Reassessing the South African demographic transition:

The nature, timing and role of state directed contraceptive technology.[1]

Below are two black and white photographs taken in 1959 and housed today in the commercially-run *Baileys African History Archives*. They were included in a *Drum* magazine archive folder, created that year, and titled "Large Poor Families".[2]

[1] As you will see this is very much a draft in progress. Please do not cite without permission and a chance to read whatever final text emerges. For the purposes of this seminar I have not included extensive citations of South African public health or medical evidence and data as this is nested inside of a much larger public health project I am working on as part of a team. I have cited all work not of my own archival findings.

[2] Baileys African History Archive [hereafter BAHA] 44 Stanley Street, Johannesburg. File "Large Poor Families" 1959. 1 folder. Un-attributed images. Copyright rests with BAHA. Accessed June 26 2006. Not to be reproduced without permission.

The first photograph was shot in Alexandra Township, to the north east of down-town Johannesburg, some 14 kms out of the CBD. The second was framed in Umkamaas, a small sea-side town about 50 kms south of Durban.

Both photographs were taken to illustrate articles in *Drum* of that year when the magazine carried a series on "Large Families in Poverty". Both photographers are uncredited, but it is possible that Peter Magubane took the Alexandra photograph—part of a series—whose photographs on similar scenes from Western Native Township, Vrededorp, and Jeppe are in related folders. The photographer for *Drum* for those years covering Durban and the eastern coast, Ranjith Kally, was probably the progenitor of the Umkamaas photograph, which was captioned in a ball point pen on the back of the print: "Mrs Luxmi Naidoo and Kids of Umkomaas".[3] He certainly is credited with nearly all of the photographs of Durban scenes and of South Africans of Indian decent throughout the 1950s.

In both photographs mothers are shown with their children arranged around them. In the first image a seated mother holds her new born with 13 other children. These children range in age from toddlerhood to young adults in their early twenties. They are flanked around their serenely smiling mother, some seated and others kneeling and standing. Despite facing into the sunlight most of her children are smiling, and in the spontaneous shots included in the folder that worked towards this one, all of the family members, bar the youngest son and the baby, are seen laughing. The family is dressed with care and attention although, in the informal shots, worn seams, torn cloth and faded and stretched materials are evident. All the walking children wear shoes, even the broken ones of the

[3] Recent critical work on Drum Magazine includes essays by D. Driver 'Drum Magazine 1951–9 and Gender', in K. Darian Smith, L. Gunner and S. Nuttall (eds) *Text, Theory and Space: Land, Literature and History in South Africa and Australia*, London and New York, Routledge, 1996, and the paper by L. Clowes, whose PhD in 2002 focused on masculinity and *Drum* magazine, "To be a man: Changing constructions of manhood in Drum magazine 1951 -1965" in L. Ouzgane & R. Morrell (Eds.), *African Masculinities*. New York: Palgrave, 2004 and L Clowes, 'Are You Going to be MISS (or MR) Africa? 'Contesting Masculinity in *Drum* Magazine 1951–1953" *Gender & History* April 2001: 13. The man as father is a thematic explored in these texts. In June 2006 an exhibition opened at the Durban Art Gallery concentrating on the South African Indian Durban and KZN images and texts of Drum photographers and journalists. A review piece on the exhibition commented "At its peak Drum magazine had a readership of 450 000 copies - distributed as far as the Caribbean and the US - with stories emanating from Sophiatown, Victoria Street [Durban] and District Six," says Riason Naidoo, curator of the exhibition…/… [this exhibition] acknowledges the talent of photographers, some of the most outstanding photographers of the 1950s such as GR Naidoo, Ranjith Kally, Naransamy and Barney Desai, who captured these images, some of whom are yet to receive the recognition deserved to them…" From "Indians who marched to their own 'Drum' *Tonight* May 18 2006 http://www.tonight.co.za/index.php?fSectionId=359&fArticleId=3250210 accessed June 21 2006.

second eldest child in the front row. In the second photograph Mrs Naidoo, wearing a light coloured sari in contrasts to the darker dresses of her daughters, and balancing her youngest toddler on her left hip, looks away from the camera and combs the hair of what appears to be her eldest daughter. All but two of the children gaze towards the mother, with the exception of the girl with the comb in her hair who looks directly at the viewer, and a small brother peeping from behind his mother's sari. The picture appears posed but is not so stiff and practiced that small mouth-covering giggles, spontaneous expressions, and asides are air-brushed out of view.

In both pictures the photographer has ensured that "the mother", and her centrality and competence, focus the viewer's attention. Unlike the many other images in these and related folders on children and poverty these two images capture large families by projecting healthy mothers and children and positive perspectives.[4] The littered alley-way and back rooms facing onto the yard that surrounded the family in the first photograph (clearly visible in the other less posed shots taken just before and after the selected image) are obscured in this shot chosen for publication.[5] In the second image, also selected for publication (though in this case if any other shots were taken they have been lost) all of Mrs Naidoo's children older than 6 are in school uniform, with the girl children arranged at the front of the frame to underscore what was still a novelty in South African Indian life in the 1950s: the formal school education of an entire family of girl children along with their brothers.[6] While only one Naidoo child has shoes on, and the partly whitewashed and roughly plastered exterior of the two room structure that makes up the home appears to be the home of a very poor family, the children look nourished and, like their mother, purposive. These are not images of people to be pitied. Surprisingly perhaps, for a file marked "Large Poor Families", these two families appear to be coping with both their poverty and their size. Viewers are drawn to neither

