

## INSTITUTE OF CURRENT WORLD AFFAIRS

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Box 21262  
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GJ-13  
Family Planning in Mauritius

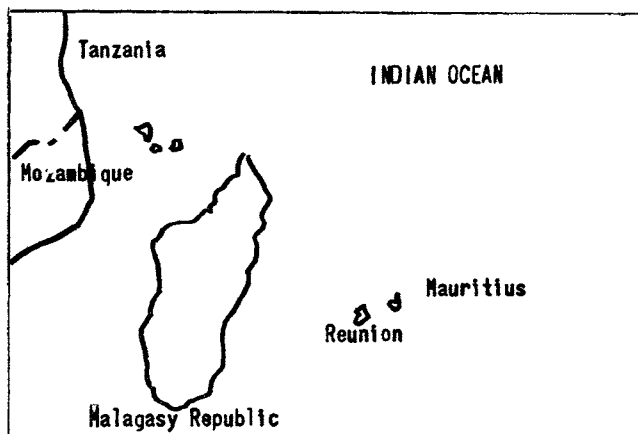
Mr. R. H. Nolte  
Institute of Current World Affairs  
535 Fifth Avenue  
New York, New York 10017

Dear Mr. Nolte:

The problem of population explosion continues to be one of the major issues in many developing countries. High population rates continue to increase despite warnings by experts regarding the impairment of individual rights, jeopardy of national goals, and the threat to international stability. A recent visit to Mauritius, a tiny island in the Indian Ocean, offered me a more comprehensive look at a developing country facing a potential population crisis. (Many of the Family Planning officials in Mauritius disagree with my use of "potential", they feel the crisis is upon them NOW!.)

Mauritius lies 750 miles off the east coast of Africa. The islands of Madagascar and Reunion lie between Mauritius and the African mainland. According to Mr. R.T. Naik, one of my Mauritian hosts and General Secretary of the Mauritius Family Planning Association, the island's population of 820,000 is spread over a 720 square mile area. His quick calculation showed that the population density, 1,140 persons per square mile, is one of the highest in the world.

Over lunch one afternoon, one of the country's noted poets and local newspaper reporters related to me a lengthy but interesting historical account of the early settlement of Mauritius. Mauritius was first discovered inadvertently by a group of sailors who got lost while crossing the Indian Ocean. Eventually, it became a regular stopping off place for many Indian Ocean seafarers. Vasco da Gama, the Portuguese explorer, is one of the most noted of the earlier travelers to have made contact with Mauritius. Although it became quite popular, the island did not become one of



the developed ports-of-call until the early 17th century when the Dutch East Indies Company attempted to establish a small settlement. The company imported slaves from Madagascar and the continent to perform all the manual labor. In spite of the potential wealth to be had from the sea traffic as well as from a priceless forest of ebony, the debilitating conditions of insect infestation, rats, cyclones and pirates proved to be too overwhelming for the Company. Consequently, the Dutch vacated the island which very quickly became over-populated with wild deer and wild pigs. These animals had been previously imported in small numbers from Java. According to written records, it was during this period of time (1638-1710) that the famous Dodo birds also disappeared from the island. (The Dodo bird prior to the coming of man had no natural enemies and thus had no need to fly.) After the Dutch, the French, recognizing the value of Mauritius as a port-of-call for ships traveling to and from India, decided to settle the area. The French after taking over the island renamed it Ile de France. The previous name, Mauritius, had been given by the Dutch in honor of their ruler, Prince Maurice of Nassau in 1598.

Under the guidance of its new governor, Mahe' de Labourdonnais (1734-1746), the island grew from a population of a few hundred to over 3,000 in 1746. Thirty years later, the population had risen to almost 66,000, which included 50,000 slaves from Madagascar and Africa. During the administration of Labourdonnais, sugar cane production began to develop on a small scale. Little did Labourdonnais know that sugar would someday be the mainstay of the island. During the earlier years of the reign of the French East Indian Company, a contingent of pirates plagued the northern section of the island. Among the more noted pirates was the infamous LaBuse. "Even now, on any given day", my poet friend reported, "one can still see treasure hunters diligently digging on the beaches of Mauritius hoping to find buried treasures supposedly left by LaBuse and his comrades".

