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Local and Foreign Models of Reproduction in Nyanza Province, Kenya

SUSAN COTTS WATKINS

THE ERA OF widespread concern about rapid population growth in developing countries began in the late 1940s when certain Western foundations and academics defined a coming population crisis. Their alarm was followed by the growth in power and reach of an international population movement: an alliance of neo-Malthusians and birth controllers who attempted to alter significantly the reproductive behavior of millions of developing-world couples. The era ended, symbolically at least, with the International Conference on Population and Development, held in Cairo in 1994, which demoted population goals below those of attaining gender equity and improving the reproductive health of women in poor countries (Hodgson and Watkins 1997).

By now most developing-world governments have adopted neo-Malthusian population policies, and they promote and distribute modern methods of family planning; many individuals in these countries say they themselves are, or would be, better off with fewer rather than more children; and many women are using modern methods of family planning to limit their family size (Bongaarts and Watkins 1996). As a consequence of small-family preferences and the use of contraception, fertility has declined, or has begun to decline, in most developing countries.

Most writers who have attempted to summarize this era have taken a comprehensive approach. This article differs in its focus on a small geographical area, in its privileging of cultural models of reproduction rather than individual behavior, and in its historical dimension. The focus is local because I view widespread transformation in cultural models of reproduction as the aggregation of a multitude of changes in local communities. I will show, however, that local communities are profoundly influenced by powerful outside actors who change local circumstances, thus provoking local networks to reevaluate cultural models. I reach back to the colonial period because fundamental changes in perceptions about the best model of reproduction occurred then.

The local area is South Nyanza District,¹ Nyanza Province, Kenya, an area on the shores of Lake Victoria that is predominantly inhabited by Luos. During the six decades between the mid-1930s and the mid-1990s, the local consideration of alternative cultural models was driven by uncertainty about the goals of reproduction and the best strategies through which to achieve them. When representatives of the international population movement arrived in Kenya in the early 1960s with their own cultural model of reproduction, it seemed obvious to them that the country would be better off with lower fertility and that Kenyan families would be wealthier if they were smaller and thus if they used family planning to limit the number of their children. In rural Kenya, the route to riches was not so obvious.

An example illustrates the problem of uncertainty. In the 1974 television documentary *Maragoli*, set in an area of Western Province near South Nyanza, a chief and his wife radiate satisfaction as they tell Joseph Ssessenyoga, the interviewer, about the education that each of their many children achieved or married into, and display the gifts of money and clothing that their well-off children sent to them. No doubt, the same stories and gifts were known to their friends, relatives, and neighbors. But which parts of the model of reproduction that the chief displayed should be followed by a poor villager—the part that showed that many children are the way to wealth or the evidence that it is costly education that matters? Although uncertainty is masked in most sources of data, our interviews, conducted between 1994 and 2000 as contraceptive use was rising rapidly, showed continued uncertainty about the best model of reproduction.

As late as the mid-1980s, Kenya appeared to some as an unlikely setting for a rapid reproductive transformation (Frank and McNicoll 1987; Mott and Mott 1980). In Nyanza, many of the practices considered by these and other analysts to be “cultural barriers” to fertility change were in place in the 1970s and the 1980s, such as polygyny, communal landholding that did not disadvantage larger families, a highly stratified gender system, and ethnic competition (e.g., Ndisi 1974; Ocholla-Ayayo 1976; Suda 1991). These institutions are still present, and ethnic competition is, if anything, greater.² Nevertheless, the 1989 Kenya Demographic and Health Survey (KDHS-I) showed that fertility had declined in Nyanza as well as nationally (Cross, Obunga, and Kizito 1991; Kenya, Republic of 1994), and Warren Robinson (1992) proclaimed that Kenya had entered the fertility transition.³ The onset of fertility decline appeared to have been quite abrupt. It appears much less abrupt, however, if we ask about models of reproduction rather than behavior.

I show that there were three distinct but temporally overlapping cultural models of reproduction between 1930 and the present. The first model views many children as the way to wealth. This “large families are rich” model was probably well established when Kenya became a British colony in 1920. Its dominance, however, came to be undermined as Kenya was

increasingly integrated into the imperial polity and economy. The changed circumstances consequent on British rule provoked the collective formulation of a second model, "small families are progressive." This competing model, available for consideration around the time of Independence in 1963, retained the same goal of wealth but viewed a smaller family as a better strategy for achieving the progress that development was expected to bring in the new Kenya. Strikingly, however, even those who perceived small families to be advantaged considered the deliberate control of fertility illicit. The third model augments the local "small families are progressive" model by including the deliberate control of fertility using clinic-based methods of family planning.

Both the "large families are rich" and the "small families are progressive" models were collectively formulated in response to local circumstances. The third model, however, was promoted first by the global networks of the international population movement and then by the Kenyan government itself. Initially, Kenyans perceived this new model as the model of the *wazungu*. *Wazungu* (plural) is a Kiswahili word for those who are both white and foreign and has connotations that suggest the *wazungu* were perceived ambivalently: a *muzungu* (singular) is: "1) something wonderful, strange, startling or tricky; 2) a cunning person; 3) a gentleman; 4) knowledge or skill" (The Watchman 1996). I describe below the domestication of the *wazungu* model of reproduction, as rural clinics began to routinely promote family planning and men and women in the villages of Nyanza started using family planning and told others of their motivations and experiences, thus creating a local Luo model.

Data

This article uses archival records, surveys in the 1960s, a systematic review of the Nairobi press in the 1970s and 1980s, secondary literature, and qualitative and quantitative interviews conducted in four sublocations in rural South Nyanza District between 1994 and 2000. The aim of the data collection in the 1990s was to examine the role of social networks in reproductive health, including family planning and AIDS. A brief description of the data collection procedures follows; a detailed description is available at www.pop.upenn.edu/networks.

The district had a population of 1,066,583 in the 1989 census (Kenya, Republic of 1996: 2), most of whom are Luos engaged in subsistence agriculture supplemented by cash crops, some wage labor and petty trade, as well as remittances from family members working in cities. The four sublocations were chosen to maximize variety in the extent of interaction with areas outside South Nyanza and according to the presence or absence of a community-based distribution program in which family planning methods were distributed by local volunteers. All interviews were conducted in

the local language, Luo. The personnel of the research team remained largely the same over all phases of the research, and consisted of principal investigators assisted by graduate students from the University of Pennsylvania, five Luo supervisors who were graduates of the University of Nairobi, data entry personnel, and, for the household surveys, interviewer teams of approximately 20 local high school graduates from each sublocation.

The first set of qualitative interviews was conducted in 1994. Using a semistructured interview guide, the supervisors interviewed 40 married women of reproductive age and 40 men (the men were the women's husbands if the husbands were resident, although many were working elsewhere) and they conducted nine focus group discussions with women of reproductive age. The respondents for the semistructured interviews were selected systematically to ensure an even distribution around the main locations of social interaction (e.g., the village centers). Although we attempted to select focus group participants systematically, in the event the chiefs influenced their selection, and the participants were disproportionately women with higher levels of primary education or some secondary education, and disproportionately ever-users of family planning methods. The interviews were taped and then transcribed and translated into English by the supervisors; the audio quality was not sufficient to identify speakers. The supervisors were all fluent in English, and were asked to retain the colloquial speech forms of the respondents. The transcripts were typed and reviewed in the field, which permitted clarifications. A subsample of the tapes were transcribed and translated independently to check for consistency. The transcripts of the interviews and focus groups were coded by the principal investigators (Watkins and Rutenberg); they were also coded independently by two students who had not been involved in the data collection. In 1996–97 the same supervisors conducted semistructured interviews and focus groups with elderly women and men: seven men, eight women, and three focus groups. The elderly respondents were not selected systematically, but most were parents of the respondents in our household sample. Again, the interviews were taped, transcribed, and translated. In addition, some interviews were done on an ad hoc basis by the supervisors and by the principal investigators with a translator present.

