

FAMILY PLANNING OR BIRTHCONTROL

The Ghanaian Contradiction *

1. INTRODUCTION

It is the aim of this paper to study « family planning » at two different levels: (1) the presentation of family planning by Ghanaian policy makers and (2) the perceptions and actions of rural Ghanaians as related to the prevention of birth. I hope to demonstrate that the term « family planning » does not fit the birth limiting practices which are carried on by members of a rural community, and that the type of propaganda which is used to advertise family planning is unrealistic and fails to recognize some basic facts of conjugal life in rural Ghana.

1.1. *Family planning programmes in Ghana*

Ghana is one of the few African countries which have a government-supported family planning programme. In 1966 the Planned Parenthood Association of Ghana commenced its services in the field of family planning, followed in 1968 by the Christian Council and in 1970 by the National Family Planning Programme of Ghana (NFPPG). Although they are predominantly operating in the urban centres, they also report family planning acceptors in rural areas. By October 1974, 150 hospitals and clinics all over the country had reported visits by family planning clients. Family planning fieldworkers mediate in bringing people to the clinic or hospital where they are attended by a doctor or family planning nurse. The number of all new acceptors between July 1970 and October 1974 was 122,187; the total number of revisits was 334,676 (Monthly report on family planning acceptors, October 1974).

Propaganda material of the NFPPG shows pictures of a happy

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family consisting of an attractive couple with three children and the invariable slogan of « better life ». The picture is sometimes set in a culturally African context by dressing the parents in *kente*, a traditional attire for festive occasions, but frequently another context is suggested by showing the family in a well-furnished room with comfortable armchairs, books and magazines, TV set and radio.

Officially the NFPPG addresses itself to married couples and there are some indications that this official line of action is also followed in practice, although I am not sure how widely this applies. In the area where the research was conducted, at least, women who desire help from a family planning clinic are expected to bring their husband along, although men who want to buy condoms are not subject to such regulations. On the whole, as this paper hopes to demonstrate, the services of the NFPPG are very much felt to be directed to the married. To quote one of their pamphlets : « The National Family Planning Programme makes it easier for couples to get the information and services they need to space the frequency of births and/or limit the size of their families when necessary. » So the NFPPG wants to be in the true sense of the word an organization for *family planning*. How realistic is such an objective in a rural Ghanaian environment ?

1.2. *The problem*

The pamphlets and posters of the NFPPG strongly present the small nuclear family as the ideal family type for Ghanaians and family planning programs offer their services to married couples. Several questions arise : Is the small nuclear family close enough to the style of life in rural communities that it can be seen as an attainable ideal ? Can it effectively inspire people to accept family planning ? Another question, which will not be discussed in this paper, is whether it is legitimate to present the nuclear family as an ideal. Further questions are : Do family planning agents reach all potential family planning acceptors by making the married alone their target ? Do they offer help to all those who are in need of it ?

It seems likely that the picture of the small nuclear family speaks to elitist groups rather than to the predominantly farming and trading population of rural towns and villages but, ironically,

it is the latter group who need to be motivated most if population politics are to succeed. Gaisie (1969:34,42) has pointed out that Ghana's rapid population increase derives primarily from rural areas and certainly not from the urban elites. Caldwell (1968a) has shown that the elites are the first to adopt more antinatalist views and that they already have smaller families than their parents in spite of a lower child mortality.

Another problem to be investigated in this paper is how people who are not married perceive family planning, whether they are interested in it and what their contacts are with the NFPPG and the other family planning agencies.

1.3. *The research*

The above questions were investigated during a six-month period of fieldwork in a small town in Kwahu, Southern Ghana. The Kwahu belong to the Akan, which is a collective name for a number of matrilineal groups. These groups are culturally and linguistically related and include the Asante (Ashanti). The Akan, who number about 4 million, speak mutually intelligible dialects of a language called Twi.

