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**Research Review Supplement 15**

**Gendered Family Dynamics and Health:  
African Family Studies  
In A Globalizing World**

**March 2004**

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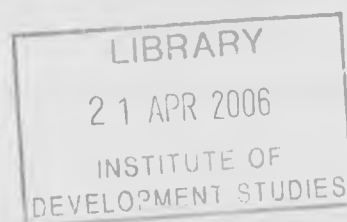
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**INSTITUTE OF AFRICAN STUDIES**

***RESEARCH REVIEW***

**SUPPLEMENT NO. 15**



**GENDERED FAMILY DYNAMICS AND HEALTH:  
AFRICAN FAMILY STUDIES IN A GLOBALIZING  
WORLD**

Edited by Phyllis Antwi, Delali Badasu and Christine Opong

**A SELECTION OF PAPERS FROM A SEMINAR  
ORGANIZED BY  
THE INSTITUTE OF AFRICAN STUDIES  
AND THE  
SCHOOL OF PUBLIC HEALTH, UNIVERSITY OF GHANA**

In collaboration with  
the Swedish Collegium for Advanced Study in the Social Sciences (SCASS)

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## Foreword

In October 2002 the Institute of African Studies and the School of Public Health of the University of Ghana, in collaboration with the Swedish Collegium for Advanced Study in the Social Sciences (SCASS) and with sponsorship from UNFPA, SCASS, and Cambridge University, held an international, inter-disciplinary seminar on *Gendered Family Dynamics and Health: African Family Studies in a Globalizing World*. It was held at the Noguchi Memorial Institute for Medical Research (NMIMR) Conference Hall and the Institute of African Studies Chalets in South Legon.

As well as providing a setting for the discussion of an array of interesting and provocative papers, by speakers from academic institutions in several countries inside and outside the region, it also served as an important venue to hold policy round table discussions among practitioners and scholars on some of the findings of an earlier seminar on *Socio-Cultural Dimensions of Reproductive Health and Human Development*, which had been held in June, organized by the Institute of African Studies and the School of Public Health, University of Ghana, and financially supported by UNFPA.

This Supplement No. 15 to the *Research Review* contains nine pieces presented at the October seminar. The seminar was opened by the Director of the Noguchi Memorial Institute for Medical Research, and participants were welcomed by the Director of the Institute of African Studies, Professor Takyiwaa Manuh, and Dr. Fred Wurapa, then Director of the School of Public Health. Opening remarks were made by Professor Emeritus J.H. Nketia, Director of the International Centre for African Music and Dance. He emphasized appropriately that everything we do as part of our culture, including health related behaviour, is transmitted by the family, of which transmission of health culture is an important function. An opening paper was presented by Professor George Hagan, formerly Director of the Institute of African Studies and now Commissioner for Culture, who spoke on Ghana's policies on Culture and the Family and research requirements. He stressed the need for a base of cross-cultural, comparative research findings to provide guidance for policy formulation on family health issues. Professor Jack Goody gave the subsequent paper on the African Family in the past and present.

In this supplement the prologue is extracted from Professor Göran Therborn's treatise on African Families in Global Context. This is itself taken from his *magnum opus* on global families and how they are changing. It serves to place the unique dimensions of African familial systems in a comparative setting. Professor Therborn is the Director of the Swedish Collegium for Advanced Study in the Social Sciences (SCASS)

The second paper, on the Impact of the AIDS Epidemic on Families and Family Coping Strategies in Uganda by Professors Peter Atekyereza and Edward Kirumira from Makerere University, gives important information and analysis on what has been happening in Uganda over the past two decades and indicates how important it is to focus on families when considering health protection and promotion.

The third paper, by David Wodi Tukura of Jos University, Plateau State, Nigeria, deals with the reproductive health dilemmas of housewives whose husbands philander. This provocative discussion accordingly confronts a critical sex and gender issue with pervasive import. It is based on an innovative study carried out by the author in Nigeria.

The fourth essay by Professor Kari Dako, Moussa Traore and Helen Yita of the University of Ghana looks at how families are portrayed in West African fiction, and the repeated conflicts depicted between women and men, wives and husbands, lovers and kin and the gaps in norms and expectations between tradition and modernity.

Families need homes to live in and a healthy environment if they are to thrive. The fifth essay deals with Tenure, Housing and Environmental Management in Accra. It is by Professor Jacob Songsore of the Geography Department of the University of Ghana together with two others, and it gives an historical review of state policies and housing and environmental crises, looking at patterns of land and house tenure, exploring the potential relationship between crowding in shared facilities and health outcomes.

Jack Goody's piece on the family and education calls attention to some earlier work and focuses on the potential and observed concomitants of widespread access to education, often without opportunities for employment considered suitable. He discusses the implication for changing levels of morality, fertility as well as national and international migration.

The next essay by Dr. Afrifa is about poverty and the Ghanaian family. It takes both a historical and global comparative perspective on the matter. It tells of the increasing encroachment of serious want on families in Ghana, affecting lifestyle and level of living, life expectancy and survival. It is pervasive. It is real and it affects a large and growing proportion of the population.

The paper by Professor Mitchell on Gender, the Family and Mental Illness takes the notion of mental illness and looks at its prevalence in relation to questions of gender and the family, in particular the birth of siblings. She refers among others to the early seminal work of Fortes on the Tallensi and Field on the Akan, underscoring the significance of birth spacing and sibling rivalry.

The epilogue by Professor Therborn on Globalization and Change looks at the changing world of family systems, highlighting some of the important transformations that have been taking place and are still ongoing. These include lowering of fertility levels and the dwindling of patriarchy in its traditional forms, as well as secularization of sexual behaviour and the informalization of marriage. With respect to the African continent he notes that there is no universal evolution and that there has rather been a set of interconnected waves. Meanwhile the pace of change has been uneven and different change agents have been at work. He notes that the seminar served as a useful context for a number of different types of dialogue and encounter between biomedical science and social science, between South and North and between policy making and academia. He notes four major issues for investigation emphasized by this seminar. These include systematic investigation of sexual cultures; the study of the dynamics of power and dependence and independence of gender roles; how to frame normative change and how to deal with health insecurity.

The Policy Round Table on Implications for Research and Action of the findings of the *Seminar on Socio-Cultural Dimensions of Reproductive Health and Human Development*, which took place during the seminar, was attended by a range of experts from different walks of life. It was opened by the Vice-Chancellor of the University of Ghana, Professor Asenso Okyere, who outlined a number of the central population problems with which policy makers are currently grappling. Dr. Phyllis Antwi of the School of Public Health raised gender issues relating to maternal survival, child nutrition and reproductive health. Prof. Mumuni Dakubu talked about the role of the new information technologies and ways to conquer communication challenges. Dr Omar Ahmed of the School of Public Health focused attention on the need for multi-disciplinary research. Institutional responses came from Mrs. Gloria Quansah Asare of the Ministry of Health RH Services; Ms. Catherine Adu-Boadi, Ministry of Women's and Children's Affairs; Ms Felicia Odame, FAWÉ (Forum for African Women Educationalists), and a DANIDA representative among others.

At the end of the seminar discussions of participants on future research avenues pointed to the need to promote further comparative applied research on family studies and health. Professor Jack Goody from the University of Cambridge emphasized the need to encourage more problem oriented ethnographic research. Professor Juliet Mitchell, also of the University of Cambridge



(Social and Political Sciences), noted the need for further conceptualization of gender issues and the potential for future networking with the Family Studies and African Studies Centres in Cambridge. Professor Allan Hill of Harvard School of Public Health noted the timeliness of the newly commenced study of Women's Health in the Accra Metropolitan Area, and graduate students from the Institute of African Studies gave short briefings on the research they are doing on orphans and malnourished children with some financial support from UNFPA. Dr. Irene Odotei of the Institute of African Studies University of Ghana called for a political agenda to inform our research. Finally, Professor Christine Oppong informed participants about the Family Population and Development Unit being set up in the Institute of African Studies, with support from UNFPA, to serve as a research resource and reading room for graduate students.

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**PROLOGUE:**  
**AFRICAN FAMILIES IN A GLOBAL CONTEXT<sup>1</sup>**

*Göran Therborn*

My interest in African family systems is part of an ongoing global work on the family institution in the world in the course of the 20<sup>th</sup> century, *Between Sex and Power, The Family in the World 1900-2000*. This paper is an attempt at locating the African family in today's global context, the first two thirds of the twentieth century are only hinted at here.

I have come to family studies from historical, comparative macro-sociology, and that perspective provides a new vantage-point for looking at the family. This means, for instance, analyzing patriarchy and its partial erosion in contexts of different routes to and through modernity in the world, relating the former to colonialism, imperialism, slavery, as well as to social revolutions and reactive modernization from above. It means looking to the connections of birth rates to the French and the American Revolutions, to social movements, state policies, and global organizations. It also means putting sexuality and marriage into connection with overall social power relations.

The macro approach here is explicitly and systematically global, aiming at covering all major parts of the world, all major family systems. This means, of course, foregoing a lot of variations and nuances for a panorama or a satellite weather picture. It is an analysis geared to comparisons, contrasts, and connections rather than to empathetic familiarity, subtlety, and local embeddedness. Both approaches are needed, I have just chosen the one closest to my own interests and competence. On the other hand, for all its bird's eye view distance, this is narrative, not a set of variables and models, anchored in events pertaining to human intimacy.

The methods used make up a loan library from different disciplines and sub-disciplines, placed in a framework of sociological history. In trying to understand the family as an institution it is necessary to start with the world religions, which provide the normative basis. Law, and then not only the law of books but also of courts and customs, provides extremely valuable insights, as they sum up the normative status of social relations in a given period. To follow the dynamics of family systems, the latter have to be located in the economics of property, labour, and exchange, in the politics of global and territorial power and policies, and in vast cultural processes, of religion and of general normativity. Much of the family ground surveyed here has already been ploughed by generations of anthropologists, demographers, historians, sexual psychologists, and sociologists. A work of this kind is naturally heavily indebted to their efforts.

What has happened to the family in the world during the twentieth century may be summed up in three short stories. Families produce far fewer children, in several cases fewer than women or couples want. Three centuries of rapid population growth, 1750-2050, are drawing to a close, after a peak in the third quarter of the twentieth century. Below-reproduction fertility now reigns in virtually all Europe, in the white dominions of the former British Empire -- but not the in USA -, in East Asia, in parts of southern India, and in some Caribbean countries. In Europe several peoples have already started to die out or at least to decrease, the Germans, the Italians, the Russians, and the Swedish.

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<sup>1</sup> An earlier version of this paper was presented at a Workshop on Global Processes, Cape Town, South Africa, November 29-December 2 2001.

Ancient patriarchy, the power of fathers and husbands, has been eroded. This general but very uneven, transformation of generation and gender relations is the most novel and far-reaching of the changes. In its cracking the cake of ancient customs and in its direction of emancipating children, youth, and women, the exit from patriarchy is at the social core of modernity. De-patriarchalization has gone furthest in North-western Europe and in the Anglo- or Francophone New Worlds, but the most dramatic changes in the course of the past century have taken place in East Asia and in Eastern Europe.

Thirdly, sexuality has been secularized, largely freed from religious taboos, and its links to family formation and family alliance have been loosened. Marriage, the institutional complex of socially ordered sexuality, has shrunk as a normative construction, although it retains a central place in human relationships all over the world. General tendencies of the last decades towards earlier sexual debuts and later marriages have widened the space of pre-marital sexuality, although the Asian continent is still only on the eve of a likely sexual revolution. But increasing longevity is prolonging marital life at the other end of the life cycle.

None of these has had a linear unfolding, and only the world-wide decline of conceptions and births manifest any clear tendency of global convergence. The second half of the 20<sup>th</sup> century has lived the most dramatic family changes measured on a world scale. But the recent historical processes of change have affected the different family systems at different points in time, in different ways, and with differing outcomes.

### **The African and Other Family Systems**

As an institution, as a normatively charged pattern of social interaction, the core of the family is its regulation of human sexuality – through marriage first of all –, and of descent, i.e., parent-child relations, inheritance, and of other rights and duties following from descent or marriage. The family is one of the most ancient and most universal of human institutions. From an institutional perspective, and in particular from one interested in institutional history, it may seem preferable to start by locating the family as a normative complex within a still broader normative context. The most comprehensive normative systems of the world around 1900, when our historical journey will start, were of a religious or a moral philosophical character. These religious and ethical systems in turn shaped the legal systems, much more than the other way around. The former were also, as a rule, much concerned with defining proper family practice, in terms of inter-generational as well as of sex-gender relations.

However, by 1900 all the major religions and secular moral philosophies were old, between one good thousand and almost three thousand years, in the course of which they had become part of more complex as well as more compartmentalized geocultures. The major contemporary family systems of the world, then, had better be seen as springing from combinations of religions/moral philosophies and territorially anchored, historically evolved customs and laws. In order to make a global analysis at all manageable, as analytical units these configurations have to be few in number, while allowing for large internal variation.

In this vein, we may distinguish a core of five major family systems, with at least two particularly noteworthy interstitial systems, and in each of the major systems important variants, which in turn can, and sometimes have to, be subdivided.

a. The Christian European family system, within which we shall have to deal with at least four variants, one Orthodox Eastern European, one North-western Protestant, one Latin/Napoleonic Catholic Western, and one New World Protestant.

b. The Confucian East Asian family, of which the Chinese and the Japanese are the largest variants.

c. The (at its core) Hindu South Asian pattern, with a significant north-south divide, and also harbouring a Muslim variant.

d. The Islamic West Asian/North African family, with several sub-variants, mainly deriving from intra-Islamic divisions – Shiia-Sunni, and the four Sunni law schools -, and more recently from different degrees of secular exposure.

e. The Sub-Saharan African set of family systems, characterized by a distinctive marriage and descent pattern in spite of religious pluralism and enormous ethnic diversity. At least from the angle of an interest in patriarchy, it appears meaningful first to distinguish two major polar variants of African family, a West Coast sub-system of remarkable intra-marital female socio-economic autonomy and a sternly patriarchal South-Eastern one. In between we might place the matrilineal area of Central Africa, and, at the other pole, the Muslim savannah belt with a high degree of patriarchy. At the patriarchal outer fringe we have misogynous Muslim populations of the Horn, infibulating their women.

The two interstitial family systems of major importance are the following:

f. The (religiously pluralistic) Southeast Asian family pattern, stretching from Sri Lanka to the Philippines, and divisible in to Buddhist, Muslim, and Christian, in part even Confucian variants. Buddhist family insouciance and Malay customs have here come together in mellowing the normative rigidities of other Eurasian family norms.

g. The bifurcated Creole family systems coming out of the American socio-economic history of Christian European patriarchy running plantations, mines, and landed estates with African slave labour or Indian servile labour. Alongside the strict patriarchal, ruling high culture this has produced an informal Black, Mulatto, Mestizo, and (uprooted) Indian macho-cum-matrifocal family pattern.

The institutional core of the major family systems is usually approachable through canonical, religious, ethical, and legal texts. However, as African religion and law are not summed up in a canon of be texts, or in one oral sacred tradition, the institutionalization of the family in Africa had better be grasped from its outcomes, rather than from its sources.

Perhaps the most typical characteristic of the African family is its form of making marital alliances and of inheriting property (Goody 1976; 2000). African marital alliances are formed by the groom's family paying wealth or services to the bride's family, and property is inherited from one generation to another as a rule only among members of the same sex. Both practices are largely absent from Eurasia, and have been related to African hoe agriculture largely worked by women, in contrast to Eurasian plough agriculture worked by men (Boserup 1970; Goody 1976).

- For the rest of family normativity, the African family tradition seems to contain the following elements, inter alia:

- A great respect for age, elders, and ancestors, including a great importance accorded to *rites de passage* into adulthood, and age groups as bases of rights and solidarity. Homage to ancestors is also a central part of Confucian ethic, and a part of Hindu piety too. However, nowhere but in Africa seems the boundary between living and dead elders as blurred and good communication with ancestors as crucial as in Africa tradition.

- A strong evaluation of fertility, as a key human life goal, seemingly in a broader, more general sense than the classical Confucian emphasis on not breaking the ancestral line. Derived from this, a push towards universal marriage, but without necessarily giving much value to marriage as such, or weddings, and a widespread tendency to let fertility override legitimacy, alternatively to see legitimate descent in terms of lineage belonging, rather than as biological paternity.

- Polygyny as a mass practice is also a unique feature of the African family, related to women's key role as agricultural labour, as well as their mothering of children.

- A strong collectivistic familism, traditionally dominating over individual choice, of marriage partner and of life course in general, widespread kinship rights and obligations, and exogamous marriage rules.

- An absence of moral sexual asceticism, although contextualized sexual morality, extra-marital as well as pre-marital, differs widely.

- An entrenched rule of male supremacy, which however may take many different forms. The actual occurrence of social combinations of male supremacy and wide-ranging socio-economic female autonomy, particularly in the West Coast variant, made possible by weak conjugal bonds. However, African daughters constitute assets – attracting bride wealth —, and not liabilities as in the East Asian perspective.

The aim of this paper is not to compare family institutions, but to try to locate the African family system in relation to the dramatic changes of the world's family patterns. From the family system as such we should expect that the African family,

— has been reluctant and slow in decreasing its fertility,

— has allowed a considerable hollowing out of patriarchy inside a complex kinship pattern,

— has been part of the late 20<sup>th</sup> century sexual revolution, above all in urban areas.

### **The World's Demographic Transition, 1750-2050 – and Its Ending**

By the end of the 20<sup>th</sup> century, in all Europe only one small country, or perhaps two, was reproducing itself demographically, Protestant Iceland, and perhaps (recent data are lacking) Albania. The two most Catholic countries of the continent, Ireland and Poland, are practising birth control to the extent of having a fertility rate well below par, Polish fertility plunging to 1.3 child per woman in 2000. Within the European Union, mainstream Catholic countries, Italy, Portugal, Spain, have the lowest birth rates of all. Most European women have currently little more than one child, on the average. By the end of the twentieth century the “total fertility rate”, i.e., the number of children a woman can be expected to have during her fertile age, was 1.45 in the European Union, that is, less than one and a half child per woman, way below the reproduction rate required to reproduce the population.

China, Japan, South Korea, Singapore, and Thailand are also heading for a shrinking population, as are Australia, Canada, and New Zealand, Mauritius, Cuba, Trinidad/Tobago and possibly some other Caribbean islands. USA is just below the level of natural reproduction – with a total fertility rate (TFR) of 2.0 child per woman in 1997. In south-western India the state of Kerala, with a population about the same as that of Canada, entered into below replacement fertility levels by the early 1990s. (Eurostat 2001a; Unicef 1999; Singh 1999)

A hundred years ago, France was unique, in the world as well as in Europe, in having the lowest birth-rate, a TFR of 2.8. England and Wales stood at 3.4, the US at 3.7 in 1906, and other West European countries ranged from 4.0 in Denmark to 4.8 in Germany (in 1903), and among extra-European settlements, to Canada at 4.8 in 1906 (Chesnais 1992, 543ff). Comparable figures are unavailable for other parts of the world at the time, but they would in no case be lower than the European ones.

In the long-view history of humankind, this secular decline of fertility is part of a longer and wider process, known among demographers as the “demographic transition”. That is, a period of rapid population growth in a move, a “transition”, from a low-growth (or periodically negative growth) system of high fertility and high mortality to another low-growth (or possibly declining) system of low fertility and low mortality. The demographic transition was given a theoretical status

in the mid-1940s, by F.W. Notestein, director of the important and resourceful Office of Population Research in Princeton (USA), as a demographic variant of what later became known as “modernization theory”. The economic and social developments of industrialization drove mortality down, causing accelerated population growth. However, “urban industrial society” led to a new ideal of a small family, which then more gradually brought fertility down too. The theory of demographic transition was a n elegant, important, far-reaching, and plausible notion, which has had, and still has, a tremendous impact on development policies in the world after World War II, above all on North American and Western European conceptions of Third World development.

However, like most grand theories of the social world of humans, it has had considerable problems with the irregular varieties of human behaviour. As a theory of explanation and of prediction it is now largely abandoned, while the concept itself still appears to make some sense as a broad descriptive trajectory of great historical significance. Its conception of a pre-transition stable equilibrium, though, is being increasingly questioned in favour of one made up of long-term cyclical swings.

If the current population trends, as estimated by the Population Division of the UN Secretariat, will hold, we can date the demographic transition in the world as the three centuries between 1750 and 2050. Between 1500 and 1750 world population grew at about 0.2% a year, at 0.25% between 1700 and 1750. Then a new demographic era began, in Europe, but helped to statistical visibility by a cyclical Asian upturn, and the growth rate climbed to 0.4 % annually for the second half of the eighteenth century. The Euro-Asian coincidence was due to the prosperity of eighteenth century China, with the consolidation of the Qing dynasty, accompanied by strong population growth. By mid-nineteenth century this had led to strong population pressure on available resources and technology, and a century of civil wars and invasions lowered Chinese population growth to pre-transition levels.<sup>2</sup>

During the 19th century the population of the earth grew by 0.5% a year. In spite of the world wars and other man-made disasters, the twentieth century saw human population increase by 1.3 per cent annually. On a global scale, population growth peaked historically in the third quarter of the twentieth century, at a rate of almost two per cent a year. In the last quarter of the century it fell back to 1.6 %. UN predictions yield a growth rate for the first quarter of the 21<sup>st</sup> century of about 0.8% and for the second of 0.4. By 2025-2050, then we would back at the 1750-1800 growth rate, with most probable prospects of stagnation or decline.<sup>3</sup>

Europe led the way to higher long-term population growth and in Europe the UK. All through the nineteenth century the UK population, in spite of imperial emigration, increased at an annual rate of 1.2 per cent, with its high in the first half of the century, at 1.3. But for Europe as a whole, population growth culminated in the first decade of the twentieth century, about half a century before the world as a whole, at 1.0 percent for 1900-1913, also a period of very extensive emigration (Livi-Bacci 1999, 174-5). The latter was part of the reason for European population growth stopping at about half of the increase of the poor world in the third quarter of the twentieth century. But only a part, the family system was at least as important.

<sup>2</sup> Ping-ti Ho, *Studies on the Population of China, 1368-1953*, Cambridge Mass., Harvard University Press, 1959. The population of China grew from about 150 million in 1700 to “perhaps” 313 in 1794 – which would mean an annual increase of almost 0.8 per cent-, and then to 450 in 1850. By 1953, when a more reliable census system had been re-established, a population of 583 million was counted.

<sup>3</sup> The sources for the above global calculations are, for the pre-1950 world populations the estimates by J.N. Biraben in *Population* 34 (1979) referred to by M. Livi-Bacci, *A Concise History of World Population*, Oxford, Blackwell, 1992, p. 31; for 1950 and later, UN, *World Population Prospects*, internet edition, 1998, medium variant, and Press Release POP/684 (October 1998); UN, *Long-Range World Population Projections*, internet edition 2000, table 1.

## Beyond “Transition”: Ageing and Dying Out

If and when we have family patterns in which the population no longer is reproducing itself, we have left the epoch of “transition” from one supposed equilibrium into another one. A new demographic era of non-catastrophic population decline is dawning. Famines, epidemics, floods, and wars have taken their toll in the past, but that large populations by individual choice do not reproduce, is a major historical change. Signs the fact of it are appearing, but they are not the first in modern times, and nobody knows yet if the current ones will settle. It is not unlikely that they will, as the current below replacement fertility has been established, not like the previous one in a Depression, but in a prolonged period of relative prosperity.

When and where did human populations start giving life to less than two children? The actual history is more complex than is usually assumed.

**Table 1**  
**The Emergence of Below Reproduction Fertility<sup>a</sup>**

<i>By 1929: Conjunctural and Finished</i>	England & Wales
<i>By 1930s Depression: Conjunctural and Finished</i>	Belgium, Central Europe <sup>b</sup> Norway, Sweden
<i>By 1965 Conjunctural and Finished</i>	Hungary, Japan
<i>By 1975 Conjunctural and Finished</i> <i>By 1975 and Trend into 2000s</i>	USA North-western Europe, West-Central Europe, Japan, Australia and Canada <sup>b</sup> , White South Africans
<i>By mid-1990s and Trend into 2000s</i>	All the rest of Western Europe save Iceland, all Eastern Europe except Albania, Caucasus, China, South Korea, Singapore, Taiwan, Thailand, Cuba, Trinidad/Tobago.

Notes: a. Here the boundary is a total fertility rate of less than 2.0. War times are excluded.  
b. Australia in the late 70s, and Canada in the early 80s.

Sources: J.-C. Chesnais, *The Demographic Transition*, Oxford, Clarendon Press, 1992; The World Bank, *World Tables 1992*, Baltimore, The Johns Hopkins University Press, 1992, national tables; UN, *The World's Women 2000*, online edition. These global data series are checked with regional ones, and wherever the former sources deviate from the latter, the latter is used: W. Brass et al., *The Demography of Tropical Africa*, Princeton, Princeton University Press, 1968; J.M. Guzmán et al. (eds.), *The Fertility Transition in Latin America*, Oxford, Clarendon Press, 1996; R. Leete and I. Alam (eds.), *The Revolution in Asian Fertility*, Oxford, Clarendon Press, 1993; J. Cleland, 'A Regional Review of Fertility Trends in Developing Countries: 1960 to 1990', in W. Lutz (ed.), *The Future Population of the World*, London, Earthscan Publications, 1994, pp. 55-82; South Africa: S. Ziehl, *Families and Households in South Africa*, in ? , p. 10.

The inter-war plunge of Western European fertility turned out to be conjunctural, undone by the post-war boom. The beginning of a secular decline into below replacement fertility may be located in Japan, although the first Japanese dive, in the mid-fifties, did briefly recover. After 1975 a general “Western” decline set in, but soon halted in the United States, reverting to replacement fertility in 1990, on which level the country has, by and large, maintained itself since then. This is due to the fertility of Hispanic and Afro-American women in the US, while non-Hispanic White women have on the average 1.85 child, still higher than EU women ( Hacker 2000) The decline was successfully resisted by Eastern Europe till the end of Communism, after which birth rates collapsed. The last quarter of the previous century also saw the set-up of forceful and radical birth



control policies in East Asia, from Thailand to Korea. In the Caucasus and in the West Indies, the birth records are probably telling more about uncertain family prospects than about family planning. Below replacement fertility also reached south India in the 1990s, with Kerala having a fertility rate of 1.8 already in 1991, and Tamil Nadu not far off, with one of 2.2. (Singh 1999) In other words, despite all the still important institutional differences, the fertility outcomes between China, South India, and North-western Europe have become very similar – and so they may have been in eighteenth and the early nineteenth centuries.

Should these below reproduction birth rates continue, we would be leaving the demographic transition (to a new population equilibrium) and heading instead for a new era of population decline. Eastern Europe is already declining in population, and in Germany, Italy, and Sweden only immigration is preventing the population from falling. The EU as a whole is very close to that point, and so is Japan. The younger population structure of East Asia and of North America means that it would still take some time for the current birth rate to translate into a natural decline of the population.

The United Nations Population Division has tried to make a “realistic” forecast to 2050, assuming migration (except into Japan) and an upward bend of fertility in the second fourth of the new century. The most noteworthy of this prognostic is a major demographic shift in the world. Europe is the big loser. In 1900 Europe housed a fourth of the world’s population, in 2000 one eighth, and in 2050 Europe is predicted to harbour only one sixteenth of the human beings of the earth. Africa which till the mid-1990s had a smaller population than Europe may have one fifth of the planetary population in 2050, not far from three times as many as the whole of Europe. Major shifts are also likely among the major powers of the 20<sup>th</sup> century. While the US population is anticipated to grow by eighty million in 1995-2050, Japan may lose twenty million, and the European Union forty million in the same period (UN 2000c, table 2; 2000d, table IV.11).

### Africa and the Different Processes of Fertility Decline

The African family system is so far well above reproductive level fertility, and therefore absent from table 1. The unique African desire for children was still standing out on the eve of the last quarter of the twentieth century.

**Table 2**  
Desired number of Children in Family Regions of the World.  
Mid to late 1970s Unweighted averages.

	Mean	Range	Per Cent Giving No Number
Sub-Saharan Africa	7.3	8.3-6.0	19.1
Arab-Muslim World	5.1	8.7-4.1	14.7
South Asia	4.1	3.9-4.2	11.0
Andean America	4.3	5.1-3.8	0.6
Caribbean	4.2	4.7-3.8	0.2
Southeast Asia	4.1	4.4-3.7	1.7
East Asia (Korea)	3.2		1.0

Regions: Sub-Saharan Africa: Benin, Cameroon, Côte d’Ivoire, Ghana, Kenya, Lesotho, Senegal, Arab-Muslim world: Egypt, Jordan, Mauritania, Morocco, Sudan, Syria, Tunisia, Yemen; Andean America: Colombia, Ecuador, Mexico, Paraguay, Peru; Caribbean: Costa Rica, Dominican Republic, Guyana, Haiti, Jamaica, Panama, Trinidad and Tobago, Venezuela; South Asia: Bangladesh, Nepal, Pakistan; Southeast Asia: Indonesia, Malaysia, Philippines, Sri Lanka, Thailand

Source: Re-calculations from UN, *Fertility Behaviour in the Context of Development*, New York 1987, table 29.

The special position of children in the African value system of the 1970s is underlined by the fact that the only other country with women wanting more children than the least natalist Black African country was Mauritania, a predominantly Arab-Berber country in the border region of North and Sub-Saharan Africa. As Sudan is also a border country (with a mean desire for 6.3 children), only one fully Arab-Muslim country had a desirable fertility on par with the lowest African countries (Ghana and Lesotho), Syria with a mean wish for 6.1 children. The fatalist abdication from any numerical wish, which yields a statistical understatement of the number of children desired, is also very much African and Yemenite. If we take away Yemen and the two Arab-African border countries, on the average only five per cent of the women of the five other Arab-Muslim countries had no idea of desired family. However, towards the very end of the past century, African fertility began to move downwards.

**Table 3**  
**African Fertility Developments 1970 - 1995/ 2000**

	TFR1995-2000	Change since 1970		TFR	Change
Angola	6.8	+0.4	Lesotho	4.8	-1.0
Benin	5.8	-1.0	Liberia	6.3	-0.2
Botswana	4.4	-2.5	Malawi	6.8	-1.0
Burkina Faso	6.6	+0.2	Mali	6.6	+0.1
Burundi	6.3	-0.1	Mozamb.	6.3	-0.4
Cameroon	5.3	-0.5	Namibia	4.9	-1.1
Centr. Afr. Rep.	4.9	0	Niger	6.8	-0.3
Chad	6.1	+0.1	Nigeria	5.2	-1.7
Congo/Bra.	6.1	+0.2	Rwanda	6.2	-1.6
Congo/Kin.	6.4	+0.4	Senegal	5.6	-0.9
Côte d'Ivoire	5.1	-2.3	Sierra L.	6.1	-0.4
Equ. Guinea	5.6	+0.6	Somalia	7.3	+0.6
Eritrea	5.7	-	South Afr.	3.3	-2.4
Ethiopia	6.3	+0.5	Swaziland	4.7	-1.8
Gabon	5.4	+1.1	Tanzania	5.5	-0.9
Gambia	5.2	-1.3	Togo	6.1	-0.5
Ghana	5.2	-1.5	Uganda	7.1	0
Guinea	5.5	-0.7	Zambia	5.6	-1.1
Guinea B.	5.8	-0.1	Zimbabwe	3.8	-4.1
Kenya	4.5	-3.5			

Sources: 1995-2000: UN, *The World's Women 2000: Trends and Statistics*, internet ed., table 2B; Angola and Guinea: World Bank, *World Development Report 1979*, table 18, referring to "1977", which should probably not be taken as one unique year, given the dependence on infrequent surveys and estimates; 1970 all others: World Bank, *World Tables 1992*, national tables.

Usually, these figures are survey estimates, in several cases of shaky reliability. While individual decimals had better be taken with some caution, and changes of a few decimals had better be taken as probable measurement errors, there are certain patterns discernible. There are two distinctive national cases of strong fertility restriction, Zimbabwe and Kenya. Further, two broader regions of birth control. Southern Africa as a whole is one, beginning in the 1960s among the Blacks of South Africa, who by the late 1980s had the lowest fertility rate in Black Africa, 4.6 (Caldwell and Caldwell 1993, 236), as against 5.1-5.2 in Zimbabwe and Gabon (World Bank 1992). The second region of decreasing birth rates is the West Coast, from Nigeria to Senegal, with a couple of exceptions, and of lacunae of recent knowledge, a process starting in Nigeria and Ghana in the second half of the 1980s, reaching the Francophone states in the 1990s.

The rise of births in Gabon is no statistical artefact, but a modern recuperation in a 20<sup>th</sup> century low fecundity/high sterility Equatorial area, running from Northern Cameroon into Angola, including the Congos and the Central African Republic (Brass et al. 1968, 67ff, 177-8, 346-7).

Three regions still maintain high fertility, the most agrarian, the least proletarianized, the Sahel, the Lacustrine region in the East, and the Horn.

To get a hold on what has happened recently, we have to take notice of the fact, that the African family has at last been drawn into a global political process, which started in the 1950s, transnational family planning, birth control, population policy. Let us first draw the general framework of this global pursuit and its relationship to the historical decline of fertility.

### **Birth Control: Against the State, and For the State**

We might sum up the long, winding, and complex world history of mass fertility decline by highlighting three sets of variables: time, family system, and state-society relations in the process.

**Table 4**  
**World Routes of Fertility Decline**

*First Wave (by 1930)*

Process: Socio-cultural against the State

Family systems: Western European, European settler variant, Eastern European

*Intermediate (1930-1950)*

Process: First Socio-cultural against the state, then with the state

Family system: Japanese variant of the East Asian

*Early Second Wave (1960s)*

Variant A. Process: State developmentalism with cultural support

Family systems: Economically relatively developed East Asian, economically developed Southeast Asian, North African Arab-Muslim, Turkish-Muslim Socio-cultural Movement with State Support

Variant B. Process: Socio-cultural Movement with State Support

Family System: Afro-Creole and Euro-Creole variants of the Creole family system

*Medium Second Wave (1970s)*

Variant A. Process: Socio-cultural Movement with State Support

Family system: Iranian Muslim, Southern African

Variant B. Process: State developmentalism with socio-cultural resistance:

Family System: South Asian Hindu

Variant C. Process: State developmentalism with socio-cultural support

Family System: Less economically developed East Asian and Southeast Asian, Gulf states Arab-Muslim, developed Indo-Creole variant of the Creole family

*Late Second Wave (1980s-)*

Variant A. Process: State developmentalism with cultural resistance

Family System: Muslim South Asian, Kenyan African

Variant B. Process: Weak State push and cultural resistance:

Family System: Poor Muslim, most African, poor Indo-Creole

The role of the state and the character of the family system constitute the major divides between the two historical intercontinental waves of birth control. The first wave was everywhere against state policy, and was carried only by European family systems, with their core in Western Europe, their off-shoots under different conditions in overseas settlements, and, conversely, a rather

different Eastern variant, affected by assimilating conditions. The second had always either the active promotion or at least the benevolent support of the state. It finally covered all the remaining world family systems, but at least the South Asian and the African proved themselves capable of strong resistance. In view of widespread stereotypes, the relatively receptive reactions of Arab Muslim families and of non-Arab West Asian Muslims, from Turkey to Iran is worth noticing. Also in the second wave, the impetus for change sometimes came from the society of individuals and couples, rather than from the state, but then, opposite to the first wave, with the more or less active support of the state.

