: Dahomey, Togo, Ivory Coast, Haute Volta, Niger and back to Lagos.

   Third stage: Senegal and back to Geneva via Tunis

2. We discussed a book on the demography of tropical Africa with a separate chapter on each country, that Mr. Hanson suggested Jack Caldwell edit, using a number of different authors for individual chapters. It seems to me it would be well worthwhile bringing out a book which would contain contributions on the whole of Africa. It would be easy to find contributors for North Africa, (Seklani for Tunisia, Bahri or Bourcier de Carbon on Algeria, Egypt no problem, may be Benyoussef for Morocco and Libya), and there are few chances of a book of this sort coming out just for North Africa. (The book by Benyoussef which appeared a couple of years ago on the Maghreb is already largely outdated, due to a great quantity of recent statistics, including two censuses - Algeria and Tunisia). Also the appeal of the book would be much greater, as well as its commercial (publicity) value. Two books have recently appeared in this

field on tropical Africa, as yet none on the continent as a whole. The additional costs would be small compared to the intellectual gain.

3. The third main point we discussed (rather briefly) was the Dahomean proposal for a demographic survey (see letter of M. Gedeon DASSOUNDO, Sous-Directeur des Statistiques Demographiques et de la Production to Dr. Heisel of the Population Council, dated 13 March 1969).

One can make the following remarks on the Dahomey proposal:

(a) The sample seems to be slightly on the large side, (sampling fraction for the second strate of the sample - i.e. people to be interviewed in each village chosen - is f2 = 1/2)

(b) More important, the number of interviewers they expect each interviewer to do seems to me rather high: each interviewer is expected to obtain complete vital statistics from an average of 10 households per day (approx. 50 people), 25 days per month, during 14 months (7 passages, one every 2 months in each household of a given region). It seems to me quite unfeasable to maintain such a strenuous rythm during such a long period (approx. 20 months if one allows for a 4 week break).

The total cost of the survey comes to just over 100,000 US dollars for approx. 26,000 households, which is not very expensive per household, but then it might be higher if the rythm aimed at cannot be maintained. (See further comments under April 8).

Wednesday, April 2 - Sunday April 6: These four days were spent going through the documents Jack Caldwell had given to me. On the Thursday, I had a good talk with Dr. G. A. Williams, President of the Nigerian Family Planning Council, and Lagos City Health Director. This interview was mainly for my own information on the medical aspects of family planning in tropical Africa.

I would like to mention one very interesting remark made by the Polish Dean of the Faculty of Economics at the University of Ghana, who said in a lecture at the School of Administration that "Developing countries like Ghana should permit an optimum rate of population growth, perhaps about 1% per year". (West Africa, February 8, 1969, p.158).

COTONOU, DAHOMEY

Monday, April 7: I drove over to Cotonou, Dahomey, this morning - short four hours drive from Lagos. In the afternoon, as offices were closed (Easter Monday), I went over to see the Woods at the Mission Methodiste, as recommended by Douglas Deane of the Pathfinder Fund, Geneva. Mrs. Margaret Wood works a few mornings a week at the "centre d'Orientation Familiale", an excellent euphemism used to describe the country's first family planning clinic (Mrs. Wood is a fully qualified midwife and has received training in loop-insertion in Britain).

Composition of the Centre d'Orientation is the following:

Presidents:	Rev. Henry	(head of local Methodist Church)
	Mrs. Margaret Wood	
Treasurer:	Rev. Raymond Wood	
Secretaries:	Anne Lewis Mary Mew	wives of methodist ministers
Medical Advisor:	Dr. Frank Walkhoff, Dahomean Director of a private clinic, who has been inserting loops for about 18 months (see below)	

The Center receives assistance from the Pathfinder Fund.

The project received an unofficial "nihil obstat" from prior Health Minister, Dr. Badarou, (now Minister of Foreign Affairs). Started on Guy Fawkes day (5 November 1968), but less boisterously than the date might indicate. As yet, progress has been very slow;

in twice-a-week clinics, since November 1968, only 24 loops (as of April 7, 1969) have been inserted. 3-4 women are on the pill. Most are multiparous women in the 26-30 year range referred by friends or Dr. Walkhoff and who simply have enough children.

Address of the Rev. and Mrs. Raymond Wood:

B.P. 34 - Cotonou, Phone No. 42-84

Polygamy seems still very widespread in most areas. A young science teacher at the Woods home told me that in certain more traditional regions in the North, parents had been opposed to the opening of schools, as school attendance would deprive them of the children's manual labor. This seems to indicate that children are still considered very much an economic asset in rural areas. In urban Cotonou - only 137,000 inhabitants - one does not yet encounter the growing social problems of larger African towns to the extent of places like Kinshasa, Lagos or Algiers, although abortion is becoming a serious problem (cf. infra).

The state-run P.M.I. run by Dr. (Mme) Badarou, wife of the Minister of Foreign Affairs (see below) is to receive a new wing (thanks to joint AID - Christian Aid, G.B., assistance) on the condition that they will start a F.P. clinic there

Tuesday, April 8: This morning, short visit to the Centre d'Orientation Familiale, where Mrs. Wood and Mrs. Lewis were waiting for someone to turn up. At 9.30, I went to see Mme (Dr.) Badarou, a most charming and soft-spoken woman who has a real interest in F.P. She regretted that her responsibilities in the P.M.I. did not make it possible for her to attend the Chicago summer course, but suggested I come back the next day to discuss other possible candidates, and also that I go and see Dr. Amoussou, General Secretary of the Ministry of Health and Social Affairs.

Madame Badarou: Phone No. Private 29-19
P.M.I. 35-38

Dr. Amoussou : Office 26-70 to 72

Dr. Amoussou had asked his "Conseiller Technique", Dr. Jean Hounsou, to take part in the discussion. Dr. Amoussou expressed a genuine interest in the Chicago summer course, but also explained that it was difficult to find people who could be let off for such a long period of time. Nevertheless, he expects to find 2-3 candidates and promised to write to Lagos as soon as possible.

We broached the more general topic of family planning and development via the situation in Algeria: both doctors bombarded me with questions concerning the Centre de Planning Familial of Mustapha hospital (Algiers), and Dr. Amoussou has evidently given the problem some thought. Nevertheless, he seems to think the question of F.P. premature and discussion not very useful as long as one lacks basic demographic data - a position with which I find it difficult to disagree.

Dr. Hounsou broached the problem of polygamy, which as I have already mentioned is quite widespread. There are in his opinion two main reasons to this:

- the first reason, an economic one, is that polygamy is an economic asset, in that there are more hands to work in the fields;
- the second reason, which according to Dr. Amoussou might be even more important, is the very strong taboo - apparently widely followed - on sexual intercourse while the wife is lactating.

In the afternoon, my first interview was with Dr. Frank Walkhoff, Dahomean physician and director of a private clinic. Dr. Walkhoff has already inserted about 100 loops, among both European and African women (although now he refers most women to the Centre d'Orientation). He is of the opinion that abortive measures are frequently taken by married women who have enough children - he mentioned the figure of 3/4 when speaking of the proportion of miscarriages which had been artificially induced, and thus in his opinion, "le terrain est favorable au planning familial". Any woman with 4-5 children will do all she can not to have any more (an opinion I cannot quite share). Nevertheless, he also thinks that any real propaganda for F.P. would awake considerable resistance by the husbands, who are afraid that if their wives use efficient contraceptives, they will also start to be unfaithful (an argument already heard elsewhere)

Later on, I saw Mr. Gedeon Dassoundo, Sous-Directeur des Statistiques Demographiques, Direction de la Statistique, Ministere de la Prospection et du Plan, with whom I had a long discussion concerning the demographic survey for which the government has officially asked assistance from the Population Council. Mr. Dassoundo impressed me favorably as being a serious person, although he lacks experience in this field to a certain extent (which would make the assistance of a competent demographer all the more necessary). We discussed in detail the technical aspects of this proposed survey, and as I have written to Dr. Caldwell and Dr. Heisel on this matter, I will not go into it here.

The discussion clearly outlined the urgent and pressing need for a serious survey, which seems to me absolutely vital, as this country has only very deficient data in this respect. The only scientific basis whatsoever is a sample survey undertaken by the French INSEE of Paris (Institut National des Statistiques et des Etudes Economiques), under 100% French direction, with not even a demographer at the head of the mission. This sample survey was undertaken in 1961 (sample fraction 1/20 of the administrative population).

The main problem is that it is a known fact that this demographic basis is incomplete. (Small subsequent exhaustive surveys have shown for a region a population sometimes larger, sometimes smaller than the "administrative" population which formed the basis of the census). Thus, all present estimates - and they are admittedly hazy at that - are based on a sampling fraction which may contain a large bias, but the direction and magnitude of the bias is unknown.

All demographic data are based either on this survey, or then on very theoretical calculations based on U.N. estimates.

It also seems that the chances of a census being made in 1970 are very poor indeed - for the following political reasons. The Ministere de la Prospection et du Plan has no minister - presently, the President, Dr. Zinsou, is responsible for its running, but does not appear to have the time to look into any of its problems. The Director of Statistics is not even represented in the Council of Ministers and the Minister of Agriculture has thus had an easy time convincing his colleagues that the agricultural census - to be made in 1970 - is more important.

The country apparently has had some kind of "Plan" for the years 1966-1970, and another one is being prepared. The 1961 data gave a figure of 28% for the number of children in primary school. The Ministry of Education gives a figure of 29-30% for now, but as there have been no new schools built during the last 5 years, this must evidently represent an optimistic assessment of the situation, especially as the 1961 figure was based on the INSEE sample survey.

Mr. Dassoundo (who by the way is a colleague of M. Bahri from Algiers - they graduated together from INSEE) also gave me some figures for the "Allocations familiales". They are only paid out to salaried workers. Since 1969, they are restricted to 6 children (before, it was unlimited). Civil servants receive 2,500 CFA per child (very approximately $10, which is a considerable sum for here), others only 700 CFA.

The Direction de la Statistique undertook in 1966-67 a household budget survey, with French funds. Approximately 300 out of a total of 1900-2000 villages were surveyed. As the project ran out of funds when underway, all the IBM cards were sent to INSEE to be analyzed.... and the Dahomeans have not yet received the results. This is, of course, most annoying, as they urgently need the data for the next Plan. It must be added that this gave them useful experience in the field of managing a large survey. (I also spoke with one of the supervisors, a M. Sauvy - not the French demographer, by the way.)

The following day, I again had a long discussion with M. Dassoundo, concerning

a) The definition of the "population administrative" which forms the basis of the 1961 INSEE study. It appears (cf. my letter to Dr. Heisel and Dr. Caldwell) that in some regions the sample basis could have been as old as 1956, 1957 This makes an exhaustive count of the population all the more necessary.

b) The survey budget. I would like to draw attention to the fact that M. Dassoundo has not put into the budget the costs which will be incurred by the Dahomean government, e.g. his own salary, that of additional administrative and secretarial personnel, etc. This gives the impression that the Dahomeans are asking the Council to pay all costs of the survey, which of course is not so. We went into the budget point by point, and it seems to me reasonable. Certainly is has not been artificially inflated anywhere (as e.g. the Algerian KAP

survey was -- although final costs were 50% higher than initial "inflated" estimates).

c) Other technical problems are also referred to in the above-mentioned letter.

I also met M. Ogouma, Directeur de la Statistique Tel. No. 41-03.

Wednesday, April 9: My first interview of the morning was with Mr. Clingerman, Population Officer at the U.S. Embassy. Mr. Clingerman gave me an interesting briefing on the background of the country which is hardly encouraging but which could influence any project undertaken. The country suffers from instability, no politician in power having ever managed to get the backing of all three power groups (North, Central, and South Eastern regions). At the present moment, the country is undergoing a severe financial crisis: salaries of the 18,500 civil servants eat up 70% of the budget ("budget de fonctionnement"). I was told that Dahomey has more civil servants per capita than any other African country. The President, Dr. Zinsou, has recently cut all salaries by 30%, and last night on the radio said this was not the end. France gives budget subsidies, and thus has a hold on all governments.

All this means "austerity cuts" are being made everywhere. It is thus not at all certain that the government will decide to undertake a full enumeration of the population (the cost of which might be about 80-100,000 dollars from a quick estimate made by Mr. Dassoundo). This means the demographic survey would have to draw a sample on the basis of the 1961 French survey -- which would be a bit like building a house

on sand. (I have a copy of the INSEE report which I shall give to Jack Caldwell).

Mr. Clingerman also mentioned that the Embassy had sent a demographic study project to Washington, in 1968, but that they had received no reply whatsoever. This project seems to have had Population Council backing from what Mr. Clingerman said. A project sent by the U.S. Embassy in Lome has met with the same fate.

It might be worth checking this with AID in Washington.

At 10.30, I met again with Mme. Badarou. She, like Dr. Walkhoff and Dr. Assani (see below) has noticed the sharp rise in induced abortions in past years (e.g. there are numerous deaths from tetanus infections among young mothers). Methods (abortificiants) usually used are quinine, potassium, and especially permanganate which, applied locally, leads to complete erosion of the uterus (with consecutive hemorrages if the utero-cervical artery is damaged). She thus thinks any PMI-based FP clinic would meet with a great success. Asked for the reason of the little success of the Centre d'Orientation, she thinks it is in part due to its location (cramped quarters in a private clinic) which put it out of the mainstream of interested mothers. Mme. Badarou kindly made an appointment for me to see her husband, the Minister of Foreign Affairs and ex-minister of health (M.D.).

Dr. Boni, the only military M.D. of the 3,000-4,000 strong Dahomean army, came over to have lunch with me. He is no doubt the most enthusiastic person I have met concerning F.P. We had a most cordial discussion on many matters -- including the present regime and power structure. Dr. Boni seems professionally an exceptionally honest person -- which alas does not seem to apply to all his colleagues. He expressed great interest in the Chicago summer course, and, due to his position (his "medical population" counts approximately 30,000 people -- 10 x 3000 -- and as a member of the elite and an M.D. he can have considerable influence, e.g. he gives courses to the midwives), I think he would be a worthwhile candidate -- not to mention his keen personal concern with the problem.

The first half of Wednesday afternoon was again spent with Mr. Dassoundo (see above), and at 4.30 I met Dr. Badarou, Minister of Foreign Affairs. The main aim of my visit was to try and impress upon him the importance of the enumeration asked for by the statisticians. Dr. Badarou, although expressing concern about the inadequate basis of the 1961 survey of which he was not aware, was quick to point out the financial difficulties of the country, and also the fact that it was up to the General Secretary of the Ministry of Planning to convince the President of the urgency of this project. When we broached the topic of family planning, Dr. Badarou, while expressing his total agreement with the basic concept involved, added that the "population"

aspects of the matter were very delicate, and that misunderstandings were all to easy, especially when Westerners were the promoters of family planning. I mention this not because it is new or striking, but because it is a note that was struck, in one way or the other, by every single one of the Dahomeans I had talked to. It was a diplomat's way of saying, give us the information and let us do the deciding.

At 17.30 I had what I consider my most fruitful discussion with Dr. Layissou Assani, Head of the Cotonou Maternity Clinic. Both Dr. and Mrs. Badarou, Dr. Boni and Dr. Amoussou had told me that Dr. Assani was "anti-F.P." or at least lukewarm. This proved totally wrong: Dr. Assani is cautious about the pill and the loop because he has seen some very negative side effects, but is deeply preoccupied by the wave of abortions which fill his clinic; he mentioned numerous individual cases with the obvious concern of a physician who is deeply preoccupied by this problem, and who sees family planning as the only prophylactic agent capable of combatting abortion. He was extremely interested by the Chicago seminar and very much hopes the Ministry will designate him to participate. No other person seems to me better qualified to attend, and should the Ministry of Health, for reasons of internal rivalry, decide to send someone else, I think we should do all we can to get him across for one month during his holiday.

Due to the early closing time of the frontier, I had to put off my departure for Lome till Thursday morning.

I would like to mention the existence of the Institut de Recherche Appliquee du Dahomey (IRAD) situated at Porto Novo, and related to the Ministry of Education. Director: Mr. Adekevi (home No. 24-23, Porto-Novo; Office 26-56). Despite two trips to Porto-Novo, I did not manage to see him. Dr. Boni spoke highly of him. They employ various specialists, amongst whom a sociologist. This might warrant further investigation on a next trip.

LOME, TOGO

Thursday, April 10: I arrived in Lome by road around 10 o'clock and rang up David and Jo Ann Stillman, AFSC representatives in Togo. To my delight I learned they had a room for me at their house -- thus relieving me of the artificiality and tediousness of the Grand Hotel style for a few days. After having been received with typical Quaker friendliness, we sat down to making a list of the most important people to see, and made appointments for the next two days.

My first renderzvous was with Mr. Verdier, of the Institut du Benin, now responsible for the Togo KAP survey. Work on the survey has just begun. Interviewers are all school teachers who received a 15-day training course and will interview in their respective villages the women of 5000 households (i.e. where there is one head of family, which might imply 10,000 women). Mr. Verdier, ex-language

teacher, has trained himself as an ethnologist and is preparing a fascinating "Doctorat d'Etat" (considerably more than a Ph.D. in the French system) on popular Togolese myths. Mr. Verdier turned out to be literally a gold mine on Togolese customs. Just two days ago, a sorcerer had told him what type of bark they use to make abortificants. With another plant, Mr. Verdier assured me, they managed to make grandmothers of 60-65 lactate, as well as young girls -- a point that might warrant investigation by a pharmacologist. It is quite impossible in these few notes to convey the richness of the information we received, but the following have some bearing on fertility problems:

- in some regions, clitorectomy is still practised. The rationale is apparently that women must not enjoy the sex act. (Mr. Verdier has actually filmed sexual initiation ceremonies, during which clitorectomies and circumcisions are performed, and this must certainly be a unique document);
- age at marriage can be exceedingly low -- in a local sample for the KAP survey, a few girls had been married at the age of 10 years.
- after four months marriage, a woman who has not conceived can take a lover. If she then becomes pregnant, she leaves her husband (if not, he leaves her). This prevents fecund women living with sterile males.

Although this has nothing to do with fertility, I would like to mention that in his study of Togolese myths, Mr. Verdier has found the exact replica of the story of Oedipus -- an interesting reply to modern specialists who criticized Freud for believing the oedipal situation to be a universal one.

At 4.30, Mr. Stillman and I went to see Mr. Looky (INSEE graduate) Responsible des Statistiques Demographiques at the Direction des Statistiques Generales, Ministre du Commerce, de l'Industrie, du Tourisme et du Plan, Rue du Commerce, Tel. 22-87. We mainly discussed the one and only census that was held in the country between 1958 and 1960, i.e. over a 3-year span! Due to lack of personnel, one French statistician was responsible for the whole set-up, (this is the reason it was done first in the towns, 1958-59, then in rural areas, 1959-60). Mr. Looky himself was the first to admit that the results were rather hypothetical. This is due to many reasons -- e.g. in towns, census interviewers were paid according to the number of people interviewed, definitions were frequently unprecise, etc. -- but the main reason being evidently the time lag between surveys done in towns (1958-59) and rural areas (1959-60) which presumably means many people were omitted -- and maybe some counted twice.

The following year, a demographic survey based on a 1/10 sample of the population was made (I managed to get a copy I will give to Jack Caldwell. No copies of the census are available for removal although I spent 45 minutes studying an office copy.) The following

estimates, based on this survey, are still the official figures for Togo:

Crude birth rate:	55‰
Crude death rate:	29‰
Male life expectancy:	32 years
Female life expectancy:	39 years
Growth rate:	2.6%
Total population as estimated on 1.1.69:	1,802,000

Mr. Looky believes total population may have topped 2 million and that growth rate might be approaching 2.9-3% but says he lacks conclusive data to prove this.

The Direction des Statistiques had prepared documents and a questionnaire for a new census, but the government, as in Dahomey, appears for the moment to have second thoughts concerning it -- for cost reasons. Thus it is probable that in 1970 only an agricultural census will be made. This is all the more regrettable, due to the fact that Mr. Looky mentioned they have 10 qualified Togolese statisticians, some INSEE graduates, but most having received their training at the C.E.S.D. in Paris, (Centre European de Formation des Statisticians Economistes des Pays en Voie de Developpement) (O.E.C.D.?)

