

REVIEW ARTICLE

THE ORIGINS OF AFRICAN POPULATION GROWTH

BY JOHN ILIFFE

African Population and Capitalism: Historical Perspectives. Edited by DENNIS D. CORDELL and JOEL W. GREGORY. Boulder: Westview Press, 1987, Pp. 301. \$38.50.

This collection of seventeen essays, like most collections, is uneven and sometimes unsatisfactory, but it merits more than a routine notice because at several points it touches on the most important problem in modern African history.

Most of the essays, it is true, do not. Among the connections between capitalism and demography which the book treats, the most popular with contributors is migration, which is described in Senegal, Burkina, Niger, French Equatorial Africa, Zaire, Malawi, Zambia, Angola, and South Africa (with reference to Johannesburg's population history). Although several of these essays are useful (that on the Ovimbundu especially raises interesting questions), they cover a well-worked subject which is important but not critical to Africa's demographic history. The same might be said of Myron Echenberg's essay on the population estimates made by the French military in West Africa. Patrick Manning's attempt to simulate the impact of the Atlantic slave trade on different regions of West Africa touches on more central issues. Martin Klein argues for a slave mode of production in the Western Soudan during the late nineteenth century, while Abdullahi Mahadi and J. E. Inikori contribute a provocative suggestion that the general underpopulation of West Africa so limited the market as to prevent the growth of capitalism even in the region's most developed area around Kano, although I suspect that this neglects the fact that the sheer size of the market was no guarantee of capitalist production, as the histories of India and China suggest.¹

Yet these chapters are not what makes the book important. It is important because it is the first collective attack on what might be called the natalist interpretation of African history. Natalism – as the editors (who do not use the word) explain in their excellent introduction – sees Africa in the framework of demographic transition theory. It argues that precolonial African societies had very high fertility rates because they were needed to counteract equally high mortality rates caused by disease, famine, violence, and isolation. Even so, precolonial Africa remained severely underpopulated. With the coming of European medicine, peace, and famine relief, mortality declined while fertility at first remained high. The result was the accelerating population growth which perhaps first became apparent on a continental scale between the wars and is likely to dominate African history for several generations to come. The next stage of demographic transition – the decline of fertility – is as yet apparent south of the Sahara only in Zimbabwe, Botswana, and South Africa.² Natalism, then, sees the roots of Africa's present population problem in the high fertility of precolonial societies and the positive

¹ See Mark Elvin, *The Pattern of the Chinese Past* (London, 1973), 318.

² World Bank, *Population Growth and Policies in Sub-Saharan Africa* (Washington, 1986), 3, 9, is clear on Zimbabwe but contradictory on Botswana. For South Africa, see Charles Simkins, 'Multiplication', *Leadership*, v, 5 (1986), 58.

impact of colonial rule on mortality rates. Its chief proponent, John Caldwell, has recently restated the argument with admirable clarity.³

The first attack on natalism was launched in this *Journal* by Gavin Kitching,⁴ under the influence of historians of pre-industrial England who have demonstrated that population levels there were determined chiefly by changing birthrates which were regulated by ordinary people who adjusted the age at which they married to changing economic opportunities.⁵ Kitching argued, on logical rather than evidential grounds, that the colonial impact could not have reduced deathrates sufficiently to explain Kenya's rapid population growth and that the explanation must lie rather in increased birthrates responding to the socio-economic changes of early colonialism. Kenneth Swindell has made further suggestions on these lines⁶ and certain demographers are known to agree. The present book broadens the anti-natalist argument and also extends it backwards in time to challenge the whole natalist picture of precolonial Africa, questioning what is perhaps the most widely accepted orthodoxy about African history.

In their introduction the editors are cautious. 'The principal goal of this collection', they stress, 'is *not to refute demographic transition* theory, but rather to show that population changes are historical processes, which vary from one period and one society to another.' But they insist, on Marxian principles, that demographic regimes are only aspects of social formations, they assert that Africa has had many different regional demographic histories, and they 'take issue with the simplistic assumptions that African fertility and mortality have always been high and that mortality necessarily declined as a result of European intervention, thus creating the conditions for Africa's much decried "population explosion".' (The last point is worth noting. What is being prepared here is a forward defence against the allegation – which the world will hear so often in the next half-century – that Africans have caused their own crisis because they have always bred like rabbits, or the variant which sees the crisis as an unintended consequence of European benevolence. Instead, Anti-Natalists would attribute the crisis to Western greed and might present family planning to Africans as traditional). Other contributors take the argument much further than the editors. Marc Dawson restates Kitching's claim for Kenya that socio-economic change, acting through fertility, was at least as important as any decline in mortality in causing the interwar population take-off. Meredith Turshen extends this argument to Tanganyika and gives it a feminist dimension, claiming that women lost status and control of their own reproductive capacity during the colonial period. Both these contributions, however, argue from circumstance and assertion rather than hard demographic evidence. Jay O'Brien's chapter on Sudan is more original, for he compares the demographic regimes in two contemporary villages to show that different economic needs and opportunities can induce different reproductive strategies. Whereas Um Fila seeks to maximize its productive adult males by breastfeeding male infants for twice as long as females, El 'Igayla's need for child labour leads its women to maximize their pregnancies, so that Um Fila has an average birth interval of 2.9 years and a

³ J. C. Caldwell, 'The social repercussions of colonial rule: demographic aspects', in A. Adu Boahen (ed.), *UNESCO General History of Africa*, VII (London, Paris and Berkeley, 1985), 458–86.