The family system has been a crucial variable in both waves, but always operating in specific historical socio-political settings. The "demographic transition" is not a linear process of individuals and couples on a certain level of mortality and socio-economic development, but a complex, historically situated social process, inserted in family systems, class relations, socio-cultural movements, and states.

The sense of mastery, crucial to decision-making about birth control, drew upon two major historical sources. A collective, and individualized, modernism was one, bred from high class, from social revolution, from mass modernist movements, or from mass media. A state-induced civic opportunity-cum-obligation was the other, deriving from new economic developmentalist doctrines and, in some cases, from preoccupations with very high density of population. Either way, the families of the world changed crucially.

### **Africa and Global Family Planning**

Kenya is the India of Black Africa in terms of family planning, the governmental pioneer and for long cautious and frustrated. The idea was developed by an outgoing colonial civil servant and got adopted by one of the leading politicians of independent Kenya, Tom Mboya, Minister of Planning and Development, and launched as a policy program in 1967, with considerable foreign assistance, from Rockefeller's Population Council above all. President Kenyatta refrained from committing himself, and the whole program had a rather low domestic profile till the mid-1980s, under the Moi Presidency. No visible effects were discovered till the census of 1989.<sup>4</sup> Husbands, and males generally were for long hostile to birth control. One district study in the early 1970s found that most of the women who dropped out of the family planning program did so because of opposition from clan or lineage elders.<sup>5</sup> The dramatic size of the decline of the fertility rate, from 7.7 in 1984 to 6.7 in 1989, from survey data, has been criticized for sampling bias,<sup>6</sup> but the trend, upward since Independence like in India, had definitely turned at last.

The first major drop in sub-Saharan fertility occurred in Southern Africa and owed much more to wider spread education and health services, further helped by the separation of couples through extensive male labour migration, than to specific public programs of family planning. Zimbabwe and the more special cases of Botswana, diamond-rich, small population, very extensive labour migration, and the Black population of South Africa led the way in bringing about a very substantial fertility decline between the mid-1970s and the mid-1980s.<sup>7</sup>

Anglo-Saxon birth control clinics had been introduced already during the colonial government of Rhodesia, and a developed network of pharmacies and health clinics provided contraceptives.

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<sup>4</sup>A. Ajayi and J. Kekovole, Kenya's Population Policy: From Apathy to Effectiveness, in A. Jain (ed.), *Do Population Policies Matter?*, New York, Population Council, 1998. 113-56.

<sup>5</sup>O. Odhiambo 1992, PhD Thesis University of Michigan, Ann Arbor. UMI 1995: 187.

<sup>6</sup>A.-M. Jensen, *Fertility – Between Passion and Utility*, Oslo, Oslo University Dept of Sociology and Human Geography, unpublished Dr. polit. Thesis 1992, pp. 100ff.

<sup>7</sup>Survey data from UN, *Human Development Report 1999* op. cit, table Demographic Trends.

The White minority government provided “field educators”. By the late 1980s, about twice as many women in Zimbabwe as in Kenya were using contraceptives.<sup>8</sup> The Shona, the majority people of Zimbabwe, are very patriarchal<sup>9</sup>, but a strong (mainly Protestant) Christian missionary tradition of schooling turned out more important. By 1960 at least half of all girls were enrolled in primary schooling, and after Independence in 1980 a major educational drive brought full enrolment in a few years. In the late 1980s some third of girls were in secondary education. The ZANU government also came to support family planning, like Botswana (Lestaeghe 1989, 488; Scribner 1995).

Botswana had a parallel educational expansion, without parallel in Black Africa. Kenya, for instance, which had a lead in primary education in 1980, stagnated afterwards. In 1990 the crucial secondary school enrolment in Kenya was less than half that of Zimbabwe and Botswana. In West Africa, the economic and political crises after 1980 led to a decline in school enrolment in the ensuing decade (Scribner 1995, table III: 3).

Most of Africa is, of course, not at risk of being over-populated with regard to availability of land, and the Francophone and Francophile elites were for long deaf to all family planning, in concordance with the French natalist tradition, as well as with Catholic doctrine (Caldwell 1966, 165ff; Kokole 1994, 82). A couple of the more stable and modestly prosperous Francophone countries have also had special reasons for being uninterested. Côte d’Ivoire and Gabon have actually faced a scarcity of labour, and particularly the former is heavily dependent on foreign migrant labour.

At Arusha in Tanzania in 1984 African government representatives, preparing the world conference on population in Bucharest, adopted a resolution, that, “Governments should ensure the availability and accessibility of family planning services to all couples or individuals seeking such services freely or at subsidized prices”.<sup>10</sup> In 1989 Nigeria launched a rather vigorous policy of birth control “Four is enough!”—, and in the first half of 1990s long reluctant governments, like those of Senegal and Côte d’Ivoire, began to promote contraception.<sup>11</sup>

Neither politically nor economically have most Africans had much reason to feel a new sense of mastery after Independence. Children and kin have remained the most reliable source of security in a brutalized world, where the winning lots have been few. Slowly, however, toward the end of the century, education was accumulating, media images of life-style options began to appear, and donor-aided governments supported fertility control.

The economic significance of family planning, i.e., the significance of the latter for issues of well-being or poverty, should not be underestimated. From 1991 to 1999 sub-Saharan African GDP per capita (measured by purchasing power) declined by six per cent. If the continent had had a South Asian trajectory, while keeping its own modest path of economic growth per capita income would instead have increased by two per cent. With a Chinese population policy – hardly

<sup>8</sup> Thirty-six percent in Zimbabwe as against eighteen in Kenya according to fertility surveys, O. Kokole, ‘The Politics of Fertility in Africa,’ in Finkle and McIntosh op. cit., p. 83; Jensen op. cit. p.102. Other surveys have yielded the figures of 27 and 15 respectively. S. Scribner, *Policies Affecting and Contraceptive Use. A Assessment of Twelve Sub-Saharan Countries*, Washington D. C., World Bank Discussion Papers, 1995, p.39.

<sup>9</sup>On the Shona, see further, A. Jacobsson-Widding, *Chapungu: The Bird That Never Drops A Feather. Male and Female Identities in African Society*, Uppsala Acta Universitatis Uppsaliensis, 2000; D. Meekers, ‘The Noble Custom of Rooro: the Maariage Practices of the Shona of Zimbabwe’, *Ethnology* XXXII (1993).

<sup>10</sup>J. Chamie, ‘Trends, Variations, and Contradictions in National Policies to Influence Fertility’, in Finkle and McIntosh op. cit. p. 43.

<sup>11</sup>International Planned Parenthood Federation, Country Profiles, internet edition, 1999.

compatible with the African family system, true – , African per capita income would have grown by nine per cent (calculations from UN, *The State of the World Population 2000*, internet ed., table A1)

Globally, the presence of children is a very variable feature of the human landscape. Around the turn of millennium, children up to the age of fifteen make up almost half of the population of African countries, and forty per cent of Asian populations from Pakistan to Syria, a third of India, Mexico, and Brazil, a fourth of China and Korea, a fifth of North-western Europe and USA, and a sixth of Central and Southern Europe (UN *Statistics Division, Social Indicators*, 2001.) However, fertility change has now got going everywhere in the world, affecting all family types.

The twentieth century of the Christian or Common Era saw the historical peak of population growth, in its third quarter, and it also contained a unique historical turn to deliberate, peace-time, below-reproduction fertility among the world's leading countries. By early 21<sup>st</sup> century the world as a whole is heading back to a pre-1750 slow growth pattern of human population. The era of the demographic transition is closing.

### **The Institutional Meltdown of Patriarchy**

The power and the authority of fathers have melted down – if not disappeared – , because their three major props have been seriously weakened, their control of property, of space, and of culture.

Massive proletarianization and salarization have made access to land and cattle irrelevant, or of marginal interest only, to a huge part of the human population. The development of new transport means and routes, with the opening up of New Worlds, and the rise of big cities all over the world, have provided escapes from paternal power. Thirdly, the tremendous and rapid growth of knowledge, with far-reaching practical technical applications, and of global power relations have seriously challenged the wisdom of fathers and ancestors. The acquisition of education and of “information” has overtaken the experience of age.

The same processes, which strengthened the status of sons and, with lags and qualifications, daughters, have also furthered the position the position of wives, again with lags and qualifications.

However, these transformations of property, space, and culture relations have not only been distributed unevenly, in extension, depth, and velocity, across the world. They have confronted different family systems, yielding different impacts.

How much they have affected sub-Saharan Africa is difficult to pin down with numerical precision. The non-agrarian labour force is distributed somewhere between the two poles provided by the UNDP (2001, table 24), Zimbabwe with three fourths of males and two thirds of women in industry and services, and Ethiopia with one tenth. De-agrarianization is thereby more advanced in Zimbabwe than in, say, Indonesia or Turkey—not to speak of Bangladesh and Pakistan –, whereas the Ethiopian figure is almost as low as you can get.

Wage and salary workers comprise three fourths of the economically active population in South Africa, about two thirds in Botswana and Namibia, but are still a minority in sub-Saharan Africa north of its southern part, a third of the male labour force in Kenya, a fifth in Uganda, and less than a tenth in Benin and Ethiopia. In terms of proletarianization, Kenya is similar to Indonesia and Pakistan, while Uganda is well ahead of Bangladesh, which in turn is well above Ethiopia or Benin. (UN, *The World's Women 2000*, table 5E.)

By the end of the 20<sup>th</sup> century urbanites comprised a third of the African population, about as much as in East Asia, somewhat more than in South Asia, if the World Bank (2001, table 2) is to be believed.

Literacy in sub-Saharan Africa is more widespread than in South Asia, mainly thanks to ex-British Africa. Youth literacy is equal to that of the Arab states, and somewhat less gender-divided. But poor East Asia is far more literate. (UNDP 2001, table 23).

It is well known that Africa is poorer than the rest of the Third World, GDP per capita at purchasing power parities being about seventy per cent of that of South Asia (UNDP 2001, table 1). But the former is hardly behind the latter in the structural winds of change.

### **The African Family and Institutional Pressures**

The traditional Africa family, in all its main variants, was strongly patriarchal, if historically not at all uniquely so. The backbone of African patriarchy was the power of elders in societies where age, as a basis of authority and solidarity, was more important than in the bulk of Eurasia and of conquered America. There were variants of matrilineality – in which power was often invested in the maternal uncle. There were also significant female economic outlets from male patriarchy. But the general tendency was one of male sexual superordination.

The colonial powers, on the whole, left the African family institution in legal peace. Without much success they did provide for Christian alternatives of monogamous “Ordinance Marriages”, as they were known in the British empire.<sup>12</sup> The French authorities tried to raise the marriage age, require bride consent, making marriage independent of bridewealth payment, and, like the Belgians, to ban polygyny; to little avail (Philips and Morris 1971). The main result of these colonial efforts was a complex legal pluralism, of colonial statutory law, a wide ethnic palette of “customary law”, and Islamic and, in East Africa for instance, Hindu law.

This complexity forms the background to attempts at national legal unification and reform after independence. As far as family law is concerned, this process seems to have had two major waves. One was soon after independence, geared to national unification and modernity, nationalistically inspired and imperially guided.

The other one surged in the course of the 1980s and 1990s, having a global source of inspiration, the UN Convention against All Discrimination of Women (launched in 1979), a global rights model, and often working through global entanglements with UN conferences, on family, on population, on women.

Of the first wave, the Ivory Coast Civil Code of 1964 is perhaps the best example (Levasseur 1976), flanked by Anglophone vanguard projects in Ghana and Kenya (Philips and Morris 1971; Law Faculty of Ife 1964; Kuper and Kuper 1965). The second, much more powerful wave had its centre in Southern Africa, and in democratic South Africa (Eekelaar and Nhlapo 1998). Although key countries in West and East Africa ratified the Convention earlier, in the mid-1980s (Kenya, Tanzania, Uganda, Ghana, Nigeria, Senegal).

The Ivorian abolition of polygyny seems to have been written in water (Clignet 1970; Scribner 1995,30), and its Napoleonic matrimonial property regime would, if effective, reduce Ivorian female autonomy (Levasseur 1976, 206-7). The Ghanaian and the Kenyan government bills got stuck already in the political process. There is clearly more clout in the recent Southern African egalitarianism, but the constitutional and legal thrust into ancient crusted customs and into generations of violent male despair (Mathabane 1995) is still too new to warrant a fair judgement.

<sup>12</sup>In the 1970s only a couple of per cent of Ghanaian marriages were of Ordinance type, Bergmann/Ferid Ghana 1992, 25; Oppong 1980, 204.



## **Patriarchy as a Set of Variables -- and African locations in it**

“Patriarchy” in a broad sense, pushed to the forefront by contemporary Feminism, including male supremacy over women, as well as fatherly power over children, may be dissected into three aspects pertaining to the institution of the family; aspects of relations between generations, within couples, and among the sexes. For each of these, some crucial indicators can be singled out, but in a global analysis they have to catch their net much wider than is usual in Western Feminism.

In this vein we shall approach patriarchy analytically as a sum or configuration of a set of relations and practices. The ones below are those I have, so far, found most pertinent. As part of a first, rough continental profile sketch, let us try to relate today’s Africa to each of these variables, for the purpose of comparing it with the other major family systems of the world. (The following is more a bait for collegial discussion, than a conclusive scholarly generalization.)

### *Parent-child relations.*

At its core, patriarchy refers to the domination of the paternal generation over the child generation, and the latter’s obligation of obedience and service to the former. In the wider meaning used here, patriarchy will include also other forms of first generation power, including that of mothers, mothers-in-law, and of maternal uncles in matrilineal families.

#### a. Obedience and dependence.

Is there an institutionalized norm, perhaps even legally sanctioned, of obedience to parents? The Confucian Chinese concept of *hsiao*, “filial piety”, as the supreme family norm and inscribed in the imperial Penal Code was the strongest expression of this duty of child obedience and respect. In modern times it entered legislation through the Code Napoléon and its spread in Europe and the Americas.

If the African family has a single supreme value, it is probably fertility, rather than any equivalent of filial piety. However, respect for seniority is central to social systems, in which lineages and age-groups are core features of the social structure, and deference to elders is a pervasive norm. Strict paternal and teacher discipline is also a frequent theme of the autobiographical literature (e.g. Bā 1992: 249; Kenyatta 1938/1961: 9; Laye 1953/1997: 71-2; Mandela 1994: 5, 21; Nkrumah 1957: 11, 16-17; Odinga 1967: 11). True, these eminent gentlemen were children quite some time ago.

How the widespread custom of foster parentage ties in with child obedience seems unclear to me, but there are no indications of it meaning child freedom.

The norm of deference to parents is included in the African Charter on Human and Peoples’ Rights, in which paragraph 29 stipulates that one is obliged, “to respect his parents at all times, and to maintain them in case of need”, and should be taken as a valid social norm (Goolam 1998, 373 ff). Under influence of the UN Conventions, and internal democratization, South Africa is in the second half of the 1990s engaged in a legislative effort at establishing children’s rights, but this is clearly a novel departure in African normativity (Sloth-Nielsen and van Heerden 1998; Goolam 1998)

#### b. Children’s marriages.

To what extent does the parent generation govern the family formation of the child generation? Do parents arrange marriages? Do they at least have some veto power, in a norm of parental consent? Or is the coupling of the child generation a choice of its own? Traditionally, among most African peoples the parental generation concluded marriages without much involvement of their children, particularly not of their daughters. But there are also known customs of direct consent, e.g., among the Ashanti (Rattray 1927), the Gikuyu (Kenyatta 1938/1961, 165ff, and in the modern interpretation of customary law in Nigeria (Nwogugu 1974, 43). National statutory law has often



introduced an explicit requirement of the consent of the marriage parties themselves, for instance in the Côte d'Ivoire Civil Code of 1964 or the Tanzanian Law of Marriage Act from 1971.

Parental arrangement has by all signs declined strongly, although it has not disappeared, for instance, among the Hausa of northern Nigeria (Werthmann 1997, 133 ff), or among the Minyanka of Mali (Rondeau 194, 193-4).

Parental consent, on the other hand, still seems crucial, although sometimes circumvented. Apparently, African parents, and kin, still play a considerable role in marriage arrangements, through the still widespread norm of bridewealth, and through other means (Lestaegehe 1989, 241; Potash 1995, 82ff; Rwezaura 1998, 186-7; Rondeau 1994, 193ff). Parental consent is apparently still a widely spread norm, if far from always and everywhere obeyed. The Legal Age of Majority Act in Zimbabwe of 1982, which made marriage without parental consent legally permitted, created an uproar among the chiefs (Folbre 1988, 74-5).

### c. The Household of Adult Children.

Does a new couple enter into an extended family household, headed by the parental generation? Alternatively, is there a norm of putting up the new household close to that of either parental set of the newly-wed? Or is neolocality the expectation? And what about caring for old and needy parents?

The predominant traditional pattern was to move into the husband's father's household, and European neolocality was clearly a marginal exception. In spite of urbanization, the persistent economic crises seem to have reproduced extended households of various sorts. For Black South Africa, for instance, with its high degrees of proletarianization and urbanization, Ziehl (2001?, table 8.2) reports 45% of households being extended. In the vast continental countryside, these extended families are still the rule (cf. Weisner et al. 1997). The extended family is the major social safety net in Africa (Sokolovsky 2000; Weisner 1997), although loss of respect for and neglect of elders are also found (Cattell 1997; Bradley 1997, both reporting from rural Kenya).

African households in the mid- to late 1980s reportedly most often comprised an average of 2.7 adults per household, lower in Uganda (2.4), higher in Burundi and Liberia (3.0), and, above all, Senegal (4.4). The African average was actually somewhat lower than those of North Africa, Southeast Asia, and Andean Latin America. (Ayad et al. 1994, table 6.2) How comparable these fertility survey data and household definitions are across monogamous and polygynous family systems, is not yet clear to me, though.

A further aspect of the householding of grown-up children is the location of youth. Do the youngsters leave their parental home only to get married – apart from institutional leave of absence at schools *in loco parentis* or in the army? Or is there a period of independent young, single living? This is currently a major divide between Northern and Southern European families.

To my knowledge there are no systematic, general African data on this. From the general family set-up one may suspect, that single householding is quite limited. True, there are reports of the emergence of single living in some cities of the 1960s and 1970s, such as Abidjan (Levasseur 1976: 330ff) and Accra (Oppong 1980: 205ff). The possible time-span of independent youth is variable, as the age of marriage varies considerably across the African continent, though, something which we shall come back to below.

The patriarchy of these extended households may vary, including some matriarchs, - urban Black South African households, for instance, have a matrifocal tendency (Caldwell and Caldwell 1993, 293), similar to that of the US ghettos - but on the whole it seems to be fair bet, that power is invested in senior males. In matrilineal or bilateral societies, that role is then played by a maternal uncle or a brother (Potash 1995, 77 ff; Jacobson-Widding 1992).

In summary, with regard to parent-child relations, Africa on the threshold of the 21<sup>st</sup> century is still a continent of patriarchy, although there is more freedom of marriage than in South Asia.

### Coupling

Male-female coupling has two dimensions pertinent to patriarchy. One refers to the social-emotional importance of the conjugal bond, its extension of activities, its intensity of attachment. The other to the internal structure of coupling. The two dimensions can vary, and have historically varied, independently of each other, although in modern times there is a tendency towards clustering. The north-western European family is the one most focused on the male-female couple, and also the one most committed to egalitarianism. The African, and particularly the West Coast African family is something of a global diagonal to the north-western European, with a very blurred conjugal focus and with a clearly asymmetrical internal structure of power. The Arab-Muslim and the Asian family systems have considerably weaker conjugal ties than the European, but, on the whole, stronger than the African.

In part, the two dimensions compensate for each other, the most intensive and extensive bond having the stronger egalitarian tendencies, the more segregated and detached relations of coupling being more hierarchical.

With regard to the structure of male-female coupling, there are three major aspects pertinent to analyses of patriarchy.

#### a. Sexual asymmetry.

Polygny and concubinage, a man having two or more wives, alternatively a wife and one or more concubines or "minor wives", is the most explicit form of sexual asymmetry in coupling.<sup>13</sup> Sexual double morality is another, slightly weaker version. It may be institutionalized and even legalized with regard to mistresses and "kept women" and their offspring, is another manifestation, or just expressed in different norms of extra-marital or pre-marital sex.

In this respect, Africa is above all the world's centre of polygyny. It is not unique, as Muslim law allows polygyny, but the prevalence is incomparably high.

**Table 5**  
**Polygyny in Certain Arab, Asian and African Countries in the 1970s-late 1980s**

	Per 100 married men	Per 100 married women
Algeria	2	
Egypt	4	
Morocco	6.6	5
Sudan		17
Syria	2	
Tunisia	0.5	
Yemen	7.0	
Pakistan		5
Burkina Faso	38	
Burundi		12
Cameroon	24	39

<sup>13</sup>Polyandry, a woman with two or more husbands, is a rare family form, which may be found in Tibet and in the Himalaya region, for instance. It is not all to be considered the inverse of polygyny, or to be confounded with the constellation of an entertainment star and her circle of lovers. The husbands are not chosen by the wife, and the power in polyandry usually rests with the elder husband, and other(s) is/are normally his younger brother(s).

Table 5 cont'd

	Per 100 married men	Per 100 married women
Ghana	32	33
Kenya		23
Liberia		38
Mali		45
Namibia		13
Niger	25	36
Nigeria		41
Rwanda		14
Senegal	31	47
Tanzania		28
Togo		52
Uganda		34
Zambia		18
Zimbabwe		17

Sources: Arab nations: Ph. Fargues, The Decline of Arab Fertility, *Population* 44:1 (1989) table 4, corrected for the Sudanese figure according to Fargues' own source: International Statistical Institute, *World Fertility Survey*, The Hague 1981; women in polygynous unions in African nations, Morocco, and Pakistan, surveyed in 1986-92: Ch. Westoff et al., *Marriage and Entry into Parenthood*, Calverton Md, Macro International, 1994, table 3.5; Zimbabwe: S. Scribner, Policies Affecting Fertility and Contraceptive Use, *World Bank Discussion Papers* no.259, Washington D.C. 1995: 31, Burkina Faso, Niger, and Senegalese men: I. Spezier, Men, Marriage, and Ideal Family Size in Francophone Africa, *Journal of Comparative Family Studies* 1999; Men in Cameroon and in Senegal 1976: Lesstaeghe 1989: 215.

Even with a certain margin of error, surveying and cross-cultural, the stark difference between, say, Catholic African Burundi, or the Christian half of Ghana, where a fourth of Christian women were in polygamous unions (Klomegah 1997: 83), and Muslim Arab Yemen or Egypt, is clear. Today, polygyny is, above all else, an African institution, recently legitimized by the advanced egalitarian South African legislation (Nhlapo 1998: 633), although a rare formal practice there.

Polygyny also goes together with a whole palette of informal asymmetrical sexual relations, often with fancy designations, like the West African "deuxième bureau", literally second office, but a classical code word for the French secret service, "outside wives", or "second house".

In regard to institutionalized sexual asymmetry, Africa is *sui generis*.

#### b. Gender hierarchy.

The classical patriarchal family had decisive power clearly vested in the husband – and/or his father—, to whom the wife owed submission and obedience. Hierarchical coupling and family formation are expressed in the concept of the "head of the family", who is normally male. Normative male superiority is often further buttressed by a considerable age difference between groom and bride. The strongest form of male domination of the couple relation is arguably the Muslim rule of *talaq*, of an unhindered, exclusively male right to unilateral divorce. A similar right to "oust wife" existed also in imperial China.

A male-female hierarchy is pervasive in the African tradition, like all major family traditions. It is generally buttressed by the important, widespun kinship networks – but also mitigated and complicated by the latter -, and by local rule by elders and chiefs. However, this hierarchy is more complicated and more variable than Asian family systems. Among the very masculinist patrilineal East and Southern African populations, the bridewealth institution, which is still operating, means that daughters are assets to their fathers – instead of just more or less costly liabilities in classical East and South Asia -, and wives a considerable investment to husbands. As a prominent South African lawyer has put it: "the whole [African] marriage drama is premised on the notion that the

man's family are the supplicants and the woman's people the holders of power" (Nhlapo 1998, 623). That is almost symmetrically the opposite of the contemporary Indian dowry relationship.

The complex and conflictual male supremacy in Africa is illustrated by the remarkable Creation Myth of the Gikuyu. Gikuyu, the First Man, had nine daughters and no sons, but the Divider of the Universe was moved to provide him with nine young men, who married his daughters. The women ruled a first society of nine maternal clans, oppressing the men. The men then banded together, made all the women pregnant at the same time, and when the latter were no longer capable of fighting due to their advanced pregnancy, the men made revolution. The men took power, established themselves as the heads of families, and changed the name of the nation to the paternal Children of Gikuyu. However, the women made a last stand over the clan names, threatening to kill all male children, and to refuse to bear any more. In front of this threat, the males conceded on this single point, and the clans continued to bear the names of the nine daughters of Gikuyu (Kenyatta 1938/1961, 3ff).

Most African customary family law places adult women firmly under male guardians, usually the husband, i.e., as legal minors. (Cf. Cotran 1968; Philips and Morris 1971; Stewart and Armstrong 1990) Post-colonial national law maintained a discriminatory stance against women. For instance, in the late 1980s, Nigeria women had to secure the permission of their father or their husband to get, a passport, a bank loan, a scholarship or custody rights over her children (Nwabara 1989: 9).

Only in recent years is statutory law trying to change this, with the Zimbabwean Legal Majority Act of 1982 one of the first of social significance. In the mid-1990s, with the democratization of South Africa, a vigorous movement towards legal gender equality asserted itself in Southern Africa (Eekelaar and Nhlapo 1998) In the Francophone states, however, Napoleonic stipulations of the wifely duty of obedience have sometimes been put onto the statutes recently, as in §32 of the Mali Personal Status Act of 1987 (Bergmann and Ferid 1998, Mali, p. 25).

In West and Central Africa adult gender relations are much complicated by matrilineal descent, which in itself did not preclude male supremacy, but it weakened the power of the husband and the father considerably, and maternal uncles could seldom compensate for that. Furthermore, even among patrilineal West Coast peoples, such as the Yoruba and the Igbo, or even among the sterner patriarchs of the Hausa and the Fulani, married women are not thrown out of their fathers' lineage, as in East Asia and northern India, but can count on the support of their own kin (cf. Caldwell 1996).

Obliquely, the African marital hierarchy has been cut into by recent national legislation on widows' inheritance rights. Under customary law, widows normally inherited nothing from their husbands. In patrilineal societies, his male descendants were the normal heirs, in matrilineal ones his brothers or, for lack of them, his nephews (e.g., Obi 1966, 332 ff, on inheritance in Southern Nigeria). Ghana's 1985 Intestate Succession Law, for example, made the surviving spouse the primary heir (Oheeba-Sakyi 1999: 166 ff). In 1996 a gathering of Zimbabwe Chiefs came to a similar conclusion (Stewart 1998, 222).

Mass polygyny is made demographically possible by men marrying much later than women. In this age difference there is also a gender hierarchy, between a more experienced male and a less experienced female, underlined in very age-grade conscious societies. Studies of conjugal decision-making have also found a significant impact of the age relation of the spouses (e.g., on Accra upper middle class couples, Oppong 1970, table 1). In the 1990s the age difference at first marriage of men and women is highest in the world in the Sahel and in the West Coast states, ranging from about nine years in Gambia and Burkina Faso to six years in Chad and Niger, in Nigeria on the average about seven years. In Hausaland and generally in the Sahel, girls still marry in their teens to men seven-to-nine years older (UN 2001; Heaton and Hirschl 1999). Compared to the mid-late 1970s there has been a certain decrease of the age gap in sub-Saharan Africa, as well as in Saharan

and Northern Africa and Muslim South Asia, the regions with the largest gaps (cf. Casterline et al. 1986, table 1).

### c. Gender Autonomy.

African family systems have shown that hierarchy and autonomy may vary independently of each other, because of the flexibility of the conjugal bond, or of the porosity of the couple relationship. In West Africa, in particular, polygyny and male-female legal hierarchy are often combined with a great amount of wifely economic autonomy and independence. The wives have each their own household and plot of land, and by tradition many West African women are formidable traders, usually in full control of their business and their earnings (Caldwell 1996).

The traditional wifely autonomy, working her (allotted) plot of land or plying her trade, has been transposed also to the urban salariat. About a sample of Accra civil servants in the 1960s, it could be said: "...few couples were spending, saving, or owning property together" (Oppong 1971, 184). No scholarly report on the European family could ever have said that.

However, along the Afro-European diagonal of weak bonding/strong hierarchy-strong bonding/weak hierarchy there is a noteworthy rapprochement of Scandinavian and West Coast African gender autonomy.

At the beginning of the last third of the 20<sup>th</sup> century, Scandinavian countries began a practice of individual taxation, making for economic autonomy within marriage. At the other end of a continuum, the wife is completely dependent on her husband,—or "merged" as in the old Common Law tradition, —dependent on his income, and having to have his permission to do anything outside the home, as in the Napoleonic law tradition of Latin Europe and Latin America.

West Coast African autonomy is primarily socio-economic, neither legal (see above) nor sexual or procreative. At least until very recently, decisions about family reproduction were firmly in male hands (Caldwell and Caldwell 1996, 343).

### Gender Sacrifice

Male supremacy in sexual and family relations has also given rise to various forms of female sacrifice, of which a comparative overview can only hope to touch physical-material aspects, not the frequent social and psychological ones.

There are two aspects here, one corporeal, the other material. The former cover a range over the life-course from female infanticide or fatal neglect of female infants, via aesthetic cruelty, such as the classical Chinese custom of foot-binding, and sexual mutilation, to daughter-in-law maltreatment, and widow immolation. The latter focuses on the rights of inheritance, or not, of daughters.

In varying forms of severity female circumcision is a widespread practice in Africa in a broad belt from Senegal (though not among its main ethnic the Wolof) via northern Nigeria, contemporary Central African Republic to the Horn, and with an eastern north-south extension from Tanzania to Egypt, including the Copts (Coquery-Vidrovitch 1997, 206-7). Infibulation, the worst form—involving excision of the entire clitoris, the labia minora and maiora, and the sewing up of the remnants of the labia maiora—is concentrated to pastoralist or agro-pastoralist peoples in a narrower and shorter belt from Chad to Somalia and Eritrea (Hicks 1996) Only recently has sexual mutilation come under attack and into legislative initiative in Africa.

Sexual violence is difficult to document in a systematic fashion, but it is certainly an expression of abuse of women as sacrificial objects. The violent despair and uprootedness spawned by the apartheid regime seem to have made widespread sexual violence endemic in South Africa (Mama October 2001, oral communication; cf. the chilling three-generation story of Mathabane 1995).

Veiling and female seclusion have caught on in Muslim Africa south of the Sahara only patchily and partly. It is important among the upper classes of Northern Nigeria, above all, without making extra-domestic economic activities impossible (Werthmann 1997). African Muslims are, in this respect, more similar to their Southeast Asian co-religionists than to their pious Arab neighbours or to the north Indian practitioners of *purdah*.

Female infanticide is an old North Indian and Chinese custom. Suspect gender ratios have for long been known in northern India, and have re-emerged with birth control in China and in South Korea. The African bridewealth system makes such a practice meaningless, and it seems to be unknown. African widows, in contrast to traditional South and East Asian sisters, have always been eminently remarriable, often inherited by a brother of the deceased. Nor have African divorcees been pushed out of the marriage market.

On the other hand, African customary law usually made daughters go without inheritance. In colonial times, Yoruba law in Nigeria was changed into giving daughters inheritance rights, including to land. But that was unique in Nigeria, where otherwise only sons inherited their fathers, and matrilineal fathers were inherited by their brothers or their nephews (Obi 1966, 332ff), and on the whole in Africa, daughters did not inherit their fathers, who usually held the wealth of the parental generation (Goody 1976, 5ff; Cotran 1968; Stewart and Armstrong 1990). To the extent that its believers followed Islamic law, the latter represented an advance of daughters' rights in Africa, allowing them at least half of the share of sons. Only with the recent wave of anti-discriminatory legislation is a gendered equalization of inheritance coming into sight.

The daughters of Africa have had to make painful sacrifices to male power, but, at least outside the infibulating Horn, less so than many Asian women.

### **Patriarchy in 2000 C.E.**

By 2000, familial patriarchy has, by and large, been successfully torn down in Europe and in the European overseas settlements of the New Worlds, much less so in Japan. The very different timing indicates that successful industrialization and economic growth are not adequate causes of explanation. Legal equality of spouses was established after World War I in the Soviet Union and in the Nordic countries. Substantive progress, but short of complete equality, was also made in the 1920s in the UK, the US, and in the British Dominions.

After World War II, the Communists established legal equality in Eastern Europe and in China, and the American occupation in Japan. But free choice marriages gained the upper hand in Japan only gradually, among men and women born after the war (Natsukari 1994, 143). In West Germany—despite the stipulation of the 1949 Constitution and a first marital equality law of 1957—and in the Napoleonic law countries of Western and Southern Europe, legal gender equality was not established till 1976.<sup>14</sup> In the US the last remnants of state law male supremacy were ruled unconstitutional only in the 1970s, and by then British common law opinion had also finally come round to equality (Therborn 1995 ch. 6; 1999 ch.6). In Latin America, in spite of recent revisions there are still explicit legal manifestations of patriarchy, for example in Argentina and Colombia with admonitions of child obedience, in Brazil with a clause emphasizing that the husband is the head of the family, in Uruguay (and till 1994, Chile) with wives told to obey their husbands. Federal

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<sup>14</sup>Upon prodding the Constitutional Court, the West German parliament in 1957, eight years after the Constitution, passed a gender law on equal rights into its family law, which included the clause (§1356): "The wife... has the right to work outside the household (*erwerbstätig*) to the extent that this is compatible with her duties in marriage and family." Only in 1976 a reformed law stated: "The spouses have the right to work outside the household." (Helwig 1982: 121-2).

Mexican, and Peruvian family legislation, on the other hand, are now egalitarian (Ferid and Bergmann 1989-92; Fries and Matus 1999: 110).

East Asia generally, China in particular, and Eastern Europe are the areas of most radical change in the 20<sup>th</sup> century. Political action was crucial here, Communism in China and in Eastern Europe, the American postwar reconstruction of Japan, also affecting South Korea and Taiwan. Post-colonial independence, while usually putting equality on statute books, has clearly been less effective. Most change took place in the second half of the century only, and in the Code Napoléon countries of Europe and America mainly in the last third.

North-western Europe and its overseas off-shoots were the least patriarchal part of the world in 1900, and they are so in 2000. The remaining patriarchal blot in 2000 refers to women's remaining dependence on husband's income, as expressed in still strongly gendered employment rates outside Scandinavia. Recent egalitarian legislation and socio-cultural change in Latin Europe and America notwithstanding, there is more extended family living and there appear to be more marital hierarchy and sexual asymmetry than in the North.

