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POPULATION TRENDS AND FAMILY SIZE IN UGANDA

J. E. Goldthorpe

Perhaps there is no question more crucial for world population prospects than whether, and if so how rapidly, the populations of the 'underdeveloped' areas will adapt themselves to conditions of reduced mortality by adopting a small family system. It is a commonplace that increased food production through the more effective use of natural resources can afford at best only a breathing space, while calamity is staved off, for the adoption of a population check humaner than famine, disease, and war. Parenthood being, however, an intensely private affair, the operation of a demographic check can come about only in so far as there are forces operative on individual parents and effective in shaping their attitudes and behaviour.

In this respect as in some others, the problems of Uganda - a British Protectorate in the heart of equatorial Africa - afford a kind of microcosm of those of the world at large. The Uganda Government's development plan, drawn up in 1946, put it thus, under the apt heading 'The Fundamental Problem';¹

'Looking to the future it must be asumed that the entire population of Uganda will increase rapidly ... If over-population is to be avoided, it will be necessary for the factors which lead to stabilisation of population to have their effect. These factors are as yet little understood, but all of them depend on an increase in the standard of living . . .

1. Worthington, E. B. A Development Plan for Uganda.
Entebbe, 1947. pp 7-8.

'During the next ten years, while maintaining steady improvements to social services, the prime object should be a concentration on productive effort to ensure that production increases rapidly, at a rate much higher than population. At the end of that period, assuming this object is achieved, the way would be open for establishing greatly improved social services, including health and education, which in the early stages tend to accelerate the rate of increase of a population, but in advanced stages tend to cause stabilisation.'

It is the task of the present paper to enquire what are the prospects for such a stabilisation.

The Demographic Background.

The population of the Uganda Protectorate at the 1948 Census of East Africa was close on 5 millions.² Of these, roughly 41,000 were non-Africans, including 3,400 Europeans (Government officials, missionaries, and some engaged in commerce) and 36,000 Asians, mainly traders. The remainder and overwhelming majority were Africans, and it is with them alone that this paper is concerned.

Owing to the lack, before 1948, of reliable and comparable figures, estimates of past population trends are provisional and inconclusive. The evidence, however, as exhaustively compiled by Kuczynski³ lends itself to the interpretation that there was a decline in numbers from the earliest years of contact with the outer world. This decline seems to have been arrested, and the trend reversed, at some time between 1920 and 1930; a tendency to increase became clear in the 1930s, and the increase has latterly become rather rapid. The general history of the country supports the fragmentary evidence of the official figures.

2. East African Economic and Statistical Bulletin, June 1952.

3. Kuczynski, R. R. Demographic Survey of the British Colonial Empire; vol. II, East Africa, Etc. London, 1949. Pp 235-240; 288-302.

The last years before British rule were marked by internal warfare on a considerable scale and mass migrations due to political upheavals. Hardly had internal peace been established with the advent of British rule in 1894, when a disastrous series of epidemics ensued. Perhaps the most serious was sleeping sickness, which according to the official estimate claimed 200,000 victims between 1900 and 1906; while plague, cerebro-spinal meningitis, and smallpox were also rampant. The last great epidemic was influenza in 1918-19. Since 1920 the absence of any major recorded calamity confirms the evidence of the figures in pointing to a recovery. The rising prosperity of the people and new economic opportunities can hardly have been without their effect; while it is probable that reduced mortality followed the gradual extension of medical and other services. With the inevitable curtailment of those services during the 1939-45 war there was anxiety about conditions in some areas, but no major calamity.

The 1948 census material, as analysed by Martin,⁴ supports the conclusion that the rate of increase of the population at present is between 1 and $1\frac{1}{2}$ per cent annually - about the same as mankind as a whole or a little faster. It is clear nevertheless that mortality is heavy everywhere in the Protectorate. Infant wastage is estimated at 200 per 1000 live births, while the statements of mothers about the deaths of their children point to the probability that nearly half of all children born die in childhood - say, before the age of 16. The present increase of population is accordingly maintained by a high birth rate.

4. Martin, C. J. Population Studies, vii, 181-199.

The age-structure of the population, so far as it can be estimated among a population few of whom know their ages, shows a very high proportion of children and a very low proportion of old people. Less than 12 per cent of the Uganda population are aged 45 and over, as compared with 33.3 per cent in England and Wales. Fertility on the average is not specially high; indeed, it is unusually low in certain areas including Buganda, the central province. The extreme age-distribution, however, means a preponderance of the younger and more fertile women, and consequently a high birth rate. This is estimated at 42 for 1000 population in the Protectorate as a whole, though an average figure conceals wide regional and tribal differences. But the impression is confirmed of a high birth rate almost balanced by a high death rate.