[4] Cite here shots on children playing in sewage pipes; children in crammed rooms with braziers coughing smoke and eating off the floor; children with absent mothers and only slightly older sisters batting to feed them stiff porridge in packed shack dwellings and so on. BAHA Files on Children; Families; Babies—from 1949 to 1965.
[5] *Drum*, August 1959 and December 1959 (provide full page details).
[6] Site the education statistics for Indian South African girl children here from monographs by Mabel Palmer; Hilda Kuper, Emily Kark (edited collections and published papers); as well as by Fatima Meer and also dissertations by Umehani Khan; Vanessa Noble and new work by Rabia Cassimjee.

condescend nor condemn their subjects but to marvel and applaud these “unusually large families”, “unusual” because they are successful for their size. We are called as visual readers to admire these mothers, but the accompanying text stresses the grave difficulties of large urban families and the poverty and social collapse that usually attends these family forms in late 1950s South Africa. Thus I see these two photographs—working alongside text that describes the problems of feeding large families on meager wages—as working against the general flow of the editorial intention of the “large families are poor families” *Drum* theme of the day. In the articles and the majority of other chosen shots, reader’s of the magazine are called upon to join in shock and horror at the conditions of urban children born into poverty and to blame, castigate, and in some cases to stigmatise their mothers in particular for their distress.

I have another image of 1959 and children in mind as I write this piece. In that same year, in the east rand mining town of Boksburg, my maternal grandmother gave birth to her 12th and last child. A photograph of her holding my youngest uncle, surrounded by her 11 other children, her mother (who birthed 14 children), and her husband, sat framed in wood on a side-board in her home, which I shared for the first years of my life. The photograph, seen through my child’s eyes, framed my sense of the dignity of my grandmother and her power in the midst of her family. It is significant to me now, as I see it in my mind’s eye, for many more reasons. One of these is that it represents nearly if not certainly the last family photograph ever taken with every one of her children in it, and because 1959 was when my grandfather lost his well paid job and then his health. This was the year when the family began to decline into the sort of poverty unnoticed (of necessity) by macro studies of Apartheid South African life at the time. This family truth was not evident in my grandmother’s photograph. Of Scots-Irish background, and a very devout Catholic, my grandmother and her large family were seen as abnormal and an aberration even amongst the white Scots-Irish, Anglo, Portuguese, Greek and Lebanese Roman Catholic (or Orthodox Greek) faith community in the largely protestant white section of this mining town. I came to understand as I grew into my own life that to be of 12 children or more was rare, unusual, and to many white people outside the family, worrying at best and uncivilized at worst. Before the late 1929 Depression large white

families were associated with rural based Afrikaans speaking poor whites, “arme blanke”. Dan O’Meara, Marijke du Toit, Elsebe Brink and others have written extensively about the workings of the armies of missionaries and civic workers inside of Afrikaner communities who named, and then sort to reshape, this community of “declining bywoners” in the cities. Many excellent studies of the apogee of the social scientific basis of eugenic interventions (the Carnegie Commission into Poor White Poverty, in 5 volumes, edited by Malhebe et al) have underscored the rapid and decisive move to a discourse of race welfare and to practices involving social services and nutritional intervention as well as clinical (diaphragms and pessaries and “Dutch Caps” as well as surgical sterilization innovations). Maria Rothman’s life and work as well as that of the staff of other contraception and maternal health clinics, have been detailed in Susanne Klausen’s monograph on the subject.[7]

There has been far less written about other South African “white communities”, and those “becoming white” (and here I refer to southern Mediterranean migrants to South Africa, who were sometimes assigned the status of “coloured” at first—such as Greek, Portuguese, Maderan, Lebanese, Italian and other migrants and settlers) let alone Chinese, Arabic, Asian and so on communities of origin in South Africa, only now receiving sustained attention from social and cultural historians.[8] The local and central state’s shifting definition of white citizenry, and who should be counted, who should be serviced by the state, and how and why, combined with rapidly shifting fertility rates in the 1920 to 1950 era in these groupings, produced a volatile picture. So the widely differing experiences of “white women” of either community and familial health support, or clinical services, means that maternal and infant mortality and morbidity for this grouping is far harder to trace and categorise than might be anticipated given its eventual great political and economic advantages in relation to the majority of South Africans of African descent. Varying greatly across not only class but region of settlement in South

[7] Cite fully here D. O’ Meara; M. du Toit; E. Brink; S. Klausen, *Race, Maternity and the Politics of Birth Control in South Africa, 1910 - 1939*. Basingstoke: Palgrave MacMillan, 2004; my own work; E G Malherbe and the 5 Volume Carnegie Commission into Poor White Poverty, especially the volume on Motherhood and so on.

[8] Cite K. Harris and M. Yap, D. Accone and also new generation of S. Fields, P. Badassy, V. Jagarnath, U. Mesthrie, S. Chetty, N. Essop Sheik, A. McDonald etc.

