East African Motherhood after Decolonization

Turned in on
December 13, 2019
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for the class
ANTH 438 Primate Life History Evolution
at
University of Illinois at Urbana-Champaign
taught by
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1 Introduction

In Lambkin's 1908 report on syphilis in the Baganda[1] populace, he describes how this "most naturally civilized, charming, kind, tactful, and courteous of black people" (p. 1022) is suffering from exceptionally high rates of syphilis, averaging around half of the entire population. The cause of this epidemic, so tragically inflicted on one of the continent's less-savage peoples, is blamed squarely on the promiscuity women were free to practice in under the liberation of British colonization. Missionaries had brought Christianity to Buganda, freeing women from the tribal yoke of polygamy and subservience and introducing the liberal Western ideals of turn-of-the-century sexuality. Without the country's former legal punishments for unchastity, they became "merely female animals with strong passions, to whom unrestricted opportunities for gratifying these passions were suddenly afforded" (p. 1023). The solution, he concluded, was in the imposition of Western medicine, specifically outlined in stereotypically British-colonial terms as via the use of local subservient chieftains to control the Baganda at large.

Musisi (2002) outlines how the colonial occupation in Buganda utilized the mask of Western medicine to construct the "other" in Baganda women while simultaneously using women as the harbinger for civilization and progress. For the colonial medical establishment, the aforementioned promiscuity of Baganda women was a cause of the population's decline, which was expected to result in the nation's extinction. Doctors of the time used pelvic measurements of Baganda women to demonstrate how local customs caused their pelvises to become "deformed" in a way ill-suited for reproduction (Cook, 1932-33; in Musisi, 2002, p. 100). This crisis of underpopulation was one only for the Western observer, to whom Buganda was the height of native civilization – being organized as a monarchy analogous to those of Europe – and one whose extinction would be a loss to anthropology and to the greater colonization efforts in British East Africa. In controlling women's actions and creating otherized depictions of their bodies, the medical establishment considered themselves to have "sav[ed] a 'race' that was in danger of going extinct" (Musisi, 2002, p. 109).

2 The Postcolonial Era

The idea of certain civilizations living "backwards" lives in need of improvement towards the Western ideal carried on through decolonization, and in the middle of the twentieth century became the centerpiece of what would come to be called modernization theory. Thinkers in this school placed the impetus of development – defined as the attaining of a Western industrial state – upon the peoples of the Third World. As Tipps (1973) identifies, the language of the "savage" and the "civilized man" disappear, yet the ideological foundation

[1] This name follows Bantu ethnic group naming customs. An individual is "Muganda," the people "Baganda," their language "Luganda," and the country "Buganda"

of nineteenth-century ethnocentrism remains. Modernization theorists "continue to evaluate the progress of nations . . . by their proximity to the institutions of Western, and particularly Anglo-American societies" (Tipps, 1973, p. 206). The new dichotomy is "modern" versus "tradition," where formerly colonized societies must take it upon themselves to eschew established customs and pull themselves up to the rest of the world.

The modernization theory's implications extend far beyond the macroeconomic structure of postcolonial states. Many scholars, dissenting from the neoliberal consensus, have argued that the structural adjustment of the previous half-century has been detrimental to the poorest inhabitants of the developing world in less economically visible ways. Earth (1996) argues that declines in the provision of social services almost always result in an increased load on women's labor. Using the example of water infrastructure in decline in Tanzania, she argues that while dehydration impacts men and women equally, it is women who make up for lack of water sources by traveling to retrieve for their children potable water: the reallocation of social resources "contain[s] an implicit assumption that the process of social reproduction which is carried out by women *unpaid* will continue regardless of the way the resources are allocated" (p. 124, emphasis original).