The household survey was longitudinal. The first wave was conducted in December 1994–January 1995, with re-interviews of the same respondents conducted at about the same time of year in 1996–97 and again in January–February 2000. Villages were randomly selected in each sublocation; within each selected village, all women of reproductive age and their husbands who were currently present were interviewed (for an evaluation of sample attrition, see Alderman et al. 2000). The sample characteristics closely match those for rural Nyanza Province interviewed in the 1993 Kenya Demographic and Health Survey (Reynar 2000). The questionnaires were

checked daily by the supervisors and by Watkins and graduate students, and were immediately made machine-readable, thus providing several layers of checks for data quality (for evaluations of several aspects of data quality, see Weinreb 2000; Reynar 2000; and White and Watkins forthcoming).

I follow a chronological order, discussing the models in each period and, for the first two models, how they were undermined and augmented by an alternative model. In the first section on the colonial period, I show that the justifications for small families now offered by young Luo couples are not new: they could also have justified small families in the colonial period. In the second section, I use surveys conducted in the mid-1960s to show that an indigenous small-family model was under consideration shortly after Independence, and then turn to the introduction of the *wazungu* model by the international population movement and its domestication among urban elites. The third section draws on surveys and semistructured interviews conducted in Nyanza in the 1990s to show how Luos are now evaluating models of reproduction in their social networks. In the last section, I discuss the relevance of this examination of a particular local area for theories of fertility transition as well as for other international efforts to alter reproductive behavior.

The relation of children to wealth in the colonial period

Perceptions that large families are rich

In semistructured interviews with elderly men and women in Nyanza, we asked why people in the past had so many children. A conversation with an elderly man, his wife, and his sister-in-law was typical of others. The patriarch explained: "If you had many children wealth could come in great numbers in your home." Children brought social esteem—"you were someone in the community"—but he emphasized the material wealth they were expected to bring.

Children were the route to riches: "If you had all sons and worked hard you'd be wealthy." We asked: "If you had five boys and few girls, would you still want girls to get more wealth?" "Yes," answered his wife, "you would pray hard for girls to get wealth. If you gave birth to girls you knew you were wealthy already." The sister-in-law added, "In the old days you got 15 or 20 cows in bride price for the girls, and that way the boys could marry. In the old days it was only through these cows that you could get wealth" (interview, 1996).

The elderly are well aware that younger married couples in their village are discussing the advisability of using modern family planning to limit the number of their children. They are also well aware that the Govern-

ment of Kenya and *wazungu* promote smaller families and family planning, and perceived our research team as associated with these national and international efforts. As if to counter the program's neo-Malthusian posters depicting large families as hungry and poor, the elderly insisted that material conditions were not constrained during their childhood. Land and cows were abundant, and there was much food. When their children complained about the high costs of things that must be paid for with money, the elderly responded by saying that in their youth there was no need for money. They did not go to school; they never got sick or, if they did, they were cured by traditional medicine, paid for with a chicken; they used flour to powder their babies rather than the store-bought baby powder that their daughters-in-law prefer. The elderly emphasized that in the old days people never complained about many children, that family planning is new and that it comes from outside Nyanza, as in this focus group of elderly women in one of our research sites, an island in Lake Victoria (female focus group participants, 1995):

Moderator: In the past, how many children could people have?

Response 1: You would just give birth.

Response 2: You could just give birth to as many as you could, even if they were 10.

Response 3: Even 12 or 15 or 20, those are your children.

Response 4: Yes, that's right.

Response 5: Where has this family planning come from?

Famine and land shortage

If we contrast the Arcadia described by the elderly with current conditions as they are perceived by young couples complaining about the high cost of living these days, it would appear that an idyllic past had been disturbed only recently, thus justifying the common analytic focus on recent social and economic characteristics to explain change (e.g., Brass and Jolly 1993). Yet archival records from the colonial period and secondary literature contradict the elderly's perceptions.

Food may have often been abundant in Nyanza, but famines appear to have been frequent (Anderson 1984). At a meeting of the South Kavirondo⁴ Local Native Council (LNC) on 22 May 1931, the District Commissioner reported that there was an infestation of locusts and that

The Luo-Abasuba locations have suffered very heavy damage as regards their gramineous food crops. It is not too much to say that in most of these locations they have been practically wiped out whilst as regards those that do remain there is every prospect of their being destroyed by flying swarms. The situation is most critical and as some of the Luo-Abasuba are already begin-

ning to feel a shortage of food I do not see how a famine can be avoided. (Kenya, Colony and Protectorate 1931–37: Record 20)

Famine did arrive, and in October in nearby Kisii district, the colonial government made famine relief arrangements (*ibid.*: Record 90). Michael Whisson, who conducted field research in Nyanza in 1961 and 1962, offers similar evidence of food shortages for a later period.

Elders say that the land was more fertile in the past and produced better crops, but in many seasons there must have been difficulties in feeding the family, and force is given to this by the memories of the old men who tend to divide recent history into periods between and during famines. (Whisson 1964: 53)

The 1965 annual report of the Ministry of Health reports that in Nyanza “The drought added more grief to the 1961/62 flood victims as crops in their *shambas*, on which they had worked so hard, dried up completely. They had to remain on famine-relief food supplies” (Kenya, Republic of n.d.: 12).

Contrary to the collective memory of the elderly and the emphasis of analysts on land shortage as a stimulus for fertility decline, land may not have been so abundant in the past. After Kenya became a colony, a stream of white settlers led the colonial government to displace many Kenyan farmers to Native Reserves, and by the 1930s the colonial government had come to perceive the Reserves as overcrowded (Leys 1975; Kenya, Colony and Protectorate 1933: 349). Land pressures increased when customary law was codified in the 1950s, such that boundaries could no longer be adjusted according to changing family sizes (Shipton 1984). The population of nearby Central Nyanza was estimated to have approximately doubled between the 1920s and the 1960s (Whisson 1964; see also Molnos 1972).⁵

The past of plenty now recalled by the elderly may never have existed, and—if we can believe the accounts of colonial bureaucrats and other observers at the time—certainly did not exist when the elderly we interviewed were themselves in their childbearing years. Memory is not only faulty but can be skillfully used to justify one’s own past behavior and in arguments with one’s children. Yet the perception that children were the way to wealth appears to have been based on observational evidence. Although presumably many large families suffered from famine and inadequate land during the colonial period, it is likely that virtually all Luos who were perceived as relatively rich were observed to have many children, if for no other reason than that wealth was measured in cows, and in this polygamous society cows could be used to buy more wives who produced more children. It is local perceptions that go into the creation of local cultural models, not the perceptions of outside analysts. The “children are wealth” model was compelling enough to guide behavior, and, perhaps because of its association with respected Luo elders, it still plays a role in community conversations.

Undermining the traditional model of reproduction

During the colonial period, participation in a monetary economy became necessary and desirable. The colonial government imposed taxes in order that Kenyans would have to work for the *wazungu*. More significant, perhaps, is that Nyanza became integrated into a colonial economy that offered attractive consumer goods. As Marion Levy noted, there are no people who fail to distinguish between being relatively better off and relatively worse off materially (Levy 1972: 9). When we asked an old man whether he was better off now than when he was a child, he answered "Yes," explaining that in the old days they slept on skins, but then "their eyes opened and they slept on blankets" (interview, 1996). Another elderly man said that when he was growing up, "you couldn't buy dresses [clothing] because dresses were not there, people only wore skins.... These things could only be bought when the *wazungu* came" (interview, 1996).⁶ Migrants to the urban areas returned to Nyanza in European attire with money and new goods (Odinga 1997), stimulating those who had remained at home to imagine the "possible lives" that were now available and to consider how they might be achieved (Appadurai 1990; see also Pigg 1992).

Most of the paying jobs were as laborers on white settler farms or in the cities—unstable employment with no educational requirements. But the British also wanted Africans as teachers, ministers, secretaries, clerks, interpreters, messengers, nurses, orderlies, drivers, foremen, and soldiers (Chanaiwa 1994: 217). Education was a prerequisite for these desirable jobs, which offered relatively high and stable income.

Western schooling was introduced by missionaries, with particular concentration in Nyanza as well as Central Province (Ndege 1996: 67; see also Makau 1995). Although education's most important role in this story of changing reproductive models was as a strategy to achieve goals of wealth, education was perceived to offer more than that. It was associated with what is now called "enlightenment" and "awareness," it permitted young people to challenge the traditional elites, and it provided "a ladder to an altogether different world of increased financial reward and enhanced social status" (Lonsdale 1968: 138; Wilson 1994: 205).

