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The Politics of Fertility and Generation in Buganda, East Africa, 1860-1980

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Introduction

African societies have commonly been characterized as pro-natalist. Historians such as John Iliffe (2007: 1, 30-31, 69, 89-96, 125) have noted that fertility figured prominently in precolonial African ideologies, social organization, religion and art. The anthropologist Jack Goody (1976) has argued that differing attitudes towards fertility underpinned the division of the pre-modern world into two basic types of social systems, the African and the Eurasian. Africa, Goody claimed, was not historically characterized by settled agriculture, the production of large surpluses, significant social differentiation, or monotheism, and so African social life was not focused on the retention of property within the family by ensuring stable marriages between spouses of similar social class. Goody argues that Eurasian marital stability and inheritance systems relied on the restriction of pre- and extramarital sexual activity, especially by females, with legal and social controls being bolstered by the moral codes of monotheistic religion. Building on Goody's thesis, Caldwell, Caldwell and Quiggin (1989) hypothesized that instead African family life was organized around the expansion of the lineage, which 'places greater importance on intergenerational links than on conjugal ones and that gives great respect and power to the old'. Given precolonial Africa's exceptionally high levels of mortality, cultural norms logically centred on maximizing fertility, and so accepting sex before and outside marriage, as well as promoting polygamy.

This depiction of precolonial Africa conveys an image of a continent whose attitudes and experiences were relatively homogeneous, and where reproduction was associated with

maximization, tolerance, consensus and equity. But as Iliffe (2007, pp.69-70, 91, 96, 125) notes, fertility was so prominent in African culture because it was so fraught. In much of Africa barren women were the most despised of all social groups, men without children were condemned to permanent juvenility, and the childless were thought particularly prone to witchcraft. In many societies, meanwhile, women endeavoured to limit their fertility through prolonged postpartum sexual abstinence or breastfeeding in order to protect their own health and that of their existing offspring. Where disease burdens were heavy and nutrition poor, typically women's goal was to maximize the number of surviving children they might produce over their lifetime, rather than to achieve the shortest possible birth intervals. Finally, the acquisition of multiple wives was an intensely competitive process, driven by individual ambition or a desire to expand a lineage, but not resulting in higher fertility for a society as a whole. Polygamy provoked intense social resentment, as it meant that many poor men were never able to marry, and it tended to delay marriage for all young males.

This chapter will examine tensions around reproduction as they shaped the Ugandan society of Buganda in the precolonial period and then evolved through the twentieth century. When Buganda was first described by European explorers seeking the source of the Nile in the later nineteenth century, it was portrayed as one of the most powerful, centralized kingdoms in East Africa. The Ganda ethnic group quickly acquired a reputation for cultural openness, evidenced most famously in their early enthusiasm for Christianity, Islam and western education. When Buganda agreed to become part of the new British Protectorate of Uganda in the 1890s, it was able to maintain significant administrative and cultural autonomy. Nonetheless, Buganda was regarded as the most westernized society in colonial East Africa, due to the exceptional success of cash cropping, Christianization and western education, and the influence of Kampala, the region's metropolis. Ganda chiefs, evangelists and intellectuals developed their own distinct visions of an Africanized modernity, which

focused repeatedly on the pressures exerted on gender, generational, kinship and marital relationships by exposure to westernization and Buganda's position in the multi-ethnic state of Uganda. After independence in 1962 these concerns heightened, as first Buganda's political primacy and then its economic prosperity were lost.

At first sight Buganda's reproductive history seems to fit standard models of fertility transition. Its high levels of literacy, medicalization and wealth were associated first with an increase in birth rates, and then fertility decline. Yet, as the discussion of change and continuity in intergenerational transmission of reproductive cultures reveals, the timing and motivations of fertility change were unusual here. Ganda culture was far from uniformly pronatalist in the precolonial or postcolonial periods. Birth rates began to rise unusually late given Buganda's many advantages, while fertility limitation took hold in the exceptionally unpromising conditions of Idi Amin's Uganda. These distinctive patterns reflected tensions between grandparents, parents and the younger generation, between patrilineages and matrilineages, and between women and their partners. Buganda was distinct but not unique. As will be discussed further in the conclusion, fertility histories varied sharply across the region, due in each society to local generational politics.

Investigating how perceptions of parenthood changed over time within African societies is problematic given the nature of the sources. The contemporary accounts of European explorers and missionaries are imperfect guides to precolonial social norms. Their compulsive itinerancy, reliance on interpreters, adherence to the relative safety of the *Grenzwildnesse*, and the suspicions they aroused as possible proto-imperialists, render the accuracy and representativeness of explorers' descriptions questionable. While some did spend significant periods of time in the capital of Buganda, the rules of familial relations, inheritance, and reproduction found at a royal court were inevitably atypical. This criticism equally applies to the missionaries who were present at the capital from the 1870s, although

their close relationships with royal pages, typically drawn from commoner families in the countryside, did provide insights into the lives of the relatively ordinary. Retrospective historical and ethnographic writing by a number of these pages are the most valuable sources for the precolonial period, though, as leading figures in the chiefly and religious hierarchy of the colonial era, their depiction of the past was informed by current contestations over land and clanship, and by a strong sense that the young needed to be reminded of the moral uprightness and self-sacrificial heroism of their forebears. Buganda is blessed with rich archival sources created by missionaries and the colonial, and to a lesser extent chiefly, administrations, and was the subject of an exceptional series of surveys by medical and social scientists, home as it was to the region's premier teaching hospital and the East African Institute of Social Research. Among other weaknesses, these sources though are all affected by detectable bias in their discussions of parenthood and fertility. Colonial officials were fixated with risks of instability, missionaries with moral decline, chiefs with challenges to patriarchal authority, and researchers with the assumed psychological and social destabilization caused by the interaction of tradition and modernity. Moreover, these sources are richest at moments of stress, when pressure to pass restrictive laws accumulated, when the church marriage rate declined, and when epidemics of child malnutrition, neurosis, or STDs were detected.