Africa we do not yet have a clear picture of the determinants of fertility for whites. Most leading demographers of the region are content to clear the decks by stating that by the late 1950s white South African fertility had peaked and, despite state attempts at white racial pro-natalism, white South Africans tended over the last 2 decades to have between 1 and 3 children; tended to give birth to them in clinical settings before the mother reached age 35; tended to have their first child later than people of colour; and tended to use hormonal contraceptives before and after births, and for the rest of their reproductive lives.[9] Even the excellent special edition, edited by Debora Potts and Shula Marks, of the *Journal of Southern Africa Studies* on fertility in the region passed rapidly over these minority groups in east and southern Africa.[10] Asserting and acknowledging correctly, against the grain of the demographic status quo, that the demographic transition in South Africa occurred before the 1960s, the authors do not spend time in parsing the complex thicket of how and why. They have another focus and they move on from this in order to anlayse, with their many contributors, fertility in the wake of the 1960s era. I believe these minority experiences are worth drawing into the mix as they hold keys to understanding the shape and power of reproductive discourses and practices in South Africa and cannot be ignored if we are to understand South African and regional demographic transitions before the 1960s.

Records from towns and localities in the era before the wide sweeping impact of the mineral revolution indicate that between 1840 and 1890 white settlers of Anglo/Irish/Scottish/ German backgrounds were fertile in similar proportions to their African neighbours.[11] Families of between 6 to 8 children were common, and families

[9] C Burns: chap on South African white fertility rates and reproductive health services as well as regional variations. See J. C. Caldwell and P. Caldwell, 'South Africa's Fertility Decline', *Population and Development Review*, 19, 2 (1993) for an exemplar and summation of literature in this field.
[10] D. Potts and S. Marks "Fertility in Southern Africa: The Quiet Revolution" in *Journal of Southern African Studies*, Vol. 27, No. 2, Special Issue on Fertility in Southern Africa (Jun., 2001), 189-205. See also T. Moultrie & I. Timaeus "Fertility and Living Arrangements in South Africa" *Journal of Southern African Studies*, 2001;
[11] Cite J J van Helten and K. Richards here as well as Shell and Sadie et al from Population Studies Unit at Stellenbosch. Also cite Anna Davin's piece and Lis Lange's monograph on white social formation in Jhb in the 1880 to 1930 era. Recently I have been made aware of work on the pre 1960s by Tom Moultrie of UCT –but he too focuses on Black (African) South African fertility. See his interesting paper "Racism and Reproduction: The Institutional Effects of Apartheid on the South African Fertility Decline", Paper

with between 8 and 12 children frequent enough not to provoke amazement. After 1890 these figures drop gradually and then, after 1904 when the post war statistical reporting begins again, very rapidly. Jean Jaques van Helten and Keith Richards, and the work of their peers, inspired by Anna Davin's pioneering essay on Imperial Motherhood in the late 1970s, began laying down several key tracks around white settler fertility and the reproductive experiences, ideas of human sexuality, and discourses of "family limitation" in movement around this growing community in the early 20th century. But their work has not been continued with any energy by the last generation of social historians.

For the purposes of the larger study envisaged by this paper I need to pose questions and suggest some answers about how and why fertility rates in South Africa across all class and ethnic groupings came to pass through a grand demographic transition well before the onset of Apartheid era state interventions; before wide spread use of bio-medically ordered contraceptives; before any widespread rise in income or educational levels amongst urban or rural people of colour; before "the indicators of modernity" had taken full root, though the transmission belt of "the modern life", its possibilities and traumas, was no doubt beginning to move wider social identifications and anxieties.[12]

Writing from the perspective of bio-medically committed family population theorists, with an explicit agenda to understand the irrational blockages scientific contraceptive use faced in western societies and the world colonized by the west, Malcolm Potts and Martha Campbell have written a useful synthesis of the clinical, archaeological, anthropological, religious, literary, artistic, and social "history of contraception" literature. A sense of their admixture of biological and historical arguments can be found in one of the heavily annotated opening paragraphs of their piece:

> *Homo sapiens* evolved to be a slowing breeding animal. Prehistoric societies, like the few preliterate societies that remain, probably had total fertility rates of 4 to 6.1. Approximately half the children who were born died before they could reproduce, and population grew slowly. Puberty was in the upper teens, babies were breastfed for 3 to 4 years, and pregnancies were therefore naturally spaced

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presented at the XXIV IUSSP General Population Conference Salvador, Brazil 18 – 24 August 2001 and see his PhD from UCT on Population Studies.

[12] Cite J Weeks here and F Cooper.

> by long intervals of amenorrhea. With the first urban civilizations and settled agriculture, puberty began at an earlier age and breastfeeding was often shortened or supplementary food introduced earlier than in hunter-gatherer societies. Fertility went up. In the modern world, if a couple initiates sexual intercourse when the woman is 20 years old or younger and continues at least until her menopause, without artificially limiting fertility, she can expect to conceive and carry to term an average of 10 live-born children… Sooner or later, all human societies have to adopt restraints on family size.[13]

The major focus of their overview is to establish that all human societies have initiated practices designed to shape fertility. Sexual expressions and practices, and the social forms in which these nest, have been malleable. Human conception, gestation and birthing has been basketed by strategies and technologies for enhancing and avoiding conception for thousands of years. The evidence they draw on is formidable in its global reach and periodisation. Of course these kinds of macro analyses have little to say to a local study such as this, but they make one key point. There is no such a society on earth as one without thought or agency in conceiving, bearing and birthing children. It is well to keep this in mind, I have found, reading from the vast anthropological, missionary and bio-medical literature on birth and fertility in southern Africa. Human fertility and its inextricable (until very recently) links to sexuality are sometimes treated in the way that some social scientists treat our wider bio-environment, as an unchanging "given". In its extreme form this view ossifies around a dangerous cliché: An African, especially a female, will want to give birth to as many children as possible. Any other scenario is evidence of new, subjugating interventions from outside. Apartheid South African Population Control Planning, dressed up as Public Health Services, for many, fit this bill.