My last interview of the day was with Dr. Celestin Edorh, Director of the brand new Lome Health Center (B.P. 1621 - Lome; office

phone 21-63; private 25-13). He expressed a real interest in F.P., mentioning that women at the PMI (included in the Health Center, which is mainly a prophylactic institution) daily asked for access to contraceptive methods. He thinks that F.P. is a real problem in towns, and that a growing number of doctors are interested in it. But he quite strongly expressed the opinion that to try and introduce F.P. in rural areas, "c'est mettre la charrue devant les boeufs": first, one had to raise the living and health standards of these regions, before thinking of introducing F.P. He would like to go to the Chicago course another year, as this year it would be impossible for him to attend.

Friday, April 11: The first rendezvous of the day was with Dr. Gadagbe, Medecin-chef of MCH at the Ministry of Health and pediatrician. Dr. Gadagbe seems extremely concerned by family planning, both under its health (abortion rate growing) and social aspects (families unable to cope with so many children). He straight away told us that he had talked about this problem at a recent WHO seminar for health administrators.

He expressed a great interest in the Chicago summer course, and I think he would make the most suitable candidate available, due both to his position, (he would be responsible for orienting ministerial policy in this field) and his personal concern. Two other candidates were suggested:

- Dr. (Mme) Amenyran Florentine,
  medecin-chef of a health subdivision
  (regional health director) and obstetrician.
- Dr. Quadjovie Christophe,
  Directeur du cabinet du Ministre,
  Ministry of Health.

Dr. Gadagbe thinks that family planning is a deep concern for many people. Nevertheless, he spoke with a great sense of humour about opposition to family planning amongst members of the government. ("Our wives are uneducated - if they don't make children any more, what will they do?") and especially in the ranks of the Roman Catholic hierarchy. He has had some quite sharp discussions with the local Bishop about this question, who requested him to come and discuss the matter with him, after the Bishop had heard with great distress about Dr. Gadagbe's activities in this field. Dr. Gadagbe quoted himself as having said to the Bishop that God wasn't going to till the fields of those who were hungry nor give vitamin pills to the children dying of Kwashiokor. Nevertheless, he did point out that great discretion was necessary, just because of this very vocal opposition - most of the elite in the South are Catholics. He cautioned that too much publicity might lead to what recently happened on Gabon (something I overlooked completely) where, following rather a lot of publicity on behalf of doctors who were very open about distributing pills and inserting loops, the government, under pressure from the Roman

Catholic hierachy, passed a law forbidding the importation of all contraceptives - a law which is apparently being enforced quite severely.

He mentioned that doctors could freely give contraceptive advice on an individual basis, and that the French anticontraceptive law of 1920 was not enforced.

Another problem he spoke about - and which various M.D.'s have mentioned to me on this trip - was the opposition of many Africans to the loop, to the idea of a foreign body inside the woman's uterus. This was objected to as much by husbands as by women - although to what extent he did not say.

He also told us that a new Health Education Center was going to be opened where family planning information would be available.

He confirmed that numerous women use traditional abortive medicines (like Dr. Assani in Cotonou, he is most preoccupied by the problem of abortion), and was the first person to mention that many young girls are resorting to prostitution. Family allowances, he said, were of about 1200 CFA per child up to the fifth child. The last thing he mentioned was the case of a desperate carpenter, father of 34 children (5 wives of which 3 were deceased or gone) who implored him for contraceptive methods.

The second visit of the day was to Mrs. Nomenjio, wife of the Reverend Nomenjio of the Englise Evangelique du Togo, an ex-school

teacher who gives a more general course on family life and marriage). Mrs. Nomenjio has been to Geneva, where she stayed for three weeks with a Centre d'Information Familiale, a local counseling center for families in Geneva. She expressed the interesting opinion that the need for family planning arose when monogamy was imposed upon people (or when they resorted to it themselves) as, due to the very strong taboo on sexual intercourse during lactation, couples search for a way out of this problem via F.P. I can imagine this might be a motive in a very Christian family, but I tend to doubt it has a more general validity.

Like numerous other people, Mrs. Nomenjio mentioned the rising problem created by growing numbers of pregnant girls, often at very young ages - 13 onwards according to Mme. Mikem - see below for her interview.

The last interview of the morning was with Mr. Allen Dean, of U.S.A.I.D. This was quite a long discussion concerning the necessity for developing indicators showing the presence of a population problem, without necessarily having to resort to the costly procedure of a census. We also discussed the importance of MCH in introducing family planning, and Mr. Dean regretted that AID could not use its population funds to forward MCH in developing countries. The problem of such indicators seems to me an important one, which would warrant considerable more research.

In the afternnon, accompanied by the Stillmans, I went to see Dr. Andrae at the local hospital. This hospital was built a few years ago with German funds, and is run by a team of German doctors, although the head of the hospital, who was away when we called is a Togolese, Dr. Amen LAWSON. Dr. Andrae is a German surgeon and obstetrician, and was kind enough to receive us despite a very heavy work load - which seems a general rule in the hospital.

Dr. Andrae was of a very different opinion from Dr. Gadagbe. He thinks F.P. only concerns a very small minority of interested people among the elite. Of the people who come to his consultation, about one third come because of sterility (most of it of ghonnorreal origin), considerably less than 1% for contraception. He was also of the opinion that the great majority of abortions were spontaneous. He nevertheless thinks that the problem of F.P. is a real one, but that one must proceed slowly, with the utmost caution.

In the same building, we had a short discussion with Mme. Mikem, wife of a public health doctor (now in Montreal for a 2 month seminar) and herself mother of 8 children, ("I would not do it over again"). She thinks that it is premature to mention this problem - she came up with the well-known argument that Africa is underpopulated. Mme. Mikem is a midwife and assistant to the chief midwife of the maternity.

At the end of the afternoon, accompanied by the Stillmans I met with the Minister of Commerce, Industry, Tourism and Planning, (certainly the most heterogeneous mixture I have yet come across! M. Paulin Eklou. He called into the meeting both his cabinet director and the assistant director for planning, and for this reason I thought it more prudent to restrict the discussion to census problems. On a politically explosive problem such as F.P. he might not have felt inclined to express his mind fully in front of 5 other people. He claimed that there had been no definite decision concerning the census, although I couldn't help feeling that he himself very much doubted it would be held, but did not want to admit this after having just acknowledged the weaknesses of the 1958-60 census. We also had quite a long discussion on rural migration, land-man ratios and mechanization in agriculture, (an indirect way of approaching the population problem - many people here speak of the underpopulation of rural areas), in which he said that better organization and mechanization were the only ways of increasing productivity, which was the only means of achieving higher incomes and thus keeping people on the land.

Saturday, April 12: In the morning, the Stillmans and I went to see Dr. Gadagbe at the MCH center. He had planned to visit a few families with us. We first visited a local health center in a

populous section of the town, in company of Dr. Agadeblan (one of the persons Dr. Gadagbe had suggested for Dr. Bogue's summer workshop, and who turned out to be a very worthwhile candidate) and Mrs. Johnson, a Togolese midwife with French training who works in a Health Center of the Ministry of Social Affairs. This local health center works mainly on health education - nutrition, baby care, etc. - and also dispenses basic reading courses. There were about a dozen women present and Dr. Gadagbe spoke to many of them with much more than professional interest. We then went off to visit three families, and to my great surprise and also embarrassment, Dr. Gadagbé started by saying, "Now you can start interviewing"! In this way, I had three impromptu KAP interviews sprung on me. In a sense they were not uninteresting, as they were made in three very different social milieus: one the family of an unskilled laborer, a second in the family of an office clerk, the third in the family of an upper level civil servant. All three reflected "typical" tendencies for such milieus, but I would hardly comment on them. Dr. Gadagbé by the way initiated a small KAP survey on a sample of 100 women in one of the sections of Lome, a somewhat rudimentary job, a copy of which I will have sent to Jack Caldwell. Nevertheless, I am by now sufficiently critical of KAP methodology (see concluding remarks) not to pay excessive attention to "favorable" results on the level of expressed opinions.

At midday, we left for Palimé, a small town 2¼ hours 2 flat tires and 2762 potholes away from Lomé. (I now understand how the Peugeot 404 won the East Africa car rally 3 times running!) Our main objective was to see a Mr. Alphonse Lawson, (no relation of the doctor), the one and only pharmacist of the town and a convinced advocate of F.P. Mr. Lawson is a man of great humor, unending energy, a very active member of the local protestant church and has quite a few activities in various social and sport groups. He confirmed what Mr. Verdier had told us about various plants being used as abortificiants and seemed to think this to be common knowledge among women, but strongly doubted that women have any knowledge of preventive methods, an opinion unanimously voiced up till now by all people I questioned on this subject. He also stated that a growing number of people were turning to F.P. among the middle class, mainly because of the cost of educating children. To have one child in a church run school (about the only ones on the secondary level) costs from 40.000 CFA upwards per year ($160). The rising cost of living was also one of the main reasons that forced a growing number of men to become monogamous, although polygamy was far from extinct, as evidenced by a local chief who had just died leaving 300 widows.

In the evening, I had dinner with the Stillmans and Mrs. Johnson, who turned out to be a most charming young woman, intelligent and certainly a most worthwhile candidate for Chicago.

We had an interesting evening hearing about her experiences as a midwife in the North of the country, including the following case I am sure not many OBG's have come across. A woman was brought to her 3 days after child birth because "something was wrong." On investigation, the "something wrong" proved to be the uterus, completely turned inside out, resting in the vagina, and which came out when she examined the woman. There being no doctor present, she cleaned the uterus with sterilized water and a mild disinfectant, put it back into place, gave the woman a shot of penicillin - and the next day the woman was up and walking!

On Sunday, I drove back to Lagos, and in the evening had dinner at the home of Mr. and Mrs. Hanson, where I met Dr. Prince, special assistant on population in Africa for US-AID Washington.

IVORY COAST (April 14-17)

ABIDJAN

Monday, April 14: The plane having had technical trouble between Lagos and Accra, it was with close to 3 hours delay that I arrived in Abidjan. For this reason I was only able to fix up one interview for the afternoon, with the Rector of the University of Abidjan, Dr. Reynaud Paulian, a man with twenty years teaching experience in Africa (Office phone: 492-95; home: 495-09). M. Paulian struck me as being a gentleman of great distinction and kindness, and our discussion was exceptionally cordial. It centered mainly on the problem of demographic teaching at the University.

I should first mention that the University of Abidjan is much more a regional university, at least de facto, than a national one: one third of the students are Ivoiriens, one third are non-African (mostly European), and the last third from other French-speaking African countries. This is extremely interesting, as the teaching of demography would thus have an influence over the whole area. The first thing Dr. Paulian said when I explained the object of my visit was that he very much regretted that demography had as yet only a symbolical status. At the present, a few hours of demography are taught both at the Ecole de Statistique, (pre-university

level, situated on the campus) and as part of the curriculum of an original "Licence en sciences humaines appliquées", (approx. a hi-fi B.A. in 'applied human science' whish is mainly made up of courses in the following disciplines:

- sociology
- social psychology of development
- public health
- social legislation and industrial relations.

Presently, a demographer, M. Bresson, gives one semester of demography. The students in geography also receive a few hours demography.

Dr. Paulian would very much like to expand demography. He was quite sure this would receive enthusiastic government approval, due to the great interest of the local planners for demography. Nevertheless, he insisted that the teaching of demography should go hand in hand with basic research due to the particular characteristics of African demography. Such teaching could lead first to a "certificat de demographie" (e.g. 4 hours teaching for 2 semesters and 6 hours seminar work for the same period of time). Later on, an independant diploma, such as a "Licence en demographie" could very well be envisaged.

I think the very open attitude of the Rector, his personal interest in giving demography a solid status in the university and the de facto regional vocation of the university would seriously warrant further inquiry. It would justify a visit from Jack Caldwell, should he be able to stop for a day, and Mr. Paulian said he would be delighted to discuss the matter further, should anyone from the Population Council be able to pass.

I should also add that starting this fall, the University will acquire an autonomous computer center, including programmers. Thus at a first glance the main prerequisites for the expansion of demography from the very ancillary status it has now to a full fledged discipline seem present. This is all the more encouraging as Dakar now seems "out", in respect to sociology and demography, due to the events of last year (university closed down and sociology banned from the curriculum, which included the first course in demography which was to be given by Dr. Cantrelle).

Tuesday, April 15: My first interview of the day was with Mr. Kokokouakou, Director of Statistics at the Ministry of Finance. We first discussed the 1957-58 sample survey, which, apart from having skipped two less densely populated areas, seems to have some

serious lacunae. (I managed to get a copy which shall be transmitted to Jack Caldwell). This forms the only relatively serious basis for demographic projections, although a series of regional surveys were commissioned by the Ministry of Planning between 1962 and 1965, assembled in the following document: Ministere du Plan, Abidjan: "Cote d'Ivoire 1965", Population, Etudes Regionales 1962-65, Synthese, July 1962, 208p., written by Louis Roussel). Mortality figures seem extremely vague, and natality rates too, so when I asked for the official figures, M. Kokokouakou said that they had none, although the Plan uses a growth rate of 2.5. The figure of 30 per thousand is frequently mentioned for the death rate, but as the basis of this figure is founded on 1959-1960 data, the death rate might well be down to 27 or 26.

I must confess that I was disappointed by the director, who does not seem to have much interest for these problems and as soon as I asked a few more technical questions, he called in the (one and only) demographer, a Frenchman with IDUP training (Institut de Demographie de l'Université de Paris), M. Simonet, who was joined later on by M. Fraichet, a statistician.

M. Simonet impressed me more. He has a very keen interest in training, and his main worry was that he had not been able (i.e. allowed) to train anyone to do his work. Should he leave,

nobody would take his place. He said that they were obliged to work on a piecemeal basis, making small regional surveys and never being able to tackle the basic problems. He took good note of the AID training course in October in Washington on demographic sample surveys, and hopes to be able to find a local statistician to take part in it.

Without my even mentioning it, M. Simonet broached the population problem via the prevalence of abortion. He said that for 100 abortions, he estimated that as many as 80 could be induced. (From various discussions with doctors, I find the figure hard to believe). Because of heavy migration from rural areas he said natural demographic trends tended to be ignored i.e. urban growth problems were mainly or totally attributed to rural emigration. He was planning a small round table with the participation of ORSTOM and Dr. Cantrelle from Dakar for the end of the month, and kindly invited me to attend, but my schedule did not enable this). The seminar aimed at people from various ministeries whose work was related to demographic problems, and the purpose was to sensitize them to these questions.

On the Wednesday evening, (next day) I had dinner with M. Simonet, during which we had ample time to discuss the obstacles to the development of demographic research in the Direction des

Statistiques - amongst which the personality of the director certainly seems to be an important one. Another cause is the fact that the Statistical section being in the Ministry of Finance, demography has a very ancillary position compared to day-to-day statistics on imports, production, etc. The section of demographic statistics should, to be able to develop, be situated in the Ministry of Planning, which has undertaken some serious research in this field.

In the afternoon, I first met Dr. Mrs. de Lormas, pediatrician and chief of the PMI center of Cocodou. When she started the Centre in 1965, Mme. de Lormas asked a member of the Economic and Social Council what the position of the government was on F.P., and had been told that the official position was "no F.P. as long as the infant mortality is so high.". (From quite a few discussions I have had, I cannot help gathering the impression that for many government people, F.P. is equated with instant depopulation. Once more, lack of information on the basic elements of the problem is the major obstacle to F.P.). Very recently, the Minister of Health had been asked the question by a small group of doctors when she was present, and the Minister had replied that contraceptive prescriptions were forbidden in the Ivory Coast except for precise medical reasons. This coincides with other authoritative opinions,

(see further down), and underlines the strong official opposition to family planning in Ivory Coast.

Dr. de Lormas herself, as chief pediatrician of a PMI, nevertheless feels there are strong arguments in favor of introducing F.P., at least in urban areas. One of the main arguments is the undernourishment of the children due to protein deficiencies at the moment of weaning; in rural areas, mothers seem rarely to become pregnant while nursing young children, due to the above-mentioned taboo on sexual intercourse during this period, whereas in urban areas this taboo breaks down, mothers become pregnant while lactating and the natural transfer from a regime based on mothers milk to more adult food is upset. This leads to an upsurge of deaths on malnutrition at the moment of weaning. Dr. deLormas mentioned statistics assembled by Dr. (Professor) de Pailleret (I regret not to have met him) showing considerably higher malnutrition in towns than in rural areas. (cf. also a local study by his assistant, Dr. Chappuis, "Etude de la Nutrition et du Kwashiokor").

The PMI run by Dr. de Lormas is paradoxically situated in a plush residential part of the town. This does not prevent people from the lower income segments of the population attending, but it does

mean that they have to spend a lot of money to come, and thus will hesitate to come back for check-ups,etc. The center deals with about 400 people per day, of which 7/10 come from the poorer section of the town called Adjamé, which harbors a large "floating" population of new immigrants. Dr. de Lormas struck me as a most energetic woman, but as she is French, she cannot take any initiatives in the field of F.P. (Office phone: 494-97, home No. 227-41)

After this visit, I went to see Mrs. Emoussah, who is responsible for Health Statistics at the Ministry of Health, (office phone: 274-12; home: 226-44. Her office is situated at the Direction Departementale de la Sante). She did not have anything of interest. The few data they have are fragmentary. She gave me some figures on infant mortality based on 1313 death certificates, but I am so suspicious of the sample, I don't think them worth mentioning.

Dr. Aimé Maurice, ex-chief obstetrician of the hospital de Treichville was the next person to receive me. He has fitted a dozen loops given to him by Pathfinder, but tells me he has never bothered to send the statistical data back. He prescribes the pill to many women, both European and Ivoirian and suspects many of his

colleagues do the same. In his opinion, medicine in the Ivory Coast follows medicine in France, and he expects the F.P. topic will become acceptable in public only when France has made considerable progress along this line, although he did acknowledge that there were certainly many abortions practised by private M.D's, and that the police closed their eyes on these.

During the whole interview, Dr. Maurice gave the impression of someone who resented somewhat being bothered still another time by still another person from still another organization inquiring into F.P. This raises a serious problem of which I already became aware in Cotonou, i.e. that of various people from various organizations handing the same names around and making uncoordinated visits in a seemingly erratic manner. This problem should I think be given some consideration, lest we irritate those who are presently favorably disposed toward F.P. but who have to cope with a wary public opinion and suspicious authorities.

At the end of the afternoon, I called upon Madame Pierre Bels, Assistant in sociology at the university, (B.P. 20.901, Abidjan, private phone: 49.890), whose address I had received from the Stillmans in Lome. This proved a most fruitful visit. Mrs. Bels herself teaches demography at the university, and is going to undertake a mortality survey in one of the sections of Abidjan

although this is still only a proposal. I also met at her home M. Christian Durand, of the Faculty of Law, an assistant, who told me he was undertaking a Ph.D. in economics under the guidance of the well-known French antimalthusian economist de Bernice (who has had considerable influence on Algerian economic policy, and is certainly one of the main reasons behind Algerian reluctance toward F.P.), which thesis had the aim "of proving that in Africa F.P. was harmful to economic development". We crossed swords in a gentlemanly manner, and then stopped the discussion which would otherwise have taken up the better part of the evening. I was not surprised to learn that he seemed to know practically nothing about English-language literature on the problem, which once again stresses the translation problem. Mrs. Bels then called a neighbour, Professor Dr. Cabane, who lives at the same address, a hematologist who has been working on African populations for close to twenty years. He is a most fascinating person and also gave me names of people well-worth contacting, but which time prevented me from seeing. I mention their names in case someone else might wish to contact them on a future visit:

- M. Holas, a sociologist at the university whom Dr. Cabane described as "the" authority on the Ivory Coast.
- Professor Leguyadere, M.D. doing research in physical anthropology.
- Professor Roggero, of the Institut de Linguistique
- Dr. Binson, Service d'Hygiene, who apparently has amassed a considerable amount of demographic statistics in the course of the anti-smallpox campaign.

All these people have been actively engaged in research which, although not directly connected with fertility, might be worth investigating.