The income and life style of the educated who became successful would have provided evidence to their neighbors of the returns to educating children. For example, at a meeting to discuss the annual budget of a Local Native Council in Nyanza, one of its members stated that "Education was the great factor for advance in the District, and that if the vote was reduced, the District would go back" (Kenya, Colony and Protectorate 1931–37; see also Ogot 1963).⁷ When John D. Rockefeller 3rd visited Kenya a decade later, he wrote in his diary that a group of elite Kenyans had told him, "The main problem facing the African today is how to get more education for their children. There is a demand for education among rural as well as ur-

ban Africans" (Rockefeller 1948). By the end of the colonial period, the Luos' desire to educate their children was apparently even more desperate:

One of the most important recurrent items has been school fees, which have made increasing demands upon the workers outside the tribal area. Families reared to school age have increased and the pressure to have the children educated has likewise increased. Such expenditure does not end with fees but includes clothes; boarding fees in some cases; pocket money for the older children; prestige items (smart shoes, cosmetics for the bigger girls); transport to and from school; and books. These are big demands upon the income of the working man.... (Whisson 1964: 78)

New ideas also accompanied the British. Dow, Kekovole, and Archer (1997) speculate that during the colonial period in Kenya Africans were drawn not only into a modern economy but also into a new value constellation. In addition to the images of life in Britain displayed in schoolbooks (Rodney 1994: 210), there was informal education by advertisements in newspapers and on the radio, and by "examples from life-styles of the African and settler bourgeoisie" (Chanaiwa 1994: 220). In Nyanza, these new ideas were controversial, stimulating "a six-decade long colloquy among all sorts of people about culture, markers, boundaries, core values, ethnicities" (Cohen and Atieno Odhiambo 1989: 35).

Observation of the *wazungu* during the colonial period may also have influenced the formulation of a small-family model. In the 1930s, Africans came into increasing contact with the machinery of central government, much of it British (Lonsdale 1968). *Wazungu* today are widely perceived to be rich, and the gap in material wealth between *wazungu* and the few educated and employed Kenyans was no doubt even greater in the past. The *wazungu* were also perceived to have fewer children than the Kenyans.

An interview in 1996 with Dr. Samson Mwathi, a cofounder of the Family Planning Association of Kenya, offers a glimpse of the ways in which interaction between Kenyans and *wazungu* might have contributed to the formulation of small-family models. When Dr. Mwathi was practicing in Nairobi in the early 1950s, railway workers came to him to ask about fertility control. In a typescript of his memoirs he wrote:

They [the men] would ask me, "Dr. Mwathi, we know you are a clever person. Could you please advise us how we could have fewer children as we know Europeans just produce the number of children they require. What do they do to manage this?" Many people came from the Railway Lines in Nairobi; others came from some other areas in the town, others from Kabete, others from as far as Nyeri district.

Since Europeans were concentrated in the large cities and in the White Highlands of Central Province, however, their reproductive patterns were far

less visible to those in Nyanza. Luos in contact with the British may have assumed a correlation between their wealth and family size, but I doubt whether this contact was sufficient to challenge the traditional model or influence the formulation of a new one. The private family planning program of the Family Planning Association of Kenya was small, and I found no evidence that it reached South Nyanza. Thus, although European examples may have played a small role in the formulation of such patterns, the primary provocations were widespread and profound changes in Nyanza itself.

All of these changes—new goods, employment, education, ideas—undermined the model of “children are wealth” and provoked the formulation of a new model of reproduction. David Parkin’s fieldwork in the late 1960s shows the two models simultaneously at play among urban Luos. When the Luo talked politics with other Luos, they used the traditional model of reproduction; when they talked privately, they referred to an alternative, small-family model.

The Luo emphasize that polygyny and large families continue to be politically and economically important under urban conditions. But this emphasis, verbally expressed in traditional terms, conflicts with an increasingly held view that monogamy and few children facilitate a heavier financial investment in their education than is possible with a larger number. The “customary” view of population expansion as the means of cultural self-perpetuation and political and economic survival is expressed in speeches at public meetings of Luos.... The contrary view, that personal and family success depends on monogamy, few children and their full education, is confined to the private and informal speech of friends and confidants. (Parkin 1978: 10, 11)

Parkin’s fieldwork occurred after the end of the colonial period, but it is likely that the new model had begun to be privately articulated before Independence and was largely indigenous.⁸

As the “many children” strategy came to be undermined by the structural changes and new ideas that accompanied Kenya’s integration into a global economy and polity, uncertainty about the relation between children and wealth led to the formulation of a new, indigenous model of reproduction, one that saw a small family as an alternative route to progress.

The relation of children to wealth after Independence

The evidence for the formulation of a small-family model of reproduction before Independence is sparse. Shortly afterward, however, a limited but quantitative comparison of the traditional model and the new small-family model becomes possible. Because the early surveys follow the undermining of the traditional model and because they precede significant local activity by the international population movement, they shed light on the question

whether an indigenous small-family model of the relation between children and wealth was available in rural Nyanza.

Survey data from the 1960s

In 1966, Donald Heisel conducted a survey that interviewed a sample of 744 women of reproductive age living in rural areas dominated by six of the seven largest ethnic groups, including the Luo. The most sensitive indicator of changed perceptions that Heisel's survey provides is the proportion of women wanting no more children. If many children were perceived as the route to wealth, as claimed by the elderly, there would be no reason to want to cease childbearing. Thirty percent among the survey's respondents said they wanted no more children. The proportion saying "want no more" rises rapidly for women with more than two children: 17 percent of those who had three children wanted no more, 28 percent of those with four children, and so on until 100 percent of those with 10+ children wanted no more (Heisel 1968: 637).⁹ These percentages suggest the onset of a profound cultural transformation.

There was clearly collective uncertainty about large versus small families: 38 percent of Heisel's sample could find "nothing good at all" about large families, 11 percent could find "nothing bad" in large families, with the majority unsure. The largest problem perceived to accompany many children was economic strain (75 percent of the responses) (*ibid.*: 635).

A survey conducted by Angela Molnos in 1965–66 included 2,648 pupils of 43 primary and secondary schools in the seventh to tenth grades.¹⁰ The students presumably were unmarried; thus, what they said about family size must be based on observation of their married agetates' and parents' experiences rather than their own.¹¹ In the present context Molnos's survey has two advantages over Heisel's: Molnos asks more questions about perceptions; and because her study was done in areas around Lake Victoria, it speaks more specifically to Luo perceptions.

Students were asked to complete sentences such as "A woman with only one child..." or "A man with many children..." Molnos herself favored fertility decline in Kenya, and thus categorizes the responses as "positive," "ambivalent," or "negative," giving examples. The positive reactions express the traditional model: children bring wealth to their parents. Clearly, there was collective uncertainty about family size in the community, consistent with Heisel's survey. About half of the students completed the sentence "A woman with many children" positively and a fifth negatively.

Male respondents perceived the burdens of children as largely economic, consistent with a household economy that gives men the responsibility of meeting needs that must be paid in cash. Nearly half of the respondents said that for fathers of many children education is difficult, there is not enough food or money, and there is too much work (Molnos 1968:

142). The most frequent comments combined education and lack of money: he "is suffering from where to get money to educate his children with"; he "is always poor because his money goes for paying school fees"; and he "cannot be rich enough to send all his children to school" (ibid.: 140). Before Luos entered a cash economy, the primary economic burdens on men were providing enough cattle to allow their sons to marry. By the mid-1960s, their responsibilities had greatly increased.

Mothers of many children were seen to be burdened by work that has both an economic and a noneconomic component. The mother of many children "has nothing to dress them nor enough food to feed them," and she "must see that they are well fed, or else some will begin stealing other people's food" (ibid.: 135). In addition, she "is dirty because she is in great work of keeping them." She "has a hard time; they are always fighting and eating much food and don't get satisfied"; and she "has a lot of trouble even if her husband is there. Men here don't play a good part in children's care" (ibid.: 135–136). The mother of many children is described as reaching the end of her tether. She "sometimes wishes that she had not given birth"; and, even more vividly, she "wants to kill them and some to sell them as [for? like?] a fish" (ibid.).