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Zooming outwards past the backyards where the first photograph was taken gives us a bird's eye view of Alexandra. By the end of the 1950s this township had seen a massive influx of residents from the rural hinterlands around the then Transvaal, as well as South

[13] Malcolm Potts and Martha Campbell Professors of Public Health at the University of California at Berkeley, and influential leaders in their fields. They head up the Bay Area International group focusing on fertility, contraception and HIVAIDs. Their series of papers made available on line at their web site includes this overview piece: *History of Contraception* Vol. 6, Chp. 8, Gynecology and Obstetrics, 2002 see: *http://big.berkeley.edu/publications.htm*, accessed on June 28th 2006.

African migrants from coastal and other inland provinces. This rapid township densification (space was limited by the concomitant growth of white semi industrial trade areas and suburbia) boomed in the World War II era. In the 1930s and 1940s many residents with some professional status, or entrepreneurs, or those who earned more than a living wage, became property owners and in doing so part of the small number of black women and men regarded as "anomalies" in segregated South Africa. Some residents owned homes under title deeds and others under 99 year leases. They retained these forms of ownership through the decades of Apartheid and in the midst of rows of single sex hostels designed for male migrant labourers and a tightly packed peri-urban slum that wove through formal housing structures and along the banks of the Jukskei river. [14] By the late 1940s surveys of Alexandra Township conducted by WITS University students and Health Clinic officials expressed anxiety about high rates of what they termed illegitimate births to unwed mothers and the inadequate social and health conditions for safe child rearing in the majority of households in the township. They were concerned also at the very high rates of sexually transmitted infections and noted that many married women were also rendered infertile from their experiences with STIs. High fertility rates were not an issue in these reports but rather high infant mortality and morbidity in the birth to under 5 years old group, as well as very high rates of maternal morbidity. Along with Dr Hope Trant of Bridgman, who devoted some years of her tenure at the helm of

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[14] There is a huge literature on the history and current development challenges of Alexandra. See *http://www.safrica.info/ess_info/sa_glance/history/alexandra-history.htm* and for the 1950s see K. Jochelson, K "Urban Crisis and Popular Reaction. A Case Study of Alexandra" 1988.Unpublished BA (Hons) dissertation. University of the Witwatersrand. In his recent summation study for UNISA press. The Canadian-based J. Nauright comments "… Alexandra became a location of status where some urban black South Africans could own property. Until well into the 1950s Alexandra was also exempt from many regulations that applied to other black settlements. People did not need passes or special permits to stay in Alexandra, though they did require them to work in Johannesburg. Being outside Johannesburg's municipal authority meant that Alexandra fell under the jurisdiction of the Transvaal Province. …/…After Alexandra opened for settlement by Africans and Coloureds, the population grew steadily to reach an estimated 1 500 living on 400--500 lots by February 1918. From the 1920s the population expanded more rapidly and in 1930 there were about 8 000 Africans and 600 Coloureds resident there. Alexandra's population boomed from 8 000--10 000 in 1932 to an estimated 45 000--50 000 in 1940 and at least 80 000 by the late 1940s.12 Rapid population growth contributed greatly to protests from white residents of Johannesburg's northern suburbs who began to agitate for the township's removal in the mid-1930s." J. Nauright 'The Mecca of Native Scum' and 'a running sore of evil': White Johannesburg and the Alexandra Township removal debate, 1935 – 1945" *http://www.unisa.ac.za/default.asp?Cmd=ViewContent&ContentID* Accessed June 22 2006. Also see A. Stadler … complete ref.

Bridgman Memorial Hospital, the staff at Alexandra Clinic was committed to raise awareness about the crisis in "family life" and in particular around infant and early childhood care.[15] In account after account nurses and social workers analyzing conditions in the township commented that "modern life" had placed a very high burden on Alexandra and its women folk and children. Men were not exempted from this pain, but they were out of focus, and kept blurred and at the margins of the studies. Waged women workers in the region (mainly domestic workers in the white suburbia growing on all sides of the township) as well as laundresses, sex workers, beer brewers, and hawkers, battled to care for their children and relied on very old women–often unrelated to themselves—who were paid poorly, from already inadequate means. Breastfeeding was discontinued soon after birthing; and women bottle fed small babies without access to adequate milk substitutes and in the absence of clean water and sanitary utensils. The list of health worries was mirrored in extensive accounts written by similarly placed observers in both Eastern and Western Native Townships and in and around Fordsburg, Jeppetown, Vrededorp and Sophiatown. White and Coloured children were also included in these discussions as were the small numbers of children in the region whose ancestors were from the sub continent of India, as well as people of Cape Malay origins, Assyrians, poorer southern Mediterranean settlers (such as Greek people) and so on. A monograph capturing the vulnerability of African women in the Johannesburg region detailed these calamities for healthful life exhaustively. Laura Longmore's *The Dispossessed: A Study of the Sex-Life of Bantu Women in and Around Johannesburg*[16] compared African women and their experiences directly with that of other women of colour and white women. In this study Longmore worked through 11 chapters and a conclusion on every aspect of family and social life, focusing on reproductive health and women throughout, with child health as a major sub theme. Longmore, researching her study in the early to mid 1950s, noted repeatedly that while fertility in women was highly regarded and infertility a social stigma, where men who were regarded as infertile battled to find social esteem, yet the desired family size was half that of their parents generation and that in her