Wednesday April 16: My first interview was with M. Blochlemoine, Responsable du service des Etudes, Ministere du Plan. M. Blochlemoine seems an extremely self-assured person, quite confident about the economic future of the country and for whom demographic growth doesn't seem to present any problem. He confirmed that he did not have any census project on the national level, but that this did not present any real obstacle, as they could reconstitute national trends from the above-mentioned document by Roussel, of which I managed to get a copy at the Chambre du Commerce. This document, which is a synthesis of various regional demographic studies, is well worth going into. I shall leave my copy with Dr. Caldwell.

The following rates, based between 1961-65, are still accepted as the official figures by the Plan:

	URBAN	RURAL	TOTAL	
Growth rate:	20	27	21.2	
Birth rate:	49	52	49.5	
Death rate:	29	25	28.3	(**)

The report mentions that urban fertility is about the same as rural fertility, and that the percentage of women in fertile age groups is considerably higher in town than in the countryside. Ivory Coast has some unique immigration problems which make it an especially interesting object of study. The Roussel report states that general fertility seems to have decreased since 1958 in rural areas.

This study also contains (p. 133-35) interesting data on the higher fertility of monogamous as opposed to polygamous unions: e.g. in the Daloa region, general fertility rate for monogamous wives is 224, as opposed to 191 for polygamous women.

Finally, average number of live births per woman by age group is the following: (1962-64 cumulative):

15-19	0.6
20-24	1.9
25-29	3.0
30-34	3.9
35-39	4.7
40-44	5.1
45-49	5.1 (Op. cit. p.135)

**Cote d'Ivoire 1965, Population, Etudes Regionales 1962-65, Synthese, Juillet 1967, Ministere du Plan, Abidjan, p.139.

This makes reasonable the figure given to me by Professor Cabane of 3-3.3 surviving children per woman at 45 years of age. With such high mortality, birth limitation will take a long time to be accepted.

M. Blochlemoine mentioned that they thus lacked detailed demographic data on a regional level, although the geographers had done some excellent work in this field (see below).

The head of research at the Plan then mentioned that there was an explicit policy of favoring population increase, and that the population could be trebled without it creating too many problems. The real problems for him were on the level of the high rate of rural emigration, with the corresponding imbalance in age structure, and the problems created by the presence of large numbers of foreign immigrants. (The figure of 1 million was mentioned quite a few times by various people, out of a total population of approx. 4.4. million). He seemed very optimistic concerning the possibility of getting all children into primary school by 1986 (presently 38% of the children get a primary education), in part thanks to a widespread use of educational T.V. This would go parallel with a revision of school curricula.

M. Trouchaud, an O.R.S.T.O.M. Geographer (Organisation de la Recherche Scientifique et Technique d'Outre-Mer, a French governmental organisation working as part of the French technical assistance program), was the next person to receive me. He works at the Plan,

and is preparing, in collaboration with colleagues at ORSTOM and the University, an Atlas of the Ivory Coast. The first map had just come out the day before, and happened to be a map giving the localization of the population for the whole country, of which M. Trouchaud kindly gave me a proof.

The geographers have done a herculean task to reconstitute the best possible demographic data on a regional and local level, and M. Trouchaod explained the methodology to me in detail (see two documents on methodology for Jack Caldwell: La population de la Cote d'Ivoire en 1965 - Essai d'evaluation pour l'etablissement des cartes de l'Atlas de Cote d'Ivoire," by J. P. Duchemin; and "Evaluation de la Population en 1965 par unites administratives). They drew upon three basic sources:

(a) The regional demographic surveys (see Roussel).

(b) The smallpox vaccination data given by the Service des Grandes Endemies (number of vaccinated persons per village)

(c) The administrative censuses (the drawbacks of which are underlined in my letter to Dr. Heisel on Dahomey.)

To obtain the best estimate each time, M. Trouchaud and a colleague were for 7 months in the field, discussing with local administrators the validity of each respective source. It is interesting to note that by adding up all their figures they

got a total which was only 100,000 out from the total achieved by Roussel with an entirely different methodology.

The next day before leaving I passed by the ORSTOM building (tel. 550-67; B.P. 4293, Abidjan) to get some studies which contain interesting demographic data:

(1) J. Michette: Mouvements migratoires et developpement economique dans la zone dense a l'Ouest de Bouake, (which studies amongst other things the impact of emigration on age structure) ORSTOM, 1-9-1968.

(2) Recensement d'Agboville, Exploitation mecanographique, 1-5-1968.

(3) M. Trouchaud, Essai de division regionale en Cote d'Ivoire, ORSTOM, 1-8-1968 (attempts to divide the country into 'natural' geoecological regions).

(4) B. Le Cour Grand Maison, Rapport preliminaire des zones d'extension des secteurs pilotes Diabo-Brobo, II-1-1969 (impact of emigration on age structure).

My next visit was with Dr. Diplo, Dahomean M.D. and directeur adjoint de la Sante, with whom I cautiously approached the problem of scholarships. To my great surprise, he said that although the official government policy tended to favor births, family planning could well become a policy in the coming years and that he would certainly like to send a few candidates to the Chicago course. He promised to take the subject up with the Minister and send some names to Lagos as soon as possible.

My last interview of the morning was with Professor Cabane, at his laboratory of hematology at the Medical School. Dr. Cabane is a fascinating man, an old "pied noir", (Frenchman born in Algeria, where he lived till 1962) who has done some highly interesting research o on blood groups, heredity and related problems in Africa and French Guiana (Latin America). Over a 20 year period, Dr. Cabane and his students have taken blood samples from over 150,000 individuals all over Africa, analyzed and typed them. It is impossible to relate in one paragraph the detailed and sometimes for me highly technical discussion we had, but it would be well worth a more technically competent person going to see Dr. Cabane sometime, maybe Jo Eliot when he goes to Lome this fall. The two most interesting points I recall are:

- a very clear line dividing the Sahara from Tunisia down to Nigeria, on one side of which a certain blood characteristic (hemoglobine C?) is present, and on the other side of which it is entirely absent. This leads to the hypothesis of a prior natural division of this region by some physical barrier, probably moisture.

- more interesting for fertility research, Dr. Cabane has found some highly revealing relationships between certain blood characteristics and the frequency of abortions, still births, etc. He mentioned that a Prof. Roberts of Newcastle had been doing research in this field, and also spoke very highly of the work of Prof. Neel of Ann Arbor.

I had lunch at midday with the Pierre Bels, at whose home I met two Dahomean researchers, M. Alfred Mondjannagni, a geographer working with Trouchaud on the atlas, and a M. Diarrassouma, the only Ivoirian teacher in the faculty of law.

In the afternoon, I met Dr. Larrier, a private OBGYN who has worked 10 years in a rural area, but who now has a predominantly European clientele. Nothing especially new came out of our discussion.

After Larrier, I met the local WHO representative, Dr. Blanc, who left me very unimpressed, and who spoke of the "impossibility of spacing births with the present cultural level of Africa", and said that even in Japan, birth control had not proved conclusive (SIC).

Two people had mentioned to me that a WHO mission with the Tunisian demographer Benyoussef and two other people had passed in March in Abidjan to study problems related to infant mortality, but Dr. Blanc was not aware of this.

The last interview of the afternoon was much more encouraging. I met Professor Renaud, OBGYN and head of the maternity clinic of the university hospital at Treichville, after what had been a very heavy day, with only a short break at midday. Dr. Renaud is very strongly interested by Family Planning, and has already asked the Ministry of Health to be able to introduce a few hours on the subject in the courses he gives to 5th year medical students, midwives and social workers. He fits loops regularly for women who have a medical indication, and I guess a few other cases too, although he

did not mention it. He mentioned that in his opinion the abortion rate was high, but that any precise measurement was impossible. He also mentioned that a great majority of women came to him for reasons of sterility and that never once had a woman asked him for contraceptive means at the maternity. I think this is an important element which must be taken into account seriously in our assessment of the chances of family planning.

Professor Renaud, whose wife is also an OBGYN and works with him, invited me to come to lunch when I passed from Dakar on my way back to Lagos.

Thursday, April 17: Before leaving Abidjan, I went to see Dr.(Colonel) Rives, a French technical consultant at the Ministry of Health. Dr. Cabane, who had urged me strongly to see Dr. Rives, said he was the "eminence grise" of the Minister. Colonel Rives received me with an air of extreme suspicion and no sooner had I started to explain the object of my visit than he interrupted me, asking me if I had received the permission of the authorities of the country to see people; that his Ministry had had bad experiences "giving out information" (SIC) which had later been used against the Ivory Coast. He refused to continue the conversation without referring to Dr. Varlet, Director General of Health, whom he rang up immediately. Dr. Varlet not being available, this ended the interview. I could not help feeling that somehow Dr. Rives harbours some hidden antiamericanism and that this explained his strange behavior. I thus doubt that he could be considered a useful contact at the Ministry.

SENEGAL (April 17-19)

DAKAR

President Hamani Diori of Niger took our plane from Abidjan to Robertfield, Liberia, where the O.A.U. conference on the Nigerian-Biafran crisis was to be held.

On arrival in Dakar (8 p.m.), I immediately phoned Dr. Cantrelle, who was leaving two days later for Abidjan, and Mme. Whest-Allegre, who invited me to come to her home the same evening. I was fortunate enough to meet at her home M. James Benoit, the Senegalese sous-directeur des Affaires Sociales, who was to be of great help to me during my short stay. Both had gone to the airport to fetch me, but missed me as my plane was 45 minutes early. As many people have already described the work being done by Mme. Whest-Allegre, I will not do this once more. But I would like to mention that her clinic caters for a very broad social spectrum of the population, and that very day both the wife of a minister and a woman who was too poor to pay had left la clinic Croix Bleue.

Friday, April 18: My aim in passing through Dakar was essentially to find candidates for Chicago, as Mr. Hanson, Dr. Brown and Mr. Caldwell had covered the family planning side very thouroughly in June 1968.

My first visit of the day was with Mme. Madeleine Ly, wife of the Minister of Health, at her Centre de PMI in the Medina. She expressed great interest in the Chicago summer course, and said she would very much like to attend, although it would be difficult for her to leave for two whole months, especially in the summer when many people took their leave. I told her it might be possible to take her for one month, and should she wish to do so, I would strongly urge that we make an exception in this case, due to the influence she can certainly exert.

As I have been trying to collect the maximum number of demographic studies for Dr. Caldwell at Ife, I stopped at ORSTOM, where I met Dr. Cantrelle, who assured me that he had put Dr. Caldwell on his mailing list and that he would be receiving relevant ORSTOM documents shortly.

My last interview of the omorning was with Professor Correa, OBGYN, and head of le Danctec maternity clinic. This interview was arranged through M. Benoit, a personal friend of Dr. Correa, who came down especially to the hospital to see me. I had made

a point of trying to see Dr. Correa because of the very "anti-F.P." article he had published in the October issue of the African medical journal l'Afrique Medicale, (See "L'africain Devant le Problene de la Limitation des Naissances", p.593-604).

This article contained numerous factual errors, and was quite enotional in its tone. Yet, due to the undoubted standing of Prof. Correa in francophone Africa, I do not doubt it will have considerable influence.

The interview with Prof. Correa proved to be one of the most fruitful of my whole trip. Dr. Correa himself said that it was a dialogue more than a discussion. I gathered the impression that he is very deeply preoccupied by the problen of family planning. He explained to me that, because he was looked up to for advice (the President has asked him make an authoritative statement on this problen), he felt that he had to proceed very cautiously. He rightly said that once one had started family planning, one could not turn back, and that its long-tern effects on the social structure and organisation of society were very difficult to assess, a point that in my opinion we tend to overlook. He insisted that at the present nonent F.P. had to be seen as a social neasure, not an economic one. He also insisted on the fact that the great najority of women were much more preoccupied by the problen of sterility than by contraception - a point everyone of the doctors I have interviewed had nade. He is

presently preparing a paper on the subject for a WHO meeting on sterility to be held this fall in Geneva, and had recently been in Gabon as a WHO consultant on this problem. Nevertheless, Dr. Correa is actively experimenting with different kinds of pills. He told me he was trying out a make called "Lancenyl" which seemed to him the best he had tried out for the following reasons:

- it was relatively cheap (300CFA, which is about $1.25). I consider this still very expensive for Africa).
- it is taken every single day, which makes it much more easy to take than the varieties where one has to stop for a few days every month.
- it does not interfere with lactation.

Professor Correa came up with an important suggestion which I think should at all costs be followed up. (D. Dean told me in Ouagadougou that this suggestion had already been made by Mr. Hanson last fall, but I think it for this very reason all the more important, i.e. that Dr. Correa has adopted this idea himself). He suggested that an African colloquium on family planning be organised to discuss the desirability of F.P. for Africa. He said that Africans could no longer turn their backs on the problem, and that it was time to consider it seriously. He suggested that invitations be issued by an African country, not by some foreign organisation. When I asked him if he would be ready to send such

invitations himself should such a conference be organised, he said that he would willingly do so. Considering his status in Francophone medical circles, and considering that he tends to be seen as an opponent of F.P., this would not arouse suspicion. He also suggested that such a colloquium be held in a country that is not openly in favor of F.P., which I consider a suitable idea. It seems to me that Dakar would be an excellent place to hold such a conference, should the idea be persued, not only because Professor Correa is ready to issue the invitation, but also for practical reasons (good airline communications, etc.)

Such a conference might last 4-5 days and comprise the following working groups:

1. Medical aspects of contraception
2. Family planning and economic development
3. Social welfare aspects of family planning
4. Sociological and psychological obstacles to F.P. in Africa
5. African family planning programs.

It would be desirable that speakers be Africans whenever possible.

Professor Correa also said that he would be glad to send a highly qualified midwife from his clinic to the Chicago summer course, and would discuss the matter with the Minister.

I had lunch with the CIMADE team at the Centre Social de Bopp. This is a combined social and medical center which has been active for close to 13 years. The team members are Europeans

but well integrated into Senegalese life. Irene Poznanski for instance has been there since its inception, and speaks Wollof fluently, as do most of the other team members. As an ex-CIMADE worker myself (CIMADE is an ecumenical relief organisation) I was received in a friendly manner. The Centre Social has an all-Senegalese board. M. Benoit spoke highly of it as the best centre of its kind in Dakar.

We discussed the problem of family planning at length. I would mention that the Bopp center was approached by an organisation interested in family planning which offered them large financial facilities if they were to start F.P. activities in the medical center. This made a very bad impression on the whole team, and I mention it because it is not the first time I have come across this approach which, by its obvious emphasis on money and lack of delicacy, does harm to the cause of F.P.

In the afternoon, I went to see Mme. Diarra at the University. Mme Diarra is a Malian sociologist engaged in fertility research in Niger among a small sample of Sourai women, (Moslem women of 15 years and over.) She is mainly gathering fertility data and is also asking a few questions on attitudes toward contraception and the number of children desired. After experimenting with a questionnaire, she described herself as quite opposed to what she considers a methodology unsuited to

the characteristics of the population studied. She thinks that a more anthropologically oriented approach is necessary, with the use of unstructured interviews. Her comments interested me very much, because she made exactly the same remarks I had heard, before leaving Algeria, from Nefissa Zerdoumi, the only Algerian sociologist with a doctoral degree who has done extensive interviewing in Algeria. She mentioned among other things that the word "contraception" or its equivalent did not even exist among the Sourai, a revealing comment which reminds us of the difficulties of translating Western concepts in a culture where they are unknown.

Mrs. Diarra also commented on the fact that in sub-Saharan Moslem populations, polygamy is considered an obligation, i.e. a man must have four wives, whereas in the Koran this is tolerated, and only then under certain conditions which make it in fact morally impossible and not encouraged.

Dr. Simon Senghor, a cousin of the president and Director of Social Affairs at the Ministry of Health was the next person to receive me. Dr. Senghor expressed an immediate interest in the Chicago course, and quoted various statistics in the field of public assistance to underline the growing necessity for F.P. in Dakar. He said he himself would very much like to take part

in the course, (which, due to his relationship to the President, would be very encouraging). Otherwise, he said he would send either M. Benoit or a fully qualified social worker from his section (Social Affairs).

At the end of the afternoon, I met Mlle. Josette Lemarie, who has been working with Dr. Cantrelle for the last two years on a survey of birth spacing and nutrition under a WHO grant. Mlle. Lemarie had applied for a Population Council grant which was turned down. Jack Caldwell had mentioned this to me, stating he thought this to be a pity - an opinion that I share. Mlle. Lemarie has not given up hope of receiving a scholarship, and is now going to follow an intensive English course at the University of Besancon. Due to the very few people interested in fertility research in francophone countries of Africa, I think it might be a worthwhile investment if some organisation was to grant her a scholarship especially as I acquired the impression she really intended coming back to Africa. She promised to send me a detailed summary of the work she had done and her study project, and I hope to be able to plead her case when I pass at the Population Council in May 1969.

In the evening, I had dinner with Mme. Whest-Allegre, M. Benoit and Mme. Lena Guye. Mme. Gueye is chief midwife in Dr. Correa's maternity, and one of the 30 members of the Bureau of the Senegalese

womens' union (Congres National des Femmes Senegalaises), and a politically very active person, with numerous contacts in the National Assembly. Her husband is a doctor at Le Dantec hospital. She is a convinced advocate of F.P., and I think she would make an excellent candidate for Chicago. I had mentioned her to Dr. Correa who gave me to understand he did not appreciate her political activity, and would prefer someone else attending. I think on the contrary that the very fact that she is politically active is a very good reason to send her. She mentioned that she would willingly go during her leave, and I would urge that she be considered for Chicago. Mme. Gueye said she would mention the summer course to the president of the womens' union who is also the only woman member of the National Assembly.

As nobody from Upper Volta will be going to the Chicago Population Seminar, I would suggest that, due to the favorable situation in Senegal, the maximum number of candidates from this country participate in the summer course. I would recommend the following candidates:

Mme. Lena Gueye
Dr. Senghor or someone else from Affaires Sociales
Mrs. Whest-Allegre
A midwife to be designated by Professor Correa.
Someone from the Direction de la Sante (to be chosen by Dr. Papa Gaye, whom I was unable to meet - hopefully Dr. Madeleine Ly).

UPPER VOLTA (April 19-25)

OUAGADOUGOU.

Saturday, April 19: (Interviews are not reported in chronological order.) In Ouagadougou, I caught up with Douglas Deane from the Pathfinder Fund, whom I had been trailing at a week's interval through Dahomey and Senegal. We had dinner together the first evening with Bruce Rogers, who is the economic officer at the U.S. Embassy, and discussed the latest developments which seem quite encouraging i.e. the future Cornell Fertility survey, to be started in summer, the Voltan application to the Population Council for a demographic survey, and the request for assistance in the field of health education made to the Pathfinder Fund.

The Cornell survey, to be made under the leadership of Dr. D. I. Pool, who has already worked for the Population Council on Ghana, aims at studying the effects of social change in two urban areas, Ouagadougou, the capital, and Bobo Dioulasso, 2nd largest town. According to Michel Izard, director of the Centre Voltaique de la Recherche Scientifique, the team will be made up of 1 Ghanaian, 1 Cameroonian, 1 Chilian, 4 Americans and one New Zealander (Dr. Pool). The survey will run from June to August 1969.

The Ministry of Planning has asked the Pathfinder fund for a medical team specialised in child care (pediatrician, specialised childrens' nurse-midwife, social worker and a "hygieniste" - presumably

someone specialized in health education), as well as for scholarships for 2 doctors and 10 nurses; this Ministry has also asked for help in creating a "Centre de Formation d'Animatrices Rurales", which will train young girls from rural areas (2 years training) who will then go back to their respective villages to organize small centers ("Centres d'animation") where they will give basic training in hygiene, child care, home economics, gardening, etc.)

The application to the Population Council calls for assistance in organizing a demographic sample survey, the total cost of which would be about $220,000 (Population Council assistance only) for a sample of 140-150.000 people. From my discussions with M. Georges Sanagho, Director of Statistics, and his two French assistants, M. Courel, (Statistician) and M. Planes (a demographer), I gathered the impression that they had not been told very clearly either what type and amount of assistance they might receive, nor what type of project to send to New York. This explains that their project of February 1 is very vague. M. Sanagho said that what they would like to do was a real census, but not knowing how much assistance they might receive from the Council, they had sent in this preliminary project which could be changed depending on the reply they received from N.Y. I told him that I doubted that the Council could bear the

costs of a full census, and suggested that he send a much more detailed project to N.Y., and a copy to Jack Caldwell. I was told this would be done the following week.