It is clear, then, that the present population increase is precarious as well as recent. A comparatively slight slackening in the standard of health services, such as might well happen, for instance, if a major war caused the withdrawal of personnel and general disorganisation, could conceivably alter the present balance and lead to a reversion to the conditions of fifty years ago.

Traditional Attitudes to Family Size.

The traditional desire of the peoples of Uganda for as many children as possible was, therefore, and continues to be highly adaptive. In part this desire may have been a conscious, intelligent adjustment; for people who are accustomed to lose half their children (and possibly more in the old days), to have many children is no more than a sensible provision. Certainly they will not take kindly to any suggestion of family limitation. Even students at the University College of East Africa - for most of whom the deaths of brothers and sisters was a commonplace experience in childhood - tend to reject Western family limitation, by whatever methods, as unnatural.

It would, however, be over-simplifying the matter somewhat to suggest that large families are dictated only by a prudent desire on the part of the individual to have numerous children to support him in old age. The desire is rather to play one's part in building up the lineage or clan, which is in turn the individual's support in all the vicissitudes of primitive life. Oberg relates, for example, how the Ankole herdsman's desire was to build up a strong patrilineage of able-bodied sons to protect the family herds from thieves and wild animals; among the cultivators of the same area, both boys and girls were desired equally, partly to ensure the father's safety, through the ancestor cult, in the after life.⁵

The effect of this desire for many children may have been somewhat offset in former times by practices, now largely dropped, of spacing pregnancies. Suckling continued traditionally well into the second year of life, and it was thought unwise during this period to start another baby, which would 'take the strength from' its predecessor. Many Baganda believe this to be the cause of obwosi, a condition known to modern medical science as kwashiorkor, caused by protein deficiency, and frequently fatal. The spacing of births has been seen as a primitive form of family limitation,⁶ but that view seems to be a misunderstanding. Whatever its actual effect on fertility may have been, its aim was apparently that of a precaution against child mortality; an attempt, therefore, to secure the maximum number of surviving children, and fully in accord with the desire for large families.

5. Oberg, K. Africa, xi, 129-159

6. Carr Saunders, A. M. World Population. Oxford, 1936. p 295.

The Modification of attitudes in Modern Conditions.

It will be clear from the foregoing that, since mortality is still heavy among the great mass of the people, the desire for large families is still an adaptive one. One factor even enhances it in modern conditions, namely political fears in a multi-racial society. 'Africans should have as many children as possible and fill up the land, otherwise the Europeans will take it from us', was a typical remark embodying such fears.

It has been well suggested by Dr. Kenneth Smith that the first requirement for a prudential attitude towards family size is a state of affairs in which it is normal for all one's brothers and sisters to survive into adult life.⁷ Strenuous efforts are being made in Uganda in the expansion of medical services, public health measures, and education - particularly of girls - in hygiene and nutrition. Especially noteworthy is a determined attempt to combat infant and child mortality in the Kampala area through the operation of child welfare clinics. Nevertheless, it is still too soon for that condition to have been fulfilled.

Perhaps the second requirement is that children cease to be an economic asset and become an economic liability; and this is well on the way to fulfilment in Uganda. Education is ardently desired among the African population, partly because it is seen as the means to wealth and social status for the individual and family; and it is probable that in the more advanced areas the great majority of children now attend school for at least a year or two. Education is not free; and even if it were, parents would still face the loss of the children's services in the home or on the land. Other costs of children include European-style clothes; most schools insist on some kind of simple uniform, while there is considerable social prestige in going visiting with children neatly attired in shirts and shorts or cotton frocks, and if possible shoes.

7. Smith, K. Population Studies, vi, 92-105.

(It may be observed that while social prestige is frequently the motive there is nevertheless a clear gain in cleanliness and hygiene, particularly in the wearing of shoes, which reduce infection by jiggers and hookworm.)

At the same time, the general process of economic development has introduced new wants, some of which compete with children for the available money. Examples are bicycles, European-style furniture, and corrugated iron roofs. Pretty china cups and saucers may compete tragically with the milk to put in them.