[15] C. Burns "Controlling Birth Johannesburg, 1920 to 1960" *South African Historical Journal* 50 (2004), 170-198.
[16] L. Longmore's *The Dispossessed: A Study of the Sex-Life of Bantu Women in and Around Johannesburg* London: Jonathan Cape ,1959.

ethnographic surveys most women over 35 had given birth to 4 to 6 children, with many childless women noted throughout her work. Longmore, the staff of clinics and health centres, and local state and faith sponsored social workers noted the high rates of unmarried women (including women married in unions deemed customary) and commented on high rates of youthful unplanned female pregnancy when neither biological father, nor his wider family, was present or involved in the child's care or maintenance.[17] Rubber prophylactics; inserted coils; pessaries; sponges; diaphragms and caps were available to seekers in Johannesburg of the 1950s and Longmore discusses these technologies and services as well as the many abortificants available from herbalists, chemists and unlicensed practitioners as well as some licensed doctors and registered nurses. But her focus for women and men's fertility decisions is on sexuality and its constraints; marriage and its variations; livelihoods and decision-making; control over young women's independence; and, for older women, on post partum sexual taboos and sexual abstinence or variation.

Sadly we have no such detailed monograph for the sexual and reproductive lives of women and men in and around Umkomaas. Umkamaas, in Natal province as it was then known, lies along the banks of the Mkhomazi River. In 1959 the waged African population worked the large scale sugar cane, tree, and fruit plantations owned by the considerable settlements of white farmers–some the descendents of German missionaries, others descendents of Scottish and English settlers. Most Africans in the region were wage earners, and migrated back and forth to further inland "tribal" communal land, under nominal chiefly control, although around the small mission stations in the region some *amakholwa* families had title to their own land through trust arrangements and were farmers producing for the market in their own right. This economy declined into the 1950s. The river bank region and its scattered coastal settlements were also home to several thousand South African families Indian origin who moved out of indentured sugar work in the post World War I era.[18] By the 1950s these families were dependent on

[17] Cite C. Burns PhD thesis here as well as C. Glaser; Ray Phillips; K. Eales; E. Kock; L. Frankling Freed; C. van Onselen and so on.

[18] Census data for this district still being searched for the post WWII era. Anecdotal or scattered evidence only at this point, but the fact of 4 primary schools for "Indians" and 2 high schools, by the early 1960s,

fishing and fish sales, combined with growing market gardening and trading, from a base of initially small land holdings (5 to 10 acres), as well as wages from mainly male workers commuting into south Durban factories along the railway line. In the late 1950s British, Italian and South African interests opened a plant and factory, the South African Industrial Cellulose Corporation "SAICCOR", and this added several thousand jobs to the locality with skilled jobs going to an in-rush of Italian skilled workers and their families, largely from the Udine region of Italy, who then settled in the area.[19] Much more detailed research is needed into the social dynamics of social groupings in the region, and the linguistic work of Rajend Mesthrie, born and raised in Umkomaas, is very suggestive for social historians in this regard.[20]

In both Alexandra and Umkomaas in the pre-World War II era local health committees were established and missionary run clinics opened up, with some state support arriving in the wake of the Gluckman Health regime of the early 1940s. Yet, in the first decade of Apartheid, health and social planning extended very little into the heart of either community.[21] There is evidence that few state health services or resources, other than some new support for "African" primary schools, and in the case of Umkomaas, also "African Farm Schools" and a small number of "Indian" schools (all initially started by local mission organizations or wealthy benefactors as independent schools, but gradually taken over in the 1950s and 1960s by the state education authorities) existed. State supported reproductive health services, contraception clinics or "Family Planning"

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can be used as a rough guide, as well as health data, is suggestive. See B. Freund *Insiders and Outsiders: The Indian Working Class of Durban, 1910-1990*. Portsmouth, N.H.:Heinemann, 1995 and B. Freund and V. Padayachee, *(D)urban Vortex: A South African City in Transition*. Pietermaritzburg: University of Natal Press. 2002.