I am quite sure the present team at the Direction de la Statistique could make a good job of the survey, should it be undertaken. They all have experience in field work on Upper Volta, (M. Sanagho, the director, was responsible for nationwide sample survey of household consumption in 1962-63). Due to the inadequate knowledge of demographic trends which hinders all planning efforts, due to the fact that the Minister of Planning, M. Damiba, is universally acknowledged as a competent and energetic person, I would urge that a positive reply be given to the Upper Voltan request.

There can be few countries in the world today which need assistance more badly than Upper Volta. The country is desperately poor. Per capita income is estimated at 45 dollars, which means that the great majority of the population are living at the barest subsistance level. About 95% of the population is rural, (all these figure being estimates, as few countries lack even the most basic statistics to the extent of this country). Population estimates for the capital, Ouagadougou, range from 100.000 to a 150.000! And it goes without saying that most of the population are without education and without health care.

Primary school enrolement is 7-9% of school age children. There is one doctor for about 75.000 inhabitants, but most of the doctors being in the large towns, this means that large areas of the country never see a doctor. Currently, the whole Eastern region - 2/5 of the country - is without a doctor). Life expectancy is estimated at 31 years. Birth rate 49 per thousand, death rate 31. The country has no mineral resources whatsoever, rainfall is irregular, erosion widespread. Epidemic diseases are still rampant, and although smallpox has been eliminated to a great extent, in the two months before I arrived, thousands of children had died from measles. Another disease which has serious negative economic effects is enchocerciasis, an infection spread by black flies, that attack the skin and make many people blind. These flies are found in the lowlands along rivers, where the best earth is to be found, and for this reason, some of the most fertile areas are not under cultivation.

The country does not have any industrial production worth mentioning as yet, although a few plants are in the process of construction. Exports in 1967, last figures available, totalled only 18.1 million dollars, while imports climbed to 36.6 million, giving a trade deficit of 51%, which is nevertheless a 6% improvement on the preceding year, thanks to austerity brought on by the military government. Live animals (cattle) are by far the main export item (51.3% of exports in 1967) although the government

is encouraging the development of cash crops such as cotton and groundnuts. The problem with these crops is that with world prices fluctuating as much as they do, they do not guarantee a regular income, even if production goes up. The long-term outlook is thus presently hardly encouraging.

On Monday, April 21, I received a good briefing on the general situation by Bruce Rogers, Economic Officer at the U.S. Embassy, who was also kind enough to fix a few rendezvous for me. After that, I saw Michel Izard, who is the present director of the Centre Voltaique de la Recherche Scientifique, (CVRS), an offspring of the well-known IFAN (Institut Francais d'Afrique Noire which is composed of a series of research institutes in French-speaking tropical Africa). The CVRS is now an entirely Voltan center, attached to the Ministry of Education, and financed half by the Voltan government, and half by French funds. The 1969 budget was 15.000.000 CFA, or just over $61,000. Research personnel are composed of the following:

- Michel Izard, director, an ethnologist.
- Michel Cartry, ethnologist.
- Bozi B. Some, research assistant, ethnologist.
- Suzanne Platier, (Mrs.), linguist.
- Ouetian Bognounou, botanist.
- Thierry Queant, ethnologist.
- Cecile de Rouville, (Miss) sociologist.

The CVRS publishes occasional papers and is in contact with most of the African study centers in the USA. Research is mainly in the fields of ethnology, history, linguistics and

geography. An atlas of Upper Volta is presently under preparation. M. Izard mentioned that he would be interested in developing research in the field of demography, and in this connection, I think it would be worthwhile envisaging a couple of scholarships for two Voltan students, as the CVRS might well become the nucleus for further research in this field.

In connection with this possibility, I went over the list of the 409 Voltan students abroad with M. Izard. Quite a few of them are finishing their studies in geography, sociology and economics and would make prospective candidates. M. Damiba, the Minister of Planning, whom I saw toward the end of the week, told me he would very much like a few Voltan students to go and study demography abroad. Not only that, but he is of the opinion that fundamental research in the field of demography is a basic necessity, which is all the more noteworthy coming from the Minister of Planning of a country with so many immediate and urgent needs in other fields. I must say I was quite impressed by M. Damiba, who is a young (31) but certainly a most energetic person.

Speaking of the assistance asked for in the field of the demographic survey, he insisted on the impossibility of any long range planning without basic demographic data, as well as the impossibility of outlining any population policy, (an expression he used spontaneously quite a few times), which he seems to consider

a necessity due to the pressing problems facing the country. He also mentioned that the country depended for 90% on foreign (mostly European) financial aid for its investments, which is another important barrier to long-range planning.

Among the other people I saw I would like to mention Mr. Fox, director of the Peace Corps in Upper Volta, who struck me as being a most well-informed, competent and humane person; Mr. James Slyker, the head of CRS (Catholic Relief Services); two Peace Corps volunteers, Barbara Niemi and Wendy Gladstein, who work at the local PMI and have interviewed over 200 women on their relationship to the PMI; M. Saint Jalmes a sociologist from ORSTOM in Ouagadougou, which does research mainly in the social sciences, in the field of rural sociology; (there is another ORSTOM research center in Bobo Dioulasso, second urban center in the country, which specializes in medical research); and Dr. Ezra Elian, an Israeli pediatrician working at the local hospital. Dr. Elian was kind enough to let me accompany him on his duty round of the ward, which was quite an impressive event. I have seen a good many grim surroundings in my life, but this was certainly one of the least enticing. The pediatrics ward is on the ground floor of the hospital. People enter and go out just as they like. There are of course no sheets. The place is squalid, and a strong stench seizes one as soon as one arrives.

One wonders, (and Dr. Elian, who arrived only two weeks ago is among the first), how the children survi e. In the courtyard, vultures are neatly aligned along the ward, grim sentinels of death which takes 2-4 children per day. Many of the cases which arrived are beyond hope.

I would also mention Dr. Jolibois, Haitian Public Health consultant (WHO) to the Minister of Health, who gave me a few figures on health personnel in Upper Volta which are instructive and have a direct bearing on the problem of family planning.

Health personnel in Upper Volta, by urban or rural location

QUALIFICATION	URBAN	RURAL
Doctors	21 (5 Voltans)	34 (8 Voltans)
Pharmacists	-	2
Dental surgeons	0	3
Midwives	8	24
Nurses)State diploma	42	
Nurses)Middle-level	67	
)ssistant nurse	738	
Dentists	-	2
"Agents d'hygiene"	3	-
Laboratory workers ("laboratins")	-	2

This gives the following ratio (medical personnel/population ratio) for Upper Volta. One must remember that only Ouagadougou and Bobo Dioulasso are counted as urban centers (i.e. approx. 200.000 inhabitants) but as most of the "rural" medical personnel are in fact in the other smaller towns, the situation in rural areas is still much worse than the following figures lead one to believe:

	Country as a whole	Urban	Rural
Doctors	1/101.000	1/5600	1/263.000
Nurses	1/4.400	1/500	1/5.900
Midwifes	1/164.000	1/7.500	1/625.000

This in fact implies that most of the Voltan population are out of the reach of any regular health care.

Dr. Montbaron, Chief gynecologist at the Yalgado hospital, whom I saw after visiting Dr. Elian's ward, stated categorically that induced abortions were practically non-existant in Ouagadougou. This is an important fact, as it would seem to imply, along with other bits of data gathered here and there, that very few women are trying to limit or space their births. This was confirmed to me for rural areas by Mme. Izard, an ethnologist just back from 20 months field work in a rural area some 220 kms from Ouagadougou.

Madam Izard, who is the wife of the director of the CVRA, (see above) is that very rare combination of a women who is outstandingly attractive, radiates great charm and human warmth, and has a keen intelligence. She is preparing a "Doctorat d'Etat", (a French doctorat which is considerably more than a Ph.D. - a doctorat d'Etat usually takes at least 5-6 years to prepare, frequently much more). She emphasized the strong fertility orientation that seems overwhelmingly prevalent in rural areas

in most parts of tropical Africa. In the particular region she was studying, to die without having conceived was considered the supreme shame. Sterile women had their thighs pierced after death, then were buried in a special cemetery surrounded with thorns.

Mme. Izard is undertaking a fascinating study of marriage and genealogies which may well have far-reaching significance for demographic research in Africa. She has been trying to reconstitute the entire ascendancy (5-7 generations) of women living in three villages. (She herself has lived 22 months in one of the villages, sharing the people's life and eating their frugal food). This is a less impossible task than would appear at first glance, due to the particular structure of parenthood in the given region, and to the fact that children's names follow a strictly given order, e.g. if a man has 12 boys, they will always be named the same names in the same order among all the people of a given lineage. Although Mrs. Izard did not conceive her study from a demographic viewpoint (she is working under the direction of the well-known ethnologist Levy-Strauss, leader of the so-called "Ecole structuraliste") her study might well enable one to gather some interesting demographic data as a bi-product, e.g. Mrs. Izard claims to be able to reconstitute the complete fertility history of well over 200 women, including all stillbirths, deceased children, etc. Mrs. Izard has of course studied many more women, (and over a time span of 5-7 generations), but

this minimum number represent women actually alive she has herself interviewed, as well as their family, previous husbands, etc.

More interesting still is the principle of the ethnodemographic method based on the study of genealogies and which should enable one to obtain complete fertility histories for whole groups over a time span of 5-7 generations. It is based on a reconstitution of the history of the people interviewed; and whereas classical demographic surveys frequently awaken a great deal of suspicion, (and thus wrong answers) most people in traditional cultures are extremely interested to reconstitute their family history, from which they derive great pride.

I should mention that a demographic sample survey was made by the INSEE in Upper Volta in 1960-61 (République de Haute Volta, La situation demographique en Haute Volta, Resultats partiels de l'enquete demographique 1960-61, INSEE Cooperation, Paris, 1962 - out of print and no extra copies available at Ouaga). A more detailed analysis of this survey is only now being prepared. I went through the typed manuscript at the Direction de la Statistique. This survey excluded the two main urban areas, Ouagadougou and Bobo Dioulasso.

Population at the end of 1965 was estimated by this last report, (all following figures from the same) at 4,870,000.

Projections for 1985 give a figure of 7 million with constant mortality and 7.4 million with decreasing mortality. The introduction of the report underlines the difficulties this growth would create for a country that already can hardly feed its population. The sample represented 1/50 of the population, except for 12 urban areas (not including Ouaga and Bobo) totaling 74,130 inhabitants where the sampling fraction was 1/10. The sample was stratified on a geo-ethnic basis. Adjusted rates gave the following figures:

Birth rate: 50 per thousand
Death rate: 32 per thousand
Infant mortality rate: 189.7 per thousand.

Curiously enough, the sex ratio is in favor of the males, despite massive male emigration. M. Planes considered this rather unexplainable, which means the data might be deficient. Birth rate in urabn areas (excepting Ouaga and Bobo), is slightly higher than in rural areas, (50.15 against 49.55) although the difference is not significant. Should Ouagadougou and Bobo Dioulasso have been included, there is little doubt that the difference would have been greater, maybe considerably so. These towns include approx. 200,000 inhabitants. Gross fertility rate is 208.6, being highest in the 20-24 age group (302.8), and adjusted gross reproduction rate is 3.19. An average of 5.4 live births occur to a woman by age 49. Sterility is quite low: only 6.5% of women up to 25 years old have never had a child.

Tentative conclusions on Upper Volta. Despite the brevity of my stay, (1 week), I would not hesitate to write that possibilities for any worthwhile action in the field of family planning at this time seem remote. It might well be that a few women of the "bourgeoisie" (and here this term is somehow fanciful) might be interested in spacing births, but the number is no doubt small, and in a situation where such pressing problems surround one everywhere, to use limited resources to cater for an already privileged minority would be, to understate the problem, a bad allocation of rare resources. In a situation characterised by extremely high infant mortality rates (190 per thousand according to the 1961 INSEE survey), practically no induced abortions (abortions are usually a good indicator of nascent need for family planning), a desperately inadequate public health system totally lacking trained personnel, widespread polygamy which in some regions forms the very basis of the social structure, one of the most conservative Catholic hierarchies in Africa, cultural attitudes which are strongly high-fertility oriented and where children undoubtably represent an economic asset, it is likely that interest in family planning will grow slowly.

At present the most one can do on the population level seems to be technical assistance in the sphere of demographic research. To train 2-3 Voltan students, to encourage research by

by the Centre Voltaique de la Recherche Scientifique would be a long-term investment the value of which is recognised by the Minister of Planning, M. Damiba.

Any other assistance would have to be in the field of basic training of health personnel, retraining of "matrones" such as the AFSC is starting in Togo, slowly developing the PMI basis. But even more basic, in a country which is struggling against the combined attacks of trepanosomiasis, tuberculosis, measles, meningitis, kwashiokor, onchocerchiasis, bilharziasis, to mention some of the big killers, is a frontal attack against these illnesses which maintain infant mortality as such a high rate that fertility attitudes cannot even start changing.

NIGER. (April 26-30)

NIAMEY

It was quite warm when I arrived in Niamey - 46° centigrade, which is even more than what we had had in Ouagadougou during the past week. As it is dry heat, this is still bearable - I certainly prefer 40° or more here to 30° in Cotonou. But the visit was to prove so interesting that I hardly gave the heat a second thought - although the nights never got cool.

Niger is a large country of 489,000 square miles, with a population estimated at 3.8 million, a birth rate of over 50 per thousand and possibly attaining 53 and a death rate one can fix at 26-29. Only a quarter of the country receives enough water for crop production which explains why livestock grazing is so widespread. The country has an estimated 4 million cattle, 2.1 million sheep, 5.5 million goats, 360,000 camels, etc. and livestock comprise the country's major resource. The main crops are millet and sorghum, mostly consumed by the grower; and peanuts, which account for 2/3 of controlled exports. There is practically no industry. Per capita income is said to average around 80 dollars, but as in all these mixed economics where a large fraction of the population live on a subsistence level, such figures are rather meaningless statistically. They simply imply that most people live from day-to-day, an element having an important relation

to attitudes toward the future, and thus toward family planning. They cannot put anything aside, and cannot accumulate savings. Mrs. Diarra, the Malian sociologist married to a local geographer and whom I had met in Dakar, stated that women were high-fertility oriented, according to a small KAP survey she made in Niamey, and children are considered a sign of prestige. A Djerma* maxim states that a woman with many children will never be poor. With a predominantly Moslem population, 95-96% of which lives in rural areas, one of the highest rural-urban ratios in the world with an average of 7 people per square mile, virtually no road network (150 miles of hard-topped roads) and no railway, it was legitimate to expect a priori that attitudes would not strongly favor family planning. Let us see what further probing was to reveal.

Monday April 28: as the plane arrived late on Saturday, I had to await Monday to make my first contacts. I started by calling upon Mr. Escudero, who functions as consul and economic officer at the U.S. Embassy, to get some background data on the local situation. He told me that one could speak of relative "overpopulation", a term that I

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*) The Djerma-Songhais are one of the main tribes in the country, a little over 650,000, as compared to 1,500,000 Hausas, 500.000 Peulhs, and 370.000 Arabs, Touaregs and Bellahs, to mention the main groups.

find somewhat unhappy here. It would be better to speak of agricultural under-development. In the southern region, population density in the prefecture of Maradi is 15 inhabitants per square kilometer, as opposed to 0.1 inhab. per square km. in the prefecture of Agadez, (all the N. of the country). He mentioned recent discoveries of uranium, but also added that even in 1975, at peak exploitation, income from uranium mining would represent only 10% of the national budget. And here as everywhere, France has quite a lot to say in the running of the country.

My second interview was with M. Adehossi, who is responsible for statistics at the Commissariat National au Developpement. He himself was trained at INSEE, but at a period (1961-63) when INSEE was accepting candidates from African countries even if they did not have the necessary qualifications, an impression which was to be confirmed later on. (See below).

At the Centre Nigerien de la Recherche en Sciences Humaines I first met the director, M. Dioulde Laya, a sociologist who received his training at the University of Dakar and who gave me background data on the activities of the CNRSH, (tel. 31-41) which is attached to the Ministry of Education like the CVRS in Upper Volta. Research is mainly in the fields of audio-visual arts, (the well-known Africanist and cinematographer Jean Rouche works here), sociology, social psychology, archeology, history, linguistics, geography, development economics and ethnology, (including quite a few of American ethnologists: the

Horowitz team, etc.) There seems quite a flurry of research going on in Niger, although only a part of it is directly related to the CNRSH, whose 1968 budget was a little over 11 million CFA ($44,000).

I then had what proved to be a fascinating interview with M. Idrissa Maiga, the main interviewer working with Mme. Diarra and a man who has many years experience collaborating with ethnologist and sociologists in his country.

As background, let me say I had never been satisfied by the repeated assertion of my informants in the countries visited (Togo, Dahomey, Ivory Coast, Senegal and Upper Volta) that women had no knowledge of contraceptive methods, except abortion, which is not really a contraceptive method. This dissatisfaction was hightened by the fact that Anatole Romaniuk, in his fine book on "La Fecondite des Populations Congolaises", (Mouton, Paris, 1967) mentions knowledge of such methods in the Congo, (p. 287 and following). Also it would be rather exceptional if a recurrent situation such as the necessity for contraception, which occurs in every society on an individual basis at least occasionally, had not created certain forms of behavior aimed at solving the problem. I was thus most interested when M. Maiga, who has done over 100 interviews with a KAP questionnaire composed by Mme. Diarra, told me that contraceptive methods were known to a not negligable fraction of the feminine population, although relatively few practise them. Among the methods mentioned were the following:

- verses of the Koran written on a small piece of wood or other material that the woman wears around her neck or hips, a current practice in N. Africa.

- sacrificial offerings to idols.

- herbs taken orally (concoctions). These were supposed to "make the baby 'sleep' for 5 years inside the mother" - a common belief in N. Africa also.

Abortions, M. Maiga said, seemed to be quite rare occurrences. He also mentioned that women spaced sexual intercourse after childbirth so as not to get pregnant immediately. Some go and live with mother's own family.

Of course, it cannot be excluded that this knowledge of various contraceptive methods has come into Niger from the North, via the Touareg bedouins. It is a known fact that the Berber tribes of the Sahara use contraceptive methods. The subject would be worth inquiring into. Personally, I would tend to believe that these practices are more widespread than many of my informants mentioned.

In the afternoon, I saw Dr. Logan Rootes, of the US-AID smallpox vaccination project, to ask additional population figures. Dr. Rootes and his team are getting figures for all the villages in the country. All the population will have been vaccinated once by this summer. But as they have relied heavily on administrative data, I doubt that their figures are better than other sources. After my meeting with Dr. Rootes, I had an interview with M. John Garrett and Miss Faraher, assistant directors of the Peace Corps. Most of the volunteers work

in Public Health education, others in well-digging projects, "animation rurale", etc. None work in any PMIs or maternities in Niamey.

Tuesday April 29: This was to prove a most exciting day. As M. Mounkaila, Director of studies and Programmes at the Commissariat National au Developpement, had to change the rendez-vous he had given me for 8 o'clock, I went to the one and only PMI in Niamey. The French director, Dr. (Mme) Jacqueline Poix was out of town, but I was well received by the chief PMI midwife, Madame Conda. Mme. Conda told me that they gave the pill to the women who asked for it, mostly Anovlar at the crazy price of 545 CFA, which is considerably more than 2 dollars, mentioning also Nolestryl at 350 and Planor at close to 3 dollars!) but that the demand was minimal - a few cases per month. Yet she mentioned that there were a considerable number of induced abortions. Another problem arose from the fact that women weaned their children as soon as they became pregnant, which is of course one of the reasons of relatively high child mortality at the moment of weaning, (dietary deficiencies) - women believe that if they lactate while pregnant, the child will become ill, (a belief that was mentioned to me in many places along the coast too.)

