MYTH AND REALITY
OF
U.S. POPULATION ASSISTANCE TO AFRICA
With an Overview of the Ghanaian Situation

by

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I. *Genocide or Development?*

It has become fashionable to identify high population growth rates as a cause of underdevelopment and to advocate population programs as central to improving the quality of life. With a population growth rate between 2 1/2 - 3% per year, Africa has one of the highest birth rates in the world, and with economic growth rates falling 2-3% behind the U.N.-established minimum target for the 1960's, population growth rates appear to be either outstripping or at best matching any increase in economic growth. The U.S. reaction has been to increase dramatically "family planning" (i.e. birth control, population control) assistance in Africa as a counter measure to further underdevelopment. While there has been an overall reduction in U.S. aid to Africa from an all-time high of $364.1 million in 1967 to $294.5 million in 1970, population program assistance has sky-rocketed from $9,600.00 in 1965 to almost $8 million in 1972.[1]

In spite of the apparently incontrovertible relationship between population growth and development, it seems incomprehensible to find the "less developed countries" strongly opposing family planning measures. Yet largely at the insistence of the developing countries, birth control issues do not appear as a priority in the African agenda nor in the principles of the World Environment Statement adopted by the U.N.'s First International Environment Conference at Stockholm during June 1972. During the Conference the issue of population explosion was branded as "alarmist" and advocacy of birth control programs for the developing nations was interpreted as an attempt by the "industrialized countries" to shift attention away from the real issues of development. The more outspoken delegates even suggested that promotion of family planning was "nothing short of genocide." As an American at the Stockholm Conference put it, "... In some ways it's as explosive

as nuclear warfare, because the less-developed countries think it's a plot to keep them from growing while the rich countries take over the world."[2] Consequently, only the preamble to the World Environment Statement refers ominously to the population explosion.[3]

This response to the population problem in the developing countries is not necessarily an over reaction. To the contrary, as this essay suggests, the identification of high population growth as a significant cause of "underdevelopment" is a misleading approach to the problem. Rather U.S. assistance for population programs tends to preserve the existing international order and to perpetuate the status quo in the developing countries. The present mode of population assistance, involving the United States intimately in the affairs of the developing nations potentially challenges the credibility of AID to offer population aid "on request only," and can be counterproductive for U.S.-Africa relations.

II. The Neo-Malthusian View of Development

Considerable scholarly attention has been given to exploring the relationship between population growth and development.[4] The neo-Malthusian view which defined the industrialized nations' position at the recent Stockholm Conference and which predominated the U.S. Senate's Population Crisis hearings (laying the groundwork for U.S. Agency for International Development's (U.S.A.I.D.) role in population assistance) is probably the most uncritically accepted interpretation of this relationship.

Such neo-Malthusian thoughts not only define population growth as an independent variable in the development process but also imply a solution to the problem.

In the development equation, population is inserted as the denominator:

$$\frac{\text{Resources}}{\text{Population}} = \text{Well-Being}$$

By substituting other variables in the numerator, we have a "mathematical" formula explaining how to improve the quality of life in each case. For example,

$$\frac{\text{Food}}{\text{People}} = \text{Nutritional Status, or, } \frac{\text{Housing}}{\text{People}} = \text{Physical Comfort}^5$$

According to this view, the population problem in the newly developing nations is both "human" and economic. High fertility leads to malnutrition and thus is drawn the vicious circle of underdevelopment. Malnourished bodies are breeding grounds for debilitating diseases which shorten life spans, sap individual strength and cut productivity. In addition, the national resources used to care for the sick, weak, overcrowded and underemployed become resources "diverted from development." When population growth matches a country's production growth, it is not progressing. "It is treading water, and it is in trouble."[6]

There has been little serious or well-received evaluation of this population problem of development among foreign policy-makers. In the U.S. Congress, where the push for continually increasing Title X funding* originates, population problem skeptics are rare and program assistance arguments have been marred by a lack of genuine concern of the problems facing Africa. Except for one senator's brief but serious concern and skepticism about the ability of any government to manipulate the size of its population or a demographer's ability to understand why people have children, few have questioned whether different population growth rates are cause or characteristics of different levels of development.[7]

Although the neo-Malthusian argument appears to offer a comprehensible and readily acceptable explanation for the intractable problems of development, it tends to start and stop at the question of population growth. It neglects an examination of the broader socio-economic and political structures responsible for "underdevelopment."

