

‘Women Know Their Place’:

Gender and the Politics of Public Health in Twentieth-Century Senegal

By

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Abstract

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This dissertation examines how the politicization of women’s reproductive health and fertility presented new opportunities for women to assert themselves socially as well as politically. From colonial policies designed to encourage maternity births during the 1920s and 1930s to contemporary efforts to promote the use of family planning and birth control among Senegalese women, maternal and infant health initiatives transformed women’s relationship to the state. Using these interventions as a backdrop, this project explores the ways that women have appropriated the language of development to make wider claims about their roles in Senegalese society. These findings challenge the common assumption that public health interventions impose hierarchies of race, class, and gender. Instead, they emphasize how Senegalese women transformed their positions of subordination into platforms for social and political change. By embracing rather than eschewing their roles as wives and mothers, women thus carved out new spaces of authority and power.

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Dedicated to Kay Cole (1946-2008)

INTRODUCTION

On March 7, 1945, a thronging crowd gathered in the Senegalese city of Saint-Louis. The protest was one of many that followed the publication of a decree, passed on 19 February 1945, barring Senegalese women from voting alongside European women in the upcoming elections. Speaker after speaker urged the scores of women assembled to take action, and if necessary to seize their rights by force. For example, Anta Gaye exhorted the largely female crowd to take to the streets the day of the elections and block European women from the polls if the Senegalese were refused the right to vote. Meanwhile Senegalese politicians fervently appealed to French officials in both Senegal and Paris to repeal the law.

Over the course of the next few weeks, the protests continued, drawing larger and larger crowds comprised primarily of women and youth. The presence of women at these political rallies and protests was not at all unusual. In fact, opponents of the law often cited the longstanding role that women played in political life as a justification for Senegalese women's right to vote. As one open letter to the Governor-General noted:

Senegalese women, though ineligible to vote, have always been interested in politics; in the communes where voting rights and citizenship had been granted, they formed, during the elections, coalitions or associations which demonstrated openly and at times passionately for their political views.¹

Pape Gueye Fall similarly recalled episodes from his childhood demonstrating that although women did not vote they made their political preferences clear.

Women took part in political committees and harangued men the day of the election. I remember, as a child, the processions of women travelling along the principal arteries of the city of Saint-Louis, singing songs that they had composed praising their candidate of choice while deriding their adversary.²

Fall even recollected one instance where the police were sent in to disperse the crowds of women who had descended upon the city hall in eager anticipation of the election results. These instances of women's political activism countered the arguments proffered by French officials that women did not understand the political process or were ignorant of the issues at stake in these elections.

The militancy of these protests and the fear of further violence and instability in the colony, quickly prompted officials to reconsider their position on the matter. Sensing the intractability of the situation, Governor General Cournarie wrote to the minister of the colonies in Paris on April 12 to encourage the government to repeal the law and grant voting rights to all French citizens regardless of race or extraction. Referring to a temporary lull in protest activity, Cournarie argued that:

¹ Quoted in Jean Lacroix and Saliou Mbaye, "Le Vote Des Femmes Au Senegal," *Ethiopiennes - Revue Negro-Africaine de Littérature et de Philosophie* 6 (1976): 26-43.

² Quoted in Ibid.

Awarding the right to vote to Senegalese women in this current period of marked calm would evoke a sincere sentiment of gratitude toward France, and would bar the inroads of foreign propaganda, which is not without concern at this moment when we are preparing to meet in San Francisco for the [United Nations] conference.

Responding to these concerns the Minister of the Colonies, Paul Giacobbi, wrote back to Cournaire several days later to inform him that he had put forward a new decree which would annul article 4 of the decree of 19 February 1945, and replace it with language that granted all French citizens the right to vote regardless of gender, race, or place of birth. The protesters thus achieved a monumental victory in their struggle to secure civil and political rights.

The events that followed the 19 February decree signaled an important shift in the political terrain. The French, having just defeated fascist forces in Europe, now encountered a changed political landscape where the domination of one race over another was ideologically untenable. Seizing upon these contradictions in French policy, Senegalese men and women used this opportunity to not only secure the rights they had already won over the past century, but also to press for greater political representation and recognition within the empire. Indeed, the overwhelming outcry against this law revealed just how contentious the issue of civil status and political rights was for urban Senegalese, who had spent decades fighting to secure their status as French citizens.

While historians have recognized the landmark significance of this victory in terms of the struggle for independence in Senegal, its significance in terms of women's political history has largely gone unrecognized. Indeed, women's groups and other political associations were instrumental in the struggle for greater political rights and representation, yet traditional political histories often ignore or overlook women's agency in events such as these. Even the most attentive reading of women's involvement in the protests that followed the 19 February 1945 decree does little to contextualize women's reactions to the decree or its impact on women's mobilization beyond the immediate aftermath of these events.³ Undoubtedly, Senegalese women had their own motivations for participating in these protest movements, motivations that went beyond the stated objectives of the predominantly male political leadership. Furthermore, women's mobilization against the February decree was not an isolated event but rather part of their larger engagement with local as well as imperial politics. This event thus challenges us to think more carefully about Senegalese women's political agency; more specifically, how did Senegalese women's relationship to the state change during the colonial and postcolonial periods and what strategies did they use to advocate for their own political and social advancement.

In contrast to feminist movements in the United States and Europe, which have promoted women's rights through the language of equality, female activists in Senegal have largely expressed their claims to political and social authority through idioms of sexual difference. As Aissatou Mbodj explains, "when we speak of equality it is not equality, in short, but the equality of rights, because God has created us different."⁴ Thus even as Senegalese activists like Mbodj advocate for equality before the law, they have maintained that husband and wife have distinct

³ Ibid.

⁴Quote in Nadine Sieveking, "'We Don't Want Equality; We Want to Be given Our Rights': Muslim Women Negotiating Global Development Concepts in Senegal," *Africa Spectrum* 42, no. 1 (2007): 41.

roles to play in the reproduction of the household. While some scholars have criticized this strategy as reaffirming patriarchal norms through appeals to conservative cultural and social values,⁵ others have argued that these semantic distinctions reflect a concerted strategy on the part of Senegalese women to assert their rights while continuing to hold men financially accountable for supporting the household.⁶ In either case, the gendered language of women's political advocacy reveals how Senegalese women have navigated the social and cultural constraints imposed by a wider Senegalese society, while also seeking to broaden their sphere of social, political and economic autonomy.⁷

This dissertation traces Senegalese women's involvement in political life over the course of the twentieth century, examining how the politicization of women's reproductive health and fertility presented new opportunities for women to assert themselves socially as well as politically. From colonial policies designed to encourage maternity births during the 1920s and 1930s to contemporary efforts to promote the use of family planning and birth control among Senegalese women, maternal and infant health initiatives transformed women's relationship to the state. Using these interventions as a backdrop, my project explores the ways that women have appropriated the language of development to make wider claims about their roles in Senegalese society.

Colonial Medicine and the History of Health and Healing in Africa

The domain of public health provides an intriguing backdrop to the story of women's political and social mobilization. The past couple of decades have marked the rapid expansion of the literature on the history of medicine in Africa, particularly colonial medicine. Contributing to a larger body of work on the social history of medicine, historians such as Meghan Vaughan, Randall Packard, and Marinez Lyons have proved that "medical thought and practice are rarely free of cultural constraint, even in matters seemingly technical."⁸ More importantly though, their respective works reveal how the explanatory power of disease holds significant social and well as political implications, and is therefore important for understanding the operation of medicine in modern African history.

As Meghan Vaughan has so eloquently demonstrated, biomedical concepts of disease contributed to the peculiar objectification of "the African" as "patient." This process of objectification was important because it not only framed the objectives of colonial medical

⁵ Hawa Kane and Oumar Kane, "Naissance Du Mouvement Féministe Au Sénégal : La Contribution Pionnière de Yewwu-Yewwi," *Féminétudes: Les Pratiques Féministes* 17, no. 1 (2012): 46–52.

⁶ Nadine Sieveking, "'We Don't Want Equality; We Want to Be given Our Rights': Muslim Women Negotiating Global Development Concepts in Senegal," *Africa Spectrum* 42, no. 1 (2007): 29–48; Beth Anne Buggenhagen, "Prophets and Profits: Gendered and Generational Visions of Wealth and Value in Senegalese Murid Households," *Journal of Religion in Africa* 31, no. 4 (November 1, 2001): 373–401.

⁷ Susan Hirsch makes a case for exploring the gendered language undergirding women's efforts to challenge male authority in her work on coastal Kenya. see S.F. Hirsch, *Pronouncing & Persevering: Gender and the Discourses of Disputing in an African Islamic Court* (Chicago: University of Chicago Press, 1998).

⁸ Charles E. Rosenberg, ed., *Framing Disease: Studies in Cultural History* (Rutgers University Press, 1992).

interventions but also informed the logic of colonial power.⁹ As Vaughan explains, “the power of colonial medicine lay not so much in its direct effects on the bodies of its subjects (though this was sometime significant) but in its ability to provide a ‘naturalized’ and pathologized concept of ‘the African’ and an account of the effect of social and economic change which was plausible and socially relevant to colonial administrators and, at various points, to individual Africans themselves.”¹⁰ By portraying Africans as sick and in need of medical intervention, the objectification of “the African as patient” not only provided a convenient justification for coercive and heavy-handed public health policies, but further it gave political as well as moral legitimacy to imperial rule.¹¹

Maryinez Lyons makes a similar point about the utility of studying disease. As she demonstrates through her research on the history of sleeping sickness in the Belgian Congo, diseases can serve as “mirrors” of history, for they often capture the spirit of an age, or in other words, the cultural and social context of the times. As Lyons suggests in her book, European and African understandings of sleeping sickness were profoundly shaped by the changes brought by colonial conquest and expansion. Controlling sleeping sickness was thus part and parcel of the larger imperial project, which sought to establish political and cultural dominance. By studying disease and human responses to disease, we can thus better understand how peoples of the past understood their world. Nevertheless, these discourses, while powerful ideological tools, were anything but hegemonic.

While the study of disease offers an entry point for African social history, histories of “colonial medicine” provide only limited insight into the complexities of these encounters. Indeed, this problem is best summed up by Frederick Cooper in his article “Conflict and Connection: Rethinking Colonial African History.” Commenting on the potential impact of the subaltern studies movement for African studies, Cooper urges his fellow historians to adopt a more expansive and nuanced view of colonial African history:

The difficulty is to confront the power behind European expansion without assuming it was all-determining and to probe the clash of different forms of social

⁹ As Vaughan argues “medicine and its associated disciplines played an important part in constructing ‘the African’ as an object of knowledge, and elaborated classification systems and practices which have to be seen as intrinsic to the operation of colonial power.” Megan Vaughan, *Curing Their Ills: Colonial Power and African Illness* (Stanford: Stanford University Press, 1991), 8.

¹⁰ *Ibid.*, 25.

¹¹ In addition to Vaughan, *Curing Their Ills: Colonial Power and African Illness.*, see also Randall Packard, *White Plague, Black Labor Tuberculosis and the Political Economy of Health and Disease in South Africa* (Berkeley: University of California Press, 1989); Maryinez Lyons, *The Colonial Disease: A Social History of Sleeping Sickness in Northern Zaire, 1900-1940* (Cambridge, UK: Cambridge University, 1992); Myron Echenberg, *Black Death, White Medicine: Bubonic Plague and the Politics of Public Health in Colonial Senegal, 1914-1945* (Portsmouth NH: Heinemann, 2002); Luise White, *Speaking with Vampires: Rumor and History in Colonial Africa* (Berkeley Calif.: University of California Press, 2000); Kalala Ngalamulume, “Keeping the City Totally Clean: Yellow Fever and the Politics of Prevention in Colonial Saint-Louis-Du-Senegal, 1850-1914,” *Journal of African History* 45, no. 2 (2004): 183–202, doi:English.

organization without treating them as self-contained and autonomous. The binaries of colonizer/colonized, Western/non-Western, and domination/resistance begin as useful devices for opening up questions of power but end up constraining the search for precise ways in which power is deployed and the ways in which power is engaged, contested, deflected, and appropriated.¹²

In this respect, Cooper's challenge to rethink the binaries of "colonized and colonizer" has drawn attention to the complexities of African agency under colonial rule. As Cooper argued, African responses to colonialism cannot be reduced simply to collaboration or resistance. Rather, as Cooper put it, we must interrogate the ways "power is engaged, contested, deflected, and appropriated."¹³

Too often health interventions have been analyzed solely as tools of social control, with their reception perceived starkly as either resistance or collaboration. Responding to this challenge, my research examines Africans' engagement with the state by examining their relationship to the public health system. In particular, I explore why Africans sought care from institutions, which were not only culturally alien but also politically suspect. Each chapter focuses on a specific health intervention or policy, examining the political and social contexts that informed the formulation as well as reception of these health measures. For example, chapter one, which charts the evolution of the colonial maternity, explores how the hospital became a site of contest in the struggle to maintain and defend access to citizenship and political rights at a time when administrators were expunging Africans from the voting rolls. Chapter two explores how generational shifts helped to alter attitudes towards French education, particularly girls' education. Chapter three examines how the development of female professionals challenged normative assumptions about the respective roles of husbands and wives, while chapter four considers how concerns about development and women's rights tracked with issues such as fertility, family size, and reproductive health. Drawing upon archival documentation, oral interviews, and other ephemeral material such as photographs, posters, and pamphlets, collected in Senegal, France and the United States, I flesh out the political and social contexts that framed popular reception of these health initiatives, and illustrate how women transformed the rhetoric of these health policies into a broader platform for advancing the social and political status of women in Senegal.

Gender, Health and the Politics of Reproduction

Though historians have examined the gendered implications of health policy in the context of British and Belgian colonial rule, no comparable study exists for Senegal or Francophone Africa.¹⁴ This study attempts to fill that lacuna in the historical scholarship. In

¹² Frederick Cooper, "Conflict and Connection: Rethinking Colonial African History," *The American Historical Review* 99, no. 5 (December 1, 1994): 1517, doi:10.2307/2168387.

¹³ Ibid.

¹⁴ For French West Africa, there have been some important contributions in this direction such as Alice Conklin, "Redefining 'Frenchness': Citizenship, Race Regeneration, and Imperial Motherhood in France and West Africa, 1914-1940," in *Domesticating the Empire: Race, Gender, and Family Life in French and Dutch Colonialism*, ed. Julia Ann Clancy-Smith and Frances Gouda (Charlottesville, VA: University Press of Virginia, 1998); Jane Turrin, "Colonial Midwives and Modernizing Childbirth in French West Africa," in *Women in*

particular, it examines the intense preoccupation with issues surrounding reproductive health and family planning, and its impact on defining health and social policy in both colonial and postcolonial Senegal.

The narrative of this history begins in late 1910s and early 1920s as the government of French West Africa enacted new health policies focused on maternal and infant health. In this respect, the history of maternal and infant health policy in Senegal and the wider Federation of French West Africa closely resembled that of other colonies, such as the British colonies of the Gold Coast and Uganda, as well as the Belgian Congo. As Jean Allman, Carol Summers, and Nancy Rose Hunt demonstrate in their respective works, maternal and infant health policies were part and parcel of a larger imperial agenda: to promote the economic as well as social development of the colonies. In particular, colonial administrators across the continent expressed anxieties about declining in population growth in their African colonies, which in turn affected the supply of African labor for colonial enterprises. These economic concerns prompted greater attention to the health and well-being of African populations, and as a result ushered in the expansion of public health institutions, such as the building of clinics, maternity wards, and medical schools. However, they also brought new attention on the social and cultural contexts that administrators perceived to be at the heart of Africans' poor health.