After that I proceeded to the main maternity. The person de facto in charge of the maternity is a midwife, Mme. Bassy, a person of most imposing dimensions who received me very kindly. Mme Bassy mentioned that the maternity dealt with an average of 450 births per

month, which means close to 5000 deliveries per year, quite an impressive figure for this part of the world. Pressure of patients is so great women only stay for 24 hours, arrive the morning, have the baby and leave next morning.

Many women complain about births coming in rapid succession. There is thus a strong desire to space births. Mme. Bassy thinks there are not many induced abortions among married women, but that spontaneous abortions are considerably more frequent.

It was then that the interview started changing. After we had started discussing contraceptive practices among women, Mme. Bassy presented me to a young midwife, Mme. Monique Diallo, who was trained in France. She turned out to be an enthusiastic family planner. She is young, attractive, intelligent, already has 4 children, and doesn't want any more. She takes the pill but it does not suit her. We started a highly interesting discussion on Family Planning, and after a short while, half a dozen enthusiastic young midwives were in the office discussing the problem. Mme. Diallo said that the government should start a family planning clinic "at least for those who want some assistance". We started making a list of people I should try and see, starting with Mme. Noma, general secretary of the womens union and wife of the minister of defense, a good line! (private phone No. 21-31) and Mme. Dupuis, Directrice des Affaires Sociales at the Ministry of Health who was described as the advocate of F.P. in the administration.

We then went to see a Dr. Roberts Sam, a Ghanaian gynecologist working in a nearby medical center, just adjacent to the maternite; a merry person continuously bursting into thunderous laughter. It turned out that Dr. Sam was most interested in F.P., had received training for inserting loops at Bellevue Hospital (N.Y.) and was surreptiously ("I do it in secret") fitting loops himself. He asked me to send him some, as he was running out of his private stock, and get the name of the maker of LANCENYL, the pill recommended by Dr. Correa. Mrs. Diallo, who has a Nigerian husband and was ready to go all the way to Lagos to give up the pill for a better fitting loop, was of course delighted to learn this fact. Dr. Sam said his situation was delicate, being a foreigner. Dr. Sam recommended that I try to see the President himself, M. Diori Hamani, as a positive decision concerning an experimental F.P. center we had been talking about would change everything. By a stroke of luck, Mme. Diallo is a personal friend of the private secretary of the president, and she promised to try to arrange an interview. To show how things can work well, when the going is good, the President happened to have a moment free in the afternoon, and Mme. Boukhri, (the President's personal secretary) phoned me at the hotel at 1 o'clock ....but the person looking after the phone had gone away, despite the fact that I had told him at ten minutes to one that I was expecting a very important phone call. Sans commentaires.

At the end of the morning, I had one additional and extremely

cordial interview with Dr. Bana, director of Health at the Ministry of Health. To my surprise, I found someone who was extremely open to the question of population, but who said that as the Government had not taken a position on the problem, he could not initiate anything in this field. We had a long discussion on the Algerian experimental family planning clinic in Algiers, and I suggested that such an experimental clinic in Niamey might enable the government to take a better decision, the day it wanted to. I assured him that a great deal of assistance would be available for such a project. (See the attached Memo I drafted to the President). He told me he was worried about the health consequences of the narrowing of birth intervals on the health of both mother and children alike, that abortions were increasing, and that if I were to see the President, I could mention that the Ministry of Health would favor such an experiment. He also added that he would O.K. any suitable candidate I could find for Chicago. I had advanced the names of Mme. Diallo, and of Mme. Dupuis. I promised to leave him a series of books I had on F.P.

I would like to add that I was most struck by the young (all less than twenty) midwives I met at the Niamey maternity. All those I met had trained either in France or Germany. (I brushed up my rusty German with a charming young lady who had studied there three years). Should the day come (or rather when the day comes), the maternity would form a good base for a post-partum programme.

In the afternoon, I waited for close to 1½ h. for Dr. Mossi, a surgeon who works a great deal with the small maternity (mostly gynecological cases) situated in the main hospital building. I arrived back at the hotel to learn with dismay of the missed rendez-vous with the President. Mme. Boukahri, his secretary, had rung me up quite a few times. In the end, she managed to fix a 6 o'clock meeting for me with Mr. Tafanelli, who is a Counsellor (?) to the President and works at the Ministry of Foreign Affairs. He told me that he met with the President every evening at 7:30. I assumed M. Tafanelli is French. I was agreeably surprised that he showed considerable interest for the population question, commenting on the economic problems the mounting growth rate was creating for the country, although he did mention that population increase tended to be the official view-point on the question. He mentioned the Minister of Foreign Affairs and the Minister of Public Works each has 4 wives and 12 children. I tried to underline the MCH aspect of the problem, as had both Dr. Bana and the young midwives, and he asked me to make two short 1p. memoranda for the President, one on the question of an experimental family planning clinic, the other on the demographic survey, and promised me he would do his very best to get an interview, although he did say that the President would probably rely on the opinion of the Minister of Health. (I gave Mr. Tafanelli the two memoranda the next morning at 7:30 (see annexe end Niger report).

Wednesday, April 30: the first meeting on Wednesday morning was with Mr. Arouna Mounkaila, Assistant to the Commissioner General au Plan. We discussed mainly the economic aspects of the growing demographic pressure, which the people at the Plan take to be very real, especially in the fields of education and employment. M.Mounkaila mentioned that only 10.6% children of primary-school age actually go to school. From other sources and from my perusal of the demographic survey figures, I would consider this a very optimistic assessment; 7-8% would probably be a better figure. In 1960, 4.6% of the children went to school which means that in 9 years the progress has only been about 3-4 per cent, or less than 0.5 per cent per year. (Ce qui se passe de commentaires.) On the level of employment, he mentioned that many of the boys coming out of school did not find jobs. We discussed investment problems, as in this field also Niger has serious problems. Dr. Bana the day before had told me that the President had mentioned in one of his speeches that 65% of the population is under 20 years of age. This seems a rather incredible figure, and I would believe the real figure might be nearer 55% (in neighbouring Algeria it is 57-58%), but even that is burden enough.

I suggested that the Commissariat send someone to the Chicago summer course, and M. Mounkaila replied that he would suggest this to the Commissaire, but expected the reply to be positive and would inform me as soon as possible.

Due to the recent events in France, (the "No" to de Gaulle) and the proximity of May 1, the President was not able to receive me on Wednesday, but I told M. Tafanelli that I would willingly pass via Niamey on my way back from Lagos in mid-May if I could see the President at that time. (Later, our meeting failed to materialize, although President expressed his regret through the Niger Embassy in Lagos).

My next meeting was with Mme. Henriette Dupuis, (who despite her French name is from Niger, Directrice des Affaires Sociales, at the Centre Social, a combined PMI - Health Education center. With her were M. Statiatou Noma, general secretary of the Womens Union, which is the feminine section of the local Party P.P.N.R.D.A. (Parti Populaire Nigerien du Rassemblement Democratique Africain). She is also the wife of the Minister of Defence. Mlle Ouseini, the assistant director of the Centre Social and a Mme. Marie Louise Hamoudi, social worker of French technical assistance, were also present. Apart from Mlle. Ousseini who did not speak much, the three women struck me as competent, intelligent, and very enthusiastic about family planning. Our discussion lasted 1½ hours, and scanned the whole field of family planning, with particular attention to the best tactics for introducing family planning in the country. M. Noma is a woman with a strong political flair. They all insisted that one had to be cautious about the problem, approach it mainly from the PMI point of view, and that

the best approach was via the President. It seems to be in great part a question of information, informing people on the real dimensions of the problem, and changing attitudes among women.

Mme. Noma, who would make an excellent candidate for Chicago both because of her immediate grasp of the basic problem and her position in the Union des Femmes, mentioned that the best way to begin family planning in Niamey would be a combined PMI - Family Planning center. All agreed that a specialised family planning clinic might meet with failure but that the PMI-FP approach was feasible (in addition to the fact that it certainly is the most advantagious approach from the public health point of view).

The private address of Mme. Dupuis is B.P. 564, Niamey, and of Mme. Hamadou, B.P. 899, Niamey. Both Mme. Dupuis and Mme. Hamadou, and of course Mme. Noma, (address: Bureau du PPNRDA, Niamey) would appreciate receiving all the literature available in French.

This was one of the most encouraging and friendly discussions I had in West Africa, along with the one with Prof. Correa in Dakar. Later in the morning, I briefly saw Dr. Bana, who arranged for me to meet the Minister of Health in the afternoon. I left copies of my memo to the President both for him and Mme. Dupuis.

In the afternoon, I had an interview with the Minister of Health, Mr. Ibrahim Issa, (who is not an M.D.) M. Issa called in Dr. Bana,

Director of Health. I explained the reason of my visit to him, telling him of the interest I had found among all those interviewed about this problem. I briefly explained my memo for the President, and M. Issa told me that he was personally favorable to family planning. He added that he would contact the President as soon as possible, and he was encouraging about the possibility of a meeting, telling me he would let me know through their Embassy in Lagos the exact date and time of the meeting.

After my meeting with the Minister, I went to the hospital to see Dr. Moussi, the Chief Surgeon who is also responsible for the small maternity, mostly OBGYN cases and who had been described to me as an opponent of F.P. This was the fourth time during this trip someone described as "anti" turned out to be "pro-". I would not describe Dr. Moussi as an F.P. enthusiast, but he is definitely in favor of it both for medical and social cases, of which he quoted quite a few. He regularly prescribes pills, mostly Avariostat, Noracyline and Nacenyl, (he has dropped Planor and Anovular). I mentioned Dr. Correas' experiences with Lancenyl, of which he took note. He mentioned en passent that the country had no clear legislation on contraceptives. He was of the opinion that abortion was still a limited problem in town, and non-existent in the countryside, but he nevertheless said he would be favorable to an experimental F.P. center in Niamey. He also expressed great interest in the Chicago summer course, and I told him

that I expect we could get a scholarship for him, as Dr. Bana had already okayed his participation, should he be able to take 2 months leave.

In the evening, I had dinner with M. Jacques Adehossi, with whom I had been playing hide and seek the whole day. Niger has only had a demographic sample survey in 1960. This survey was based on 3% of the population, excluding Niamey and the North of the country, which are desert areas with only a few hundred thousand Touareg inhabitants.* It is important to mention that the survey was made with cadres coming from the Ivory Coast, which means this country has had no experience of running a nation-wide sample survey although surveys covering parts of the country have been made: (1961-62, household budget survey on Niamey; 1963-64, demographic sample survey of nomadic areas, and household budget survey in rural and nomadic areas; 1966-67, agricultural survey of production of main crops) .

Main results of the 1960 demographic sample survey are the following:

- Total fertility rate: 200 per thousand
- Birth rate: 50-55
- Death rate: 25-30
- Gross reproduction rate: 31

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*) A complete census of Niamey was made in 1959. Copies of the report were obtained for Jack Caldwell.

- Net reproduction rate: 1.65
- Rate of natural increase: 2.5%
- Proportion not speaking French: male: 98.5; female: 99.1
- 92% of the population lived on 23% of the total surface in 1960.

M. Adehossi estimates the population of Niamey to be approx. 80,000 (mid 69). He prepared a project for a nationwide demographic sample survey which he was not able to bring along, the main characteristics of which are the following:

- random sample of 1/10 of the villages and in each village 1/4 of the households. (Service de Statistique has started a census of all the villages in the country - questionnaire annexed for Jack Caldwell).
- about 50 interviewers would be involved. There are at present 23 permanent interviewers at the Service de Statistique.
- it would be held November 69-March 70
- total cost is estimated at 150-200 million CFA (600,000 to 750,000 U.S. dollars), considerably more expensive than a project prepared by U.N. expert V. Kannisto, interregional statistical consultant. (Project annexed for Dr. Caldwell).

M. Adehossi said that expert assistance for the preparation of the survey would be welcome. I would comment I think assistance would be necessary. M. Adehossi does not seem to have the competence of M. Sanogho of Upper Volta for instance.

We discussed the problem of population control, and M. Adehossi told me he thought it was a vital necessity for a country with such meagre resources. He confirmed that the figure of 10.6% of children

in primary school was inflated, because the Ministry of Education kept as its population base the population of Niger in 1960.

Thursday, May 1: Before leaving Niamey I lunched with Dr. Sam, the Ghanaian doctor who is officially chief doctor of the maternity, although he told me that he very rarely worked there. This luncheon was most fortunate, as Dr. Sam was to see the President (with whom he is on very good terms) a few days later, and said he would prepare the ground for a proposal on population. Dr. Sam is married to a Swiss (he did his medical studies in Switzerland and 4 years gynecology in the States) and has himself 9 children, although I do not know if they are all from his Swiss wife. He thus speaks from experience when advocating F.P., as he himself put it!

Conclusions on my visit to the Republic of Niger

My short visit here (3 working days) was unexpected in its evolution. It shows how a priori conclusions based on apparently "objective" indicators can be misleading. I am still relatively perplexed as to the real reasons for the positive attitudes toward family planning I have found amongst the people interviewed; this might be related to certain cultural factors I examine at the end of this report. The President has been described to me as a very humane person, which leads me to be relatively optimistic concerning his future policy decisions. I am told he is very much concerned with the welfare of the individual, as opposed to the Algerian attitude, where the "raison d'Etat" is of

paramount importance, even if it goes against the happiness of the individual (a textual sentance spoken to me by one of President Boumedienne's counsellors). It would thus seem that the MCH approach to FP would be the best one in presenting the problem to President Diori. It is also I think the most honest one, as I very much doubt F.P. could become a very widespread practice before basic changes in the social structure have occurred; to present F.P. as being able to contribute to a lessening of the demographic pressure would thus be, to say the least, misleading at the present time.

There is here a small group of strongly concerned individuals who can be trusted to act knowledgebly, given the necessary assistance. But I think it most important to respect the opinion of Mme. Noma, who seems to have great political acumen and a remarkable sense of savoir faire: great caution is necessary, if one does not want to frighten the government. Should the President give his agreement to the idea of an experimental family planning clinic, a combined PMI-FP center is preferable. It is to be hoped that excited family planners will not come swooping down on Niamey, as this would be certain to have a contrary effect at the present moment.

The following individuals would greatly appreciate receiving family planning literature IN FRENCH:

- Mme. Noma, Mme. Dupuis, Mme. Hamoudi, (addresses above): general literature on F.P.

- Dr. Tahirou BANA, Directeur de la Sante, Ministere de la Sante, Niamey; and Dr. Moussi, Chirurgien-Chef, Hospital de Niamey: general and medical literature on contraception
- M. Mounkaila, Directeur des Etudes et Programmes, Commissariat National au Development, Niamey: economic aspects of demographic growth.

Dr. Sam asked me for some loops and I promised to bring some when I passed in mid-May, or send them.

As no one was available for the Bogue Chicago Seminar in Ouagadougou, I would recommend that at least four and possibly five from Niger participate in the Chicago summer course, if the Government will give its approval:

1. Mme. Noma or someone else from the women's union
2. Mme. Dialla, the midwife from the maternite (she would represent the Sante).
3. Someone from Affaires Sociales to be chosen by Mme. Dupuis.
4. A person from the Commissariat National au Developpement to be selected by the Commissar.
5. Possibly Dr. Moussi.

A French translation of the Population Council document on Islamic Opinions toward family planning would have been most handy!

I think the proposal of an experimental family planning clinic is an approach which enables the government to investigate a decision on the principle of family planning, thus gathering clinical records and solid statistical data; and it proved a further advantage that I was able to refer to the Algerian government which is approaching the problem from this same angle.

NIAMEY, 30 April 1969

Memo Submitted to President Diori through his Assistant
(copies to Minister of Health and Mme. Dupuis)

Subject: Suggestions Concernant la Creation d'un Centre Experimental de Planning Familial

1. Suite aux changements culturels nés du phenomene de l'urbanisation, les naissances sont de plus rapprochées chez les mères de la ville. Ceci conduit à une détérioration de la santé tant des mères que des enfants qui préoccupe de plus en plus les responsables de la Santé.

2. Chez l'enfant, comme l'ont demontré recemment des découvertes médicales préoccupantes, les déficiences alimentaires néesd'une interruption soudaine de l'allaitement, (interruption, causée par une nouvelle grossesse) peuvent causer des atteintes irrecuperables aux cellules nerveuses du cerveau.

3. Les budgets des familles modestes supportent de plus en plus mal les charges accrues provenant du fait que moins d'enfants meurent qu'autrefois.

4. Selon plusieurs personnes interrogées ceci, conduit à un accroissement considerable des avortements provoqués, qui risquent de devenir bientot un véritable fleau, comme c'est déjà le cas dans d'autres villes africaines.

5. Sans rentrer dans d'autres arguments de nature économique et sociale, il semble que la régulation des naissances puisse trouver une raison d'etre dans les centres urbains principaux du Niger, en tout cas a Niamey. L'ouverture d'un centre expérimental de régulation des naissances (Planning Familial) permettrait au gouvernement de prendre par la suite une decision sur ce probleme en connaissance de cause, (qu'elle soit favorable ou non, elle sera fondée sur des statistiques scientifiques et non seulement des impressions)

6. C'est la voie choisie par plusieurs autres pays africains, notemment l'Algérie voisine, qui a ouvert trois centres expérimentaux à Alger, Oran et Conntantine.

7. Assistance technique disponible dans ce domaine.
Un centre experimental de planning familial couterait très peu ou même rien au Niger, selon l'assistance technique fournie, qui pourrait couvrir:

- la formation à l'étranger de médecins et de sages-femmes dans les techniques modernes de contraception, (ceci est assuré d'avance)
- le coût du materiel medical pour monter le centre et les fournitures médicales, (pilules, sterilets, etc.) pour la première année de fonctionnement, (voir plus)
- il est vraisemblable que même les salaires pourraient être pris en charge, comme cela a été le cas à Alger.

8. D'ores et déjà, trois bourses ont été offertes à la Santé pour un stage qui aura lieu cet été à Chicago et groupant des participants de nombreux pays africains.

Pierre Pradervand
Consultant aupres de la
Fondation Ford

IVORY COAST

ABIDJAN

Friday, May 2: While in Abidjan on my way from Niamey to Yaounde, I briefly saw Dr. Diplo at the Ministry of Health to learn if he had been able to take up the problem of candidates for the Chicago course with the Minister. He told me that he expected to discuss the matter with the Minister that very afternoon. We also discussed the problem of an experimental family planning clinic in Abidjan, but his reaction was rather negative. Both interviews with Dr. Diplo left me with a very poor impression, and other persons I met made comments that confirmed this impression. The Director of Health, whom I did not manage to see, is on the other hand highly regarded.

During my first visit, Professor Renaud had invited me for lunch at his home with Professor de Lormas of the Institut de Sante Publique, (to be opened this summer) and his wife, the pediatrician from the Cocodou PMI. Professor Renaud's own wife is a gynecologist and works at the maternite with him.

This was an extremely profitable lunch, (introduced by the 70 lb. fish Dr. Renaud had caught the day before, which was served as an entree). All four people are top notch, and are strongly concerned with the medical and social problems raised by excessive fertility in urban areas. Dr. Renaud and Dr. de Lormas have selected 4 candidates for Chicago, and the Minister of Health had already given his agree-

ment to them, pending final approval by the Vice-President, (due to Houphouet's absence from the Ivory Coast). Three of them are internes in the gynecological ward working under professor Renaud:

1. Mlle Ekua is the first woman medical student from Ivory Coast, and will be the country's first woman doctor. She has already received a scolarship to go to Brussels and work with Houbinont, but I think it an excellent thing that she be able to complete the very medical training she is to receive over there by a study of the sociological and psychological aspects of family planning.

2. M. Kone is also an intern in the gynecology department. He will be "Chef de Clinic" next year, and seems to me an excellent choice.

3. Mme. Bron is a puericultrice who received her training at the Ecole de Sante Publique in Rennes (France). She wrote a paper on the necessity for family planning in Abidjan for her final diploma, which Dr. de Lormas showed me. She is also the wife of the Vice-President of the National Assembly.

4. M. Chesnet is a French medical student who will also be a chef de clinic next year under Professor Renaud. He will stay on at least another 3-4 years, and Dr. Renaud seems to rely on him a great deal. He thinks it important that M. Chesnet receive this training, as he himself will be leaving Abidjan in 18 months. I know it is not customary to send non-nationals for this course, but I think it important to make an exception in this case. Dr. Renaud said that if a choice had to be made between M. Chesnet and someone else, he would prefer Chesnet to be chosen in place of Mlle. Ekua for instance. I have an entire confidence in his judgement and strongly suggest all 4 be selected.