Perceptions that small families are progressive

Molnos's survey provides evidence that as early as the mid-1960s some Luos had come to perceive not only that many children were burdensome, but, more significantly, that a small family was progressive. A couple with few children "expects many things from their future"; a man with few children "is strong because his children are educated" (Molnos 1968: 147). Urban life is clearly modern, progressive, and desirable (Williams 1973). The male respondents add that towns offer satisfaction of desires for "up-to-date information," and the female respondents "appreciate first of all the variety of amusements and human contacts" (Molnos 1968: 79).¹²

Yet despite the perceptions that many children were burdensome and that small families offered an alternative route to wealth, Molnos's respondents objected to deliberate control of family size within marriage, distinguishing between couples who had a small family by happenstance and those who made a deliberate decision. Molnos compares responses to the sentence "A couple who has three children..." and the sentence "A young married couple who decided not to have many children..." Since both questions refer to smaller families, it is reasonable to expect that the responses would be similar.¹³ However, the means by which the goal of a small family was achieved appears to color the responses. If a small family just happened, 16 percent of respondents felt that educating them would be easy. But when a small family was achieved deliberately, only 2 percent began by saying that educating them would be easy. Similar discrepant responses are found for the categories "cares well," "happy," "food easy," and "rich." I interpret

these discrepancies as indicating that deliberate control was felt to be illicit, so that the same objective—a family smaller than “many”—was interpreted differently according to the means by which it was achieved.

Some respondents described people who deliberately limit their family size as “foolish,” “stupid,” “unwise,” or “mentally unbalanced.” Other responses have a moral tone: the couple was acting against custom, nature, or God. The moral nature of the transgression is also seen in responses that describe the punishment of those who deliberately controlled fertility. The couple who chose few children “died without having any child”; “God took back all their children”; and, interesting in light of then-President Jomo Kenyatta’s lack of support for birth control, the couple “was one day punished by the ruler of the country” (Molnos 1968: 153–154). Although a few references speak directly to “medicines,” the examples given suggest that for most it is the deliberate choice that is illicit, rather than the means.¹⁴

The small minority of respondents who explicitly approved of deliberate control described the planned family as modern, in keeping with the optimism following Independence. In his Independence Day speech in December 1965, Kenyatta celebrated the opportunities available to Kenyans after the end of British rule:

“For the man today who wants to travel or to move his produce, new roads are there. For a man who wants a farm, there is the settlement programme. For the family seeking education, there are new schools...” (quoted in Lonsdale 1997: 12)

The small family deliberately achieved is perceived as positioning its members to take advantage of the promised new opportunities. It is progressive—the couple “will be interesting in our new Kenya,” and they “are people who have a predilection for modern life”; and it is urban—the couple “went to live in a town.” There are also hints of foreign examples in the comments about the planned family: one respondent wrote “as they are educated they have copied the English manners” (Molnos 1968: 151). A 1974 survey provides evidence of continued optimism: two-thirds of both urban and rural respondents said they expected their daughters as well as their sons to attend a university (Anker and Knowles 1982: 47).

The international population movement comes to Kenya

In the late 1950s, the *wazungu* model of deliberate family limitation began to be actively promoted by private family planning associations in Nairobi and Mombasa, subsequently amalgamated into the Family Planning Association of Kenya and supported by the Pathfinder Fund, the International Planned Parenthood Federation, and other donors. Foreign activity increased after Independence, when a multitude of global actors arrived to offer the new sovereign state advice on how to become wealthy through develop-

ment in such areas as land distribution, education, family law, and reproduction (Watkins and Hodgson 1998; Grindle 1996; Leys 1975).

Following a visit by a mission from the Population Council in 1965, the Kenyan government adopted (in 1967) the mission's recommendations—verbatim—as its population policy (Watkins and Hodgson 1998). This policy was neo-Malthusian: it set targets for lower fertility and urged the deliberate control of fertility through a government family planning program. Yet although President Kenyatta's government adopted this *wazungu* model of reproduction, he did not support it, and for many years attempts to persuade Kenyans of the importance of using family planning to limit family size were made primarily by the Family Planning Association of Kenya and by *wazungu*. There were efforts to reinterpret family planning as African: for example, an Association supervisor told an audience in Kisumu (a city near South Nyanza) that "Family Planning is not a new idea in our African Society" (Oyoo 1980). Nonetheless, the public face of family planning was foreign: whites were estimated to hand out about 80 percent of clinic-based methods (Miller 1971).

Elite responses to the *wazungu* model

In the early 1970s David Radel conducted a survey of policymakers for the Ford Foundation.¹⁵ His comments about the sample selection indicate the sensitivity of the issue of foreign participation in Kenya's affairs. The Kenyan collaborators on the survey refused to include Europeans or Indians in the sample, on the grounds that "to have included them would have been tantamount to admitting that nationals were not completely in control of the destiny of the country" (Radel 1973: 168, fn 6).

Among elites interviewed in Radel's survey, the term birth control was associated with the notion of compulsory limitation of births and with foreigners. A civil servant said,

"Already they are suspicious that this is a foreign idea in order to limit the population growth of developing countries so that they do not become in the future a threat to the already developed countries.... [E]ven here in our own situation in this country you can see that the bigger the tribe, the stronger the tribe; the smaller the tribe, the weaker the tribe. Now you expand that in the world of politics and the world of power, it is identical." (quoted in Radel 1973: 235)

The perception that birth control was foreign is also evident in Nyanza. The Family Planning Association of Kenya area officer for Nyanza wrote in the 1971 annual report:

In the years before 1971, Nyanza Province posed a discouraging opposition to the Family Planning movement. This was necessarily so because most of the educated lot were still recalling the rather dubious way in which the

colonialists introduced the movement as African Population Limitation following the 1st population census in the three territories of East Africa. A general feeling still prevailed that Family Planning was a white man's trick aimed at curbing the black man's population with a view to eventual subjugation. (Obuya-Deya 1971: 1)

An evaluation by the Food and Agriculture Organization's Programme for Better Family Living interviewed local fieldworkers about their experiences promoting family planning in several towns of Kenya, including Kericho, near South Nyanza District. The fieldworkers noted many instances of opposition to their teaching. Although the authors blamed the "culture and religion" of the rural Kenyans, their report also states that the fieldworkers faced the counter-argument that family planning was a foreign idea (Krystall, Berger, and Maleche 1973).

Despite its foreign provenance, family planning slowly became domesticated among urban elites—that is, some came to perceive it as Kenyan. In another survey of elites conducted in the late 1970s, shortly after a World Bank loan had begun to make family planning available in some government clinics, one-third of the respondents agreed that family planning was a foreign idea (Ndeti and Ndeti 1980: 89). Interestingly, however, over half said the program was Kenyan because it was run by the government and because family planning was a traditional Kenya custom (*ibid.*: 87). One respondent answered that although family planning was introduced from outside, "now it is a Kenyan idea because the Family Planning Association of Kenya is a Kenyan organization" (*ibid.*: 88).

It is unlikely that the *wazungu* model of reproduction came to be perceived as local and Luo as early as it came to be interpreted by urban elites as Kenyan. Interpreting the new model as local and Luo could only happen, I believe, when family planning was adopted by Luo friends, relatives, and neighbors, people who could provide local examples and stories. There is no direct evidence of this process of domestication for the 1970s or 1980s. Moreover, although the Molnos survey shows that a small-family model was clearly available for consideration in Nyanza during the Kenyatta years, too few couples were practicing family planning to provide domestic stories for those considering the new model: in the 1977/78 Kenya World Fertility Survey, only 1.6 percent of women in union in Nyanza used some method of birth control other than postpartum abstinence (Brass and Jolly 1993: 95).

Rural Luos domesticate the *wazungu* model

Old uncertainties in a new context

In South Nyanza in the summer of 1994, we conducted semistructured interviews with men and women and focus group discussions with women

(the women were all of reproductive age). These data show current social interactions related to family planning. South Nyanza is still rural, the economy is primarily subsistence agriculture, and there are few of the symbols of modernization and progress, such as good roads and electricity. Nonetheless, the area is not isolated from global flows: for example, one man wore a T-shirt saying Bethany Beach, Delaware (a small US vacation resort), and in our research site on an island in Lake Victoria, village soccer fans with radios kept us informed of the World Cup scores.