Women were at the center of this new population health agenda for obvious reasons. For one thing, women represented the locus of biological reproduction, so in addition to interventions around childbirth, administrators also took a keen interest in issues of female fertility and sexuality in their efforts to promote population growth. For instance, the impact of sexually transmitted disease on women's fertility as well as early infant health posed a major concern for colonial administrators and thus comprised a major focus of health policy from an early date.¹⁵ More fundamentally, though, women played a key role in the reproduction of the household, and therefore were instrumental to fostering the types of social and cultural

African Colonial Histories, ed. Susan Geiger, Nakanyike Musisi, and Jean Marie Allman (Bloomington: Indiana University Press, 2002), <http://hdl.handle.net/2027/heb.04111>; Alice Conklin, "Faire Naitre v. Faire Du Noir: Race Regeneration in France and French West Africa, 1895-1940," in *Promoting the Colonial Idea Propaganda and Visions of Empire in France*, ed. Tony Chafer and Amanda Sackur (Houndmills, Basingstoke, Hampshire ; New York: Palgrave, 2002), 143–55; Pascale Barthélémy, "Sages-Femmes Africaines Diplômées En AOF Des Années 1920 Aux Années 1960: Une Redéfinition Des Rapports Sociaux De Sexe En Contexte Colonial," in *Histoire Des Femmes En Situation Coloniale: Afrique et Asie, XXe Siècle*, ed. Anne Hugon (Paris: Éditions Karthala, 2004), 119–71; Pascale Barthélemy, *Africaines Et Diplômées À L'époque Coloniale, 1918-1957* (Rennes: Presses Universitaires de Rennes, 2010). Notable works on British and Belgian colonies include Nancy Rose Hunt, *A Colonial Lexicon of Birth Ritual, Medicalization, and Mobility in the Congo* (Durham, NC: Duke University Press, 1999); Lynn Thomas, *Politics of the Womb: Women, Reproduction, and the State in Kenya* (Berkeley: University of California Press, 2003); Carol Summers, "Intimate Colonialism: The Imperial Production of Reproduction in Uganda, 1907-1925," *Signs* 16, no. 4 (July 1, 1991): 787–807; Tabitha Kanogo, *African Womanhood in Colonial Kenya, 1900-50* (Oxford ; Nairobi ; Athens: James Currey; EAEP; Ohio University Press, 2005); Jean Allman, "Making Mothers: Missionaries, Medical Officers and Women's Work in Colonial Asante, 1924-1945," *History Workshop*, no. 38 (1994): 23–47.

transformations administrators saw as necessary for the long-term social and cultural development of the “indigenous” population; to that end, clinics, schools and other public health institutions were to provide a means of transforming superstitious and uncivilized subjects into “sanitary citizens.”¹⁶ Interventions into maternal and infant health were thus closely wedded to the cultural politics of colonial rule.

While interventions into women’s health were often couched in medicalized language, they had far-reaching social implications. In the British Gold Coast, for example, Jean Allman demonstrates that maternal and infant health policies were as much about restoring the social order of the household as they were about medical concerns such as infant mortality or domestic hygiene. More specifically, Allman insists these policies were a direct response to the “gender chaos” that followed the introduction and expansion of cocoa production during this period. French colonial administrators similarly invoked both the biological as well as the social implications of health policy. They too were interested in making better wives and mothers as a means to promote the social equilibrium of the household along “traditional” lines, but they also struggled to reconcile these policies with the cultural and political imperatives of the French civilizing mission (fr. *mission civilisatrice*). Indeed, these concerns reveal themselves in the colonial record in the form of studies exploring issues of girls’ education, marriage practices, household health and nutrition, and female and child labor. What is less clear from these reports is how African actors, and in particular women, understood these interventions into their intimate, daily lives.

As Carol Summers suggests for colonial Uganda, “social programs ... were not mere sideshows to the public politics and economic maneuvering of imperialism. They were integral to the holding of power.”¹⁷ Nevertheless, the object lessons of these policies -- the instruction in homemaking and needlepoint, the tips on pancake making, and the lessons in child bathing and nutrition – did not always have the impact that administrators or missionaries had hoped for. As Allman so artfully illustrates through her interviews, Asante women did not always fully understand or appreciate the implicit assumptions behind these measures; thus, the most potent symbols of the transfer of Western notions of hygiene and domesticity – the wash basins and pancakes intended to make them better wives and mothers – became novel artifacts of the encounter with European missionary women. Indeed, as Nancy Rose Hunt illustrates in her work on the Belgian Congo, these entangled objects of colonial rule can quickly take on a life of their own.

In *Colonial Lexicon*, Nancy Rose Hunt examines the complexities of the colonial medical encounter. In particular, she examines the role of nurses, midwives and other “middle figures” involved in translating colonial biomedicine into practice. In the process, Hunt demonstrates the layered meanings of the colonial medical encounter, situating how imported objects such as forceps and bicycles became tangled up in local webs of meaning. In this way, Hunt analyzes the ways in which Africans at the Yakuzu mission made sense of their experience of biomedicine and its implications in terms of an expanded lexicon, which included both foreign as well as local idioms of power.

Inspired by the complexity and texture of Hunt’s narrative, this dissertation explores the entangled webs of meaning that surround the issues of fertility, sexuality, and household

¹⁶ Charles L Briggs, *Stories in the Time of Cholera Racial Profiling During a Medical Nightmare* (Berkeley, Calif: University of California Press, 2003).

¹⁷ Summers, “Intimate Colonialism,” 805.

relations. In particular, I use the analytic of gender to explore how the realm of the personal and the political are intimately bound up in government interventions into reproductive health and family planning. As Joan Scott suggests, gender does not simply describe the relationship between the sexes, but how this relationship is implicated in larger discourses about power and authority: “gender is a constitutive element of social relationships based on perceived differences between the sexes, and gender is a primary way of signifying relationships of power.”¹⁸

Nevertheless, as Lynn Thomas illustrates in her work on the issue of female circumcision in Kenya, these gender identities are cross-cut by other forms of social and political affinity, such as those based on generation, kinship, and even race. Building from Thomas’ theorization of “the politics of the womb,” this dissertation likewise explores how reproductive health interventions helped to destabilize and disrupt the supposed “equilibrium” of household life, and engendered new struggles and debates over the nature of household and family relations.¹⁹

Structure of the Argument

Organized chronologically as well as thematically, each chapter recounts the story of a health intervention or policy and its implications for redefining gender discourse. In Chapter one, “Birth of the Clinic,” I argue that Senegalese women used maternal and infant health services as a vehicle for securing political rights. Situating the rise in prenatal consultations and hospital births against the backdrop of debates about cultural assimilation and citizenship in Senegal and the Four Communes, this chapter illustrates how Senegalese men and women made the hospital a site for social and political advancement within the context of colonial rule. Chapter two, “Making Better Wives and Mothers,” explores the legacy of girls’ education for redefining women’s social and professional trajectories within as well as outside the traditional household. Chapter three, “From Household to Hospital,” considers how women’s entry into the health profession as nurses and midwives fueled debates about gender identity, women’s work, and working women, particularly as female professionalization threatened to undermine the logic of the “male breadwinner.” Finally, chapter four, “From Faire du Noir to Family Planning,” examines the reception of family planning in postcolonial Senegal in terms of women’s evolving role in relation to development policy. In each of these cases, policies crafted largely by male authorities for the purpose of preserving the health and well-being of the family provided the fodder for women to challenge their subjection to male authority.

¹⁸ Joan W. Scott, “Gender: A Useful Category of Historical Analysis,” *The American Historical Review* 91, no. 5 (December 1986): 1053–75, doi:10.2307/1864376.

¹⁹ For an explanation of how Thomas uses “politics of the womb” see Thomas, *Politics of the Womb: Women, Reproduction, and the State in Kenya*, 3–6.

CHAPTER ONE

Pronatalist Politics and the Birth of the Clinic in Colonial Senegal



Figure 1.1: Photograph of the Polyclinique Roume in Medina, Dakar, Senegal, FR CAOM 30Fi25/12, Archives Nationales d’Outre Mer <anom.archivesnationales.culture.gouv.fr>

In his annual report for 1935, Inspector-General of the Health Services for French West Africa (AOF) trumpeted the progress made by the *Assistance Medicale Indigene* that year. In particular, he singled out the work of Polyclinique Roume of Dakar (Figure 1.1), touting its beauty as well as its success in attracting an increasing number of patients for its maternal and infant health services. During the past year, he observed that 1,814 pregnant women, “moved by the ardent desire to do everything in order to keep their offspring healthy,” came for prenatal consultations. The section for infant consultations was equally “well-patronized,” he noted, with 8,613 babies receiving care during this same period. Thus, along with other maternal and infant health services, the total number of consultations surpassed 29,000 for that year alone. Figures for the wider colony of Senegal were equally heartening, with 6,000 pregnant women coming for prenatal consultations, in addition to 38,000 consultations for infants aged 0-2 and 55,000 consultations for children between 2-5 years old. According to the Inspector-General as well as other officials on the ground, these figures indicated not only the growing faith in Western medicine, but more specifically an increasing demand for maternal and infant health services. However, the encounter between French medical institutions and local healing practices was far more complex.

The sharp rise in the number of prenatal and infant consultations relative to the anemic growth in the number of maternity births reflected the complicated push and pull exerted by colonial institutions. For example, although Senegalese were quite willing to integrate the medicine and advice offered at government-operated clinics and dispensaries into their own

repertoires of healing practice and medicine, their appropriation of Western medicine was highly selective. Why did the number of infant and child consultations far exceed the number of prenatal exams and maternity births? How did issues of status and class influence the use of maternal and infant health services? While officials portrayed the introduction of French medicine to Senegal in stark terms, as a battle between science and superstition, they failed to recognize how struggles over political rights and citizenship shaped Africans use of the colonial health services.

As this chapter will argue, Senegalese women used maternal and infant health services as a vehicle for securing political rights. Following World War I, the French passed legislation attempting to strip inhabitants of the Four Communes of their political standing as citizens in a larger French empire. In particular, this legislation introduced cultural qualifications that made it more difficult to claim citizenship. In this context, Africans' efforts to appear more culturally French provided a key motivation for patronizing the health services, particularly those relating to prenatal and infant care. The success of colonial health interventions, particularly those aimed at maternal and infant health, thus hinged upon the meaning and power that African actors ascribed to colonial medical institutions. Situating the rise in prenatal consultations and hospital births against the backdrop of debates about cultural assimilation and citizenship in Senegal and the Four Communes, this chapter illustrates how Senegalese men and women made the hospital a site for social and political advancement within the context of colonial rule.

As recent scholarship in the history of medicine has demonstrated, the colonial encounter framed the extension as well as reception of Western medicine.¹ In Senegal, the spread of epidemic diseases such as yellow fever and plague provided the pretext for draconian health measures designed to contain and control urban African populations.² While these works highlight the political economy of colonial medical interventions, they overlook the ways in which Africans participated and even co-opted colonial medical institutions to serve their own personal and political agendas. This chapter complicates this picture of colonial medicine by highlighting the areas in which Africans actively participated in colonial medical interventions, specifically those measures aimed at promoting maternal and infant health. In particular, I focus on the period which followed World War I, where the colonies became objects of a revived

¹ Maryinez Lyons, *The Colonial Disease: A Social History of Sleeping Sickness in Northern Zaire, 1900-1940* (Cambridge, UK: Cambridge University, 1992); Myron Echenberg, *Black Death, White Medicine: Bubonic Plague and the Politics of Public Health in Colonial Senegal, 1914-1945* (Portsmouth NH: Heinemann, 2002).

² Raymond F. Betts, "The Establishment of the Medina in Dakar, Senegal, 1914," *Africa: Journal of the International African Institute* 41, no. 2 (April 1971): 143–52, doi:10.2307/1159424; Kalala Ngalamulume, "Keeping the City Totally Clean: Yellow Fever and the Politics of Prevention in Colonial Saint-Louis-Du-Senegal, 1850-1914," *Journal of African History* 45, no. 2 (2004): 183–202; Kalala Ngalamulume, "Plague and Violence in Saint-Louis-Du-Sénégal, 1917-1920," *Cahiers D'études Africaines*, October 12, 2006, <http://etudesafriaines.revues.org/index6027.html>; Kalala J. Ngalamulume, "City Growth, Health Problems, and Colonial Government Response: Saint-Louis (Senegal), from Mid-Nineteenth Century to the First World War," 1996, <http://proquest.umi.com/pqdweb?did=739425511&Fmt=7&clientId=1566&RQT=309&VName=PQD>; Echenberg, *Black Death, White Medicine*.

imperial agenda. In this context the meaning of childbirth took on new dimensions for both French and African actors. For the French, growing concern over the health and welfare of their colonial subjects reflected a renewed commitment to the “development” of the colonies, both socially as well as economically. African interest in these measures, however, reflected a host of other concerns, not least of which was the issue of citizenship and political rights. This chapter thus explores how African aspirations for cultural assimilation, social mobility, and citizenship invested prenatal examinations and hospital births with new meaning.

Between Subject And Citizen

In the period following World War I, concerns about citizenship and political rights dominated political discussions both among Europeans as well as Africans living in Senegal. Unlike many Africans living under French colonial rule, the inhabitants of Senegal, more specifically the residents of the Four Communes of Saint-Louis, Goree, Rufisque and Dakar, enjoyed peculiar rights and privileges. These were a product of Senegal’s longstanding economic and political connection to France.³

Since the mid-fifteenth century, Senegal had been an important site for European commerce and trade along the West African coast. By the mid-sixteenth century, the French had effectively established their dominance in the region, establishing a monopoly over trade along the Senegal River and capturing the island of Goree from the Dutch in 1677. Africans played a critical role in these early trading operations, acting as cultural and linguistic brokers, and facilitating the trade in gum from the interior. In particular, a group of women, known as *signares*, emerged as key figures in the burgeoning trade between these early French trading posts and the interior.⁴ These African and mulatto women, who were often mistresses and concubines of these early European traders, quickly became economic and political powerbrokers in their own right. Needless to say, these women’s extraordinary position during this early phase of Franco-African relations illustrates how the assimilation of French culture held distinct political, social, and economic advantages. Nevertheless, these early settlements were marked by their hybridity and cosmopolitanism. Thus the *habitants* (trans. “inhabitants” or

³ Joe Lunn, *Memoirs of the Maelstrom: A Senegalese Oral History of the First World War*, Social History of Africa (Portsmouth, NH; Oxford; Cape Town: Heinemann; J. Currey; D. Philip, 1999); Mamadou Diouf, “The French Colonial Policy of Assimilation and the Civility of the Originaires of the Four Communes (Senegal): A Nineteenth Century Globalization Project,” *Development and Change* 29, no. 4 (1998): 671–96, doi:10.1111/1467-7660.00095; G. Wesley Johnson, “The Ascendancy of Blaise Diagne and the Beginning of African Politics in Senegal,” *Africa: Journal of the International African Institute* 36, no. 3 (July 1, 1966): 235–53, doi:10.2307/1157681; G. Wesley Johnson, *The Emergence of Black Politics in Senegal; the Struggle for Power in the Four Communes, 1900-1920* (Stanford, Calif: Published for the Hoover Institution on War, Revolution, and Peace, by Stanford University Press, 1971).

⁴ Johnson, *The Emergence of Black Politics in Senegal; the Struggle for Power in the Four Communes, 1900-1920*; Hilary Jones, *The Métis of Senegal: Urban Life and Politics in French West Africa* (Bloomington: Indiana University Press, 2013).

“residents”) of the four communes, as they came to be known, reflected a range of racial, ethnic and religious identities.⁵

The political significance of assimilation took on new meaning in the nineteenth century due to changes in France’s relationship with Senegal. Africans had long taken an active interest in local politics, and because they were the ones responsible for managing the trade between the coast and the interior, the French took their concerns seriously. For example, when news of the French Revolution reached Senegal, a group of Saint-Louis notables, drafted their own *cahier de doléances* (trans. “list of grievances”), to be sent to the upcoming meeting of the Estates-General in Paris. Members of this group included the prominent French merchant Dominique Lamiral, the Governor, Francois Blanchot, as well as the mayor of Saint-Louis, a creole named Charles Cornier, all of whom sought to remove the restrictions on trade imposed by France under the *pacte colonial*.⁶ Nevertheless, the Revolution altered politics in Senegal very little, and in the end, the status and privileges that the African and creole inhabitants of the colony enjoyed went largely unrecognized outside of Senegal itself.

The political situation began to change with the reorganization of the colony in 1840. Specifically, the Ordinance of 7 September, altered the administrative framework for the colony, giving the governor much more power and autonomy, and establishing a colonial General council, members of which were elected from the local French and *habitant* population. These changes provided new, more formal avenues for African political involvement in local politics, and enshrined their special status as *habitants* within a larger colonial administrative framework. However, the critical shift occurred eight years later, when the colony of Senegal was given the right to elect its own deputy to the French National Assembly. All male inhabitants of the Four Communes, provided that they had been resident there for at least five years, were eligible to vote, thus the general election marked the first time that the population as a whole took part in this process.⁷ In the narrative of Senegalese political consciousness, the election of 1848 was a landmark event. For one thing, it marked a new phase of Senegalese political mobilization, a phase in which political events in France began to matter more. Second, it brought together all the inhabitants of the communes, whether Catholic or Muslim, creole or African, within a larger political community. As the conquest of the interior of the colony brought new populations under

⁵ There are numerous terms in French that represented these differences among the population. For example, there are the terms *mulâtres* and *métis*, which reflected different degrees of racial mixing. *Mulâtre* signified the offspring between a European and an African, while *metis* applied more generally to persons of mixed descent, such as the offspring of a European and a mullatto woman. In terms of religious difference, the term *gourmet* referred specifically to Christian Africans. Jones, *The Métis of Senegal*, 28–30.

⁶ Johnson, *The Emergence of Black Politics in Senegal; the Struggle for Power in the Four Communes, 1900-1920*.