After the transformation of Confucian China, the three most patriarchal cultures of the world are, South Asian Hinduism (and Islam) – in spite of formal equality legislation in India-West Asian/North African Islam, and Sub-Saharan Africa, especially outside or only on the margin of the influence of the two mid-Eastern world religions. At this point at least, the comparative measure is too crude to allow any strong argument about an internal ranking of these three. But their distance to the North Atlantic area is clearly substantial. Most peoples of the African West Coast have since ancient times a remarkable combination of strong male superiority and wifely autonomy, manifested in a vibrant female trading tradition, and in the wife, or wives, having a household and a budget of her own.

Cultural globalization is likely to continue containing and producing tensions and conflicts about gender and generation relations in the world.

On the other hand, there is also, at the end of the 20<sup>th</sup> century, a remarkable global politics of gender, intertwining global egalitarian efforts, through the UN machinery, national symbolic politics, local action, and national-local clientelism. On paper, the UN Convention on the Elimination of All Forms of Discrimination Against Women was a great success. By March 2000 it had been ratified by all countries of the world, except Afghanistan, São Tomé and Príncipe, and the United States (UN 2000b, table 6B). In the 1990s gender politics became a high-profile symbolic politics in many Third World countries, including military regimes. Pace-setters in Africa were the "First Ladies" of Nigerian military dictators Babangida, Abacha, and (with more restraint and more seriousness) Abubakar. Mrs Rawlings of Ghana, among others, followed the example (Mama 1999).

The erosion of patriarchy and the de-institutionalizing of sexuality are what a conservative social writer like Francis Fukuyama (1999) has called "The Great Disruption". Like many of his mind Fukuyama wants to see a patriarchal marriage as inscribed in a biological order, now perversely disrupted by female autonomy, through the pill and through access to the labour market. Putting "kinship and family in a biological context" then means an interpretation of the family in terms strikingly similar to the feudal conception of the lord-peasant-relationship, of the lord protecting his nurturing peasants: "The family bond .. is based on an exchange of the woman's fertility for the man's resources. ... historically, the institution of marriage existed to give legal protection to the mother-child unit ..." (Fukuyama 1999: 101). For the proper feudal image of landlord-peasant protection and exchange see the great conservative German medievalist Otto Brunner (1943).



## The Secularization and the Spatial Divergence of Sex and Marriage

Marriage is the key institution regulating human sexuality. It should therefore be analyzed sociologically as a "sex-marriage complex" of behaviour and of norms. In view of a great deal of recent writing on the topic, a proper understanding of what is happening to sex and marriage had better start by underlining the enduring centrality of marriage, and more generally of long term heterosexual coupling, in human societies.

### The Historical Importance of Marriage

Marriage is still an almost universal aspiration and achievement. For people born around 1950 we have global data for people ever married by the age of 45-49, i.e., by the end of female fertility. Among the 199 politically delimited territories, the only ones in which less than two thirds of women had been married by the end of their fertility were Caribbean countries and dependent territories, products of plantation of slavery and indentured labour, giving rise to what I have called the Afro-Creole family. In Jamaica, for instance, only 54 per cent had ever married, in Barbados 60, in Guyana 62 per cent.<sup>15</sup>

Outside the Caribbean and Southern Africa, some small other (mainly Pacific) islands apart, the only countries with less than ninety per cent of their women ever married were, on one hand some South American ones harbouring "Indo-Creole" families, Colombia, Chile, Ecuador, Paraguay, and on the other two Nordic ones Finland and Sweden. All these had a marriage rate around 85 per cent. For the rest of the world, the proportions married resemble electoral results in dictatorships, US 93.9, UK 95.1, Japan 95.4, Spain 91.9, Russia 96.5, Egypt 98.6, Brazil 92.0, China 99.8, India 99.3, Indonesia 98.5. Representative African examples include: Côte d'Ivoire 99.3, Ethiopia 99.1, Nigeria 97.8, Tanzania 99.3, Zimbabwe 99.4. (UN Population Division 2000: United Nations at [www.un.org/news/A](http://www.un.org/news/A)).

On the whole, Africa has belonged to the vast world regions of virtually universal marriage (Brass et al 1968, 201-2). However, in recent times Africa also includes some deviants, above all in Southern Africa, although the Gabon figure of 90.6 also indicates a marriage rate below the universal. Botswana in 1991 had a marriage rate of women at 45-49 in between the Caribbean and the Scandinavian, at 77.6. The Botswana rate of non-marriage of the 1990s is similar to the Scandinavian one of the 1930s. Namibia, South Africa, and Swaziland had about a tenth of their women unmarried at the end of their fertile period, resembling Europe west of the Trieste-Saint Petersburg line in 1900 (cf. Hajnal 1953). The reason for the limits to marriage in Southern Africa most likely derives from the disruptions caused by long-distance male labour migration.

Western Europe in the 1990s was still in a period of rapprochement to the pattern of almost universal marriage characterizing the rest of the world, except the Creole Americas, and most closely to the pattern prevailing in Greece and Hungary around 1900, where four per cent of women were unmarried by the age of 45-49 (Hajnal 1963). Latin American nuptiality is also at a historically high level, from a hemispheric median of 19 per cent of women never married going to down to 9 in 1980 (Zavala de Cosío 1996, 104), where it has remained.

At the other end of the spectrum, Asian marriages have come down somewhat, in (South) Korea from 100% in 1930 to 99 in 1990, in Japan from 98 in 1920 to 95 seventy years later, while the Egyptian stayed around 99 since 1947 (Hajnal 1963, 104; UN 2001a) In Bangkok in 1990 sixteen per cent of women aged 40 to 44 were unmarried (Jones 1997, 57)

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<sup>15</sup>For many similar Caribbean islands and countries, the figures available are a bit of target, as they include non-married cohabitation. Then 91 per cent of Dominican women and 99 of their Haitian neighbours have "married".



## The Contraction and the Secularization of Marriage: Age, Cohabitation, and Divorce

The space of marriage is contracting through the rise of the marriage age. The age of first marriage is going up virtually everywhere in the world, although in Ireland the female age of marriage had only reached back to its 1941 high level, 28.7 years, in 1996 (Hajnal 1953, 120; UN 2001). Indeed in countries characterized or strongly influenced by the classical modern north-western European family system, the marriage age is now returning to previous peaks, after declining for most of the 20<sup>th</sup> century. In England and Wales the average age of marriage for women in 1930 was 25 years, an old historical level there, declining to 22.6 in 1971, then moving upwards, to 26.9 in 1995 (Halsey 2000, 58). The American median age of first marriage, for instance, went down from 22 (for women) to 20 between 1950 and 1960, standing at 25 in 2000 (US Census Bureau 2001).

The mean female age at first marriage (SMAM) has risen in Japan from 21 in 1920 to 25 in 1960, and to 27 in 1990; in China from 19 in 1955 to 22 in 1990, in India from 14 in 1901 to 16 in 1961, and to 19 in 1991 (then one of the rather few countries of the world still marrying women in their teens) in Egypt from 20 in 1960 to 22 in 1995; in Morocco from 17.5 to 26 between 1960 and 1995; in Mexico from 20 to 22 between 1960 and 1990. In Brazil the average age was then almost 23.

Africa seems to follow this pattern, although exact, and longer, time series are often lacking. Since the 1950s the female age at first marriage in Guinea has risen from 16 to 19 in 1990, in Niger from 15 to 18. In Burundi it has stayed at 22. In Congo/Kinshasa and in Mozambique it may have declined though. From around 1980 to the early 1990s the marriage age rose in Nigeria from 19 to 20, in Côte d'Ivoire from 19 to 21, in Zimbabwe from 20 to 21, and in Botswana from 26 to 27, the same age as in South Africa then. (Xenos and Gultiano 1992, appendix table 1; Rashad and Khadr 1999; Zavala Cosío 1996: 104; UN 2001; UN, *Statistics and Indicators on Women in Africa* 1989; Lestaeghe 1989 table 6.16)

There appears to be a certain convergence among the African countries. The later marrying peoples of Southern Africa and Burundi-Rwanda now diverge less from the rest. The Sahel and Uganda still marry their daughters in their teens, leaving them little youth before their wifely roles.

Secularization of marriage manifests itself most clearly in informal cohabitation. Such 'consensual unions' were historically an old, widespread phenomenon among blacks, mulattoes/mestizos, and uprooted Indians in the Americas, and was quite frequent among the European working-classes of nineteenth century big cities. Such unions were generally those of the poor and the peripheral, and in Europe they had declined strongly in the course of the 20<sup>th</sup> century.

The new, 'respectable', socially central cohabitation, still largely a European/North American/Oceanic phenomenon started in the 1970s. In the form of a brief trial marriage it had even reached a European royal dynasty and its succession to the throne in 2000, when the Norwegian Crown Prince announced that he was moving in with his beloved whom he duly married a year later). In North-western Europe informal cohabitation made up between a fifth (Britain) and a fourth (Sweden and Denmark) of all couples in 1995 (Eurostat 2000: 48; Halsey 2000: 60; SCB 1993). In this, religiously the most secularized part of the world, informal cohabitation has become the predominant form of first coupling.

Elsewhere among European settlements, the secularization of marriage is much more limited. In 1996 ten per cent of Australian couples were informal (Australian Bureau of Statistics 2000), in 2000 about six per cent of US couples were reported cohabiting (which may be a certain underestimation, US Census Bureau 2000, online report P20-537), in Spain in 1995 only two per cent (Pérez-Díaz et al. 2000: 14).

In Africa, the line between marriage and non-marriage unions has often been more blurred than in the core areas of the world religions, largely because of the often long drawn-out and

complicated bridewealth negotiation and payment process. Colonial authorities also tended to treat unions according to customary law as something less than a marriage.<sup>16</sup> However, there is a uniquely careful Belgian colonial census of the Congo in 1956-57, which distinguished “de facto unions” from all others, by having no bridewealth paid and no ceremony held. Such unions then constituted eight per cent of all Congolese unions. They were apparently primarily trial marriages, of a kind which thirty-four years later has become similarly frequent in France and other countries of Western-Central Europe. A third of teen-age women in unions in Leopoldville lived in such informal cohabitation, and a fifth of women at the age of 20-24, falling down to ten per cent in the next age category, but then never going below six per cent (Brass et al. 1968: 213).

In Congo, cohabitation was clearly established on a significant scale at least ten-fifteen years earlier than in Scandinavia (cf. Trost 1981). Here is a significant rift in African patriarchy, as well as an informalization of marriage, which at least in large part probably derives from the matrilineality of many Congolese peoples.

In the mid-1970s, Meyer Fortes (1978: 29) reported from West Africa: “Consensual, free and casual unions from which children result are of wide occurrence”, which by then might be said about Denmark and Sweden, but hardly about the rest of Europe. In East Africa, a Tanzanian White Paper of 1969 took account of a significant rise of informal cohabitation, suggesting that family law should recognize such unions (Rwezaura 1998: 78). This was about the same time that the Swedish legal apparatus began to pay attention to the issue.

The 1980/81 Fertility Survey of Côte d’Ivoire found a very high proportion of coupling starting as informal cohabitation, but also a great ethnic variation. Among the matrilineal Akan and Kru sixty and forty per cent, respectively, began their first union as informal cohabitation whereas about twenty per cent of the patrilineal Mande did (Gage-Brandon 1993: 223).

South African knowledge about family relationships was until recently hampered both by the legal non-recognition of customary African marriage and by the secretiveness of the apartheid regime (Caldwell and Caldwell 1993). However, data from the 1991 census, showing an eighth of people in unions cohabiting (Ziehl 2001), indicates a pattern similar to Western or North-western Europe.

Marriage has been extended by the strong decline of adult mortality and by the increased longevity of older people. But in the most recent years that tendency is being overtaken by a rise of divorce. Only among Swedish children born in the forties and later was divorce a more frequent reason for family disruption than death, and a somewhat larger proportion of those born in the 1960s lived for at least 16 years with both their parents than did the birth cohort of the 1900s (SCB 1992). In the United States there were more widowers than male divorcees until the 1970s, and more widows than female divorcees till 1997 (US Bureau of Census 2001, table HH-1.). Now more than a fourth of all marriages made in the EU in the early 1980s had been dissolved by the late nineties, in Britain and Scandinavia 40-46 per cent, in France and Germany a third.

In the Christian and Hindu worlds, but not in the Muslim or the Buddhist, the possibility of no-fault, non-refuseable divorce constitutes a further indicator of the secularization of marriage. The first massive rise of Christian divorce occurred after World War I in the former belligerent countries (Philips 1991: 186).

The 1920s was also the period in which the Lutheran Scandinavian countries legislated no-fault divorce. For the rest of the Christian world liberal divorce legislation started in the English-

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<sup>16</sup>The lack of fit between African and colonial norms made even ambitious census undertakings by colonial powers incapable of getting a good picture of the family structure. For instance, a census in 1956-7 of four cities in Côte d’Ivoire of similar size and ethnic make-up undertaken by four different census teams reported percentages in “free unions” ranging from 1 to 66 per cent (Brass et al. 1968, 188).

speaking countries in the late 1960s, spreading to most of it in the ensuing decades (Castles and Flood 1993), mainly leaving only Ireland and Chile out.

The current rates as well as the historical tendency of divorce vary greatly across the world. The divorce rate, intercontinentally most often measured by the crude rate per thousand population (or over 15 years), is currently highest in USA, in post-Communist Europe, and in Cuba. Japan has a relatively low rate of divorce, China even more so, and divorce is still rather rare in India.

Historically, divorce was practised on a uniquely massive scale by the Muslim Malays of Southeast Asia, in today's Malaysia, Indonesia, and Singapore (Jones 1994). Next, but far behind was Egypt, and then came the United States. The trajectories crossed each other in the second half of the twentieth century.

Marriages in some parts of Africa have for long had a considerable instability, while in others divorce was difficult and rare (e.g., Burnham 1987: 41ff). The thinness of the marital bond coupled with the thickness of kinship, and, particularly in Southern Africa, male long-distance labour migration, make for lengthy separations of spouses among many populations. A remarkable ethnographic example is provided by Fulani pastoralists of the West African savannah. When the children are grown up, the father has transmitted his property to them, and the parental couple then often split up, settling with one or the other of their off-spring or among their own native kin (Burnham 1987: 48).

Around 1970, divorce was pretty widespread in Africa. If we take Sweden as a yardstick – which then had the second highest divorce rate in Western Europe but was clearly behind USA – for the infrequent UN measure of the percentage of women above the age of 15 who are divorced and separated, we get the following picture. 4.2% of Swedish women were then divorced (calculated from SCB 1999, 34). Higher rates were recorded for many African countries, Botswana 6.7, Ethiopia 8.4, Uganda 7.2, Tanzania 5.5, and Zambia 9.1 (UN 1989, table 4). Kenya had 3.3, Liberia 3.9 % divorced. Not all African countries were included in this database, Ghana, Nigeria, and Zimbabwe being among those missing.

The world-wide Demographic and Health Surveys of 1986-92 make a wider comparison possible. By four years after their first union, twenty per cent of Ghanaian, Liberian, Namibian, and Ugandan women had experienced its dissolution, whether by divorce or by death. In Botswana, Kenya, Tanzania, Zambia, and Zimbabwe 15-18 per cent, but in Nigeria only 7.5. Corresponding figures range from 10 (Morocco) to 2 (Jordan) per cent in the Arab world, and stand at 4 % in Pakistan and 6-7% in the classical high-divorce country Indonesia. Latin America is more similar to Africa, 11% of Brazilian women having their first union dissolved after four years, eight per cent of Mexican. Only the Caribbean, Afro-Creole family is more unstable than the African. Thirty per cent of Dominican women were out of their first union after four years (Westoff et al. 1994 table 4.1.).

This African marital disruption is high also by European standards. In Britain, which with Denmark and Sweden now has the highest divorce rate in Western Europe, one would have to go to marriages contracted in 1993/94 (Halsey 2000, 63) to find a rate of dissolution within four years about the same as all Ghanaian unions together exhibited in 1988.

### **The New Space of Sexuality**

The sex-marriage complex has been, and is being, subjected to conflicting spatio-cultural processes of change. Sexuality has been increasingly secularized and its area of operation has expanded. By sexual secularization I mean sexuality being stripped of religious or other aprioristic, non-consequentialist normative rulings, as “sinful” or otherwise condemnable outside marriage, even if consensual and even if not betraying any promise or trust. This secularization has gone furthest in the Christian regions of the world – fundamentalist revivalism in the parts of the US

notwithstanding -, but is also becoming very significant in the ex-Confucian area, in Buddhist countries, and among the African peoples, a minority it seems, who had strong norms against extra-marital sexuality. In Muslim and Hindu cultures changes are more limited.

Sexuality is also expanding, biologically in the lowering of the age of menarche (Bongaarts and Cohen 1998), in time, with earlier sex debuts for whatever reason, and culturally, as the front stage of the entertainment industry. In Britain, for instance, the median age of the first sexual intercourse decreased from 21 for women born in the 1930s and 1940s to 17 for women born between 1966 and 1975, with a sizeable minority sexually active before the (legal) age of sixteen (Wylie et al. 1997, 1314). Among metropolitan area, American young women, aged 15-19, 30 per cent had had sex in 1971, and half of them in 1979 (Weiss et al. 1997, 1482). The Australian sexual debut in the 1990s took place at about the age sixteen on the average (Carter 1997, 93). In Finland, 6-9 per cent of women born between 1933 and 1942 had sex before the age of 18, among those born after 1972 the corresponding figure was 55-60. Between a fourth and fifth had it before 16 (Kontula and Haavio-Mannila 1995, 53, 54).

Changes in Japan came somewhat later, mainly in the 1980s-early 1990s. In 1974 11% of female Japanese university students had had sexual intercourse, in 1986 26%, and in 1995 43 % (Hatano 1997, 805). By contrast, in China in 1989/90 only six per cent of female university students had sexual experience (Ruan 1997, 384), and in four universities of Egypt in 1996 only 3 per cent (el-Tawila 1998).

A freer and more open sexuality has also enriched marriage. The very good and fully representative Finnish study shows a significant increase in sexual satisfaction and in marital happiness between 1971 and 1992, and a disappearance of difference in male-female appreciation of sex (Kontula and Haavio-Mannila 1995, 101ff).

African religion and ethics have not included the sexual asceticism of Christianity, Hinduism, and Buddhism. Nor have they very often made the strict demarcation of legitimate and illicit sex drawn by orthodox Islam. But within Africa, there have been considerable differences of sexual permissiveness. West Coast and Middle Africa have been more permissive, the patrilineal societies of East and Southern Africa much less so (Caldwell et al. 1992).

From the 1986-92 above-mentioned surveys there are some data on the sexuality of teen-age women. The sexual revolution had clearly reached some African countries by the 1980s, if not earlier, while other countries stood outside. Sixty per cent of Botswana adolescent women had had sex, without ever being married. Corresponding figures were in Liberia 46, in Togo 37, in Ghana and Kenya 26 per cent. No sexual experience was reported for 91 % of Burundian women (who marry late), 68% of Zimbabwe women, 60% from Ghana, 54% from Kenya, and 38 from Uganda (Macro International 1992, chart 7). There is no abundance of systematic data on African sexual behaviour, but there are indicators of a lowering age of sexual initiation. Surveys of Ghana have later recorded a median age of female sexual experience of 17 and 15 (Ankomah 1997, 528-9).

The difficult and controversial issue of the relations between patterns of sexual relations and the AIDS epidemic in Africa cannot be treated here.

### **Intimacy and Its Alternatives**

Secularization of sexuality and marriage does not necessarily mean a turn to what Anthony Giddens (1992, 58) has called "pure relationships", i.e. a "social relation entered into for its own sake". It may instead mean 'commodification'. In parts of Asia, mainly in the Southeast such as Thailand and Indonesia, in large parts of Africa – outside the Muslim savannah belt – and in post-Communist Eastern Europe, recent decades have seen a spectacular growth a commercial sex industry. It has been spurred by combinations of normative dissolution, poverty, and opportunity with openings of demand, from US soldiers in the Vietnam war to West German tourists, and

excessively male urban migration in Africa. Often, the new industry builds upon old regional traditions of trafficking in women, as from northern Thailand and certain areas of Java, or certain tribes in Kenya. Commodification has also increased in several patriarchal marriage systems, leading to rising dowry demands in India and to higher bride-prices in Africa.

De-institutionalization may also mean a substitution of 'stage performance' for normative regulation. That is, a sexualization of one's body and sexual practice as a performative art, not for directly commercial purposes but more as a way of putting oneself on a social stage and in a social limelight. Marriage too may become a show-off, not only in the form of an expensive wedding but also as a visible social performance.

How much these processes of commodification and staging have grown is impossible to say at this point, and it clearly varies a lot across the world. No doubt, there is less prostitution in Sweden today than hundred years ago, while there is much more in Africa and Southeast Asia. But their existence is analytically important to stress, given the tendency, inspired by Giddens, to deal with the secularization and the de-institutionalization of marriage and sexuality mainly in terms of "intimacy". Commodification and staging point to an opposite process, without necessarily denying the former, to a breaking-up of intimacy, through transactions, voyeurist windows, and cameras, to invitations to "Big Brother" viewing.

### **The Past Into the Future**

The African family has been subjected to, and has participated in, the great global changes of family relations, which have taken place in the twentieth century, in particular in its second half. In the very last decades of the century, fertility reduction finally reached parts of Africa, but, as was to be expected, the African family system still maintains high fertility rates in a contemporary global perspective. African patriarchy has been partly eroded, particularly with respect to paternal control of marriage. The relatively weak marital bond has opened up a wider range of options. Very recent egalitarian drives, above all in Southern Africa, notwithstanding, male supremacy and parental generation claims on children are being reproduced. Polygny has also proved very resilient. For all its complexity and contradictions, with very considerable female economic autonomy, contemporary sub-Saharan Africa stands out as one of the most patriarchal regions of the world, together with the Arab-Muslim area and South Asia.

At least parts of Africa are participating in the sexual revolution, in contrast, so far, to the other most patriarchal regions and to Mainland China. But the HIV/AIDS epidemic, with its disastrous mortality in Southern Africa, sets it under a dark cloud. The continental impoverishment over the last decades is likely to reinforce a commercialization of sex.

Finally, what might be expected of the future of the family in the world? In the still high fertility countries, where the decline started more or less recently, it is likely to continue, probably picking up momentum in northern India and in Africa. For the foreseeable future, though, the fertility of African families is most likely to remain well above European levels. Among the below replacement countries of the West and the East, there may occur some moves upwards, which, however, are unlikely to go beyond about two children per woman. The epochal erosion of patriarchy is likely to be irreversible as a trend.

But since it is still in many parts of the world an intensely controversial subject, powerful backlashes here and there are not to be excluded. Some have already taken place, particularly in areas of the Muslim world from Algeria to Malaysia. But on the whole, in the medium to long-term, patriarchy will most probably erode further, the power of fathers in particular. On the other hand, even though there is likely to be less divergence on the scale of patriarchy, the power configurations of family systems are likely to go on differing. While conventional labels of traditional, global, local, authentic, mimetic etc. will probably lose their bearings, world customs,

of which family customs are the most intimate and the most important to most people, will not converge around any one model.

From recent revivals of all the world's major religions we have learnt that secularization is neither an unstoppable train nor a common destiny. The trajectories of the secularization of sexuality and marriage are likely show even more of the same pattern. However, over the long haul, processes of religious secularization have hardly anywhere been fully reversed. In most countries it has been attacked without suffering significant losses. The marriage rate may go up or down, but in any case it is most likely to remain a central human aspiration and actual relationship for the foreseeable future. Informal cohabitation will probably increase in southern Europe, Latin America, East Asia, and Africa, though. The age of sex debut is unlikely to rise. Sooner or later a sexual revolution will probably take place in Asia, within as well as before marriage.

The extent – if not the existence – of the commercial sex industry will depend on the economic inequality in the world. If the latter should go down significantly, currently not a likely prospect at all, prostitution is likely go down with it (without disappearing). The relative futures of “pure relationships” versus relationships as “stage performances” are written in the stars.

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## THE IMPACT OF THE AIDS EPIDEMIC ON FAMILIES AND FAMILY COPING STRATEGIES IN UGANDA

*Peter R. Atekyereza and Edward K. Kirumira*

### Introduction

Twenty years ago, the first clinical case of HIV/AIDS was identified in Uganda. In 1992, the peak of infections raised the prevalence rate from 9% in 1988 to over 30% (UAC 2001). The disease has greatly affected the productive and reproductive age group especially between 15 to 45 years. The impact of the epidemic in the country has been felt both from the infected and affected people's perspective. Although the initial interventions in the country emphasised the HIV+ people, they have progressively broadened beyond the infected to include the affected/inflicted as well. Furthermore, there has been a shift from prevention and control focus to care and support in the fight against the epidemic. The latter shift has brought to the fore the crucial role of institutional and social safety nets in the fight against HIV/AIDS. The family, as the major social institution in the country (as it is in most sub-Saharan Africa), is by implication both the immediate victim and safety net. Studies show that the family in Uganda remains the fundamental institution for welfare and support (Atekyereza 2001b; Bohmer & Kirumira 2000). This paper, therefore, highlights major impacts of AIDS crisis on the family and how different families are coping with the socio-cultural, economic, political, spiritual and/or ideological challenges.

### Trends of HIV/AIDS Prevalence in Uganda

Since the first case of HIV/AIDS was diagnosed in Uganda. The national trends in the HIV/AIDS prevalence have been dropping, apart from the 1992 peak of infections which raised the prevalence rate from 9% in 1988 to over 30% (UAC 2001). The effect of HIV/AIDS has been more profound on women than men and among the age groups between 15 and 45 years. The intensity of the effects is mainly devastating on the actively productive age group. With both internal and external support, the government of Uganda and other partners, several HIV/AIDS control programmes and activities were implemented. By end of 1999, the rate of prevalence had dropped to 8.3% (UAC 2001: 2). Though the first HIV case was identified in 1982 and anecdotal and observational evidence indicate that the disease was in the country by early 1981, the initial responses of society and government was negligible. This was mainly due to general lack of knowledge world wide about the new disease, individual and collective denial by societal members and the existing socio-economic and political upheavals in the country at that time (UAC 1993a). Official government intervention started from 1986. Table 1 shows the HIV prevalence trends since 1987.

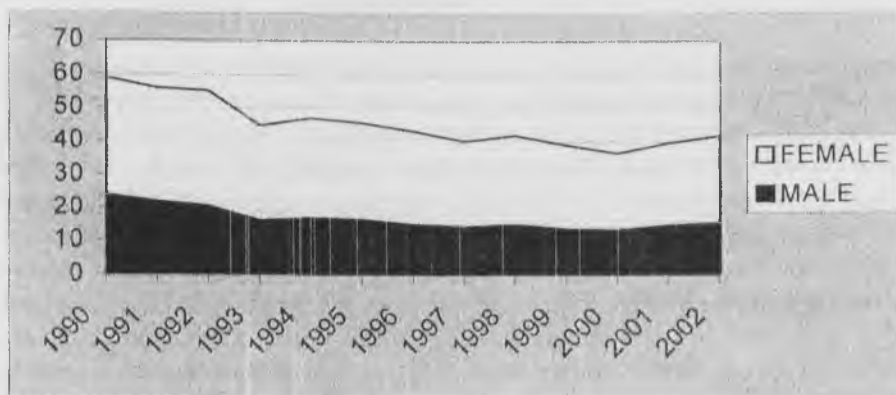
**Table 1: Trends of HIV prevalence in Uganda since 1987**

Period	Significant Event Description	Average Prevalence Rate
1982	First AIDS Cases identified in Uganda	-
1987-8	National Sero-survey	9.0% <sup>1</sup>
1992	Peak of Infections: Some urban sites with over 50% and others with 6%	30.0%
1995	Official announcement of decline in HIV prevalence	18.5%
1997	-	14.7%
1998		9.5%
1999		8.3%

<sup>1</sup> It should be noted that some sources quote 10%.

According to the UAC (2001), it is estimated that 2.2 million people have been infected with HIV; about 800,000 people have died of AIDS; 1.4 million people are estimated to be living with HIV/AIDS and 1.7 million children have lost a mother or both parents to AIDS (see also UNAIDS 1998). The prevalence trends indicate that there are gender and age group differences as Figures 1 and 2 indicate.

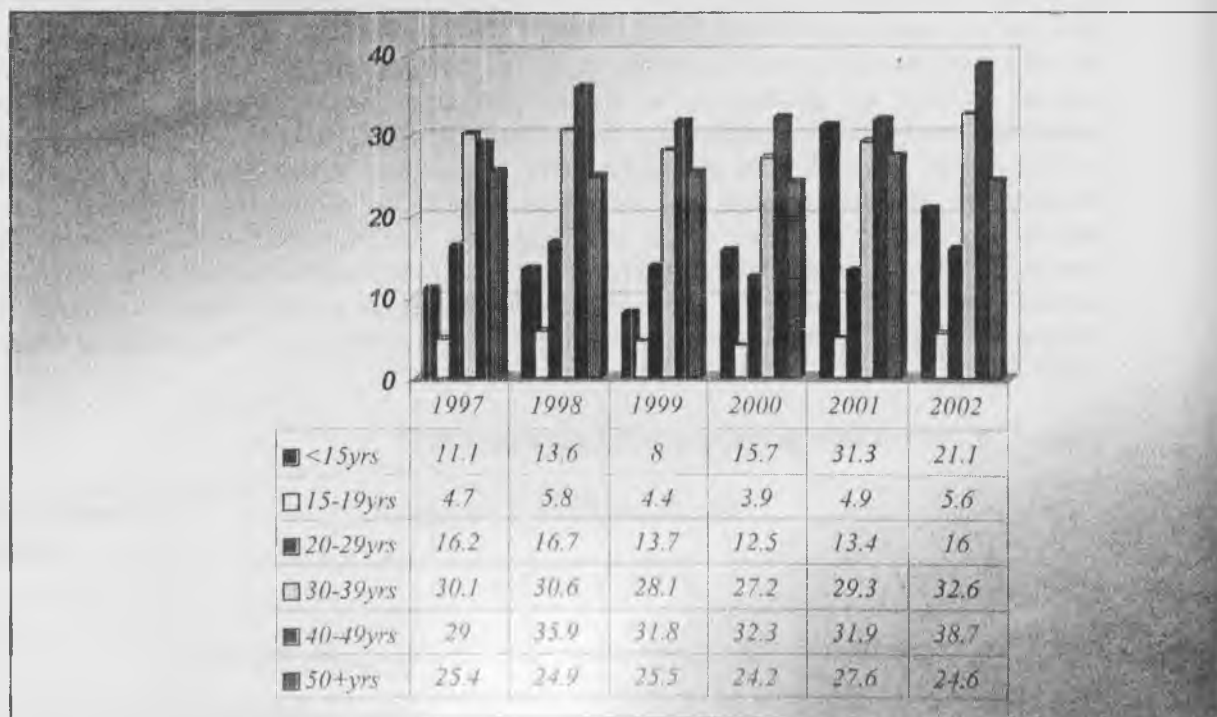
**Figure 1: Trends in HIV Sero Positivity By Sex 1990- 2002**



Source: Adapted from AIC, September 2002. Data Feedback Workshop Presentations

Figure 1 indicates that there are more women infected with HIV compared to men. Since 1990, the HIV prevalence trends have generally been falling. Though the situation appears to have been relatively stable from 1997, the percentage of people getting infected started picking up again from the year 2000.

**Figure 2: Age Group Differences in HIV prevalence since 1997**

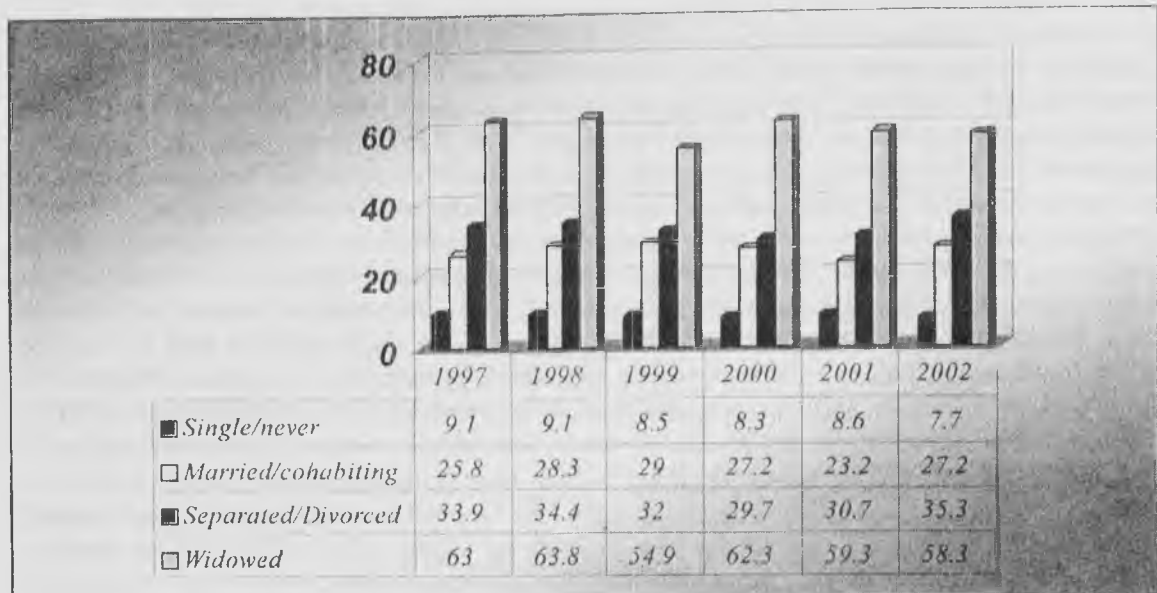


Source: Adapted from AIC, September 2002. Data Feedback Workshop Presentations

Figure 2 indicates that there are higher HIV prevalence rates among people aged 30 years and above. Lowest prevalence is among those aged 15 to 19 years. Statistics indicate that HIV

prevalence rates among the under 15 years rose sharply between 1999 and 2001 but with a drastic fall in 2002. The irregular rates could be related to legal issues related to the age at which children can access HIV testing without parental consent (Kakande 2002). Characteristic of the prevalence trends is also the fact that there is a relationship between marital status and HIV infection. There is higher HIV prevalence among the widows than other marital categories an indication of mortality due to HIV/AIDS. However, from 2000 a rise in HIV prevalence among the married and cohabiting and the separated or divorced is noted (see Figure 3).

**Figure 3: Sero Positivity by Marital Status**



Source: Adapted from AIC, September 2002 Data Feedback Workshop Presentations

In terms of individuals and couples, there is higher HIV prevalence among the individuals than couples, while in terms of education, there is comparatively lower HIV prevalence among persons educated up to the tertiary institutions, than those with primary or without any formal education. This implies that higher education has a lot to contribute to the control of HIV infection. The statistics also show that the prevalence rates among repeat testers is lower than first testers and whereas all the first testers at both the main and other sites are relatively stable or without sharp rise, the repeat testers at the main and other sites have their prevalence rates rising sharply. In terms of the rising levels of sero positivity since 2000, the rise among women at both the main and other sites is far higher than that of men. It should be noted though that rates are much higher at the indirect sites than at the main site. This may imply that further spread of HIV testing centres could unearth higher levels of sero positivity.