⁴ Gavin Kitching, 'Proto-industrialization and demographic change', *J. Afr. Hist.*, XXIV (1983), 221–40.

⁵ E. A. Wrigley and R. S. Schofield, *The Population History of England 1541–1871: a Reconstruction* (London, 1981).

⁶ Kenneth Swindell, 'Domestic production, labour mobility and population change in West Africa, 1900–80', in Christopher Fyfe and David McMaster (eds.), *African Historical Demography*, II (Edinburgh, 1981), 675–83.

roughly-calculated mortality before age 16 of 154 per thousand, while El 'Igayla's average birth interval is 2.2 years and its mortality before age 16 is 207 per thousand. O'Brien stresses that this is not historical evidence, but it could be a valuable substitute for historical evidence which is now irrecoverable, provided that numerous studies are made on these lines with the deliberate intention of testing earlier findings by seeking examples which will falsify them. The book's final contribution comes from Bogumil Jewsiewicki, who sets out a sweeping anti-natalist model for the demographic history of Zaire, arguing that precolonial fertility levels were deliberately low and that the high fertility levels of the twentieth century (and the ideology surrounding them) were imposed by colonial rulers eager for labour and anxious to counteract the high mortality which colonialism itself had caused.

This is radical indeed. Its real strength is that the Natalists have not shown convincingly that colonial medicine or anything else had made a sufficient impact by 1930 to explain the population growth which by then was undoubtedly taking place in most of the continent. Moreover, there are three cases that might strengthen the Anti-Natalists' argument if they chose to adopt them. One is Ethiopia, which appears to have shared the continent's general population growth during the first half of the twentieth century but surely cannot be thought to have gained much from European medicine (or indeed famine relief or other innovations) at that time; Ethiopia's population history is an untouched subject of great importance and difficulty. A second case is Zimbabwe, whose inexplicably small nineteenth-century population grew from the very beginning of the twentieth century, before colonial innovations can have made any serious contribution.⁷ The third, very different, case is Algeria, where initial population growth among Muslims began in the late nineteenth century but the very rapid growth from the 1920s is attributed by some specialists more to higher fertility than to lower mortality.⁸

Having set out the Anti-Natalists' case, however, I am not yet convinced by it, although I remain open to persuasion. One reason is that they have as yet produced no serious factual evidence for it, as distinct from logic, circumstance, or present-day analogy. A second reason is that they have overstated their case, notably in stressing the importance of earlier marriage by men, whereas in this field what matters is the age of marriage for women and only in a few societies (such as the Yoruba) has that probably fallen during the twentieth century, as Dawson recognizes. But the most important reason for scepticism is that I do not think the Anti-Natalists have realised just how powerful is the Goliath they are challenging. The Natalist interpretation of African history has one great weakness – the inadequacy of early colonial medicine. Aside from that, it is a very powerful case, and it is worth setting out some of the tasks the Anti-Natalists will have to undertake, for there is a danger that their speculations may become fashionable wisdom from mere frequency of repetition.

First, they will have to explain why precolonial peoples should *not* have been population-maximizers – which is not to say pregnancy-maximizers, but maximizers of children and mothers who would survive to reproduce further, a strategy which involved careful birth-spacing. For if certain peoples in the colonial period had strong reasons to maximize populations by means of high fertility, so did almost everyone (except hunters and pastoralists) in precolonial Africa, an under-populated, slave-raided continent where the preventive checks which existed in land-scarce Europe or Japan were absent. It is striking that not one contributor to the present book refers to Claude Hélène Perrot's magnificent account of pre-

⁷ This problem is discussed, but not resolved, in my *Famine in Zimbabwe, 1890–1960* (Gweru, forthcoming).

⁸ Charles-Robert Ageron, *Histoire de l'Algérie contemporaine*, II (Paris, 1979), 471.

colonial Ndenye, where the very survival of chiefdom and lineage depended on the accumulation of people,⁹ so that human life in Africa could be symbolized by the game of *mankala* or *bao* in which contestants sought to capture their opponents' manpower and add it to their own.¹⁰ The selfishness of the gene seems so pervasive in African cultures that it is difficult to imagine how they could be understood without it. Why else did people of Fetu on the Gold Coast make plain to a seventeenth-century missionary their contempt for a God who had only one son?¹¹ Or if, as Jewsiewicki suggests, the low birthrates of equatorial Africa 'could well be a demographic regime from the nineteenth century', why did they cause such anguish to Fang who created the Bwiti cult or such misery to Nzakara women rendered infertile by gonorrhoea?¹²