⁷ This point was first made by G. Wesley Johnson and has been restated by other scholars. See G. Wesley Johnson, *The Emergence of Black Politics in Senegal; the Struggle for Power in the Four Communes, 1900-1920* (Stanford, Calif: Published for the Hoover Institution on War, Revolution, and Peace, by Stanford University Press, 1971). See also Mamadou Diouf, “The French Colonial Policy of Assimilation and the Civility of the Originaires of the Four Communes (Senegal): A Nineteenth Century Globalization Project,” *Development and Change* 29, no. 4 (1998): 671–696.

French rule in the latter part of the nineteenth century, this special status became a rallying point in a struggle over the boundaries between citizen and subject.

Like the reorganization of the colony of Senegal in 1840, the administrative reforms of 1895 which incorporated the colony of Senegal into the larger federation of French West Africa (*Afrique Occidentale Française*) refocused debates about the nature of political rights and citizenship for the inhabitants of the Four Communes. In particular, the struggle revolved around how to define qualifications for citizenship. The legal dimensions of this issue became apparent in the wake of the territorial expansion of the colonies in the latter half of the nineteenth century. In extending the boundaries of the colony, officials began to rethink their administration of this new territory. After 1890, the direct administration of the colonies encompassed the Four Communes and their suburbs, along with the areas immediately along the route of the Saint-Louis railroad. The rest of the colony was defined under the status of a Protectorate, whose residents came to be defined as French subjects (fr. *sujets français*).

The distinction between citizen and subject in the context of French West Africa was not simply a matter of political rights, but also an issue of legal status. Citizens of the Four Communes were not subject to the same legal and political strictures as their African counterparts in the Protectorate, who were ruled by a “native” legal code known as the *indigenat*. Instead, the *originaires* of the Four Communes were subject to French law, and were exempt from the forms of labor conscription that most Africans in the colonies endured. The problem with framing the distinction between citizen and subject along geographical lines was the interpenetration between rural and urban communities. While rural dwellers often fled to urban areas for adventure, work, or citizenship, urban residents frequently travelled the countryside in their official capacities as traders and merchants. In either case, it was often difficult for administrators to adjudicate who was truly an *originnaire* and what rights they carried with them outside the territorial limits of the communes.⁸

Since 1848, voting rights had been granted on the basis of residency in the Four Communes. This law essentially opened up voting rights to all residents of the communes regardless of their naturalization status. This included not only the African elites of the colony, who had resided in Saint-Louis and Gorée for the past five-years, but also the newly freed slaves of the communes, who likewise sought to qualify as voters following the passage of this law. In that year alone, an estimated 12,000 former slaves and servants applied to vote, and although many were denied the privilege, the number of registered voters swelled to over 4700, the majority of which were Africans. Over the course of the century, this steadily increased, until in 1906 when the number of registered voters grew to over 10,000. Alarmed by these numbers, the French administration quickly moved to revise the qualifications for voting.

The first decades of the twentieth century marked a heated contest over the issue of political rights and citizenship in Senegal and the Four Communes. French administrators hoped to shore up the legal vacuum created by the 1848 law, and stem the tide of an increasingly outspoken and numerically superior African electorate. In addition to purging Africans from the voter rolls in 1907, the administration subsequently passed a series of measures designed to contain the threat of the African electorate, and reduce the *originaires* to a sort of second-class citizenship. First, they denied voting rights to *originaires* residing outside of the communes. Second they introduced a head tax for local municipalities. Third they stripped *originaires* travelling or residing in the Protectorate of their right to legal due process. Fourth, they excluded

⁸ Johnson, *Emergence of Black Politics*.

originaires from French schools in the communes, and fifth, they expelled the *originaires* from the ranks of the French army, thus stripping them of another potential avenue to claim political rights and citizenship. This assault on their political rights mobilized the African electorate, and led to Blaise Diagne's victory in the elections of 1914.

Diagne, who was the first African deputy elected to the National Assembly, helped to secure the rights of *originaires* by tying the issue of citizenship to military service. The war effort in Europe was in full swing, but conscription efforts in the colonies had provoked tremendous upheaval and unrest.⁹ Seizing the opportunity to press for the interests of the *originaire* population, he lobbied the National Assembly to allow African *originaires* to join the regular French army, earning equal pay and benefits.¹⁰ The real victory came the following year when he introduced a simple resolution which read: "The natives of the full communes of Senegal, and their descendants, are and remain French citizens subject to the military obligations imposed by the Law of October 19, 1915."¹¹ While the Diagne laws of 1915 and 1916 helped to place *originaire* status on stronger legal footing, these laws only forestalled further encroachments upon the political and legal rights of the *originaires*.

Because the struggle for political rights during the eighteenth and nineteenth centuries evolved within a local context, cultural assimilation was not widely understood to be an important criterion of citizenship. Under the auspices of the Federation of French West Africa (AOF), culture played a much more important role in defining the administration's approach to governance. For example, when inspector-general Verrier arrived in Senegal in 1905 to investigate allegations of electoral fraud and abuse, he was shocked to discover that the 1848 law provided the sole legal basis for establishing voter eligibility. For Verrier, the situation of Senegal represented a paradox relative to how electoral rights were decided elsewhere. "What a strange application of principle," Verrier noted, "to make French nationality the consequence of electoral rights when in fact it is the *sine qua non* for electoral rights."¹² Consequently he suggested that the voter rolls be revised accordingly, reducing the numbers of eligible voters in Senegal from 9,441 to 898; in other words, purging the list of everyone except for French citizens and "those who were assimilated."¹³ In particular, Verrier suggested that cultural matters be given greater weight in determining political rights and citizenship. Otherwise, Verrier warned:

If ever the great majority of voters were to act as one we would see the General Council and Municipal Councils composed exclusively of native Muslims who retain their customary law while having civil jurisdiction over [our] special tribunals. In the future, the deputy from Senegal could conceivably not even be a French citizen!¹⁴

⁹ For a more detailed account of Senegalese involvement in the war see Joe Lunn, *Memoirs of the Maelstrom: A Senegalese Oral History of the First World War*, Social History of Africa (Portsmouth, NH; Oxford; Cape Town: Heinemann; J. Currey; D. Philip, 1999).

¹⁰ This law was passed October 19, 1915.

¹¹ This resolution passed without objection on September 29, 1916. Johnson, *Emergence of Black Politics*, 191.

¹² Johnson, *Emergence of Black Politics*, 81.

¹³ Johnson, *Emergence of Black Politics*, 81.

¹⁴ Johnson, *Emergence of Black Politics*, 81.

Indeed, Verrier's logic highlighted how the eclipse of assimilation policy had transformed politics in Senegal.

As G. Wesley Johnson points out, "Africans in Senegal definitely sought assimilation to French political institutions; but at the same time, they staunchly maintained their traditional and Islamic values in personal matters."¹⁵ As the French came to increasingly define the path to citizenship along cultural lines, Africans were increasingly forced to relinquish a measure of their cultural autonomy in exchange for political rights. These tensions between assimilation and citizenship framed how Africans understood and appropriated colonial public health institutions.

The expansion of the colonial health services in Senegal during the 1920s and 1930s came at a critical period in the struggle over citizenship and social status, particularly for residents of the Four Communes. Following World War I, concerns over political and legal status increasingly preoccupied colonial administration but also a growing class of African elites, many of whom held certain political rights by virtue of their birth in the Four Communes of Saint-Louis, Gorée, Rufisque and Dakar. Specifically, tensions arose over the passage of new legislation, which redefined the parameters by which Africans living in colonies could attain political rights and citizenship within Greater France. In particular, these new guidelines affected how these rights could be transferred among family members. While administrators saw this legislation as a necessary step to limit the extension of political rights to Africans whom they saw as unfit to exercise these rights, Africans saw these measures as an assault on their social, political and legal status within the empire, and sought ways to challenge or at least circumvent these legal strictures. At the heart of this debate was the issue of cultural assimilation.

While assimilation was held to be the primary objective of the French civilizing mission during the eighteenth and nineteenth centuries, its salience in terms of defining French administrative policy was already beginning to wane by the turn of the century. Moving toward a policy of association, colonized subjects were no longer expected to aspire to becoming politically or culturally French. Instead, the administration sought to govern as much as possible through indigenous social, legal, and political institutions, permitting indigenous populations to develop and evolve organically on their own terms. In this way, French civilization provided a model, rather than a blueprint, for the development of colonial populations. The development of colonial ethnology and anthropology, during this period, further reinforced the racial and cultural distinctions drawn between colonized and colonizer. Nevertheless, the rhetoric of assimilation continued to animate African efforts to achieve greater political and social recognition within this radically changed political environment.

Under the guidelines set out by the 1912 decree, fulfilling the cultural criteria for advancement to citizenship meant simply being able to read and write French and demonstrating through their civic participation and record of service, "good life and good morals." The flexibility afforded by this law largely preserved African autonomy in terms of religious practice as well as family life. However, the revised version of this decree, published in 1932, eroded this separation of public and private spheres. As the text accompanying the decree suggested, citizenship was no longer a matter of individual qualification but rather, "the benefit of naturalization should only be accorded to the *indigène*, who along with his family, demonstrates

¹⁵ Johnson, *Emergence of Black Politics*, 124.

his closeness to our civilization by education, manner of life, and social customs.”¹⁶ In this way, the new decree placed more weight on cultural criteria, to which both the applicant and his entire family must aspire. The cultural milieu of the household and the social evolution of the family thus became the determining factor in the process of naturalization and the accession to citizenship. In this way, political motivations guided how Africans engaged with these health institutions.

Colonial Development And Health Policy

The introduction of French medical institutions to West Africa marked an important shift in the history of colonial rule. As the French began to assert greater control over their overseas colonies, the administration set about creating new institutions to enforce their political and administrative authority. With the reorganization of its West African colonies under the auspices of the Federation of French West Africa (AOF) in 1903, the colonial government began to assert its influence more directly upon the lives of its African subjects, particularly in relation to the collection of taxes and the conscription of labor, but also in other aspects of social and cultural life such as the administration of customary law and the regulation of educational institutions, including both French and Koranic instruction. Though medical institutions at the turn of the century catered largely to the needs of European populations living in the colonies, concerns about hygiene, sanitation, and urban planning—particularly in the wake of epidemic bouts of yellow fever, sleeping sickness, and plague—prompted new attention to the health needs of the colonies’ African inhabitants.¹⁷

Advancements in the health sciences greatly informed these efforts to extend the reach of the health services to the wider colonial population during this period. The discovery of the role of vectors in the transmission of diseases such as malaria and yellow fever had important implications for urban planning as well as the regulation of commerce. Furthermore, advances in the field of microbiology and germ theory gave rise to new medicines and vaccines which could provide prophylaxis against the most fatal and debilitating diseases of the tropics. Finally, new interest in demography and epidemiology was beginning to shift focus away from curative medicine and towards preventative health policies. While these scientific and medical discoveries helped to reshape public health policy in France during the first several decades of the twentieth century, the application of this scientific knowledge had significantly different social and political implications for the delivery of care in colonies of French West Africa.¹⁸

¹⁶ “Accession des Indigènes de l’Afrique occidentale française aux droits de citoyen français,” *Journal officiel de la République française. Lois et décrets*, August 25, 1932, 9291–92.

¹⁷ See for instance ANS 2G 3-19 ...

¹⁸ Alice Conklin, “Faire Naitre v. Faire Du Noir: Race Regeneration in France and French West Africa, 1895-1940,” in *Promoting the Colonial Idea Propaganda and Visions of Empire in France*, ed. Tony Chafer and Amanda Sackur (Houndmills, Basingstoke, Hampshire; New York: Palgrave, 2002), 143–55; Alice Conklin, “Redefining ‘Frenchness’: Citizenship, Race Regeneration, and Imperial Motherhood in France and West Africa, 1914-1940,” in *Domesticating the Empire: Race, Gender, and Family Life in French and Dutch Colonialism*, ed. Julia Ann Clancy-Smith and Frances Gouda (Charlottesville, VA: University Press of Virginia, 1998).

The end of the First World War redefined France's posture towards its African colonies. Reeling from the economic as well as demographic losses incurred during the war, officials in Paris looked towards the colonies afresh, seeing their overseas possessions in Africa and Asia as an invaluable resource for restoring France to its former glory. In particular, they saw in their colonies a means of re-establishing France's position on the world stage as an industrial as well as imperial power. In *La Mise en Valeur des Colonies Françaises*, the colonial minister and former governor of French Indochina, Albert Sarraut, laid out the foundations of this new imperial strategy. While the development (or "*mise en valeur*") of the colonies had long preoccupied colonial administrators, Sarraut argued that the economic exploitation of the colonies had been a low priority for policymakers in Paris. As he explained, "the development of the colonies, insufficiently engaged either by the force of public opinion or the conviction of public authorities, has often been left to the determinations of local initiatives and individual conceptions."¹⁹ Though some of these initiatives elicited positive results, the improvised nature of these policies coupled with the lack of financial support to sustain them, hobbled efforts to promote the long-term development of the colonies.

For Sarraut, the immense contribution of the colonies in support of the war effort highlighted the untapped potential of France's overseas possessions:

From faraway lands, came great ships filled to capacity with nearly one million combatants and indigenous workers and resources of all sorts that the daughter colonies extended to their Fatherland for the war effort.²⁰

As this quote suggests, Sarraut believed that above all the success of development policy rested on a concerted investment into the vast stores of "human capital" that the colonies possessed. "All the work of colonization," he argued, "all the work of creating wealth is dominated by the question of 'labor': it is the cornerstone of the economic structure that must be built."²¹ Consequently, Sarraut stressed that these economic objectives necessitated a more thoroughgoing investment into the health and education of the local inhabitant of the colonies.²² As Sarraut explained:

On ne fait pas en quelques mois des hommes beaux, forts et instruits. Par le développement plus résolu et plus généreusement doté de l'assistance médicale et de l'enseignement, on aurait largement amélioré à l'avance, comme on doit l'améliorer pour l'avenir, la qualité physique et intellectuelle des diverses races disséminées dans notre vaste domaine d'outre-mer. (Sarraut 1923: 58)

¹⁹ « De ces terres lointaines, ils ont vu venir les grands vaisseaux apportant, à pleines carènes, près d'un million de combattants et de travailleurs indigènes et les ressources de toute sorte que les colonies filiales tendaient à leur Patrie au combat. » Albert Sarraut, *La mise en valeur des colonies françaises: avec onze cartes en noir et en couleurs*. (Paris: Payot & cie, 1923), 25. <http://archive.org/details/lamiseenvaleurde00sarr> (Accessed February 2, 2013).

²⁰ Sarraut, 16.

²¹ Car toute l'oeuvre de colonisation, toute la besogne de création de richesse est dominée aux colonies par la question de « main-d'oeuvre » : c'est la clef de voûte de l'édifice économique qu'il faut bâtir. Sarraut, 94.

²² See for example his statements on the role of medicine, Sarraut 94-95.

One does not produce in just a few months beautiful, strong and educated individuals. By a more resolute and more generous development [policy] replete with medical care and education, we will have improved in advance, as we must for the future, the physical and intellectual quality of the diverse races scattered throughout our vast overseas domain.

As the above quote suggests, Sarraut's vision of "Greater France" highlighted the mutually beneficial relationship between France and her colonies. Evoking the responsibility that a parent has for their children, Sarraut argued that it was France's duty to bring the colonies into the community of nations through its economic as well as cultural tutelage.²³ In the context of France's African colonies, these sentiments were captured by the phrase "faire du noir." Invoked by the Governor of French West Africa Jules Carde to define the objectives of the health services, the phrase alluded to the social as well as biological imperatives driving colonial development policy. "The goal [of the colonial medical services]," as Carde put it, "[was] to develop the indigenous races in quality and in quantity."²⁴ Thus according to both Carde and Sarraut, the expansion of the colonial medical services, known in French as the *Assistance Médicale Indigène* or AMI, would provide the institutional basis for the transformation of indigenous society, by addressing both the physical as well as social factors related to ill-health.

Prior to World War I, medical facilities were largely confined to major urban centers, such as Saint-Louis and Dakar. The predecessors to these institutions were the old outpatient clinics of the nineteenth century, called *ambulances*, which treated soldiers and other colonial personnel stationed in these areas. For example, the Military Hospital of Dakar (Hopital Militaire de Dakar), built in 1880, replaced the dilapidated Ambulance of Gorée. As its name suggests, its primary patients were military personnel. This included Europeans living and working in Dakar, but also the West African soldiers, known as the *Tirailleurs Senegalais* (lit. "Senegalese Riflemen"), who comprised the bulk of French colonial forces.²⁵ The construction of the *Hopital Centrale Indigene* (Central Indigenous Hospital) in 1912 thus marked an early step in extending the reach of the colonial health services to a wider colonial population.