The research covered three samples: one matrilineage, one sample of 100 males and one sample of 179 females. Research techniques consisted mainly of interviewing, observation and «collecting gossip» (Köbben 1967:42). The town where the research was carried out is situated at a distance of over 100 miles from the capital of Accra.

2. THE IDEA OF «FAMILY»

2.1. *The residence variable*

There is no term in Twi to denote a conjugal family. The term *abusua* is used for an entire matrilineage to a depth of about seven generations, and sometimes for the much wider concept of clan which is based on putative common ancestry and which may embrace as many as several hundred thousand members spread over the total Akan area. In Twi the conjugal family can only be referred to in more descriptive terms, for example, *me yere ne me mma* (my wife and children). The absence of a Twi term for conjugal family is not so surprising when

we consider that the conjugal family is not a common corporate domestic unit.

In the Kwahu town, where the research was conducted, about 40 % of all couples are not coresidential (see Table 1). Of those who do live together most do not constitute a closed unit, but form part of a wider group of kinsmen or affines. Houses are shared among lineage members and tenants and it is often difficult to demarcate a basic household as has also been noted in other Akan groups (e.g. Vercrijse 1971). Moreover, even when a distinct household with two spouses has been delimited, such a household frequently does not coincide with the concept of a nuclear family. Almost half of all respondents in the Kwahu town, do not have all their children staying with them (Table 2) and a considerable number of them coreside with children who are not their own (Table 3). The residence of children with non-parents or only one parent is due to separate (duolocal) residence of parents, high divorce rate, and fostering.

Table 1
Conjugal residence in three samples
(percentages in brackets)

	Lineage	Male sample	Female sample
Coresidence	20 (56)	50 (66)	93 (56)
Separate residence	16 (44)	26 (34)	74 (44)
Total	36 (100)	76 (100)	167 (100)

Missing observations : lineage = 6; male sample = 24; female sample = 12.

Duolocal residence, which is also a common phenomenon among the Ga (Azu 1974), usually occurs when husband and wife originate from the same town and live in the wife's hometown. When the geographical distance between her own lineage house and that of her husband does not prevent a woman from performing her basic conjugal duties (sexual intercourse and cooking) without moving from her maternal home, she is most likely to stay on with her lineage because the ties with her matrikin are regarded more important than those with her spouse.

Table 2

*Filial residence in three samples I
(percentages in brackets)*

	Lineage	Male sample	Female sample
Respondents who have all their children with them	13 (34)	51 (56)	119 (69)
Respondents who do not have all their children with them	25 (66)	40 (44)	54 (31)
Total	38 (100)	91 (100)	173 (100)

Missing observations : lineage = 4; male sample = 9; female sample = 6.

Table 3

*Filial residence in three samples II
(percentages in brackets)*

	Lineage	Male sample	Female sample
Respondents who do not coreside with children who are not their own	29 (74)	56 (59)	130 (75)
Respondents who coreside with one or more children who are not their own	10 (26)	39 (41)	42 (25)
Total	39 (100)	95 (100)	172 (100)

Missing observations : lineage = 3; male sample = 5; female sample = 172.7

2.2. Divorce

Another factor impeding the development of a westernlike type of conjugal family is the high divorce rate in Kwahu. Divorce and separation bring about continuous changes in the composition of the conjugal household and break up ties between parents and children. The incidence of legal divorce and separation of other institutionalized conjugal unions is presented in Table 4. « No divorce » is predominantly reported by young respondents who have only just started their marital career. Every member

of the Kwahu community is likely to meet divorce twice or more during his (her) life time.

Table 4

*The incidence of divorce (separation) among respondents in three samples
(percentages in brackets)*

	Lineage	Male sample	Female sample
Number of divorces : 0	11 (30)	32 (37)	83 (53)
1	12 (32)	35 (40)	54 (35)
2	10 (27)	13 (15)	17 (11)
3	2 (5)	1 (1)	1 (.6)
4	1 (3)	4 (5)	1 (.6)
5	—	2 (2)	—
6	1 (3)	—	—
Total	37 (100)	87 (100)	156 (100)
mean	1.30	1.03	.61

Missing observations (never married/unknown) : lineage = 5; male sample = 13; female sample = 23.