In a quest to counter the dominance of negative and crisis-laden discourses around generation and reproduction, around one hundred elderly Ganda were interviewed. Their tendency to recycle normative, declensionist views of sexual morality and relations between old and young meant that the interviews were refocused on individuals' life experiences, which demonstrated much greater variation in past behaviours and attitudes than might have been expected. Almost all the interviewees were literate and had a clear sense of periodization within their lifecourse. This is one of the most heavily surveyed areas in the

world, due to the severity of HIV here, which helps explain why respondents were so remarkably open about their private lives. In addition, where people were interviewed among their peers within focus groups, often it was found that individuals were able to be more revealing, partly because their friends would correct their narratives, reducing the corruption of memory due to the process of forgetting and the natural desire to reorder or sanitize the past. This then is a study built on a diverse body of imperfect sources. They have been considered in combination, in part because chiefs, officials, missionaries, and researchers were intimately aware of, and frequently influenced by, the writings of other actors. Oral histories have been crucial in helping to further contextualize the written sources, and also to provide a sense of the internal politics of the family.

Precolonial Reproductive Culture

Among the patrilineal Bantu-speaking societies of equatorial, central, and southern Africa, marriage has classically been depicted as being controlled by the lineage, with the desires of the two spouses, and the bride in particular, being of marginal significance compared to the strategic interest of the kingroup. Marriage then is commonly understood as a process aimed at establishing or securing alliances between families or clans, whose durability depends above all on the production and survival of children. Yet, as Rhiannon Stephens (2012: 262-6) has recently argued, the rules of marriage and reproduction varied significantly across space and time in precolonial East Africa. In contrast to societies on the northern shores of Lake Victoria, senior wives within polygamous marriages in Buganda who happened to be childless could not confirm their status by fostering a child who would become their husband's heir. Instead, in Buganda biological not social motherhood was key, meaning that an heir could be selected from any of the relationships which a man formally recognised.

That even a female slave could become the mother of the heir was reflected in the proverb ‘Ddungu ayizze, ng’omuzaana azaalidde nnyinimu ddenzi’ ‘On giving birth to her master’s son, the slave woman says: The God of hunting has brought home his catch.’

This emerging concept of biological motherhood reflected Buganda’s distinctiveness, and the forces which came to dominate precolonial Ganda society: meritocracy, mobility and competitiveness, all of which affected, and ultimately undermined, the influence of older generations over reproduction. As the kingdom of Buganda emerged and rapidly expanded around the seventeenth century, so the concentration of power and wealth at court facilitated an unusual level of both state interventionism and the dispersal of lineages. These developments in turn undermined clan control of marriage and sexual behaviour, and facilitated the development of a degree of tolerance of irregular reproduction. By the nineteenth century royal centralization and territorial expansion had enabled chiefly patrons to rival clan leaders, lineage heads, and fathers as providers of the means of securing a wife. Chiefs, ambitious for promotion and seeking to enhance their status and their capacity to meet royal demands, strove to attract and retain followers through the acquisition and transfer of women. Clients’ readiness to shift their allegiance to a neighbouring chief who offered better terms, or to follow a generous patron who had been transferred to another chiefship, meant that Buganda’s population was remarkably unstable (Hanson, 2003: 180; Médard: 27-30).

The desire of senior kin to influence the marital and reproductive lives of the younger generation was limited but not completely eliminated by the unusual characteristics of the Ganda state. This was illustrated by the early twentieth-century missionary-ethnographer Julien Gorju’s listing of nine different forms of sexual or marital relationship as having existed in precolonial Buganda. Three of these demonstrated the ongoing significance of marriage in strengthening bilateral relations between kingroups. Women might be married off

in order to settle a debt, a widow might be inherited by a relative of her late husband, theoretically for her and her children's protection, while the sister of a widower's late wife might be given as a substitute, to maintain good relations between two families. Another three were the products of new power relationships, a means of either chiefs satisfying their male clients or underlings winning favour with a patron. The last three categories required the consent of both parties: remarriage after divorce, living together without any formal ceremony, and 'marriage based on love between the parties'. This latter form, *obwamateeka* [of law] or *obwesimire* [of consent], was described as the standard form of marriage in Buganda, 'a proper legal marriage', where a woman 'makes her choice' of a marriage partner, or accepts a suitor's proposal, and full bridewealth was paid (Gorju 1920: 397-409). No doubt high status marriages were often engineered by a couple's families, but the emphasis on sexual attraction in Ganda marriage and the opportunity for either partner to veto such arrangements were unusual, and reflected an evolving culture which tolerated the exercise of individual choice and recognized the ease of relocation for the discontented.