In order to understand the role of social interaction in reproductive behavior, we asked about conversations on family size and family planning. These conversations, both as recalled and as they occurred in focus groups, reprise some of the themes of earlier decades. But change has continued to occur, and the tune is somewhat different.

Two themes that persist are the economic and noneconomic burdens of children. School fees loom large, but there are also medical fees and the costs of clothing, and the purchase of food when the harvest is insufficient. Women still complain about childbearing and rearing. Some talked about the inability to wear fashionable clothing if they were always pregnant or breastfeeding. Fashionable clothing is far more widely available now than it was when the elderly were children, in large part because of the development of a vigorous market in secondhand clothing from the West (Hansen 1994). Although fashion may appear trivial compared to the male responsibilities for school fees, it is a way of expressing a sense of self, of personal and group identity, and as such it did not appear trivial to some women. More common were the complaints about taking care of children, such as one woman's remark that "I didn't like the idea of this child is crying here, another one urinating there." As in the 1960s, women said that men do not "play a good part in children's care."

What differs from the 1960s is that the consideration of reproductive models now takes place in a climate of pessimism, unlike the optimism of the Kenyatta years that ended in 1978, and in a setting where family planning is promoted and readily available.

Economic hardship is not new: the Local Native Council was urging more funds for education during the Depression of the 1930s, which hit Nyanza hard. But after World War II and continuing to the late 1970s, Kenya experienced a considerable increase in prosperity.¹⁶ Subsequently, however, economic decline set in. Particularly important at the local level were the World Bank structural adjustment programs that introduced cost-sharing in education and health, thus placing a greater burden on parents (Kelley and Nobbe 1990), and inflation.

Inflation appears to have made a particularly vivid mark, and the high prices of the present were often compared to what are recalled as the low prices of the past. Inflation averaged about 11 percent a year since the 1970s, but had been much higher in the years immediately preceding our

research.¹⁷ The high prices of today were often emphasized in informal conversations that included desperate requests for help with school fees, but they were also emphasized when we asked people to compare their lives as children with their lives today.

One morning in 1996 I sat in the kitchen of the guest house where we were staying and asked one of the cooks whether she thought her life was better now than when she was growing up (she is now about 45). She answered (in English) that it was better then, and explained: "Life now is very high. When I was young a shilling and a half bought one big fish, but now a big fish is 100 shillings. And a big piece of meat was 1 shilling, now it is 100." After getting her to compare what her household has now and what her childhood household offered, I pointed out that she and her husband have far more possessions than her family did when she was small, but she refused to agree, insisting that "Now things are so high." In other interviews as well, despite persistent probing, people refused to agree that their lives were better today. The discrepancy between local perceptions and what appears from the outside to be the case is striking. But as with the elderly's perception that children are a form of wealth, it is local perceptions that drive local reproductive models.

The family planning program now offers a solution. Because President Kenyatta did not support the government's family planning policy, few services were offered through the Ministry of Health. By the time Daniel arap Moi succeeded Kenyatta in 1978, power differentials had altered. Moi's political position was weak and the economic downturn had made foreign funds more important to the Kenyan government (Grindle 1996; Widner 1992). In addition, the international population movement was far stronger than it had been when Kenyatta came to power, and the World Bank and the International Monetary Fund had added social aims to their financial functions (Watkins and Hodgson 1998; Bordo and James 2000; Brechin 1997; Escobar 1995). Moi began tentatively: addressing officials of the Family Planning Association of Kenya, he interpreted the foreign model as simply a version of African birth spacing customs, and urged parents to have only the number of children they could support (*Daily Nation* 1979). The World Bank and the IMF flexed their muscles, threatening to withhold funds unless the Kenyan government took a more active role in reducing population growth. Moi may also have been subject to social influence from global networks: he complained that "Whenever I go to international conferences, people point out at me saying that 'that is the leader of the people with the highest population growth rate in the world'" (quoted in Shaw 1983: 17; see also Meyer et al. 1997). Moi's verbal support for fertility reduction escalated. He spoke about the dangers of population growth and threatened to fire civil servants who had more than three children (*Daily Nation* 1987).

Although Moi's reiterated public support for population control and family planning appears to have been strongly influenced by outsiders, it

had three important consequences: it provoked public debate, energized donors, and galvanized support from the Ministry of Health. For several years following Moi's public commitment to smaller families and lower fertility, there were articles pro and con in the Kenyan press.¹⁸ In 1980, an article in the *Weekly Review* said that when Moi spoke out, politicians followed and the government adopted "blunter terminology and tactics" (*Weekly Review* 1980: 13). The editors of the *Weekly Review* and the *Daily Nation* wrote in favor of the new efforts (Shaw 1983; *Daily Nation* 1984). Such statements provoked opposition, expressed publicly in articles and letters from readers arguing that family planning was not the solution to the population bomb (Gatara 1984), that the family planning program was not paying enough attention to Kenyan cultural values and was too dependent on foreign experts, especially in policy formation and financing (Ikiara 1982), and that Kenyans were taking to "blind borrowing of western development models which they impose on the people" (Odegi-Owuondo 1984). This public debate probably stimulated private discussion, much as happened after the Bradlaugh-Besant trial in late-eighteenth-century England (Caldwell 1999).

After Moi supported family planning, donors responded energetically. Between 1972 and 1978, the US Agency for International Development spent on average \$611,000 per year for family planning in Kenya; between 1979 and 1985, the average was \$2,389,000, and from 1986 to 1992 it was \$10,655,000 (Deborah Barrett, personal communication 1999; see also Barrett and Tsui 1999). In 1987 116 agencies were active in population and family planning in Nairobi, of which approximately 25 were donors and most of the rest were donor-funded (Krystall and Schneller 1987).¹⁹

Relying largely on foreign funding, the Kenyan government developed a relatively aggressive (but not coercive) government family planning program, led by a galvanized Ministry of Health, and methods of family planning gradually came to be widely known and accessible. "Family planning talks" for mothers waiting in the maternal and child health clinics and individual counseling on family planning became routine (Ndhlovu et al. 1996), even though the counselors themselves remained suspicious about some of the program's directives well after the shift in policy under Moi (Khasiani and Muganzi 1988). Clinic-based activities were supported by media campaigns and posters that promoted the *wazungu* model. *Tushauriane*, a radio program that promoted family planning, was said to be the most popular show in Kenya when it was aired between 1987 and 1989 (Population Information Program 1989: 22).

By the 1980s family planning services were being distributed by Kenyans, not foreigners; the latter were behind the scenes providing technical assistance and funding in Nairobi (World Bank 1992). Nonetheless, the foreign flavor of the programs may have provoked suspicion. The posters that I saw either in the clinics or in archives²⁰ were clearly foreign to Luo-speaking Nyanza: they were in English or Kiswahili (spoken by a mi-

nority of our respondents) and pictured generic Africans rather than identifiable Luos.²¹ Tellingly, some respondents referred to modern methods by the English term “family planning,” usually shortened to “family,” or by the Kiswahili term *panga uzazi*. The posters are, however, adapted to the context of the 1980s and 1990s rather than the 1960s. They stress the burdens of many children, rather than the opportunities perceived by the respondents in Molnos’s survey such as going “to live in a town.”

The most striking difference between our study in the mid-1990s and that of Molnos in the mid-1960s is that almost all our respondents treated the decision to practice or not practice family planning as a legitimate choice, to be made on grounds other than morality. In our semistructured interviews only a few men and women said that others (not themselves) believed that family planning was against God’s will or that a woman should “finish all the eggs in her body,” and a small proportion in the household survey gave a similar response. It may be, however, that there are lingering doubts about the licitness of family planning, expressed in guarded terms. For example, concerns about side effects sometimes evoke earlier objections to deliberate control: stories of women who used family planning and gave birth to deformed children (Rutenberg and Watkins 1997).

Considering the *wazungu* model

By the mid-1990s, most of those we interviewed considered fertility control a legitimate choice. What the decision should be, however, was still not obvious. The conversations about family size that our respondents reported were suffused with ambivalence about models of reproduction (Watkins, Rutenberg, and Green 1995; see also Bledsoe 1994).

Ambivalence was particularly evident when we asked about respondents’ expectations that their children would support them in old age. Parents thought it right for their children to support them when they are too old to care for themselves, but many were concerned that their children might only manage to support themselves; others knew of children who left the village and forgot about the old folks back home.