It might be expected that these processes would have gone furthest among urban and peri-urban populations, and among the educated elite; and this is in fact found to be so. Of particular interest in this respect is a survey recently carried out in the Kampala area by the Director of the East African Institute of Social Research, Dr. Audrey Richards, at the instance of the Social Science Division of UNESCO, and presented elsewhere among the papers of this Conference.⁸

Dr. Richards states that

'Baganda as a whole desire children intensely. Barren women are treated with pity and in village areas often look depressed. . . Cases of husbands taking a second wife because the first had failed to bear a child are relatively common. . . Peasants want the help of children in the house, but it seems likely that the possession of a large household is thought desirable in itself since it was a sign of wealth and high status in the old days.

'The question "How many children would you like to have" asked in the survey showed how unfamiliar was the notion of family limitation to most of the villagers. The question was frequently met by a refusal to answer, or it produced giggles and pained surprise.'

8. Richards, A. I., and Reining, P. Report on Fertility Surveys in Buganda and Buhaya, 1952.

Enquiries at local hospitals showed that requests for contraceptive advice were rare, but that they were occasionally made, and always by educated Baganda. Dr. Richards continues:

'It is clear that Baganda living in the towns are beginning to worry about the cost of very large families. The main cause of the changing attitude of this very small minority is the rising standard of living and the need to pay school fees. Where an extra mouth merely means a slightly smaller share of food from the common dish the "cost" of an extra child does not seem to be counted. In fact, peasants find it difficult to give any figures of their family expenses in this way. However, expenses which consist of school fees, clothing, bedding, and crockery can be reckoned up and are so reckoned, and it is these costs which are revolutionising Ganda kinship ties . . . It would probably be true to say of the educated African that children are still wanted, but not in such large numbers as before. Many of those mothers who managed to answer the question in the survey as to the number of children they wanted said automatically "ten", but some of those who thought, said with much hesitation "four or five". With the continually rising cost of living it cannot be long before this attitude may spread.'

It may be pointed out that four or five is considerably bigger than the conventional 'small family' of Western Europe. This points to its being an independent response to the particular circumstances of the Uganda elite, and not a direct limitation of European patterns - the latter being, moreover, a difficult hypothesis to sustain on other grounds. It is also rather bigger than the two or three required for stability; and the question must be left open whether the forces now tending to introduce the idea of limitation will in time make for a smaller conventional size.

The suggestion that four or five may be the size of family desired, however vaguely and even ambivalently, by educated African professional men, can be to some extent confirmed from other sources. The contributor of the present paper has recently completed a small sample study of former students of Makerere College, who represent the most highly educated Africans in East Africa and some of whom have reached positions of considerable wealth and responsibility. Members of the sample were aged around forty to forty-five, and most of them had been married for twelve to fifteen years. The following table shows the distribution by family size of the Uganda members of the sample group.

Number of children	0	1	2	3	4	5	6	7	8	9	Total
Number of Uganda men	2	2	7	3	9	9	4	1	-	1	38

Both the childless men were bachelors. The small number of instances makes the figures less than conclusively significant; and it is also true that, though members of the group and their wives were probably approaching the end of their reproductive careers, the figures given may be somewhat less than completed family size would be. Nevertheless, the modal cluster at a family size of four or five is interesting in the light of Dr. Richards' findings. It was noticeable that those with many children and those with only one or two seemed about equally concerned thereby. Those with two tended to say, rather shamefacedly, 'only two, I am afraid' while those with one were definitely worried. 'I have just the one boy; if he goes, nothing', was the exclamation of an educated African (not one of the sample group).

At the other extreme I have on occasion been asked for information about contraceptive methods, usually belatedly, by men already worried about the large number of their children; clothes and school fees being invariably the source of worry. A few educated Africans say explicitly that four or five is the right number, though it seems possible that some inadvertently exceed their intended figure. There is some indication, too, that among this tiny elite people expect to rear most if not all of their children, though fears of loss are bound to be present.

It may be concluded that conditions do not yet favour the emergence of a small family system among the great majority of the people of Uganda. The idea of family limitation has, however, begun to take root among Africans of the highest social class. The factors which make for its adoption are spreading down the social scale, and the prestige of the elite may facilitate the spread of the idea. Meanwhile, however, the chief obstacle is heavy mortality, particularly in childhood. In Uganda as elsewhere, it is possible that a crucial factor in the fall of the birth rate may be a fall in the death rate.

Makerere College,
the University College of East Africa.

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