The most interesting aspect of our meeting, (and I would like to mention how impressed I was by the quality of these four people, who seem to me top notch) was our discussion of the possibilities of

starting an experimental family planning center in Abidjan. Prof. Renaud and the de Lormas seemed to think that if financial assistance could be promised for starting the clinic and maybe paying the salaries of some of the people working there, (as ia done in Algiers) there were good chances that the idea would be accepted. He also asked that I do my best to pass via Abidjan on my way to Niamey, and said that he would arrange a meeting with the Minister of Health. He added that he hoped I would be able to come with some concrete offers for assistance. He said that he has already told the Minister of Health not to have any illusions, and that he is already practicing family planning at the hospital in the numerous cases where such intervention is justified from the medical point of view. It would be easy, he thought, to pass from 'medical' cases to 'social' cases, and from there to a more generalized practise of contraception. I will thus do my best to travel via Abidjan on my way back. Prof. Renaud also asked for a couple of hundred loops, and I promised to get him some.

CAMEROON. (May 3-5)

After spending the night in Douala, (probably the worst weather I encountered from the point of view of humidity), I flew to Yaounde the next morning. My stay in Cameroon was reduced to the status of a long weekend, due to a change of airline timetables on May 1. I arrived around 10:00 a.m. Saturday morning May 3 in Yaounde, and many officials were not at the office. This left me with one short day (Monday 5) to see a few people.

Saturday, May 3: I was lucky to be able to contact good friends of the Stillmans (Lome), Dr. and Mrs. Henry Enonchong. Dr. Enonchong is Professor of Law at the Federal University of Cameroon, and Mrs. Enonchong is an American who has adapted herself amazingly well to the Cameroon. Dr. Enonchong has a Ph.D. in International Law from Georgetown University, and received his law training in both England and the U.S. Prior to that, he had served for 5 years as a Public Health officer in the English colonial administration of W. Cameroon. He is to become shortly a Judge of the Supreme Court of the Cameroon. Mrs. Enonchong was kind enough to give me a short briefing on the local situation with 5 children (4 from her husbands preceding marriage) milling around us. Both her husband and herself gave me names of people I should see, of which I was only able to contact a few.

I spent the afternoon with a person who is extraordinary in the etymological sense, a short of Swiss Morgan* moving backwards along the acculturation process to the extent of little by little losing his sense of identification with his own cultural background. I will briefly outline his cultural odyssey because I learnt a great deal on local fertility behavior from this person.

J.M. and I studied together 10 years ago in Geneva, and we were good friends at the time. He holds an M.A. in literature and also studied theology, but did not pass his finals because he was considered too much of a heretic by his professors (sic). He quite by chance found a job as a translator at the Presidency here in Yaounde, and has been living here for the last 5 years. He has learnt Ewongo, the local dialect, one of the most complicated languages in West Africa, and is certainly one of the most knowledgeable persons on Ewondo customs. The Ewondo are the tribe living in and around Yaounde. He made a traditional marriage with a semi-literate girl of 14 from whom he has a 2 year old son, and aims at becoming polygamous, which will be legally possible when he has acquired Cameroonian nationality. Three

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*) Morgan was an American ethnologist who integrated himself to such an extent with the Indian tribes he was studying that he lost his whole sense of identification with Western culture and really 'became' an Indian.

attempts at polygamy have aborted for various reasons: once the girl had been already promised by her father to two other men; another time he unwittingly broke a taboo by giving the newcomer meat that had been prepared by his first wife's mother, etc. J.M. is currently starting a small chicken farm on his father-in-laws' land, 20km out of Yaounde, where he plans to retire in a few years to complete his integration into rural Ewondo society!

He gave me some interesting insights into Ewondo fertility attitudes, and from his description it seems to offer conditions for very high fertility, although the very tolerant sexual mores must make for a considerable amount of V.D. which in turn must considerably reduce real fertility. All women seem to be considered as potential mothers more than as potential objects of erotic desire, an idea I had already discussed with Mme. Izard in Upper Volta. This is in contrast to Islamic cultures, where there exists a long tradition of erotic poetry and love-techniques. Some Moslem moralists even justfy contraceptive practices aimed at preserving the beauty of a woman. This expresses itself in Ewondo culture by the very unrefined techniques of love-making: kissing is unknown for instance, and copulation is a hurried biological function aimed at reproduction. The woman does not seem to consider her body as something to be cultivated in view of its erotic appeal: on the contrary, it is the habit of women as soon as they have had their first child to pull the

breast down as much as possible. This is called in Ewondo "casser la boule" as it is believed the milk runs better if the breast hangs down, a practise referred to in other regions by Mme. Izard.

Parents are happy if a girl has a child before marriage, which implies that there is great tolerance of all premarital relations, both of girls and boys. The father then adopts the child and gives it his name, and can ask a higher price for his daughter's dowry, as she has proved her fecundity.** It thus follows that sterility is the only valid grounds for divorce: once a woman has given a child to her husband, custom considers that he has no more right to divorce her.

This urge to maximize reproduction comes out clearly in polygamous marriages, as soon as a very young virgin wife of a polygamous man starts menstruating, custom considers he should start having sexual relations with her. If he lets a few months pass without touching her, the first wife will scold the husband and tell him, 'Haven't you noticed that you could have unhooked the child since already months'. The Ewondos consider that the wife carries the child in an egg-like shape and that the role of the husband is to 'shake it down' so to speak.

**) This description is in the present tense, although many of the practices referred to are changing little by little. This is a classical dilemma in ethnological description, as Skinner has pointed out in his introduction to his book on the Mossi of Upper Volta.
My description relies almost exclusively on my discussions with J.M.

J.M. has never heard of preventive contraceptive practices, although he admits it is a subject a woman would not speak about to a foreigner, and considers abortion could only happen in very special circumstances, e.g. in cases where the taboo on endogamy had been broken.

Although it is doubtful that Spock has already been translated into Ewondo, child-rearing practices are extremely permissive: no toilet training, children are never beaten, etc. This is no doubt an element which favors the sexual permissiveness of adolescence.

Sunday, May 4: I had lunch with Gene Larimore, his wife Nancy and Miss. Lynn Mytelka. Mr. Larimore is preparing a Ph.D. in the field of communications theory (political science) at Northwestern University, and Miss Mytelka is preparing a doctoral dissertation at John Hopkins in the field of economics. The Larimores are exceptionally fine people, both ex-Peace Corps. Mr. Larimore has been doing research on urban demography. I spent a frustrating afternoon both with the Larimores and Mrs. Enonchong trying to call on various people, who all happened to be out.

From my discussion with Miss. Mytelka, I gathered that the country is doingwell, compared to the average developing country, which certainly in part explains why the very mention of family planning seems to be frowned upon in official circles. Yearly per capita income is 41,000CFA (1964) compared to 46,500 for Ivory Coast, but one has the impression that it is more spread out here in Cameroon. The annual

growth rate of gross domestic product (Produit Interieur Brut) is 7.4% at existing prices, but adjusted for inflation this would give a more real figure of 3-4%. Main exports are the following, in millions of CFA, 1967/68: coffee, 11,225; cocoa, 9,737; aluminium, 4,742; timber, 2,819; cotton, 2,002. Finances are quite healthy, and 1967 was the first year without French budgetary assistance.

The percentage of primary-age children going to school is exceptionally high for this part of the world, being 76% for the country as a whole. There are nevertheless considerable problems in the field of employment, and many high school graduates do not find jobs when they leave school, but this is no doubt more the result of uneven growth, rather than of a badly functioning economy.

Monday May 5: My first interview was with the Director of Statistics, M. Mouyebe. Statistics are attached directly to the Presidence. Cameroon has never had a nationwide census, although regional sample surveys covering the whole country have been made since 1960 with the assistance of INSEE and other organisations. (See document annexed for Jack Caldwell describing the methodology of these surveys). The statistical department had asked 376 million CFA (approx. 1.5 million dollars) for a complete national census in 1970, but Mr. Mouyebe doubts very much that they will receive the money. He told me that at the present they are thinking of revamping the "recensement administratif", and I suggested that they might also

think of a sample survey covering the whole country, as neighbouring countries had done. He estimated the cost of a sample survey, sampling fraction 1/40, at approx. 50 million CFA (200.000 dollars).

He mentioned that Yaounde had a population of approx. 135,000 and Douala of 228,000 in 1968. Special surveys have been made of both these towns. When questioned on the various demographic rates, M. Mouyebe seemed extremely cautions. He said that the sample surveys had shown birth rates varying from 38 to 48 per thousand, but that as the surveys had been done at different periods it was not possible to give a weighted average. He estimates the death rate at 20, which to me seems low for this part of the world.

The statistical office has 12 "ingenieurs des travaux statistiques" (level of the Rabat statistical school) and 3 "ingenieurs-statisticiens" (higher level, of which M. Mouyebe is one) plus French technical assistants of a very high level from what Mr. Larimore told me. Although they do not have a permanent body of interviewers, they thus seem to have sufficient well trained middle-level and top-level cadres to be able to do serious work.

Questioned as to a possible population problem M. Mouyebe said he thought the problem would rather be one of under-population than over-population.

My next interview was with Mr. McLaughlin, director of AID programs at the U.S. embassy. He said that he had been thinking of tying up their food program in some way to F.P. education via the PMI's, and recommended that I see Dr. Barreau, of the Yaounde PMI.

Dr. Barreau is a very pleasant person with a strong interest in Family Planning due to his present job as chief of this PMI and supervisor of PMI activities for the whole country. There are six "classical" PMI's in the country, i.e. centers doing exclusively PMI work, plus PMI services in a considerable number of health centers. He has occupied this job for over 4 years, and told me that he had asked the Ministry of Health for permission to introduce family planning at his PMI in Yaounde, but had received a negative reply. One finds here the traditional pattern of lactation being interrupted because the mother gets pregnant too soon, and the consequent nutritional problems for the young child.

The Yaounde PMI gives 6000 consultations per month to some 2000 mothers, who come an average of three times per month. The local maternity has an average of 1500-1800 births per month, or approximately 20,000 per year, and that is why I regretted very much not being able to see the Vietnamese doctor in charge, Dr. De (I'm not sure of the spelling) who I was told has a real interest for F.P. Dr. Barreau

mentioned that the preceding chief of the Yaounde maternity*, Dr. Mailhac, had been giving contraceptive assistance when it was needed on strict medical grounds. It would thus seem (and this was the impression I gained later when talking to officials at the Ministry of Health) that F.P. is tolerated on a strictly individual basis and on a relatively limited scale. Dr. Barreau had the impression that induced abortions were not very frequent, and insisted that the main complaint of women was with sterility. He himself only prescribed pills to a very few cases per year.

My first interview of the afternoon was with the director of the U.N. statistical training center, the Centre International de Formation Statistique, which trains middle-level statistical technicians for all sub-Saharan francophone countries. Other such centers exist in Abidjan, Addis-Ababa, Dar-es-Salaam, and Akimota.

The Yaounde Center trains two types of statistical technicians:

1. "Adjoints techniques": they receive two year training and are capable after training of becoming the assistants of a survey director, which is presumably a rather optimistic assessment.

2. "Agents techniques", of a lower level, receive only 1 year training.

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*) Dr. Barreau told me Yaounde maternity averages close to 30,000 births per year. I was not able to check this figure.

Main content of training is in mathematics and statistical methodology, but the students receive additional training in economic geography, French, English, basic demography, and accounting.

There seems little reason to push demography further in this center, the main aim of which is very concrete, i.e. turn out the maximum number of badly needed middle-level statistical cadres which Africa needs so badly. About 20-30 adjoints techniques and 20-25 agents techniques are trained per year.

Dr. Jean Pierre Happi, who is Commissaire General de la Sante, (and functions as a minister) delegated his collaborator, Dr. Elom, to see me, as he had been called in to see the Vice-President. Dr. Elom is Directeur des Grandes Endemies. We discussed the population problem in its Health setting, and also the possibility of starting an experimental center such as other African countries have done. Dr. Elom was very affable, but left no doubt as to the governmental position, which seemed oriented in the other direction. He thinks the relative overpopulation of a few Cameroon regions should be solved by internal migration, although various projects have not been very successful up till now. Although urban birth rates are probably higher than in the countryside, Dr. Elom thinks infant mortality rates to be still high in towns too, due to the very poor living conditions in some of the shantytowns. I am rather sceptical concerning his opinion, as Yaounde at least has no shanty towns in the traditional

sense. Immigrants, said Dr. Elom, are usually quite young, and easily leave their children with their parents in the villages. But the main obstacle to family planning is cultural, according to Dr. Elom: the Cameroonian woman is traditionally and basically "anti-family planning", an opinion that could be right in general, but which is certainly changing among the young women in towns who are earning a living for themselves and their children.

Nevertheless, Dr. Elom told me that a doctor at the American Presbyterian Mission Hospital in Enonga-Ebolowa, (approx. 180kms. South of Yaounde) was fitting loops, and that multiparous women were coming from quite far to have loops inserted. It would be interesting to go there and see exactly what is happening.

While syphilis is retreating, gonococcial infections are widespread, and increasing continuously, which is only to be expected with the very lax sexual mores mentioned earlier. In Yaounde and Douala, it is difficult for a European not to be accosted by girls, few of whom are prostitutes.

Main causes of mortality in Cameroon are malaria, gastro-intestinal infections, tuberculosis, measles and cerebral meningitis, in decreasing order of importance.

Dr. Elom accompanied me to the office of his colleague, Dr. J.R. Mbarga, chief of the studies section, to discuss the problem of

scholarships for Chicago. We discussed the general problem of family planning for a while, and then as Dr. Happi had just arrived back, I was able to see him briefly. Dr. Happi had a very busy schedule, and asked me to write an official letter, as he could not take a decision on the basis of a simple discussion. My impression was that he would prefer to say no by letter than orally.

The next morning in Douala, I learned to my distress that international flight regulations prevented my taking the half-empty Alitalia flight to Lagos, so I had to spend the day in Douala.

Conclusions on Cameroon: These comments on Cameroons can only be more tentative than those concerning the other countries visited, and I think another visit would be worthwhile before considering Cameroon closed to family planning at this time. I would suggest that any person coming here stop a few days first in Douala, as the social composition of the town (large port, rapid growth, very mixed ethnic composition) would lead me to believe that there could certainly be some serious social problems related to unrestricted fertility. And a visit to the dean of the Faculty of Letters would also be worthwhile. Nevertheless, it would seem that Cameroon is more hesitant of F.P. than any of the other countries visited, as the obvious lack of interest in sending candidates to Chicago indicates.

CONGO KINSHASA (May 12-15)

Some characteristics of Congolese demography. In the interesting study of Congolese populations by Romaniuk* (of which I would recommend that a copy be given to each French-speaking participant in the Bogue course), one finds the following information:

1. Birth rates vary from 19 to 58 per thousand in different regions of the Congo, with a national average of 45-46 per thousand.

2. The death rate can be estimated at 25 per thousand.

3. Infant mortality rate is around 173 per thousand.

These extraordinary variations of the birth rate are directly related to infertility among various ethnic groups. On the whole, sterility is extremely high -- 20% of 45-year old woman have never had a child. There are large regional variations in sterility -- from 5 to 50%, i.e. in some regions one woman out of two will never have a child. Romaniuk makes quite a convincing case in relating sterility to variations in prevalence of venereal disease, these diseases themselves varying in intensity depending on the local pattern of sexual mores, (the more lax the mores, the higher the frequency of V.D.).

Urban fertility rates are considerably higher than the rural ones: adjusted age specific fertility rates are 28%

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* La Fecondite des Populations Congolaises - A. Romaniuk, Paris, La Haye 1967 pp.348.

higher in towns (rural birth rate 43, urban 55). Romaniuk states that he does not think the experience of African countries with a relatively older urban tradition like Senegal, Ghana, and Nigeria enables one to make hypotheses concerning the future fertility behavior of urban populations of other sub-saharan African countries.

Monogamous unions are the rule: 31% of married women live in polygamous unions, and 17% of married men. The average number of wives per polygynous household is 2.25. Moreover, polygamy is essentially a rural phenomenon, as opposed to countries in the former French West Africa where polygamy is still widely prevalent in towns. As already mentioned for the Ivory Coast (cf.supra) fertility is considerably higher in monogamous households (25% higher: cumulative fertility rate is 6.27 at 45-54 among monogamous households, as opposed to 5.01 for wives of polygynous males).

With a population of only slightly over 17 million, Romaniuk concludes that the Congo is underpopulated, (7 inhabitants per square kilometer). Thus, as in many other parts of the continent, one can conceive of the paradox of one day having to limit births despite the fact that the land could carry a population many times as numerous, because population growth rates are outstripping financial resources to provide social services and jobs.

On the economic side, it is important to note that only 1% of the total surface is devoted to either field or tree crops; 49% is forest; the remainder being swamp, savannah and mountains, but of which half could be used for crops. The unexploited agricultural potential is thus very considerable. Main cash crops (mostly in the hands of European planters) are coffee, cocoa, tea, rubber, palm products and sugar. Cash crop production has gone down sharply since independence, dropping from $227 million in 1958 to a bare 81 million in 1966. Proportionately, the importance of mineral exports by value has increased, passing from 50% of total exports in 1959 to 80% in 1966. Seventy per cent of the mineral exports and fifty per cent of total exports are from copper, which provides one-third of the Central Government's current budget revenue. Finally, untapped hydraulic reserves are tremendous: potential electricity production is estimated at 100 million kw (13% of the world's potential) of which only about 0.5 million kw are actually produced. Trade balance has traditionally been favorable.

If one reminds oneself of these three basic facts -- exceptionally favorable agricultural expansion possibilities, important mineral reserves, and untapped hydroelectric potential which is among the largest in the world -- one

should be able to understand more easily the present pro-natalist stand of the regime. It could be that the present rate of population growth will prove an important obstacle to economic development, but certainly there are today much more important blocks, such as a poorly functioning administration, lack of trained personnel at all levels, a school curriculum unadapted to the country's needs, a totally inadequate and often non-existent health structure -- to mention but some of the internal problems. To argue that rapid population growth per se is an obstacle to economic development would thus need a serious study, not only of growth trends in the economy and the population (cf. the Coale and Hoover study of India) but also of other development blocks such as the ones mentioned above. Without such a study -- which might well be undertaken by IRES for instance (see below) -- one can hardly expect the government to shift its position unless some of the latent social problems errupt suddenly.

Monday, May 12: My first meeting was with Mr. Donald Atwell, Population Officer at the U.S. Embassy, with whom I made a list of people it would be worth seeing. Communications are a problem in Kinshasa. I passed close to one and a half hours on the phone Monday morning and managed to make only one appointment with Dr. Moll, a Dutch doctor working in MCH for WHO (phone 76-60).

Dr. Moll is most convinced that family planning must pass through M.C.H. -- at least in tropical Africa, and that attempts to build up a separate family planning program would not only be bound to failure but might produce adverse reactions. At Ndjili, approximately 10 km out of Kinshasa, Dr. Moll is starting what are called "consultations familiales" at a Health Center with an M.C.H. section. The mother comes with all her children up to 5 years of age. These are thus simultaneuously pre-, inter-, and post-natal consultations covering both mother and children. This integrated approach is most interesting and, I think, in the long run, a most favorable approach to family planning, because if health personnel are forced to consider a woman in her total family situation, they will not be able to escape the conclusion that spacing is necessary for the health of all concerned.

Both Mr. Atwell and Don Brown, director of A.I.D. (an old friend from Algerian days) had stressed the fact that the present Government attitude is pro-natalist. This attitude is buttressed by formidable natural riches (in great part unexploited), immense mineral wealth, untapped agricultural land, probably the world's greatest hydro-electric potential outside the Soviet Union, a very high percentage of children in primary school -- between 80-90% -- one can

understand the government is not unduly worried about the future, if it compares its situation to that of many other African states. The President is Catholic, and the Church has a powerful hold on the elite. In large areas Congolese women suffer from severe infertility problems. One can therefore understand why the present regime feels no need to rush into a family planning program, even if one does not totally agree with its lack of policy and lack of inquiry about child spacing.