Current research suggests that the relationship between population growth and development is extremely complex, if not remote. Two recent comparative studies found little

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*Passage of Title X of the Foreign Assistance Act of 1967 was the green light for AID population/family planning activities. While making it clear that every nation should be free to determine its own policies regarding population and family planning, Title X records the "*sense of Congress that ... family planning programs...can make a substantial contribution to improve health...greater individual opportunity, economic development, a sufficience of food, and a higher standard of living.*" (Author's emphasis) 81 Stat. 452.

empirical substantiation for the contention that fertility reduction improves economic growth or that population growth impedes development.[8]

However, the effects of population growth rates in Africa should not be deemphasized. High population growth puts pressures on the labor absorptive capabilities of economies and strains the abilities of African governments to provide even minimal educational and health facilities. Nevertheless, this does not imply that programs directed at reducing population growth rates significantly improve the labor absorptive capabilities of an economy or provide better educational and health services. In effect, reducing population growth rates will not buy development.

III. Background to U.S. Population Assistance

The politics of the population problem remain essentially uncharted. Recently social scientists have attempted to outline the politico-administrative ecologies which facilitate the development, acceptance and successful implementation of family planning programs in the developing nations. The major thrust of social science research in this area has been toward analyses of how and why some governments, but not others, jumped on the population bandwagon and why individuals participate in family planning programs.[9] Little attention, however, has been devoted to examining American assistance for population programs. Among ten countries active in the field of population assistance, the U.S. government spends more than any other government and three of the most active private organizations in this field--The Pathfinder Fund, The Population Council, and International Planned Parenthood Federation--are heavily financed by the U.S. Agency for International Development (AID).[10] (See Table I)

Although U.S. assistance in 1970 under "Title X - Programs Relating to Population Growth" represented only 1.91% of U.S. development assistance, it has exhibited an almost unprecedented growth record for U.S. foreign aid. (An examination of the reasons for this growth is beyond the scope of this paper.) However, the mode of U.S. assistance in this area is being considered as a model for future development assistance efforts. Therefore an examination of American efforts in population program assistance presents an opportunity for getting behind the rhetoric in the population problem dispute and can point to some general problems of American assistance.

IV. The Ideology of U.S. Population Assistance

A. Preserving the status quo

A Congressional attempt to oversee AID spending in this area has led the Agency toward a pattern of spending which promotes or at least sustains the present relationships between the industrialized and the non-industrialized world.

One of the major Congressional justifications for continually increasing Title X appropriations relies on the belief that unless population growth is checked, American foreign assistance will not be worthwhile. The argument is based upon the assumption that U.S. assistance can and does provide the opportunities for the developing world to "catch-up" to the industrialized countries and that assistance for population activities in the developing countries will affect the high population growth rates and permit Gross National Products in these countries to rise. Given these assumptions behind Title X funding, we might conclude that every effort would be made to channel assistance for population activities directly into the developing nations.

However, AID is faced with two major constraints whose net effect is that most of the massive effort to defuse the population bomb does little to allow the developing countries to catch-up. (1) AID direct country support is on a "request only" basis to those countries sponsoring a population program. Only a few countries fall into this category and as a result, AID bilateral population assistance is limited. In Africa, for example, country assistance is given only to Morocco, Tunisia, Ghana and Kenya. (2) Moreover, in the face of limited bilateral expenditures, AID faces earmarked budgeting. Earmarking under Title X means that of the funds provided to carry out the economic assistance provisions of the foreign assistance act, a specific sum is made available to carry out only population and family planning assistance activities. (It is this earmarked sum which has been increasing almost exponentially in the last five years and upon which part A of Table I is based.) According to the Congressional authors of Title X, earmarking was the best means for insuring AID action in this area; during a time of foreign aid scarcity, it was felt that unless funds were earmarked, AID would waste population money by diverting it to other activities.

Given this situation, AID has been able to satisfy Congress that Title X funds are well-spent in meeting the population problem, translating research grants by turning it into a bio-medical research and development problem aimed at developing a safe, efficient, and acceptable means of contraception. Although AID has supported the production of contraceptives and related birth control materials in some countries, for the most part AID subsidizes the American-based research, development and production of some contraceptive materials and supplies these goods to developing countries. Given Title X earmarking, subsidization is the best way for AID to convince Congress that population funding is well-spent...in the U.S. ...and therefore, making U.S. foreign assistance a worthwhile endeavor.