Discussion of the birth experience in sub-Saharan Africa rarely avoids addressing health education in the region. Sex education in postcolonial Africa is frequently a top-down approach, mediated by the UN and national governments, supplanting traditional forms of education. However, for many African women, this messaging rarely reaches them for reasons of parental inhibitions (Mbugua, 2007) or lack of funding (Agbemenu & Schlenk, 2011). For a third of women, initial knowledge about the pregnancy and birth process comes from firsthand experience of witnessing birth rather than from friends, doctors, or teachers (Chalmers, 1990). As literacy and internet access have improved, so has access to sex education for many East Africans (Meekers, 1995). However, the focus of international and governmental agencies toward funding programs such as provisioning family planning supplies does not address the spread of misinformation about such supplies (Chipeta, Chimwaza, & Kalilani-Phiri, 2010). Notably, the most frequently-visited page on the Swahili Wikipedia every month since January 2016 has been "Ufahamu wa uwezo wa kushika mimba" (trans, "fertility awareness") (Wikimedia Foundation, n.d.). The page has since 2014 contained sections on the differing motility of X- and Y-chromosome-containing sperm cells (Wikipedia contributors, 2014), a belief for which no evidence has been found (Hossain, Barik, & Kulkarni, 2001). Efforts to encourage education in developing nations must consider the diverse ways in which people in a very heterogenous part of the world gain their information and adapt to those challenges rather than top-down approaches.

Although education is certainly a laudable goal, the evidence-based scientific establishment is not beyond reproach. Focuses on maternal health often exist only as a proxy for concern over potential children. While some work has been done to generate a holistic view of how community factors impact the health of infants (Magadi, Diamond, & Madise, 2000), Reiches (2019) describes how Western scientists' focus on a child's growth serves to instrumentalize the mother's body. While not as dehumanizing as the colonial-era pelvic measurements, the Gambian study she describes serves a similar function in both removing African women's agency and in maintaining Western conceptions of the female body.

In my own work on poverty amongst persons with disabilities in Kenya (Leonard, 2019), a refrain I found frequent was the intersection of disability and single-motherhood. Nearly every mother I spoke to in a disability community described having had their male partner flee upon news of a pregnancy, leaving them to take care of the child. While considering the state of single-motherhood as a "problem" in itself (for an example, see Omari, 1995) ignores women's autonomy to choose their family planning, the mothers I spoke to were unanimous in describing their intersecting hardships of motherhood and disability. Women with disabilities are rarely able to find independent employment, and social services in Kenya are so lacking for both people with disabilities and single mothers that most in the community I worked with never left abject poverty.

Another notable dynamic of postcolonial motherhood is the development of long-distance alloparenting. The mechanization of agriculture and simultaneous urban development brought by globalization have all but required many Tanzanians to seek work not in their pastoralist villages but in the growing cities (Cockx, Colen, Weerdt, & Paloma, 2019). Kyomugisha (2015) describes how Tanzanian mothers – unable to support their children in the expensive cities to which they gravitate – often leave children behind with grandparents or other kin, who alloparent while the mother either gains a stable footing or remits money back to the children and their caretakers. At the most extreme end, this distant mothering becomes transnational, where African mothers move to Western nations in a search for enough money for the allocare of their children. Such distant separation, which Kyomugisha (2015) found could be up to seven years, was emotionally difficult

for these mothers, with one describing her coping strategy as "work[ing] so hard that I don't have idle time to think about how I miss my children" (p. 82).

While decolonization has brought with it an end to chattel-style control of East African populations, mothers have still faced hardships in navigating a rapidly changing world. The exploitation of women's bodies in the name of science continues, albeit in a more humane form. International and national efforts to manage population overlook women's actual needs and desires, preferring the provisioning of condoms at public restrooms to real culturally-sensitive education that takes persons with disabilities into account. Western economic hegemony in the neocolonial era requires mothers to rely on allocare just to gain access to the labor market. Even in the face of these intersecting challenges, mothers in East Africa continue to persist and make difficult decisions for themselves and for their children. An approach to development and aid in this region must take mothers' perspectives into account.

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