The conclusions of my interview with Dr. Longo, Congolese gynecologist at the Kinshasa Maternity of the General Hospital, and a Catholic, were thus a big surprise to me, i.e. he stated that regular family planning services in a maternity of Kinshasa would be a good thing. We first discussed the universal problem in tropical Africa of declining birth intervals, due according to Dr. Longo to increasing monogamy (in Congo, polygamy is mainly a rural phenomenon, cf.supra) and the growing intimacy of family life, which is in reality the sociological aspect of a demographic fact. "Many, many women ask for contraceptive information" Dr. Longo stated: of his private clientele, composed mainly of members of the elite, 50% ask for contraceptive information. There is no legislation whatsoever in the field of contraception, and all is left to the discretion of the individual doctor*.

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* Don Brown, of AID questioned this statement and said that a restrictive Belgian law was still on the books, but not enforced.

Although contraceptive information is not asked for among his lower income clientele at the maternity, Dr. Longo contends that induced abortion is a growing problem in all classes, and practically every day women ask him to perform abortions on them.

Dr. Longo was interested in the Chicago Population summer course, which he hoped to be able to attend, and said he would phone Dr. Ellunga, general secretary of the Ministry of Health with whom I had a rendezvous for the next day, to inform him of the content of our discussion.

The next person I saw was Mme. Audon, who is personal assistant to Mme. Sophie Lihau-Kanza, Minister of Labour, Social Affairs and Housing (with whom I studied sociology at Geneva University). To my great regret, I learnt that Mme. Lihau could not receive any visitors, due to her own difficult pregnancy which kept her hospitalized. Mme. Audon (office phone 59-53, 59-54, ext.2) is European (French?) and also teaches at the Ecole Nationale d'Administration. She confirmed the official position on population, but showed a great interest in the Chicago course and said that she thought her Ministry would be glad to send two people, one from the Direction de la Promotion Sociale, and another woman responsible for the running of Social Centres in Kinshasa. These centers are destined to play an important

role in the field of women's education. Those that already exist are divided into four sections:

(a) Women's activities: these comprise basic courses in home economics, hygiene, baby care, nutrition, etc. Family planning information would thus integrate itself quite naturally in this setting.

(b) "Animation": this covers cultural activities, (cinema, etc.) and basic courses in reading and writing.

(c) Men's activities: these consist mainly in some basic skill training -- up till now only in handicrafts.

(d) Social action: relief work.

Madame Audon struck me as an energetic and ambitious young woman. We had a cordial discussion, and she promised to arrange for me to see the Vice-Minister, now acting Minister during Mme. Lihau's absence.

At the end of the afternoon, I went up to the Danish hospital, a splendid new building, clean and efficiently run by a large team of Scandinavian medical personnel, to get an appointment for the next day with Dr. Hagen, who works in the gynecology department.

Tuesday, May 13: The Danish hospital is a 275-bed institution built five years ago by the Danish Red Cross. A team of 11 Scandinavian doctors work there, plus 30 Scandinavian nurses. It is mainly a training hospital for male and female nurses. Patients are sent there from local

health centers, and pay a token 50 cents (0.50 US dollar) per day. Dr. Hagen, a Norwegian OBGYN, has been working there for 10 months. (As he spoke neither French nor English, our conversation was in German). Dr. Hagen said that few women asked for contraceptive assistance (2 or 3 cases per month), and even those were only to be found among the more evolué women. He prescribes pills (Anovlar) but mentioned that women rarely come back for check ups.

I underline that this comment has been made to me by most doctors with whom I discussed this problem during this trip. This could of course be a result of insufficient explanations, but nevertheless I find this trend somewhat disturbing. Dr. Hagen was of the opinion that family planning as such did not have much chance at present, but that it would be more successful if related to some general health training like nutrition.

Mr. Claude Mafema, Vice-Minister of Education, was the next person to receive me. It was a real pleasure to discuss with Mr. Mafema (previously vice-rector of Lubumbashi University), a lively person with a sharp mind. The object of my visit was to discuss the problem of expanding the teaching of demography in Congolese Universities -- a possibility for which Mr. Mafema showed great enthusiasm.

Currently, the Congo has three Universities:

a. Lovanium 20 km. from Kinshasa, the largest University, with 3000 students, of which 290 are foreigners. It is a private Catholic institution, established by Belgians and receiving substantial Belgian support. All the main disciplines are taught (there are the seven traditional faculties: Law; Theology; Humanities; Social, economic and political sciences; Polytechnic; Medicine; Natural Sciences). There is also an independent Institute of Psychology and the I.R.E.S. (see below).

b. Lubumbashi, a lay university, mainly supported by Congolese Government, 2250 students (of whom 108 foreigners) does not have the medical or theological facilities, but has a statistical institute which trains both middle- and university-level statisticians.

c. Kinsangani university, of protestant orientation, is just starting and only has as yet 500 students.

Mr. Mafema told me the Congolese Government was taking over the universities little by little and "de-ideologizing" them (his expression). Main problems were the acute lack of Congolese faculty and the very high cost of running the universities, due to the fact that all students are interns. Also, the State has recently enforced a policy that 60% of students must study scientific-technical branches.

Mr. Mafema mentioned that although the official number of children in primary school was 2.5 million (83% of the age group) this gave a very distorted view, as many dropped out of school after 2-3 years, and some became again illiterate due to lack of possibilities of applying their knowledge, etc. At the secondary level, 10% of the age group (close to 200,000 children) went to school.

The Vice-Minister concluded by mentioning that he would greatly welcome assistance in training young University assistants in demography abroad, so that they could form the nucleus of a future group of Congolese demographers.

I would support this proposal and suggest that if possible 3-4 Congolese students be sent abroad as soon as suitable candidates are available.

In the afternoon, after lunch with the Browns (AID), Mr. Atwell was kind enough to arrange for an embassy chauffeur to drive me out to Lovanium University, about 13 miles out of Kinshasa. I met with Mr. Hughes Leclercq, director of I.R.E.S. (Institut de Recherches Economiques et Sociales, B. P. 257, Kinshasa XI, tel. 75.01, ext.2363) and Mr. Kabongo Ilunga, secretary of the same institution. (We were joined later by a Mr. Houyoux, a sociologist now in charge of the Kinshasa sample survey).

Mr. Leclercq told me that IRES had started in 1958, and received at the beginning a grant from the Ford Foundation.

This institution is in a sense the research organization of the faculties of economics and social sciences, although it has a budget which is separated from that of the University. There are 32 researchers, not including faculty professors, all at post-graduate level.

I.R.E.S., in collaboration with the Mission Francaise d'Urbanisme (Houyoux) and the State statistical services (Institut de la Statistique) made a one-tenth sample survey of Kinshasa, which was recently completed and is now in the process of being analyzed. It is a great pity that they did not associate Father Boute, the Belgian demographer at Lovanium, to this work, as they interviewed over 100,000 people and could have collected precious demographic data with little additional cost and effort. (The survey was mainly oriented toward the following topics: household composition, schooling, employment, migration, housing conditions). It revealed that between 1960 and 1967, Kinshasa passed from 400,000 to over 900,000 inhabitants. It now has about 1.04 million.

When we discussed the question of scholarships, Mr. Leclercq said that they would be of course glad to obtain some training for demographers, but he seemed much keener to train economists. In the course of our conversation, I did not feel much interest either in demographic

teaching, or in demography as such. Nevertheless, I think it would be useful to grant a scholarship to IRES in view of broadening their interest, and due to the central position IRES holds in local research, although Father Boute (see below) should certainly be the person to choose potential candidates in view of teaching posts after accomplishment of their training abroad.

In the evening I had dinner with Father Boute, a Jesuit who teaches the only demography course at Lovanium University and who presently occupies the position of director of demographic statistics at the Direction de la Statistique. (We had already seen each other briefly in the morning, at his office, 5th floor of Building "Mense", opposite the Royal, where the U.N. Headquarters are located.) I had met Father Boute last year at the Bogue workshop in Chicago, and was extremely pleased to meet him again. He is doing a difficult and unappreciated job, trying with great perseverance to kindle interest in demography in a nation which is as yet still uninterested in it. (This applies also to Lovanium University, where Father Boute is "Maitre de Conferences" -- approximately Lecturer. In the current discussion of the curriculum for the degree of economics, not a single hour of demography has been included. Undergraduates or "candidates" in social sciences only have a

total of 30 hours of demography given by Father Boute, and up till now students preparing for a degree in sociology could follow a demography course as an optional subject.)

Following the Bogue course of 1968, Father Boute prepared a KAP survey to be administered in the Kinshasa area. The pre-test had already been done with a team of six permanent women interviewers when, as I learned from other sources, the intervention (sabotage would be a more appropriate word) of a U.N. demographic consultant, caused the whole survey to be cancelled. I had known this person, a Swiss by name of Wissler, in Algeria where he made a very poor impression on his Algerian colleagues who did not consider his departure a great loss. Mr. Wissler came up with all the hackneyed arguments that Africans wanted large families, that these "Kinsey" (Sic) questions could not be asked in an African culture, apparently completely ignoring the ABC of KAP surveys, not to mention the African KAP survey on which a few of his colleagues worked closely. Mr. Wissler also condemns this type of research to be alien to the mission of the statistical services of a developing country.

We discussed the problem of demographic scholarships for Congolese students. Father Boute has already been in touch with Anatole Romaniuk, (now at the University of Montreal where he teaches demography) who told Father Boute that he

would be willing to follow any Congolese students studying demography in Montreal. The University of Lovanium has apparently started a one-year special postgraduate course in demography for students coming from other faculties. (It seems to me it would be worth enquiring into the exact nature of this course).

I have a great esteem for Father Boute, and I am convinced he has by far the keenest interest in demography in the Congo. He also has a very appropriate approach to family planning and a personal interest for fertility and KAP research. Any scholarships in the field of demography should if possible be granted only after consultation with him, as he is certain to be able to recommend the best candidates. Address: B. P. 3096, Kinshasa.

Wednesday, May 14: I stopped again at the Danish Hospital to see Dr. Eric Jacobson, a Swedish professor of Paediatrics who has been here for four months. There seems to be considerably less malnutrition here than in other countries visited. He mentioned that many mothers thought the bottle (European invention and status symbol) to be superior to breast-feeding, some going as far as combining breast-feeding and the bottle! When we broached the subject of contraception, Dr. Jacobson said that he had never had any questions from mothers on this topic, but that the

hospital planned in the future to give systematic contraceptive information as part of a project of following mothers with 1-2 children of which one had been born in the hospital. He did not yet know what form this teaching would take.

Dr. Abell, whom I was next to see, is an M.D. working for the Council of Protestant Churches in the Congo (65 Avenue Valcke, Kinshasa). He mentioned a series of hospitals or health centers working in the field of contraception, and one could almost -- compared to other francophone countries and cum grano salis -- speak of a flurry of family planning activities:

KINSHASA: 1. Commune de Kitambo, 2 Health Centers, about 100 loops fitted in 1968. (see below interview of male nurse).

2. Commune de Dendale, 1 Health Center with a highly-trained Congolese nurse, about 30 loops (more pills).

3. Commune de Barungen, Salvation Army Health Center, less interested (about 10 loops in 1968).

SONOBATA: 4. Sonobata (Missionary) Hospital: a Canadian doctor and Congolese nurses fitted about 100 loops in 1968.

KIMPESE: 5. Kimpese Hospital, specialised in the treatment of sterility, offers a cafeteria choice.

BULAPE: 6. Bulape Hospital (Kasai Province) has fitted about 500 loops in a 2-3 year span.

NYANKUNDE: 7. Nyankunde Hospital (Oriental Province) a medical training center, has fitted 200 loops in the past 18 months.

Most of the women are from small towns; in rural areas, only more "evolué" women such as nurses, midwives, etc. ask for family planning information.

Pills are extremely expensive commercially: 1 Zaire ($2) per cycle. The Protestant mission hospitals get them at a much lower price via Pathfinder or other organizations.

I mentioned to Dr. Abell that a scholarship for Chicago was available if his organization could find a suitable candidate.

My next interview was with Dr. Ellunga, Secretary General at the Ministry of Health, who said he would very much like to send a gynaecologist and a pediatrician to Chicago, but that only the Minister, (who is not an M.D.) could take the decision. He stated emphatically that there was no population problem in Congo, mentioning the vast unexploited agricultural, mineral and hydroelectrical reserves of the country, but agreed with the diagnosis given by Dr. Immana as to the problems on the MCH level. He phoned the Minister's office (in another building) so that I could see the Minister himself, but when I arrived there the Chef de Cabinet of the Minister received us instead. He assured us that his Ministry would send two doctors and that Lagos would be notified by May 25.

The last interview of the morning was with Mr. Bakongo, Vice-Minister for Social Affairs.

It turned out that Mr. Bakongo is an old I.L.O. hand, and as I had worked there some years ago, this proved the starting point for a very cordial discussion. Concerning candidates for Chicago, I felt that Mr. Bakongo, who is new to his post, was hesitant at taking a decision in the absence of the Minister, Madame Lihau, (whom I finally managed to see in extremis the day after childbirth, see below).

In the afternoon, I met Mr. Adolphe Nzeza, Director of the Institut National de la Statistique. Mr. Nzeza is himself an Ingenieur des Travaux Statistiques, which corresponds to the level of Rabat Statistical Training. (Office Phone No: 26.93, B. P. 20, Kinshasa-Kalina).

The Institut National de la Statistique (INS) is part of the O.N.R.D. (Organization National de la Recherche et du Developpement) now part of the Ministere d'Etat Chargé du Plan. The O.N.R.D. has 12 sections -- administrative, legal, economic, geographical, planning, educational, etc. Formerly attached to the Presidence, the role of these sections in the Plan is not clear yet.

Congo Kinshasa has never yet had a full census, and it is doubtful that they will be able to manage one in the near future. The INS has prepared a project both for a full census (cost 25 million dollars) and for a sample survey (sampling basis 1/10, cost estimated at seven million dollars).

Mr. Nzeza gave me a copy of both projects, and I promised to give them to Dr. Heisel when I stopped in New York at the end of the month. I told Mr. Nzeza that I would discuss the problem of financial assistance at that time. He said that the Congo could contribute up to one-third of the costs of a sample survey.

The INS has 27 "agents techniques" from Yaounde, and 2 "adjoints techniques" from the same school. There are also 4 graduates in economics, one "ingenieur des travaux" (Mr. Nzeza), Father Boute being the only demographer on the staff. The budget of the INS is ridiculously small: $380,000 of which $320,000 go for salaries. Here as in most of the countries visited, the planners have not yet realized the basic importance of statistics for any long-range effort.

Mr. Nzeza confirmed that Mr. Wissler was the main reason why the KAP survey was not completed. He seemed totally disenchanted with Wissler, mentioning what Algerian colleagues had already complained about, i.e. that he disliked going into the field and was an "office statistician". I tried to see Pierre Sales, the Acting U.N. Resident Representative about this, but my schedule was alas too full.

At the end of the day, I visited two of the local Church Health Centers where family planning is practised. The first one is run by:

Madame Mattie Nsingani
Dispensaire, 70 Rue Dibaya
Commune Dendale, Kinshasa.

(Private address: Avenue Kabinda 20,
Commune Barumbu
Tel. 86-90)

"Mama Matti" as she is known was alas neither at the Health Center, nor at home. Dr. Abell had described her as quite a personage, very well known locally, and who should be certainly one of the first persons to contact. At another local Health Center, (Dispensaire de l'ADEBCO, Rue du Lac, de l'Ecole Secondaire Protestante, Commune Kintambo). I met Mr. Constantin Kana, a male nurse trained by Dr. Abell who runs the place. They started family planning about a year ago. Up till now, about 100 women have received the loop (one-third) or the pill (two-thirds) on Ovulen. Women rarely ask for family planning and only come to it after having been informed of its advantages.

Due to the very detailed and conscientious explanations given at these health centers, practically all the women have come back for check-ups. This is remarkable because the patients come from all parts of town, and is in contrast to practically all other places where I have met doctors engaged in family planning. It goes to show once more that effective health education is the basis of successful family planning.

Thursday, May 15: I drove to the Lovanium clinic, where Mme. Sophie Lihau, Minister of Labour, Social Affairs, and

Housing, had just had a little girl (the day before). It was a great pleasure to see this old friend from Geneva University after 5 years. I started by saying "Bonjour Madame ..." (afterall, how does one address an ex-student friend turned Ministre d'Etat after 5 years?) but she did not take that kind of nonsense, so we said "tu" and used our Christian names. Despite a very trying birth, which left her quite tired, Mme. Lihau straight away started discussing the problem of scholarships for Chicago. She said she would very much like to send a person or two, but that it might prove quite difficult at such short notice. We briefly discussed family planning for which she had a real interest, but mentioned the relatively strong opposition to it, both on the level of public opinion and government. It was an exceptional pleasure to meet this old friend and be received with the simplicity I had always appreciated in her at the University.

The rest of the day was spent waiting for my plane which arrived 5 hours late and was routed on to Accra, where I spent the night, returning to Lagos the next day.

Conclusions on the Congo

Official attitudes are still strongly pro-natalist, and this reflects the current majority opinion in the public. Here, as in all the other countries visited, the most advantageous approach to family planning is an M.C.H. approach.

This is the approach taken by those in the Congo currently engaged in family planning, mostly protestant health personnel, and it might be worth going over their experiences in a year's time, when sufficient number of women will have received assistance in contraception for one to attempt a few preliminary observations.

Regarding possible assistance, I would see the following realms of action:

1. Scholarships for 4 Congolese students: I would suggest the following:

   (a) 2 "short-term" students for the one-year Lovain course in Belgium, if the curriculum proves suitable.

   (b) 1 "middle-term" student to prepare an M.A. with Romaniuk in Montreal.

   (c) A fourth, English-speaking student who would receive a scholarship enabling him to prepare a Ph.D. in the States and who would hopefully become a future professor of demography.

   The offer would presumably have to be made to the Minister of Education, with copies of the letter to Mr. Claude Mafema, Vice-Minister of Education. M. Le Vice-Ministre de la Recheche Scientifique, Ministry of Planning, and R. P. Boute (very important).

2. Short-term scholarships for 2 doctors for Houbinont Course in Belgium.

CONCLUSIONS

Introduction: A caution about conclusions

These conclusions must begin with a reminder to myself and the reader that:

(1) This report relates only to eight French-speaking countries in West Africa, where conditions are different from neighboring anglophone countries like Nigeria and Ghana.

(2) My stay in each country visited was brief, and my remarks are impressionistic. But the people I interviewed include the best observers I could find.

(3) I occasionally make observations in the diary that acceptance of F.P. by the public will be slowed by physical environment and health environment. These observations relate for a longer period to rural than urban population, to illiterate than to educated population. But rural illiterates are the vast majority in the region. Acceptance of F.P. by the elite has begun in the cities of each country visited.

(4) Predictions were made in Asia less than 10 years ago that certain countries would be slow to adopt F.P. but some of those same countries now have the largest F.P. programs in the world, with rural illiterate women prominent among the adopters. Therefore one must not be

dogmatic about French-speaking West Africa. But one can assert that most West African countries have no population pressure in the Asian sense -- that is, pressure of man on land, or man on food, and these are the easy forms of population problem to recognize. West Africa's population problem, where it exists now, takes several more hidden forms. One is population growth outstripping economic growth, and the pinch comes when Governments can no longer improve their social services, such as schools and hospitals per million population, for lack of funds; and jobs can no longer be found for the rising number of young job seekers. This is a more sophisticated kind of population problem, only beginning to be discerned by Governments. A second population problem relates to health. The effect of closely spaced pregnancies upon the mother's health, and upon infant survival, has been largely ignored so long as more than 50% of all babies died before age five. But with the vast and successful campaigns, organized and financed by external agencies, to control malaria, smallpox, and measles in West Africa, infant mortality is dropping, and the acceptance of child spacing, even the demand for it, is likely to come more rapidly than most Government health authorities can presently anticipate.