As the name suggests, The *Hopital Centrale Indigene* (HCI) provided medical care and assistance to the indigenous population of Dakar, rather than simply colonial civil and military personnel. The types of care offered at the HCI mirrored the services provided by French metropolitan institutions. Like French hospitals, the HCI had sections for general medicine, specialties (otorhinolaryngology, ophthalmology, stomatology), and surgery. In 1918, the hospital

²³ As Sarraut explains : c'est une obligation morale impérieuse que nous créent les responsabilités de la souveraineté vis-à-vis des populations indigènes dont nous avons assumé la tutelle. In *La Mise en Valeur*, 95. William Cohen discusses this metaphoric relationship between colonized and colonizer in "The Colonized as Child: British and French Colonial Rule," *African Historical Studies* 3, no. 2 (January 1, 1970): 427–431, doi:10.2307/216227.

²⁴ ANS 1 H 102 (163). Gouvernement General de l'Afrique Occidentale Francaise, "Instructions relatives a l'orientation et au developpement des services de l'Assistance Medicale Indigene, 15 fevrier 1926," in *Instructions sur le Fonctionnement de l'Assistance Medicale Indigene*. (Goree: Imprimerie de Gouvernement General, 1927)

²⁵ Nevertheless, the care offered to Europeans and Africans was strictly segregated for medical as well as social reasons.

introduced a section known as the Polyclinic, which provided outpatient care, further extending access to medical care to the local population. Furthermore, with the creation of the Dakar Medical School that same year, the hospital served as a critical training ground for a growing corps of indigenous medical auxiliaries, who could then be tasked with operating the dispensaries and clinics in other parts of the colonies.²⁶

Though the creation of a hospital solely for the African population legitimized the segregation of care along racial lines, it also signaled a change in how the colonial administration addressed the health of the African population. This change came, at least in part, as a product of wartime mobilization, and accelerated as administrators more actively began to promote cash crop production in the colonies following the war. For instance, in his annual report for 1914, Dr. L. Huot, the Chief Medical Officer for the colony of Senegal, noted the poor health of many of the Africans arriving at the recruitment centers from the interior. In particular, he cited the impact that malaria had on the health of the population, noting that village chiefs, unwilling or unable to part with their most able-bodied men, instead sent only the weak and sickly persons in their villages.²⁷ Through this example Huot hoped to highlight his main point: that the future of the colony rested on the administration's attention to the issue of African health. "Unfortunately," he lamented, "the number of our dispensaries remains strictly limited and ... the current administration of Senegal refuses any effort to increase their number."

By emphasizing the deleterious impact of disease on the "vitality" of the African population, Huot's call for the expansion of the health services prefigured similar justifications put forward by Sarraut and Carde in the 1920s to expand the scope of the Assistance Médicale Indigène. Even more prescient though, were Huot's suggestions to reorient the objectives of the health services towards hygiene, health education and preventive care rather than curative, hospital-based medicine. Specifically, he argued that the central goals of the Assistance Médicale Indigène should be "to change their [indigenous] mentality, to educate them, to multiply around them the means of protection, to preserve settlement against endemic diseases such as smallpox, leprosy, trypanosomiasis, malaria."²⁸ In this way, Huot argued for an approach that would address the collective needs of the population, rather than a system in which assistance was individual and direct. In the decades following World War I, this distinction would come to define both the expansion of health institutions and the elaboration of health policy in Senegal, and the wider Federation of French West Africa.²⁹

As Governor-General Carde indicated in his instructions relating to the function of the Services of the Assistance médicale Indigène: "Individualized medical care, above all that which is practiced in the hospital and is exclusively concerned with treating diseases, must cede the way to preventive and social medicine, which prevents disease, which instructs how to avoid those [diseases] that are avoidable, and which is solely capable of assuring the development of

²⁶ ANS 2G 30-58 GGAOF, 1930a, *A.O.F. École de Médecine. L'école de médecine indigène par L. COUVY*. Série 2G : Rapports périodiques, Première Tranche, 1895-1940. Dakar, Sénégal. Archives Nationales du Sénégal.

²⁷ ANS 2G 14-20 SÉNÉGAL - Service de santé. Rapport médical annuel

²⁸ "à modifier leur mentalité, à les éduquer, à multiplier autour d'eux les moyens de protection, à préserver les agglomérations contre les maladies endémiques telles que la variole, la lèpre, la trypanosomiase, la paludisme." ANS 2G 14-20 SÉNÉGAL - Service de santé. Rapport médical annuel

²⁹ Ibid

the population.”³⁰ Hospital care would thus be reduced considerably, while the expansion of services directed towards hygiene and prophylaxis would be expanded as much as possible.

The *Institut d’Hygiene Sociale* (“Institute of Social Hygiene”) embodied this shift in focus from curative medicine to preventative care, and served as a model for the expansion of new dispensaries and clinics throughout French West Africa. Established in 1922, the Institute replaced the outpatient services offered by the old polyclinic at the Hopital Centrale Indigene, which operated from 1918 to 1921. While the numbers of consultations at the old polyclinic grew modestly during the first few years of its operation, the results obtained did not meet administrators’ expectations. Located at the most southern point of the peninsula, in the heart of the European quarter, some saw the hospital as being too far removed from the population to attract a significant number of patients. As a result, in 1922, the services of the polyclinic were detached from the hospital and relocated closer to the African quarter of Dakar, known as the Medina.³¹ At its new location on the Rue de Thiong, the Institute of Social Hygiene drew an increasing number of patients. By 1927, the number of patients had risen nearly seven-fold since 1920, yielding over 87,723 consultations for that year alone.³² And by 1932, the number of consultations surpassed the 200,000 mark, prompting administrators to build a new polyclinic in the heart of the Medina to accommodate the increasing numbers of patients.

The penury of the colonial health services had long provided a check to the expansion of medical care to Africans. Hospitals cost far too much, and attracted too few patients to make them worthwhile. In this respect, dispensary care was often seen as more economical. Nevertheless, the Institut d’Hygiene Sociale (IHS) was more than a dispensary. While the task of the old polyclinic had been simply to deliver medical care, and to train indigenous health personnel, the goals of the IHS were far more ambitious. In line with the prevailing view that preventive care should take precedence over curative medicine, the Institute reflected the growing influence of the social hygiene movement in France, which emphasized the social implications of disease, more particularly tuberculosis, alcoholism, and syphilis. Services at the IHS were divided into six sections. First, there was a section for general medicine, which itself was broken down into divided into three parts: a service for consultations, and two sections for first aid/”bandages”, one for men and one for women. The second section was for specialized medicine, such as diseases of the eyes (ophthalmology), the mouth (stomatology), or the ear-nose-throat (otorhinolaryngology). The third and fourth sections were devoted to tuberculosis and venereal disease. The fifth section, known in French as the *service des douches* (lit. trans, “shower service”), dealt with scabies and other highly contagious skin problems. Finally the last section was for the bacteriology lab which performed the lab work and diagnostics for the IHS.

Students from the medical school ran each of these sections, supervised by a European doctor. The IHS thus provided an important training ground for indigenous personnel both in recognizing as well as treating diseases that most affect the population, such as malaria and yellow fever. Administrators envisioned that this hands-on experience would instill in the students the skills and experience to carry out their future work in the number of dispensaries and clinics being built throughout the AOF. In addition though, the institute also served as a hub for the work of mobile teams comprised of visiting-nurses and midwives, who would perform home

³⁰ Carde, Instructions relative de la Fonctionnement ... 15 Feb 1926

³¹ H. L’Huerre, “Note sur le fonctionnement de l’Institut d’hygiène sociale de Dakar,” *Bulletin de la Société de pathologie exotique* 21 (1928) : 329-334.

³² Ibid.

visits with patients to follow up on their course of treatment and, in many cases, encourage them to vaccinate their children against tuberculosis. Indeed, this type of mobile assistance and outreach was touted as the only effective way to facilitate what Governor General Carde referred to as the “peaceful pacification by [means of] hygiene.”³³ The relocation of the *Institute d’Hygiene Sociale* to its new home in the Medina, only reiterated the importance of this outreach and assistance.

Under the new rubric of the Polyclinique Roume, the *Institut d’Hygiene Sociale* continued to function as it had in the past. The sections for general consultations and specialized medicine remained unchanged. And even though the separate sections for tuberculosis and venereal disease were combined into a single section for “Social Diseases” (*maladies sociales*), anti-tuberculosis initiatives still comprised an important component of the work of the IHS. The big change, however, was the introduction of a section for maternal and infant consultations.

The development of health institutions in Senegal reflected the shifting priorities of the colonial administration. The expansion of these institutions, radiating from urban centers into the periphery demonstrated the need to expand the administrative reach of the colonial state, while changes in the day-to-day operations of these facilities revealed the evolving nature of colonial health policy, which increasingly stressed the importance of preventive health over curative medicine. By stressing preventive health measures over curative medicine, colonial health and education policy sought to transform the manners, habits, customs, and superstitions which were seen to be at the heart of African ill-health.

Sanitary Citizenship Or Civic Engagement?

The hospital, the dispensary and the maternity were highly politicized spaces in Senegal during the interwar period. For the French, these institutions represented instruments of state power and social control, helping the French administration to achieve what Governor Carde called the “pacification pacifique par l’hygiene” (trans. “peaceful pacification by means of hygiene”). As this phrase suggests, the expansion of Western medicine was part and parcel of a new logic of colonial governance, in which public health was both an obligation of the state as well as an instrument of its authority. Nevertheless, the rhetoric of this policy was not always realized in practice. While Africans made use of these institutions to fulfill their therapeutic needs, their selective appropriation of certain forms of therapy over others was highly strategic. Africans engagement with these institutions reflected a host of other concerns, not least of which was the issue of citizenship and political rights. In this way, African aspirations for cultural assimilation, social mobility, and citizenship imbued prenatal exams and hospital births with new meaning. In the final section, I explore Africans’ use of these institutions through records left by the colonial state. While many officials touted the success of the AMI in winning hearts minds and vanquishing traditional beliefs and superstitions, the reality was far more complicated.

The 1920s and 1930s marked a period of tremendous expansion for the *Assistance Medicale Indigene* (AMI). During this period, the state constructed hundreds of new dispensaries and clinics aimed specifically at curbing the spread of diseases such as malaria, syphilis and smallpox, and more importantly lowering the infant mortality rate through specific interventions around child birth and infant care. For administrators at the time, providing access

³³ “Pacification pacifique par hygiene,” ANS 1 H 4 (1) Études et monographie médicales destinées à préparer des articles de presse, 1930-1934.

to health services was a key step to promoting the social and cultural evolution of the local population. In short, the goal was to combat “the ignorance, irresponsibility, and naiveté of the indigenous population,” particularly in the face of the “fraudulent” and oftentimes “deadly” practices of the Marabouts and traditional healers. As Doctor Huot explained in his annual report for 1914, the poor health and hygiene of Africans was due to the fact that the Senegalese simply did not know any better; that they had little knowledge beyond what the marabout or healer tells them. The only way to combat this problem was to provide a better alternative. Indeed “The proof of this” he argued “is that in whatever corner of the bush we create a dispensary or a simple room for dressing wounds, a clientele does not take long to form, which increases day after day.”³⁴

As subsequent reports from Senegal indicate, Huot’s optimism about the willingness of the Senegalese to visit French clinics and dispensaries was well founded. Indeed, during the two decades that followed his report, the number of consultations grew exponentially. For example, the annual report for Senegal’s health services for 1935 observed that the number of consultants seeking assistance more than doubled over a five year period, with a near equivalent rise in the number of consultations (See Figure 2.2). For many, these results indicated the success of the AMI in extending the reach of the colonial medical services and “the native population’s growing confidence in hospital care.”³⁵ Nevertheless, other local administrators qualified this rosy picture, suggesting that, despite these promising numbers, there was still more work to be done.

As one administrator observed, “It is undeniable that the native yields himself increasingly to the dispensary closest to his village in order to solicit care. Nevertheless, the advice received is only very superficially followed, and the slow progression of the success of the medicine provided by the Assistance [Médicale Indigène] rests on the fact that the native still does not understand the importance of following a course of medication until fully healed. Many of the natives remain resistant to European methods and frequently seek the aid of the marabouts and their supposed remedies.”³⁶ The narrative espoused in the official record thus presented the expansion of Western medicine as an unfolding process of conquest and assimilation, interpreting the intransigence of patients vis-à-vis “European methods” as a product of African atavism. However, the reality of the situation was far more complicated.

The appropriation of Western medicine reflected the ambivalent role that medicine played as an instrument of colonial rule. On one hand, health interventions were tremendously coercive and intrusive. For instance, in the context of the plague and yellow fever epidemics of the late nineteenth and early twentieth centuries, sanitary measures operated primarily along racial lines, giving legitimacy to efforts to segregate urban spaces and crack down on indigenous practices, such as the collection of rain water, the disposal of household waste, and even indigenous funerary practices.³⁷ However, the expansion of Western medical facilities also represented an articulation of the colonial state’s duties and obligations to the populations under its control, thereby buttressing the authority and legitimacy of colonial rule. Africans

³⁴ ANS 2G 14-20 SÉNÉGAL.- Service de santé. Rapport médical annuel

³⁵ ANS2 G 33-20 DAKAR - HÔPITAL CENTRAL INDIGÈNE.- Rapport annuel (partie administrative et partie médicale)

³⁶ ANS 2G 28-26 - SÉNÉGAL.- Service de santé. Rapport médical annuel

³⁷ Betts, “The Establishment of the Medina in Dakar, Senegal, 1914”; Echenberg, *Black Death, White Medicine*.

undoubtedly recognized the Janus-faced nature of health policy, and reconciled their use of these services within their own calculations of risk and reward.

General Consultations, Senegal, 1931-1940

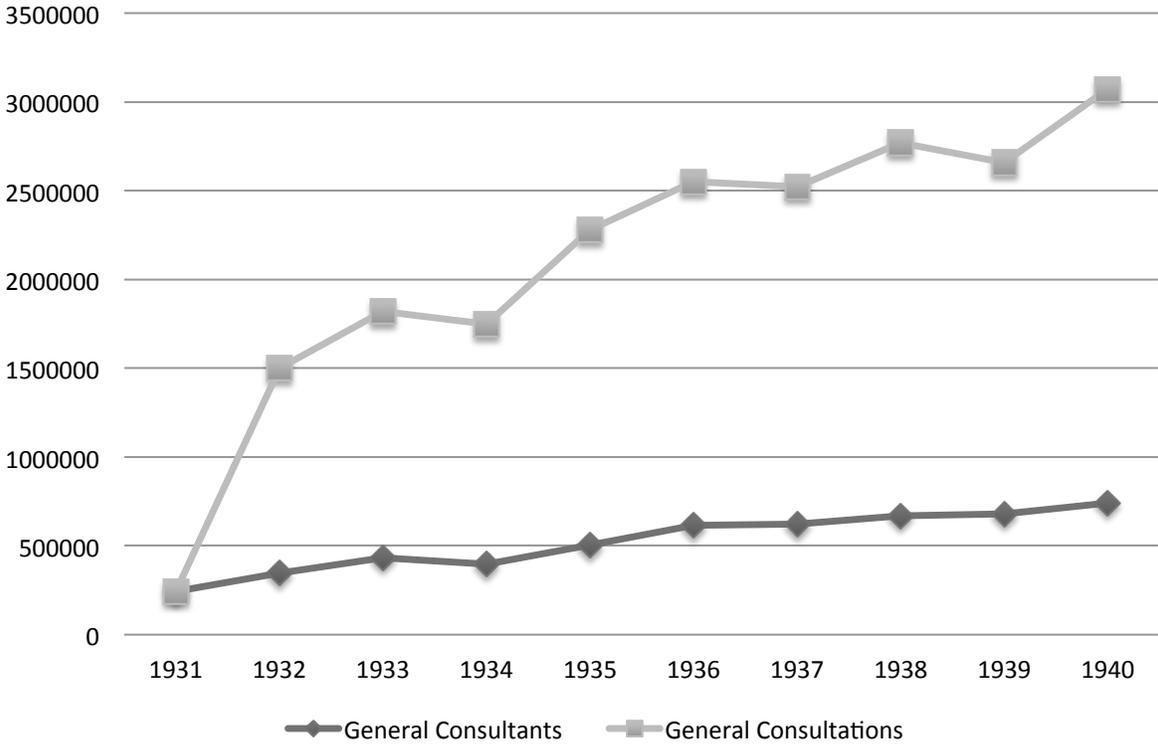


Figure 1.2: Medical Consultations and Consultants recorded in Senegal, 1931-1940. Source: ANS Series 2G

The gradual rise in consultations was due in no small part to the expansion of health institutions beyond the confines of the major urban centers of Dakar and Saint-Louis. Medical facilities expanded significantly during this period. Moreover, mobile assistance teams composed of medical assistants, nurses and midwives, furthered the reach of the AMI by extending assistance to rural populations as well making house visits to follow up on the recovery process and oversee the implementation of sanitation and hygiene measures. Nevertheless, the expansion of medical facilities only tells part of the story. African reception of these measures conditioned the success of certain measures and the failure of others. In this way, it is important to read the gradual rise in the numbers of patient consultations more carefully, to focus in on where these health interventions were most successful, and to highlight the political and social contexts that might explain why this was so.