For example, at a time when most AID development projects have a precarious life due to yearly Congressional review, it is not uncommon to find five to six year biomedical research projects in the area of population assistance. In fiscal year 1971 almost 50% of AID obligations under Title X went to support research. The breakthrough in contraceptive methods recently announced by the Upjohn Company was supported by AID, and the establishment of Population Centers at a number of U.S. universities has been possible only with Title X funding. (See Tables III and IV) Even under Goal 4 of AID's Population Program Goals (Table III--Delivery of Family Planning Services), organizations like the International Planned Parenthood Federation and the Pathfinder Fund rather than the developing nations have been the direct beneficiaries. Subsidization of American industry and institutions is not an uncommon feature of any assistance program, but as a substantial part of U.S. assistance for population activities, it reflects more how population assistance seems to do more for the American economy than for the development capabilities of the Third World countries.[1]

It is a foregone conclusion that improved means of artificial contraception are highly desirable and every effort should be made to develop a safe, 100% effective and easy means of contraception. But, to support this effort through foreign assistance funding seems, at best, a circuitous means for aiding development especially at a time when most development assistance funding is diminishing. If indeed there is a population problem in Africa, adequate contraceptive means can be made available to help ease the problem. Accordingly, the question should be

raised whether American assistance efforts based on neo-Malthusianism can ever effect a change in the socio-economic conditions which foster high birth rates. As long as the U.S. effort is directed at solving what is apparently more an effect of underdevelopment rather than a cause, it will at best maintain the status quo.

B. The Ghanaian example

The present direction of U.S. population assistance in the Third World militates against dynamic and innovative programs. Flowing primarily into African universities and government ministries which have the least direct contact with the people, assistance for population programs tends to enhance bureaucratic control and perpetuate the status quo.

Early population assistance to Ghana, for example, was channeled through the University of Ghana. In the early 1960's the Population Council helped establish a demography teaching and research program in the university's Department of Sociology, and in 1966 supplied the funding until 1974 for a Demographic Unit to continue as a center for teaching and research. In 1968 this Unit received a 3-year $300,000 AID grant to finance a demographic sample survey intended to provide baseline data for evaluating future population programs and for development planning.[12]

The University of Ghana at Legon continues to receive considerable support from population money. AID has provided considerable assistance for Ghanaians to receive overseas training in population matters. The Ghana Medical School is currently administering 30% of a 6-year $3 million AID contract to facilitate hiring local personnel and to meet other local expenses in the implementation of a population program. (Seventy percent of this contract is administered by the University of California - Los Angeles.) Additionally, the University of North Carolina is establishing four sister university population centers in Africa to match the AID-supported population center at Chapel Hill, and over a 5-year period plans to spend approximately $500,000 of a $5 million contract with the University of Ghana.

While considerable AID support is given to the University of Ghana in the name of the population problem, Ghana's population program is directed and supported by the Ministry of Finance and Economic Planning. According

to current administrative theory, it is desirable to have a broad, multifaceted and high priority program like Ghana's population program administered by a non-functional rather than a functional or sectoral ministry like Health or even a special Ministry of Family Planning. As a current theory of public administration suggests, the Ghanaian case should maximize efficiency by emphasizing interministerial cooperation and reducing departmentalism. Since Ghana relies totally on outside support for the implementation of its population program, locating the program in the Ministry of Finance and Economic Planning also allows the government to make its own mark on the program rather than having it controlled by several independent private organizations.[13]

This theory seems intuitively sensible. A current cooperative effort between the Ghanaian Ministries of Health and Rural Development in the population program does exemplify interministerial cooperation rather than competition. In one project, these two ministries have decided to experiment with an "earth to the pot" nutrition program in those villages which have a permanent or roving family planning clinic. The data needed to assess whether this can be attributed to an effort by the Ministry of Finance and Economic Planning to encourage cooperation, or whether it is a result of other factors, is unavailable. It is important to point out, however, that cooperative efforts of this nature can make a substantial contribution to the development process. The African landscape is littered with its share of development projects which have fallen by the wayside because of interministerial feuding.

It is equally important to point out that even though control by a non-sectoral ministry may encourage cooperation and promote program effectiveness, it can also screen its activities from public scrutiny. The extremely mild reaction to the announcement of Ghana's population program may have reflected popular disbelief or lack of concern that the Finance and Economic Planning Ministry would implement what was normally considered to be a Health Ministry program.[14] It is precisely this kind of popular image which provides enough protection to ministerial officials so that programs of particular interest to them can be implemented without the pressures of public scrutiny. If the bureaucracies in the developing nations already outstrip political control, then AID assistance to those removed from public view tends to further their entrenchment in the political process.

Rather than supporting bureaucracies which are hidden from popular view, supporting more programs which are closer to the people, i.e., agricultural development and extension projects, rural health and nutrition programs, may be one way to help improve the quality of African life. Even as U.S. assistance supports health and rural development activities, it cannot escape one major dilemma: aid to technical bureaucracies strengthens the capabilities of these institutions to ignore the challenge of development at the expense of heightening the African people's capabilities to keep the bureaucracies in view and responsive to their popular demands.