[19]Thanks to Vishnu Padayachee for an extended conversation about his childhood in Umkomaas and his recollections of the 1950s to the present as well as his memory of oral testimony about the earlier generations. July 4 2006. Notes in possession of author. Interview conducted between Durban and Umzumbe. Also see: J C Labuscagne "A planning study of the Umkomaas subregion : with special emphasis on the place of Indian settlement in the subregional" Unpublished M. Sc. Thesis University of Natal, 1976; and see the new page on Umkomaas in *http://en.wikipedia.org/wiki/Umkomaas* Created June 20 2006 and accessed June 23rd 2006

[20] R. Mesthrie *English in Language Shift: The History, Structure and Sociolinguistics of South African Indian English* Cambridge: Cambridge University Press, 1993. A tantalizing discussion of terms and idioms for kinship. Family life, sexuality and so on is hinted at for interfaces between English spoken by second language isiZulu speaker and speakers of Indian English in South Africa

[21] Insert Public Health references for the 1930s to 1950 and GES (Gesondheid) ref.s thereafter to both regions.

services were unknown. A memory of an Umkomaas childhood by a perceptive development economist and social historian provides a narrative of a demographic transition for the period well before widespread clinical access and at a time when many poorer families relied on community midwives and local healers, whilst richer residents began to by in services from Durban based clinicians. In this milieu children were highly valued and a discourse of pro-natalism suffused every day life, yet in the linked families of the Naidoos and Padayachees, generations born in the 1920s were nurtured in sibling groups half the size of those born in the 1900s, and by the 1940s it was usual and common to be socialized in sibling groups of 4 or less. Although the occasional large family (8 children or more) of the Umkomaas region could easily be recalled, my informant recalled only one family of 12 whose size was held to be remarkable by the 1950s.[22]

The Alexandra Clinic, run through this era by American Board Mission staff such as Nurse Ruth Cowles (and assisted by WITS University Medical students from the post World War II era with links to the Bridgman Memorial Hospital in Johannesburg), provided a limited contraceptive and maternity services.[23] But by the late 1950s people of colour from these communities seeking health expertise from other than local community midwives or healers, or the services of the local mission connected clinics, and who had any resources traveled to the cities closest by. For the residents of Umkomaas, Durban was the destination. Gradually in the 1920s to 1940s South Africans of Indian descent began to patronize clinical services. The role of South African born but European and Indian trained doctors from this community was a key factor, as was the gradual emergence of a nursing cadre from within the community. The latter numbered only in the dozens until the late 1950s when a sudden a sharp rise in South African Indian trained and registered health visitors, community health assistants, doctors and nurses emerged in the wake of new educational initiatives in secondary and tertiary education and in the wake of sharp shifts within in the social and political aspirations of this community. In

[22] Interview with Vishnu Padayachee about his childhood in Umkomaas and his recollections of the 1950s to the present, as well as his memory of oral testimony about the earlier generations. July 4 2006. Notes in possession of author; interview conducted between Durban and Umzumbe.
[23] Reference C Burns PhD here as well as pieces I am writing on McCord; as well as Rabia Cassimjee's work on "Indian Bag Nurses"; work-in-progress of Lucy Robbins on TB in Durban.

Durban, St Aidens or McCord Hospitals (mission enterprises with some municipal support, servicing the regional African and Indian communities respectively), were sites of choice. The city gradually provided some "Non European" hospital and clinic facilities as well and these expanded through the 1960s to 1980s. Wealthier professionals (teachers, entrepreneurs) paid for the services of specialist bio-medically trained professionals and saw these experts in their consulting rooms or clinical settings in Durban.[24] The residents of Alexandra traveled (until Baragwanath Hospital opened in the mid 1960s for extensive maternity and reproductive medical care) until the late 1950s to Bridgman Memorial Hospital or to the Johannesburg general Non European Section and to the many licensed and unlicensed chemists, doctors, herbalists and healers that thronged the inner city.

It is this kind of detailed social history of sexuality and reproduction that we have yet to unravel. In a recent workshop on technopolitics in Africa[25] a definition of a *technological ideology* was advanced: "the belief that the widespread adoption of leading edge technologies will allow the poorest regions of the continent to leap the infrastructural, and economic, gap into prosperity". During this gathering I sought to draw a connection between the South African demographic approach to fertility in the region to this ideology. Exploring an aspect of the contradiction Goody notes between modernity and technology in Africa offers us the space and opportunity to reassess the history of "modern human contraceptive technology" in South Africa over the 20th century, and the interface between the purported take up of this technology and "development" in the region, with particular reference to human fertility decline in South Africa. The widely articulated connection between "modern development" and "human fertility decline" worldwide is worth another look in this region.

[24] Conversation with Vishnu Padayachee July 4 2006 also see M. O'reagain, *The hospital services of Natal* Durban: University of Natal Press , 1970 and P. D. Jagananen, "Community participation in health activity in a group of workers in Gravesend, Umkomaas" M. Sc Nursing Unpublished Thesis, University of Natal, 1993.

[25] Organised by the SHOT (the Society for the History of Technology), by Keith Breckenridge and Grabrielle Hecht, at Ithala, KZN, July 2006.

In the overarching texts and core cannon on fertility decline and the western demographic revolution, arguments and cases proffered by fertility experts and demographers have coalesced around this alluring combination: "modernity"—putting aside for now Brenner inspired debates around intra familial engines of new forms of labour and accumulation—brought with it new economic pressures and new household forms emerged which learned to bear, to overcome, and to redesign these tensions.

These newly suspended and wrought tensions in turn girded the modern experience of human sociability: kinship, sexuality, emotional life and all the conscious expressions of the self, were re-"pressed". The old was visible in the new but often only in dreams, nostalgia, the unconscious desires expressed in new disorders and anxieties, in artistic expressions, in yearnings. So these expressions and forms of social life were the very shape and the form of the modern person. In side this space fertility rates fell everywhere in the west by the opening decades of the 20th century. In some precociously modern societies human fertility fell a half century, or more, earlier. This marked decline occurred before the wide-spread use of either prophylactic contraceptives or hormonal contraceptives and related technologies (surgical abortion; surgical sterilization; intra uterine devices) but was enhanced by these later on.