The lower incidence of divorce reported by respondents of the female sample is due to incomplete information rather than to the actual situation. It was found — not surprisingly — that quality and quantity of information increased when the sample become smaller and interviewing became more intensive.

Divorce is not only frequent, it is also a socially accepted phenomenon which does not bear appreciably unpleasant consequences for the two concerned (Bleek 1975:201-2) apart from financial problems for the female partner when the husband stops to support his children. In certain cases, however, when the spouses lived apart during the marriage and the wife received little financial support from the husband, one can say that — on the surface — virtually nothing has changed in the lives of the divorced couple. An (extreme) example is presented in the next case.

Case 1

Kofi Dwamena married his first wife when he was 25. They had two children together. The marriage lasted about 4 years. Dwamena says that he divorced his wife because « her mother

wanted her always to be at her side, since she was her only daughter. When I moved to K. she came to spend a month with me and was then called back by the mother. The most important reason that led to the divorce was that after the birth of the second child the mother did not allow her to visit me for one year and nine months . . . The mother finally excused her by saying that she (the mother) was sick and that the doctor had forbidden her to go near the fire place, so her daughter had to cook food for her.

» After the divorce I took the first born to my mother and left the second born with my ex-wife. Later on she came to collect the child and now both are with her. I usually pay something for their school fees and upkeep » (probably not true).

This case further shows the way in which residence of children is usually arranged after divorce. The children are most likely to remain with their mother since they belong to her family. The common belief, held by Kwahu people as well as by some social scientists, that boys approaching puberty join their father in fact occurs less commonly than one would expect. An exception must be made for fathers who are financially well off and who, for that reason, are more readily permitted by the woman's lineage to take care of the children.

2.3. *Matrifocality*

Under these conditions of high divorce rate, duolocality and the principle of matrilineal descent, households in Kwahu tend to assume a matrifocal quality, although in a different form than has been reported from the Caribbean (Smith 1956) where the term was first used. In contrast to the Caribbean, a matrifocal household in Kwahu is nearly always embedded in a wider group of relatives, but when it comes to financial responsibility it is often the mother alone who takes care of the children.

The mother is the key figure of family organization. Conjugal ties and social relationships between father and child are often ephemeral but the bond of a mother with her child remains. In the context of family planning this is a crucial factor. When men have no or few financial responsibilities with respect to their children, when they do not live with them, and when they — as does happen — lose them entirely from sight, then their « present family size » and « family planning » in general

become irrelevant to them, because their *family* is not *their* family.

I must add here a short note of caution. I am certainly not saying that the matrifocal household is a universal phenomenon in Kwahu. What I want to point out is that in the situation of separate conjugal residence, frequent divorce and subsequent shifts in the structure of residence pattern and allocation of parental roles, decisions tend to be taken in a matrifocal rather than in a patrifocal direction. It should further be taken into account that the mother is not an absolute focal point for regulating family relationships. Table 2 has already pointed out that no less than 31 % of mothers have at least one of their children living away from them.

2.4. Premarital sex

There is abundant evidence that the legalized form of marriage does not have a monopoly on sexual intercourse. Although Kwahu people formally disapprove of premarital sex, it has probably been practised for a long time. Premarital pregnancies that occur among the present generation look like reproductions of incidents that happened 50 to 70 years ago. On the other hand, it cannot be doubted that the introduction of education and the subsequent postponement of marriage has greatly increased the incidence of premarital sex, without, however, influencing the age at which sexual relationships are initiated.