Parental influence over their children's upbringing and reproductive lives was limited not only by the state, but also by the institutionalized rights of the kingroup. A man could not refuse the request to foster a child made by his parents or siblings. Fosterage was legitimized by Ganda cultural assumptions that parental childrearing in isolation was problematic, because of the structural distance between fathers and sons, and the perception that mothers loved their children too much to discipline them adequately (Doyle 2013: 176). Paternal aunts were tasked with training young girls for marriage, teaching them sexual technique and correct behaviour in relation to childbearing and rearing, a role that continued after the wedding. Paternal uncles played a similar, though less intrusive, role with their nephews (Int. PLGS 31 Aug. 2004). New brides were encouraged by the paternal aunt to become pregnant immediately on marriage, while their mothers-in-law ritually encouraged them to produce as

many children as there were fish in Lake Victoria. Some clans even used identical words to describe both menarche and marriage, and pubescent girls and wives. Yet the verbalization of patrilineages' innate pro-natalism was not in Buganda backed up by concrete efforts to maximize fertility. For example, new wives did not enjoy the indulgent treatment experienced elsewhere in the region. A Ganda bride was kept secluded, fed and free from work for just nine days after getting married, rather than nine months in neighbouring Buhaya (Gorju 1920: 435; Kisekka 1972: 167).

It is likely that this resulted from the prioritization given to a wife's physical labour within marriage, for in Buganda, unlike many neighbouring societies, women cultivated the land without any assistance from their husbands for most of the year. It may also have reflected tensions between the matrilineage, whose interest lay in protecting the health and honour of their kinswoman, and the patrilineage. Ganda proverbs give voice to this conflict, indicating that while having some children was highly valued, women with very large families were condemned for reproducing 'like a dog', while giving birth was described as 'a deadly thing'. Reproduction in precolonial Buganda was heavily medicalized, due to the management of fertility being a matter of great anxiety and in-laws and maternal relatives competing for control of women's bodies. Women were encouraged by female relatives to achieve very long birth intervals, ideally breastfeeding for up to three and half years, and attempting to avoid conceiving before their last child was fully weaned. Early commentators noted that the use of abortifacients in cases of 'shameful' pregnancy was widespread in Buganda, while interviewees noted that girls would often seek the assistance of their mothers or maternal aunts to terminate a premarital pregnancy without their father's knowledge. Senior female relatives also intervened when a pregnancy was desired. Pregnant women were forbidden by their mothers-in-law from consuming a variety of foods, which were held to damage the health of the foetus. During delivery women were given oxytocic herbs, often by

their own mothers, to stimulate contractions, due to the belief that prolonged childbirth was proof of adultery. Anxiety about subfertility and resultant intervention in the reproductive process may have formed something of a vicious circle (Cook 1921; Focus Group Discussion (FGD) Male Kisubi Kiwulwe 4 Sept. 2004; Roscoe 1911: 49, 55-6, 96, 102, 237, 270).

Colonial Crises and Rising Birth Rates

European observers expressed concern from the start of the colonial period that westernization was changing Buganda's generational relationships and reproductive culture in unpredictable and, frequently, destabilizing ways. As the twentieth century began, British colonial officials worried that Buganda's apparently 'declining birth-rate, which under present conditions appears to be inevitable, means in years to come declining revenue . . . and therefore from a financial point of view apart from a higher motive these people must be prevented from allowing themselves to commit race suicide'. Accordingly when the great missionary doctor, Albert Cook, asserted 'that between 1897 and 1907 . . . the incidence of syphilis [had] increased rapidly' at Kampala's Mengo hospital, he was believed. An epidemic of syphilis served a number of purposes. The mission hierarchy was reassured of the relevance of Cook's medical work by this association of disease with sin. Ganda chiefs found an outlet for their concerns about their weakening social control. And British administrators saw an opportunity to address the demographic decline which seemed to threaten not only the moral justification for colonial rule, but also its revenue base. In response to Governor Bell's appeal to the Colonial Office for specialist help, Colonel F.J. Lambkin, one of the Royal Army Medical Corps' leading syphilologists, was despatched to Uganda, where he interviewed a number of chiefs, missionaries, administrators and medical officials. Lambkin's laid blame for the epidemic primarily on Ganda women, described as 'female

animals with strong passions, to whom unrestricted opportunities for gratifying those passions were suddenly afforded'. This fitted well with local wisdom. Colonial doctors regularly bemoaned the 'naturally immoral proclivities' of Ganda women. Missionaries as early as 1896 worried that 'there is danger of the freedom and liberty granted to the women becoming licence and laziness . . . there are numbers of women who refuse to be married.' And Ganda men considered that 'the probable immediate cause of the outbreak was the emancipation of the women . . . from their strict surveillance to which they had been hitherto been subjected.' This consensus depended on an agreement that female evasion of familial control over their sexual and reproductive lives was consequent on a generic modernization. Lambkin's insistence that it was specifically Christianity that had liberated women from the constraints imposed by husbands, parents and other kin began a process of mutual recrimination that would continue through the colonial period. After the First World War some of the Ganda elite condemned secular, developmental colonialism, holding that 'civilization, education and freedom are the direct causes of the appalling state of affairs as regards prostitution and promiscuous relationships between the Baganda men and women . . . [They have] completely destroyed this moral code by removing the constant fear . . . from the minds of the young generation of the Baganda.' Colonial officials became convinced that missionaries' insistence on securing legal primacy for Christian marriage had upset indigenous rules of inheritance and deterred the young from marrying at all. And missionaries began to question chiefs' enthusiasm for disciplining women through legislation and the courts (Chwa 1971; Doyle 2013: 82-7, 106-24; Lambkin 1907).