V. *Myth and Reality of U.S. Population Assistance*

American population assistance, like other forms of U.S. foreign assistance, is based on an ideology which protects the U.S. from charges of "meddling" and "interference." But the protection afforded is only as complete as the gap between policy statements and policy action is narrow. If U.S. population assistance is to be at all useful, the reality of U.S. assistance must closely reflect its rhetoric. To the extent that AID's practice of population assistance runs contrary to AID policy statements, U.S. activity in this area of foreign assistance risks being extremely counterproductive.

According to AID principles for population assistance, AID provides bilateral assistance "only on request" for country supported family planning programs. In spite of Congressional pressure to the contrary, every attempt is made to avoid having a "Made in U.S.A." label pinned on any country's population program. But direct support for country programs represents only a small part of AID activities in this area. As former AID Administrator Gaud suggested, if you are going to "get the full weight" of AID's population program, "...you have got to take into account the fact that we are making very sizable grants..." to private institutions which are active in the development of population and family planning programs.[15]

Following an AID schema, the countries pass through three stages in the development of population programs:

Phase I - the "Pathfinder Phase" - Individual physicians and social leaders, supported by international private institutions, promote and propagate family planning.

Phase II - "Voluntary Association Stage" - Organizations like the International Planned Parenthood Association support and sponsor family planning associations and facilities, but there is no official activity.

Phase III - "Official Program Phase" - The government supports a population program and AID, "on request only" may provide assistance. Institutions like the Rockefeller Foundation's Population Council and the Ford Foundation become more active during this last phase.[16]

AID has developed a powerful and usually successful means for becoming actively involved in the development of population programs without becoming directly responsible. The case of Ghana again provides illuminating insights: If governments take action in response to popular demands, Ghana should be one of the last countries in sub-Saharan Africa to have a population program. According to a survey conducted by J. C. Caldwell, it is one of the most pro-natalist countries in the world. Even among the "urban elite," a group assumed to be the most receptive to family planning, the percentage who have never practiced contraception and desire five or more children far exceeds an international attitude range for similar groups in Asia, Latin America and North Africa. Among this same group, the percentage expressing an interest in learning about family planning, ranked far below the international range.[17]

Ghana's reluctance to initiate family planning programs was also due to some difficulties AID had in providing support for the Ghana Medical School and the disinterest of the Nkrumah regime in backing population programs. Nonetheless, during this time private physicians and rural mission hospitals began providing some family planning assistance. In the spring of 1966 AID indirectly provided the resources enabling a small group of pro-family planning physicians to attend the International Planned Parenthood Federation Conference in Copenhagen. Shortly after their return to Ghana these physicians formed the Planned Parenthood Association of Ghana (PPAG). After several months of *de facto* operation, it was incorporated in the spring of 1967. Ghana had entered Phase II.

The PPAG began offering family planning facilities through both government and private facilities, but by the end of 1967 its assistance through government clinics

had raised some serious questions about the legitimacy of private groups promoting family planning through government facilities. These "problems," the repeated offers of the AID Mission to train Ministry of Health personnel in family planning, and the personal interest of the Commissioner of Economic Affairs in family planning, all converged in a statement in the *Two Year Development Plan* (July 1968) which favored family planning and channeled family planning assistance through the Ministry of Health.

Following the publication of this development plan, a sub-committee of the Manpower Board, created under the auspices of the Ministry of Finance and Economic Planning, and staffed primarily with PPAG leaders and a Ford Foundation advisor, worked to develop a Ghanaian policy. Their work resulted in the publication of *Population Planning for National Progress and Prosperity, Ghana Population Policy* in April 1969. This pamphlet announced a policy emphasizing quality, not quantity, and promised an action program "to provide information, advice, and assistance for couples wishing to space or limit their reproduction, which will be educational and persuasive, and not coercive."

Once this policy paper was approved, the same group of Ghanaians, with a second Ford Foundation advisor, prepared the documents for the action program. Their plan was approved in principle by the Executive Council of the National Liberation Council (NLC) in August, 1969, and after the Busia government was installed, the first West African family planning program was announced by the Minister of Finance and Economic Planning on February 26, 1970.[18] Phase II completed - Enter Phase III.