Another major source of uncertainty about the *wazungu* model was mortality, which was perceived to be low among *wazungu* but high among Luos:

The reason why we can’t have few is the medical side. You have many and a few will die, so eventually you have a few. It is the *wazungus* who introduced family planning. This is because their children don’t die. But ours keep on dying.... (male respondent, 1994)

Declines in infant and child mortality occurred in Nyanza, although the rates have recently risen, probably because of the relatively high levels of HIV/AIDS: some of our respondents commented “there are so many diseases

these days" (Rutaremwā 1999; Kenya, Republic of 1998).²² The respondents in Molnos's survey three decades earlier, however, did not appear to perceive mortality declines either, and in our household survey in 1996–97 over 90 percent of both male and female respondents believed that children were more likely to die now than when they themselves were children, a time well before AIDS. Perhaps it is too difficult to perceive declines in infant and child mortality when observation shows more frequent infant and child funerals, a consequence of population growth (Montgomery 1998).

In their ambivalence about family size, men and women evaluate alternative reproductive models, as the following illustrates:

The famine was so severe that people who had many children found it very tough. There was a young boy who passed by where we were waiting to be collected to come here, so I imagined that people who have boys of that size must be finding it rough feeding them during the famine. Two kilograms of flour is nothing to them. Still, some people say that having many children is a good thing, especially when it comes to work like during the weeding. Large families are able to weed their farms within a short time.²³ (female focus group participant, 1994)

As in many of the conversations described to us, more than one reproductive model is under consideration: less food to be bought versus faster weeding. The traditional model of many children as wealth may be expressed in a variety of terms—here it is agricultural production rather than the bridewealth emphasized by an earlier generation—but it is still considered a reasonable option. The small-family model is, however, no longer so closely associated with opportunities for progress, but rather with reduced economic burdens.

By the mid-1990s, the optimism of the early Kenyatta years had largely evaporated. Although some associated few children with potential, for most the advantage of a small number of children is that they can be educated. Having "enlightened" children is still intrinsically desirable. Now, however, the high levels of unemployment even among those who finish secondary school and university mean that educated children are seen less as a route to progress than as the only conceivable way to avoid further impoverishment. The burdens of children are now contrasted not with small families achieved by happenstance but with small families achieved through the deliberate and licit use of clinic-based methods of family planning.

Domesticating the *wazungu* model in rural Nyanza

Some of the terms of local Luo debates about models of reproduction are set outside—sometimes far outside—the local communities (McNicoll 1983). The prices of some goods are determined by national and international mar-

kets, whereas the prices of others, such as schooling and medical care, are set by the government and influenced by international agencies such as the IMF and World Bank (Kelley and Nobbe 1990). The local conversations domesticate the foreign by creating a common calculus of costs and benefits. They define the salient categories of costs and benefits and establish a weighting system; they also display publicly the arguments and evidence that are legitimate in the particular local context. The elements of the good life that are jointly constructed are expressed in down-to-earth terms that reflect men's and women's domestic responsibilities and their visions of "possible lives": weeding, store-bought baby powder, daily meals, school fees, support when they are old, a bit of peace and quiet without noisy children.

Just as an elite urban respondent commented in the late 1970s that family planning was Kenyan because it was distributed by the Family Planning Association of Kenya, the routinization of family planning talks in local maternal and child health clinics contributes to making family planning Luo. The nurses we met were Luo; they live in the communities and some are from South Nyanza; they speak Luo and understand the local context. The clinics are important but not sufficient, however: a social distance between nurses and local women needs to be bridged, and their talks on family planning need to be reinterpreted within local networks (Rutenberg and Watkins 1997).

By the mid-1990s, many women used, or had used, family planning and could provide stories of their own experience, or serve as the topic of gossip by others.²⁴ Both men and women tell of individuals they know or have heard about who have used family planning, why they did so, and the consequences: for example, some are said to become healthy and plump, while others experience side effects because the white man's medicine did not "rhyme with her blood" (Watkins, Rutenberg, and Green 1995; Rutenberg and Watkins 1997; Watkins, Rutenberg and Wilkinson 1997). The most vivid stories justify women's decisions to use family planning ("family") secretly because their husbands do not approve:

Some women want to tell their husbands, rather than ask first, but the husband might refuse. But, you see, it is the women who feel the burden, like when she is sick with the pregnancy, she is the one suffering, when the children disturb her, she is the one suffering. And when you tell the husband about "family" [in English] he cannot agree—this forces women to go and do "family" secretly because she's the one feeling the burden. (female focus group participant, 1994)

Conversations about family planning are frequent: in the 1996–97 household survey, 82 percent of women and 75 percent of men reported talking with someone about the topic, and approximately 50 percent of both men and women had done so in the past month.

The interpretation of conversations in local networks as domesticating the *wazungu* model of family planning is supported by our household surveys, which show that the social distance between women and their conversational partners is small (Watkins and Warriner 1999). Women talk about family planning with others who are much like themselves, rather than those higher on the social scale. When respondents were asked why they selected these particular people to talk with about family planning, they shrugged, explaining "these are people I see all the time," or "these are the people I am close to," or "these are women like me." The influence of these conversations may be even stronger when the network partners are not only connected to the respondent but know each other and when the respondent believes her network partners practice family planning. The network partners we interviewed often contradicted the respondents' perceptions (White and Watkins forthcoming). Nonetheless, when peers are perceived not to practice family planning, the respondent is also unlikely to do so; when network partners who know each other are perceived to practice family planning, the respondent herself is likely to do so (Kohler, Behrman, and Watkins forthcoming).²⁵

Discussion and wider implications

I have described three cultural models of reproduction under consideration by Luo men and women during the past six decades. The provenance of these models matters to this history. Two are perceived by Luos as local, the third is foreign—although it is in the process of becoming Luo. The first is a large-family model of children as the route to riches. It is described by Luos as traditional and is associated with a past of supposed abundance. Although this perception of abundance is contradicted by records from the colonial period and the traditional model had already begun to be undermined when the elderly who now defend it were themselves in their child-bearing years, the power of this model is demonstrated by the fact that it is still in play in local conversations. The second is a small-family model formulated by Luos in response to the changes during the colonial period, particularly the introduction of attractive consumer goods and desirable jobs that required education. This small-family model was indigenous and was associated with the progress expected to accompany development. Although it was a model of a small family achieved by happenstance rather than choice, it paved the way for consideration of the third model, which adds the deliberate limitation of family size through the use of clinic-based methods of contraception. This *wazungu* model was introduced and broadcast by the international population movement. The formulation of the Luo small-family model, the translation of the *wazungu* model of deliberate choice and clinic-based methods into local terms, and the diffusion of both models were key factors facilitating the increase, measured in surveys, in the proportion want-

ing no more children and the proportion using family planning, and thus for the resulting recent declines in fertility.

I have emphasized the decades of cultural activity that created and altered reproductive models. This cultural activity was provoked by outside actors and conducted by local "communication communities" (see also Szreter 1993: 523). Fertility declines, if and when they occur, are almost invariably portrayed as resulting entirely from the agency of individual local actors: colonial governments and the World Bank are rarely seen, nor are gossip networks.²⁶ But in Kenya the small-family model and the *wazungu* model were influenced by powerful actors far from the shores of Lake Victoria and were formulated, altered, and evaluated in local networks.

The colonizers of Kenya played a crucial role in stimulating uncertainties about the traditional model, for they changed the context in which reproductive decisions were made. They moved Kenyans into native reserves and imposed taxes, and they integrated Kenya into an imperial polity and economy that offered new forms of wealth and new strategies to achieve them. Wealth came to be measured not only by cattle and wives but also by new styles of clothing and baby powder; increasingly, Luos came to perceive that educating children who could work in the city would be a more promising route to riches. Together, new visions of a good life and new strategies to achieve it undermined the model of "children as wealth," leading to the formulation of a "small family is progressive" model.

The integration of Kenya into a global economy and polity surged after Independence, bringing a new crowd of global actors scrambling to offer advice and funds. The good life for the country and its families was described by development experts, both international and national, in the language of modernization: roads, industries, education, and health care for all. The new image of modernity was spread widely by migrants and the media, and the economic growth of the 1960s and 1970s must have made modernity appear attainable.