The centralized nature of the colonial kingdom of Buganda has created the impression that marriage, sexuality and reproduction were the subject of intense bureaucratic monitoring and regulation. Various laws were passed heavily penalizing sex outside marriage, outlawing abortion, limiting the freedom of movement of independent women and giving legal primacy

to Christian marriage (Musisi 2001). But in practice chiefly enthusiasm for the enforcement of moral discipline was uneven. Despite outbursts of moralistic fervour during wartime and episodes of neo-traditional enthusiasm, the overall trend was for prosecutions for sexual offences such as fornication to decline steadily between the 1920s and independence in 1962 (Perlman n/d). As was commonly acknowledged at the time, Buganda's chiefs were in a compromised position when it came to enforcing the laws they had passed. Many of Buganda's chiefly elite were widely known to be polygamists. Efforts to control prostitution were undermined by revelations that convicted sex workers were closely connected to the kingdom's hierarchy. Moreover chiefs, the largest landowners in Buganda, generally tolerated women seeking to live free of paternal or spousal supervision, because independent women could be charged high rents since they paid no tax (Doyle 2013: 111, 141, 171).

Buganda's legal records also reveal that the power of the patrilineage was increasingly challenged over the colonial period. Chiefly judgements in disputes over child custody, for example, ruled in favour of the mother and her family in the majority of cases, in direct contravention of customary law (Doyle 2013: 155). This innovation undermined perhaps the greatest emotional obstacle stopping wives leaving an unhappy marriage, and also contributed to a new autonomy enjoyed by widows, who increasingly secured the right to live on in their late husband's home with their children. A gradual shift towards naming sons rather than brothers as heirs facilitated this development, and marked another step towards the prioritization of the immediate family over the lineage in Buganda (Int. NPNK 24 Aug. 2004; Int. PLGS 31 Aug. 2004). This growing social recognition of the ability of women to manage a household independently was related to the new economic opportunities for female emancipation which developed during the colonial period. A significant number of women inherited or bought freehold land on which they could live if their marriage broke down, others secured tenancies, while more found employment in Buganda's numerous

towns and townships, usually as brewers, traders, or barmaids. As early as 1921 only 69 per cent of women in Buganda were currently married, an exceptionally low proportion. By 1969 this had fallen to 61 per cent (Republic of Uganda 1973; Uganda Protectorate 1922).

The reluctance of many women to remarry when their first marriage ended, or indeed to marry at all, contributed to the anxieties about fertility decline that were expressed in the early colonial period. But after the Second World War the association of marriage and reproduction loosened significantly. Ganda norms had allowed the individual unusual freedom in this arena even before the European takeover. A child conceived outside marriage was fully legitimate in terms of clan membership, inheritance and succession, love matches were tolerated and divorce was unusually easy to secure by precolonial East African standards. By the mid-twentieth century, however, as one missionary commented, the concept of free will and the prioritization of individual choice in marriage had strengthened ‘as the result of Christian teaching and rapid advance of education, so that clan ties which formerly held families together are breaking down and personal responsibility and ownership are becoming more common, [while] . . . taxation and freehold land tenure’ intensified population mobility and further undermined clans’ control of land (Archdeacon of Uganda 1940). Schooling and the development of a romantic print culture meanwhile encouraged the development of a culture of courting. As one informant remembered, in self-conscious emulation of courtship rituals described in imported magazines such as South Africa’s *Drum*, ‘We would even decorate the love letters very well to make them attractive . . . the flowers would make them read the letters while happy . . . the handkerchiefs that were exchanged acted as a symbol of love . . . So you would use about ten shillings and you would also buy her perfume plus bathing soap. And the girl would be yours . . . We would marry because of love’ (FGD Male Kisubi Kiwulwe, 4 Sept. 2004). Arranged marriage became relatively unusual, while condemnation of reproduction outside marriage reduced in severity. Growing

opportunities in female education and employment created new reasons for young women to avoid pre-marital pregnancy, yet in a society fixated by subfertility, parents learned that in many cases a daughter who had conceived before marriage enhanced rather than undermined her marital prospects. Retrospective reproductive histories in the area around Kampala found that by the late 1960s the average age at first birth, 18.7, was 1.3 years lower than the age at first marriage. Tolerance of more mature women's desire to have children after divorce or widowhood also increased if they were considered financially self-sufficient. The 1969 census indicated that the age specific fertility rate for 35-39 year olds, a large minority of whom were unmarried, had risen by approximately two-thirds over the past decade. In the era of independence, around Kampala at least, women who were currently single constituted almost half of all mothers delivering at hospital, and had had just as many children as married women of the same age (Doyle 2013: 269-70). Buganda's recovery from its long-established pattern of low fertility was due in part to the lengthening of women's reproductive lives in the late 1950s and 1960s.

Parents, kin and society grew more tolerant of unconventional reproduction because of a sense that the Ganda were being outbred. The competitive world of post-1945 nationalism and democratization heightened Ganda fears that their low fertility would facilitate their political marginalization in a postcolonial Uganda, and might even cause their ethnic group's extinction. That these anxieties survived into the 1950s seems surprising given that Buganda's population was 2.6 times higher in 1959 than 1911. However, as was commonly known, most of this increase was due to immigration from neighbouring regions, and Ganda felt that they were being swamped by incomers with higher fertility. A chief in 1951 stated that immigrants had 'five children to one child of Baganda parents. If the government do not take steps there will be no land left for Baganda.' By 1959 immigrants

officially made up nearly half of Buganda's population (Richards 1951; Uganda Protectorate 1960).