After a series of battles, mostly related to the Anglo-French wars, the British (1810) conquered Ile de France and renamed it Mauritius. As did other British possessions, Mauritius began to flourish during the 19th century. In 1833 the population grew to over 100,000 people. Sugar production increased due to the introduction of better methods of cultivation, better roads, and a new intra-island railroad system. The only setbacks during the mid-19th century resulted from cholera and malaria epidemics, and a devastating cyclone.

The British abolished slavery in 1835 at which time the slave population made up almost  $\frac{3}{4}$  of the total population. The abolition had grave consequences. Not only were the British forced into paying two million pounds to the former

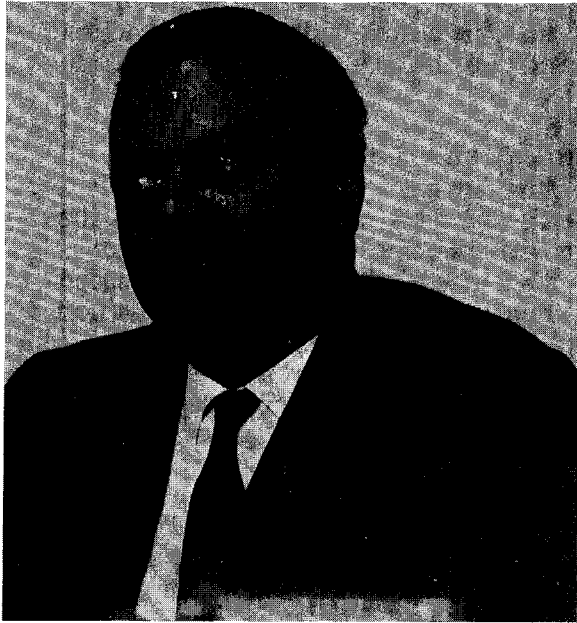
slave owners, but the flourishing sugar industry lost the majority of its manpower. The greater portion of the former slave population refused to remain on the plantation. Consequently, sugar plantation owners had to go to India for replacements. The immigration of the Indians to Mauritius caused the total population of the island to increase six-fold. The population in 1861 neared 320,000 and so began the population problem in Mauritius.

The present ethnic composition of the island continues to reflect the historical needs of the sugar industry. Over 65% of the population are descendants of the Indian immigrants. They have maintained their position as laborers on the sugar plantations. A little over 25% of the population are of mixed European and African descent. The remainder of the population are mainly made up of peoples of Chinese extraction. The Chinese population own and operate most of the retail shops in and around Port Louis, the capital of Mauritius. Those persons of African descent are found mainly in service and governmental positions.

The religious breakdown of the island pretty much follows ethnic lines. The dominant religion is Catholicism. The Indian population is divided into two sectors, Hindi and Muslim and the Chinese are mainly Catholic and Buddhist.

At the end of 1970, the Mauritius Family Planning Board recorded that 56% of the population of Mauritius was under 21 years of age and 41.9% under 15 years. They went on to report that approximately 190,000 women, comprising over 20% of the total population, were in the reproductive age group. It is to this segment of the population, of course, that most of the family planning programs are being directed.

Until the middle of the 20th century population increase was little threat to the Mauritian economy because of the high mortality rate. Diseases such as malaria and hookworm served as natural population controllers. However, improved methods of cure and prevention of these diseases had a marked effect on the balance between births and deaths. The population increase became so pronounced that during the early 1950's the Mauritian government commissioned a committee to do an official census. The committee was also asked to find out what effect this sharp growth if continued would have upon living conditions. The population committee after two years recommended as its number one priority that the Mauritian government initiate a family planning program. The program did not begin until two years after the report. The first efforts did not come from the government but from a small group of citizens led by Mr. R.T. Naik, my informant, and an American sociologist, Dr. B. Benedict, who at that time was engaged in research in Mauritius. Despite this immediate follow-up of the committee's



Mr. Naik



Port Louis



Staff Physician

suggestion, the government did not officially recognize the newly formed family planning association. However, this lack of acknowledgement did not deter the spirit of the movement. The aims and objectives were formally instituted and handed on to ten branch representatives.