The sudden collapse of the Nkrumah regime was of significant importance in the success of the formation of a Ghanaian population program. Government ministries under the NLC, which was not explicitly opposed to family planning, were somewhat freer than they had been under Nkrumah to pursue their own projects. Moreover, AID was also taking all practical steps to foster a realistic recognition and full appreciation among Ghanaian officials of the need for a population program. However, the manipulation of private institutions by AID can produce undesirable consequences in the long run.[19] Without addressing itself to the fundamental socio-economic problems facing Africa, AID efforts to promote family planning programs may be futile and may jeopardize U.S.-Africa relations. In some cases it has already led some African governments

to refuse anything connected with family planning. Because of excessive "outside pressures" and fear of being "pushed" into formulating and sponsoring a population program, one West African government, for example, refused to permit the establishment of a family planning clinic in its capital city. Although the reaction cannot be directly attributed to a recognition of AID's indirect role because of some "clumsiness" during Phase I, Gabon passed an anti-contraceptive law.[20]

If the divergence between U.S. policy and activities in population assistance results in African governments rejecting U.S. assistance in the health/medical fields, then some valuable health projects which are carried out in the name of family planning may be unnecessarily threatened. Most well-designed health projects include a substantial survey research component. In order to evaluate program effectiveness, considerable time, money and effort is expended gathering and evaluating vital statistics, health care use and health problem data. As part of a health program these research activities generally raise few questions. But as part of a population program, these same activities can too easily provide the basis for charges of "subversive activity" leading to rejection of any continued assistance and other contacts with the United States.

The Danfa Rural Health and Family Planning Project, administered jointly by the University of California - Los Angeles and the Medical School of the University of Ghana is one progressive valuable health project which provides all the right conditions for a possible retaliatory blow.

Since the late 1960's the Danfa project has been primarily a rural health training and research center for students at the University of Ghana. But since 1967, when two vehicles, two bicycles, one motorbike, some midwifery equipment and immunization supplies for 1,000 inhabitants were requested to initiate the program with the current 6-year $3 million AID contract, the project has emerged as one of the largest rural health-family planning projects in Africa. The project's authors prefer to emphasize Danfa as an experiment in the delivery of rural health services, but with a substantial family planning component built into it, the Danfa project has become a population program.

In order to qualify under Title X, the Danfa project is testing four hypotheses about family planning acceptance

in four contiguous study areas, each with socio-economically similar populations and each with a population range of 12,000 to 15,000. In Area #1, comprehensive health services are provided and primary reliance is placed on roving paramedical personnel. In this area, the project is testing the hypothesis that a successful family planning program must be organized and carried out in the context of a comprehensive health program. Favored by the project's authors, this hypothesis also provides an opportunity for experimenting with the idea of comprehensive rural health services provided by paramedics rather than fully trained physicians. In Area #2, the project tests the hypothesis that health education makes the difference in family planning acceptance. Family planning and health education services, emphasizing family planning, augment existing Ministry of Health facilities. In Area #3, only family planning services are added to Ministry of Health facilities testing the hypothesis that if these services are provided, people will make use of them. Area #4 serves as a control.[21]

The authors of the Danfa project are under no illusions about reducing the birth rates or solving the population problem in any of the four study areas during their current 6-year contract. Nevertheless, they do hope to obtain one of the most detailed demographic and health pictures ever assembled of this part of Ghana. Herein lies the dilemma! The Danfa project is carrying out the normal or expected analyses concerning their health centers' operations, epidemiological studies, etc., but it is also conducting approximately 1,000 health problems and KAP ("Knowledge-Attitudes and Practices of Family Planning") surveys, compiling one of the most precise house-by-house maps of each study area, and monitoring the populations' movements. While this wealth of data can be immensely valuable in program evaluation, the crucial problem is that it has been collected in the name of controlling population growth rates.

The following scenario is not necessarily science fiction:

Ghana is one of the most pro-natalist countries in Africa and given her current tenuous economic position--which is different only in degree from most of Africa--governmental instability is not totally unexpected. As partially reflected by the current "freeze" in some social science research in Africa, most African governments are extremely sensitive to any activity which might appear to

"interfere" or "meddle" in their internal affairs. Since we assume that a good part of the decision to take action in the population field is a political issue, a new regime may decide that population growth is not a priority problem and subsequently discontinue the national program and the Danfa project. In the meantime, the voluminous amounts of data, collected jointly by UCLA and the University of Ghana, might serve as a proof of political meddling. It would not be unexpected for a new government, on the grounds that the U.S. was collecting information for "subversive activities," to ask for the termination of all contacts with UCLA and possibly other U.S. universities presently serving as contractors in population projects.