However, there is a need to be careful with the statistical data in explaining the real dimensions and infection rates. The issue revolves on the validity and reliability of the methodology used to collect the data from which these percentages are derived. For instance, new data collected by the AIDS Information Centre (AIC September 2002), indicates that the prevalence rates appear to be on the rise again (see Figures 2 and 3). In addition, the figure of 1.7 million orphans that UAC quotes in 2001 was the same figure quoted by UNAIDS in 1998. There are no national official prevalence rates that have been indicated for the years 2000 and 2001. Hence, the figures being used for indicating the prevalence rates appear to be conservative. As Kirumira (2001) notes on the sources of HIV/AIDS information sources, there is a problem of selection biases, which arise from the peculiar characteristics of sampled population categories. The women attending public hospital-based antenatal clinics, for example, do not necessarily represent the adult female population. It is also documented that quite a number of rural women do not attend antenatal clinics. Secondly, the methods and sources of data vary over time and space which questions the reliability of the information collected and presented. The Uganda AIDS Commission, which is charged with

HIV/AIDS co-ordination efforts, has not developed a central data base that can collate information from different research efforts funded by different donors. Thirdly, it is important to note that in a mature epidemic, prevalence may stabilise but this stability simply means that the number of new annual infections equals the number of people dying from AIDS every year (Futures Group 1999: 67 cited in Kirumira 2001). Hence, the collation of figures of the HIV/AIDS status point to the importance of constantly reviewing and critiquing the methods of periodic and routine sero surveillance.

### **The Interventions Against HIV/AIDS since its Identification**

Since the identification of HIV/AIDS in Uganda, the national government has adopted a number of interventions particularly since 1986. The interventions started firstly with an open policy towards the AIDS pandemic, supported by the international and bilateral donor resources in order to enable people to come out boldly and face it as a strong health threat. This resulted in the formation of the AIDS Control Programme (ACP) under the Ministry of Health. A lot of activities were carried out under this programme and substantial progress made in the areas of epidemiology, surveillance, health education and blood transfusion services. These achievements were made possible by international and national non-governmental organisations that responded with both financial resources and actual activities. The levels of AIDS interventions were at the national, district, institutional and community levels. At the national level, the first efforts were through the ACP in the Ministry of Health and later other AIDS control programmes in sectoral ministries co-ordinated by the Ugandan AIDS Commission Secretariat. Funding was provided to support AIDS control activities implemented at the district levels. Institutions such as the AIDS Information Centre (AIC), the AIDS Support Organisation (TASO), Joint Clinical Research Centre (JCRC), etc were very instrumental. At the community level, AIDS control activities were implemented through various groups and institutions like the post-test clubs; religion-based groups such as Church of Uganda Human Development Services (CHUSA), Islamic Medical Association of Uganda (IMAU), etc. Finally, at the individual level, the open declaration of HIV sero status as through the Philly Lutaaya Initiative (PLI) and the others that followed, was a major breakthrough especially in the fight against stigmatisation of people living with HIV/AIDS.

In addition to the multilevel focus, interventions also took a multi-sectoral approach. The multi-sectoral approach was borne out of the realisation that the impact of the epidemic went beyond the domain of health and cut across all aspects of individual, family, community and national life. In particular, HIV/AIDS is now estimated to annually reduce the Gross Domestic Product (GDP) by up to 2% in countries such as Uganda, where agricultural production has registered a 37-61% reduction (UAC 2001). Hence, various sectoral ministries needed to initiate AIDS control programmes addressing specific sectoral needs. Interventions under the multi-sectoral approach started with the ministries of Health, Education, Defence, Information, Gender, Labour and Social Development but later spread to other ministries (UAC 1993a). These different programmes were aimed at, first, stopping the spread of HIV infection through preventing sexual transmission of HIV; preventing HIV transmission through blood and blood products and the vertical transmission of HIV (from mother to child). Second, programmes were aimed at mitigating the adverse health and socio-economic impact of HIV/AIDS by coping with national HIV/AIDS related impacts; promoting action at the community level to reduce AIDS related consequences; and providing care for the people with HIV and AIDS. Third, they aimed at strengthening the capacity to respond to the HIV/AIDS epidemic, by strengthening national and sectoral capacity for planning and policy development in relation to AIDS. The aim was also to strengthen implementation capacities of district and local sectors; enhancing community coping capacity; and identifying and mobilising resources, both national and international including human, material and financial. Fourth, the approach aimed at creating a national information base on HIV/AIDS by meeting information needs through promotion of appropriate information gathering and information access. Lastly, it aimed at strengthening national capacity to undertake research relevant to HIV/AIDS in terms of short and long term needs; building framework for monitoring and evaluation of HIV/AIDS related

research and ultimately contributing to the international efforts in the development of a cure for or a vaccine against HIV/AIDS (UAC 1993a).

The main targets of the interventions were children, the youth and women (by, for example, PLAN International, World Vision, Actionaid, Uganda Women Efforts to Save Orphans (UWE:SO) etc.); Straight Talk News Letter, Naguru Teenage Information and Health Centre, Save the Youth from AIDS (SYFA), Programme for Enhancing Adolescent Reproductive Living (PEARL). It was realised that the young people (15-19 years) make up the most vulnerable category to HIV infection. In particular girls in this age groups are 4 to 6 times more infected than boys (UAC 2001). The focus on women was borne out of the realisation that the AIDS epidemic affected women in a special way. In the national survey of 1987, more women were (and continue to be) found to be infected with the HIV than men (1993a: 5). In addition, women are the cornerstone of Uganda's social and economic sectors and bear the burden of AIDS in many different ways. In addition to being at greater risk for HIV sexual transmission, they also have the special responsibility of child bearing with its attendant dangers. It is also estimated that HIV positive pregnant women have a 40% chance of transmitting the virus to the child (vertical transmission). Furthermore, the women have the traditional responsibility of looking after the sick (including those with HIV/AIDS) and they are also exposed to higher risks, which are largely bound with culturally expressed gender roles. There are women who are occupationally predisposed and exposed to HIV infection, such as bar maids and prostitutes on one hand and housegirls, clerical workers, on the other (UAC 1993b: 38& 40). The weaker economic and educational social position of women in society further aggravates their vulnerability.

These interventions have yielded commendable achievements. In addition to reduction of annual rates of HIV/AIDS infection, the HIV/AIDS intervention programmes have led to development of a National Operation Plan for (1994-98), preparation of National Guidelines for the Clinical Management of HIV Infection and for HIV/AIDS Research, establishment of a National AIDS Documentation and Information Centre (NADIC). In addition, Uganda has managed to implement an all-inclusive and participatory policy, resulting in over 600 organisations getting involved in HIV/AIDS activities countrywide. Another success lies in the goodwill created by Uganda's attitude of openness about HIV/AIDS and strong commitment by the political leadership to fight the epidemic. Uganda has shown that the epidemic can be reversed or at least contained. The open campaign to raise awareness and inform Ugandans with unusual frankness about how the disease is spread is exceptional. Spread of billboard warnings like *"Just assume that everyone is infected"*, and constant radio messages made a difference. An additional achievement is the reduction of stigmatisation levels by individuals openly coming out to publicly declare their sero-positivity. The pioneer Philly Bongoley Lutaaya made a difference in the history of Uganda's efforts against HIV/AIDS.

However, in spite of these achievements, there are still challenges. The problem of stigmatisation still exists and positive living at the individual level can only succeed if there is no stigma from society toward people infected or affected by the disease. Positive living is an encouragement to people living with HIV/AIDS that they can live a meaningful life, enjoying their full rights in spite of their sero-positive status. Eliminating stigma is central to controlling the spread of HIV infection. It breaks the silence, and breaking silence means breaking secrecy, not confidentiality, about AIDS. However, the 2000-2001 Uganda Demographic and Health survey, for example, established that, on average, only 49.6% of the people accept that if a female teacher tests HIV positive, she should keep the job (UBOS and ORC Macro 2001: 175). This implies that over 50% of the people would like such HIV+ female teachers to lose their jobs. Another dilemma is that the young growing generation is not willing to care for an HIV+ relative at home in contrast to the older age groups. The willing ones are not well disposed in terms of resources, while those in the productive group are shunning the care obligation. It is also important to note that, even amidst Uganda's long experience with HIV/AIDS, more men than women especially from the western



region of the country, feel that an HIV+ person should keep this information confidential (UDHS 2001). This ultimately may undermine the mutual social responsibility in the fight against AIDS.

### **Intervention Shift in the Fight against HIV/AIDS**

Since the late 1990s, there has been a growing shift of intervention focus from the infected to the affected and from establishing the magnitude of the problem of care and support of the people infected and affected by HIV/AIDS. The aim was to move from looking at AIDS as the disease of the 'sick' to an understanding that AIDS affects each and every member of the entire society. The intervention shifted the focus from blaming and stigmatising victims to collectively rising up to the challenge, because those who are not infected are affected by the disease. The programme measures increased people's HIV/AIDS awareness and created societal responsibility to fight the disease. The overriding importance of this shift was to give people a fallback position and encourage more people to go for HIV testing. It is on this point that the role of the family is very important as immediate victim of the effects of HIV/AIDS, as well as the immediate safety net for the victims and of the effects of HIV/AIDS.

### **The Family as a Victim of HIV/AIDS**

As an immediate victim of HIV/AIDS, the family has been affected in various ways by direct and indirect consequences of HIV/AIDS. The direct effects are related to the long span of sickness and ultimate death. The indirect effects are related to the processes of sickness and death (particularly looking after the loved ones when they are sick and seeing them die); social, emotional and psychological stress plus stigma. The resultant impact has mainly been in the area of parenthood, marriage and/or re-marriage, family location and family size, inheritance and property rights, value of children and intra-marital relationships. In bearing the social, emotional and economic stress, the people affected by AIDS bear astronomically increasing medical and nutritional costs. Most of the affected families are already in the poor groups. This ultimately affects their food and other forms of security. Long nursing of AIDS patients implies reduced labour input on the family farm. Children (especially girls) are withdrawn from school either due to financial stress or in order to take care of the sick. This further aggravates vulnerability of girls and women in society (Atekyereza 2001a; UNICEF 1996).

New diseases such as AIDS have had a significant impact on existing family forms (Adepoju & Mbugua 1997). Single person 'families' are emerging as well as increasing numbers of single parent and child-headed families. The so-called single person families are related to the issue of marriage and re-marriage in the context of HIV/AIDS. There are many young people who have reached the age of marriage but fear the possibility of contraction of HIV/AIDS in a marital relationship. This fear emanates from the high level of marital unfaithfulness. Atekyereza (2001b) found that from all the Focus Group Discussions (FGDs) conducted in his study, 36 percent ranked adultery or extra-marital sexual relations as the number one problem to family stability while 57 percent and 7 percent ranked it second and third, respectively. This fear is confirmed by the AIC (2002) data (*see Figure 3*). This greatly affects the level of partner intimacy, affection and trust - important cornerstones for marital and family stability.

The impact on family forms is further compounded by the re-marriage dilemma, especially for women. In Uganda, most traditional family systems cushioned both widows and widowers but did not allow for permissive sex. Whereas men find it easy to re-marry even after losing their spouses to AIDS, women find it hard to do so and this creates a dilemma for them, since they have traditionally accessed societal economic resources through their fathers as daughters or their husbands as wives (Atekyereza 2001a). There were for instance, institutionalised systems of re-marriage such as widow inheritance. When a woman lost her husband, her elder or any existing brother-in-law was obliged to take her over in order to fulfil her sexual and material needs (Atekyereza 2001b). However, with the advent of HIV/AIDS, inheritance of widows is slowly but strongly dying out, while re-marriages are not as automatic as before. This is increasing the number



of single parent (especially female-headed) families. Due to this kind of dilemma, sometimes, the families left behind, especially headed by women and children, have tended to relocate to avoid stigmatisation and also for women to increase their chances for re-marriage in the new places where they are not known. This further complicates the AIDS control efforts.

In relation to the above is the aspect of inheritance and property rights. The traditional norm in most patriarchal societies is that property belongs to the man and/or his kin. On death of the head of the family, the property should naturally go to the heir, who is normally socio-culturally selected in view of taking care of the family members left behind (the wife and children). The members left behind are usually defined as wives and children, because when the man loses a wife, he is culturally expected to remarry unlike in the case of a woman. As a result of higher mortality rates resulting from the maturation of the AIDS epidemic, most widows and orphans tend to find themselves in grave danger as far as family property is concerned. It is very common for a dead man's natal family to deny the existence of not only unregistered but also registered but disapproved marriages, in order to take the property (Atekyereza 2001b). Young mothers with very young children are the prime victims, while older widows with older children (especially boys) tend to either be respected or feared. In effect, this creates a dilemma between childbearing, property rights and AIDS. Whereas childbearing increases the woman's risk of contracting and being weakened by HIV/AIDS, it is through children that she derives her family and property security.

HIV/AIDS has affected the value of children in families. Like elsewhere in Africa, the value of children (as a personal and family goal) is still very strong. Some people (including those living with AIDS) still prefer to produce children for their future immortality. The value has changed in terms of the number of children that one should produce. Some Ugandans today are beginning to prefer to produce fewer children to avoid leaving many orphans without anybody responsible to look after them. AIDS and other problems have increased general mortality rates and the number of orphans. Uganda's average life expectancy is now 43 years in 2002 (PRB 2002). In 1997 it was only 38 years (UAC 2001) while it was 40.5 years in 2000 (PRB 2000). As a result, the nature and process of parenthood has changed. There are many children now growing up under the care of their grand parents or elder siblings because their parents have died. Ultimately, this has a strong impact on how children are socialised or prepared to face their future life as responsible adults. In a way, the combination of these effects has had implications on family size in both rural and urban areas. Whereas in rural areas family size have tended to enlarge, the opposite has usually been the case in urban areas.

### **The Family as a Safety Net against HIV/AIDS**

As a safety net, the family has helped members to cope with HIV/AIDS in various ways from the pressures arising from the direct and indirect effects. Some families in Uganda have been able to cope with the challenges single handedly, while others have received external assistance from government and non-governmental organisations as well as religious institutions. The coping mechanisms vary between rural and urban contexts and are mainly influenced by the socio-economic status of families or individual members. The effects of HIV/AIDS on the family and how families are coping need to be seen in a broader context of the environment in which the family lives and as ultimately influenced by its economic status. In families less affected by poverty, the consequences of HIV/AIDS have not been as disastrous as in those where family members are living in absolute poverty. The rich, for example, are in better position to afford the expensive antiretroviral drugs and better nutrition than the poor. This implies that rich sero positives have the possibility of living longer than their poor counterparts. However, in all these, the familial and social networks have been central to family coping mechanisms against HIV/AIDS for both material and emotional support.

Strongly related to family coping mechanisms are the issues of social security, welfare, inheritance and property rights. These are strongly and mutually interactive making it difficult to

see coping mechanisms against AIDS in terms of one and not the others. As already noted, the family provides the most immediate source of material, social, psychological and emotional support. In spite of the noted inheritance and property ownership dilemmas facing families especially those in 'illegal' statuses, there are organisations and groups that have helped some families to cope. Some interventions have been extended family based and others from government offices (e.g. District Probation and Community Development offices) and non-governmental structures such as the Federation of Ugandan Women Lawyers (FIDA). These organisations have assisted in restoration or retention of property rights for widows and/or orphans. In co-operation with PLAN International, the Department of Sociology, Makerere University has completed an outreach project on succession planning among families with sero positive parents. The objective of the project is to introduce children and potential guardians to each other before the death of parents (Horizons 2001a). This enables parents to plan together with the future guardians the upbringing of the children.

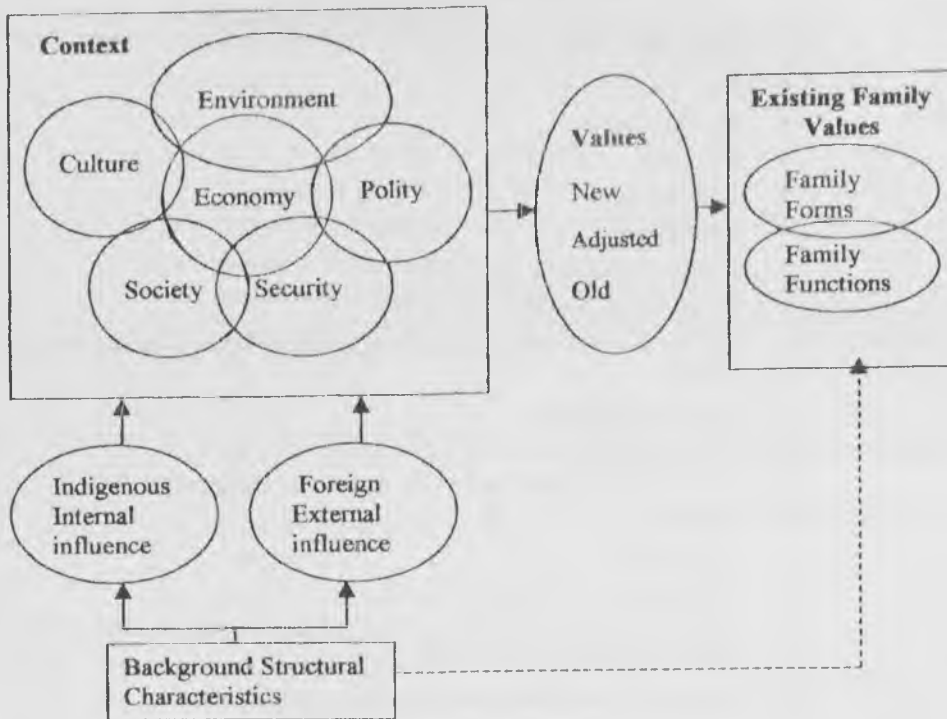
In addition to assisting the HIV+ family members, the family has also provided strong social and material support to keep orphans in school, feeding them, providing for their medical care and other needs. It is particularly these familial social networks for support that are important for the fall back position. People who need to go for HIV testing need support and courage to take the test, share the results and plan for the post-HIV-test living. This is when a strong supportive family becomes very important.

It is therefore important that when looking at this intervention shift in view of altering roles of the family, we take cognisance of the realities surrounding the family today. There is need to ask ourselves what kind of family is taking on the role of the fallback position. It is important to understand how the family or families in question have been affected not only by HIV/AIDS but the entire conglomeration of factors operating in the environment (Atekyereza 2001b).

### **Conclusion**

The intervention shift in HIV/AIDS control and prevention is very opportune and its justification very commendable. However, the most important issue that remains is how to create formidable and convenient institutions for the fall back position, in light of the contextual challenges. It is therefore important to develop a research programme that will provide planning data for strengthening the family to take on the new functions. It is particularly important to look at how family dynamics, especially in relation to sexuality, power relations and decision making within the family, affect attitudinal tendencies, accessibility, timeliness and affordability of health care or disease prevention (especially in terms of AIDS). And in order to understand these dynamics, the Family Systems Analysis Model (FSAM) helps us to understand the hexagon of intervening factors on the familial context. Individual background characteristics define the type of people, their life chances within society and ultimately influence their perceptions not only on family values but also health behavioural patterns. New family values represent a compromise between personal interests and contextual and/or structural acceptability.

Figure 4: The Family Systems Analysis Model



Source: Adapted from Atekyereza (2001:233)

The context is an arena of interrelations of political, economic, societal, security, cultural and environmental factors. In terms of security, for example, persistent armed conflict in some parts of the country have exacerbated the spread of HIV/AIDS. The very context, in which the individual family members live and family values thrive, is mediated by both indigenous internal and foreign external influences. Family members interact with and within the context under the internal and external influences and the interaction product is the structure of new family values and responses to life challenges like HIV/AIDS. Such values manifest themselves in the form of unchanged, adjusted and changed or new values. Such a structure represents people's life aspirations and what the context can allow them. However though all contextual factors are significantly important in understanding family values and dynamics, the economic factor, in the last instance, asserts itself as necessary in socio-economic and political dynamics of society that create and recreate the environment in which family systems thrive or die.

The understanding of the process of HIV/AIDS infections, consequences and impact of the family as well as the emerging coping mechanisms cannot be fully comprehended outside the holistic environment in which it is operating. It is after this understanding that we can assess whether the family has been facilitated to take on the new functions and stand up to the challenges. In any serious consideration of HIV/AIDS and the family, we must clearly explain what kind of family we are talking about and in what context.

## Appendix

**Table 2: Family Values: Factor-Constituents**

Factor	Constituent Elements
Background Structural characteristics	<ul style="list-style-type: none"> <li>• Age</li> <li>• Sex</li> <li>• Marital Status</li> <li>• Religion</li> <li>• Education</li> <li>• Residence</li> <li>• Ethnic Cultural Group (Tribe)</li> <li>• Occupation, Income Level, etc</li> </ul>
Economic Factors	<ul style="list-style-type: none"> <li>• Means of economic production (Land, Labour, capital (both cash and fixed))</li> <li>• Economic history</li> <li>• Employment</li> <li>• Infrastructure (hard and soft, communication networks)</li> <li>• Markets</li> <li>• The media</li> <li>• Technology</li> <li>• Basic Economic Activities (Agriculture, Industries, Service sector, etc)</li> <li>• Macro and Micro-economic policies</li> <li>• Economic and Business Institutions e.g. Banks</li> <li>• Donors and International Monetary Institutions</li> <li>• Wealth accumulation or Poverty</li> </ul>
Political Factors	<ul style="list-style-type: none"> <li>• Political history</li> <li>• Political system(s) and nature of politics</li> <li>• Government priority and policies</li> <li>• Justice and Rule of Law</li> <li>• Democracy and Participation</li> <li>• Ideological pluralism, Legislation, etc.</li> </ul>
Society (Societal or Community Values and concerns)	<ul style="list-style-type: none"> <li>• Social history</li> <li>• Social services</li> <li>• <i>Health values and problems e.g. Epidemics - AIDS, Ebola etc</i></li> <li>• <i>Education</i></li> <li>• <i>Safe Water, etc</i></li> <li>• Religious freedoms</li> <li>• Social Equity and Fairness in provision of Basic human needs</li> <li>• Societal problems - prostitution, corruption, witchcraft, alcoholism, etc</li> </ul>
Environmental Factors	<p>The Natural Environment</p> <ul style="list-style-type: none"> <li>• <i>Forests</i></li> <li>• <i>Water bodies</i></li> <li>• <i>Landscapes</i></li> <li>• <i>Animal, Plant and aquatic species</i></li> <li>• <i>Wetlands</i></li> </ul> <p>The Built Environment</p> <ul style="list-style-type: none"> <li>• <i>Urbanisation</i></li> <li>• <i>Settlement patterns</i></li> <li>• <i>Infrastructure development</i></li> <li>• <i>Water-based development projects</i></li> </ul> <p>Policy Matters</p> <ul style="list-style-type: none"> <li>• <i>Management of waste and hazardous chemicals</i></li> </ul>

	<ul style="list-style-type: none"> <li>• <i>Exploitation of biological and/or natural resources</i></li> <li>• <i>Tourist projects e.g. National and Game Parks</i></li> <li>• <i>Disaster preparedness</i></li> <li>• <i>Political and legal willingness and commitment</i></li> <li>• <i>Etc.</i></li> </ul>
Security or Insecurity	<ul style="list-style-type: none"> <li>• Peace</li> <li>• Wars (civil and inter-territorial)</li> <li>• Insurgence or Rebel Activities</li> <li>• States of Emergency and/or Concentration camps</li> <li>• Cattle rustling;</li> <li>• Robberies and Hard Criminal activities</li> <li>• Murders</li> <li>• Sex crimes</li> <li>• Etc</li> </ul>
Culture	<ul style="list-style-type: none"> <li>• Material Culture (Objects and emblems, Subsistence economic activities, etc.)</li> <li>• Non-Material culture (Norms, Values, Mores, Beliefs, oral literature, theatre, etc.)</li> <li>• Family Values, Role models</li> </ul>
Family Values	<p>Family Patterns</p> <ul style="list-style-type: none"> <li>• Family Meaning and forms</li> <li>• Family definition criteria <ul style="list-style-type: none"> <li>• <i>Marriage forms</i></li> <li>• <i>Residence and Family Economic collaboration</i></li> <li>• <i>Forms of Parenthood</i></li> <li>• <i>Family Size</i></li> </ul> </li> </ul> <p>Family Functions:</p> <ul style="list-style-type: none"> <li>• <i>Biological reproduction (Child bearing)</i></li> <li>• <i>Social reproduction (Socialisation)</i></li> <li>• <i>Affection and companionship between spouses</i></li> <li>• <i>Sexual regulation</i></li> <li>• <i>Status Definition</i></li> <li>• <i>Social welfare and security and newly emerging roles</i></li> </ul>

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**THE HOUSEWIFE'S DILEMMA:  
NORMATIVE SEXUAL COERCION AND PROTECTED SEXUAL  
BEHAVIOR AMONG MARRIED GOVERNMENT EMPLOYEES:  
THE RESULTS OF A QUALITATIVE STUDY IN NASARAWA STATE,  
NIGERIA<sup>1</sup>**

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The "Housewife's Dilemma" is probably best depicted in this near dramatic scene at a Focus Group Discussion.

*Question:* "What will you do if your husband insists on having sex though you suspect he is sleeping with other women?"

*Wife:* "I cannot tell my husband that he should not have sex with me. Because sometimes if you tell him "No", he will tell you he has 10 more like you outside. He will tell you, 'If you are not ready, pack and leave my house'. You just have to manage it and pray to God to protect you".

*7<sup>th</sup> Female Discussant:* "Most of the men I know, our men, they are stubborn. No matter what you say, he will insist."

*Question:* "Condoms have been described as effective in providing protection from HIV. Do you agree?"

*4<sup>th</sup> Male Discussant:* "This condom thing I have never mentioned in my house",

*6<sup>th</sup> Male Discussant:* "I am a harsh man and don't take rubbish ... In our culture it's a man who brings up such issues...".

*3<sup>rd</sup> Discussant:* "I condemn the notion of condoms... Even before the World Health Organization, I tell will them this!"

The "Housewife's Dilemma" was highlighted when 1,026 married government employees were interviewed under the Nasarawa State AIDS and Culture Study (NASACS) in North-Central Nigeria. It was observed that gender roles and structural dis-empowerment make it difficult for women to take decisions concerning their reproductive health. The findings revealed a deep-seated distrust of condoms by married men. The study observed that reproductive health attitudes are rooted deep in culture, economy and society. Unless women are empowered at the level of property relations and coded normative laws, alongside strategies that would transfer tangible assets to women, the vulnerability of married African women to HIV/AIDS would continue to remain a challenge in the 21<sup>st</sup> century.

**The Housewife's Dilemma: What Is It?**

The "housewife's dilemma" refers to the sexual and reproductive health choices African women have to make or cannot make due to pressures originating in their status as "married women" or "housewives". The dilemma originates in the social and economic meaning of being a "woman". It has its roots in the social and economic construction of the concept of "femaleness" and "womanhood". The dilemma is a spectrum spanning the mental, spiritual, social, and sometimes

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agonizing moral conflicts married women face when they find themselves at the following crossroads:

1. When the requirement that women bear children to fulfill the ideals of motherhood conflicts with the woman's need to protect herself from the human immunodeficiency virus (HIV).
2. When the woman's need to remain in the economic security provided by marriage conflicts with the risky sexual behavior of a spouse involved in a sexual network.
3. When the need for protection from HIV/AIDS conflicts with a socio-cultural order where normative and overt violence limit a woman's ability to take decisions on when she can have sex irrespective of her husband's sexual behavior.

These dilemmas place African women in life or death situations. In the following pages, we shall briefly explore the social and economic contexts of the "housewife's dilemma", in a world where poverty is associated with gender and where for married women, motherhood is a duty.

### Poverty and Erotica

For reasons of physiology and body chemistry, women are of intense sexual interest to men. The Hebrew King Solomon was so fastidious in his love of the female sex that he had seven hundred wives and three hundred concubines. Overwhelmed at the sight of one of his women the Jewish king rapturously declared:

You are beautiful, my darling, as Tirzah, lovely as Jerusalem, majestic as troops with banners. Turn your eyes from me, they overwhelm me...Sixty queens there may be, and eighty concubines, and virgins beyond number; but my dove, my perfect one, is unique...." (Song of Solomon Chapter 6: 4-5, 8-9)

Behind these profuse expressions of adoration however lie hard economic facts. This member of the human family, who provokes both pleasure and poetry is also the poorest and most disempowered branch of humanity. Beneria and Bisnath (1996: 1, 3) write:

Poverty, then, is not merely a function of material conditions but also reflects the role of institutions and ideologies in positioning women and men and ascribing different meaning to their lives...As women are generally the poorest of the poor, eliminating social, cultural, political and economic discrimination against women is a prerequisite of eradicating poverty (2).

Cheikh Ibrahima Niang (1996: 212) notes how in Senegal, the poverty of women leads to a culture of "erotization". He notes that the Laobe and adjoining communities promote erotic arts and practices as a means for acquiring economic assets that could lead to economic empowerment (3). For many women, getting married and remaining married is a defense mechanism against the pervasive poverty of womankind. A way of staying married is ensuring the male is sexually pleased. This "duty to please" has been confirmed by research. May I borrow an example from the findings of a study in another part of the world, Thailand, where Knodel et al. (1996) report that:

In virtually all the women focus groups and in many of the in-depth interviews, women expressed the view that it was important for wives to please their husbands sexually. This was seen as important for discouraging husbands from seeking sex elsewhere. Indeed, given the perception of an innate male need for sex, not providing sexual satisfaction for the husband is seen by many women as risking his infidelity.



Closely following the duty to sexually pleasing men, women also are assigned both by biology and society the task of bearing children.

### **Women: Fruitful Vines of the Ancestors**

In Africa, the ancestors are pleased with a woman who bears children, especially sons. Caldwell and Caldwell (1987: 409-10) argue that sub-Saharan Africa may offer greater resistance to fertility decline than any other region of the world because:

high fertility (and a considerable number of surviving children) is associated with joy, the right to life, divine approval and the approbation by both living and dead ancestors. Conversely, low fertility is only too easily interpreted as evidence of sin and disapproval.

Bawah et al. (1999) in their study of Northern Ghana observe the pressures and strains women face, including physical violence, when they interfere with their duty to bear children through the use of contraceptive methods.

### **Sowing Wild Oats: Husbands and Sexual Networking**

Both married men and married women are involved in sexual networks. Men are however far more prodigious sexual net-workers than women. In a study based in Kinshasa in what was Zaire, Bertrand et al. (1991) report that twenty-three percent (23%) of their married sample had engaged in extra-marital relations. Only one percent (1%) of married women reported having had extra-marital relations (7). In their study of Ekiti in the Nigerian South-West, Orubuloye, Caldwell and Caldwell (1991) note that:

Even in rural areas, 56 percent of the most recent sexual relations by monogamous males was outside their marriages, while in the urban area the proportion rose to 67 percent. In rural areas, three-fourths of this need was met by single women, not necessarily all living there, while most of the balance were married women. In the urban area, almost four-fifths was met by single women, with most of the balance coming from separated or divorced women, who were more numerous in the towns.

The extent of sexual networks was further studied by Orubuloye, Caldwell and Caldwell (1992) in their study of "partner's partners" in the Ondo Town Project. Sexual networks are accentuated by migration. In his study of sexual networking within the context of migration in Ghana, Anarfi notes that, "more sexual activities go on outside marriage than within. More females than males are likely to have sex within marriage." Migrants tend to establish sexual network where they migrate. Hope (2001) reports that:

Migrant or mobile workers tend to live as single men in the area of their place of work and often have sexual relations with both the local women and others (including prostitutes) from outside the area who travel to these work sites and provide sexual services to them. In some instances, some men have set up 'parallel families' in the area they work, living with women they regard as their wives and may even have children with them.

In South Africa for example, migrants return to their wives after some period of separation and establish relations of unprotected sex.

### **Danger in the Bedroom: The Hidden Epidemic of Husband to Wife Transmission of HIV.**

Husbands involved in sexual networks either locally or in liaisons contracted during a migration trip stand a chance of returning to their wives with a "microbial" or "viral load", of infections

ranging from syphilis, gonorrhoea to HIV. Thus Almedal, a senior officer with UNAIDS declared HIV a male driven epidemic (Foreman 1999). The time has come to recognize marriage and stable heterosexual relations in Africa as high- risk territory, deserving as much attention as we have given the risks faced by unmarried youth and commercial sex workers. Balmer et al. (1995) note:

non-commercial sex is becoming increasingly important as a transmission route, particularly between marital partners.

Morrison et al. (1997) however also argue that:

Heterosexual transmission accounts for the majority of HIV infections in Africa...While numerous studies have considered risk factors for STD among sex workers, few have examined STD risk factors among married African women...Based on the low prevalence of risky sexual behavior among married African women, researchers have suggested that their STD risk is associated with their husband's behavior.

Research based evidence is emerging on the subject of husband to wife transmissions of infections. Straten et al. (1995) reporting a study based in Kigali, Rwanda, note that the population accounting for most of the prevalence and incidence of HIV infection in Kigali are monogamous women who are at high risk because of the current or previous behavior of their steady sexual partners. Ndinya-Achola et al. (1997) in a Nairobi study report that differing profiles of male and female sexual behavior indicate, "men's extramarital sexual behavior puts them and their wives at risk for STD/HIV infection." The researchers also note an increase in the number of pregnant women in Nairobi being diagnosed HIV/STD positive.

### **Can Madam Say "No?" The Normative Base of Sexual Coercion**

The issue of sexual power relations within marriage, mainly the question of the choices women can make or cannot make become salient when we realize marriage is no longer a safety net from HIV infection. In this situation, the risk to women emerges from the reality of sexual coercion, a situation where a virally loaded husband can demand sex from his monogamous wife and where she cannot say "No" even when she knows saying "Yes" could be her death sentence. Sexual coercion is a multidimensional phenomenon. It consists of a normative social and economic order, where poverty is the *differentia specifica* of the female gender. This "normative order" is a kind of Durkheimian "Social Fact" constraining, regulating and directing the behavior and conduct of women. The quantum effect of this normative order is the social production of a dis-empowered category called "woman". Poverty is the fundamental element of the normative base of sexual coercion. Poverty originates in unequal command over both economic and political resources. Bereft of political resources and economic assets, women's capacity for independent decision-making is stultified and arrested. Men, like women face poverty, but for women, the structural deficits accruing from poverty are accentuated by gender. Thus apart from lacking control over empowering assets the woman lacks control over her body, sexuality and reproductive endowments. The dis-empowering normative order in which women subsist, is reified and mystified through ideology and routinized through culture. The cultural "indoctrination" of females into subordinate roles is sustained through the socialization process.

### **The Superstructure of Sexual Coercion**

On this normative base emerges a superstructure of overt sexual violence. This "superstructure" globally includes routine wife- beating, stabbing, burning, deprivation of food, solitary confinement, constant denigrations, insults, public humiliation and murder (Njovana and Watts 1996; Khan et al. 1997).