Popular imagination around fertility decline continues to equate 20th century technologies for preventing contraception (especially "the Pill") with fertility decline and it is a mystery among many such, that the considerable published work of historians refuting this error of affirming the consequent remains either ignored or unknown.[26] A prominent historian of contraception, Angus McLaren, encapsulated this neatly in his study of the history of contraception in the west wherein he showed that innovative behaviour and social interactions rather than innovative technology was the key to the demographic transition in the north and especially the north west. Historians such as Nancy Cott and Linda Gordon led the way, over two decades ago, in tracing the history of connections and tensions between eugenic movements; conservative population control interests

[26] A McLaren, L Marks, N Cott, L Gordon and so on here as well as fro South Africa: B Klugman, B Brown, M Mbali, S Kaufman, S Klausen, M Gready, T Moultire, I Timaeus, J Smit, C Burns work etc.

(state, religious and civil society forces) and the countervailing political initiatives of feminists and progressives interested in providing best practice technologies of abortion and contraception to women and men the world over. These historians were concerned with examining the relative role played by personal and collective shifts in intimacy and sexuality versus technologies—usually clinical in origin—of pregnancy and birth limitation. Laura Mark's seminal study of the hormonal contraceptive pill draws together these rich debates with detailed research into the impact of this female-directed biotechnology after the 1950s. In the work of Marks as well as McLaren, Cott, Gordon and others, the role of feminist activists and population programme experts across the globe have been placed alongside the energies of organised religious and medical and pharmaceutical groupings. The nature of the links between female formal education, literacy, consumption patterns, new forms of waged employment, female political and juridical emancipation, new expectations of intimacy in friendship and in love, and fertility decline, have been at the centre of many political and academic analyses.

In the same year as South Africa held its first democratic elections in 1994 the coalescence of many of these debates and agendas was given form in "The Program of Action" that emerged from the United Nations International Conference on Population and Development in Cairo. South Africa was one small player at that Conference but the country's history of didactic state population planning programmes, and its relatively long history of albeit racially planned dissemination and use of clinical contraceptive technology targeted in different ways toward different groups of women, gave the representatives from the new South African state, and from women's health organizations many of whom has contributed to the ANC's new health plan, a complex task. They had to negotiate wider choice and women's reproductive rights in the context of opposing didactic state intervention "of any sort". This debate occurred inside South Africa as well, and the public debate around the termination of pregnancy bill when it came up for review in the first years of the new law-making agenda showed fissures and cleavages across and within the political spectrum on the issue of women's rights to have access to termination. I have written on this as have Klugman, Xaba, Gready and others.[27]

[27] Full citation and to the Cairo Conference relevant sections.

All of these struggles occurred virtually innocent of the huge impact HIV AIDS would wreak in the succeeding 5 years. The completely female-centred nature of state and clinical contraceptive technology and delivery would soon be seen as a great folly, though in the early 1990s[28] the slowing of the South African fertility rate was heralded as a boon for development and an indication that South Africa was able to lead the way, with Botswana and to a lesser extent Zimbabwe, in moving through the great portal of demographic transition. The very low levels of male use of condoms for contraception goals or to prevent sexually transmitted infections became seen as a "problem" whereas the wide use of contraceptive technologies by women has been seen as a huge asset.

In the 1980s the work of statisticians inside South Africa, such as Sadie, drew the attention of international experts in fertility decline such as the Caldwells. In the late 1980s and early 1990s they and new researchers such as O Chimere-Dan, Kaufman, de Wet, Moultrie, Stadler, Timaeus and others began offering critical arguments from data collected in the 1970s and 1980s.[29] Their work evinced the argument that South African fertility decline started after the Apartheid state initiated, from the Cabinet, a Population Programme. Implemented in the later 1960s, with an explicitly racialized framework (targeting black and poor women for injectable contraceptives and encouraging fertility increases in white households etc) the programme was credited with declining fertility amongst black women. The fact that white women's fertility rates also declined (against the objectives of the programme) is explained in terms of their greater class, cultural and education connection to the western models of fertility decline, models which the state in South Africa could not hope to transform with the same effect. This causative argument is virtually unchallenged in any demographic or public health publication until the landmark special edition referred to earlier edited by Potts and Marks in the *Journal of Southern African Studies*, **"**Fertility in Southern Africa: The Quiet Revolution"[30]

[28] Reference the 4 papers here and PhD of Pranitha Maharaj.
[29] Caldwells, O Chimere-Dan, Kaufman, de Wet, Sadie, Stadler, Kleinschmidt ,Timaeus etc here
[30] Deborah Potts; Shula Marks **"**Fertility in Southern Africa: The Quiet Revolution*" Journal of Southern African Studies,* Vol. 27, No. 2, Special Issue on Fertility in Southern Africa (Jun., 2001), 189-205.

In the mean time the original arguments of Sadie, the Caldwells and others have been accepted and built upon through the widely disseminated and cited texts by Timaeus et al. Except for Bradford, Klausen and my own work there has been little else published on contraception before the 1950s. Why is this consensus "a problem"?