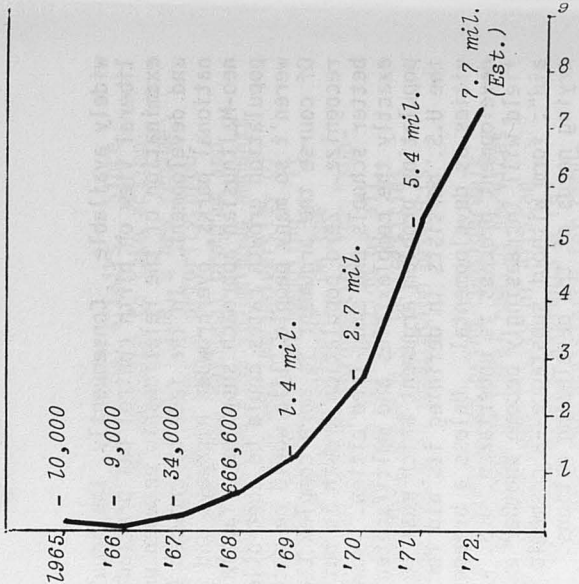
Even though Title X projects can bring considerable resources to bear on the problems of rural health services, the present U.S. policy and the sensitivity of African governments to any kind of interference warrants a re-evaluation of the nature of American assistance for population activities and a re-evaluation of the continuing upward spiral of U.S. assistance for population programs.

VI. Conclusion

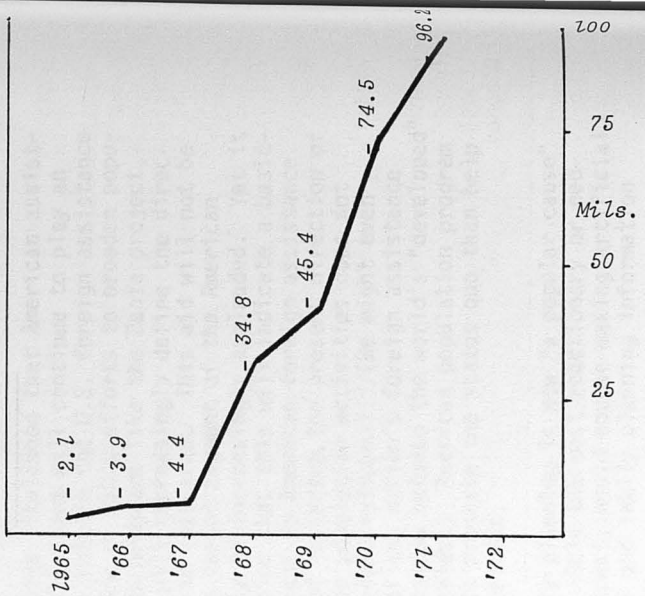
There is a very high likelihood that American assistance for population activities will continue to play an increasingly important role in the U.S. foreign assistance budget and that in spite of AID's efforts to broaden population assistance, with programs like the Danfa project, neo-Malthusian theory will increasingly define the direction of U.S. spending in this area. This aid will not be unacceptable to a much larger segment of the American public. In fact it may be increasingly applauded. Yet it is important to recognize that this will indicate a basically unenlightened thrust in American foreign assistance. As this essay has tried to sketch, the present direction of American assistance for population activities does not attack the roots of underdevelopment. (We might even question the ability of any nation's foreign assistance to change the relationships between the world's "developed" and "developing" countries.) American population program assistance does more to preserve the status quo than help ease the development process.

Support for family planning is now "a popular cause" in the United States. Only the most reactionary or neo-Victorian person, it seems, would oppose making artificial means of birth control and family planning information

widely available. Consequently, the popularity of the liberal view on birth control has precluded any serious examination of the relationship between population growth and development. In the face of crowded beaches and national parks, overcrowded highways and schoolrooms, the neo-Malthusian approach supplies a facile answer: "if population growth rates could be controlled, if there just weren't so many people, life would be much more pleasant." Of course the argument is more complex than most people recognize. Zero population growth is not going to buy better schools and smog-free cities. However, it is exactly the complexities and multifaceted nature of the population problem argument which must be examined if the U.S. persists in defining its aid for population activities as developmental. Unless a broader analysis of the development process is undertaken, U.S. assistance in this field will increasingly become another example of "showcase aid": form without substance--a cosmetic response to the crying needs of the developing nations.



A.I.D. POPULATION AND FAMILY PLANNING
PROGRAM OBLIGATIONS
(For Africa Only)



A.I.D. POPULATION AND FAMILY PLANNING
PROGRAM OBLIGATIONS
(Global)

Sources: *R. T. Ravenholt, "The A.I.D. Population and Planning Programme, Goals, Scope and Programmes," Table 2, in OECD,* Population, International Assistance and Research *(Paris, 1969); Ravenholt's presentation to 92nd Congress, 1st Session, U.S. Senate, Committee on Appropriations, Hearings,* Foreign Assistance and Related Programs Appropriations/Fiscal Year 1972, *pp. 1420-21.*