The contents were as follows:

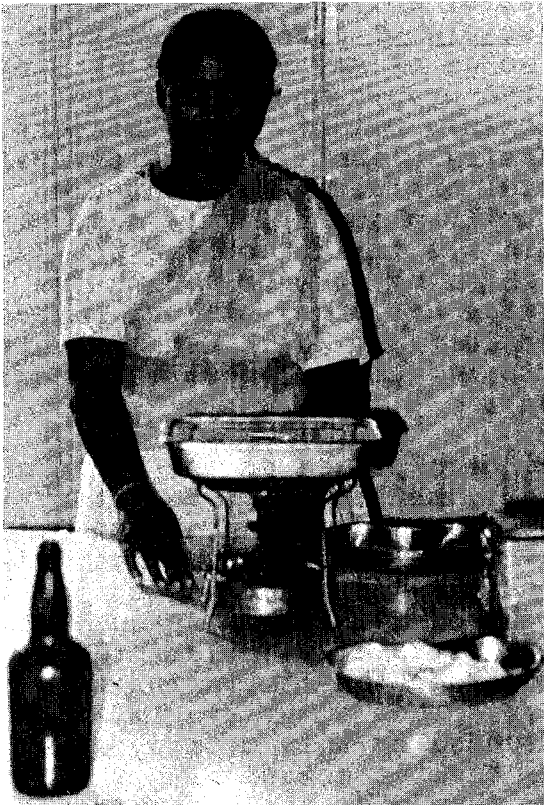
1. To impress upon the public the necessity for family planning and to give guidance on reliable methods of achieving it.
2. To work for the establishment of centers where married couples can get advice on:
  - a. spacing of children
  - b. the use of scientific contraceptive methods
  - c. treatment for childless couples desiring to establish a family
  - d. marriage problems
3. To collect and disseminate information and statistics relating to family planning.
4. To foster and develop contacts with organizations engaged in similar work in Mauritius and abroad, and to establish branches of the organization.

The first program of the organization, a clinic in one of the outlying regions, was unsuccessful and was closed after one year. Its service had consisted solely of distributing Volpar foaming tablets and giving a few words of advice. The closing of the center did not discourage the proponents of family planning--nor did it make its opponents relent. For the next two years government officials, family planning advocates, religious groups, as well as many social organizations kept the debate, whether there should be family planning, very much alive. The Catholic church tactically used its influence over the majority of the population to oppose planning schemes. With the exception of one newspaper (Mauritius has nine) all the papers were bitterly opposed to birth control. Mr. Naik, shaking his head while reporting these facts to me, said, "these were real dark days for me and my colleagues".

Then, after much pressure had been placed on the legislative assembly of Mauritius by both sides, the Financial Secretary in a budget presentation made an unprecedented motion and statement to the council. He said, "the government has decided to implement a policy of planned population control. In other words, the government will put the whole weight of its resources and authority behind a policy of family planning, officially implemented. The core of that policy will be to encourage the limitation of families to three children only....." Not surprisingly, the opposition although momentarily stunned by this motion, sprang back with renewed resistance. The Muslims joined with the Catholics to oppose the motion. Rather than risk the motion's defeat,



Local Clinic



Clinic Staff

one of its advocates moved that the bill be tabled until another group, which had been commissioned to do a social and population survey of Mauritius, completed their investigation. The second group also recommended the formation of family planning program but went further by saying that the family program, in order to succeed, had to be complementary in three areas: family planning, economic development, and social stability. Specific guidelines were also submitted by the committee. The question still remained, would the government support methods of birth control other than the rhythm method? The government finally gave in by stating that it officially recognized the Mauritius Family Planning Association, (MFPA)--only after the Catholic church had given sanction. Operationally, this acceptance of the Family Planning Organization opened up new international sources of income and support for the organization. Foundations and funding began coming in from such groups as the Ford Foundation, the International Development Authority, Planned Parenthood Federation, Swedish International, and the United States Aid for International Development. Family planning in Mauritius took a big step forward.