Premarital sex is almost universal among the present generation of Kwahu youngsters (cf. Bleek 1976). Many school pupils relate their amorous adventures with considerable pride, but are at the same time very conscious of the fact that pregnancy should be avoided. A premarital pregnancy among the school going nearly always means termination of the girl's education and a heavy fine for the male responsible, because the Ghanaian law enables the parents of a pregnant girl to claim compensation for the girl's lost chances when her education has been stopped.

The high incidence of premarital sex and the strong motivation to avoid pregnancy have created a great need for contraceptives among school pupils and other unmarried youngsters in Kwahu, but this need is not met by official family planning agencies who are directed towards the married part of the population. So young people who indulge in premarital sexual relationships

turn in great numbers to unreliable, and frequently totally ineffective, contraceptives and to several techniques of inducing abortion, some of which are ineffective while others are extremely dangerous (Bleek 1976). Case 2 gives an example, a Kwahu school girl of 15 years is speaking.

Case 2

« When I was in the middle school I had sex and I saw that it was sweet so I continued to have it till I saw that I was in the family way (pregnant), so I wanted to cause abortion. I started to drink medicine and you know what happened! At 12 o'clock in the afternoon I saw so much blood coming that I did not know what to do. My mother took me to the hospital before I came to myself. »

2.5. *Alternative sexual unions*

The position of the nuclear family is further undermined by the existence of non-legalized sexual relations between married men and their lovers or between people who are presently divorced and who are in no hurry to enter a new legal marriage. Although it will not be proclaimed publicly that such extramarital affairs are wholesome and morally sound, public opinion of them is nevertheless rather permissive. People generally agree that a man cannot stay without sex, so if he has no wife he should have a lover, and the same applies to a woman without a husband. People further regard it as a natural thing for a married man to have a girl friend at the time that his wife delivers because he is supposed to refrain from sexual intercourse with his wife for some months. Illicit sexual affairs at other periods are more frowned upon but not really condemned. Men rather applaud their fellow men's sexual prowess and they themselves, covertly or openly, take considerable pride in their amorous escapades. Strong public disapproval exists only for a married woman indulging in extramarital sex.

3. THE IDEA OF « FAMILY PLANNING »

When « family » is such an uncertain institution as has been described above, how can there be any question of « planning a family » ?

3.1. *Traditional birthcontrol*

Birthcontrol in the past seems to have been extremely rare in Kwahu, but it is reported from other areas in Africa (Nag : 1962: 214-5 ; 219-20 ; Molnos 1973:passim) and other preindustrial societies (Himes 1936 ; Firth 1936). Most ethnographers, however (Firth is an exception), point out that birth limiting practices in the various societies cannot be regarded as conscious family planning. Polgar (1972:208) summarizes their views : « . . . natality regulations among hunter gatherers was probably to increase the interval between children ; keeping family size low is not likely to have been a conscious objective . . . Ritual abstinence bears no relationship to reproductive goals at all, for it is practised for ceremonial reasons : to honor supernaturals or to bring luck in farming or war (Nag 1962) . . . Practices that stop short of complete coitus like « bundling » or *coitus inter femora* among the unmarried, or the strict separation of a child-bride from her husband, serve to prevent pregnancy among those not considered socially (or physiologically) ready to be parents. Abortion or infanticide when the pregnancy resulted from some kind of « illicit » union also serves to prevent an unsanctioned couple from becoming parents to a child, not to prevent the birth of too many children. Religious celibacy, prohibition of widow remarriage, delayed marriage to preserve beauty or freedom, and the like are all practised primarily for reasons independent of natality levels in the family or the community. »

Several of the examples cited by Polgar cannot be denied a certain amount of planning but it is clear that we cannot speak here of « family planning » in the sense that people plan to have a family with a fixed number of children. « Birthcontrol » seems a more adequate term for the above mentioned practices.