Buganda's crude birth rate was 30 per 1,000 at the 1948 census, a very low level by postwar African standards, but 36 in 1959, and 41 in 1969 (East African Statistical Department 1950; Republic of Uganda 1973; Uganda Protectorate 1960). The increase in extramarital reproduction was one factor causing Buganda's birth rates to rise in the later colonial period. More important was a dramatic improvement in reproductive health and a significant reduction in mean birth intervals. Hospital registers, surveys and censuses indicate that rates of maternal mortality, stillbirth and secondary infertility (the inability of a mother to have more children) fell dramatically during the 1950s and 1960s. One reason for this was that repeated exposure to medical advice enabled women at risk of obstructed delivery to refuse to accept oxytocic herbs given to them by female elders, who sought to ensure rapid, honourable childbirth by artificially stimulating contractions. Buganda had enjoyed an exceptionally high level of maternity provision since the early 1920s, due to the region's prosperity, fears of depopulation and intense competition between the rapidly expanding Catholic and protestant missions. Although the clinics were initially viewed with suspicion, sustained pressure from chiefs, the colonial medical service and church leaders, combined with remarkable improvements in the quality of hospital care after 1945, saw the majority of women come to accept the value of biomedically-assisted birth. By the 1960s 90 per cent of pregnant women in Buganda were under antenatal supervision, and 40 per cent delivered in an institution, exceptionally high rates by African standards. Women with narrow or malformed pelvises were referred to specialist facilities where caesarean section, vacuum extraction, penicillin and blood transfusion transformed survival rates from disproportion, ruptured uterus and other complications (Doyle 2013: 125-6, 262-4, 270-5).

The declining influence of the older generation also played a part in the reduction of average birth intervals by almost ten months between 1915 and 1969. In precolonial times senior relatives had discouraged women from returning to their husbands' beds for up to three months after childbirth, while breastfeeding, which has a significant fertility-suppressing effect, was supposed to last for ideally three and a half years. Not all women could achieve the ideal, but still in the interwar period the average breastfeeding duration was two years. In the years that followed, however, the attitudes and behaviour of Ganda women, who were often literate or closely connected to urban centres, were shaped less and less by their mothers, mothers-in-law and aunts. They were being moulded instead by church teaching, marketing, their peer groups, late colonial Uganda's 1,000 women's clubs and exposure to biomedical publications in which local European doctors vernacularized public health messages relating to mothercraft. In the early 1950s it was found that the typical period of breastfeeding for women had halved in the recent past to around twelve months, due, western doctors thought, to 'semi-sophisticated Baganda' adopting bottlefeeding because of 'indiscriminate advertising of patent milk preparations, imitation of financial and educational "superiors" of various ethnic groups, and . . . mothers going out to work in towns.'

Postpartum abstinence also declined sharply, largely it seems due to its disparagement by missionaries who associated it with male infidelity (Doyle 2013: 264-6, 276; Jelliffe 1962: 413).

The colonial period ended as it had begun, with a perceived crisis in marriage, the family and intergenerational relationships. By the 1950s STDs were no longer the primary concern. Around the Second World War European doctors in Uganda realized that a remarkable range of complaints had been misdiagnosed as syphilis. Relatively rigorous testing procedures indicated that STD prevalence was significant, but nothing like the 90 per cent levels claimed at the start of the century. Penicillin reduced the frequency and severity of

infections, adding further impetus to the increase in fertility discussed above. Meanwhile though medico-moral concerns shifted in focus but not intensity. Buganda acquired a new notoriety for possessing the most severe problems of childhood malnutrition in the world. Medical researchers sought the ethnographic support of the newly-formed East African Institute of Social Research (EAISR) in order to explain the dysfunctional parenting which was blamed for a society-wide failure to feed and nurture children adequately. EAISR was established in 1947 by the Colonial Office with the aim of serving 'the East African governments by its collection and arrangement of knowledge' (Mills 2006: 84).

One of EAISR's central concerns was the monitoring of East Africans' endeavours to maintain core aspects of their traditional cultures, while responding to intensifying pressures to adopt world religions, produce for the market, participate in new kinds of political organization and embrace western concepts of ethics, law and attainment. In the mid-1950s it responded to one of the major recurring concerns of the colonial period, a perceived weakening of Ganda familial bonds. Colonial administrators, chiefs and the local press regularly bemoaned the worsening instability of Ganda marriage, the increase in female-headed households, reducing parental supervision of children and growing premarital sexual activity (Doyle 2013:157-65). When medical researchers argued that endemic childhood malnutrition seemed to be related to tensions between tradition and modernity, a group of EAISR anthropologists and psychologists investigated several aspects of the relationship between parenting and disease causation. Concerns with child neglect, including unsatisfactory dietary provision, caused Aidan Southall (1957: 66-7) to examine the strain the urban family in Kampala was thought to experience due to marital instability and the large number of female headed households. According to Southall the absence of a father figure was especially problematic in Buganda, in terms of children's psychological stability, due to the relative vagueness of its extended family relationships. The psychologists Marcelle Geber

(1958) and Mary Ainsworth (1967: 420) meanwhile examined the impact of fostering on the Ganda toddler, finding that the trauma of maternal separation appeared to lead directly to severe unhappiness, frequently demonstrated through anorexia or bulimia. The anthropologist Audrey Richards surveyed a large group of Ganda schoolchildren, and found that more than half had been fostered, though mostly after weaning. If anything the incidence of fostering seemed to have risen in recent years, as marital breakdown and mothers' involvement in the workplace had increased, and children were often sent to relatives who lived near good schools. While many boys stated that they valued their exposure to discipline, kingroup networking opportunities and custom, including that relating to marriage, girls were less positive about resurgent Ganda neo-traditionalism, in part because many of them hoped for a more self-consciously modern style of marital and familial life, less constrained by kin (de Oliveira 2014: 45-50; Summers 2005: 439-41).