At present there are 62 clinics in operation. In addition, there are twenty-five centers that supply contraceptives. The organization, the Mauritius Family Planning Association, is managed by: an executive, an assistant executive, one medical director, five full-time doctors, 16 nurses, 63 social workers, five male field workers and five supervisors. The managing board of the MFPA consists of 19 members, 14 of whom are elected--the board meets once a month. As of last year the center had served over 41,000 clients. Mr. Naik gave the following work load breakdown according to ethnic and age groups. The Hindus had the largest attendance with 20,823 clients. The general population and the Muslims were next with 11,856 and 7,692 clients respectively. There were 846 Chinese clients.

AGE GROUPS

15-19	20-24	25-29	30-34	35-39	40-49	45-above
1,594	7,726	10,518	9,393	7,000	3,793	1,257

The clientele of the MFPA who are on sustained contraceptive methods number 20,654. The breakdown of methods is as follows:

Contraceptive pills	14,501
Intra Uterine Devices	2,652
Condoms	1,549
Depo Provera	216
Other methods	1,706

The clinics, although stocking most of the modern contraceptive devices, advocate the use of the pill and the I.U.D. As can be seen by the above data, the pill at present is experiencing much more popularity than the I.U.D. When I inquired



as to why the big difference, one of the local doctor's said that at the time of introducing the I.U.D., the French and the Creole word used to describe the device distorted the size of the coil to the degree where women were most reluctant to consider it. Secondly, the use of blown-up pictures of the coil caused further anxiety. According to the doctor, the women's image of the device resembled an object the size of a quart container. Intensive campaigns using new Family Planning publicity techniques have been most helpful towards breaking down these misconceptions.

Throughout the year the MFPA sponsors a variety of programs which are geared to answer some of the general questions asked by people who are uninformed about the aims and goals of family planning. Lectures, plays, movies, and oral and written contests are constantly used to gain public interest and support. Lectures have been developed for males as well as females summing up the benefits of a planned parenthood program. High schools are also beginning to show interest by asking MFPA to send speakers and movies. The Ministry of Information lends its Mobile Cinema Unit to the MFPA. Locally made movies and Walt Disney films on family planning (with voices dubbed in Hindu and French) are quite popular. The movies attempt to focus on the more relevant issues such as cost, methods, and effects of the different practices of family planning.

The newest program on the island, one which has been most effective in informing its citizens, has been the introduction of family planning records. Engaging the talents of song writers, the MFPA has taken family planning themes and incorporated them into the musical style of the area. One of the local Madagascan groups has already cut ten such records for the MFPA. Songs are sung in Bhojpuri and Creole. According to some of the officials, the request for the records from cinemas, hotels, social welfare centers, village councils, and other public institutions have been most encouraging.

As we concluded our talks on Family Planning in Mauritius, Mr. Naik indicated that although they had worked extremely hard to get to their present level of operation, advancement in the future would require an even greater effort. It is envisioned that the government, through the Ministry of Health, will make the Family Planning Association one of its legal sub-units. This move, said Mr. Naik, would not only give more visibility to the efforts of the MFPA but would also increase their budget considerably. In spite of the "red tape" that will inevitably ensue other people on the island also felt this move to be a wise one. In order to strengthen the program as it comes under governmental jurisdiction, Mr. Naik offered the following eight suggestions for immediate implementation:



- A. Discouraging of early marriages before 16 years of age.
- B. Legalizing of all religious marriages so that more reliable statistics and information regarding couples in the country could be made available.
- C. Find ways and means to raise the status of women in the country.
- D. The formulation of the new national fiscal policy should take into account the population growth in the country.
- E. The World Food Programme should be used as an incentive for further popularizing the family planning campaign in the country.
- F. A liberal legal view on abortion be considered as a means for fighting quacks and saving many women from complications and fatalities. A strong case should be made for legalizing abortion especially in cases of undesired pregnancies arising out of the failure of contraceptives to work.

The future of the Mauritius Family Planning Association as I see it, will not rest solely with the developing skills of its technicians nor the persuasiveness of its literature, but through the integration of its program with the total life cycle of the people. Family planning personnel should be as interested in new forms of agrarian development as they are in developing a new morning after pill for women. The MFPA should be as keen on helping to exploit the job market as they are on manufacturing a hormonal injection for men.

In several countries I have visited, I have witnessed written commitments by family planning personnel regarding participation in the country's total program but as yet I have not seen any active movements. Perhaps Mauritius will be the first.

Sincerely,



George Jones

Received in New York on August 16, 1971