TABLE II: Family Planning Programs

GROUP I. Countries w/ relatively successful programs:	Coal Consumption Kg. per Capita	Radio Receivers per 1,000	Infant Mort. Rate per 1,000	Per Capita Income $US	Population per Physician	Newsp. Circ. per 1,000
Hong Kong	1,021	170	19.2	434 (1963)	1,820	485 (1969)
Taiwan	925	-	20.2	364	3,170	-
South Korea	796	126	-	241	1,236	66 (1969)
GROUP II. Countries w/ average to poor programs:						
Tunisia	247	77	125	215 (1967)	7,348	16
Morocco	194	60	149	186 (1960)	13,156	14 (1966)
India	191	22	139	88 (1969)	4,610	14 (1969)
GROUP III. Countries w/ no programs, exc. Ghana and Kenya:						
Ghana	164	78	156	222 (1968)	15,200	46
Senegal	149	69	92.9	190 (1969)	14,943	5
Kenya	153	-	55.0	130	8,718	14
Ivory Coast	227	17	138	309	20,338	10
Dahomey	32	32	109.6	71 (1963)	32,024	1

Based on the U.N. Statistical Yearbook, 1971. *Unless otherwise indicated, data is for 1970. Country Classification from Pierre Pradervand,* Family Planning Programmes in Africa *(OECD: 1970), Table X.*

TABLE III: AID Population Program by Goals
(Obligations in $ thousands)

Goals	1968 Amt. - %	1969 Amt. - %	1970 Amt. - %	1971 Est. - %
1. Development of Adequate Demographic & Social Data	2,865 8	3,950 9	4,751 6	9,155 10
2. Development of Adequate Population Policy and Understanding of Population Dynamics	2,030 6	3,258 7	7,880 11	9,691 10
3. Development of Adequate Means of Fertility Control	548 2	6,417 13	7,391 10	7,100 7
4. Development of Adequate Systems for Delivery of Family Planning Services	20,410 59	23,032 51	22,352 30	35,319 37
5. Development of Adequate Systems for Delivery of Information/ Knowledge	951 3	1,264 3	3,416 5	8,007 8
6. Development of Adequate Multi-Purpose Institutional Capacity and Utilization	7,011 20	3,592 8	22,848 31	9,928 10
United Nations Fund for Population Activities	500 1	2,500 6	4,000 5	14,000 15
AID/Washington	435 1	1,431 3	1,932 2	2,600 3
TOTAL *Amts. = 100%*	34,750	45,444	74,572	95,800

From Exhibit G, Dr. R. T. Ravenholt's presentation to U.S. Congress 92nd, 1st Session, Foreign Assistance and Related Programs Appropriations for fiscal year 1972 *U.S. Senate, Committee on Appropriations (Washington, D.C.: U.S. Government Printing Office, 1971)*

TABLE IV: Channels for Title X Funds
(Non-Governmental)

International

U.N. Family Planning Agency (UNFPA)
World Health Organization (WHO)

Institutions, Foundations, Associations, Etc.

IPPF of American-Church World Service
Pathfinder Fund
Population Council
Margaret Sanger Institute
World Assembly of Youth
World Education, Inc.
American Public Health Assoc.
International Confederation of Midwives
American Home Economic Assoc.
International Federation of Schools of Social Work
Pan American Federation of Medical Schools
National Center for Health Statistics
Latin American Demographic Center

A.I.D. Research Contracts Only

Worcester Foundation for Experimental Biology
The Upjohn Company
The Royal Veterinary College (Sweden)
The RAND Corporation
General Electric Company
The Universities of: Washington (St. Louis); Yale; Makerere (Uganda)

University Population Centers Only

Johns Hopkins; Chicago; Tulane

A.I.D. Technical Assistance Projects Only

The Universities of: California; Pennsylvania State; Columbia; Tufts; Meharry; California Institute of Technology; The State University of New York; Illinois; George Washington; and others

Universities receiving at least two of the following kinds of suppport: Population Center, Research Contracts, or Technical Assistance Contracts:

North Carolina; Wisconsin; Michigan; Harvard; Hawaii; The East-West Center

Source: *This list is by no means complete. It is based only on material supplied by Dr. Ravenholt,* Appropriations, *pp. 810-12.*

Footnotes

1. According to a recent U.N. General Assembly resolution, Africa is the poorest of the poor continents; of 25 countries identified as "hard-core" least developed countries, 16 of them, or over 60% were African: Botswana, Burundi, Chad, Dahomey, Ethiopia, Guinea, Lesotho, Malawi, Mali, Niger, Rwanda, The Somali Republic, Sudan and Tanzania. See *Ceres*, 5, 1 (Jan.-Feb. 1972) p. 13.

   In 1962 the continent received its highest percentage of U.S. economic assistance: 15.8%. See Paul Streeten, *Aid to Africa, a Policy Outline for the 1970's* (New York: Praeger, 1972) Tables 8, 9, 10.