Overall, Richards' work strengthened the perception that trauma was a common feature of childhood experience in Buganda. Ainsworth, Geber and Southall argued that the systemic inadequacy of Ganda childrearing created a cyclical pattern of damaged children maturing into destructive parents. Researchers held that the severance of a wife from her husband and a child from its parents underpinned a variety of social ills: child neglect, inadequate sex education, the alleged inability of many Ganda to create and maintain relationships of affection. These hypotheses directly influenced medical researchers' explanations of the severity of malnutrition. A childrearing manual written by the paediatrician Hebe Welbourn (n/d: 36) for a mass Ganda audience stated that 'children who change homes several times . . . never really trust anybody and seem to make difficulties in every home they stay in . . . including their own homes when they grow up and marry.' In a later publication she argued that 'a large proportion of Baganda children do not establish

strong primary maternal attachments’, and that this ‘probably underlies such increasing prevalent social problems as promiscuity and marital instability’ (Welbourn 1963).

The tendency for tensions within families and between generations and sexes to be pathologized during the period of British overrule in Uganda tells us as much about colonialism and the western presence in colonized societies as it does about African reproduction, marriage, parenthood and kinship. Colonial governments, aware of the fragility of their authority, were hypersensitive to threats to the stability of the family, regarded as a key ally in the battle against youthful radicalism, atomizing urbanization, and detribalizing labour migration. The shallowness of colonial knowledge of subject peoples empowered experts – doctors, missionaries and social scientists – whose ability to diagnose and propose remedies for perceived crises in social relations granted them a direct influence over governmental thinking that would have been unusual in the metropolis. Many of these specialists did possess an intimate knowledge of the Ganda, but their framework of interpretation was often shaped by contemporary social concerns in Europe and America, and by models deriving from western experience, such as attachment theory, modernization theory, proletarianization, and evolutionary assumptions based on female status (Cooper 2004: Russett 1989: 131, 142-4). Perhaps unsurprisingly colonial governments struggled to control interfamilial relationships. The severity of malnutrition in Buganda lessened in the 1960s not because of any identifiable reduction in premarital sex or the number of female headed households, but because of improved domestic hygiene and a more balanced weaning diet (Tappan 2010). As the final section will show, Buganda’s reproductive culture did not fit dominant models neatly during the era of fertility decline either.

Fertility Decline in Buganda: Poverty, Autonomy and the Family

Uganda is not a country usually associated with fertility decline in Africa. In 2009 its total fertility rate was the continent's highest, and had barely changed in half a century. Yet the national rate concealed sharp regional variation, with Buganda having substantially lower fertility rates than the national average (Population Reference Bureau 2009). Suggestive evidence of Buganda's fertility decline only emerged in 1988 with Uganda's first Demographic and Health Survey. This reported that while women aged 40-49 in Kampala had given birth to 7.8 children on average, the city's Total Fertility Rate was only 6.2 between 1982 and 1984, and 5.9 from 1985 to 1988. Kampala's birth rates peaked at a high level in the 1970s but started to fall in the early 1980s. Fertility levels in the rest of Buganda reached their maximum in the early 1980s before beginning an uneven decline between 1985 and 1988. This narrative may suggest that Ganda suddenly became interested in fertility decline around 1980. In reality a long-running conflict between factors encouraging fertility limitation and those favouring maximization finally turned in the former's favour. Indeed, the take-up of birth control began in and around Kampala in the 1950s, and steadily increased in popularity through the years of social dislocation, economic crisis and political insecurity that followed. That it has not attracted significant academic attention is because the decline in ideal and completed family size coincided with a rapid reduction in female infertility. The proportion of Buganda's women over forty-five who were childless fell sharply from 25 per cent in 1948 to 18 per cent in 1969 and below 5 per cent in the early 1990s. The average woman may have desired fewer children in the 1970s and 1980s, but far more women than before were able to have a family (Doyle 2013: 368-72).

Early explanations of fertility decline in Africa were influenced by demographic transition theory. Researchers at first concentrated on the role of education, the availability of contraception and women's increasing involvement in the workplace in enabling reproductive decision-making to shift from the lineage to the individual, and held that birth rates would fall

in response to improvements in living standards, life expectancy and infant survival (Mason 1997). In practice however fertility limitation in many African societies coincided with worsening unemployment, urban poverty and a weakening of state medical and educational systems due to the introduction of structural adjustment policies. The motivations underlying fertility limitation in Africa accordingly reflected a desire more to maintain than enhance living standards and children's life chances. Caldwell, Orubuloye and Caldwell (1992) have argued that not only the context but also the nature of fertility decline was distinctive in Africa, holding that contraception would be utilized differently due to the sustained power of pro-natalism and birth spacing traditions. Rather than being employed as a means of stopping further pregnancies once a desired number of children had been achieved, which is typical elsewhere in the world, contraception would be used by Africans to delay the onset of reproduction and as a culturally-acceptable substitute for traditional birth spacing techniques. 'Women remain apprehensive of reducing the birth interval . . . largely because they are apprehensive of relatives and neighbors.' More recently the work of Johnson-Hanks (2002) and Moultrie and Timaeus (2008) among others has added further nuance to our understanding of the African context by drawing attention to the apparent frequency with which fertility limitation was understood in terms of postponement until personal or social circumstances improve.