In the wake of the clear evidence of the HIV epidemic in South Africa in the mid to late 1990s demographers became more interested in issues around "birth control" again: this time the fact that South African women were overwhelmingly utilizing hormonal contraceptives, instead of male/female cooperation around clinical barrier methods or sterilization in their contraceptive behaviour, stirred researchers in reproductive health into action alongside work on sexuality in the region. Studies of resilient patterns of patriarchy (especially as they surfaced through sexuality and household relations; violence and sexuality; migration and labour; as well as religion and cultural life) began emerging. More nuanced recent work by Moultrie, Timaeus and others began showing that South African women are still likely to bear a first child when still teenagers but that there remains a long delay between this birth and that of a second and sometimes third child. Their work also highlighted regional and household arrangement configurations for South Africans of African descent, and provided detail and nuance where there were generalizations before. Their work shows fertility patterns have not altered substantially in the time of AIDS, despite huge expenditure on public health campaigns around abstention from heterosexual penetrative sex without a condom, especially in multiple partner relationships. Study after study of condom use in South Africa shows that the pattern of fertility versus contraception decisions inside of sexual relationships has far less to do with available technologies and knowledge of the various possible consequences of penetrative sexual relations than was previously thought causative in 1980s early 1990s literature. The post-Apartheid South African state it seems is unable to intervene with any power in the fertility and sexuality practices of the majority of its enfranchised citizenry compared with its predecessor state, if the literature on demographic shifts in the 1970s to 2005 is accepted. Yet this pattern—of early fertility followed by a halt in fertility and yet not a cessation of sexual relation—has generated all sorts of debate now because conception obviously indicates lack of condom use and

prevention programmes are built upon this. So in the wake of examining why condom use is so low research has concentrated on South African women's power over negotiating condom use with men, and has spilled over into a wider consideration of the use of biomedical technologies of contraception. Researchers are interested anew in the extent to which pre clinical methods of fertility control--regarded in the fertility/contraception literature as "pre modern" and "non technological" (abortions; infanticide; post-partum breastfeeding; the use of herbs and pessaries from natural ingredients; adaptions of heterosexual coitus; "dry sex"; cohabitation of male partner with other female sexual partners until child weaning and so on) still play a role. If these forms of fertility limitation are still key then the "hot link" between modern state contraception programmes (in clinical settings, with race and class agendas heavily shaping method, access and costing), and fertility decline in South Africa needs to be reassessed. This is especially important, many feminist reproductive activists argue, if newly produced female-initiated microbicides are to be effectively used as a barrier to HIV infection in heterosexual sexual relations.[31]

These presentist preoccupations, are, I suggest, as useful a place as any other to craft a research agenda that moves into the past and re-examines and maps the extent to which the majority of South African men, and especially the majority of South African women, began to consciously and without intending the exact consequences that obtained, to reduce their family size, and shift their reproductive and sexual practices, in the decade *before* clinical contraceptive technologies were widely available.

Leading demographers of this region continue to assert what Hecht and Breckenridge call a *technological ideology*: "the belief that the widespread adoption of leading edge technologies … allow[ed] the poorest regions of the continent to leap the infrastructural, and economic, gap into prosperity", a state which for them is inseparable from low birth rates. But fresh debates that have been framed for other contexts, and which surface repeatedly in the demographic and history of fertility literature especially outside of

[31] Reference here to C Burns breastfeeding paper and to all the recent microbicide work and to J Smit, M Beskinska, E Vardas etc and also M. Mbali and others in Mbeki's AIDS policies.

Africa, will, I think, be pertinent to this regional case. These lines of enquiry need to be re-opened for South Africa: 1) the link between declining infant mortality/morbidity and related health transformations and contraception practices; 2) the role of industrial life and migration in decreasing fertility; 3) the rise of missionary and then state funded schooling in encouraging female sexuality and contraceptive decisions; 4) the dissemination of contraceptive advice, techniques and messages about fertility decisions through public media as well as social clubs, and the impact of these on practices; 5) the extent to which the "diffusion model" holds any water for South Africa, that is: whether and to what extent elite and minority groups with disproportionate control of media or educational technologies, shaped popular mass perceptions of debates around the "morality" and "efficacy" of contraception, and the complex interactions between white settler minority groupings and the majority (for example there may not be a uniform impact of the dissemination of ideas from black elite communities across the country to their poorer black neighbours; nor from the ranks of poorer but racially privileged rural white Afrikaans speakers to black men and women who worked on their farms; and similarly from white elite English speaking urban professionals to the black workers in their daily milieu); and 6) the role of organised religious movements across the spectrum of belief in South Africa (Christian, Muslim, Jewish, Hindu, as well as indigenous and syncretic religious movements) in the adoption of specific positions, and the dissemination of these, concerning various contraceptive technologies and practices. In re-examining these 6 lines of inquiry we need to do more map out the role of technologies of the pre 1850s intermingled with the new knowledges and technologies of the 20th century in forging the South African demographic transition.

It will then be possible to assert with much more certainty that the families depicted in *Drum* in 1959 were rare and unusual not because of decisions taken in Pretoria but because of far more pressing, complex and animated shifts in everyday loves and lives of the people of the region.