## The Nasarawa State AIDS and Culture Study (NASACS)

Nasarawa State was created out of Plateau State in 1996. Located in North-Central Nigeria between Latitude 7° and 9° North and Longitude 7° and 10° East, Nasarawa State is home to about 3 million Nigerians. In addition to a large Christian population, it is the location of the three Emirates of Keffi, Nasarawa and Lafia. Bordered to the north by Plateau and Kaduna States, to the south by Benue State and to the west by the Federal Capital Territory (Abuja), Nasarawa State is in the heart of central Nigeria and right at the epicenter of Nigeria's rising HIV/AIDS epidemic. The neighboring Benue State had by the years 1999-2000 the highest HIV prevalence in central Nigeria (FMH 1999). Next to Oturkpo in Benue State Lafia, the Nasarawa State capital was the second "hotspot" for HIV/AIDS in North-Central Nigeria.<sup>2</sup>

The AIDS and Culture study findings reported here was inspired by an earlier study of the public perception of condom use as protection against STI/HIV. The latter indicated that the people of Nasarawa State had serious "misgivings" about condoms to a point where some thought condoms themselves cause AIDS! (Alubo 1998) NASACS was designed to pursue the subject of public perceptions further, by targeting a very strategic section of the population, married government employees of the Nasarawa State Civil Service Commission and the Local Government Service Commission. The study design focused on married government employees, because married persons are already familiar with sexual matters. Those who had participated in the earlier study mentioned pointed out the reluctance of unmarried women in discussing sexual matters. Virginity for women is highly valued in Nasarawa State and female "virgins" are not expected to know or talk about sexual matters. We stumbled on the issue of the "Housewife's Dilemma" serendipitously. Our mission was to find out attitudes about protected sexual behavior, mainly the use of condoms in the face of the HIV epidemic. But as we listened to women and men in the focus group discussions and looked at the data, it became clear to us that we had stumbled on a serious moral conflict among Nasarawa State married female civil servants. Not only did they have a high degree of knowledge about HIV and how it is transmitted, we were almost shocked to note that they could do literally "nothing" if the transmission route was their husband. We encountered a deadly arithmetic: Infected husband = death of a wife. We had to begin a new literature review as interest now went beyond attitudes to condom use to the subject of spousal infections and HIV risks within the context of marriage and the family. Here may be found the secret for understanding the bush-fire fury of the spread of HIV/AIDS in Africa. Rather than appear as the disease of a sexual sub-culture, it is the sexual disease of the mainstream heterosexual culture and progresses through routine adult sexual activity rooted in centuries old gender roles.

Most of the 1026 respondents in the survey carried out were between 20-50 years, the majority between ages 20-41 (69.4%) and almost equally divided between men and women. (See Annex 1 below for details of the sample and survey and focus group discussions organized). All said they had heard of HIV/AIDS. Radio and television were the main media through which most had heard about HIV/AIDS. Nasarawa State is a new and predominantly rural state, created in 1996 and is yet to develop a publishing and newspaper culture. Radio and television proved to be an effective mode of communicating HIV/AIDS information.

We wanted to find out attitudes towards HIV/AIDS. So, we asked the question:

"How would you feel if a doctor says you have AIDS?"

The prevailing attitudes observed were dread, fear and among others a fatalistic resignation to the situation if an HIV positive diagnosis should ever be made concerning them. The Focus Group Discussions helped to express what the interview schedules could not fully communicate. People

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<sup>2</sup> A research proposal for a study of "Socio-Cultural Obstacles to Protected Sexual Behavior" was approved by John D. & Catherine T. MacArthur Foundation in the year 2001. This grant funded what became the Nasarawa State AIDS and Culture Study (NASACS).

spoke of the secrecy and stigma noted to be associated with the whole HIV/AIDS question. A male discussant in Group 3 said:

I will not tell my people because I don't want them to insult my children. They will say to them 'Your father died of HIV/AIDS' and cause my children many problems. To avoid this, I will not tell people.

Another male discussant said:

I will be shocked and will think about my wife, 'Is she too infected?' But I will not tell the world what has happened to me. I won't have the courage to do that. But till the end of my life all I will do is pray and pray and pray.

A female discussant narrated her experience thus:

Let me tell you my experience. There was a time I was very ill and became very thin. I had chest pains and people were avoiding me. They thought I had AIDS. I was actually suffering from severe heartburn.

We also wanted to explore perceptions of vulnerability. So we asked the question: "Can you ever catch AIDS?" Surprisingly, most of those who thought they could get HIV, thought they could get it mainly through contaminated blood products and instruments (38%). Only 15% thought they could get HIV through sexual intercourse, and 39.6% thought that by being faithful to their spouse, they were invulnerable to HIV/AIDS.

To assess thoughts on HIV/AIDS prevention we asked the question: "How can HIV/AIDS be prevented?" An overwhelming 85.9% mentioned "marital faithfulness" as the best way to prevent HIV infection. Only 5% mentioned condom use. Married persons generally prefer marital faithfulness as protection from HIV/AIDS. (This is confirmed by results of Demographic Health Surveys in Benin, Central African Republic, Chad, Eritrea, Mali, Malawi, Mozambique, Tanzania, Uganda, Zambia and Zimbabwe).

When we asked the question: "Condoms have been described as effective in preventing AIDS, what do you think?" Nearly 50% of the sample said they did not believe in the effectiveness of condoms in HIV prevention. Only 35% vouched for the effectiveness of condoms.. We explored this subject in the focus group discussions. A male discussant in Group 1 said:

As for myself since I was born, I have never used a condom. I don't like them. As a child of God, I married 25 years ago and I have never had sex outside my marriage. When people talk of AIDS I know I can never get it unless it comes through the air we breathe or water we drink. If it is through sex, I can never get HIV...I don't like condoms and I have nothing to do with condoms.

Another discussant in Group 1 said:

"I don't think using a condom is a guarantee. Why not just stay off having sex outside?"

In Group 3, the mixed male and female group, some of the responses were even more heated: A male discussant said:

"I condemn the notion of condoms. I stick to faithfulness. Even before the World Health Organization I will tell them this!"

Part of the reason people had negative views about condom use was their perceived poor quality. A male discussant said:

As far as I know condom is not the best way for protection from AIDS. The ones in the market are not reliable. They are not strong and can easily tear or be broken. Based on the ones I have used in the past, condoms have proved they are not good material for protection from HIV. The ones in the market cannot give protection from anything”

Another male discussant said:

I have used many condoms. Most of those I used got torn. Unless better ones are made they are not good for protection from AIDS

Another discussant noted:

My only observation here is that the government should regularize the making of condoms. There are inferior quality condoms in the market. The Federal Government should contact manufacturers to ensure good quality condoms.

We wanted to find out what people actually do. So we asked a behavioral question: “Now that AIDS has become a common problem, has your sexual behavior changed?” Only 1.9% of the sample reported condom use as evidence of behavior change in response to the HIV/AIDS epidemic. 17.7% of the respondents reported not requiring any behavior change as they have always been faithful to their wives. However 75% of the sample reported “I now sleep only with my wife.” This suggests their action is behavior modification in response to the HIV/AIDS epidemic.

### **The Role of Sexual Intercourse in Marriage**

The questions here were designed to explore the aspects of sexual intercourse; who initiates sex and who decides what protective measures need to be taken by couples in the face of the HIV/AIDS epidemic. We asked this question:

“What in your opinion is the major role of sexual intercourse?”

An overwhelming 76.5% described procreation as the principal function of sexual intercourse. This attitude sets the stage for what the role of women is in marriage and the family.

### **Who Initiates Sex?**

We believed that the issue of who should initiates sexual intercourse, would unravel some of the issues of sexual power relations in marriage. So the question was asked: “Who should initiate initiates sexual intercourse?”

Though a significant minority (42.8 %) thought either of the partners could initiate sex, over half of both women and men believed the initiation of sex should be left to the man. We further explored the issue by asking the question: “In your experience who ...??”

This question was asked to test actual behavior. This time two thirds of both women and men said the man initiates sex in their personal experience. In the focus group discussions, more light was shed on this matter. A male discussant in Group 1 said:

“My wife is very shy. So I initiate it. Most of the time she will try to resist, but in the end she will submit.”

Another male discussant said:

The matter of initiation depends on the arrangement between the man and wife. But it is better for the man to initiate it because he is the one who brought the woman into the house.

A female discussant in Group 2, thought a man should initiate sex because a woman initiating sex portrays a "bad character":

When men see women, they get aroused so it is men who are supposed to initiate sex. If as a married woman you should ask for sex, it will look one kind. The man will say you are too sexy. He may ask, 'Why is she initiating sex? May be she is already used to it' and you don't want him to know you know about sex.

This statement was followed by a roar of laughter by the women.

In the mixed male and female group, Group 3, a female discussant said cynically:

Since the men say they are the head of the house, they should initiate sex. In a way, it is nature. A woman cannot just come and say 'O.K. Let's have it' Mostly, the men initiate it because for some men, merely seeing a woman is enough.

We asked another question to further explore the issue of sexual power relations:

"What happens when the woman refuses to have sex?"

Most people, both women and men (56.5%) replied the man would be "Very angry!" A minority mentioned unhappiness and even possible violence. A female discussant in Group 2 said a consequence of refusing to have sex is that:

The man will beat you and refuse feeding you and will leave the house. When that happens, you will look for him to have sex with you."

In Group 2 a female discussant said:

The man would be angry. You know its nature and you have committed an offense by refusing to have sex. The man would be angry with her.

Another female discussant said:

If a woman has a genuine reason, that's good. But if she has no genuine reason...huh...hell! Only God would save her because many things would happen.

Another female discussant said:

There are men that if you refuse to have sex with them that is when you will know that you are in trouble.

A female discussant said:

Some men when they are on 'heat' they will not tolerate anything, even when you are on menses, so allow him even when you are on menses

To buttress the point a woman said:

I have a friend that her husband enjoys her when she is having her menses. I told her she should be very prayerful because he is always sexy.

A female discussant in Group 3, the mixed group related her experience:

He will be angry...Why should I say 'no'? I am in Lafia, he is in Jos. After all those weeks he will have the urge. So why should I say 'no'. If I am well, why should I deny my husband. He will be very angry.

A wife described her case thus:

Even if I explain the situation to him, he will be angry. If I say 'I am tired', he will ask 'Why?' So he will be angry.

In the same group, another woman said:

In my own situation, once I refuse, he will be angry with me. If I demand anything in the house, he will tell me to get it from the lovers who are satisfying me outside. If I should lay a complaint of sickness, he will ask 'What sickness?' So if the sickness is not in the private part or requires hospital admission, he will demand submission to sex. Other than that, nothing else will do for him.

In the all male Group 1, a male discussant said:

Under normal circumstances, if it is not menses, I will suspect her. I may have offended her or else I will be very annoyed.

Another male husband in Group 3, said:

I will ask her why. If she has a genuine reason, like she is tired, I can understand. But if there is no genuine reason, I will not take it lightly. She won't have any reason to reject me.

We then asked the men: "Supposing you don't see any 'good reason' in her refusal, what would you do?" A discussant said:

It takes me time to get annoyed, but when I am annoyed, any request the woman has will not be entertained. It will not be entertained because she has refused to take to my command. Now she has provoked me to anger and I will find a way of retaliating. I will ignore her. There are measures I will take against her...

The responses indicate that when wives want to say "No" to sex, they immediately come under "social" and "psychological" pressure. The "social pressure" emanates from their structural vulnerabilities and lack of economic security. The "psychological pressure" rises from fear of the man's anger, and fear of the "economic-emotional sanctions" he could impose. These include being ignored, denied emotional support, the withdrawal of material sustenance and in some cases physical violence. These "fears" compel, constrain, and "squeeze" out a "Yes" from her, irrespective of what she wants or feels when her husband is negotiating sex.

### **Can a Housewife Protect Herself When a Husband is Unfaithful?**

To explore the issue of protection for housewives in the light of the HIV/AIDS epidemic, we asked this question: 'If a husband is unfaithful, how can a woman protect herself?' More than a quarter

said she should insist that he use a condom. 18% said she should stop sleeping with him until he becomes faithful. Only two percent thought she should divorce him. Responses such as- "She should stop sleeping with him until he stops his infidelity"; "Only God can protect her"; "She should pray for him and counsel him"; "She should advise him to go for a medical test"; "Unfaithfulness is hard to detect"; "She should warn him to desist from such conduct"; "She should take antibiotics to protect herself"; "She should report him to their parents, pastor or Imam" and answers like "I will not stop sleeping with him"; "She has no right over her body,"- range from expressions of ignorance, fatalism and capitulation to the man's will, even when the situation could be a high risk to her sexual and reproductive health.

We asked the women: "What would you do if your husband insists on having sex even if you suspect he is sleeping with other women?"

Many women report (39.2%) they can do nothing about a husband's involvement in a sexual network. While 33% said they would stop sleeping with an unfaithful husband. The 9.2% saying they play "delay tactics"; the 1.2% saying they "will report him to their parents"; the 5.1% that said they will "pray and counsel him" indicates 54.7% of the female sample will sleep with an unfaithful husband.

The FGDs were again helpful in throwing more light on the subject. In the all female group, Group 2, a discussant said:

If my husband insists on having sex, I will tell him that whatever happens to me, I will never forgive him. I will tell him the right thing because some men can force themselves on you.

**Table 1**  
**What would you do if your husband insists on having sex even if you suspect he is sleeping with other women?**

Responses	Female (N=509)
There's nothing I can do, he is my husband	39.2
I will refuse to sleep with him	33.0
I will play delay tactics & avoid him	9.2
I will request we go for HIV test	0.5
I will give him condom to use	8.0
I will report him to our parents	1.2
I will divorce him	1.6
I will pray for him & counsel him	5.1
It is against our religion for a wife to refuse her husband sex	0.2
No response	2.0
Total	100

Another wife said:

The husband of a woman I know told her that if she did not want it, there were many outside waiting.

A discussant expressed her fears this way:

I cannot tell him I will not have sex because I fear divorce. I will ask God to protect me.



Another female forlornly declared:

There are men that if you refuse to have sex with them, they may even beat you. Even if you say you don't want it, he will talk to you with power, and will use that power. He will force you-because I cannot fight him, there is nothing I can do.

A woman discussant put it this way:

I cannot tell my husband that he should not have sex with me. Because sometime if you tell him 'No', he will tell you he has 10 more like you outside. He will tell you. 'If you are not ready, pack and leave my house!' You just have to manage it and pray to God to protect you .. Because I heard of a woman whose husband died of AIDS. Because of her faithfulness, even when she was tested, she turned out to be negative. So I will leave my life to God so that He will protect me. This is easier for me than to tell my husband I will not have sex with him. If he sends you packing out of the house, where will you go? Are you sure you will get another husband who has no AIDS? ... Do you tell him to use a condom? So there is no way to protect yourself!

Another concluded the matter this way:

I will have to accept and give myself to him. I will talk to him, but I will have to accept and give myself to him.

We asked a question we hoped will explore the issue of protection thoroughly. The question was: "Can a woman ask her husband to use a condom if she suspects he is unfaithful?" Surprisingly 80.4% responded: "Yes!" both women and men. We then asked the men this question: "How would you react if your wife asks you to use a condom?" Apart from the 30% who said its "O.K" with them, the 67.61% who claimed, "they would be offended"; "feel accused of infidelity"; "don't believe in condoms"; "will be curious" "will suspect her of infidelity" and "I will beat her,"- indicates husbands would not approve of such a situation. In the FGDs we got more insight into the matter. In Group 2, one woman said:

Condoms nearly broke somebody's marriage. A woman told her husband to use them. Later her husband asked her whether she had any illness. He began suspecting her and asked her to pack her things and leave his house. Their parents had to intervene.

A female discussant in Group 2 said:

To tell your husband to use a condom? He will suspect...It will be very difficult.

Another wife said:

The men will tell you there is no pleasure in using a condom and there is nothing you can do and you cannot accuse him.

In the all male Group 1, one man, said:

If my wife asks me to use a condom, I will suspect her. That may bring problems into the house.

Another husband admitted:

I find it difficult to speak here. I am a Christian and I am born again. If my wife wakes up one morning and asks me to use a condom, then I know there is a problem.

A man noted:

I am a harsh man and don't take rubbish but I allow my wife to speak her mind. In our culture it is a man who brings up such issues...As my colleague has said, the marriage will break up.

We then asked the all male group, Group 1: "What if you suspect your wife of infidelity, will you use a condom?"

A discussant replied:

I will divorce her right away! I will not tolerate it! Because of my personal experiences with condoms, I will not use it but divorce her right away!

Another noted:

This condom thing I have never mentioned it in my house.

### **"Pack and leave my house!" The Fears of the African Housewife.**

The African housewife is a human being living in a state of suspended animation, in constant fear of her husband's dreaded verdict, "Pack and leave my house!" To avoid this verdict she will have sex against her will, sleep with a virally loaded mate and share her husband with a sexual network. The verdict, "Pack your load and go!" may imply the following: Divorce or separation; loss of economic support and material sustenance; loss of status and honor as her father and brothers may not welcome her back since bride-wealth may have been paid; the loss of access to her children; loss of food source and shelter; movement into commercial sex work to make ends meet. Behind this devil of "losses" lies the deep blue sea of a possible spousal HIV infection. Fear of these "losses" could overpower or surpass the prospect of death from HIV. This is the African Housewife's dilemma.

### **Challenging Vulnerability with Empowerment**

The poor have no negotiating power. As long as women are bereft of economic assets and access to avenues for the accumulation and consolidation of tangible wealth in their own name, their ability to make healthy reproductive health choices will remain severely limited. Studies have noted that economically independent women can and do negotiate the terms of sexual intercourse (Elias and Heisel 1999; Orubuloye et al. 1993; George and Jasnal 1995). Marriage and the family are some of the pillars of culture. Culture is dynamic and must grow if it would remain relevant. Prevailing gender roles, rooted in culture and economics need to address its present inability to constructively engage the "Woman Question" in Africa. This is an issue the custodians of culture must address. Government, leaders of ethnic groups and communities, the judiciary and civil society must rise up to the challenge of developing new conceptual frameworks for re-defining the roles of women in marriage and the family, if the African female is to survive the 21<sup>st</sup> century. The place to begin this re-conceptualization is in the domain of economic production and property relations. A way to begin this may be through the reformulation of laws on the ownership and distribution of family property. The first steps must therefore be administrative, judicial and legislative.

Thus women's access to land should be codified and formalized in law. Such laws should guarantee women's control of land in equality with men in the households of their parents and husbands. There is also the need to formally codify and formalize the rights of women in marriage. These laws should be focused on issues already recognized in many conventions and documents on the rights of women. Women should be allowed by law to own houses as part of their inheritance

from their fathers and be the inheritors by law of the houses of their husbands when the latter die. A husband and his wife or (wives) must have the same rights with respect to the ownership, acquisition, management, administration, enjoyment and disposition of property in marriage.

Agriculture is the main employer of women in Africa. Women should be assisted to obtain loans and other financial resources for investments in business and agriculture. Such loans should attract women friendly interest rates.

To enhance their access to and ability to manage resources and power in society, women must be guaranteed full access to education to the highest levels. All enrolment discrimination by parents and schools must be made illegal. Women's organizations should pursue the enhancement of the visibility of women in public affairs, public institutions and agencies where laws are formulated and implemented.

### **Women's Right of Protection**

Marriage need not be a death sentence. Where a woman can prove that her husband's extramarital affairs endanger her health, there should be laws allowing her to protect herself without losing material support for herself and her children. Such rights should include the right to continued support in the areas of food and shelter.

Violence and the threat of using physical force against a spouse must be addressed by the laws of African states and governments. If it is a crime to assault someone on the street, then assaulting a spouse at home must also be recognized as a violent crime against another human being. Rape is rape whether it is spousal or not.

### **Re-Orienting Male Attitudes: FOREMAN**

While measures are taken at the level of the law and legislation, attitudes that denigrate and promote violence against women must become the target of re-education programs. One of the outcomes of NASACS is a non-Governmental Organization (NGO) called FOREMAN—Forum for the Re-Orientation of Male Attitudes in Nigeria. This organization, which is still on the drawing board has the vision of promoting the ideology that empowered women are a society's greatest asset. The doctrines of FOREMAN are expressed in some of these themes:

- The best mothers are empowered mothers.
- Empowered women make better wives.
- Men cannot de-humanize women without de-humanizing themselves.
- The man is the "Lion of the house"—but true lions protect the pride. They don't kill their wives with HIV.
- Real men are gentle men.
- Women don't "fall" for brutes. They "fall" for gentle men.
- Real men don't beat women. They beat HIV!
- When you are dead, no one can protect your children better than their mother- "Write it down in your will!"

Attacking normative sexual violence through the law, legislation and education would make African housewives better equipped to resolve the Housewife's Dilemma.

## Appendix

### Methodological Decisions: Interviews and Focus Group Discussions.

The study used Structured Interview Schedules (SIS) with Open Ended Questions (OEQ). Focus Group Discussions (FGDs) were used to elicit free and detailed responses. The sample was drawn from the official register of the Civil Service Commission and Local Government Service Commission (21-22). The staff strength of the State Civil Service was 8,706 when NASACS began. Local Government employees numbered 7,392. This produced a sampling frame of 16,098. The Nasarawa State Civil Service has a total of 32 ministries, boards, bureaus and commissions. Administrative bodies with a staff strength of 125 and above were preferred. This compensated for the disproportionately low number of females as the State Civil Service is composed of 78.7% males and 21.3% females. Administrative bodies with more than 125 workers stood a better chance of having more females. This criterion brought down the bodies eligible for entry into our sample to ten. (10) These administrative bodies served as the clusters of the study. Government employees were then classified into four (4) strata or cadre mainly: Junior Staff Cadre (Grade Level 01-05); Intermediate Staff Cadre (Grade Level 06-08); Senior Staff Cadre (Grade Level 09-13) and Managerial Cadre (Grade Level GL 14-Above). Based on the numerical strength of each strata, it was decided that out of the 26 married males and 26 married female respondents required from each ministry or board, 20% would be drawn from the Managerial cadre; 25% from the Senior staff cadre; 25% from the Intermediate cadre and 30% from the Junior staff cadre. Based on this arithmetic, we expected to interview 260 married male respondents and 260 married female respondents, thus producing a total of 520 respondents from the state civil service.

Local Government staff were classified according to the strata and cadre used in the case of the state government employees. The Local Government Service had five clusters. These are the Personnel/Finance, Works, Agriculture, Social Services and Primary Health Care departments. The Works department was taken out of the sample frame because of the total absence of women. We were able to interview 78 men and 75 women (total = 153) in Nasarawa Eggon Local Government; 67 men and 61 women (total = 128) in Akwanga Local Government, while 139 men and 86 women were interviewed (total = 225) in Lafia Local Government Area. In total, we interviewed 506 local government employees. Data was collected by officers of the State Ministry of Health, most of who are Community Health Officers and senior nursing personnel. The field work proceeded after a training and induction workshop. There were three (3) Focus Group Discussions. Group 1 was the All Male Group. Group 2 was the All Female Group, while Group 3 was the Mixed Male/ Female Group. Each group had between 8-10 discussants. A total of (1026) interview schedules were successfully administered.

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## FAMILIES PORTRAYED IN WEST AFRICAN FICTION

*Kari Dako, Moussa Traore and Helen Yitah*

Marriage and family ties appear to pose persistently unresolved problems in West African societies and as a result literature (fiction as well as non fiction) keeps returning to these topics and keeps looking at them from different angles. This paper is about fictional portrayals of marriage and family ties. The discussion is based on the premise that two non-African religious concepts of the institution of marriage and thus family are in juxtaposition with various traditional concepts and practices. We will take examples from Francophone West African literature to spotlight the conflict between Islam and the tradition as reflected in some novels from Senegal, Guinea, and Mali, and we will take Ghanaian Literature to exemplify how Christianity, the Marriage Ordinance and tradition produce conflicts in English speaking West Africa.

According to Northern and Western perceptions, the institution of marriage is central to the whole concept of the family. Meanwhile the family in whatever form is perceived as being founded on smaller conjugal units in which the basic players are the male and the female spouses. This idea is of course profoundly different from West African customary notions whereby descent and parenthood are the central building blocks of kin groups, and marriage is merely a mechanism for regulating reproduction and legitimising filial ties. We will demonstrate that fiction portrays marriage and therefore the family in West Africa as being in a process of change, but change that is conceived as worrying, to some extent a destabilising process and most of the time not desirable. Traditional concepts, beliefs, and practices are attacked from without by 'modernity' and by new religions, Islam and Christianity, and from within by other-ethnic practices. Transferences taking place within this atmosphere are constantly brought up in the novels – indicating serious societal dilemmas that need constant reassessment.

Traditionally, polygyny was practiced and was pervasive in most of Sub-Saharan Africa. Islam came and restricted the number of wives to four – *provided the man loved all equally and could provide equally for them*. Colonialism and Christianity came and demanded monogamy. Feminism came and demanded monogamy and promoted female autonomy and independence. Traditional marriage practices were influenced by forms adapted from the practices of neighbouring ethnic groups. There is accordingly a syncretic weave of marriage and family patterns permeating the continent. These are the realities that literature attempts to portray and assess.

Francophone West Africa is predominantly Islamic and it is an area where traditional marriage, Muslim marriage and modern/official marriage co-exist in synchronic interrelation, but it is the distortion of the Muslim marriage with its implication for family life that is the more recurrent theme in the Francophone novel. Yet when a marriage falls apart, a solution to the conflict often has to be sought in 'alien' systems:

Les marabouts consultèrent le Saint Livre des lois coranique, d'autres révisèrent le "Farata et le Souinna", les ordres et les ordonnances qui unissent et désunissent. (Ousmane *Voltaire*: 153).

(The mallams consulted the Holy Book of Koranic Laws, the others revisited the Farida and the Sunna, the orders and the ordinances that unite and divide).

– the view that the Ordinance is divisive we also see in Anglophone literature.

Whereas the early Francophone novel, such as Camara Laye's *The African Child*, presented a romanticised idyll of polygynous family life, a paradise where even the snake, his father's tame

totem, is benevolent, later novelists explore the inherent culture conflict of contemporary Islamic Africa. The novelists attempt to make the reader distinguish between the prescribed divine or religious attitudes and the individual or personal actions and conceptions. Marriage and family life in Islamic West Africa are supposed to be anchored in the Islamic rules and regulations, but there is a discrepancy between marriage as practised and marriage as prescribed in the Koran. So that even though West Africa as a whole has practised polygyny from the earliest times, polygyny is portrayed as an Islamic practice in Francophone literature. Islam is thus the apologia for the continued maintenance of the male dominated *status quo*. Yet the portrayal is of a male-oriented, a patriarchal Islam, an Islam that allows a man to get married to up to four wives. Even though the Koran states that a man is allowed to get married to a maximum number of four wives “only if he is sure he will be able to avoid injustice among his wives”, and even though the Koran then concludes with the point of view “that every man should get married to only one wife” (Koran: 4:3 entitled ‘Women’); patriarchal West Africa prefers its own interpretation of the Holy Book. As Tamsir says in *So Long a Letter*:

... it is fate that decides men and things: God intended him to have a second wife, there is nothing he can do about it. (37)

In Ousmane Sembène’s *Xala*, el Hadji Abdoul Kader Bèye is newly adopted into the class of “les capitaines” because he has just married a third wife and this means that if he gets married to four wives, he joins the class of the “les commandants”, that of Souleymane in Sembène Ousmane’s *Voltaïque*. Marriage in the West African Francophone novel is a completely male-dominated matter, as Mariama Bâ says in *So Long a Letter* ( and which echoes Ama Ata Aidoo’s grandmother in *Changes*) “... a woman must marry the man who loves her but never the one she loves.” (59)

A father decides to give his daughter in marriage to a man, or a man may send messages to another man whose daughter he would like to marry. This is relevant to both traditional and Islamic societies. Echoes of former practices are seen in for example Seydou Badian’s *Sous L’Orage*, which provides one of the few instances where the reader is shown a marriage in traditional Mande society. Père Benfa calls Tiemoko and his brothers for a consultation because Famagan has been sending messages to “ask for the hand of” their daughter Kany. But this traditional arrangement is not necessarily a happy one: in ‘Lettres de France’ in Sembène Ousmane’s *Voltaïque*, Nafi laments her unhappy marriage: everything was initiated by her father who one day showed her a picture of a man living in France for many years who wanted a wife from Africa.

Money is really the deciding factor behind these arranged marriages. A man whose fame and wealth increases may choose to take a new wife, and a father may choose to give his daughter in marriage to a wealthy or prominent man. The woman is thus commodified in terms of beauty and youth, an object to be acquired by the new husband and a means to achieve recognition and wealth by the father. In this context, the husband has to live up to expectations and cater for his wife/wives and the children, and he has to struggle to play his role efficiently. El Hadji Abdoul Kader Bèye in Sembène Ousmane’s *Xala* starts out as a mere school teacher, then becomes a petty trader and ends up as a rich businessman dealing in exports and imports. With his wealth he marries three wives, builds a villa for each of them, buys a car to convey his children to school. Unfortunately, just like Modu Fall in Mariama Bâ’s *So Long a Letter*, polygynists end up in a dilemma, as their financial commitments become so immense, or in their efforts to impress or pamper the favourite wife they amass such debts, with the result that they cannot cope with any of their commitments. It is this situation that Francophone literature exposes. The short-sightedness and immaturity of men who overstretch themselves financially in order to maintain several families and thus compete in the arena of machismo, and the women who in the final analysis are the ones who have to straighten out the mess. These are main themes in the Francophone novel. The woman who is supposed to be protected and cared for, now becomes the carer and the protector. Francophone literature abounds in examples of the strong female figure, the woman who plays the man’s role. Ramatoulaye and



Aïssatou are such women in *God's Bits of Wood* and *So Long a Letter* respectively. As was said of Ramatoulaye:

She had always been quiet and unassuming and gentle with the children; at the street fountain she never took part in the arguments,... (74)

But then something happens to Ramtoulaye; her family faces starvation,

...Ramatoulaye was not a man ... Where, then, had this violence been born? ... 'It had been born beside a cold fireplace, in an empty kitchen.' (74).

There is a role reversal: it is the women who are the providers, not the men. The women in Francophone literature expose the men as shallow and without substance; while the women are held up as the ideal who have had to assume the male role in addition to the female role and struggle to feed their families. They attain a level of maturity that cannot be attained by men whose only aim in life has been to join the club of "les capitaines" and "les commandants".

Divorce is almost non-existent in the Francophone West African novel, and this may be traced to the Islamic rules: a couple who intend to separate are given 40 days to reconsider their decision before implementing it, and during this time most couples patch up. But the real issue that discourages divorce is the refund of the bride price, which often amounts to huge sums of money. For the wedding of Abdoulaye and Sakinefou in *Devant L'Histoire*, by Sembène Ousmane, 8 cows and 16 sheep were slaughtered – to this must be added a large sum of money. The woman has been sold and cannot redeem herself.

In Ghana "He is marrying Abena" does not mean that a wedding is taking place soon, nor do we necessarily have to consider, "He is not marrying her any more." as incorrect usage. From a pragmatic point of view, both sentences are absolutely acceptable. Marriage in Ghana is not an event that starts at 3:30 p.m. on a Saturday afternoon and ends an hour later. Nor is it the brief meeting of families to negotiate the terms of the union. Marriage is a process, not an event. It involves other people, not just a man and the woman he hopes to mate with. So if "Kwadwo is marrying Abena", it means that they live together or hope to live together, though not necessarily in the same house, and Kwadwo will name Abena's children and both will have to relate to the wider family (affines) of the other. They will have undergone a traditional ceremony in which gifts are exchanged before witnesses, so that these same people can be called upon to intervene should the union encounter difficulties. Kwadwo and Abena might later decide to marry under the 'Ordinance', which means that Kwadwo may now not take another wife, as this would be deemed bigamy, and marriage under the Ordinance means that Kwadwo's wife and her children have definite rights as to inheritance. Abena would now discard her former surname and assume her husband's name with Mrs. in front. The couple may, if they can afford it, decide to have a big church wedding – the bride dressed in white lace and with a white veil.

Marriage is traditionally an organization of one's whole life, and it involves procreation and caring for those who need to be cared for: children, the old, the widowed, the sick. Yet today we are in a culture contact situation and family and marriage are in contact with many extra-traditional concepts, so that the institutions of old are under attack from all sides and are thus redefining themselves.

Written literature in Ghana has from the beginning taken family and marriage as one of its major themes. This includes the output of the first generation of Gold Coasters to write in English: Casely Hayford, Mensah Sarbah, Kobina Sekyi and Hutton Brew who wrote in the second half of the 19<sup>th</sup> century and the early decades of the 20<sup>th</sup> century. This early literature deals with the threat posed to the Gold Coast male by new and alien Christian and Ordinance (monogamous) institutions of marriage. The traditional way is held up as an ideal that can produce good husbands and wives



and therefore need not be replaced by any new forms of marriage contracts that after all do not enhance a relationship in any way. Far from it, the modern Christian cum Ordinance marriage is a disruptive force. In the traditional system, according to these Cape Coast intellectuals, the role of the husband is to protect and the role of the wife is to obey – the new system creates a wife who can protect and thus disobey and a man who therefore must obey.

Ghana's first novel, *Marita: or the Folly of Love*, by an author writing under the pseudonym, 'A. Native', and serialised in the Gold Coast newspapers *Western Echo* and later the *Gold Coast Echo* from January 1886 to January 1888, describes the disastrous consequences that befall African men who enter marriage according to the colonial Marriage Ordinance of 1884. This law drastically changed the status of the women who now got married 'legally' or in church. When the Gold Coaster was encouraged to marry 'under the Ordinance' he was supposed to enter a monogamous and life-long marriage. According to 'A. Native' this type of marriage transformed good, well-behaved Fante women into nags and termagants ready to usurp the domestic reins of their husbands.

My wife, the obedient loving girl, the pride of my life, the solace of my evil days is turned into the very incarnation of a curse in my own house and *I cannot send her away on account of an oath I took at the ceremony*. – I am doomed by my oath to carry this *incubus*, this woman about with me. (*Marita*: 86)

The main thrust of the novel is thus the subversion of traditional marriage by Christianity and the Marriage Ordinance. This sentiment is again found in Casely Hayford's *Ethiopia Unbound* (1911) in which Tandoh-Kuma and his wife, Ekuba, battle it out in London, he, a professional aiming to be invited to Government House, wonders how he can bring his uneducated wife, Ekuba, along, a wife to whom he is yoked, but who will most likely embarrass him and be a liability in his career prospects. The author then lets Kwamankra, the protagonist, propose an alternative to the Christian monogamy, namely the return to the traditional system of polygyny!

The Ordinance is also a theme in Kobina Sekyi, who lets a fisherman in *The Blinkards* make the following comment: "Wonders never cease! What has marriage to do with the Government?"

Then comes R.E. Obeng, not the highly educated coastal intellectual of the type A. Native (J. E. Casely Hayford or James Hutton Brew) or Kobina Sekyi, but an inland Akropong-trained teacher. His novel *Eighteenpence* (1942) has family, marriage and the woman within marriage as major themes. The ideal is here not the traditional marriage. Obeng, although he himself practised both polygyny and serial monogamy, always appeared as a good Presbyterian to the outside world. Konaduwa, the female protagonist in his novel, is not the malleable traditional wife. She is a harridan who clearly demonstrates that if a woman sets out to destabilise the *status quo*, neither the traditional authorities nor the colonial administration can deal with her. Obeng obviously is not of the same sentiment as A. Native and Casely Hayford who are looking back to the 'good old polygynous days' with nostalgia. Obeng lives 'the good old days' and has experienced its positive and its negative sides. He thus investigates the western ideal of marriage, as he must have read about it in contemporary popular literature and Victorian novels, to see whether that might not rather be a preferable type of union for an educated Gold Coaster. The author juxtaposes the traditional contractual polygynous marriage, with the Victorian mode of monogamous marriage, in which the nameless and faceless and voiceless woman cleaves to her husband and thus neglects her wider family to serve her lord and master in all. It is the reader who in the end must make the choice of which type of arrangement is the more desirable, if any of them.