Postponement did feature prominently in Buganda's fertility decline in the 1970s and 1980s, but strikingly, it seems, so too did stopping behaviour. This unusual experience reflected partly Buganda's distinctive reproductive history, partly the extreme insecurity and economic decline of the 1970s and 1980s. Buganda was initially not so atypical in its experience of fertility limitation. It is not at all surprising that a number of women adopted family planning around Kampala in the late 1950s and 1960s. The majority of women here had been to school, levels of female employment were high, the infant mortality rate had

fallen to around 75 per 1,000, and confidence in the value of western biomedicine had increased over time. All of my informants spoke positively about the medical care they had received during and immediately after their pregnancies, and used terms such as logical and modern when discussing contraception (Int. HW 31 July 2008; Int. MGK 26 Aug. 2004). What seems remarkable, on first sight, is that the number of family planning clients should have been ten times higher in 1976 than 1966, and rose rapidly in the grim years that followed. In 1976, with the economy in freefall and institutions disintegrating, perhaps one in seven women in the Greater Kampala region used modern contraception. Various sources indicate that many others were sterilized or aborted unwanted pregnancies, while abstinence, withdrawal and the rhythm method were also commonly employed. From the late 1970s state support for family planning increased, so that by 1988 a quarter of women in Kampala used modern contraception while in the rest of Buganda 5 per cent used it and 49 per cent wanted to (Black 1972; FPAU 2007; UBOS and Macro International 1988: 32-52).

The early scholarly and popular perception that family planning was only for the elite was not true on the whole in Buganda. The behaviour of many prosperous urbanites, especially those who were male, was still shaped in the 1970s by what could be defined as classically rural attitudes. Thompson reported in 1978 that desired family size among men in Kampala rose with income, a profusion of children being associated with high status, especially within the kingroup. What Thompson described as exposure to modernity did tend to lower family size, but a perception of threatened living standards was the crucial factor favouring family planning. 'The desire for a large family on the part of less affluent urbanites is incompatible with modern consumption aspirations' (Thompson 1978: 164-6). As early as 1971 a survey of lower-income, modestly educated women attending an urban state-run postnatal clinic found that the average desired number of children was a relatively low 5.5, 60 per cent wanted no more children, 45 per cent had heard of family planning and 9 per cent

had used an effective method, a very high proportion for this period in Africa. These were not elite women, for mission hospitals provided a better standard of maternity care, and only 23 per cent of these patients had had more than five years schooling. By 1977 surveys reported that 25 per cent of urban women stated that their ideal family size was one to four children, while in peri-urban Kasangati the average desired family size was six, and two-thirds of women intended to seek sterilization once this ideal had been reached. Highly-educated women and the young were more favourable towards family planning, but support came from all social groups (Crocker et al. 1971; Namboze and Kakande 1979).

Informants' life stories indicate that stopping behaviour reflected the aspirational and individualized nature of Ganda culture, and the shock caused by Idi Amin's impoverishment of this society, which had been the most prosperous in twentieth-century East Africa. No informants here were told by their elderly relatives to maximize family size because in Buganda family strategies had for decades focused on securing admission to the best schools and achieving formal employment. Husbands and their families might harbour pro-natalist attitudes, but Ganda women had for generations enjoyed unusual autonomy and were often skilled at evading familial pressure. In interviews all but one of the elderly women who had limited their fertility had done so once a desired family size had been reached. Some women wanted to cease childbearing for health reasons. A few did so because they were 'fed up with giving birth' or found it difficult to raise a large family if their husbands were away with work much of the time. For most it was simply economic logic, whether in town or village, as the highly monetized nature of Buganda's economy devalued children's labour value to an unusual degree. One man remembered that he had only wanted five children 'because it was useless having many who would just stay at home to look after my goats, without money to pay for themselves'. But often women emphasized that men's irrational desire for the status of a large family was not matched by their willingness to take responsibility for the costs of

childrearing. A number of women stated that they had decided to have no more children without informing their husbands, or indeed the older generation. One recalled that having had two boys and two girls, ‘I decided to stop . . . I thought we would best manage the few we had.’ Another stated that her husband ‘wanted more children but I could not think of any way out when it came to educating them . . . it was my sole decision’ (FGD Female Kisaasi-Kampala 2 Feb. 2008; FGD Male Bukoto 24 Aug. 2004; Int. MGK 26 Aug. 2004; Int. SKKG 25 Aug. 2004; Int. TNN 3 Aug. 2004).

The character of fertility limitation changed after the economic and institutional collapse that followed Idi Amin’s acquisition of power in 1971. In the 1960s the desire for fertility control expanded rapidly, so that it was no longer associated primarily with the relative elite. The most popular form of contraception requested from family planning clinics changed from the IUD to the pill in the late 1960s, though it is likely both were used for postponement and spacing rather than stopping (Crocker et al. 1971: 235-8). In the 1970s the desire for fertility control affected all classes. That so many women chose to control their fertility by seeking sterilization during the 1970s partly reflected state underinvestment in and occasional condemnation of family planning. The same is true of induced abortion, which was the most common form of fertility control around Kampala at this time. In the 1970s it was estimated that around a fifth of all pregnancies in this region were terminated, presumably as a means of postponement more than spacing (Lwanga 1977). Oral sources indicate that women who aborted were by no means seeking to distance themselves from their mothers, but rather were maintaining habits of secrecy and strategic reproduction, often in opposition to the patrilineage. ‘The girl with her mother would pull out the baby so that the girl’s father would not get to know about the pregnancy.’ ‘These women, the very wise maternal aunties, would do the abortion so that the father and the paternal aunt would not know about it’ (FGD Male Kisubi Kiwulwe 4 Sept. 2004; FGD Male Takajjunge 26 Aug.