For this story of change in reproductive models, the arrival of foreigners alarmed by population growth and ready to provide family planning methods was particularly significant. The international population movement propagated a new cultural model of reproduction, displayed in posters of well-dressed small families and squalid large ones that reiterated the indigenous "small family is progressive" model already under consideration. In the mid-1960s, international population leaders persuaded President Kenyatta to adopt a family planning policy but could not overcome his resistance to implementing it. Under President Moi, who succeeded Kenyatta in 1978, the balance of power changed. Moi was politically weaker and the economy had deteriorated; moreover, the population movement was stronger, and global financial actors were not only more powerful but also more committed to directing and supporting social change in developing countries. Moi agreed to the conditions imposed by the World Bank and the

IMF and he supported the *wazungu* model. Whatever Moi's personal beliefs about reproduction, as the head of an autocratic regime his publicly reiterated support energized donors, galvanized the Ministry of Health, and provoked intense debate in the press and, presumably, at home.

Altering reproductive models does not appear to have occurred quickly: the seeds of the Luo small-family model are evident in Nyanza in the 1930s, but it was articulated only by a minority on surveys in the 1960s. Adding the *wazungu* model to the previous two models was perhaps even more difficult. "Cultural barriers," often mentioned by proponents of lower fertility and family planning, are invariably perceived to be exotic aspects of local cultures. From the perspective of Nyanza the cultural barrier was the exotic *wazungu* model.

The foreign provenance of the *wazungu* model gave it power through its association with people perceived to be wealthy, but it also provoked suspicion: white foreigners were not only "gentlemen" but also "strange, tricky." Not until the *wazungu* model was domesticated was it perceived by significant numbers of Luos as a possible guide for their own reproduction.

The process of domestication was not so much individual as communal, involving both Kenyan institutions and Luo social networks. The active promotion of family planning by the government was important. Family planning services, although largely funded behind the scenes by foreign donors, increasingly became an integral part of the daily routines of government clinics. Today, Luo nurses and community-based distribution agents help to domesticate the *wazungu* model by promoting family planning services with a Luo face. They also engage in cultural activity by modifying and even actively subverting the international guidelines adopted by the government. Although this is often criticized as "provider bias," the nurses and agents reinterpret the rules for distributing family planning to bring them in line with local norms (Kaler and Watkins 1999).

An even more critical step in the domestication of the *wazungu* model is now occurring in local networks, as men and women in the villages of South Nyanza observe friends, relatives, and neighbors practicing family planning, and as they gossip about other Luos they knew who had smaller (or larger) families. It may be that at an earlier stage of Nyanza's fertility transition informal networks were important for transmitting information about clinic-based methods and their availability. Now, however, the conversations evaluate the "children are wealth," "small families are progressive," and *wazungu* models of reproduction in the context of local circumstances and uncertainties. The networks permit those for whom the *wazungu* model is attractive to voice the arguments and evidence for the new model of reproduction in local terms and to gauge the responses of their friends, relatives, and neighbors.

The preceding history of alterations and emendations of cultural models is specific to Nyanza, yet some of the themes have also been emphasized

by others and some aspects may be generalizable to other places and other issues.²⁷ It is likely that had Kenya not become a British colony, and had the international population movement not been active in Kenya, a similar succession of models would nevertheless have occurred in Nyanza: connections across time and space construct “what is imaginable and what is politically possible,” whether a country was a colony or not (Cooper forthcoming). Countries that were never colonies are now integrated in a global economy that offers attractive consumer goods and jobs that require education. Foreign advisers representing the international population movement were influential in the government’s adoption of a population policy, but perhaps the influential Kenyans who studied abroad and returned to promote the *wazungu* model through the Family Planning Association of Kenya would have been equally successful. And other scenarios are possible: local Luos might have come to perceive deliberate fertility control as licit, and might either have used their traditional methods of childspacing to stop childbearing or have learned of foreign methods through networks of students and workers that connect Kenya to other countries in Africa as well as the West. These are counterfactuals, however. After Independence Kenyans were not left to their own devices.

Globalization is often defined by an increase in the range and density of networks (Giddens 1990; Robertson 1992). Flows of people, technologies, finances, information, and ideologies will change the local context in places far from the centers of power, provoking reevaluation of cultural models (see, for example, Appadurai 1990; Hannerz 1997). Some of these flows are undirected, but greater globalization facilitates attempts to promote social change. It is unlikely that the attempts of global actors to alter the reproductive behavior of men and women in developing countries will cease. Absent marked changes in the global economy, power differentials between rich and poor countries are likely to remain relevant, as they were for population control and family planning, and are now for the international reproductive health platform formulated at Cairo (Luke and Watkins 2000).

Currently, international actors are engaged in propagating models of sexual behavior to control AIDS, and the interactions between these actors and the Luo community appear to be very similar to earlier interactions around reproductive models. In Nyanza AIDS, like family planning, was initially perceived to have been introduced by foreigners, perhaps with the same malicious intentions that were seen to motivate their promotion of population control. More significantly, models of prevention also come from outside. Global actors promote two *wazungu* models: chastity (for the unmarried) and fidelity (for the married) or consistent use of condoms. Luos have their own cultural models of sexual behavior, however, and there is local resistance to the adoption of these exotic—and austere—models; and again such resistance is labeled by experts as cultural barriers to behavior change.

The preceding history of cultural change in Nyanza suggests, however, that it is helpful to think of culture as malleable rather than as a barrier, that the Luo models of sexual behavior will in fact change, and that the process of cultural change will be similar to that described for reproductive behavior. In particular, it is likely that local networks will alter indigenous cultural models of sexual behavior and domesticate foreign ones. AIDS, once seen as an "outside" disease, is now being described in Uganda as "this sickness of ours" (quoted in Whyte 1997: 205), and in Nyanza we found Luos formulating local strategies for prevention (Watkins and Schatz forthcoming). Because the motivation to avoid AIDS may be even greater than the motivation to achieve progress through small families, the transformation of sexual models may occur more rapidly. Even so, the collective cultural process is likely to be similar to that which transformed the *wazungu* model of reproduction into a local Luo model.

Notes

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1 After our project began, South Nyanza District was divided into three districts: Suba, Karachuonyo, and Homa Bay. We interviewed in four sublocations: Kawadghone, Obisa, Owich, and Wakula South.

2 However, change in these cultural patterns is difficult to measure. For example, gender relations may have changed, but no one referred to this in our interviews.

3 In the 1978 World Fertility Survey the total fertility rate in Kenya was 8.2 and in Nyanza Province 8.1; 17 percent and 8 percent, respectively, of currently married women reported that they wanted no more children; and 8 percent and 9 percent, respectively, were using some method of family planning (Kenya, Republic of 1980). Subsequent Demographic and Health Surveys for Kenya and for Nyanza Province showed a steady decline in the total fertility rate and a steady increase in the proportion wanting no more children and practicing family planning. According to the 1998 Demographic and Health Survey the total fertility rate for Kenya is 5.0 births per woman; for Nyanza the figure is 4.7.

4 South Kavirondo is the former name of a Luo-Abasuba area with approximately the same boundaries as South Nyanza District. Local Native Councils were instruments of British indirect rule.

5 Whisson learned this from the District Commissioner at the time of his field research (Whisson, personal communication, 1999).

6 The term *wazungu* included former residents of India and their descendants, who conducted much of the trade in rural areas.

7 The colonial bureaucrats recognized, and deferred to, the strength of popular interest in education. On 23 February 1932 the District

Commissioner for South Nyanza wrote to the Provincial Commissioner, "It is possible that the [Local Native] Council will object to cutting down any Education expenditure. In that case I take it nothing can be done, or at all events it would not be advisable to do anything in the matter" (Kenya, Colony and Protectorate 1931–37).

8 The undermining of the traditional model of reproduction and the formulation of a new model probably proceeded more rapidly in urban than in rural areas, but urban and rural Luos were linked by visits back and forth (Ogot 1963; Parkin 1975; Goldenberg 1982).