Mabel Dove Danquah, writing in the 1940s and 1950s, one of the early, but by no means the first, Gold Coast women authors, western educated, yet consciously emphasising her 'Africanness', in one of her short stories, *Anticipation*, tells the tale of Nana Adaku, Omanhene of Akwasin, who cannot keep track of his numerous wives. The commodification of the female is here clearly

demonstrated as part of the traditional system, an argument later taken up by Amma Darko, writing in the 1990s and 2000s, and brought to its logical conclusion in her writings.

“This dancer is totally different,” thought the Chief; “she will be a joy to the palace.” He turned round to the linguist:

“I will pay one hundred pounds for her.”

“She might already be married, Nana”

“I shall pay the husband any monies he demands.”

The linguist knew his Omanhene: when he desired a woman he usually had his way. (in ed. Busby:224).

The Chief does have his way – he proposes to marry this beautiful creature, and receives acceptance from both the woman and her parents. His new bride is a woman who has been his wife for two years already.

The author, Mabel Dove Danquah, was married to the famous J.B. Danquah, lawyer, historian, anthropologist, writer and politician, who quite openly practised the ‘good old polygynous ways’ in spite of his education, exposure and position in society.

During Ghana’s next literary period: the immediate post-Nkrumah years, there was a sudden proliferation of novels. Ama Atta Aidoo’s title of her collection of short stories (1971) echoes the spirit of the age: there is *No Sweetness Here*. Marriage and family are treated in both the autobiographical novel such as Selormey’s *The Narrow Path*, which exposes the wrangle between the wider family’s demands of a traditional union and the Christian marriage that is expected of a Christian teacher in the community, and these same themes are treated in the novels of disillusionment, such as Armah’s *The Beautiful Ones are Not Yet Born*, in which the man suffers the verbal assault of his mother-in-law, who has assumed the traditional role of advocate for her daughter and whose materialism the protagonist cannot stomach, because he cannot fulfil the traditional role of the husband as the provider. In Awoonor’s *This Earth My Brother Amamu* is destroyed by being torn apart, trapped in a modern marriage, whereas all his other values cleave to his traditional roots. Writing in the 1980s, Kojo Laing has a whole series of unusual unions scattered through out his works, *Search Sweet Country* and *Woman of the Aeroplane* – hardly any fulfilling, all limping along in limbo.

Then comes Ama Ata Aidoo with *Changes*. This is an important book on being a woman in Ghana. We will not call it a feminist novel – it is not – it is a book that looks at marriage and family and male-female relationships with brutal honesty. It unravels traditional concepts, it strips the modern concepts naked and it leaves the emancipated African woman abandoned and alone, paid off with a new car but short-changed in everything else. She has lost both husbands. She has abandoned her only child, having sacrificed it for her own gratification. She has had to present her best friend Opokuya with a car to keep her friendship.

As Ama Ata Aidoo lets Esi’s grandmother say in *Changes*:

My lady Silk, it is not a question of this type of marriage or that type of marriage. It was not a question of being an only wife or being one of many wives. It was not a question of being a wife here, there, yesterday or today. ... it was just being a wife. It is being a woman. When we were young we were told that people who were condemned to death were granted a wish on the eve of their execution. ... Anyhow, a young woman on her wedding day was something like that. She was made much of, because the whole ceremony was a funeral of the self that could have been. (*Changes*: 110) (emphasis ours)

And Esi’s best friend Opokuwa muses:

In a polygamous situation, or rather in the traditional environment in which polygamous marriages flourished, happiness, like most of the good things in life, was not a two-person enterprise. It was the business of all parties concerned. And in this case it should have included the first wife of Ali whom Esi had not even met! (98).

'Love?... Love?' says Esi's grandmother: 'Love is not safe, my lady Silk, love is dangerous. – Ah my lady, the last man any woman should think of marrying is the man she loves.' (42).

The irony of *Changes* is Esi, the modern, educated woman belittling the security of the monogamous Ordinance marriage and opting for the traditional polygynous union. But in life you cannot have your cake and eat it. Esi marries her first husband, Oko, out of sympathy for him (he had relentlessly pursued her for many years). She thus thinks she can call the tune and have it all her way. Her husband raping her and then walking away like a king who has conquered her, shocks her to her innermost being, how could the husband she thought she could manipulate behave like the traditional husband.

... who demands all of you and all of your time. ... the one who eats his wife completely and pushes her down with a good gulp of alcohol. (109).

But Esi, on account of her education and financial independence, is not amenable to the imposition of this traditional role, the 'funeral of the self'. In *Changes* the more things change the more they remain the same. In spite of all her independence, Esi ends up as a discarded second wife, husbandless and childless.

Amma Darko, a younger novelist writing in the 1990s, implicitly laments the loss of the institutions of family and marriage as places where loyalty, loving kindness, trust and compassion may be nurtured for the good of man and woman. She gives traditional marriage the final blow. She deconstructs traditional marriage. In *Beyond the Horizons* Mara is sold to her husband, Akobi, for a few heads of cattle and some trinkets and once sold, she is Akobi's to do with in whatever he finds profitable. Mara is made to prostitute herself with Akobi acting as her pimp. Amma Darko thus poses the question: "in what way does traditional marriage, as Mara's father practises it, differ from the relationship: prostitute / pimp that her marriage to Akobi turns out to be?" Thus while being presented with traditional marriage, as seen through the materialistic eyes of Mara's father, we are also confronted with the metamorphoses of these same tendencies as they unfold through Akobi's perverted perception of a wife. In her second novel, *The Housemaid*, Amma Darko goes even further. Family and marriage no longer have any relevance and have more or less ceased to exist, as have all human compassion – where some loose filial relationships remain, these are a means to be exploited for gain. The future is barren and bleak, when even intra-family loyalty is sacrificed for material expediency. As Efi's mother and grandmother scheme to benefit from their daughter's position as housemaid in Accra:

'The gods and ancestors of this village of ours designed everything. And your going to live with her is an essential piece of that design. So hear me! Be subservient, humble and very dependable...'

'Good advice, Mother!'

'Then get yourself pregnant.'

'W-h-a-a-t?'

'You both heard me right. Efi, you will live with her, win her affection, become indispensable to her. So that when you innocently become pregnant...'

'Innocently? How does she become pregnant innocently?' Efi's mother asked.

'By pretending she was forced into the sexual act,' the old lady replied. (46-47)

‘So what is in it for us?’ asks the father. ... ‘What are we getting out of our daughter’s going away to the city to serve somebody?’ (43).

Ghana has destroyed the family: there is no future for Ghana.  
And so Kwadwo is not marrying Abena any more.

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## TENURE, HOUSING AND ENVIRONMENTAL MANAGEMENT AMONG FAMILIES IN THE GREATER ACCRA METROPOLITAN AREA (GAMA) OF GHANA

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### Abstract

In the preamble to the Habitat Agenda ( UNCHS 1996), access to safe and healthy shelter was recognised as essential to a person's physical, psychological, social and economic well-being. And yet no investment in land or property is safe unless the rights to ownership of that land are stable and secure. Whilst this proposition is generally valid, this argument tends to oversimplify the dynamic relationships between tenure housing and environmental management among families in the post-colonial African city.

This essay argues that tenure alone, by itself, may be inadequate as an explanatory variable and may be subsumed under the degree of planning in the community and zoning regulations, the provision of in-house environmental services, and the relative wealth and power of its residents that enhance access to scarce resources. The urban poor live beyond the pale of the law while the urban elite make the laws and determine penalties for breaking them. In many countries of Africa, the dividing line between legal and illegal is one which has been inherited, largely unaltered from their colonial past.

The paper provides a historical review of state policies and the housing and environmental crisis, examines the patterns of land and house tenure, and investigates the relationship between house tenure and housing and environmental services. It also examines the relationship between tenure and house maintenance and environmental management with special emphasis on the low income informal housing market with shared facilities and explores the relationship between crowding at these shared facilities and health.

The results from this case study tend to suggest that the wealth and power of households together with location are more important in determining environmental outcomes rather than tenure. The study shows that centrally directed and controlled housing programmes and state subsidies have tended to benefit those who could best compete in the free market to the exclusion of the urban poor, who are consigned to a deprived life in the informal housing sector with few environmental services. All tenure groups in the upper end of the housing market are united by their privileged access to housing and environmental services, whilst those at the lower end are bound together by their poverty and the state policies of social exclusion.

### Introduction

The HABITAT II Conference had two main themes; 'Adequate shelter for all' and 'Sustainable human settlements development in an urbanising world'. Neither of these is possible without the rationalisation of land tenure systems. In the preamble to the Habitat Agenda ( UNCHS 1996), access to safe and healthy shelter was recognised as essential to a person's physical, psychological, social and economic well-being. Sustainable development is not, however, only a social objective. No investment in land or property is safe unless the rights to ownership of that land are stable and secure. A lack of security of tenure leads either to no investment or else to the pursuit of rapid and substantial rates of return that in the longer term are unsustainable (Dale 1997: 1622-1623).

Ambiguity in land ownership can create insecurity, undermining the incentives for environmental management and service provision in housing units (World Bank 1993). Conversely, just as residents in settlements with insecure tenure may be loath to invest in environmental management and infrastructure, the government may be equally unwilling to allow the provision of environmental services by utility agencies (McAuslan 1986:50; Payne 1997). De Soto (1989) has therefore argued that any policy, which results in half or more of a city's population suffering from insecure tenure is grossly inefficient and unjust. Yet there is a great variety in the proportion of people in different cities who are tenants. There are those cities where less than 10 per cent of the population are tenants whilst there are others where more than 80 per cent are tenants (Mitlin 1997). Although rental accommodation is very high in some cities of the South, much literature on housing is dominated by a discourse on owner housing. This reflects in part the predominance in the literature of the Latin American experience of land invasion, occupation, consolidation and improvement, and also partly because of the general belief that owner occupation encourages housing improvement (Tipple and Willis 1991; Abrams 1964; Turner 1968, 1976).

While this proposition is generally valid, this argument tends to oversimplify the dynamic relationships between tenure, housing and environmental management especially in the case of post-colonial African cities, in which space-economies are characterised by the articulation of social spaces, one modern and deliberately planned and the other excluded from any deliberate exercise of land use planning (Kironde 1995; Larbi 1996). These binary divisions and contradictions would seem to be related more to class and power rather than tenure, as the same tenure categories do exhibit different amenity values and levels of environmental management depending on the sphere of the urban residential space in which they are located.

Tenure alone, by itself, may be inadequate as an explanatory variable and may be subsumed under the degree of planning in the community and zoning regulations, the provision of in-house environmental services, and the relative wealth and power of its residents that enhance access to scarce resources. As McAuslan puts it:

There is an enormous gap between the lifestyles and prospects of the urban poor and the urban elite; there is also an enormous disparity of power between the two groups and between their relationships to the organised processes of municipal administration and policy-making. The urban poor live beyond the pale of the law. Their whole life is one long illegality, while the urban elite make the laws and determine the penalties for breaking them (McAuslan 1985: 114).

In many countries in Africa, the dividing line between legal and illegal is one which has been inherited, largely unaltered from their colonial past.

This essay provides a historical review of state policies and the housing and environmental crisis, examines the patterns of land and house tenure and investigates the relationship between house tenure and housing and environmental services. It also examines the relationship between tenure and house maintenance and environmental management with special emphasis on the low income informal housing market with shared facilities and explores the relationship between crowding at these shared facilities and health.

### Methods

The quantitative data employed in this study derives from a city-wide broad spectrum sample survey of households in GAMA with regards to the environmental problems they face within the home or neighbourhood (Benneh et al. 1993). This involved a detailed survey of a 1000 representative households together with physical tests of water quality and exposure to air pollution

for a subset of 200 households. This survey allowed an analysis of the relationship between tenure, housing and access to environmental services.

This was complemented by a qualitative survey using focus group discussions and in-depth interviews in a sample of households in low income, middle and high income neighbourhoods. The selected low income areas included Nima and Ashaiman in the high density low class migrant areas with a high level of tenant families (roomers). Jamestown, Mampobi and Old Ashaley-Botwe in the high density indigenous, medium density indigenous and rural fringe of indigenous Ga settlements respectively. Extended family housing and general home ownership are higher in these low income indigenous Ga settlements. South La Estate was selected as a low-middle income settlement and the Airport Residential Area as the high class residential area. Both rental housing and home ownership are common in these middle-high income areas. Since access to housing and environmental services by GAMA's families is segmented on the basis of wealth with tenure as a subordinate factor in determining environmental outcomes, this qualitative survey allowed for a nuanced analysis of the dynamics of tenure and environmental management at the lower and upper ends of the housing market.

### **State Policies on Land Management and Housing Delivery: The Legacy of History**

Founded in the 16th century as a small coastal fishing village close to the eastern shore of the Korle Lagoon, Accra soon became a pre-eminent European trading centre in the 17th century with the establishment of numerous European trading forts. In 1877 the British, having established themselves as the sole colonial power in the then Gold Coast (Ghana), decided to transfer the seat of British Administration from Cape Coast to Accra. This event was of seminal importance in the growth of Accra and the town grew rapidly but in a generally unplanned manner (Dickson 1969: 259). After independence, a new planned industrial satellite township of Tema was developed.

The Greater Accra Metropolitan Area (GAMA) includes the Accra Metropolitan Area in addition to Tema Municipal Area and Ga District. These 3 districts have become physically and functionally one single urbanised area. It is the national capital and major industrial growth pole with a 2000 population of 2.7 million, projected to reach the 4 million mark by 2010. As a colonial town, the colonial state had an important role to play in its overall growth and evolution by laying the institutional basis for urban development, planning and management.

The colonial system of land administration, through the system of indirect rule, minimized the extent to which the colonial state interfered with land ownership. Consequently land was and still is, collectively owned by a community. "So the colonial administration had to acquire compulsorily every piece of land it needed for development and pay compensation. This practice led to two main kinds of land ownership in the country: customary ownership and state land" (Larbi 1996: 198; Kasanga 1995; Kasanga et al. 1996). Private ownership of land is a vestigial category. Land use planning was then limited to state lands under European occupation.

The duality of residential differentiation took the form of the co-existence of the 'European Town' and the adjoining African Township. The European Town, which in the case of coastal settlements was never far from the sea, was wherever possible built on an elevated site. As a result, the name 'Ridge' came to be used interchangeably with the European Town (Dickson, 1969:282-287). These areas were being built using imported European building materials and housing design and standards for European officials in administration and business. They were built by direct government action and they were retained for government ownership (Songsore 1989: 5).

By contrast, the African Town was very often devoid of social services and rational planning, with houses sometimes packed together in one big confusion, although the African elite were beginning to adopt European housing styles. Planning intervention in the indigenous sections of town was dictated by expediency, especially fears of the outbreaks of epidemics resulting from labour influx and increasing crowding. For example, the extension of primary health measures for



Europeans and their servants to the African quarters were guided by European self-interest and began after the outbreaks of plague and yellow fever in Accra and the Colony (Songsore 1989: 7).

The housing policies of the colonial state did not hinge on the provision of mass housing but rather focused on the provision of subsidized rental bungalow housing for the colonial bureaucracy. In addition to this the colonial state acquired and serviced land mainly for the granting of leases to the more affluent strata of the African population. Access to these plots was determined by one's ability to build an expensive and modern European style house. This was to lay a firm basis for the access to subsidized housing by the privileged in society (Songsore 1989: 8).

With a few exceptions, the provision of low income housing and land acquisition for such activity was left for the free market. This stands in sharp contrast to British policy at home where municipal or council housing was provided specifically for the poor (Ospina 1987: 13). To compound the problem of the majority of urban dwellers was the complementary and oppressive set of exotic building regulations that were established in the early 1920's and 1930's, that made house building unnecessarily costly for the poor (Songsore 1989: 9).

Post-independence governments continued this historical role of the state as a regulator and developer of urban housing. Post-colonial planning and development of GAMA followed the colonial pattern. Though the barriers to segregation were removed, the fundamental principles, laws and procedures of planning remained the same (Larbi 1996). In the main, planning was concentrated on state land to the neglect of customary lands and state housing delivery agencies focused on providing expensive housing in government estates for the elite. As a regulator, the state continued to frustrate the efforts of low income strata of the population in providing appropriate housing for themselves by maintaining the inappropriate building codes, seeking palliation for the housing crisis of the poor via rent control (Songsore 1989: 10-12). In Ghana, the transition process towards a liberalised economy under structural adjustment and the dynamics of the urban housing market also favours the provision of high and middle income housing for the wealthy in Accra's suburbia. The bottom 60 to 70% of the urban population, who cannot own costly housing are the losers, as the state and private developers shy away from the unprofitable low income segment of the housing market.

Most of the land in the Middle Class Sector (MCS) and the High Class Sector (HCS) are state lands with a few areas held under customary tenure. By contrast virtually all the low income residential sectors are held under customary tenure. These include the High Density Low Class Sector (HDLCS), High Density Indigenous Sector (HDIS), Medium Density Indigenous Sector (MDIS) and the Rural Fringe (RF). About 80% of the population of the city live in these low income areas. The state as the landowner has been concerned with addressing the housing and environmental management needs of the rich. By contrast the areas held under customary tenure have been neglected in terms of infrastructure although they have provided a more accessible source of land for low income housing by the indigenous Ga people and those migrants located in the bottom rungs of the social hierarchy. In both low and middle to high class residential areas of the city all the ranges of house tenure—private, rental and family housing can be found. Class and the degree of planning rather than tenure have combined to create these social areas of varying environmental quality with tenure playing a subordinate role as we seek to demonstrate in this paper. Before we explore this proposition further it is vital to examine the house tenure profile of the city.

### **Patterns of House Tenure in GAMA**

Data from the major representative sample survey of 1000 households in GAMA show a clear evidence that overall, rental tenure accounts for about 50% of the total housing supply in the metropolis (Table 1). Unlike in other developing countries, squatting is not a significant category as



most people have some form of title to the land either as formal leasehold of state and family lands or informal ownership or leaseholds of family, clan or stool lands. Although most respondents in focus group discussions favoured owner-occupation only a few of them succeeded in owning a house especially among the urban poor. Even among the poor indigenous Ga people, family housing in the core areas is fast becoming the only viable alternative as high building costs and restrictive regulations now preclude the construction of houses with traditional building materials. However, unlike their migrant counterparts some still have easier access to lands in the rural fringe.

**Table 1: Percentage of Households by House Tenure**

Tenure	No. of Households	Percentage
Renter	499	49.9
Owner	343	34.3
Family Houser (Relative)	122	12.2
Token Rent	31	3.1
Squatter	5	0.5

Source: Stockholm Environment Institute and University of Ghana, Household Environmental Data Base, 1991

Overall, whilst 55% of male headed households were renters only 37% of female headed households rented. As many as 44% of female headed households were owners with another 17% living with a relative as opposed to 31% of male heads of households who were owners. This is understandable in view of the fact that most female heads of households were found in the indigenous Ga communities in the HDIS, MDIS and the RF (Songsore and McGranahan 1996: 16). In these communities, families and stools have allodial title to land thereby reducing the cost of home ownership especially in the past when most buildings in these areas were built with largely traditional construction materials. Family claims to accommodation are so deeply ingrained in Ghanaian culture that the Rent Act, 1963 allows the eviction of tenants if a room is required for a family member (Tipple and Willis 1991). There are many people especially women who have the right to demand accommodation in the family house.

The highest concentration of home owners is located in the HDIS (49%), RF (48%) and MDIS (44 %) which are among the poorest areas of the city. Also, in the HCS one finds about 48% of households as owner occupiers and in the MCS about 43% are owners. The HDLCS is a very poor area with a high concentration of migrant groups. It has 68% of all households as renters.

Table 2 shows that for all wealth groups except for the wealthiest 20%, rental tenure is the largest group ranging between 61.5 to 50.5. House ownership increases with wealth with ownership accounting for 51.5% of all households in the wealthiest group. By contrast, family houses as a category tends to be highest among the poor where it is an important survival strategy accounting for 18.5% of households in this group and declines to 8% for wealthy households.

Age of household head tends to be related to the degree of home ownership. For those heads of households aged 60 years and above, 70.1% were owners, 23.8% renters and 6.1% staying with relative. This is understandable as home building is an incremental process which is often realised at the later stages of the demographic cycle. Access to land and housing inputs for the delivery of housing was also easier in the period before the economic crisis of the late 1970's so it is likely to be the older generation who benefited most from state housing policies of previous governments and informal home construction in the low income areas. Younger migrant households with the least commitment to life in the city were also more likely to be renters than owners. For example, recent migrants with about 5 years or less residence in GAMA had 75% of their members as renters as compared with 49% renters for those migrants who had lived in GAMA for 6 or more years. To put it differently, 64% of those whose origin is outside Accra were renters as compared to 37.4% of those households who had spent their whole life in Accra.

Evidence from other cities would seem to suggest that owners are likely to be older, to have migrated to the city at an earlier age, and to have lived in the city longer than tenants. These features support the notion that migrants to the city embark on a trajectory which, through time, leads at least some of them to ownership (Tippel and Willis 1991: 36).

This evidence for GAMA is corroborated by data from Kumasi, the next largest city after GAMA in Ghana (Tippel and Willis 1991: 36).

**Table 2: Type of House Tenure (%) by Wealth Quintile**

Tenure	Wealth Quintile				
	1 Poorest	2	3	4	5 Wealthiest
Renters	52.7	61.5	50.5	51	34.3
Owners	26.8	24.1	31.9	37	51.5
Relatives in Family					
Houses	18.5	11.2	12.9	10	8.1
Token Rent	1.5	2.1	4.8	1.5	5.8
Squatters	0.5	1.1	-	0.5	0.5
Total	100	100	100	100	100
(Sub-Sample Size)	(205)	(187)	(210)	(200)	(198)

Source: Stockholm Environment Institute and University of Ghana, Household Environmental Data Base, 1991.

Results from focus group discussions and in-depth interviews in GAMA suggest an almost universal preference for owner housing for all social areas and groups. Felicia, a tenant in Nima within the HDLCS does not have any hope of owning a house but would want a two-bedroom house for her children for their security. As she puts it: "who would not want his or her own accommodation. We just cannot afford to build a house that is why we are renting".

A few people, especially elderly women preferred family housing because of support from their kinsmen, while some migrants who had a short term view of their residence in GAMA saw renting or squatting as the most appropriate solution to their housing needs. Some have argued that the extensive renting found in West African cities is related both to migrant strategies involving the desire to invest in home areas where they hope eventually to return to and the nature of traditional tenure vesting control over urban land in the hands of a few people (Rakodi 1995).

### Tenure and Access to Housing and Environmental Services

As indicated earlier, it would seem that in GAMA, it is division of class and the access to institutional resources not tenure which determine both access to and the quality of environmental services a household enjoys as rental housing is the dominant form of tenure for all wealth groups except the wealthiest stratum. Besides, whilst owner housing is a very large tenure category in indigenous areas, because households are generally poor, their access to and the quality of environmental services they enjoy is just as poor as in migrant, low income, residential sectors of the city, where rental housing is dominant. The range of issues under discussion here relate to tenure and house type, and tenure and access to environmental services.

### Tenure and House Type

The dominant type of housing in Accra is the single-storey traditional compound house. This is the most popular single category of housing for renters and people living in family houses,

accounting for 79% and 87% respectively of households residing in the two tenure groups. It is also almost as important as single family detached houses for households who live in their own houses as shown in Table 3. The compound house is dominant in low income residential areas, including both migrant areas where renting is popular and indigenous areas where home ownership is common. Single family detached housing is the popular house type for both wealthy owners and renters.

**Table 3: Relationship between House Type and Tenure ( % )**

House Type	House Tenure		
	Renters	Owners	Relatives in Family Houses
Single Family Detached	16.8	48.7	9.8
Compound House (Multifamily)	78.6	46.9	86.9
Multifamily 2 Storey	4.2	4.4	2.5
Multifamily 2+ Storey	0.4	-	0.8
Total	100.0	100.0	100.0
(Sub-sample size)	(499)	(343)	(122)

Most households who are renters or living in family houses live in one room with another significant share living in two rooms often a chamber and hall. Even a significant share of house owners (42%) have no more than 2 rooms. However, the largest share of owners (58%) have three or more rooms.

**Table 4: Principal Source of Drinking Water and House Tenure (%)**

Water Source	House Tenure		
	Renters	Owners	Relatives in Family Houses
Indoor Piping	29.5	48.4	19.7
Private Standpipe	23.0	21.6	41.0
Communal Standpipe	7.6	5.5	9.0
Vendor	36.1	19.8	24.6
Other	3.8	4.7	5.7
Total	100.0	100.0	100.0
(Sub-sample size)	(499)	(343)	(122)

Source: Stockholm Environment Institute & University of Ghana, Household Environmental Data Base, 1991.

### Tenure and Access to Environmental Services

It would seem from the empirical evidence below that tenure is a poor independent variable explaining access to environmental services as compared to household wealth or residential sector of the city categorised on the basis of wealth and degree of planning (see Benneh et al. 1993; Songsore and McGranahan 1993; 1996; McGranahan and Songsore 1994; Kjellen, Bratt and McGranahan 1996). The environmental services discussed include access to water supply, toilet facilities, and solid waste disposal facilities. The presence of potable water supply and toilet facilities were ranked as first and second in terms of environmental services Accra households would want in a house when deciding on their housing choice. Yet potable water supply and sanitary services remain problematic for households living under all tenure regimes. Table 4 shows the relationship between tenure and drinking water supply. Although most households rely on the piped system for their water supply, the quality of service is very uneven and supply erratic throughout the system. Whereas an average of 35% of all households in GAMA have access to

indoor piping this percentage rises to 48% for those households who live in their own homes; the values for the other two tenure categories fall below the average for GAMA. Private standpipes are significant for all tenure categories but more especially for the relatives in family houses who form a more important tenure category in the indigenous low income residential sectors where it is the most important single source of water supply. By contrast water vending is the single most important source of water supply for renters. Yet for all tenure groups water supply is within reasonable distance from the house with 93% of households having their water source either within home or less than 99 meters from the house.

As is to be expected, the type of toilet facility in use is related to access to water supply. The intra-urban disparities in type of toilet facility in relation to tenure show that whilst flush toilets are the most popular type of facility for owners, the pit latrine is the single most popular toilet facility for renters and people living in family houses. The pan latrine, i.e. the oldest sanitary technology in use exists for all tenure categories at the lower end of the housing market within low-income neighbourhoods in GAMA (Table 5A). As it is to be expected it is among house owners that there is the least inconvenience in toilet use. Those who experience inconvenience in toilet use are a significant category especially among the low income households living in rental accommodation and family housing (Table 5B).

Solid waste disposal remains one of the most intractable problems within GAMA. Only 12% of households who are owners had a home collection service, 10% for renters and 5% for people in family houses. As a result most households in GAMA experience problems due to the careless dumping of waste. About 50% of renters experienced problems with the careless dumping of waste. Most households stored their solid waste within the home with open container storage being the most important except for the owner category where storage in closed containers is the most important storage practice accounting for 44.6% of the households in this category.

**Table 5: Relationship between Access to Toilet Facility and House Tenure (%)**

A. Toilet Facility	House Tenure		
	Renters	Owners	Relatives in Family Houses
Flush Toilet	25.6	48.1	25.4
Pit/KVIP	48.1	30.6	54.1
Pan Latrine	23.2	16.6	16.4
Other/No Toilet	3.0	4.6	4.1
B. Inconvenience in Toilet Use			
No	56.7	74.6	65.4
Yes	43.3	25.4	34.7
Total	100.0	100.0	100.0
(Sub-sample size)	(499)	(339)	(122)

Source: Stockholm Environment Institute & University of Ghana, Household Environmental Data Base, 1991

Results from further qualitative work presented below suggest that at the lower end of the housing market within the residential slums, some housing is owned by residents whose socio-economic position is sometimes only marginally better than tenants. For example, environmental services are poor in both indigenous low income areas with a high levels of home ownership and family housing and the low income migrant areas where rental tenure is by far the dominant form of tenure. In these areas, irrespective of tenure, environmental services tend to be shared. By contrast, at the upper end of the housing market where housing provisioning is for the wealthy all environmental services are provided in-house whether the housing is tenant occupied or owner occupied. Here the building standards are high and do conform to the building regulations. Wealth and location rather than tenure determines access to environmental services.

## Tenure, Home Maintenance and Environmental Management

### Tenure Groups in GAMA: A Qualitative Appraisal

Drawing on the results of our qualitative research and from the work of Tipple and Willis in Kumasi (1991) it is possible to distinguish six broad house tenure categories on the basis of tenure and degree of planning or amenity value (Table 6). This more complex structure will help us understand why the three broad tenure categories used in the quantitative survey have not been very helpful in explaining access to environmental services. At the upper end of the housing market which broadly coincides with the planned areas in GAMA, most households have access to self-contained dwellings or apartments with the exclusive use of environmental services such as kitchen, bathroom, toilet, piped water etc. Relatives in family house are most likely to be recently arrived kin coming to the city or grown up children who are yet to move out to an independent existence. The distinctions between owners and renters is blurred by the fact that one person may be both landlord and tenant; tenant in subsidized government or company housing and landlord who has rented his property at high market value to a private company or a wealthy individual.

**Table 6: Categories of House Tenure in GAMA**

Tenure	Degree of Planning	
	Planned	Unplanned
Owners	1) Owners in High and Middle Class Residential Areas with Exclusive Access to Environmental Services	4) Owners in Informal Low Class Residential Areas mostly using Shared Environmental Services
Relatives	2) Relatives in High and Middle Class Residential Areas with Exclusive Access to Environmental Services	5) Relatives in Informal Low Class Residential Areas mostly using Shared Environmental Services
Tenants	3) Renters in High and Middle Class Residential Areas with Exclusive Access to Environmental Services	6) Roomers in Informal Low Class Residential Areas mostly using shared Services

In contrast these are the poor urban dwellers in unplanned informal settlements at the lower end of the housing market. With a few exceptions the typical house type is the communally occupied compound house, where both landlords and tenants or owners and relatives in family houses share in-house environmental services when they are available, or as is more often the case use public toilets, bath-houses, taps and waste dump containers provided at the community level. In the few cases where planned housing units have been provided by a state agency for the labouring poor, the model of housing is often similar to the single room or chamber and hall units occupied by households in poor unplanned areas, with shared communal facilities provided at the neighbourhood level. This model of housing can be found in a few places such as Community 1 and Tema Manhean in the planned industrial township of Tema or in police barracks for the junior ranks.

### Home Maintenance and Environmental Management at the Lower End of the Housing Market

In the deprived low income neighbourhoods, the family elder or head is to the indigenous community what the petty or slum landlord is to the roomer (tenants renting one room or a chamber and hall) in the migrant areas. There are however major differences as the landlord's relations with the tenant are largely cash mediated with the state setting the regulatory framework, while the relations within the extended family context are dictated by custom which is also becoming cash mediated. In both cases there is a cooperative relationship between either tenants and their landlords or family elders and members of their extended family although this is not devoid of conflict.

Most family elders, relatives, tenants and landlords alike agree that the rights of landlords and family elders or heads relate to setting the rules for home maintenance and environmental management in the house under their ownership or care.

According to convention, landlords are responsible for undertaking major repairs and external decoration or painting of their property but few care to or have the means to undertake any major repairs as many are retired self builders who rely on the limited rent income to survive. Tenants are compelled in their own interest to sometimes undertake major repairs to their rooms such as repairing leaking roofs or cracks in the wall in addition to whatever internal decorations they may wish to undertake by themselves such as fixing a ceiling, painting and carpeting the floor or replacing wooden windows with louvre blades. As one tenant in Nima puts it "what do landlords do apart from collecting rents". Most tenants were however willing to invest in maintaining the house so long as it will be deducted from the rent charged especially where cordial relations exist between the tenant and his landlord. In the 'Taabo' line of Ashaiman, where there is a slum upgrading scheme underway, with the fear of the demolition of some houses, tenants have often refused to help their landlords pay the charge of 580,000 cedis for acquiring title to land including a redevelopment fee as most tenants expressed the fear of having to move out of their present rented houses as some will be demolished to create access roads.

In a situation of acute housing crisis as exists in GAMA tenants often have to live with sharp practices of landlords. For example, most landlords now demand two to five years' rent advance from tenants in contravention of the rent regulations. This demand is no longer in dispute given the neo-liberal environment where free markets have become the accepted norm under structural adjustment. The Rent Act 1963, Act 220 states among others that it shall be a criminal offence for any person to demand more than one month's rent in advance, in the case of monthly tenancy or more than six months as a condition for the granting or renewal or continuance of the tenancy. The act also provides that it shall be a criminal offence for any person to demand or receive more than the recoverable rent notwithstanding any agreement to the contrary. This act which was passed in the era of state endeavours to control the free play of market forces, in order to avert undesirable social consequences, has now become redundant.

Payment of rent advances is no protection against future rent increases as the story of the battle between the landlord and his tenant in the box below captures.

**Tenant, landlord in tussle**  
**By Rejoice Becky Sarpong**

Miss Maud Esi Klu, a seamstress, must have regretted advancing ₵300,000 to her landlord, Mr Ernest Sarkodie Acheampong to complete a part of his house at Dansoman for her to rent.

After completing the house, Acheampong is asking Ms Klu to pay four times the original rent of ₵8,000 agreed upon or quit the house.

According to Ms Klu, in 1993, she gave Acheampong ₵300,000 to convert a kitchen and a platform into two rooms for her to rent at a rate of 8,000 a month.

She claimed that since she came to the house, she had been giving money to Acheampong to pay light and water bills since he is not working, but he failed to pay some of the bills, which led to the disconnection of light and water to the house since 1996.

Ms Klu lamented "I fetch water from outside and iron my things in friends' homes".

Ms Klu said she has managed to tolerate Acheampong all this while but this time she has had to report his conduct to the Rent Control Office.

At the rent control office where the case is being heard, Acheampong admitted having taken the money from Ms Klu but insisted she must quit because people are ready to pay more. Hearing resumes on Tuesday, December 9, 1997

Source: Mirror, Saturday, December 6, 1997 p.3.

Utility charges, where these utilities do exist in-house such as electricity and water bills or toilet removal charges for pan latrines or septic tanks, are shared among users according to laid down guidelines set in the particular house compound (Songsore and McGranahan 1996). The maintenance of these services or construction of new ones are shared by all users including the landlord where he is resident. Where these services do not exist in-house tenants and landlords rely on water vendors in the case of water and public toilets and bath houses where access is based on the pay as you use principle.

In a similar manner, the family head or elder like the landlord is responsible for house maintenance with the assistance of family members and revenue derived from sale of family lands where applicable or moneys raised during funerals and outdoorings. Utility charges are shared among the heads of nuclear households occupying rooms within the family house. Whilst tenants are compelled to pay through threats of eviction, relatives in family houses may refuse to pay because of the misuse of common funds by elders or they may complain of poverty. In terms of the condition of housing, there is therefore very little difference in level of maintenance between extended family houses and rental units as poverty serves as a constraint on effective home maintenance in both cases.