Moreover, the case for high fertility in precolonial Africa is not merely extrapolated backwards from twentieth-century evidence. John Thornton's analysis of a Kongolese baptismal register of 1774-5 suggested a birthrate of 48 per thousand, exactly the same as that of sub-Saharan Africa in 1985.¹³ Anti-Natalists will need to match research of that quality. They will also have to face – as the present book does not face – the most important existing evidence about changes in fertility levels in early colonial Africa. This was produced by asking women of various ages to list their pregnancies. The technique was open to many distortions, although the interviewers themselves – who included an anthropologist of the stature of Meyer Fortes – believed, contentiously, that it was most likely to exaggerate any increase in fertility, since old women might forget births, especially when infants died at or soon after birth. Fortes found in part of Asante in 1945 that child-bearing histories for women up to the age of eighty did not suggest any change in the average number of pregnancies over the period as a whole. In other words, fertility in that part of Asante was roughly constant from about 1880 until the 1940s, covering the crucial period when Anti-Natalists believe it must have increased. There are supportive data for Ghana as a whole and similar results for Zimbabwe.¹⁴ I do not know of any enquiry suggesting a marked increase in fertility before 1940, except among populations recovering from major early colonial epidemics, but there must be many records unknown to me. Dawson has figures showing increased fertility among the Kikuyu between 1922 and 1969, but one would need to know more precisely when the change occurred. There is evidence of increased fertility in many parts of Africa after 1940, but by then it could only accelerate a trend of population growth already under way. The question is why and how did the growth begin.

At present, I do not think that Anti-Natalists offer any evidence to answer that question. At the same time, the Natalists' traditional answer – colonial medicine,

⁹ Claude Hélène Perrot, *Les Anyi-Ndenye et le pouvoir aux 18e et 19e siècles* (Paris, 1982), 34, 149, 254, 296-7.

¹⁰ James W. Fernandez, *Bwiti: an Ethnography of the Religious Imagination in Africa* (Princeton, 1982), 110.

¹¹ Wilhelm Johann Müller, *Die africanische auf der Guineischen Gold-Cust gelegene Landschaft Fetu* (reprinted, Graz, 1968), 92.

¹² Fernandez, *Bwiti*, 355, 369, 427; Anne Retel-Laurentin, *Un pays à la dérive: les Nzakara de l'est centrafricain* (Paris, 1979); Mark A. Belsey, 'The epidemiology of infertility', *Bulletin of the World Health Organization*, LIV (1976), 326-30.

¹³ The respective deathrates were 38 and 17 per thousand. See John Thornton, 'An eighteenth-century baptismal register and the demographic history of Manguenzo', in Christopher Fyfe and David McMaster (eds.), *African Historical Demography* (Edinburgh, 1977), 410; World Bank, *World Development Report 1987* (New York, 1987), 257.

¹⁴ Meyer Fortes, 'A demographic field study in Ashanti', in Frank Lorimer (ed.), *Culture and Human Fertility* (Paris, 1954), 302; Gold Coast, *Census of Population 1948* (London, 1950), 36; Rhodesia, *Census of Population 1969* (Salisbury [1971?]), 11.

peace, famine relief – is difficult to accept as an adequate explanation.¹⁵ Part of the answer is that between the wars population generally regained its normal levels of slow growth, but by the 1940s the rate of increase in many colonies far exceeded those. It is a most puzzling problem. Yet there is one point in *African Population and Capitalism* that may help towards a solution. This is the insistence that different parts of Africa had varied population histories both before and during the colonial period. This was true at very local levels, a point best illustrated by the elaborate data collected in the Lower Congo region of Zaire.¹⁶ I suspect that the key to the population history of colonial Africa lies in the gradual convergence of these innumerable local trends. Certain favoured areas (probably of 'managed environment') may well have experienced uninterrupted population growth throughout the early colonial crisis which afflicted the rest of the continent.¹⁷ By the 1920s other localities were also growing again, often perhaps those especially favoured by European innovations. This growth probably acted chiefly through reduced mortality, perhaps due at least as much to education as to medicine.¹⁸ But local increases in fertility may have occurred. The important thing – and perhaps the most promising area of research – is to identify the local growth areas in each colony and define their characteristics. By the 1950s growth had embraced almost all localities, but until then, as Kitching argued, population statistics at levels as large as a colony can probably only obscure the mechanisms at work.

All this is stimulated by a thought-provoking – although, I feel, unconvincing – book about a most important issue.*

¹⁵ It is accepted in India, whose rapid population growth also began in the 1920s, after a century of the colonial demands for labour and other pressures which Anti-Natalists emphasize. See Leela and Pravin Visaria, 'Population (1757–1947)', in Dharma Kumar (ed.), *The Cambridge Economic History of India*, II (Cambridge, 1983), 488, 501, 508.

¹⁶ G. Trolli, 'Contribution à l'étude de la démographie des Bakongo', *Institut Royal Colonial Belge: bulletin des séances*, v (1934), 294–312.

¹⁷ John Iliffe, *A Modern History of Tanganyika* (Cambridge, 1979), 315–16.

¹⁸ See World Bank, *Population Growth*, 37; John C. Caldwell, 'Routes to low mortality in poor countries', *Population and Development Review*, xii (1986), 171.

* As this article was being sent to press the Editors of the *Journal* learned with great regret of the death of Joel Gregory, on 29 July 1988.