9 Because Heisel does not present cross-tabulations of women who "want no more children" by ethnic group, it may be that Luos in Nyanza were predominantly among those who, even at high parities, said they wanted more children. A decade later, the 1977/78 Kenya World Fertility Survey found that in Nyanza, of currently married fecund women aged 24–35 with six children, 8 percent wanted no more; and of those with eight children, 40 percent wanted no more. In Central Province (Kikuyuland) these figures were 22 percent and 69 percent, respectively, suggesting later changes in reproductive preferences among the Luos than among the Kikuyu that parallel the timing of the onset of fertility declines in the two groups (Kenya, Republic of 1980: A-365).

10 Molnos described her sampling, data collection, and coding procedures in great detail. At that time a relatively small proportion of children attended primary school, and an even smaller proportion continued to secondary school. Molnos used a quota sample to try to include all types of schools within each area, but says that sometimes a particular kind of school did not exist (Molnos 1968: 42). While she believed her sample to be representative of children attending school, it obviously ruled out children from poor homes and children of "reactionary" families who resist modern education" (*ibid.*: 43). The selection of specific schools is not described, but personal introductions and convenience probably played a role in the choice.

11 Although it is likely that issues related to birth control were less salient to Molnos's students than to the older and married women in Heisel's survey, 73 percent of the students

were aged 15 or older (Molnos 1968: 162). In 1977/78 the median female age at marriage nationally was 17.5, and 16.5 in Nyanza (Brass and Jolly 1993: 93); thus, the young women were approaching marriage, and surely had friends who were married.

12 Urban life appears to hold a persistent attraction: in the early 1990s, Alan Ferguson showed photographs of various locales in Kenya to teenagers, asking them where they would rather live. Overwhelmingly, the teenagers chose not the pastoral pictures, but rather those of the slums of Nairobi (Ferguson, personal communication).

13 The same respondents did not answer both questions. Molnos had four questionnaires, distributed to each class in seating order. "A couple who has three children..." is on one questionnaire; "A young married couple who decided not to have many children..." is on another. Molnos reports that she analyzed the distribution of the four questionnaires by sex and educational level and found no significant differences (Molnos 1968: 31). In addition, the wording differs: one questionnaire defines a small family as three children, the other says "decided not to have many," which could have evoked images of six or seven, as well as of three.

14 It is not clear whether "medicines" referred to traditional or modern methods. There appears to have been less interest in birth spacing in Kenya than in some other sub-Saharan African countries (e.g., Malawi; see Zulu 1996); if Luos used traditional herbs for birth spacing, either there is a collective amnesia about them or respondents were unwilling to tell us. The main traditional method we heard about was postpartum abstinence.

15 Radel's elite sample included cabinet ministers and assistant ministers, MPs, senior civil servants, business executives, university professors, and media executives (Radel 1973: 164).

16 The postwar prosperity may have touched Nyanza less than some other provinces, and the Luos claim that they were disadvantaged under the Kikuyu-favoring regime of Kenyatta and later under the Kalenjin-favoring regime of Moi (e.g., Ogot 1996). In an analysis of provincial-level economic statistics, Weinreb (2000) finds support for the Luos' perceptions. Increases in wage employment and

per capita income were greater under Kenyatta (a Kikuyu) among the Kikuyu in Central Province and their political allies in Eastern Province than in the other provinces; and under Moi (a Kalenjin) these same indicators increased more in Rift Valley Province and Western Province, dominated respectively by the Kalenjin and their political allies the Luyha. See also Widner (1992) for the importance of ethnicity in the political economy of Kenya.

17 The annual rate of inflation was 18 percent in 1990, 20 percent in 1991, 28 percent in 1992, and 46 percent in 1993 (Mwega, Mwangi, and Olewe-Ochilo 1994; Ndung'u 1997).

18 We went through all available volumes of the *Weekly Review*, *Daily Nation*, and *The Standard*, with earlier dates more likely to be missing. Based on the volumes to which we had access, there is an evident increase in articles on population and family planning after 1978, with particular activity in 1980–81 after the US Food and Drug Administration banned the injectable contraceptive Depo-Provera in the United States, and again after Kenya's Sessional Paper No. 4 of 1984 set out population policy guidelines. Interestingly, Moi's threats to fire civil servants if they had too many children do not appear to have been taken seriously: I expected letters of outrage to follow in the Kenyan press, but found none.

19 I have no persuasive evidence that donor-funded activities had anywhere near the impact on reducing family size that might have been expected from the large sums spent on population programs. Perhaps the 116 agencies engaged in population activities in Nairobi in 1987 were simply spinning their wheels, or perhaps corruption siphoned off much of the money. But in considering the role of informal debates about family size and family planning in Nyanza in the mid-1990s, I think it likely that the activities of population agencies stimulated discussions in local networks that hastened the domestication of the deliberate control of fertility within marriage.

20 I am grateful to Eva Egensteiner for showing me the poster archives in the African collection of Northwestern University, for giving me a set of her photos of the posters, and for her paper on "Reproduction and mass media" (1997).

21 English is learned in school, and Kiswahili is learned on the streets. Of the women in our household survey in 1995–96, 42 percent reported that they spoke Kiswahili well enough to have a conversation, and 8 percent English.

22 Under-five mortality for Nyanza is estimated to have been .328 in 1954, .221 in 1973, .168 in the decade preceding the 1993 KDHS, and .199 in 1998 (Brass and Jolly 1993: 37; Kenya, Republic of 1994: 86; 1998: 92).

23 This quotation illustrates a typical characteristic of responses to our questions about the advantages and disadvantages of small or large families: the speaker presents herself (or himself, in the male interviews) as favoring smaller numbers of children, while presenting opposing views as "some people say." This marks a change from the Molnos survey. Although her respondents were students and thus reporting on what others said, it seems that by now respondents are distancing themselves from negative views, perhaps because our survey was perceived to be promoting family planning; certainly, respondents expected that their community and they themselves might benefit from our research, e.g., that we might provide a new hospital or pay school fees (for a further discussion of this issue, see Miller, Zulu, and Watkins 2000).

24 The 1993 KDHS showed that 22 percent of currently married women in Nyanza Province were using family planning, and 11.3 percent in South Nyanza (Kenya, Republic of 1994: 43, 45).

25 It is difficult to evaluate quantitatively the impact of the domestication of the *wazungu* model on fertility behavior, although promising research on social networks may eventually permit us to describe this in more detail: Ngom 1994; Arends-Kuenning, Hossain, and Khuda 1999; Entwistle and Godley 1998; Montgomery 1999; Montgomery and Casterline 1993; Montgomery and Chung 1994; Rosero-Bixby and Casterline 1994; Munshi 1997; Valente 1995; Valente et al. 1997; Kohler, Behrman, and Watkins 2000.

26 Most demographic theorists pay little attention to outside actors, but the importance I give to the activities of representatives of the international population movement is consistent with the claims of family planning sup-

ply-siders who publish in *Studies in Family Planning* and *International Family Planning Perspectives*.

27 Some of the features of this history are not original. For example, the three Luo models of reproduction bear a kinship to Ansley Coale's (1973) three preconditions for fertility decline (circumstances make fewer children more advantageous than many children, deliberate control is licit, and means of control are available); and the shift from "children are wealth" to "small families are progressive" is not unlike the shift from "quantity" to "quality" (Becker 1981). Similarly, the long process of change in models of reproduction fits well with John Caldwell's (1999) conclusion that children had become a net economic burden well before fertility declined in English-speaking countries. And the role I give to social interaction is consistent with the perspectives of others (e.g., Freedman and Takeshita 1969; Cleland and Wilson 1987; Hammel 1990; Szreter 1993; Mason 1997; Szreter and Garrett 1999).

Perhaps there are only a few general explanations for fertility decline, albeit many particular versions of these explanations (e.g., van de Kaa 1996; Casterline 1999). On the other hand, some common analytic frameworks are difficult to reconcile with local Luo perceptions. The depiction of a sharp inflection point—such as when the supply of children exceeds the demand (Easterlin and Crimmins 1985) or when the net flows of wealth reverse direction (Caldwell 1976)—is inconsistent with the uncertainty surrounding reproductive decisions in Nyanza and perhaps, in some cases, the absence of a decision (Fisher 2000). Theories that emphasize mortality declines are not inconsistent with this history, but need to be reformulated so that they do not assume that the greater survival of children is actually perceived. Finally, the "opportunity costs of women's time" should not, in contexts such as rural Nyanza, be measured in terms of money.

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