Environmental management functions are undertaken by women in all cases with the assistance of children (for details see Songsore & McGranahan 1996; Songsore & McGranahan 1998). This is a daily cycle of activity which cannot be avoided even by tenants with a short term view of their stay in the city. Contrary to popular opinion among the urban elite, the poor households in slum neighbourhoods have a high level of appreciation of the environmental problems that affect their well-being and were also generally willing to pay something towards an improvement of the service in spite of their poverty ( Songsore & McGranahan 2000, pp. 10-11).

### **Home Maintenance and Environmental Management at the Upper End of the Housing Market**

At the upper end of the housing market are the planned, middle to high class residential areas where the elites reside. These are a carry over from the colonial policy of separate development between Europeans and Africans. This dualism has acquired a class character as centrally directed and controlled housing programmes and state subsidies including rental subsidies have tended to benefit those who could best compete in the free market. Much of the housing in this segment consist of single dwellings built as bungalows or apartments in storey buildings where services are for the exclusive use of the household e.g. flush toilets, piped water, electricity, kitchen, bath house, garbage cans etc.

Much of the housing in this segment are government built and owned dwellings for the use of senior civil servants and other senior public servants. Others in this broad category are owned by companies and corporations for letting to employees. A growing share of this housing stock is privately owned and either occupied by the owners or, as is often the case, let to private individuals or major employers for rent, determined at the free market rate by agreement between owner and renter. The differences between tenures are much less fundamental than the commonality of shared privileges in the exclusive use of environmental services and location in plush and planned neighbourhoods. Indeed it is not uncommon for one and the same person to be a tenant living in government or company rented housing enjoying subsidized rents and at the same time a landlord who has rented his property to another corporation, company or individual for which rent is paid in dollars or is dollar indexed.

In the case of repairs and maintenance, the Public Works Department (PWD) is responsible for the repairs and maintenance of all government owned bungalows and flats. They do routine and periodic maintenance as well as necessary extensions and renovations. All forms of maintenance work are undertaken including repair of taps, water closets, locks, roofs, walls and the rewiring of all premises. Most other public and private organisations have estate agencies or departments that



maintain all their facilities and buildings. These units also see to all internal maintenance of all premises rented by the organisation for its senior staff.

The occupants however pay for all amenities consumed-electricity bills, water bills and garbage collection etc. No subsidies and rebates apply here except for visiting consultants and top executives.

Tenancy agreements with private landlords within this segment of the housing market often involve formal contracts. The regulations, although codified, are quite similar to the informal rules at the lower end of the housing market discussed above. As a general rule both tenants and landlords abide by their duties and because rents are very high the landlord can build on the basis of rent income if he has other sources of income. The Rent Control Law, 1986 (PNDCL138) is specifically addressed to worker housing and not to de-luxe housing owned by the elite. At the upper end of the market rents are determined by what the market can take. Most housing is in a good state of repair. The only problem group is the housing owned by government and some other parastatal organisations. Because of the strict austerity programme under structural adjustment, the government has been unable to maintain its housing stock recently as only token rents are paid which do not provide adequate resources for home maintenance by the PWD and other estate agencies of some parastatals.

Environmental management is undertaken by housegirls, garden boys and others under the supervision of the female homemakers. Since most environmental services are in-house there is often indifferent relations with neighbours as the community based organisations involved in environmental management so common in informal settlements are totally non-existent here.

### **Crowding, Shared Environmental Services and Health**

#### **Crowding in Informal Settlements**

In the absence of any coherent government policy to address the housing needs of the urban poor, informal sector builders both in the low income indigenous communities and migrant areas have stepped in to meet the housing needs of the urban poor. This informal sector builds in defiance of regulations on land leased by stools and families in a manner accepted by government but not conforming to planning or building regulations (Tipple & Willis 1989:16). Compound houses built in this manner and using low cost, partly traditional building materials and technology in the past allowed low income households to build for themselves with some rooms to rent to outsiders. The data from GAMA suggest that about 79% of all renters live in these informal compound houses; 87% of all relatives in family houses and 47% of owners also live in these compound houses. Overall, about 67% of all households live in these single storey traditional compound houses, occupied by several households often sharing sanitary and kitchen facilities. About 35% of all households in GAMA live crowded in one room and another 33 % in two rooms.

The Housing Needs Assessment study notes a mean occupancy rate of 2.9 persons per room in GAMA which is above the UN recommended standard of 2.5. On the average, occupancy rates for the low class residential areas were above 3 with the highest figure of 4.4 persons per room occurring in Jamestown within the HDIS (Housing and Urban Development Associates 1990, 1: 65-66). Housing stress as measured by the degree of pressure on the use of housing and its associated infrastructural services was quite high in informal settlements (Housing and Urban Development Associates 1990 2: 53-57).

This housing crisis for the poor has been exacerbated by the rent control policies instituted by government over the years by shifting private capital away from low-income housing investment (Tipple 1987: 5). The following consequences noted elsewhere ( see Malpezzi and Rydell 1986; Tipple and Willis 1989) did occur in GAMA:



- As rent incomes declined in real terms, slum landlords tended to withdraw investment from their houses by foregoing maintenance and improvements or shifting these costs onto tenants;
- Some landlords removed their rooms from the residential rental sector using them for their own occupation or for members of the extended family and as is now more often the case converting those along street frontages into shops; and
- New investment by petty landlords in rental housing cannot be undertaken. This is often exacerbated by rising land and building materials costs. In a situation such as in GAMA where the population continues to grow combined with a stagnant housing stock the occupancy rates and other measures of crowding became intensified.

As a result of rising land and building costs and this dis-investment in low-income housing, homelessness which used to be hidden has now become open in both the old crowded high density indigenous areas such as La, Jamestown, Ushertown, Old Teshie and Old Nungua and in the high density low class migrant areas such as Nima, Mamobi, Madina, Sabon Zongo, Sukura and Ashaiman. The numbers of the homeless are on the increase, partly due to rising unemployment and eviction of indigent tenants coupled with acute housing shortage for the poor. This is consistent with the overall observation that poverty is on the increase in GAMA, up from a mere 9% in 1987/88 to 23% in 1992 (Ghana Statistical Service 1995). This has however recently declined to 4%. Notwithstanding these rosy statistics, poverty is rife in GAMA (Songsore 2003).

The homeless can be found on street pavements, markets, kiosks, and uncompleted buildings. A squatter settlement, called 'Sodom and Gomorrah' has developed on a landfill site along the Korle Lagoon where about 22,000 people, (some of whom have been evicted by the city authorities from Accra's CBD) now reside under constant threat of further eviction by the city authorities.

### **Crowding, Sharing and Health**

It is therefore evident from the above analysis that residents at the lower end of the housing market, irrespective of tenure, will be most affected by problems of ill-health that are related to environmental disamenities and crowding. Evidence from the quantitative data illustrates the links between residential sector where households live and their health status, using childhood diarrhoea and acute respiratory infection (ARI) symptoms together with respiratory problem symptoms (RPS) for the female principal homemaker. The evidence indicates the relative disadvantage of living in residential sectors that are considered low class with regard to health status (Songsore and McGranahan 1993).

Table 7 also clearly illustrates that in all cases, indicators of crowding or sharing of environmental services were associated with a higher diarrhoeal prevalence rate than the average prevalence rate of 13.4 for GAMA. Most of the crowding indicators or indicators of sharing of facility were related to the water sanitation complex.

The indicators of crowding implicated in children's ARI symptoms and respiratory problem symptoms of female principal homemakers are more related to intense contact due to crowding or poor maintenance of building rather than to environmental disamenities. They are related to room and bed crowding, leaking roofs and the close bonds between mother and child which promote transmission of respiratory infections from one to the other.

**Table 7: Indicators of Crowding/Sharing and Childhood Diarrhoea Prevalence**

Indicator	Size of Sub-sample	Two-week Prevalence of Diarrhoea (%)
Water		
1. Use Communal Standpipe	50	42.0
2. Water Source out of House	270	19.6
3. No Tap in Home	375	16.3
4. Use of Vendor	165	13.9
Sanitation		
1. Children Defecate Outdoors	145	26.2
2. Times when inconvenient to use public toilet	199	23.6
3. Toilet unclean	209	19.6
4. Toilet Sharing with >10hh	261	18.2
5. Use Communal Pit Latrine	241	17.0
6. Pay for use of Public Toilet	344	16.9
7. Use in-house communal Pan Latrine	113	15.9
<b>Total sub-sample for GAMA</b>	<b>537</b>	<b>13.4</b>

Source: Songsore & McGranahan, 1993.

### Conclusion

The results from this study tend to suggest that wealth and power of households together with location are more important than tenure in determining environmental outcomes. Centrally directed and controlled housing programmes and state subsidies have tended to benefit those who could best compete in the free market, to the exclusion of the urban poor, who are consigned to a deprived life in the informal housing sector with few environmental services. All tenure groups at the upper end of the housing market are united by their privileged access to housing and environmental services, while those at the lower end are bound together by their poverty and the state policies of exclusion.

Crowding and intensified sharing of housing and environmental services for all tenure groups in the informal low income settlements are related to increased environmental health burdens, especially among children and adult women, who spend most of their time at home or manage the home environment.

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## GHANA, THE FAMILY AND EDUCATION

*Jack Goody*

In reviewing achievements of earlier studies of the family in Ghana I begin with the informal observations of travellers and administrators. I mention one that has been especially important to me and that was the observation of the Dutchman, Bosman (1705) that contrary to the position in European Law, Africans inherited unisexually, that is, males from male, females from females. Focussing on the agricultural systems, I later tried to elaborate the contrast with Eurasia in my book *Production and Reproduction* (1976).

A much later contribution was of a more scholarly kind, and here I refer to the work of R. S. Rattray (1916, 1923, 1927, 1929) on the Asante with their matrilineal system. There were earlier studies of matrilineal people, like Lafitau on the Iroquois, but the Asante were and are still a large and important kingdom, with a rich cultural heritage and a complex trading network. Matrilineal succession operated at the political level and matrilineal inheritance at the domestic one, giving a very particular slant to familial relationships, especially that between a man and his mother's brother but also between husband and wife. The political and religious aspects were discussed by Dr. Danquah (1922; 1928; 1944) and Professor Busia (1951; 1954), first chairman of the sociology department at Legon, but my concern is with the family.

The person who contributed most to the study of domestic relations was directed to Ghana (the north in this case) by Rattray and was the teacher of many of anthropologists who have worked in Ghana since that time. Meyer Fortes trained at the London School of Economics under Malinowski and it was from him that he got his interest in matrilineal societies. Malinowski employed his Trobriand material in an attempt to show that Freud's Oedipus Complex was not universal and he entered into a vigorous debate with the psychoanalyst and biographer of Freud, Ernest Jones. But Fortes did not first come to Ghana to study the Asante. Fortes had trained as a psychologist in Cape Town and when he came to London he worked, among other things, on aspects of sibling relations in the East End with the psychiatrist, Emmanuel Miller, who had in his turn been a pupil of the psychologist-anthropologist W. H. R. Rivers, at Cambridge. Fortes knew J. C. Flugel, a psychoanalyst at University College, London, who wrote a psychoanalytic study of the family. He introduced Fortes to Malinowski, whose courses Fortes began to follow. His proposal to carry out fieldwork in the Gold Coast, as Ghana was known at that time, was submitted to the International African Institute and was to be directed to a psychological study of the African family. For this end he consulted Rattray and settled on working among the Tallensi of the Northern Territories, who had strongly patrilineal lineages.

Fortes did study the political organisation and the operation of the clan and lineage system but his major contribution, to my mind, was the analyses of domestic groups in a book he entitled *The Web of Kinship* (Fortes 1949). He also gave a particular impetus to studies on indigenous education, but his main work was on the 'family,' in which he took pains to show that even in this patrilineal society, the mother was of major importance in a variety of ways, in offering care to her own children (and sometimes those of her co-wife—also of course her 'children' in the local classificatory terminology), differentiating among her polygynous husband's children by offering different matrilineal ties with her natal lineage, and with the children's mother's, brothers), maintaining her links with her siblings and her parents. The emphasis was on the bilaterality of the domestic group, on the family in a conjugal sense, on what he called 'complementary filiation', as the familial and kinship ties outside as well as within the politically dominant, unilineal domestic groups.

For me this analysis was later important because it emphasised certain structural similarities in family groups which go a long way to explain recent changes. When he came to study the Asante, in a social survey carried out after the Second World War, he then stressed the role of the father in this predominantly matrilineal society. (Fortes 1948; 1963; 1970).

Partly as a result of his psychological training, partly as a result of his sociological observations, Fortes laid emphasis on the developmental aspects of both individuals and domestic groups. The latter work was particularly influential and the work of a number of his students and colleagues was brought together in a volume entitled *The Developmental Cycle of Domestic Groups* (J. Goody ed. 1958). It was an approach that permitted the dynamic analysis of census data. Rather than working only with average household size, it permitted the analysis of the formation and dissolution of dwelling groups, farming groups, consumption groups, conjugal groups and enabled one to see how these constellations varied in different units, that we were not dealing simply with average size but with an array of varied structures, with different percentages of simple and more complex elements. That approach, which has still not been fully absorbed in many studies, trying for example to contrast East and West, was also significant for the working out of provision of public housing. Looking at the percentages of specific kinds of household rather than working with averages.

These emphases were important for some later students of the family in Ghana who were also his students, either directly or indirectly, for example, Esther Goody (1969) and Christine Oppong (1974). The former was also originally interested in matrilineal societies but found that that the Gonja of northern Ghana stressed equally the maternal and paternal ties in a bilateral symmetry (E. Goody 1973). She concentrated on two aspects, firstly the phenomenon of fostering, and secondly what she called terminal separation (of spouses). Fostering turned out to be a very widespread West African practice, by which kinsfolk originally sent children to their siblings to rear. In a series of complex psychological and sociological tests she found little difference in the life courses of children brought up by kinsfolk and by parents (E. Goody 1969). The Gonja also practised terminal separation in which women past the menopause left their husbands (in what many would see as 'divorce') to return to live with their natal kin. It was a type of union that again had to be understood in terms of the developmental cycle.

Christine Oppong's (1970; 1971) work originally centred upon the modernisation of matrilineal families and the changes in conjugal ties. Since then she has broadened into a whole variety of demographic, gender and domestic studies of the differentiation of women's roles and their relationship to children's health and other problems. (Oppong 1978 (ed.); 1983 (ed.); 1987 (ed.); 1994 (ed.); 1996; 1999; 2000; 2001.)

I could continue to look at the child-centred work of research workers such as Kaye, the social psychological studies of Gustav Jahoda and others, the demographic analyses of Addo, Gaisie and many others. Much of the work that followed has been concerned with developmental, health and demographic issues, and these receive further attention in the other papers in this volume. But I would now concentrate on a particular aspect of the changing family in the present, that I think combines some of the interests of earlier Ghanaian studies. And in this context one of the points that arises out of these earlier studies is that whatever the wider socio-political aspects of the social structure, and they are varied, there is always, as W. J. Goode pointed out in his well-known work *World Revolution and Family Patterns*, (Goode 1963) some kind of conjugal family at the core and that to me has great relevance for the global changes that are taking place at the domestic level.

I want to consider briefly the relation between the family, education and demographic processes. And I want to focus not so much on the context of education, which is relevant for family and demographic change, but on the unintended consequences of the process of education. I have been writing of this at more length and here will treat the question in a rather summary way.

The background is this. One of the most remarkable transformations that has been taking place not only in Ghana, but throughout Africa and throughout the world, is the demographic transition. Throughout the world, though more slowly in Africa, we have evidence that the demographic transition is occurring at a rhythm much faster than happened earlier in Europe. The demographic transition is characterized by an initial decline in mortality, leading to considerably higher rates of population growth, but followed eventually by a decline in fertility, and leading in the west, not simply to replacement but to yet lower levels of fertility, marked by increases in the number of one-child and no child families. This decline in fertility means that the child-dependency ratios improve, opening up the probability of fewer or better schools and what has been called the 'demographic bonus' which, if managed well, can lead to considerable socio-economic development. Eventually dependency ratios for the old will increase, posing problems in developing countries, without advanced national welfare programmes, which have already experienced a decline in the three generational family. Or will such considerations lead to fewer no-child families than in economically advanced countries? Young adults may well have to bear this consideration in mind. The latter development has not yet happened in Africa, but if it does (its rather a matter of when) it will have important repercussions on society, since they cannot like Europe meet replacement with immigration. (In Sweden they are talking of legitimising porn videos on the TV to encourage fertility!). We have to try and explain this extraordinary state of affairs, which I had thought would be very delayed in Africa, not in particularistic terms but in the most general ones.

This development is taking place, not simply in industrialized and urban settings (of the West), but everywhere, even in Africa where economic change has been very much slower than many expected. Mortality fell for a number of external reasons, the lessening of local feud and war, increased production even with the hoe (as a result of the importation of cheap iron), some medical facilities and sanitary measures. I want to add one other element to this list, that seems to have affected not only the drop in mortality, but the later decline in fertility, as well as radically altering the family, marriage and kinship in other ways. I refer to education, which unlike the economy has been spectacularly successful in Africa (as elsewhere in the world since the Second World War).

Africa is still mainly agricultural. You may not find much economic growth in African villages, and sparse medical facilities. By definition urbanisation and industrialisation, which were the factors that were seen as promoting the demographic transition in Europe, have been of limited significance. But one almost universal factor in Africa's villages is an institution that everyone will immediately recognize; the school, imported in its present form from Europe, although of course all written civilisations had their own. These are particular, not only because of the content of the lessons but because of the school furniture, the lay-out of the classrooms, playground and wash room, the school books and above all the neatly dressed school children, whose parents have had to find the money to pay for a uniform-for example, khaki trousers, blue skirt, and white shirt or blouse.

I want to illustrate the impact that this development has had on two aspects of life, hygiene and family relations, from a recent autobiography I have edited by my late friend and co-author, S.W.D.K. (Kum) Gandah of Birifu in Northwest Ghana (to be published by the Institute of African Studies, Legon).

He attended the new school of Lawra in the northwest in 1943. First there was exercise and a bath (twice a day). 'When the roll was taken at the flagstaff, Mr. Henkel (the Headmaster) inspected each child's nails and hair to see that they were cut short and also that each child's teeth and uniform were kept clean..... Everyone's teeth were inspected to see they had been properly cleaned after breakfast and after lunch'. If they were not clean, then the compound prefect was in trouble-and so were you. Canings all around.

The pupils were in bed by 8:00 pm., and awake at 5:30 am. 'On Saturdays we washed clothes at the pond'. Nor did it stop with personal cleanliness. The school compound had to be kept clean and free from all rubbish, especially when there was any festival or ceremonial like the Coronation of George Vth. That insistence on cleanliness even applied to the home. When the headmaster came to visit Kurn's father, he was always on the look out.

If he came to our house and found the surrounding area or the top of the palace dirty, we were in trouble. He would ask us to return to school the next day even though the others were still enjoying their freedom. Knowing that he was likely to visit our house at any time during our holidays, we did all we could to clean the top of the palace and its surroundings reasonably well every morning.

During this particular holiday, Mr. Henkel had visited Birifu and found that the palace was littered with leaves and rubbish blown about the Harmattan wind. He immediately ordered us to return to school... When we arrived we were the only pupils there and every morning we were asked to clean the entire school grounds as well to fetch some fire-wood.

Later on he writes:

Although Mr. Henkel was no longer in Lawra to interrupt our holidays if we did not keep the palace clean, the habit of getting up at dawn to sweep the entire surroundings of the palace stayed with us. So early on this particular morning just before dawn, I got up and went down with some of my illiterate members of the family, and there were over two hundred children of the chief, participated in the same rituals of cleanliness as the schoolboys.

School had a halo effect on the behaviour of all their generation, which was particularly effective when the example was being set by the children of the chief.

Two points about this incident; there were no servants in LoDagaa compounds. The women and children had to do most of the chores around the house, and here the school children played a prominent role, spurred on by the example of the school and the possible disapproval of their headmaster. The school children were even taught to monitor each other, some being appointed as 'prefects' or rather as 'chiefs', thus mimicking the political system itself. Discipline was strict, not only because of their peers, who took the place of siblings and even of parents. Non-school children would be pressed to follow their example of regular baths, of cleaner clothes of tidier compounds.

Secondly, the incident illustrates the change schooling wrought upon the family. The father no longer yielded the same authority over his children as before. Clearly this was the case when they were actually attending primary boarding school, but even at home an authoritarian father like the chief of Birifu had his authority affected not only by the standards drilled into the children at school (cleanliness for example), but also by the actual interference of the school teachers, though this was more likely in rural rather than urban areas. The father's authority was over-ridden by the school teacher's. It was the latter who ordered them back to school before their mates and the father that had to beg for a little leniency. Moreover, the treatment at school was much harsher than in the house, especially as far as being beaten was concerned. Hence the efforts of some children to run away and reclaim their 'freedom'.

It was not dissimilar when Joe Appiah, the lawyer and a leader in the Independence movement, attended the long-established Methodist Secondary School of Mfantshipim at Cape Coast. He was separated from his maternal grandmother to whom he was very close, but his grandfather came to take up residence in a home he possessed nearby. The discipline was very much like an English boarding ('public') school and placed an enormous emphasis on uniform, hygiene and cleanliness.



One may ask, as this institution was already established in 1861, why was there no influence on mortality, fertility and the family of the kind I am postulating? It certainly did have an influence but it affected only a small minority of the population in the coastal areas. It was mass schooling that made the great difference.

Another major feature is the division of the sibling group or the peers into educated and uneducated. As I have remarked, the educated ones certainly influenced the others. But there was a considerable division between the two. The uneducated could not aspire to any position in the government or in the bureaucracy generally. They were destined to remain as farmers, - usually hoe farmers, or to be labourers of one kind or another. The others could be MPs, teachers, lawyers, doctors, army officers and so on. The class structure began to emerge within the sibling group.

So there were inevitably some who felt superiority on the part of the educated and some jealousy or resentment on the part of the others. For example, when Kum was teaching in Lawra, the headmaster,

suggested to the teachers that we should give some of our spare time in the evenings to teach the unfortunate people of the town who could neither read nor write.

Initially a lot of enthusiasts enrolled. They were divided into those who could speak English and those who knew ABC and others. I took a class of about four or five, who, due to their Koranic training, could be considered literate but not in the English or Western style'.

The newly educated tried to raise up their colleagues.

But the solidarity between was also drastically affected by the subsequent differentiation of jobs and the growing consumerism. The educational system broke up the solidarity of the family, reducing the authority of the father, splitting brother from brother, perhaps between husband and wife. It did that particularly because the jobs it had to offer did not exist at the village level. One virtually had to go away to work.

Of course the mobility of which Oppong refers in a recent paper was not only caused by education. The non-literates travelled to jobs in mines, in farms, in labouring work throughout the country and this activity, promoted by colonial penetration, had similar effects. Except that the non-literates were more likely to go on short-term migration and in any case could easily return to the village where they could claim land for farming. Education dispersed the population in a more definitive way. Indeed not only throughout country but internationally too.

The obvious problem with the decrease in mortality and initial population growth is that the process begins by increasing dependency ratios for the young. This is to say, children increase relative to the adult population. So if you want to maintain the same proportion of children at school the country is faced with a greater expense but the same number of adults to tax. And parents have to support more children. Equally the eventual decline in fertility releases resources for improving schools and hence the equality' of the work force, if that is a significant factor.

Parents and governments may of course react to the increasing growth by reducing the number of children at school. But because of the superior status of school children, both in a sibling group and in the world at large, there is likely to be pressure from some children themselves to attend, as happened in Kum's case. Not from all. Some will resent loss of freedom that school involves, as is clear from the same narrative. But on whole, parents will be forced into increasing sacrifices, of giving up on the help, which even young children can offer and even without school fees, spending more on clothing, books, food and the consumer items, which children in a competitive school environment require. The result is likely to be a decision to limit the number of children.



In other words, schools have decreased mortality by the emphasis on clean clothes and personal and household hygiene, more than decreased fertility by the increased costs of bringing up children in a school situation. The demographic transition is set in progress without urbanisation, industrialisation and scarcely without modernisation, except the school itself. When that happens, there will be a decrease in child dependency ratios, since there is a larger number of adults from the earlier fertility rise while the aged population has not yet begun to swell. This promises a 'demographic bonus'. In the following phase, the dependency ratio for the old will increase, partly because of greater longevity and partly because there are fewer younger folk to assist in looking after them. In Africa, that will be particularly problematic, since there is too little economic strength to build up the extra-familial systems of old-age care, which characterize the developed economies. It will be another difficult phase for the extended family, which will have to be encouraged to cope. Education as we know it preceded industrialisation and intrusive urbanisation in Europe too. But it was not until very late (1870) that any attempt was made to introduce compulsory education and it was the widespread schooling that made a marked difference.

Widespread education may accomplish what western demographers, trained on Malthus, have advocated to control the rise in fertility, that is, later marriage. Later marriage means longer adolescence, with all its problems and its own sub-culture. (In fact, as Lee *et al* have recently shown, it is quite possible for 'traditional' societies to control growth within marriage). Education promotes consumerism and expands the role of money in children's lives. When there is a large gap between achievement in the economic and educational domains major difficulties arise.

For there is another factor to be brought into the picture. I have indicated that throughout the world education has been very successful in establishing schools and recruiting children in a whole variety of socio-economic situations. The new leaders of independent, ex-colonial nations were all educated men, some highly so, like Jomo Kenyatta or Kwame Nkrumah, both authors of books. They wanted their peoples all to be schooled, partly for general reasons and partly so they could participate in national politics, which were based not only on literacy but on being able to read and write in a language, the colonial language, of major circulation, English, French, Spanish or Portuguese.

Despite earlier hopes, the economy did not expand *pari passu* with education. It could not provide the jobs which school or university leavers anticipated, since it was unlikely that they could return to what was still basically a hoe economy, into many rural areas, with low levels of production and plenty of back-breaking labour. Cocoa plantations were different because they were cash crops, whose value varied with the world market. This meant there was a gap between the literates who were being produced by the school systems and the numbers of jobs. The administration expanded in a variety of fields but this just meant there was less government money to go round and wages fell. I would suggest that from this point of view the programme, pursued so overtly by the governments, the UN, religious bodies and other agencies, had very serious problems.

As Adjepi points out, the discrepancy produced a floating population of the young who were basically a threat to political stability, since they would follow anyone who, realistically or not, promised them jobs. The other outlet was overseas. Some migrated from Ghana to oil-rich countries where wages were better. Others, because they had been educated in an international language, attempted to emigrate abroad, legally or illegally. They emigrated to developed countries who increasingly failed to reproduce their population. There they often filled jobs the locals would not take and which were lower than their qualifications entitled them. Fifty per cent of trained health personnel are reckoned to be working abroad. The result has been enormous loss to the exporting country, Ghana which has spent large resources on training the personnel and considerable gain to the developed world.

Even when there are no jobs they still tend to go to towns. The men leave wives, children and other family behind them and the women might turn to prostitution as well as to petty trading.

Later marriage which results from education (and other factors) can also be seen as related not only to the quality of the workforce, where relevant, but also to extending adolescence, with its serious potential for drug taking, alcohol abuse and risky behaviour. I say where relevant because it must always be remembered that the major civilizations of Eurasia achieved their earlier advances while literacy was acquired only by a minority. That situation of minority, if you like of elite, literacy lasted some 5000 years. The new nations of Africa are pursuing quite a different and unexplored course of widespread if not universal schooling. Their adaptation to urban life may bring about many of the problems Oppong (1999; 2000; 2001) has pointed out in an essay on the likelihood of increasing infant malnutrition. Delayed marriage equally leads to greater illegitimacy and reduced birth spacing and the spread of disease. Increased divorce or separation and one-parent (usually mother-centred) families are in there too. Not all these ills are to be attributed to education, but it is as well to recognize that we are dealing with a package of pluses and minuses as far as education and the family are concerned. For good or for bad, the globalisation of education releases a potent force in the globalisation of the family.

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## POVERTY AND THE GHANAIAN FAMILY

### A. Afrifa

#### Abstract

This paper examines four aspects of poverty: (1) the essence of being poor, (2) the physical, social and psychological consequences of poverty, (3) the causes or origins of poverty, and (4) poverty alleviation.

Basic to programmes of poverty alleviation or elimination is understanding what keeps some people or families in a condition of perpetual poverty. Is it due to defects in the life ways of the poor (the individual blame or "culture of poverty" hypothesis), or is it due to the dysfunction and inequities in the social, political and economic institutions in the society (systemic-blame hypothesis)? It is argued here that although poverty may have both individual and systemic origins, the latter (both internal and external) is preponderantly responsible for the continuing poverty of the poor, in many developing countries. Unless there is good internal governance and a serious international effort at changing the world economic order and sharing the potential equitably, poor countries and their impoverished people will continue to wallow in poverty. National and global governance must have at their core, human development and equity.

#### Overview

How many families in this country are in poverty? Is the number yearly growing larger? Are there each year more and more children going hungry? Are there more fathers whose utmost effort may not bring into the home as much food as the family requires?

Certainly, these are neither sentimental nor fanciful questions. There are in this country countless families in precisely these conditions. If one considers the national minimum daily wage of less than one US dollar and the price of a loaf of bread at one – third of a dollar (33 US cents), of the pervasiveness of poverty in Ghanaian families becomes palpably evident. Thousand families who are in no sense paupers live in poverty.<sup>1</sup> Those who are in poverty may be able to get a bare sustenance, but they are not able to maintain those necessities which will permit them to maintain a state of physical efficiency.

The necessities for maintaining physical efficiency or the physical health of the average worker and his family in this country are not difficult to determine. They consist of adequate supplies of cereal food (maize, rice), tubers (cassava, yams), a moderate supply of protein (fish, meat, beans), clothing, adequate housing, some education, and sadly enough, sufficient freedom for the mother from other work to enable her to perform properly her maternal and household duties. Surely, this standard is not an unreasonable one—sanitary housing, a sufficient supply of food and clothing.

All having to do with physical well-being is the very minimum which the labouring classes demand.

Families living in poverty are in perpetual distress. They may never visit relatives or attend funerals in their home villages and towns unless they walk. They cannot save. The children must not have the simplest play things. The mother must never buy any pretty clothes for herself or for her children. They must be content with "throw-aways". Nothing must be bought but that which is absolutely necessary for the maintenance of physical health. What is bought must be of the

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<sup>1</sup>A pauper is one who depends on charity for sustenance.

plainest and of the most economical description. Should a member of the family fall sick, she must be attended to by the quack doctor or by the itinerant drug peddler.

Thomas Carlyle, the Scottish essayist and historian aptly described poverty as “not the lack of things but as the fear and dread of want. To live miserable, and not knowing why, to have dread of hunger, to work sore and yet gain nothing is the essence of poverty.” This is precisely the circumstances of many Ghanaian families.

Indeed, Karl Marx was right in asserting that the key to class structure is economics. The extent of an individual’s wealth determines his “life chances” and the chance to obtain things that are valued in society. The term “life chances” refers to the opportunities to live and to experience the good things in life.

Every year thousands of Ghanaian babies go unvaccinated against common childhood diseases. The mortality rate for poor families is considerably higher than that of the non poor (GDHS, 1998). It is also documented that in every society, the poor have higher mortality rates from specific diseases such as pneumonia, HIV/AIDS, cancer of all sorts, and others. Even more depressing is the observation that the poor have about twice the incidence of clear-cut vitamin deficiency than the non-poor (World Bank Population, Health and Nutrition Sector Review, 1988). Diet deficiencies are an important cause of infant mortality and disease. If a pregnant mother lacks essential vitamins and minerals often her child will be born prematurely. Premature babies are often at risk for a number of intellectual neurological and developmental disabilities. They are more likely to die during the first month of life. Even in an affluent country like the United States prematurity accounts for about half of all deaths that occur during this time.

The inadequate diets of the poor, determined in larger measure by their economic circumstances, may explain why many poor children do not perform well in school. These poor children are more likely to be hungry, weak, sick and even suffer from brain damage and mental retardation than the better – fed children. The level of educational attainment we reach is a crucial determinant of our chances of income. But in our society today, educational opportunities are no more equally accessible to most poor children, at least not in terms of quality education.

Poverty, to be sure, is not a new phenomenon in our families. What is new is its pervasiveness and the increasing pauperization of a large number of families. The cities are now chock – full of destitutes and beggars. There are too many adults in the system who are unemployed or underemployed. If employed at all many lack the resources to cater for the basic survival needs of their families. Reports of poor families openly selling or auctioning their children because of deprivation and hunger are not rare in the daily and weekly newspapers. How can uncles, aunts and other members of the cherished extended family system take care of their poor relatives’ children when they themselves have to sell their own children in order to survive. Poverty obviously is at the root of the breakdown in our traditional extended family and communalistic way of life.

The gradual extinction of the extended family ideal not due to ‘modernity’. It is not due to choice it is due to necessity—a condition brought about by profound social and economic changes that have embroiled the country for the past decades. These changes have removed the traditional support systems that existed in the society, leading to a growing incidence of child neglect, child abuse and domestic violence in many families.

One direct consequence of child neglect and child abuse is the births in our health facilities that are to teenagers, mostly from poor families and most under 17 years of age (Afrifa 1994). As a result, the demographic landscape of poor families is undergoing dangerous and socially unacceptable changes. An increasing number of infants and children in poor families are exposed to the risks of having a teenage mother, a youthful grandmother and a middle-aged great-grandmother, who are usually still in their prime. Since these “young” grand and great-grand parents are yet to biologically retire they are simply not as available as they used to be in the ‘golden’ old days—and the children of today are bearing the brunt of these demographic changes.

Sadly, the idea of childhood as a sheltered time, free of anxieties, is becoming a nostalgic luxury at present. Many parents – as a matter of economic and survival necessities – are simply not at home when the children return from school, if they go to school at all. Most poor parents cannot, therefore, exert day to day control over their children's activities. Some parents, as a matter of survival encourage or connive with their children to enter the adult world precipitously or prematurely. Our streets are like beehives – multitudes of children and teenagers selling, peddling, stealing or soliciting. These children are being robbed of their childhood and adolescence by being exposed too early to the secrets and vagaries of adulthood—violence, illness, death and sexuality.

There is no doubt that most of the poverty and ill health is still to be found among rural families. However, impoverished families are overwhelmingly a majority in urban areas. Urban poverty is grimmer and its entire context is quite distinct from rural poverty. Although the urban poor suffer from diseases related to poverty just as do the rural poor, the ecology in urban settings is often different from that in rural areas.

Employment opportunities require the poor to work in hazardous conditions on construction sites, in small industries handling toxic chemicals or exposed to fumes and dangerous particles from machinery. The need for employment also dictates the place of residence forcing the individual and his family to live in polluted areas or areas exposed to disasters, floods and fire outbreaks. Thus, even in a disaster, the socio-economic status of the family makes a very real difference: the higher the economic status of the family, the greater the probability of survival.

Unlike rural mothers working in the farm with their children, or with the aid of members of the extended family, the urban poor mother, who is usually a petty trader in our busy and chaotic markets, has to leave her children at home, with a daily meagre allowance to buy food on the streets. Since street foods are often prepared and sold in unhygienic surroundings these children run the risk of contracting gastro-enteric diseases.