2004). The distinctive pattern of fertility limitation seen in Buganda in the 1970s was affected not only by problems of contraceptive supply, but also because the unaffordability and frequent unavailability of formula milk in this era caused the abandonment of bottle feeding, which had become so popular from the 1950s. By 1982 all women surveyed in the Greater Kampala region breastfed for at least six months, a remarkable return to traditional practices, albeit in curtailed form, which contributed to an increase in birth intervals in Buganda in the 1970s (Karamagi 1985: 229).

Four factors seem likely to explain this distinctiveness. One is the economic decline in 1970s and early 1980s Uganda, which was more extreme than that associated with structural adjustment during later fertility transitions elsewhere in Africa, and which made the possession of a large number of children particularly problematic. A second is the disruption in the provision of some family planning services during the 1970s, which seems to have stimulated interest in sterilization in part simply because ongoing contraception was so difficult to maintain. The third is the longstanding scepticism of many Ganda about the value of extremely large families which, when combined with Buganda's historic subfertility, appears to have encouraged a widespread desire to have some but not necessarily very many children. The fourth is the gender and generational politics of relationships in Buganda. At first sight Buganda seems an exceptionally patriarchal and gerontocratic society. It is not uncommon to see women kneel down to serve their husbands or male guests, or to adopt a soft, submissive tone of voice when speaking to them. The young too are supposed to physically demonstrate their subservience, by kneeling before their elders until adulthood and using honorifics and respectful tones when speaking. Yet men, often correctly, suspect that female deference is frequently superficial and manipulative, and that Ganda women, especially as they mature, act more autonomously than gendered norms should permit. And, as Carol Summers (2010: 175-6) has argued, Ganda culture acknowledged that youths played

a key role in clan politics ‘as inheritors and stewards, responsible for communal resources’ which would sustain the next generation, and that the young, through their inevitable struggle to wrest control from the elderly, were engaged in a cyclical regeneration of the kingdom. The relative tolerance of autonomous reproductive decision-making which characterized 1970s Buganda was not only a product of the disruption caused by Amin’s regime, nor even the Ganda’s exceptionally intense exposure to biomedical provision, schooling and other forces commonly associated with the rise of individualism and weakening of generation control in Africa. Its roots lie in the precolonial period, which suggests the difficulty of assuming that all African societies will experience fertility decline in the same way.

Conclusion

The thread which has run through this chapter has been the shift in reproductive decision-making from the lineage to the individual, which had begun in Buganda long before the colonial takeover, and then gathered pace during the twentieth century, facilitating first fertility increase then, soon afterwards, decline. Yet fertility change happened fastest where the interests of the young coincided with, or reflected attitudes inherited from the old. Thus the increasing fertility of unmarried, divorced, and widowed women in the 1950s and 1960s was accepted by elders aware that a girl’s marital prospects were now enhanced by a demonstration of her fecundity, and that the Ganda would be swamped by incomers if only marital reproduction was tolerated. Women often elected to adopt family planning alone in the 1970s, but their decision was shaped by an entrenched cultural scepticism about the value of very large families, and facilitated by models of discrete female autonomy learned from their mothers and aunts. This chapter challenges the assumption that the imperial takeover constructed a grand patriarchal alliance across Africa between colonial officials and local

chiefs which undermined female autonomy. In Buganda, legislation and rhetoric might support this universalizing narrative, but women often benefited from the application, or non-application, of colonial law, the colonial economy created new opportunities for female independence, and missionization and education offered alternative worldviews to those sustained by kinship networks.

The generational politics of reproduction are of immense importance in modern Africa, but their nature has varied remarkably over space and time. This is true even among Buganda's immediate neighbours, societies whose political structures, economies and cultures are broadly similar. To the south for example lies Buhaya, perhaps the society in East Africa which resembled Buganda the most. Here in precolonial times fertility was so heavily managed that various sources indicate that premarital pregnancy was punished by death, while the power of the lineage was such that a woman was required to grant any of her male in-laws sexual access to ensure that her marriage would be fruitful. The influence of elders in reproductive affairs was reinforced throughout the colonial period as fears of heirlessness were deepened by generations of subfertility. Even in the era of decolonization young adults were pressured by their parents to take full advantage of recent improvements in reproductive health in order to compensate for their own inability to expand the lineage. In Ankole, to Buganda's west, agriculturalists were so pro-natalist that a family with only one child was incomplete and there existed thirty-three separate occasions when a couple was required to practise ritual sex. Ankole's pastoralists, by contrast, displayed a marked ambivalence towards the expansion of the lineage, fearing that milk might be diverted to feed children to the detriment of the herd. Polygamy and the remarriage of fecund widows and divorcees were discouraged, and female fertility's destabilizing power was expressed in a number of rituals (Doyle 2013: 34-45, 383). That significant divergence in attitudes and behaviour existed between these neighbouring societies, whose cultures and histories were so

interconnected, suggests that the idea that precolonial sub-Saharan Africa as a whole possessed an essentially uniform sexually permissive and pro-natalist tradition which survived largely intact through to the present should be viewed with some caution. This chapter challenges assumptions that Africa will follow demographic trajectories identified elsewhere in the world, and indeed suggests that Africa's thousands of ethnic groups might not fit conveniently into one continental pattern of behaviour.

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