Prior to the introduction of maternity care, the management of childbirth in Senegal was a private matter, primarily involving members of the immediate family and/or household. In particular, childbirth and infant care were considered part of women’s domain. Expectant mothers received advice from their direct family, particularly their own mothers and grandmothers, but also their aunts and other close female kin. Oftentimes, newly married women

relocated to the husbands' household or family compound, and thus the mother-in-law played a critical role in advising her young daughter-in-law about childbirth and infant care. Authority in these matters was nonetheless reserved to those who had direct experience bearing and raising children.

In addition to female kin and household members, women also sought the assistance of elder women who possessed specialized knowledge of childbirth. These traditional midwives, often referred to in French as *matrones*, counseled expectant mothers about proper diet, nutrition, and physical activity, and assisted them directly during their labor and delivery. Specifically, midwives drew upon their knowledge of medicinal plants, ritual incantations, and therapeutic massage to help induce or forestall labor or correct the position of the baby in utero.³⁸ In addition to these services, they also provided counseling about issues relating to reproduction and fertility, and many produced amulets (fr. *gri-gris*) worn by both mothers and infants to ward off illness, sorcery, or general misfortune. Even with the assistance of the midwife, though, the process of childbirth remained a very intimate and private matter, overseen by female relatives and kin.

The expansion of maternity care services during the 1920s and 1930s thus challenged the intimate and private nature of childbirth. Specifically, the public nature of hospital birth contradicted cultural norms, which saw the birthing process as a private affair, concerning family and close kin. And while the French employed a largely female staff to oversee the delivery of maternal and infant health services, these women were largely strangers, who having just graduated from nursing or midwifery school, had little direct experience with either childbirth or infant care beyond the classroom. By the 1930s, even as the dispensaries and clinics of the AMI began to attract greater numbers of patients, colonial administrators still found it difficult to attract women to the maternity. As Denise Savineau underlined in her report on the condition of women in French West Africa, "It is unfortunately a lot easier to attract a sick person to the dispensary than it is to attract a woman to a prenatal examination, no less to the delivery room; for birth is enmeshed in customs which are at times irreducibly opposed to our action."³⁹ Indeed, medical reports from the period backed these observations, demonstrating how compared to the numbers of general consultations, the number of maternity visits and prenatal exams remained consistently low.

Material incentives provided one means of attracting women to maternity services. These "primes," as the French called them, varied considerably depending on the types of services rendered. For example, the Hopital Central Indigene offered small sums of money to mothers who delivered their babies at maternity. The administration even provided bonuses to traditional midwives who referred pregnant women to the maternity for care.⁴⁰ The French also provided gifts to women who brought their children for infant consultations. For example, at the *Gouttes de Lait* (lit. "Drops of Milk"), which operated in Dakar and Saint-Louis several days a week, the ladies of the Red Cross distributed small gifts such as condensed milk, soap, bottles, and even

³⁸ These functions are still fulfilled by traditional midwives today, even as there has been a push to replace them with "traditional birth assistants." Astou Dieng, Interview, Mlomp, Senegal, interview by Badara Sissokho, September 2011.

³⁹ ANS 17G 381 (126) Rapport de Madame Savineau sur la famille en AOF: les conditions de la femme. 1937-1938

⁴⁰ ANS2 G 33-20 DAKAR - HÔPITAL CENTRAL INDIGÈNE.- Rapport annuel (partie administrative et partie médicale)

baby clothes to the mothers who participated in these infant care services. Indeed, in the context of economic depression of the 1930s, these kinds of gifts would have been very attractive.

The French also modified the services offered at the dispensaries and clinics to attract more women. For example, maternity wards were reorganized to separate mothers in active labor from those seeking other types of care. Furthermore, to remedy the problem of capacity and encourage women from more rural and remote areas to give birth at the clinics, the administration created *centres d'hebergement*, shelters for those who came to have their babies at the maternity, but had no other place to stay.⁴¹ The French even introduced new services to accommodate African cultural sensibilities. For example, in 1934, the Polyclinique Roume of Dakar began to perform ear piercings, which was often performed on girl infants within a few days of their birth. While the introduction of this service reflected French interests in curbing the rate of neo-natal tetanus, it also demonstrated how the contours of these health institutions were shaped by popular demands.

Whether by confidence or curiosity, the numbers of consultants and consultations at the dispensaries and clinics grew over the course of the 1920s and 1930s. Undoubtedly, the material benefits attached to these services attracted some African women to colonial dispensaries and clinics. Moreover, the introduction of new features at these sites also made these services more relevant to Africans' needs, providing further explanation of why some women made use of these services. Nevertheless, these considerations do not completely explain why women submitted themselves to prenatal exams and other forms of preventive screening. Instead, we must consider how Africans' engagement with the colonial health services reflected the political and social circumstances of this period, particularly the struggle for political rights.

While the connection between citizenship and maternity birth was not commonly invoked by health officials, the regulation of birth and reproduction in colonial Senegal was as much a political as it was medical. Prior to the passage of the 1932 decree revising the qualifications for citizenship, birth in any of the Four Communes had been sufficient grounds to establish rights to citizenship. Due to their peculiar legal status, *originaires* could formally register their marriages and births and thus impart citizenship onto their wives and children through the French legal institution known as the *état civil* (tr. "civil registry"). Alternatively, births and marriages could be recognized through *jugements suppletifs* which permitted Africans to legally declare these events long after the event had occurred. By opening up this legal institution to Africans, administrators hoped to encourage a certain vision of family life, modeled on the French nuclear family, and more generally foster a sense of "civic individualism" among Africans, which would transform the nature of social relations. Furthermore, the institution of the *état civil* would facilitate the more rational and efficient administration of the colonies, permitting the colonial government "to assure as perfectly as possible the parentage of every child born on our territory and to identify him during the entire course of his life, to know his life-cycle, and to protect his public, private, and family interests."⁴² In practice though, administrators found the system to be highly flawed. In particular, they cited how Africans abused and manipulated the system for to serve their own agendas, listing multiple names for the same child, borrowing European names, and even making false declarations about parentage, such as declaring nieces and nephews as

⁴¹ ANS 2 H 14 Santé. Organisation et fonctionnement en A.O.F. 1914-1919.

⁴² Wilder, *The French Imperial Nation-State*, 103.

their own children in order to extend access to political rights and citizenship to their extended family.⁴³

Africans' use, and misuse, of the civil registry process had important consequences for administrators at many levels. As one report explained, Africans selective use of the *état civil*, complicated the collection of data on birth rates in Dakar, as election cycles invariably brought unexpected rises in the number births, making it nearly impossible to evaluate long-term demographic patterns.⁴⁴ More importantly, though, it caused confusion regarding civil status, permitting Africans to assert political rights previously unavailable to them. Thus, following on the heels of the legislation tightening the restrictions on citizenship in 1932, the administration instituted a "native civil registry" (fr. *état civil indigène*), designed to remedy the problems which plagued the previous use of the system. These legal reforms, designed to channel and contain African political aspirations, helped forge a new social and political class in Senegal and the colonies: the *évolués* (trans. "evolved").

Comprising an "indigenous elite" (fr. *indigènes d'élite*), the *évolués* represented an intermediary class between subject and citizen. As Governor-General Brevié explained, these native elites, distinguished "by their individual qualities, their persistence in work, their social progression," *évolués* could eventually aspire to citizenship by their "total and definitive renunciation of the lifestyle, institutions, and rules of customary law."⁴⁵ In this way, this "elite" status accommodated African demands for greater social and political recognition, while enforcing the cultural barriers to citizenship explicitly outlined in the 1932 decree regulating the path to citizenship. Nevertheless, *évolués* occupied a liminal space in the continuum that separated citizen and subject. Inferior to the status of citizens, but superior to that of their fellow African subjects, their status increasingly reflected their ability to demonstrate their assimilation and social evolution in terms recognizable to French administrators on the ground. In particular, this meant demonstrating their mastery of spoken and written French, declaring births and marriages through the *état civil*, but more generally proving their cultural proximity to the French in other ways, such as by sending their children to French school or illustrating that their home life conformed to French standards of hygiene and taste. Efforts to meet these cultural criteria undoubtedly influenced Africans' use of the colonial health services, particularly as they related to care of children or the household.

The distinction between Europeans, *métis*, *assimilés*, and *indigènes*, shaped the institutional development of health facilities. Until the creation of the Hospital Central Indigene, hospital care was confined to the European population, and where necessary extended to select groups of Africans. In Dakar, the creation of the HCI had extended the reach of the health services to a wider African population, but services at the Hospital Principal still continued to offer care to non-European patients, whether these were naturalized Lebanese and Syrian patients or African *originaires*.

While privileged access to these medical facilities did not always extend to African *évolués*, medical reports often pointed to the differences between African patients and their

⁴³ Wilder, 104.

⁴⁴ ANS H 22 Hygiene a Dakar

⁴⁵ Afrique Occidentale Française, *Circulaires de M. le Gouverneur général Jules Brévié sur la politique et l'administration indigènes en Afrique occidentale française / Gouvernement général de l'Afrique occidentale française*, ed. Jules Brévié (Id (Gorée), 1935), <http://gallica.bnf.fr/ark:/12148/bpt6k57839124>.

evolué counterparts. For example, commenting on the treatment of sexually transmitted disease at the HCI, a process which involved multiple injections over many months, the head of the hospital, Dr. Blanchard, noted that only *evolus* submit themselves to the sort of corporal discipline necessary for success.⁴⁶ Reinforcing this distinction was the fact that many *evolus* were employed in the health sector as medical auxiliaries, due to their knowledge of French, their educational background, and their perceived cultural and social proximity to the French. Patronizing the hospital thus became a site for defining social status, a means of conferring recognition on certain classes of Africans over others. Nevertheless, social and political status was not coterminous with the use of the medical services.

While administrators actively encouraged chiefs and other local notables to patronize the hospital, the encroachment of the hospital into personal matters often triggered intense resistance from Africans of all stripes. Such was the case when in the midst of an epidemic bout of plague, administrators tried to crack down on practices they saw as endangering public health, such as the collection of rainwater or the disposal of trash in urban areas. Such measures incited greater fury when they encroached on traditional funerary practices or inhibited travel from one area to another. The intrusive nature of the health services also offended the sensibilities of African elites. Even with the “docility” of patients increasing by the year, Dr. Couvy noted in his annual report for the HCI that there were some wealthy families in Dakar who continued to resist colonial efforts to promote immunization, and who refused to admit visiting-nurses in their homes or send their wives to the maternity.⁴⁷

Couvy’s observations suggest that elites’ self-identification with the public health apparatus was complex and multifaceted. While their entitlement to certain services provided privileged access to health facilities, elites still sought to preserve their personal autonomy in the face of the administration’s encroachment into their private lives. Moreover, *evolus* who demonstrated a high degree of cultural assimilation or upheld a certain standard of living, likely saw such interventions as unnecessary and unwarranted. In this way, political and social status shaped how Africans both appropriated as well as resisted colonial medical interventions. This tension between the quest for mobility and the desire for autonomy likewise shaped the utilization of maternal and infant health services.

Giving birth at the hospital was never a prerequisite to citizenship, and the relatively dismal numbers of hospital births attested to this fact. Indeed as many health officials observed, women preferred to deliver at home relying on their female family members or traditional midwife to assist them.⁴⁸ When women did turn up, administrators noted, it was because of complications causing slow or difficult labor and delivery.⁴⁹ To explain their resistance to maternity care, administrators often cited indigenous superstitions surrounding childbirth, such as the threat of sorcery or “the evil eye,” but these concerns were not the driving force behind African reluctance to give birth at the maternity. Resistance to maternity birth reflected the desire to preserve the personal and private nature of childbirth, and uphold the important social and cultural traditions that surrounded this important life event. Childbirth represented an important

⁴⁶ ANS 2G 33-20 DAKAR - HÔPITAL CENTRAL INDIGÈNE.- Rapport annuel (partie administrative et partie médicale).

⁴⁷ ANS 2 G 35-15 HÔPITAL CENTRAL INDIGÈNE.- Rapports médicaux annuels (2 rapports).

⁴⁸ See for example, ANS 2G 16-18 SÉNÉGAL.- Service de santé. rapport annuel, 38 p. and ANS 2 G 35-15 HÔPITAL CENTRAL INDIGÈNE.- Rapports médicaux annuels (2 rapports).

⁴⁹ ANS 2G 16-18 SÉNÉGAL.- Service de santé. rapport annuel.

event in the life-cycle of a woman. Furthermore, it consolidated the biological and social relationship between husband and wife as well as between their extended families. By opting to give birth at home, Africans did not refute the medical logic of maternity birth, but rather they rejected the social implications of giving birth at the hospital. This distinction explains not only why so many Senegalese were willing to utilize the services of colonial-trained midwives when giving birth at home, but also why related services such as prenatal exams and infant consultations were far better patronized (see figures below).

Despite Africans' reservations about giving birth at the maternity, the figures cited in the annual health reports from the colonies during this period demonstrated significant increases in the number of consultations across the board, from general medicine to prenatal and infant care. Even the number of maternity births increased substantially. By 1935, the head of the *Hopital Centrale Indigene* in Dakar boasted that nearly all pregnant women availed themselves of the prenatal and postnatal services offered at the polyclinic by the Ladies of the Red Cross, with the majority bringing their children as well. In the span of ten years, from 1929-1938, the numbers of patients using these services doubled and in some cases tripled, many of them returning multiple times during the year. In 1938, for example, 2106 clients visited the *Polyclinique Roume* for prenatal exams, yielding 20617 consultations. This amounted to an average of 9-10 consultations per year for every patient. Figures for Senegal demonstrated a similar rise in consultations, with patients visiting an average of 3-4 times per year. By far, though, the infant and child care sections attracted the greatest numbers of consultations (See figures below).

While material incentives drew Africans of varying socio-economic status to the clinic, political concerns were no less a driving force behind the rise in prenatal and infant consultations in Senegal and the Four Communes. These moments of "colonial inscription" marked opportunities for *originaires*, *evolués* and other elite Africans to demonstrate their cultural assimilation in terms of their mastery of household hygiene and infant care.⁵⁰ The bottles and baby clothes exchanged during these encounters were not simply material goods but rather symbols of social mobility and power in an increasingly circumscribed colonial political sphere. For this reason, Africans' appropriation of these symbols of cultural assimilation and "modernity" must be read against the backdrop of the political and legal battles over citizenship and belonging in colonial French West Africa.

Conclusion

The end of World War II marked an important turning point in women's involvement in politics. As war in Europe was coming to a close, General Charles de Gaulle and a group of colonial officials gathered in Brazzaville in February of 1944 to discuss a plan for an interim government and sketch out the future of the colonies within the context of "Greater France." Within this revised imperial system, African *evolués* would gain the right to vote in national elections, and the numbers of African deputies in the national assembly would be increased. Furthermore, African subjects would be allowed to participate in local and municipal elections, regardless of their previous legal status. But Africans were not the only population whose voting rights would be revised in the 1945 elections. French women were also granted the right to vote

⁵⁰ Nancy Rose Hunt, *A Colonial Lexicon of Birth Ritual, Medicalization, and Mobility in the Congo* (Durham, NC: Duke University Press, 1999).

in the upcoming national elections. According to Article 17 of the ordinance of 21 April 1944, “Les femme sont électrices et éligibles dans les memes conditions que les hommes,” meaning that women could not only vote but could also stand for election to public office.