Moreover, the severest human deprivations arising from environmental damage are concentrated in the cities and affect poor families unable to protect themselves. Environmental aspects of urbanization affect the poor in direct and significant ways. Housing conditions are woefully inadequate—often without sewerage, running water and garbage disposal facilities. Unlike rural families, poor urban families do not have physical spaces or streams for their use. Instead, they have air and water pollution from traffic and industries. Respiratory infections in small children are therefore more likely to occur among poor urban children. At the same time, the invariably high numbers of health facilities in urban areas remain for most part unattainable or unaffordable to urban poor families as they would have been if they lived in the rural areas. The conditions of life of poor urban families are made even worse by the breakdown of family structures and loss of social cohesion. In urban areas, the traditional mechanisms that govern and control behaviour no longer operate. Consequently sexually transmitted diseases (STD), child neglect, child abuse, child abandonment, mental and emotional disorders become serious problems for poor urban families, compared to the levels among poor rural families.

There is an oft-quoted verse from the Bible that says “and the poor shall always be with us” (Matthew, 26:11). While this has been true, must it always be? Honestly there is nothing ‘glorious’ or ‘pious’ about poverty. In fact, our culture frowns upon poverty. Just consider some of our proverbs, wits and epigrams about poverty as compiled by the paramount chief of Acherensua, Agyewodin Adu Gyamfi Ampem (1998):

Poverty can be equated with insanity;

Poverty's sibling is belittlement;

Poverty is a disgrace;

Any broth carrying the poverty tag is bitter;

The poor has no friend;

The corpse of the poor man is buried by the roadside;

Necessity compels a monkey to eat hot pepper.

Clearly the psychological consequences of being poor cannot be under estimated in our society. The poor are rejected. They are looked down upon as lazy, and dirty. The poor are not wanted by the rich as neighbours, friends or colleagues. Being poor is degrading as well as uncomfortable. Being poor engenders feelings of hopelessness and helplessness, thereby leading to apathy or anger. In fact, one of the most important sources of anger is that poor families see affluence all about them but no matter how hard they try, they are unable to share in it. Worst of all, the poor are aware that they are more likely to be arrested, to be found guilty, and to serve longer sentences for a given violation than people of higher socio-economic status. Criminal behaviour is found throughout the social structure but the prosecution varies. It is the poor who are usually arrested. The judicial process does not seem to sort out the innocent from the guilty, so much as the well-to-do from the poor.

When the poor become helpless and hopeless, some desert their families. Others escape their harshness of reality through mental illness, alcohol, drugs, religion or witchcraft. Some commit suicide or displace their anger and frustration on family members. The proliferation of churches (many dubious), and the unprecedented high incidence of domestic violence, spousal murders and suicides in recent times, are indicative of the calamitous circumstances of the Ghanaian family.

Two reports in the Daily Guide (September 11, 2002) further illustrate the fatal consequences of poverty:

(a) A 29-year-old housewife dead with the husband's locally manufactured pistol... According to police sources the victim who was nursing a four month old baby allegedly stole ₵46,000 (Six US Dollars) belonging to her mother-in-law. Police said when her husband confronted her, she admitted stealing the money. The husband then asked her to refund the money and she agreed. She entered their room and instead picked her husband's loaded gun and shot herself.

(b) Committed suicide by drinking an insecticide. She was alleged to have stolen a traveling bag belonging to her late husband's relative. On hearing about the theft her father advised her to return the bag. On the same night of the same day, she was found dead the next morning with a DDT container by her side.

These are some of the terrible alternatives which the distressed or some people in poverty accept in preference to public ridicule and humiliation.

According to Government statistics 40% of Ghanaians live below the poverty line. Why are so many of us poor? Who is to blame? The answer is not all that simple. For one thing, poverty is pandemic. It exists in both rich and poor regions of the world. Despite America's riches and wealth, millions of her people are ill-fed, ill-clothed, ill-housed and homeless. Why are some people so poor in a land of apparent affluence? Some Western conservatives see the fault in the individual poor. The fatal flaws within the poor that keep them and their children poor are believed to be a deviant value system ('culture of poverty' hypothesis). The poor remain poor because they are lazy and also do not believe in hard work. Thirty years ago Edward Banfield, a distinguished professor of urban government at Harvard, presented a conservative assessment of the poor. In his view, the poor are doomed by their hedonism and the culture of poverty is such that it makes the slums in which they dwell actually desirable to them.

As he put it:

Although he (the poor) has more "leisure" than almost anyone, the indifference ("apathy" if one prefers) of the lower-class person is such that he seldom makes even the simplest repairs to the place that he lives in. He is not troubled by dirt and dilapidation and he does not mind the inadequacy of public facilities such as schools, parks, hospitals, and libraries; indeed, where such things exist he may destroy them by carelessness or even by vandalism. Conditions that make the slum repellent to others are serviceable to him in several ways (Banfield 1974: 72).



As Banfield sees it, the poor are the cause of their own problems and circumstances.

Surprisingly, many Ghanaians seem to share the “culture of poverty” hypothesis. A study of the attitudes of a cross-section of the students at the University of Ghana (Afrifa 2002) indicated that 45 per cent of the students did believe that the poor are partly responsible for their plight. As one student said, “Poverty as a phenomenon can be self-inflicted”. Other culture of poverty responses were:

Some people lack focus, attention and other tools necessary to break the poverty barrier.

Most poor people don't make any attempt to improve their status as a result of inherent laziness.

Opportunities may be available to access and progress, but fail to do so because of laziness, carelessness and lack of foresight.

Many poor people do not try to improve themselves. They believe that once they are born poor, it was the will of God to be poor, so they make no effort whatsoever.

The culture-of-poverty hypothesis has extremely important ramifications for the way the war on poverty will be waged and the policy decisions that will be made or not made in dealing with poverty. It is therefore imperative to examine closely the rationale for blaming the poor for their poverty. The most common rationale is that the poor are doomed by their hedonism. They are lazy and do not believe in hard work. This simply is not true. Most of the poor do work. They just do not earn enough to rise above poverty. Since the poor are commonly unskilled they must work at low – paying menial jobs. They want to achieve, but they are blocked by the lack of opportunities and victimization by the more powerful. The poor cannot afford to send their children to school. If they go to school at all, they are more likely to drop out or fail. The degeneracy of the adults infects the children and the foulest of our social miseries is thus perpetuated from generation to generation.

Is it also not possible that the hedonism or the present time orientation of the poor is a product of the hopelessness of their situation? It seems highly unlikely that the poor see little reason to complain about the slums. What about the filth, the rats, the overcrowding, and the high infant mortality? What about the lack of jobs and opportunity for upward mobility? This feeling of being trapped seems the primary cause of a hedonistic time orientation. Poverty may have both individual and systemic origins, but explaining poverty largely within a person – blame framework, can be dangerous. It protects the established order against criticism, thereby increasing the difficulty encountered in trying to change the dominant, but corrupt economic, social and political institutions.

The poor people of Ghana, to a large extent, are victims of their own elites, public officials and leaders. Bad governance, corruption, bribery, thievery, social insensitivity, greed, self-aggrandizement, misplaced and displaced socio-economic priorities, conspicuous, consumption, inordinate ambition and hedonism, have historically been the hallmarks of this section of society. Loans contracted for public works or poverty alleviation are squandered by public and government officials. Bank of Ghana officials steal millions of cedis from the bank's vaults with impunity. The Bank of Ghana is the repository of our financial reserves. How safe are our foreign deposits? Are the proceeds from exports – gold, timber, cocoa, bauxite, pineapples – and monies borrowed from the World Bank and donor countries well accounted for? The weight of sociological evidence suggests strongly that the inequities of society and the hedonism of the elite and public officials are to blame for the poverty of the poor, and not the hedonism or the defects in the life ways (culture of poverty) of the poor. Unless the system is sanitized, or public officials, ministers of state, party officials and the business men and contractors are held strictly accountable, the war on poverty will be a losing battle.

We ought to be outraged by white-collar crimes and official corruption as we are when assaulted and robbed by a stranger on the street. The prosecution and conviction of such nation wreckers and looters is most important, not only to deter further looting of our scarce resources, but also because it would demonstrate the even handedness of the law something that does not exist



now. Obviously we cannot discount the contribution of external factors to the perpetuation of poverty in Ghana. There is a parallelism between the ever increasing poverty in Ghana (and the Third World in general) and the ever increasing prosperity of the Developed or First World. Dr Kwame Nkrumah, the first President of Ghana noted aptly that, Africa itself is not poor. It is the people who are poor. They are poor because they have been exploited for so long by the Western World. Data gleaned from UNDP's Human Development Reports (1998; 1999; 2000) lend credence to this assertion.

The developed world shelters only a fifth or 20 per cent of the world population but contributes 86% of World GDP and dominates 82% of World Export Markets. A historical analysis of world income distribution between the richest and poorest country was about 3 to 1 in 1820, 11 to 1 in 1913, 35 to 1 in 1950, 44 to 1 in 1973 and astonishingly 72 to 1 in 1992. The data indicate that the average British family in 1820 had an income six times that of the Ethiopian family in 1992. With a per capital income of \$370, the average Ghanaian was poorer in 2001 than in 1957, four and a half decades (44 years) after independence. The average real wage is a quarter of what it was even in 1970 and 40% of the population live below the poverty line.

True, income is not the sum total of human lives. It is also not an accurate predictor of poverty levels. Nevertheless the lack of it can also mean the denial of what is necessary for the material well-being of families. Yet, while the incomes of families in the developed world keep on skyrocketing ours nose-dive every year.

The priorities of the developed and the developing worlds are not only starkly different but mind-boggling. The provision of basic education for the poor world will cost \$6 billion. Americans spend \$8 billion on lipsticks, pomade and other cosmetics. The poor world needs \$9 billion for the provision of safe water and adequate sanitation. Western Europe alone spends \$11 billion on ice cream. Western Europe and America spend \$12 billion on perfumes. This is the projected cost for the provision of adequate reproductive health care for all women in the developing world. While most families are under-nourished and malnourished America and Western Europe spend \$17 billion on food for cats, dogs and other pets. Japan "blows" \$35 billion on business entertainment every year but the estimated cost for the provision of basic health and nutrition for the people of the Third World is only \$15 billion a year. In effect, Japan spends more than twice the amount required for the provision of basic health in developing countries on business entertainment. Europe and America spends one and half times on pet foods, and Europe alone spends eight times on cigarettes and cigars.

This is by no means the end of the inequities. Wide disparities in longevity exist and persist. The percentage of people expected to survive to age 60 and infant mortality rates decisively favour families in the developed world. In the developed countries, about 90 per cent of their people expect to survive at age 60 and only 7 out of 1,000 infants will die before age 5. In the poor world half of the population are expected to die before they are 60, while 94 (in some countries, over 200) out of 1,000 infants will die before they are five years old.

These are the stark realities that distinguish families of the developing world and those of the developed world. In developing countries as a group, 'human poverty – or deprivation in terms of short lives, illiteracy and a lack of basic services – affects one quarter of the population. Sub-Saharan Africa and South Asia have the highest combined incidence of both human and income poverty, about 40 per cent. In sub-Saharan Africa, human poverty, and income poverty are increasing both in proportion and in absolute numbers' (UNDP 1997).

In effect, poverty is a global phenomenon. The global expansion of trade and investment is proceeding at breakneck speed, but largely for the benefit of the rich and powerful countries of the North. "Serious international action is needed to level the global playing field and create a robust safety net for the world's poorest people" as noted by Sakiko Fukuda-Parr, head of the Human Development Report Office of the United Nations. Unless globalisation is carefully managed, poor countries and their impoverished people will become increasingly marginalized.

As the drafters of the Universal Declaration of Human rights noted, "A decent standard of living, adequate nutrition, health care, education, decent work and protection against calamities are

not just developmental goals – they are human rights.” And, “Human Development is essential for full Human Development. But Human Rights – in an integrated world – require global justice” (UNDP 2000).

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## GENDER, THE FAMILY AND MENTAL ILLNESS

*Juliet Mitchell*

I am going to take the notion of mental illness in its broadest possible sense and look at its prevalence in relation to questions of gender and the family, using certain tenets of psychoanalysis which seem to me to provide a framework for a cross-cultural perspective. My focus is firstly on the psychological implications of sibling relationships, which I believe have been absent from the paradigms that are used to examine mental health. Secondly, and following on from the first, to consider the implications for the gendering of mental health of the fact that our model of health and illness is based on the family.

The psychoanalytic tenets that are relevant to my comments are: first a profoundly anti-Cartesian postulate that the mind and body are not separate; the infant's nascent mind emerges from the demands of the body in the context of the human world, and furthermore it always returns to this body as is exemplified in a physical but non-organic hysterical symptom.<sup>1</sup> The second relevant postulate is that mental illness is only an exaggeration of normal processes, it is not a different discrete state but on a continuum; hence the extremes of psychological symptoms of ill-health can tell us about everyday mental life. Thirdly that infantile life is supremely important for all mental states, that we acquire the basics of being acculturated humans in a staggeringly condensed way in our early years. One can see this most obviously in the acquisition of lore and language. Psychically, we all continue to carry our 'pre-cultured' infancy with us. In mental illness it is as though instead of being contained – I feel like crying like a baby – or indulged as, for instance, in those dreams in which we can fly just as we hoped to in childhood, this infancy breaks through but in a disguised manner: an hysterical blindness for what we do not want to see and simultaneously want to see too much. I am looking then at the origins of mental illness not as understood by neuroscience and pharmacology, but as understood as taking place in the family.

The human context for the growth of the mind and its fall-out or fall-back positions in mental illness is the family. Not the family in the simple sense of the social occupants of key positions – mother, father, grandparents, siblings etc., but the family as it is positioned within cultures or within human culture itself: the prohibitions and allowances of kinship laws, of understandings of death and life, of food and sexuality, to name the most obvious.

Psychoanalysis as a clinical practice and as a theory was "born" when Sigmund Freud changed his understanding of mental illness and in particular of hysteria (a mental illness very prevalent in the late 19<sup>th</sup> century), as having been caused by a sexual abuse by the father in the patient's childhood, to a notion that the child had desires which human cultures had to repress. The father stood in the place from which essential cultural prohibitions emanated. Later psychoanalysts emphasised the importance of the child's earlier socialization of its needs in its relationship to the place of the mother. (I emphasise "the place" of either parent, not because there can be others in

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<sup>1</sup> This is more than psychosomatic illness, more even than 'you don't need to be depressed to get a cold – but it helps'. The body expresses the mind's thoughts. My first analytical patient could not see my pregnancy – instead the pain of the unseen perception was experienced as a stomach ulcer, despite my interpretations that the growth was in my stomach not his, the matter began to get out of hand when his doctor suggested tests for stomach cancer. It was time not to help him to understand, but to insist on the difference. My patient, an adult male, was re-living as a symptom the games and identifications of a two-to-three year old, being both pregnant mother and suffering older child. The symptom had a contradictory meaning of both what he wanted – omnipotently to be everyone – and what he did not want – his mother to be concerned with anyone other than himself.

those places – of course, there can – but because this place contains the meaning of fatherhood or motherhood, the fantasies of the mother, the mother's (or father's) internalisation of the significant people and events in her/his life – in other words, *her* (or his) psyche which, like the baby's, is huge and contains multitudes).

The shift of focus from the laws of the father to the satisfactions and frustrations emanating from the mother<sup>2</sup> within psychoanalytic theory had a great impact on the emerging discipline of developmental psychology, just as this discipline, in turn, impacted on psychoanalytic theory and practice. But, apart from some important exceptions since the 1980s, the movement from father- to mother-dominated explanations has been at the expense of siblings. In this it has in my view been ethnocentric. It has also been complicit with gender ideologies around on the one hand work – allowing women to work in the paid work-force as though they had no gender – and on the other, around reproduction in which it allows women to reproduce, care for children and carry out highly extended domestic work as though all they had was gender – “that's woman's work,” from babies, to washing-up, to types of farming.

Returning in 1963 with his psychiatrist wife, Doris Mayer, to the Tallensi with whom he had worked from 1934 to 1937, anthropologist Meyer Fortes in “Psychosis and Social Change” describes Tallensi family life in a way that indicates the pervasive influence of the psychoanalytic model (Fortes and Mayer 1965). He illustrates the child's social world through a series of boxes. The child's progress originates with the mother in the mother's room, next in the father's quarters with his half-siblings, and finally after about age five, with the wider clan of uncles, aunts, cousins etc. This social configuration matches the internal schema of psychoanalytic pre-Oedipal, Oedipal and post-Oedipal neatly. But this model aside, Fortes' and Mayer's work instead underscores something different: what I will call the structuring, autonomous area of sibling relations. Tallensi parents still in the nineteen-sixties abstained from sexual relations with each other from the birth of a baby until it could move and feed on its own. For the mother, birth-spacing was thus commonly from three to three and a half years. The taboo is attached to the mother, though this is not explicitly discussed, presumably for the father there were no prohibitions on sexuality itself. Thus, for the baby, it is quite likely that the nearest sibling who could chronologically be a “twin” would have been a half-sibling with its own separate mother. However, it was expected that a new pregnancy and baby of the same mother would cause the other infant considerable disturbance and intense rivalry. But by the time this happened, as Mayer commented: “there was already an extremely strong sibling and peer group in place; it was not uncommon to see children of between two and three years going around with their arms affectionately around each other's necks.” Between the lines, Mayer is clearly curious as to whether, along with the strong parental care and affection, this lateral bonding does not contribute to the robust psychic health of the Tallensi. When working in a nursery of a Mapam Kibbutz in 1962, I noticed the same intimacy in small peer groups of 4 children of around two years old. Anna Freud, working with child survivors of the Nazi concentration camps noted that it was such peer-group bonding that enabled survival – however, she considered this to be not a normal but a social pathological structure formed under desperate conditions. If the sibling or substitute peer group can promote psychic well-being, it should logically also take its share in causing mental illness. I have looked through the literature for signs of this.

In the 1930s D.W. Winnicott, a British psychoanalyst famous for the sensitivity, perceptiveness and originality of his observations of infants and mothers, was a practising paediatrician. He wrote for an audience of parents and fellow health-workers as follows:

You are taking the weights of a large number of children and it is easy to work out what is the average weight for any given age. In the same way, the average can be found for every other measurement of development and the test of normality is to compare the measurements of a child with the average. Such comparisons make it

<sup>2</sup> The mother's social control is regarded not as rules and regulations but as deprivations and frustrations.

very interesting information, but there is a complication that can arise and spoil the whole calculation. A complication not usually mentioned in the paediatric literature. Although from a purely physical standpoint, any deviation from health may be taken to be abnormal, it does not follow that physical lowering of health due to emotional strain and stress is necessarily abnormal. This rather startling point of view requires elucidation. Now take a rather crude example: it is very common for a child from 2-3 years old to be very upset at the birth of a baby brother or sister. As a mother's pregnancy proceeds or when the new baby arrives, the child that has hitherto been robust and has known no cause for distress may become unhappy and temporarily thin and pale and develop other symptoms such as enuresis, ill-temper, sickness, constipation and nasal congestion. If a physical illness should occur at this time, e.g. an attack of pneumonia, whooping cough, gastroenteritis, then it is possible that convalescence will be unduly prolonged.

Joan aged 2 years 5 months was an only child when 13 months ago her brother was born. Joan had been in perfect health until this event. She then became very jealous, she lost her appetite and consequently got thin. When left for a week without being forced to eat, she ate practically nothing and lost weight. She has remained like this, is very irritable and her mother cannot leave her without producing in her an anxiety attack. She will not speak to anyone and in the night she wakes screaming – even four times a night. The actual dream material not being very clear .... She pinches and even bites the baby and will not allow him things to play with. She will not allow anyone to speak about the baby, but frowns and ultimately intervenes. When she was put in a welfare centre she worried a great deal; ... and having no one to bite, bit herself, so that she had to be taken home after three days. She is scared of animals. If she sees a boy on the chamber she heaves until she is sick. If given chocolate, she puts it in her mouth and keeps it there until she gets home then she spits it all out again. She constantly prefers men to women. The parents are exceptionally nice people, the child is a perfectly healthy and lovable child. (Winnicott 1958 [1931]: 3-4)

Winnicott never made anything of this, nor of some other scattered observations, except to note the overall benefit of siblings to the child as opposed to being an only child. Once he comments that a child needs first to have access to its hatred of a sibling if it is to achieve love of it. Hatred and rivalry for the one who deposes, or even the risk and thought of one who might depose, is, as the Tallensi apparently appreciate and Winnicott emphasises, quite normal. But it also appears as a normal illness. I suggest that if we were to transpose Joan's normal childhood illness at the birth of her sibling into her adulthood, we would have all the characteristics of one expression of mental illness: eating disorders, depression, self-attacking, sudden violence, overwhelming anxiety, recurrent nightmares...

At roughly the same time that Winnicott was commenting on childhood illness in a paediatric clinic in London, a British doctor, Cicely Williams, was reporting on child health from observations at the Children's Hospital, Accra, Gold Coast. Her first publication in *The Lancet* is on 'Kwashiorkor' and opens with these words: "The name "kwashiorkor" indicates the disease the deposed baby gets when the next one is born" (Williams 1935: 1151). In fact, younger babies occasionally get kwashiorkor and then it is associated with poor nutrition following the death or disappearance of the mother. A protein deficiency disease found in maize cultures, if kwashiorkor is caught early, good nutrition can save the child. However in a fuller article on child health in the Gold Coast three years later, Williams describes the idyllic life of most small babies and the rejection of the older child:

A woman has a lot of time in which she likes to be with a baby. First she washes it slowly, lingeringly. Then she alters the disposal of the beads with great precision and leisure. She powders it... This meticulous love of the small baby is in striking

contrast with the neglect and indifference with which the older children may be treated. (Williams 1938)

She goes on:

Up to two the child leads a thoroughly spoiled life, but this existence is rudely broken. His mother either has another baby or goes away with a husband and leaves the child to his grandmother... I have seen great rage and bitterness in a child who finds the place on his mother's back is usurped by a new baby... After a period of blind misery the child gets used to this. People are good to him. (Williams 1938)

Dr. Williams explicitly labels the advent of a sibling a trauma – suggesting the peevishness of ill-considered articles by adults in the local press of the period can be laid at the door of this early traumatic childhood experience.

By 1962 writing more fully on kwashiorkor once again, Dr. Williams cites the work of A.P. Farmer in East Africa. Farmer found that there were 48 underlying causes in the 28 cases of the disease which she reviewed. Four of these causes were poverty-related malnutrition, 17 others had underlying medical diseases, but,

social and psychological causes were responsible for 19 [and] another 8 were associated with 'abrupt weaning' (Williams 1962).

1963 was the year of Meyer Fortes' return with Doris Mayer to the Tallensi. In 1934-7, the time of his first visit, there had been one case of madness, there were now thirteen in the same social group. The Tallensi were quite clear as to what constitutes 'madness' and differentiated it from eccentricity, mental deficiency and even strange behaviour. According to Doris Mayer, somewhat to her disappointment, Tallensi 'madness' translated seamlessly into Western psychoses. One of the mad had a post-partum depression, one was manic, one melancholic, the rest all suffered from schizophrenia. Today, forty years later, we would probably label these last borderline or narcissistic personality disorders, as seventy years previously they would have been instances of hysterical psychoses. There was no paranoia and Mayer contrasted this with the observation by M.J. Field, who in 1962 reported a study of 52 schizophrenics among the Akan: of these 26 men were paranoid; 50% of the women were depressed. A possible cause of the Akan disposition to paranoia and depression in adulthood is cited as the fact that in his/her childhood "the adored small child has to suffer the trauma of growing up into an object of contempt" (Field 1962: 30). The family system of pushing out the older child is similar to that described by Williams observing apparently mostly Asante in the Children's Hospital. Both East African and Asante behaviours are in strong contrast to the Tallensi, who help the older child with its expected intense sibling rivalry.

My purpose in looking at these now old and certainly dated accounts by Western observers in England and West Africa, is to single out a neglected theme: siblings. None of the observers themselves single out siblings as playing a role in the aetiology of mental illness or in the psychological dimensions of illnesses such as *kwashiorkor*, yet – as my selection shows – the material of their observation is striking in just this respect.

I indicated at the beginning of this paper that a psychoanalytic understanding of mental illness came into being with the shift from believing a specific trauma of abuse in childhood resulted in later neurosis, to arguing that a general human trauma of prohibiting an incestuous relationship with your mother (or father) (the Oedipus Complex) is not properly internalised. The incestuous wishes and their failed prohibitions are revealed behind psychological symptoms. It is, of course, the arrival of a sibling that indicates that you cannot have what you want—your mother's (or father's) exclusive love. However I believe that the sibling plays more of a part than as a trigger for this realisation. The observers I have used, a paediatrician, an anthropologist, a doctor and a psychiatrist, all note the childhood illness that a sibling precipitates. What of adult mental illness?

In Fortes and Mayer's account (1965), the thirteen-fold increase in 'madness' or psychosis over a thirty year period seems to be accounted for by informants and observers alike by the vastly increased migration to work in Southern Ghana.

The disruption to stability and the loss of a previous identity, even through temporary migration, would seem to have been traumatic. What is this madness or psychosis of the adult? Underlying the many versions of madness is, I believe, the loss of a sense of where one belongs, which is cognate with who one is. Specific traumata – such as aspects of wars or certain childbirths can trigger it – for it to be entrenched it needs to make use of a trauma of childhood which has not been adequately overcome. The sibling, I suggest, is this universal trauma—some cultures, some individuals, enable its overcoming better than others, but trauma it is. This is Winnicott (1978), a paediatrician, but also a psychoanalyst, writing in the 1970s, still not making the presence of a sibling affect his theory, but having it thrust upon him nevertheless:

The mother said that there had been a great change toward ill health in the Piggie recently. She was not naughty and she was nice to the baby. It was difficult to put into words what the matter was. But *she was not herself*. In fact she refused to be herself and said so: "*I'm the mummy. I'm the baby*". She was not to be addressed as herself. She had developed a high-voiced chatter which was not hers. (Winnicott 1978: 13, my italics).

Like many a schizophrenic, the Piggie has "vanished", disrupting the acquisition of language: she no longer speaks with her own voice.

World-wide, siblings are on the decline. A fifth of the world's population has a one-child family policy; in nearly every country of the Western world reproduction is below replacement level; the higher the income and career level of the woman, the less the likelihood of her having any children or more than one child. But a trauma removed is not the same as a trauma overcome. Trauma will happen throughout life, the degree of this may be enough to drive anyone mad. A mad man uses a past trauma to give the present madness its form. The irresolution of a necessary trauma in infancy is a poor prognosis in the best of circumstance. It remains to be seen how the one-child family will replace this necessary trauma of the sibling.

But is this sibling trauma gendered? The answer to this will vary enormously cross-culturally, although it is unlikely that any culture will be completely gender indifferent. The question of where Africa might stand in this opens up an interesting issue. Unlike economically stratified societies, such as China and India, female infanticide is, as far as I am aware, unknown on the continent. Historically both women's heavy agricultural contribution and practices of bride wealth and continuing respect for reproduction and a general pronatalism have helped the girl-child to be valued along with the boy-child. Not so the mother. The situation faced now in sub-Saharan Africa is one that has haunted Western feminism since its inception in the seventeenth century. Put reductively, it is, to echo what we have heard about gender and West African literature, the problem not of being a first wife, a second wife, a divorced wife or a widow – but of being a woman. For all the differences of the patriarchy between late Medieval, early modern Europe and contemporary polygynous sub-Saharan Africa, they have in common an ideology of a continuity of family and society. In the former the nation is the family writ large, in the latter the extended family is the society. In both cases there is a place for women and for men, that is, for the subjectivity of being a gender with a bio-social gender position. Women are subjugated to men in both family and society, but within this subjugation they can enjoy a certain autonomy in a distinct sphere. Modern society on the contrary ideologically separates the family from the larger civil and political society. The citizen of the state who votes, pays taxes etc., is an individual and as such is assumed to be gender-neutral. But for reasons widely discussed but beyond the scope of this paper, the gender-neutral citizen is marked 'male'; the civic society proclaims 'liberty, equality and fraternity'. The 'housewife's dilemma' is intrinsic to the contradictions of a woman's position. In the family of Dr. Wodi Tukur's paper (in this volume) the woman is taken as naturally subjugated but she is a woman; under modern citizenship she continues to be subjugated and defined in the



family but the family is considered outside civic polity. Within the larger socio-economic situation of modern work and the concepts of citizen she is thus equal but marked 'male'. This contradiction gave birth to feminism but remains its unresolved problematic.

What interests me here about this dilemma is its enactment within the concepts of mental health. My thoughts here, as indeed throughout this paper, are both explorative and tentative, rather than sure and fully researched. However, in a long-standing, and well-researched study of hysteria, I was preoccupied with the question of why this very gendered mental illness – hysteria historically and cross-culturally has largely belonged to women – suddenly became degendered in Western late nineteenth century neurology and in the emerging disciplines of psychiatry and psychoanalysis: men could be hysterics. However, once men are seen to be hysterics, hysteria apparently disappears from dominant neurologies and psychologies.

I now think that we have – not surprisingly – a parallel between conceptions of mental illness and of personhood. The mentally ill person is expressing an inability to function within the norms of society. He or she unconsciously 'uses' the traumata of childhood as vehicles for the expression of asociality – not to be able to speak, to eat, to love or to work. Everyone has one trauma they can use – that of their desperate protest when another appears to be them – the baby on the mother's back, knee or at her breast who occupies one's place. Fascinatingly, Fortes comments that among the Tallensi a mad person is perceived as a-human and this replicates a belief that a child is not human until it has a sibling – presumably a sister and brother from the mother. Within the family and in societies which conceive of themselves as families-writ-large, or indeed where small societies and large families are co-extensive, women and men equally can be mad or a-human. They may well have their own gender-appropriate madness – women will more-or-less monopolise hysteria or depression; men obsessionality or paranoia.

However under conditions of modern sociality, in the apparently gender-neutral workplace or gender-neutral polling-station of civic society, mental illness is apparently gender-neutral too – men as well as women can be hysterics. Psychiatry with its array of drug treatments tries to model madness not on the family with its genders, but on the civic gender neutral individual. Yet no sooner is this apparent neutrality established, than it vanishes. It is women who, defined as women only within the family, must use mental illness to protest the impossibility of their situation. Men on the contrary are still men within the male marked gender neutrality of the state and civil society. They protest their a-sociality dominantly within its terms – they are criminals. Everywhere in the Western world, men make up the mass of prisoners, women of psychiatric patients. Every time a mental illness is relabelled to match the apparent neutrality of the modern state – schizophrenia, borderline, narcissistic – its population which starts as men as well as women rapidly becomes predominantly women once more – approximately 65-85% of the disturbed personality-types in the Diagnostic and Statistical Manuals (DSMs) are women. Though more women in the West are becoming criminals, they cannot be so as women. The incidents of two women thieves in Dr. Afrifa's account (in this volume), who stole from their in-laws for their families to survive and committed suicide because they could not repay what they had taken, are contemporary versions of Ibsen's *Doll's House*—as women they cannot be criminals, but as women thieves they cannot live. Their woman's law, the law of family survival is different and incompatible with the State's laws—the husband treats his wife as a child in a doll's house, someone not competent to operate in civic society.

Within the family and within family-based societies women and men can be mad, they experience their present-day situation as untenable. This releases the a-sociality of their infancy, when before the sibling arrives, they believed they were still the only king or queen of the castle. If instead of this, one is no-one, desperate depression follows, along with the desire to break the taboos that render one more insignificant than one can tolerate. Once overcome, through acquiring the awareness that there is a world out there, whether or not we personally exist—then there is the possibility of walking around with our arms affectionately around each other's neck.

Within modern societies, which are based on the concept of the individual rather than the family, pharmacology has tried to bring madness within the neutrality of the civic individual. To do so is to deprive it of possible meaning. It is only by situating madness in the family that we can start to understand it, but it is crucial that we see this family as more than a naturally gendered structure. The family is where gender and madness gets constructed as meaning or meaninglessness. The trauma of the new sibling (or the recognition that the older one was there when one yet didn't exist) is potentially an egalitarian one; girls and boys are indifferently subject to the situation. However, the male is able to be more violent as is the older child. Sibling violence intercepts with gender construction around reproduction and the lack of value placed on the mother even in cultures which value all children. Inequality between genders is because culturally child-care is assigned to women. This is nothing to do with who bears and gives birth, it is the meaning we have assigned this which involves excluding men as equally reproductive. If Kum's father to whom Jack Goody referred, had had on an hourly basis to look after his more than 200 children, the world would have had another story to tell.

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## EPILOGUE: GLOBALIZATION AND CHANGE – AFRICA IN THE CHANGING WORLD OF FAMILY SYSTEMS

*Göran Therborn*

Several encounters have taken place during the course of this seminar and round table. The encounter of biomedical science and social science has been about considering socio-cultural issues in biomedicine. In this encounter, there has been a reflective consideration of gender perspectives of the issues being examined.

In my introductory essay I highlighted:

*Three Major Global Processes:*

1. A controlled low level of fertility which started from 1750 and will end after 2050.
2. Large scale destruction of patriarchy, rule by older men whether fathers, uncles, grandfathers, older brothers etc.
3. Secularization of sexual behaviour and informalization of marriage.

These three processes have been changing human society and are still in progress. They have also occurred in three major waves historically.

*We can classify the waves as follows:*

1. The first wave of change started from late 19<sup>th</sup> century until the onset of World War I. It centred in Europe with large scale fertility decline.
2. The second wave was centred in Eastern Asia since World War II.
3. The third wave is the movement which took place in the third quarter of the Twentieth Century and is world-wide.

Five major family systems exist now: African, European, Western, South Asia and East Asia. All of them have a number of variants.

*Features of the African Family System include:*

- Exceptionally strong valuation of fertility
- Intellectually, socially, and culturally intriguing patriarchal systems with a considerable amount of female autonomy. This means that the European explanation of patriarchy has to be redefined.
- An enormous universal marriage with significant difference between marriage and non-marriage and marital and extramarital sex.

Patriarchy and non-marital sex are problems of the African family.

*Where are the world's family systems going? Into convergence, divergence, parallel paths or what?*

What we see is the persistent, pluralist, irregular specific paths in tangential directions. Patriarchy will continue to be undermined and challenged. Consider America, Iran etc. where changes in the family are taking place. The institution of the family is not in danger but there will be more informal than traditional forms. There may not be any reversals. There will be persistent pluralist forms of the family. We must also take note of the following:

1. No universal evolution or unilineal evolution is predicted by the theory of demographic transition or conjugal modernization rather a set of political waves that are interconnected.
2. The pace of change has been uneven, fast changes followed by stagnation and sometimes reversal. Many patriarchal systems are making a leap forward

3. Different agents of change have been at work: the state and church (Europe), family planning (Less Developed Countries). Sometimes change is from below: Scandinavia—by feminist movements.

### **What is to be done?**

*Four issues of research investigation coming out of this seminar:*

1. The most pressing: systematic investigation of sexual cultures. The fact is that we do not know very well in comparative terms what shapes sexual behaviour patterns and how they can be changed.
2. The dynamics of power and dependence and independence of gender.
3. The possibility of legal and other norms regulating sexual culture and gender and generations. We need to look at how to frame normative change and also differences between public and customary practices.
4. Health insecurity—how to deal with it. What is the socio-cultural organization of health?

### **Editorial Endnote**

The papers in this volume underline the need to study impacts of epidemics on the economics of caring and the growing differences between the poor, the not so poor and the better off families. They also once more confirm the necessity for multidisciplinary approaches in the study of families and for both micro- and macro-perspectives, setting family relations and systems within the economic demographic and political transformations and processes in which they remain embedded.

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