3.2. *Birthcontrol in Kwahu*

At present birthcontrol is a well-known phenomenon in the towns and villages of Kwahu. If we read the information collected by Pool in 1965-6 about rural Ghana, it would seem that revolutionary changes have taken place in the past decade. Pool reports that only 4 % of rural females (from the whole of Ghana) knew a particular method of birthcontrol at that time (cited by Caldwell 1968b). In 1973 I found that in Kwahu nearly 100 % of my

respondents could describe one or more methods of birthcontrol (including induced abortion). Such an increase is unlikely to have occurred within a period of 7 or 8 years, so I assume that Pool's figure is an underestimate.*

To account for my rather high figures on knowledge of birthcontrol methods I must report that a list of 12 methods was read to the interviewees. Out of these 12 methods they had to choose the ones they knew and to explain them. This approach was used because during experimental interviews it became clear that many respondents only mentioned a few of the methods they actually knew. The total and average numbers of birthcontrol methods which were reported to be known are presented in Table 5. The lower figures in the female sample are due to less openness among the female respondents. This could be checked because some members of the lineage were also interviewed in the female sample and were found to give incomplete and incorrect answers.

Table 5
Knowledge of birthcontrol in three samples
(percentages in brackets)

	Lineage	Male sample	Female sample
Number of methods known : 0	1 (2)	1 (1)	23 (13)
1-2	5 (12)	12 (12)	58 (32)
3-4	5 (12)	22 (22)	72 (40)
5-6	11 (26)	33 (33)	24 (13)
7-11	20 (48)	32 (32)	2 (1)
Total	42 (100)	100 (100)	179 (99)
Mean	5.8	5.2	2.6

Knowledge of birthcontrol is higher among young respondents than old (see Table 6). The principal reason for this is that young Kwahu practise birthcontrol significantly more often, as we shall see further on.

Birthcontrol methods which are best known in the male sample are here listed in order of the frequency with which they were mentioned: induced abortion, tubectomy, pills, condom, coitus

* Pool attributes the difference between his and my data to (a) changes over time, (b) the fact that the North was included in his rural sample, and (c) methodological differences (Private correspondence, 1975).

interruptus and foam. All these were mentioned by more than 50 % of the male respondents.

The practice of birthcontrol in the Kwahu town was measured by the number of different methods ever used by the respondents. The answers are presented in Table 7.

Cross-tabulations of birthcontrol practice with the age and education variable showed extremely significant correlations between birthcontrol and age (high practice tended to coincide with young age), and between birthcontrol and education (practice increased with level of education). Birthcontrol methods that were reported to have been used by 10 % or more of the male respondents are the following in order of frequency: foam, pills, condom, induced abortion and coitus interruptus. So far as I could gather only a fraction of these contraceptives had been obtained from

Table 6
Age and knowledge of birthcontrol methods in male sample only
(percentages in brackets)

Number of methods known : (*)	0-2	3-4	5-6	7-10	Total
Age : below 30	3 (7)	5 (11)	14 (33)	21 (49)	43 (100)
30-39	2 (8)	7 (28)	8 (32)	8 (32)	25 (100)
40+	8 (25)	10 (31)	11 (35)	3 (9)	32 (100)
Total	13 (13)	22 (22)	33 (33)	32 (32)	100 (100)

$z = 3.35$ $p < .01$

(*) 0-4 and 5-10 have been combined for U-test.

Table 7
Practice of birthcontrol in three samples
(percentages in brackets)

	Lineage	Male sample	Female sample
Number of methods ever used : 0	15 (36)	44 (44)	153 (85)
1	10 (24)	26 (26)	21 (12)
2	5 (12)	12 (12)	4 (2)
3	7 (17)	10 (10)	1 (1)
4-6	5 (12)	8 (8)	—
Total	42 (100)	100 (100)	179 (100)
Mean	1.6	1.1	0.1

family planning centres. Most are bought in local drugstores or stores in Accra. Induced abortion is usually performed by unqualified people who call themselves «dispenser» or by the pregnant women themselves. Special mention must be made here of the fact that several pills which are sold in drugstores, and which are among the most commonly used contraceptives, proved to have no contraceptive value at all. The ordinary contraceptive pill containing progestogen and estrogen, is distributed by family planning programmes in Ghana, but is still very little known in this particular Kwahu town.