2. See *The Los Angeles Times*, June 14, 1972, Sec. I, p. 4.

3. *Ibid.*

4. See Sydney H. Coontz, *Population Theories and the Economic Interpretation* (London: Routledge and Kegan Paul, 1957) for one of the most systematic and penetrating presentations and critiques of post-Malthusian theory.

5. This equation is used in Dr. R. T. Ravenholt's (Director of the Population Service, Office of the War on Hunger, AID) presentation to the 92nd Congress, 1st Session, U.S. Senate, Committee on Appropriations, Hearings, *Foreign Assistance and Related Programs Appropriations for fiscal year 1972*. (Washington, D.C.: Superintendent of Documents, 1971).

6. William S. Gaud, Administrator (former) AID, Testimony before the 90th Congress, 2nd Session, U.S. Senate, Committee on Government Operations, *Population Crisis*, Hearings before the Subcommittee on Foreign Aid Expenditures, Part 3, February 1, 1968, p. 519. (Washington, D.C.: Superintendent of Documents, 1968). While the above is basically Gaud's argument, it is not unrepresentative of the neo-Malthusian view.

7. See 91st Congress, 2nd Session, House of Representatives, *Foreign Assistance and Related Agencies Appropriations for 1971*. Hearings before a subcommittee of the Committee on Appropriations, Part 2, p. 155. (Washington, D.C.: Superintendent of Documents).

8. See Richard A. Easterlin, "Population growth and Economic Development," *Annals*, 369 (1967); also, Simon Kuznets, "Population and Economic Growth," *Proceedings of the American Philosophical Society*, (111) 170-193, 1967, cited in Harry M. Raulet, "Family Planning and Population Control in Developing Countries," *Demography*, 7, no. 2 (May 1970) pp. 211-234.

And see, Economic Commission for Africa, *Population Growth and Social and Economic Development in Africa* (A Review and Discussion of Country Case Studies) African Population Conference, Accra, December 1971. E/CN.14/POP/46.

9. See for example, Angelea Molonos, *Attitudes Toward Family Planning in East Africa* (Munich: Africa-Studiecentrum, 1968); Jason L. Finkle, "Politics, Development Strategy and Family Planning Programs in India and Pakistan," *Journal of Comparative Administration*, 3, 3 (November 1971) pp. 259-295; D. I. Pool, "The Development of Population Policies," *Journal of Modern African Studies*, 9, 1 (1971), pp. 91-105; *Rural Africana*, no. 14, "Population and Family Planning in Rural Africa," (Spring 1971).

10. Of the ten countries providing assistance for population activities in 1970, only one, Finland, was not a member of OECD.

While the U.S. provides the largest amounts for population assistance, Sweden and Norway surpassed the U.S. effort with 5.39% and 2.69% respectively, of their official development assistance in 1970 going to assistance for population activities.

After the U.S., the rank order of countries providing assistance for population activities in 1970, according to total amounts ($ thousands) was: Sweden, $6,311.0; Germany, $1,525.0; Netherlands, $1,408.0; Denmark, $1,349.0; Norway, $990.0; Japan, $377.8; U.K., $351.1; Finland, $75.0; and Belgium, $10.0.

Source: OECD, *Development Assistance, 1971 Review* (December 1971).

11. This issue has been raised in reference to the "Green Revolution." See Harry M. Cleaver, Jr., "The Contradictions of the Green Revolution," *Monthly Review*, vol. 24, no. 2 (June 1972), pp. 80-111.

12. This is drawn from a report by an AID officer who was closely associated with the development of Ghana's policy.

13. See, for example, *The U.N. Handbook on Public Administration* (New York: U.N. Public Administration Division, 1961).

14. See Footnote 12.

15. Gaud, *Population Crisis*, 1968, *op. cit.*, p. 624.

In 1971, the Pathfinder Fund received 60% of its budget from AID and during the last four years, AID has supplied over 40% of the budget of the IPPF.

16. *Population Crisis*, 1968, *op. cit.*, pp. 629-30.
17. See John C. Caldwell, *Population Growth and Family Change in Africa* (New York: Humanities Press, 1968).
18. Most of the above points are drawn from the source cited in Footnote 12.
19. See Table II which provides a rough indication that those countries ranking "high" on the development scale have relatively successful family planning programs while those ranking "low"--except where AID has been active--do not have family planning programs. No causality is implied, only an interesting relationship.
20. This is related in Pierre Pradervand, *Family Planning Programmes in Africa* (Paris: OECD, 1970).
21. For a more comprehensive description of the project, its history and theoretical underpinnings, see Alfred K. Neumann, M.D., "The Danfa Rural Health and Family Planning Project," mimeo, U.C.L.A., School of Public Health, May, 1971.

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