Maternity Births and Prenatal Consultations, Senegal, 1932-1940

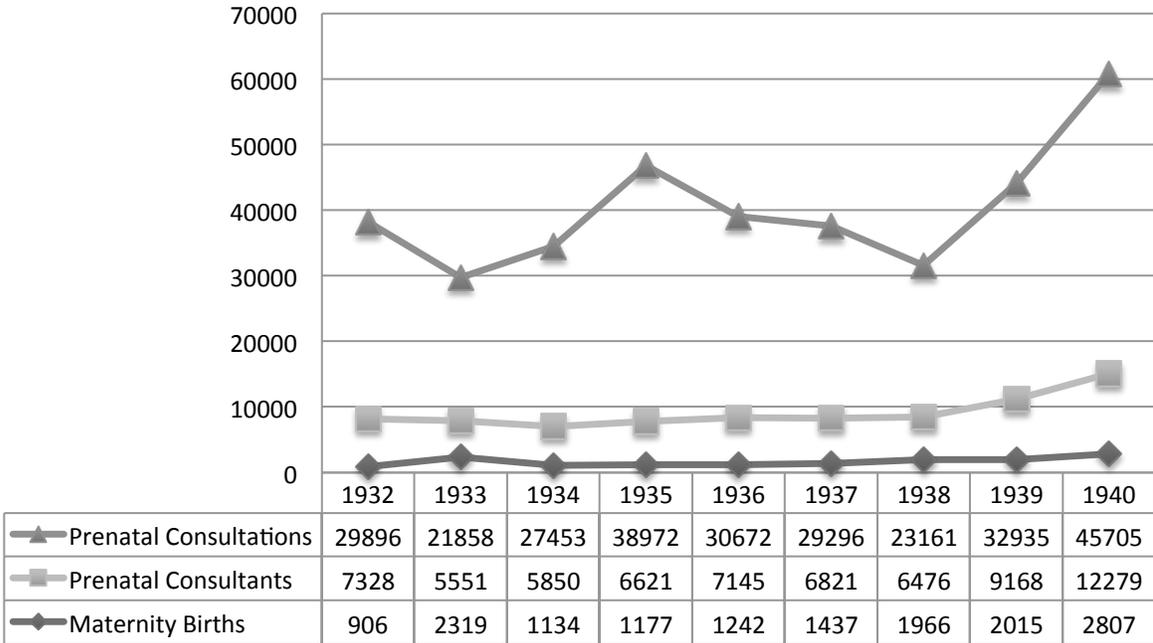


Figure 1.3. Maternity Births and Prenatal Consultations and Consultants Recorded in Senegal, 1931-1940. Source: ANS Series 2G

The ordinance of 21 April 1944 had potentially important ramifications for Senegalese women who held French citizenship by virtue of their status as *originaires*. Realizing the implications of the law as it applied to the West African colonies, the Governor-General of French West Africa, Cournarie, protested to the Minister of the Colonies insisting that this law should not apply to African women. In his letter to the minister dated 1 July 1944, Cournarie justified his opposition on the grounds that African women were insufficiently “evolved” to exercise these rights. In particular, he counseled the Minister to avoid the mistakes made by French officials in the past, who had prematurely accorded African subjects the same rights as Frenchmen.

The current circumstances demonstrate once more, the grave political error of the men of 1848, when they accorded to the indigenous [inhabitants] of our establishments in Senegal the same right to vote as the French of the Metropole,

an error which, in its practical consequences, has been fully realized with the law of 22 September 1916.⁵¹

As Cournarie went on to suggest,

The mistake has not been to accord to them the right to vote but to confer this right under the same immediate conditions as they were envisioned under Metropolitan law without any discrimination based on the degree of development attained.⁵²

Cournarie's statements reflected the position of many colonial administrators who saw the extension of rights to Africans as potentially destabilizing, and therefore undesirable. Responding to these concerns, on 19 February 1944, the French Assembly enacted two decrees, which clarified how the law would be applied in the France's African colonies. The first decree approved the extension of female suffrage to Guyane and Madagascar. However, the second decree concerning French West Africa and Togo, restricted the extension of voting rights solely to French women residing in these territories, thus barring African women from voting even though they held French citizenship.

The publication of the decree caused an uproar, particularly among the *originnaire* population of Senegal, who viewed this law as not simply an assault on women's right to vote, but more importantly an attempt to dilute their political rights as citizens. Aware of the Governor-General's protests, Senegalese political leaders had already begun to mobilize the population in protest against any effort to restrict the right to vote solely to French women. The most vocal opponent to these measures was the Senegalese politician Lamine Gueye, who along with Charles Graziani, then head of the Senegalese Socialist Party, wrote the assembly to present their case. When these attempts failed, they organized demonstrations to protest the publication of these measures. On March 4, 1945, Senegalese political leaders addressed crowds in both Saint-Louis and Dakar, speaking out against the injustice of these new laws, and appealing to the crowd to oppose any effort to exclude Senegalese women from the vote.

Public demonstrations in Dakar and Saint-Louis in the following weeks drew larger and larger crowds of people, becoming increasingly militant in their demands. For example, at a rally held on 7 March 1945, Anta Gaye urged Senegalese women in the crowd to protest their disenfranchisement by barring French women from the polls on Election Day if the government did not rescind the decree. Some speakers, such as Salzmann, threatened a more violent response, should their demands go unrecognized. More than anything, though, these political rallies signaled women's growing visibility within the political sphere.

The campaign to overturn the 19 February decree had fundamentally altered the political landscape. Specifically, it overturned the legal but also cultural barriers to female participation in political life. During the interwar period, Senegalese women played an active role in local and municipal politics. They campaigned on behalf of their favorite candidates, and attended rallies and parties, even though their participation remained circumscribed by virtue of their inferior legal status. The issue of female suffrage however, presented new opportunities for women's

⁵¹ Quoted in Jean Lacroix and Saliou Mbaye, "Le Vote Des Femmes Au Senegal," *Ethiopiennes - Revue Negro-Africaine de Littérature et de Philosophie* 6 (1976): 27.

⁵² *Ibid*, 27-8.

political expression. In the months following the publication of the February 19 decree, women began turning out in larger numbers at political rallies, constituting at times the majority of those in attendance. Furthermore, many of these events featured notable female speakers, who not only spoke directly to the concerns of their female audience, but often addressed the crowd in Wolof, rather than French. This marked an important departure from the male-dominated politics of the interwar period for it offered new space for women's political engagement.

Women were no longer marginal actors, but an essential part of the voting public, and following the reversal of the decree on 30 May 1945, these same women voters were decisive in Lamine Gueye's election as Senegal's deputy to the National Assembly from 1945-1951 and as Mayor of Dakar which he held until 1961.⁵³ By placing women at the center of electoral politics, the campaign was an important turning point in women's struggle for political rights; not only did it expand women's participation in electoral politics, but further it served as a crucible for an emerging generation of female political leaders.

Although scholars have examined how debates over citizenship took shape in France's overseas possessions, women's role in this process has largely been ignored. Women were not passive agents in these efforts to secure political rights and representation in the French Empire. On the contrary, women emerged as key players in the struggle to define the boundaries of citizenship and subject. In this respect, the maternity provided an important entry point for women's political engagement with the colonial state.

With the introduction of new cultural qualifications for citizenship and political rights, the hospital became an important site for articulating elite status and demonstrating the assimilation of French cultural and social norms. In particular, debates about citizenship took on a gendered dimension, as legislation increasingly questioned the ability of Senegalese women to transmit political rights and status to their offspring. Yet, as legal maneuverings sought to depoliticize the act of motherhood by stripping the wives and children of the *originaires* of their political rights on cultural grounds, colonial efforts to promote maternal and infant health services simultaneously imbued motherhood with new social and cultural significance. Amidst these contradictions in colonial policy, the maternity ward emerged as a contested terrain in the struggle to secure political rights and citizenship in French West Africa. In this regard, African women's use of colonial medical institutions demonstrated how the struggles to redefine the boundary between citizen and subject played out in the clinic as well as the courtroom. As we shall see in subsequent chapters, these struggles over the political, social and cultural implications of motherhood became important sites for articulating women's rights in other areas of social and political life.

⁵³ Cheikh Faty Faye and Université de Paris VII, "La Vie Quotidienne À Dakar de 1945 À 1960 Approche D'une Opinion Publique," 1990.

General Consultations, French West Africa, 1931-1950

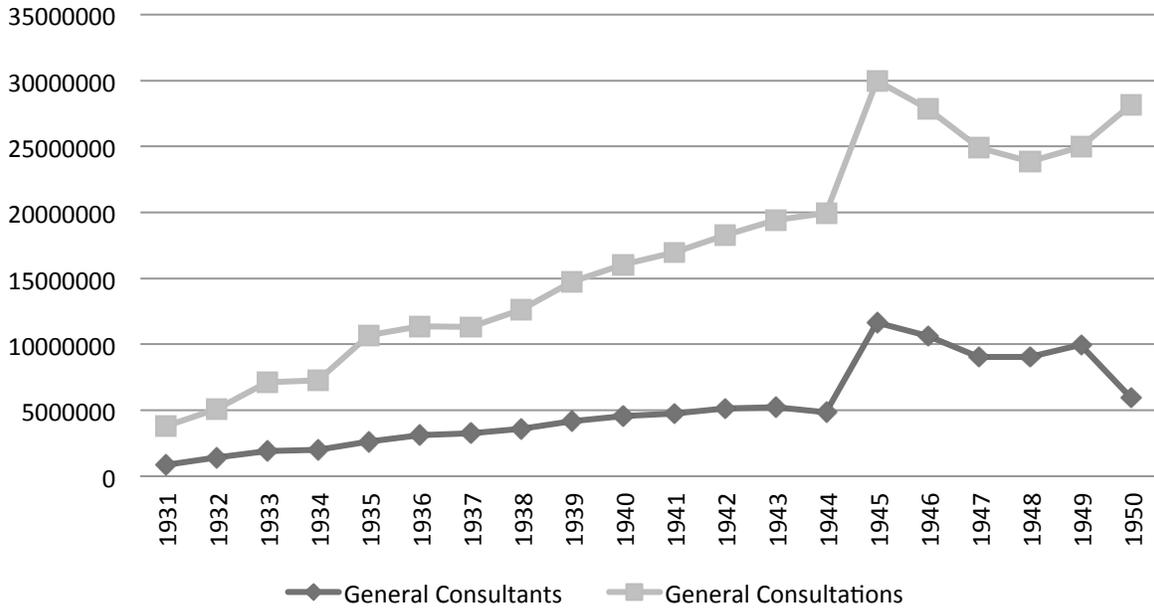


Figure 1.4. Medical Consultations and Consultants Recorded in French West Africa, 1931-1950.
Source: ANS Series 2G

Prenatal Examinations in French West Africa, 1929-1945

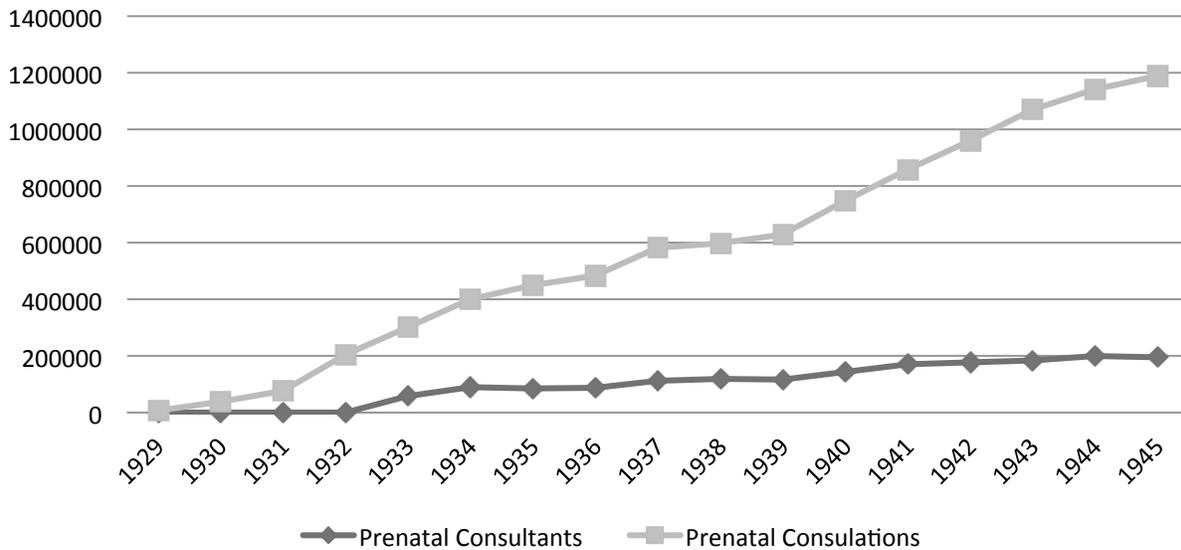


Figure 1.5. Prenatal Consultations and Consultants Recorded in French West Africa, 1929-1945.
Source: ANS Series 2G

Infant and Child Consultations, French West Africa, 1926-1945

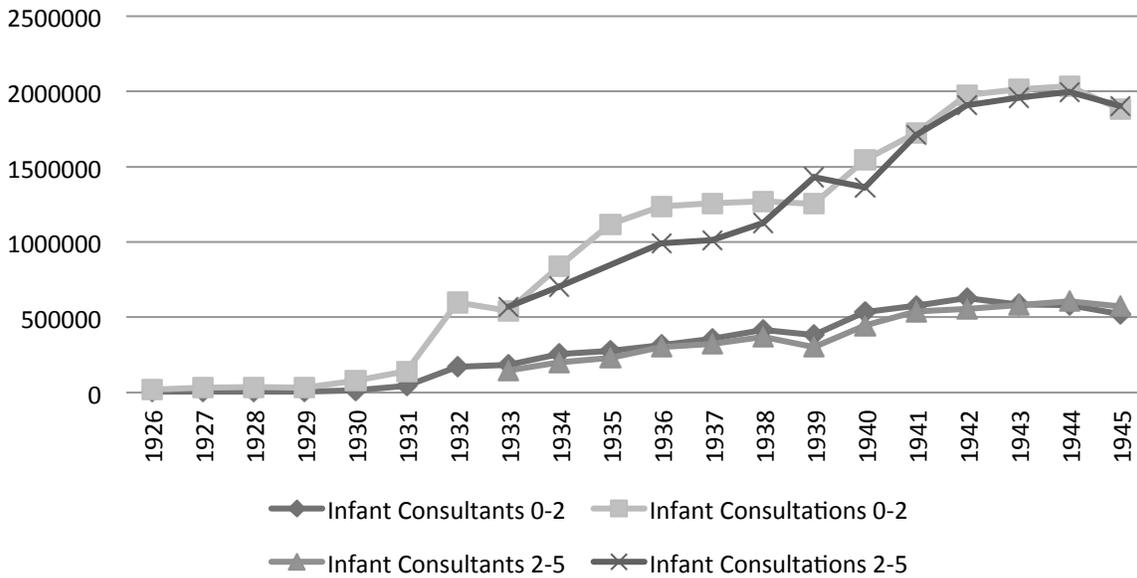


Figure 1.6. Infant and Child Consultations and Consultants Recorded in French West Africa, 1926-1945. Source: ANS Series 2G

General Consultations, Senegal, 1931-1940

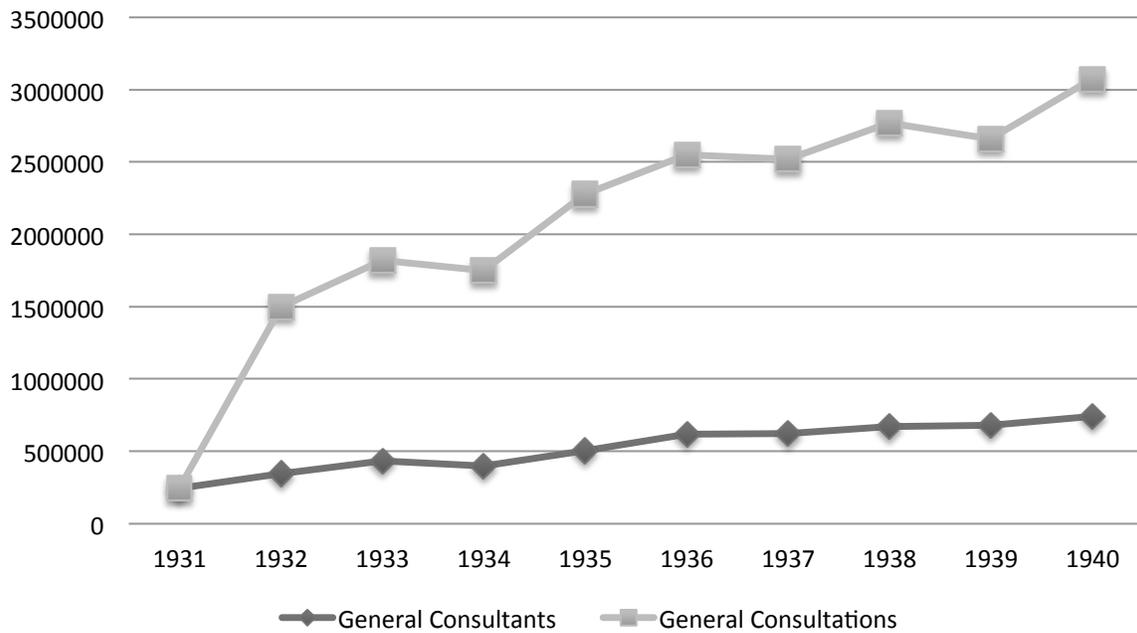


Figure 1.7. General Consultations and Consultants Recorded in Senegal, 1931-1940. Source: ANS Series 2G