Therefore, this diary accurately reflects whatever to-day's professional leaders in French speaking Africa feel about to-day's problems, and to-day's public attitudes. If these views are not clairvoyant, they at least reflect to-day's reality. One can express hope that French-speaking Africa's recognition of its special type of population problem, where it exists, may turn into an action program as rapidly as did the recognition in Asia. But information in this diary would not favor such a conclusion. Progress with F.P. in rural areas of French-speaking West Africa would appear to be very slow for a number of years.

(5) Meanwhile assistance is possible to speed up the measurement of population growth, to promote Government awareness of the need for population research, to assist experimental clinics in F.P. where they are requested, to develop a more permissive attitude toward F.P. as part of MCH programs, and to arrange the training of both health officers and medical personnel to enable them to recognize West Africa's special forms of population problem.

These ideas are spelled out in the diary, and in the comments which follow.

Cultural attitudes toward fertility*

After working for over three years on fertility problems in North Africa, I was struck by some basic differences between the Maghreb and sub-Saharan African concerning cultural attitudes toward fertility. Here are a few of the differences I noted, at least among the less educated classes within the cities of West Africa, by comparison with persons of comparable social groups in North Africa:

a. There seems to be little discrimination of preference in West Africa concerning the sex of new born children.

In general, a girl seems as welcome as a boy (although this might vary in areas where there has been a strong Moslem influence). In North Africa and numerous other parts of the world, boys are much more strongly desired. This can lead a woman who has had her "quota" of boys to

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*In francophone "tropical Africa" two ethnic groups only a few miles apart can present strong behavioral differences. Nevertheless, these observations represent what seem to be dominant patterns in large areas of francophone West Africa. One must anticipate that structures are breaking down so fast that certain habits can change in the space of 10 years or less, as they have already begun to change rapidly in South Asia.

feel she might want to stop. This consideration does not appear to operate now in tropical West Africa.

b. There is little or no ostracism concerning illegitimate children in parts of West Africa I visited (cf. the Ewondo of Cameroon) whereas in Islam an illegitimate child has no legal status. This is beginning to change in large towns of West Africa but more it seems because such births interrupt the studies of young adolescent girls than for "moral" considerations.

c. The woman in West Africa seems to be considered first of all a potential mother, i.e. motherhood comes before womanhood, and a woman's erotic appeal seems a very secondary aspect in choosing a partner. Islamic culture on the contrary has a long tradition of erotic literature, and the physical aspect of the young girl is a not negligeable aspect of the marriage choice. This can be, at least in Muslim urban culture, a consideration leading to contraceptive practices.

d. In some areas of West Africa a great laxity of premarital sexual mores can lead to frequent

pregnancies, although this would seem in the long run to act as a break to high fertility due to the depressive effect of venereal disease on fertility.

e. Contraception is culturally legalized in Islam and has been for a long time, (cf. El Ghazzali) which is certainly not the case in French-speaking tropical Africa.

f. Fertility is the object of a real cult in parts of West Africa -- one could use without exaggeration the term mystique. This comes out in a very obvious way in some of the extra-ordinary sculptures one can see, where sexual organs are frequently exaggerated, in various cultural practices, such as ritual orgies, copulation in the fields during the period of sowing, etc. Although this might be present to a certain extent in some forms of North African marabutism (a popularized and deviant form of Islam) it is certainly not the case of Islam in general. Romaniuk, in his fine book on Congolese demography, claims that fertility is something that is actively sought after, and

not simply born with resignation.*

Among other traits which reveal attitudes toward fertility, one can mention the absence of infanticide for economic reasons (a practice present in imperial China, Micronesia, among the Eskimos, etc.). Habits like the taboo on sexual relations during lactation not only do not spring from a contraceptive motivation, but are aimed at keeping alive the newly born child. Finally, there seem to be few other societies where the fear of sterility is so obsessive, which is particularly tragic due to the very high sterility rates one finds (in certain regions over 50%).

If one adds to these attitudes the very high illiteracy ratio (higher than any other continent), the low level of urbanization, and the elite view that the population problem is mainly a problem of underpopulation, one must conclude that the esteem for high fertility is likely to remain for some time to come.

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*A. Romaniuk, La Fertilite des Populations Congolaises, Mouton, Paris, 1967, p.272.

How to present F.P. in Francophone West Africa

In countries where leaders are very hesitant concerning the use of family planning, it seems important to present it from the individual point of view. Family planning should be seen as an essential part of MCH, and MCH should be considered incomplete without it.

For this same reason, it is essential that organizations working in the field of family planning of Francophone West Africa cease to think of family planning investments and policy only in terms of family planning. (This is all the more obvious if fertility limitation is the long term aim). For example, the Pathfinder Fund project in Upper Volta (reported in the Diary) might seem to some "pure" family planners a rather utopian investment in terms of "contraceptive returns", but in my opinion it is the most feasible approach at this stage in view of the general sociocultural and economic conditions of this particularly underprivileged country. In the long run, this Pathfinder Fund approach is a family planning investment.

Thus, also, is some areas, an investment in the field of epidemiology is as productive in terms of its long-run effects on changing attitudes as any research on new contraceptive techniques -- which will not be

widely adopted as long as high infant mortality conditions are prevalent.

The AFSC project in Togo consisting in retraining "matrones" (traditional midwives) is also an indirect family planning investment, and should be considered so, and I hope it will be emulated in other places.

Preparing the way for family planning is the most important activity at this stage in francophone West Africa.

Suggested Directions for Future Research on Population Growth and Family Planning in French-speaking West Africa

My research suggestions are technical in nature, of interest primarily to other researchers, and therefore have been reproduced in a separate memorandum, obtainable from the Ford Foundation in Nigeria.

For the reader of this Diary I list below the topics on which I offered research suggestions:

(1) Methods of future KAP studies in West Africa.

(2) Time lag between drop in fertility and desire for contraception.

(3) Breakdown in taboo on intercourse during breast feeding.

(4) Ethnodemographic technique of Mme. Izard at Ouagadougou, Upper Volta.

(5) Study of child mortality differential in relation to size of family, parity, and pregnancy interval.

(6) Need for family planning at different stages of economic growth.

Government policies and Laws Relating to Family Planning in French-speaking Countries of West Africa

Before my West Africa trip I was aware that no French-speaking country in West and Central Africa has an official policy endorsing and supporting family planning. This is true of all 17 French-speaking countries of the region.

But any statement about official Government policies can be misleading. It assumes that attitudes within one Government are monolithic, or homogenous. In fact they are not.

As interviews in my Diary show, official attitudes and practices vary widely between officials within the same Government.

One significant observation to be made about each country is the attitude of the President toward population policy and family planning. In many of these countries, the President alone pronounces all major policy changes. I was struck in my interviews by the wide range of authority attributed to most of these Presidents in French-speaking countries. Decisions are pushed to the top. In several countries I was told that the President personally would decide what official could attend the Population Seminar at the University of Chicago, if any. In one country I was told the President signs gasoline coupons for senior civil servants.

Eventually it will be necessary to open a discussion on population policy with each President. And this should be done only after careful preparation of briefing materials, careful regard to timing, and careful choice of emissaries. My Diary reflects much hearsay on Presidential attitudes, but the Presidential approach remains to be made.

The legal situation in these countries likewise offers a contrast between appearance and reality toward family planning.

I had read before my trip that every French-speaking country south of the Sahara still has on its books a law, derived either from France or Belgium in colonial days, prohibiting the import, sale, and advertising of contraceptives. My schedule did not permit time for visits to the Ministries of Justice, and I therefore cannot verify the above statement, but accept it as correct.

Nevertheless, I gained the impression that the laws are not enforced in any of the eight countries visited. Existing legislation is not likely to prevent the function of demonstration or experimental F.P. clinics, and that is the limit of foreseeable activity at the moment.

Some Follow-up Actions needed on my Trip

Suggestions for action have been made to me during this trip which I think worthy of follow-up.

1. Professor Correas' suggestion of organizing an African colloquium on Family Planning. Much depends of course on the people who are invited, but I doubt that it could do anything but advance the cause of F.P. in Africa.
2. Give assistance to Abidjan University to the teaching of demography there. This would need to be preceeded by a more thorough investigation by someone like Dr. Caldwell.
3. Various governments have asked for assistance in the field of demographic sample surveys. If a choice has to be made between various countries, it is my impression that Upper Volta would make the best candidate, both because it has an energetic and able director of statistics, good technical assistants and a Minister of Planning who would no doubt know how to use the accumulated data and feels the lack of it.
4. Two to three scholarships in the field of

demography for Voltan students would form the basis for future demographic research at the Centre Voltaique de la Recherche Scientifique. Hopefully, once these students are trained, the Centre would receive a grant to enable it to acquire a minimum of material and books.

5. In the Congo (K) I noted in the Diary the need for some fellowships including:

   2 short-course Congolese to study demography at Louvain University, Belgium.
   1 Masters Degree student in demography to study under Romaniuk at Montreal U.
   1 Ph.D. candidate in demography to the U.S.A.
   2 Congolese medical doctors to take the Houbinont course on clinical contraception in Belgium.

6. The "African French" section of Professor Bogue's Chicago summer course on Population could be held in 1970 in Africa. Following the discussions I have had during this trip, I think the appeal of the course would be much greater if it were held in Africa. Tunis would make an excellent place, due to the presence of a national family planning program.

   One might consider shortening the Bogue French-language course to one month. Quite a few high-level civil servants were personally interested

in it, but had to give up the idea of participating because of the duration of the course.

(In the long run, I think it would be worthwhile thinking in terms of regional annual workshops, i.e. one in Latin America, two in tropical Africa (French and English), one for the Mediterranean and Middle-East, one for Southeast Asia and the Far East. It would enable one to have lecturers with a better knowledge of regional subject matter and especially enable the students to study problems that are really relevant to their local situation.

7. Population Council should write INSEE (Institut National de la Statistique et des Etudes Economiques, Paris) to obtain copies of all the demographic sample surveys undertaken in French-speaking countries of tropical Africa, if the Council does not already have them. I managed to get a few copies for Jack Caldwell, but in some countries they only had one single copy left.

8. This a rather unmanageable suggestion: there should be more coordination of the activities -- and especially the visits -- of people interested

in family planning travelling in tropical francophone West Africa. Too much running around will in the long run create a boomerang effect that could prove harmful to the cause of F.P. in this part of the world. I realize the agents seeking to promote F.P. come from diverse organizations, of many view points, and subject to no overall strategy. By exchange of information, greater unity of method and sensitivity to local reactions should be attainable. I hope these notes of mine are circulated to others of similar interest, on a no-quotation basis.

9. African gynecologists working in the maternities of large towns are becoming growingly aware of the health problems created by reduced spacing of births. Most of them have only very incomplete information on contraceptive problems, and would be only too eager to receive additional training in this field. I would thus recommend that 2-3 month scholarships be offered to people like Dr. Assani (Cotonou) or Drs. Immana or Longo (Kinshasa) to acquire training in this field. Such scholarships would be offered after the individuals concerned have received the assurance of their respective Ministries that they will be granted leave.

POSTSCRIPT

The 50 days of travel reported in this Dairy and Conclusions proved enormously enjoyable, both for professional content and personal contact. I was moved by the kindness, spontaneity, and tolerance of the officials and medical personnel I met in all francophone countries I visited. I hope for a chance, some day when my professional studies are finished to return and work in this part of the world.

Pierre Pradervand
Lagos
May 16, 1969.

P.S.2 The Niger Embassy in Lagos informed the Ford Foundation office while I was in the Congo that President Diori's schedule did not enable him to receive me in Niamey on the only day the airlines permitted me to stop. So the expectations I had generated in Niamey must await a return visit.

Attachment:

Lagos
May 16, 1969

RECOMMENDED CANDIDATES FOR THE 1969 CHICAGO SUMMER COURSE ON FAMILY PLANNING - SUBSAHARAN FRANCOPHONE COUNTRIES

The following 23 candidates are recommended for approval by the Ford Foundation and the University of Chicago, if the respective Governments grant study leave.

It is probable that between half and two-thirds of this number (that is, between 11 and 15) will succeed in getting Government approval.

If this inquiry had begun in January 1969, instead of April, it is probable that we could have obtained successful candidates from a wider number of countries, and that should be our objective in another year.

DAHOMEY

1. Dr. Pierre Boni, Chief Medical Officer, Dahomean Armed Forces, Cotonou.

Address: Etat Major des Forces Armee Dahomeanes, Cotonou, Dahomey.

Dr. Boni was Minister of Health under the preceding military government. He is undoubtably the most convinced family planner I met in Dahomey and his position enables him

to be an opinion maker among people of his country. Being responsible for the health of approximately 30,000 people (military and dependants) he can also exert some influence in this field in his work. He struck me as an exceptionally honest person from the professional standpoint, and a man very sincerely concerned with his country's welfare.

2. Dr. Layassou Assani, Gynecologue-Accoucher, Medicine-Chef de la Maternite, Cotonou, Dahomey.

Dr. Assani could be one of the most influential people in the Ministry of Health, due to the key position he occupies. He is personally deeply concerned by the problem of abortion, and sees family planning as a possible preventive therapy. Top priority for Dahomey, and even if his Ministry does not appoint him, he may participate during his holidays.

3. Another candidate to be designated by Ministry of Health.

TOGO

4. Dr. Gadagbe, Responsable de la Protection Maternelle et Infantile, Ministere de la Sante.

I would rate Dr. Gadagbe as one of the three best candidates I met during the whole trip. He has a deep personal concern for individuals and mothers, and is in a key position in his Ministry. He initiated on his own

accord a small KAP survey in Lome. He is a most lively and likeable person, with a great sense of humour.

5. Dr. (Mme.) Florentine Amenyran, c/o Dr. Gadagbe, PMI. Mrs. Amenyran is chief medical officer of a health sector near Lome, (i.e. regional health director). She is an obstetrician and we visited a few families together with Dr. Gadagbe.

6. Mrs. Johnson (c/o Dr. Gadagbe, PMI), is a French-trained midwife who is responsible for a Health Center of the Ministry of Social Affairs. She has had wide experience in both rural and urban areas, an excellent midwife of superior ability and intellectually open-minded. Excellent candidate.

7. Dr. Christophe Quadjovie, Directeur de Cabinet, Ministere de la Sante, was recommended by Dr. Gadagbe as being an influential person. I did not get to see him, but his position as personal assistant to the Minister would make him a good candidate.

IVORY COAST

8. Mlle. Ekua, recommended by Professor Renaud, professor of gynecology, is an intern at the maternite, Hopital de Treichville. She will be the first woman doctor in the Ivory Coast.

9. Mr. Kone, also an intern at the maternite, will be "Chef de service" next year.

10. Mme. Bron is a puerv cultrice who received her training at the Ecole de Sante Publique in Rennes (France). She wrote her diploma paper on the need for family planning in Abidjan. Selected by Professor de Lormas, director of the Institute of Public Health. Mme. Bron is also wife of the Vice-President of the National Assembly.

11. Mr. Chesnet (French) is an intern whom Professor Renaud considers as the best of his students, and one who could be called upon to do good work if a family planning clinic were started in the coming year (a possibility). As he will be staying for at least another four years, I would recommend that the nationality not be considered an obstacle to his participation.

I did not get to see any of these candidates, but have complete confidence in the judgment of Professors Renaud and de Lormas.

SENEGAL

12. Dr. Senghor, Directeur des Affaires Sociales, Ministere de la Sante et des Affaires Sociales, Dakar, or someone else from Affaires Sociales (Ministry of Health). Dr. Senghor is the cousin of the President. Should he not be able to attend, he expected to send either his assistant, Mr. James Benoit, sous-Directeur des Affaires Sociales, or a good midwife from his service.

13. Mrs. Pheabian Whest-Allegre, Clinique La Croix Bleue, B.P.5218, Dakar - Fann, I will be participating privately. Mrs. Whest-Allegre has a private maternity clinic and is well-known to all people with an interest in family planning in Senegal. She will be going by boat to the States, and Mr. Hanson has agreed the equivalent of a Dakar-Chicago-Dakar (via Paris) economy plane ticket be paid to her in Chicago.

14. Mme. Lena Gueye, Rues 63 x 50 Boulevard de la Gueule, Tapee, Dakar. Mrs. Gueye is chief midwife in Dr. Correa's service at the Hopital le Dantec. She is an intelligent and energetic woman, politically very involved, (she is a member of the Bureau of the National Women's Union) and I consider her an excellent candidate who will do her utmost to get things moving when she has acquired the necessary knowledge.

15. Mme. Caroline Diop, President de la Commission des Affaires Sociales, Assemblee Nationale, Dakar. Mrs. Diop is the only woman member of the National Assembly. As such, and as president of the Social Affairs Commission of that assembly, she holds a key position. Mme. Gueye recommended her warmly as being personally interested in family planning and being a person with considerable influence.

16. Someone from the Direction de la Sante (to be nominated by Dr. Papa Gaye, (Counsellor Technique).

UPPER VOLTA

No candidates.

NIGER

17. Mme. Safiatou Noma, Bureau du P.P.N.R.D.A. Niamey, Niger. Madame Noma is General Secretary of the Women's Union (a section of the Pary-Part Populare Nigerien du Rassemblement Democratique African) and wife of the Minister of Defense. She struck me as an exceptionally perceptive person and is in a key position. Should she be unable to attend, she will designate someone else from the Women's Union.

18. Mme. Monique Diallo, Maternite de Niamey, Niamey, Niger. Madame Diallo is an alert, intelligent midwife with a keen personal concern for family planning. It is thanks to her that things started moving when I was in Niamey (see report) and she would certainly have a responsibility should a family planning clinic start in Niamey.

19. Someone from Affaires Sociales to be designated by Mme. Dupuis, Directure des Affaires Sociales, Ministere de la Sante.

20. Someone to be designated by the Commissariat National au Developpement (N. Diallo Abdoulaye is the Commissaire General an Plan, Niamey).

21. Dr. Moussi, Chirurgien-Chef, Hopital de Niamey.

CAMEROON

No candidates designated yet. Ministry of Health has asked official request but time available makes it doubtful of results.

CONGO (KINSHASA)

22-23 Two candidates to be named by the Minister of Labour, Social Welfare and Housing. The Minister expressed interest, but it is doubtful that time will permit clearance both in the Congo and at Chicago.

Attachment:

Lagos
March 27, 1969

TERMS OF REFERENCE FOR PIERRE PRADERVAND
TRIP TO WEST AFRICA MARCH-MAY 1969

The purposes of your visit will cover four different activities, listed below, of which the first is the most important, and it is unlikely that you will accomplish all these activities for all the countries visited. Nevertheless, we would like to receive whatever information you are able to obtain on each of these four purposes:

(1) Recruit candidates for the Bogue seminar.

(2) Visit Government and private institutions and individuals which might provide information and judgments on the demographic situation, and family planning.

(3) Prepare notes on the demographic situation in each country.

(4) Prepare notes on the family planning situation in each country.

Each of these four purposes is further discussed in a paragraph below.

(1) In seeking candidates for the Bogue seminar, we leave entirely to you and Dr. Bogue the criteria of

candidates you are seeking. Any candidate that you consider suitable, and who can obtain study leave from his employer, the Foundation will attempt to finance.

(2) The institutions you might normally seek to visit to obtain demographic information, and information about family planning, would include:

Ministry of Health

Ministry of Planning

Hospitals, MCH clinics, private and Government doctors, midwives, medical schools, midwife training schools, etc.

Government statistical agency concerned with census and vital statistics.

(3) Notes on demographic situation to be submitted to the Ford Foundation would include the following, wherever you find it possible to gather such information:

Data on population and population growth.

Information on past census, future census, and observation on the competence of both the agency and the personnel responsible for census.

Same for vital statistics.

Social science research on demography, with comment on capability of institutions, individuals engaged, and publications.

Attitude of Government economic planners toward population growth and population policy.

List of people you interviewed, and indication whether they are useful for future contact.

(4) Notes on family planning situation may be omitted wherever you find that questions on this subject are not welcome. If inquiries prove possible, the following information would be useful:

Government policy toward population growth and family planning, including existing laws, and whether laws are enforced.

Institutions and individuals offering family planning services.

Extent of contraceptive practice in the country, as estimated by local people.

Any existing medical research on contraception.

Would this country be likely to ask for a Population Council mission to advise on population growth and consequences?

List of people you interviewed, and indication whether they are useful for future contact.