3.3. Structural supports for birthcontrol

A closer examination of the situations in which birthcontrol occurs and further investigation into the causal links between younger age and education on the one side and birthcontrol on the other, revealed the most crucial determinant factor for the use of birthcontrol: birthcontrol is almost exclusively practised in premarital and extramarital relations. Attitudes towards birthcontrol and lower fertility, which have been so eagerly sought after by KAP-studies, have little predictive power with respect to behaviour. It is true that they are often in agreement with behavioural variables, but that is because they are both functions of the same situational factor: marriage or non-marriage.

Married people in Kwahu are loathed to use any method of birthcontrol in their sexual relationship with their legal partner, but their objections disappear when they are engaged in a secret love affair. Birthcontrol is most eagerly practised by young people in premarital relationships. The two following cases are typical examples of a premarital and a marital situation in which the possibility of birthcontrol presents itself, but only in the first case is it in fact practised.

Case 3

Ntim is a teacher, 32 years old. At the age of 24 he was teaching in a primary school somewhere in Kwahu. He fell in love with a girl of 16 who was a pupil of the middle school. The girl told him that she did not want to become pregnant and Ntim bought (alleged) contraceptive pills for her. Ntim continues: «I was there when she took them but somehow the pills failed. After the girl had discovered that she was pregnant

she came to me saying that she was a school girl and if the parents would hear about it, it would affect the two of us. So it would be better to have an abortion and I should help her. So I gave her the money. She bought the medicines and caused the abortion. I don't know what kind of medicines. After the abortion the girl started bleeding and her brother saw it...».

The end of Ntim's story is that the girl was admitted to a hospital where she remained for two days and that he himself had to pay a fine of 100 cedis (at that time about £ 50.00) to the girl's family.

The premarital situation in which the sexual encounter took place and, most of all, the factor of education, provided the incentive to use contraceptives and, when the contraceptives failed, to induce an abortion. How strong the incentive was becomes clear when one realizes that induced abortion is almost universally branded as a very dangerous method of birth prevention which frequently results in death or permanent sterility.

Such a strong motivation to practise birthcontrol is absent in a marital situation. Objections to birthcontrol retain their strength in spite of the strong desires a person may have to put an end to the chain of pregnancies. In Case 4 a woman of the Kwahu lineage expresses her fatigue with respect to becoming pregnant. She seems quite resolved but she does not want to use contraceptives or consult a doctor or family planning nurse.

Case 4

Yaa Kate (35 years) is pregnant. Her first pregnancy was from a much older man who was married and had already 6 children. She did not like him so they did not marry. Her second pregnancy also came from a married man who was 15 years older than she. This time they married and the man took her as his second wife. She bore him 5 children and had one miscarriage, so this is her eighth pregnancy. When I asked her how many children she would like to have she answered, « Four, but I have already 6 and number 7 is coming. » Kate says she is tired of always having children but she does not want to use contraceptives, because she fears that they will make her sick. For her there is only one solution: « I hope that he will stop sleeping with me after this child. He may agree when he gets another wife to marry. » Kate also believes that tubectomy is a good method

because what a doctor does is good, but she does not want it for herself.

What is suggested by cases 3 and 4 is corroborated by quantitative material from the lineage (see Table 8). All lineage members who have ever practised birthcontrol practised it outside marriage while only 22 % of these practised it also within marriage. So birthcontrol occurs 5 times more often outside marriage than within.