Prenatal Examinations, Senegal, 1932-1940

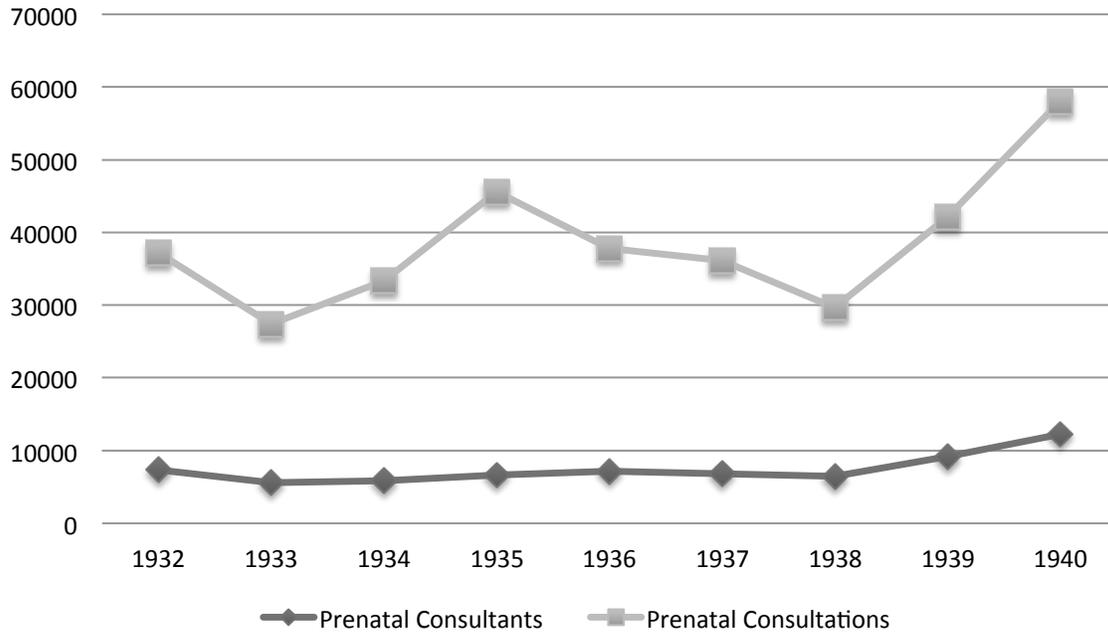


Figure 1.8. Prenatal Consultations and Consultants Recorded in Senegal, 1931-1940. Source: ANS Series 2G

Infant and Child Consultations, Senegal, 1932-1940

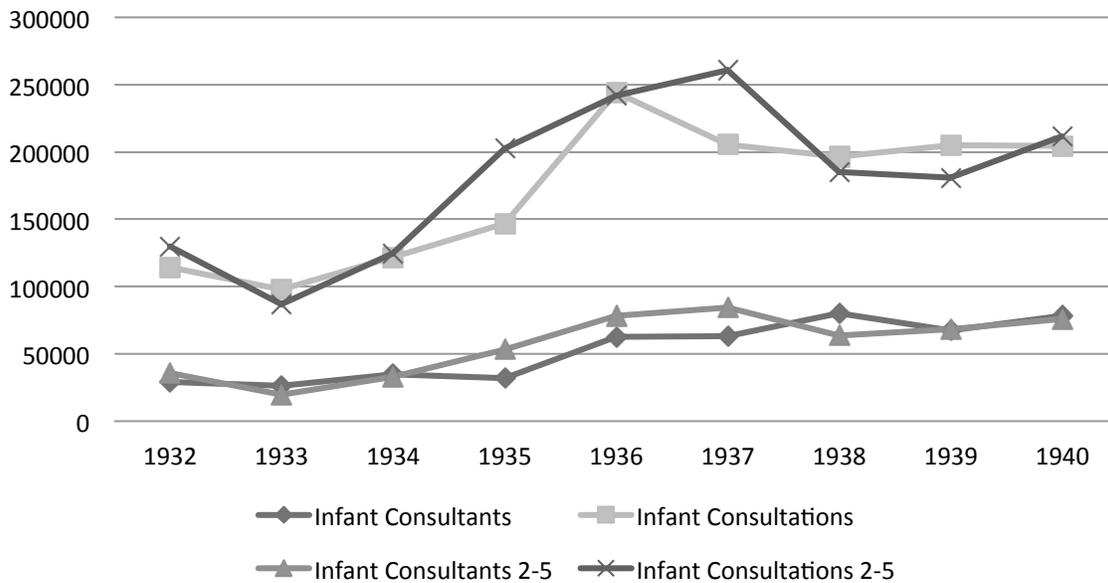


Figure 1.9. Infant and Child Consultations and Consultants Recorded in Senegal, 1932-1940. Source: ANS Series 2G

Prenatal Examinations, Institut d'Hygiene Sociale, Polyclinique Roume, Dakar, 1927-1940

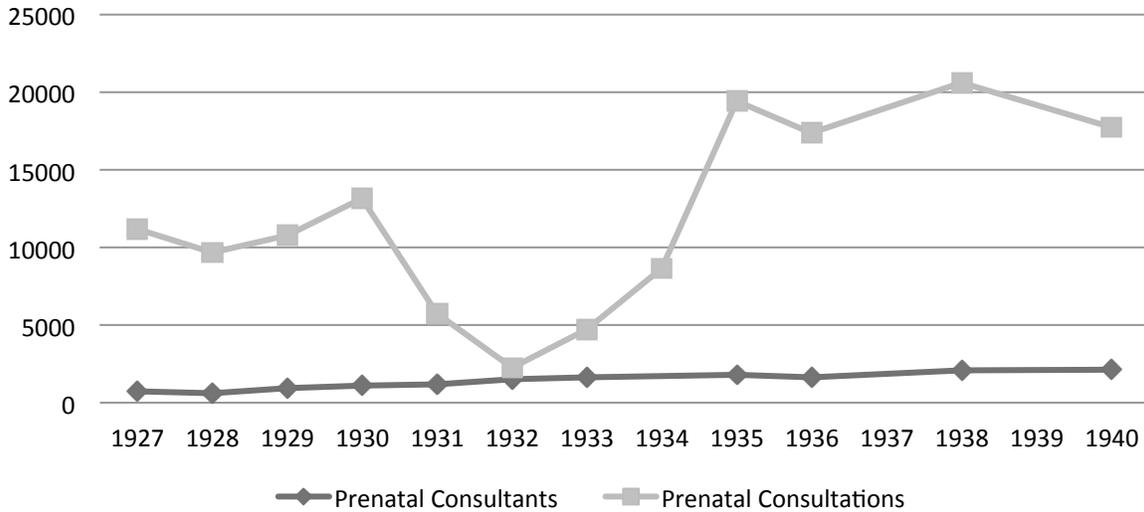


Figure 1.10. Prenatal Consultations and Consultants Recorded at the Institut d'Hygiene Sociale, Dakar, Senegal, 1927-1940. Source: ANS Series 2G

Infant Consulations, Institut d'Hygiene Sociale, Polyclinique Roume, Dakar, 1927-1940

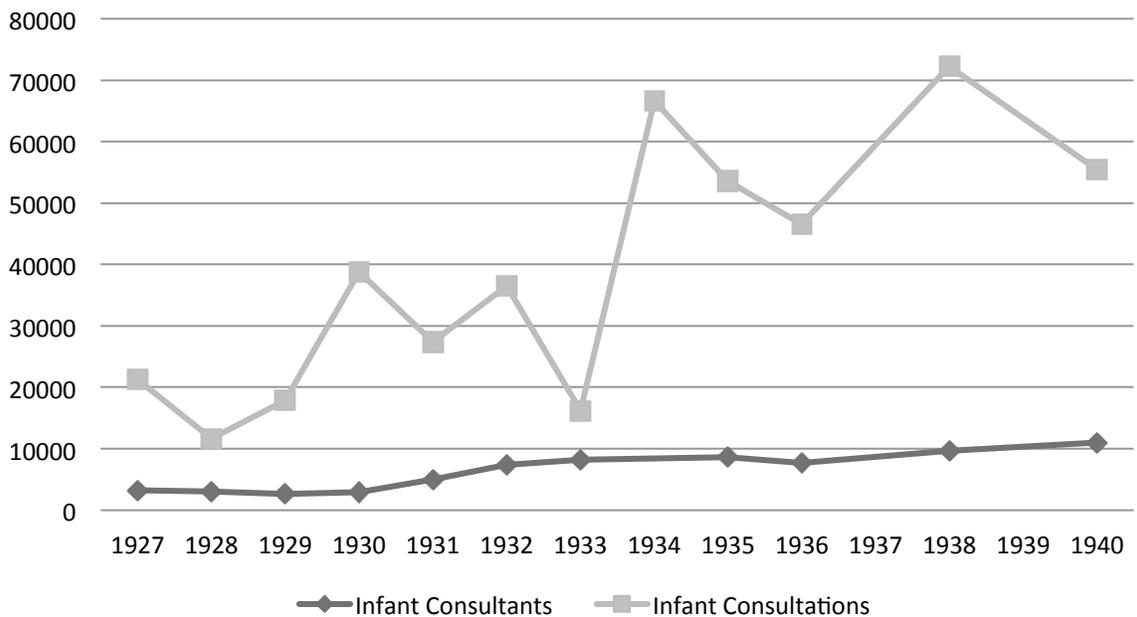


Figure 1.11. Infant and Child Consultations and Consultants Recorded at the Institut d'Hygiene Sociale, Dakar, Senegal, 1927-1940. Source: ANS Series 2G

CHAPTER TWO

Making Better Wives and Mothers: Girls' Education and the Cult of Domesticity

In a circular from 1921 to the lieutenant governors of the various colonies, Governor General Martial Merlin stressed the importance of women to the transformation of indigenous society. "It is the time not for discussions, but for action," Merlin wrote. "Without the instruction [of women] our educational work in this country is superficial, ephemeral and void." Not only important, Merlin pointed to women's inclusion as necessary to the success of education. It was the women's roles in the household—their power to influence spheres of tradition, cleanliness, hygiene, and order—that would link women, education, and health in twentieth century Senegal. Importantly, Merlin insisted that the growing disparity between men and women fostered social disequilibrium within the household, for "the man no longer speaks the same language as the woman; he has other aspirations, other tastes; they no longer understand each other."¹

In advocating for the expansion of girl's schooling, Merlin's circular reveals a contradiction in colonial education policy. Education was seen as a uniquely powerful tool for the transformation of indigenous society. It was a means of inserting practice and ideas into the private sphere and fostering social equilibrium. However, for many Senegalese, the expansion of girl's schooling was a threat to the existing social order because it undermined existing relations of power within the household. I will argue that the influence of education on the "health" of the body and society was far more complex. While education did contribute to shifting power dynamics within the household, social equilibrium did not happen in the way Merlin foresaw. As we shall see, over time, economic and political considerations convinced an increasing number of parents to send their children to French schools. Nevertheless, girls' education remained a contentious issue as men and women struggled to define the place of women in both the private and public spheres.

This chapter examines how and why the expansion of girl's education in colonial Senegal opened up new debates about women's place in colonial society, particularly in regards to their roles as wives and mothers. In the wake of the First World War, maternal and infant health was seen as a crucial component of colonial governance. Indeed, the promotion of girls' education was a key part of maternal and infant welfare policies. Through education, colonial officials hoped to establish a better foundation for the transformation of indigenous society. Education would not only arm women with new standards of hygiene and propriety, but also would contribute to the larger social, political, and economic development of the colonies. The resulting discourse linking domesticity and girls' education reveals how maternal and infant health policy became a flashpoint for the politicization of women's role in colonial society, complicating existing gendered social hierarchies in the household and feeding into broader debates about the nature of gender, class and race in colonial Senegal.

Education Reform And The Long Nineteenth Century

From an early period, colonial administrators and French missionaries extolled the cultural and political importance of girls' education to the broader goals of the French civilizing

¹ ANS O 212 (31) Circulaire no. 58, 5 September 1921, Governor General de l'AOF to the Lieutenant governors of the colonies.

mission. In fact, some of the first officially recognized schools in Senegal were schools for women. Run by the Sisters of Saint Joseph de Cluny, the first school for girls opened in 1819 in Saint Louis, the colonial capital of Senegal at the time; the second opened a few years later on the island of Gorée. It was only in 1841 that the other important Catholic teaching order, the Brothers of Ploermel, opened their first school for boys in Saint Louis.

These schools received an unapologetic endorsement from the colonial administration at the time. Jean Roger, the governor of Senegal during this period, supported the religious orders in their endeavors to convert the local population to Christianity as well as instill in them the secular norms of French culture.² Furthermore, Roger was a powerful advocate for girls' education, working to expand the scope of educational activities by opening a school specifically for Senegalese girls, the *Ecole des jeunes négresses*. The stated goal was "to facilitate by all means the development of the intelligence and the progress of civilization among the blacks." In particular, the school was designed make better wives and mothers, a "*génération améliorée*," who by their assimilation of French culture and mores, would be the foundation for the future development of the colonies.³ Yet the early enthusiasm of these schools was overshadowed by problems of budget and personnel.

Due to budgetary constraints, the colonial administration offered very little in the way of support or oversight for these early mission schools. In 1823, three sisters oversaw the education of over 100 students in Saint-Louis, while on the island of Gorée, four sisters provided instruction to 64 women and the young children that accompanied them.⁴ By 1853, the number of girls attending these schools had risen to 150 in Saint-Louis and 178 in Gorée. Faced with constant shortages of personnel, the sisters of Saint Joseph often could not afford to divert the few women they had at the hospital to serve as teachers for these girls.⁵ This posed problems for recruiting a significant number of students. Even though the colonial government eventually acted to secure a minimum number of instructors for these early schools, the future of girls' education remained a low priority.

Beyond simply issues of budget and personnel, official ambivalence towards girls' education reflected the shifting priorities of the colonial administration during the second half of the nineteenth century. With the creation of the Second Republic in 1848 came the reaffirmation of the values and ideals of the French Revolution of 1789. These changes not only influenced the content of instruction, but also made education a requirement of all French citizens. While colonial administrators dismissed the possibility of applying this model of compulsory education to the colonies, primarily for financial reasons, these policies did provide the impetus for increased regulation and standardization of education in the colonies, and a justification to

² Diane Barthel, "Women's Educational Experience under Colonialism: Toward a Diachronic Model," *Signs* 11, no. 1 (October 1, 1985): 140.

³ Denise. Bouche, "L'enseignement Dans Les Territoires Français de l'Afrique Occidentale de 1817 À 1920: Mission Civilisatrice Ou Formation D'une Élite?" (Atelier Reproduction des thèses, Université Lille III; Diffusion, H. Champion, 1975), 401–2.

⁴ *Ibid.*, 57, 400–1. Bouche cites that at the time that the French reassumed control of Senegal in 1816, they estimated that the population of Saint-Louis stood at about 9000 while Gorée was about 2000 people. Though a minority, Christians comprised a significant number of these inhabitants.

⁵ *Ibid.*, 400–1.

enlarge the scope of education in the colonies. These concerns became ever more pressing as colonial expansion brought new populations within its orbit.

Confronted with the task of administering a growing West African empire, the colonial administration realized the need for educational institutions designed to train the next generation of political elites. In 1856, General Louis Faidherbe, the governor of Senegal at the time, created the *Ecole des fils de chefs et des interprètes* (“School for the sons of chiefs and interpreters”), also known as the *Ecole des otages* (“School for hostages”). Drawn primarily from the families of chiefs and notables, these students would serve as middlemen in the new political order to follow the conquest and “pacification” of the interior of the continent.⁶ However, political expediency was not the only motivating factor behind the creation of the *Ecole des otages*.

As wars of conquest extended the boundaries of the colonial frontier, the administration likewise struggled to come to terms with their newfound position as a “Muslim power.”⁷ Governor Faidherbe’s advocacy for secular educational institutions thus stressed the need to reform educational institutions to meet the political and economic realities at work in the colonies. In numerous letters to the Minister of the Colonies, Faidherbe pointed to the vital role that Muslims played in colonial commerce. They served as soldiers, sailors, traders, artisans, interpreters, and even domestics. Indeed, as Faidherbe suggested, “the active commerce along the river tends to fall almost entirely into the hands of black Muslims.”⁸ Proposals to establish a system of lay education also gained support from administrators who feared the political and cultural influence of Koranic education. For example, Frédéric Carrère, head of the Judiciary service in Senegal, and Paul Holle, a métis from Saint-Louis who served in the French colonial army, advocated for the creation of lay schools, which would not only promote French as a language of instruction, but also serve as a bulwark against the spread of Islam.

The issue of girls’ education was conspicuously absent in these debates about the reform of public instruction in the late nineteenth century. As the arguments of Faidherbe, Carrère, and Holle demonstrate, educational reform was motivated by economic and political concerns in which women played only a minor role. In this respect, girls’ education was not a major concern for the administration during this period. From the 1880s onward, we thus notice a growing disparity between men and women in terms of access to education. This trend would continue into the next century, even as the colonial government assumed official control of all schools under the auspices of a newly created Federation of French West Africa (A.O.F.) in 1903.

The reforms of 1903 marked a watershed moment in the history of education in colonial Senegal. The reorganization of France’s West African colonies that year revived efforts to reform public education and prompted the administration to move decisively towards a new model of secular public education, designed and “adapted” to the needs of a wider African population. The arrête of 24 November 1903 thus created a three-tiered system comprised of

⁶ For more on the trajectory of these colonial intermediaries and their place on the historiography see Benjamin N. Lawrance, Emily Lynn Osborn, and Richard L. Roberts, eds., *Intermediaries, Interpreters, and Clerks: African Employees in the Making of Colonial Africa*, Africa and the Diaspora (Madison, Wis: University of Wisconsin Press, 2006).