Table 8

*Number of people in Kwahu lineage who have ever used a method of birthcontrol in or outside marriage, by sex
(percentages in brackets; derived from Bleek 1976 : 245).*

	Males	Females	Total
Used method(s) in marriage :	3 (20)	3 (25)	6 (22)
Used method(s) outside marriage :	15 (100)	12 (100)	27 (100)
Total of those who ever used a method :	15 (100)	12 (100)	27 (100)
Used no method :	8	7	15
Final total	23	19	42

The indications are clear. In the perception and experience of the respondents of this rural town birthcontrol is something which belongs in the first place to clandestine sexual relationships and secret love and not to marriage. With some exaggeration I would sketch the situation as follows. Marriage must produce children for it to be a successful marriage, but secret love must avoid producing children if it wants to endure. No children means the end of a marriage, but secret love ends with the arrival of a child. Birthcontrol is a «taboo» for the married but a prerequisite for lovers.

4. FAMILY PLANNING OR BIRTHCONTROL

It seems that there is a wide gap between the philosophy of population policy in Ghana and the social reality. The emphasis of family planning agencies on the married status of their clients

takes little account of the fragility of marriage among the rural Akan and the frequent incidence of alternative sexual unions. The preoccupation of the NFPPG with the small nuclear family as the ideal type of family organization pays no attention to the fact that the nuclear family, consisting of a man, his wife and their (small number of) children seems to be a relatively uncommon phenomenon in some rural areas of Ghana, and certainly in Kwahu. A nuclear type of family may come into being and survive for some time during the first years of a first marriage, but when divorce or separation occur the family will undergo considerable change and the nuclear family breaks up. A survey among middle school pupils in a number of Kwahu towns revealed that only 30 % of these pupils were staying with both parents.

Ghanaian family planning programmes seem to start from the Western concept of marriage and family (although this very concept is now questioned by members of Western countries) and from the explicitly Christian view that monogamous marriage and the conjugal family are the only legitimate context for reproduction. They do not ask themselves whether the «only legitimate context» coincides with the «only real context.»

Policy makers in Ghana have looked more at the elite style of life, which they share themselves, than to the life of the urban poor and the farming population of the hinterlands. Family planning propaganda, therefore, seems to address itself most to those who need it least. The urban elites, as has been said before, do not need to be motivated towards the acceptance of birthcontrol; it is rather the rural part of the population which, willingly or unwillingly, is mainly responsible for the rapid growth of Ghana's population.

The contradiction between philosophy and reality becomes still more incisive when we consider the fact that advice and actual assistance is offered to those who are least interested, namely the married, and is not offered to those who need it most urgently, namely the unmarried.

This situation has contributed to the fact that those people who practise birthcontrol most receive the least advice and assistance. Young people in premarital sexual relations use «contraceptives» which have no contraceptive action and attempt to induce abortion by ineffective or highly dangerous means.

What the NFPPG and other agencies advertise is family

planning, but what, up till now, is needed, and — however inexpertly — is practised in the rural environment of Kwahu, is birthcontrol. Unmarried people who use contraceptives or induce abortion are not thinking of a family which they are planning; they are only concerned with the non-birth of a child in the immediate future. Speculation about the benefits of marriage and a small family are not relevant to them at the moment.

It would be more realistic if the organizers of « family planning » programmes in Ghana would consider the possibility of addressing themselves also to the unmarried. It will first be necessary, however, for them to give up their apparently Victorian attitude towards sexuality and view the practice of pre- and extramarital sex in its authentic moral perspective. I am aware that such a change in policy would encounter serious opposition from the part of christian churches and other institutions which presently are supporting the « family planning » case. Their opposition may damage the image of the family planning movement in Ghana and cripple its present activities. A widening of its orientation should, therefore, be undertaken with the greatest tact. It is suggested that the idea of « responsible parenthood » may be a useful startingpoint for a discussion about the extension of « family planning » help to the unmarried.

A second conclusion of this paper is that the family planning programme should attune its propaganda more to the real family situation which prevails in rural towns and villages and less to the Western or Ghana-elitist nuclear family. This means that more attention should be paid (where necessary) to the position of a mother who bears alone the brunt of the financial and emotional strains of bringing up a large number of children.*

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