⁷ See David Robinson, *Paths of Accommodation: Muslim Societies and French Colonial Authorities in Senegal and Mauritania, 1880-1920* (Athens, Ohio; Oxford, England: Ohio University Press; James Currey, 2000).

⁸ Quoted in Bouche, “L’enseignement Dans Les Territoires Français de l’Afrique Occidentale de 1817 À 1920,” 283–4.

village schools, regional schools, and urban schools, each tailored to meet the perceived “needs” and capabilities of the student body. Urban schools catered to Europeans and assimilés,⁹ and offering instruction almost identical to that offered in the Metropole. Meanwhile, regional and village schools offered more rudimentary instruction to a predominantly African population living outside the Four Communes.

While treated separately, the organization of girls’ schools followed a similar but noticeably gendered logic. Village schools were to be created where a significant number of pupils could be found, adding a course on sewing to the simplified curriculum which included spoken French, hygiene and basic arithmetic. *Ecoles ménagères* were akin to the regional schools for boys, except that they emphasized practical training in aspects of domestic life, such as infant care and hygiene, ironing, laundering, sewing, dressmaking, and cooking. Finally, urban schools offered instruction closest to that offered in Paris, which included coursework to teach practical domestic skills as well as a preparatory section to complete their diploma. Though these reforms promised “education for all,” in reality, the growing disparity between male and female enrollment testified to official ambivalence towards the issue of girls’ education.

By 1920, only 1 girl for every 45 boys was enrolled at primary school In French West Africa. Though girls fared better in Senegal, boys still outnumbered girls 10 to 1 at government schools, with 448 girls to 4368 boys in 1922. Sex ratios at missionary schools were more balanced with 349 girls to 308 boys. Combined with the numbers from missionary schools, only 32 percent of the total female population of Senegal received any sort of primary education.¹⁰

Year	1904	1909	1912	1917	1918	1920	1925	1930	1938
Girls	842	938	1156	899	502	400	2500	4533	5892
Boys	4168	10703	10010	--	--	17995	28515	--	56572

Table 2.1 – Number of Students by Gender in AOF, 1903-1938

For some officials this growing disparity in access to education was cause for alarm because it worked against the aims of the French *mission civilisatrice* (“civilizing mission”), which sought the social, economic and political development of the colonies under French rule. In a letter to the governor general of the Federation of French West Africa (AOF), the Lieutenant-Governor of Senegal lamented the lagging rates of female enrollment warning that “our civilizing influence in the colonies will remain superficial and precarious as long as the female population remains excluded.”¹¹ In fact, the Lieutenant Governor was so convinced of the importance of girls’ education that he proposed not only the creation of new schools for women, but also opening up existing schools to female enrollment, thus allowing girls to attend school alongside their male

⁹ The term *assimilé* refers to African or other colonial subjects who through assimilation of French culture and/or faithful service to the colonial administration, have earned certain political rights

¹⁰ Pascale Barthélemy, *Africaines et Diplômées À L’époque Coloniale, 1918-1957* (Rennes: Presses universitaires de Rennes, 2010), 36; Papa M. Diop, “L’enseignement de La Fille Indigène En AOF, 1903-1958,” in *AOF, Réalités et Héritages, Sociétés Ouest-Africaines et Ordre Colonial, 1895-1960*, vol. 2, 2 vols. (Dakar: Direction des Archives du Sénégal, 1997), 1081–96.

¹¹ ANS O 212 (31) Correspondence from Lt. Gov. In Saint Louis to the Gov. General of the AOF in Dakar “Apropos de l’instruction des femmes indigenes,” September 7, 1909

counterparts. However, these proposals elicited a rather luke-warm response from the Governor General at the time, William Ponty.

Though Ponty acknowledged the rather weak female enrollment numbers and seconded the Lieutenant Governor's call for renewed action in the cause of girls' education, he clearly stopped short of endorsing a policy of coeducation, if only for logistical reasons. Thus while the reorganization of the colonies in 1903 ushered in the development and expansion of government schools, a lack of political will stymied the reform and expansion of girls' education in line with other institutions catering to boys. The turning point in this trend would come only at the end of the First World War with the emergence of new health and welfare policies geared specifically toward maternal and infant health.

Faire De Noire Et Des Femmes Au Foyer

Following World War I, the priorities of the French colonial health services, known as the Assistance Médicale Indigène (AMI), were redefined to favor preventive health measures. In turn, these reforms expanded not only the range of services offered but furthermore extended the scope of these services to include areas outside the reach of existing public health infrastructure. In particular, new emphasis was placed on maternal and infant health.

French concerns over maternal and infant health in the colonies drew inspiration from metropolitan preoccupations. In France as well as England, declining birth rates coupled with high maternal and infant mortality were seen as a cause for alarm, particularly in the face of the enormous casualties sustained during the First World War. Fears of racial degeneration, particularly in relation to other imperial powers, prompted calls for the strengthening of the imperial body politic and the elaboration of an ideology of imperial motherhood.¹² These concerns were translated into the colonial context by the application of metropolitan measures to the colonies.¹³

Pro-natalist policies transplanted from France dovetailed well with the political economy of colonial rule. As hostilities drew to a close in Europe, France looked back to the colonies afresh, with an eye to capitalizing on the huge swaths of land that it possessed, straddling the continent from Cap Vert to the Somali coast. Administrators believed in the tremendous potential of their African colonies; they needed only a sufficient labor force to exploit it. Albert Sarraut had expressed this vision more precisely in his elaboration of the notion of *faire du noir*, literally translated as “[re]making of the black.” The goal was to augment the population of its

¹² Alice Conklin, “Redefining ‘Frenchness’: Citizenship, Race Regeneration, and Imperial Motherhood in France and West Africa, 1914-1940,” in *Domesticating the Empire: Race, Gender, and Family Life in French and Dutch Colonialism*, ed. Julia Ann Clancy-Smith and Frances Gouda (Charlottesville, VA: University Press of Virginia, 1998); Alice Conklin, “Faire Naitre v. Faire Du Noir: Race Regeneration in France and French West Africa, 1895-1940,” in *Promoting the Colonial Idea Propaganda and Visions of Empire in France*, ed. Tony Chafer and Amanda Sackur (Houndmills, Basingstoke, Hampshire; New York: Palgrave, 2002), 143–55; Anna Davin, “Imperialism and Motherhood,” in *Tensions of Empire: Colonial Cultures in a Bourgeois World*, ed. Frederick Cooper and Ann Laura Stoler (Berkeley: University of California Press, 1997).

¹³ Conklin, “Redefining ‘Frenchness’: Citizenship, Race Regeneration, and Imperial Motherhood in France and West Africa, 1914-1940,” 71.

African colonies, in quantity as well as quality. In this way, Sarraut linked the *mise en valeur*, or economic exploitation of the colonies, to the longstanding humanitarian goals of the French civilizing mission.

By virtue of their reproductive capacities, women thus became the central focus of health reform in the wake of the First World War. Annual reports and correspondence during the 1910s and 1920s provided a grim picture of health in the colonies, particularly the high rates of infant mortality. Umbilical tetanus, dysentery, pneumonia, malaria, and hereditary syphilis represented the most important contributors to infant mortality. In their efforts to combat these threats to the health of the colonial population, administrators singled out women. The key to reducing infant mortality, Governor-General Jules Carde wrote in his circular to the lieutenant governors of Afrique Occidentale Française (AOF), was “the education of mothers and the progressive penetration of notions of childrearing into family life.”¹⁴ In this way, Carde linked the issue of maternal and infant health with efforts to promote girls’ education.

The goal of creating better wives and mothers had long permeated the discourse around the reform of girls’ education. However, in the postwar context, girls’ education took on new meaning. For example, George Hardy, education minister for the AOF, singled out the importance of women to the colonial project in his treatise, *Une Conquête Morale*. In particular, Hardy pointed to the multiplier effects that girls’ education would have on the local population. “Quand nous amenons un garçon à l’école française,” he wrote, “c’est une unité que nous gagnons; quand nous y amenons une fille, c’est une unité multiplié par le nombre d’enfants qu’elle aura.”¹⁵ In other words, educate a boy, you reach only a single person. Educate a girl and you reach her and all her children.

Proponents of girls’ education in AOF thus framed their arguments in terms of both the biological and social roles of women as wives and mothers. According to the author of a report entitled, “Nécessité d’éduquer la femme indigène,” France’s desire to bring civilization to Africa hinged on the elevation of the status of women, because, as the author noted, women were the “lynchpin of indigenous society.”¹⁶ Women were crucial to the reproduction of the household; they did everything: they raise the children, they prepare the meals, they take care of the household, and they till, sow and harvest the fields. To neglect women, the report argued, was to undermine the very progress of the colonial civilizing mission, for without an educated female companion, the educated male African would be isolated and alone, “powerless to transform his family and the society of which he is a part.”¹⁷

As demonstrated above the articulation of French colonial policy around the issue of girls’ education reflected colonial priorities in regards to consolidating political and administrative control and facilitating the economic exploitation of the colonies by expanding and strengthening the labor force. Nevertheless, local concerns exerted a tremendous influence on the rhetoric of reform, particularly around the issue of girls’ education. As colonial administrators became more invested in expanding the reach of colonial education institutions,

¹⁴ ANS 1 H 102 (163). Gouvernement General de l’Afrique Occidentale Française, “Instructions relatives a l’orientation et au developpement des services de l’Assistance Medicale Indigene, 15 fevrier 1926,” in *Instructions sur le Fonctionnement de l’Assistance Medicale Indigene*. (Goree: Imprimerie de Gouvernement General, 1927).

¹⁵ Georges Hardy, *Une Conquête Morale, L’enseignement En A.O.F* (Paris: A. Colin, 1917).

¹⁶ ANS 0212 (31) Anon, “Nécessité d’éduquer la femme indigène,” n.d.

¹⁷ ANS 0212 (31) Anon, “Nécessité d’éduquer la femme indigène,” n.d.

they often confronted the reluctance of parents to send their children to French schools. The following section thus explores changes in attitudes toward colonial schooling, and more specifically girls' education.

Competing Discourses Of Domesticity

In 1934, Papa Gueye Fall, Director of the *Ecole Urbaine de Dakar*, contributed a short piece to *L'Education Africaine*, the quarterly bulletin of education for French West Africa. The piece was entitled "L'Enseignement des Filles au Sénégal et dans la Circonscription de Dakar" (trans. "Girls' Education in Senegal and the Metropolitan District of Dakar"), and it highlighted the challenges facing girls' schooling. In particular, Fall cited tremendous disparities between the numbers of girls and boys enrolled at school, suggesting that the primary cause for this situation was the reluctance of parents to send their children to colonial schools. According to Fall, parents feared that the French schools would turn their girls into "*desdemoiselles*" who were more interested in flirting than fulfilling their religious or household duties.¹⁸ These concerns were echoed in the Denise Savineau's report *La Famille en AOF: La condition de la femme*, which cited that Muslim parents often refused to send their girls to school for fear that they would convert to Catholicism, lose their virginity, or simply emancipate themselves.¹⁹

The concerns cited by both Fall and Savineau clearly articulated the anxieties of parents and other figures of authority at this moment in the history of colonial Senegal. Threatened both by the encroachment of the colonial state as well as the deterioration of the existing social and political order, parents and community leaders decried colonial schools as an assault on traditional forms of authority based on age, social status, and religious knowledge. Far from promoting "social equilibrium," as Governor Merlin and others had suggested, parents feared that colonial education would disrupt the gendered hierarchy of household relations.

As these sources illustrate, the issue of girls' education was enmeshed in the "public" politics of colonial rule as much as the "private" politics of household relations. While administrators stressed the practical aspects of girls education such as sewing, cooking, cleaning and child care to win over parents to the French school, the gradual acquiescence of parents to send their girls to French school was as much an acknowledgement of the increasing social and economic importance of colonial education at the time, as it was an endorsement of the content of this education. The language of domesticity that characterized debates about girls' education must therefore be read and understood on multiple registers.

Before the creation of French schools, girls' education was not a concern for most parents. As one male elder recounted to David Ames in 1950, "Why does a woman need an

¹⁸ Papa Gueye Fall, "La Vie Scolaire: L'Enseignement Des Filles Au Sénégal et Dans La Circonscription de Dakar," *L'Education Africaine: Bulletin de L'enseignement de l'Afrique Occidentale Française* 23, no. 87 (September 1934), <http://gallica.bnf.fr/ark:/12148/bpt6k5714130p>. [Accessed February 29, 2012].

¹⁹ ANS 1G 00021. Denise Savineau, *Rapport de Madame Savineau Sur La Famille En AOF: Les Conditions de La Femme. 1937-1938*, Series 1G (Dakar, Sénégal, 1938), Senegalese National Archives.D. Savineau, 1938, *Rapport de Madame Savineau sur la famille en AOF: les conditions de la femme. 1937-1938*. Séries 1G : Études Générales Thèses, Mémoires et Monographies, 1903-1978, ANS 1G 00021. Dakar, Sénégal. Archives Nationales du Sénégal.: 146, 183)

education to bear children, pound grain, and draw water?”²⁰ While seemingly hyperbolic for the time, the quote voiced a sentiment that was probably expressed by many parents who were encouraged to send their girls to French school. If women’s adult lives were spent doing domestic chores, what good was a French education? Most Senegalese women learned how to fulfill their duties as wives and mothers through informal means. At a young age, they might imitate their mothers by playing house, copying the ways they cook, clean, and interact with relatives, co-wives, and other social relations. Later they might be tasked with specific chores, such as fetching water, gathering firewood, pounding grain, sweeping the courtyard, going marketing, etc. Parent’s reluctance to send their daughters to school was thus a product of the expectations placed on women’s labor. Women could learn all the skills they needed without ever leaving home. Thus formal education was unnecessary. Furthermore, by sending their daughters to school for the day, women would be forced to surrender an important source of domestic labor. Thus both parents had legitimate reasons to resist sending their girls school. The only exception to this hostility towards girls’ education was Koranic education.

Prior to the creation of the first French schools, formal education of young girls took place at Koranic school, also known as the *daara* in Wolof.²¹ Generally, instruction would begin at about age 7. Though boys and girls often attended school together, their instruction and experiences differed in many respects. First of all, boys were far more likely to receive instruction at the *daara* when compared to girls. Figures from the second decade of the twentieth century show that in Dakar and Saint-Louis boys outnumbered girls by a ratio of 5:1 and 4:1 respectively. As Ware points out, these ratios were even greater as one moved away from urban centers. Furthermore, in contrast to their male counterparts who often lived at the school, girls were external students who attended school during the day. Consequently, they often missed the most substantive aspects of instruction, which took place at the beginning and end of the day, that is shortly before dawn and just after dusk.

These differences translated into very different outcomes for men and women. For the most part, girls learned to read and write at a very rudimentary level, and received only basic instruction about how to pray and how to fulfill their religious obligations as Muslims. Occasionally, the wife of the marabout would teach them practical skills such as sewing, dyeing fabric, or instruct them on the proper conduct and dress of Muslim women. More advanced scholarship however, was reserved for boys, or the daughters of clerical families who received additional instruction at home. Despite these differences though, girls’ education fulfilled an important social function. Above all, it instilled in these girls a respect for authority and taught them their place in society. The rigorous discipline and hard work these girls endured at the *daara* thus prepared them for their duties as good Muslims as well as proper wives.

Parental attitudes towards the *daara* were undoubtedly shaped by the practical benefits of Koranic education. Learning to read and write in Arabic was a crucial skill for those involved in trade or law. For example, it was not uncommon to see contracts from this period written in both French and Arabic, literally side-by-side. This demonstrated the central importance of Arabic in commercial relations. Even as the language of commerce and long-distance trade became

²⁰ Cited in Rudolph Ware, “Knowledge, Faith, and Power: A History of Qur’anic Schooling in 20th Century Senegal,” 2004, 157.

²¹ For a fuller treatment of the history of Koranic schooling in Senegal see Ware, “Knowledge, Faith, and Power.”

increasingly dominated by French speakers, Arabic remained the primary language for administering the law. Thus, well into the twentieth century, legal opinions issued by Islamic justices were written in Arabic. Nevertheless, the benefits associated with Koranic education accrued primarily to the boys. While basic skills in literacy and math may have been useful for domestic tasks such as marketing or establishing a budget, these skills do not fully explain parents' willingness to send their daughters to the *daara*. This suggests that the social significance and meaning ascribed to the *daara* far outweighed the practical benefits of Koranic education.

For a growing community of Muslims in West Africa, Koranic school provided an institution by which parents could instill in their children a respect and appreciation of their faith. Though Islam had been a major force in the political and social history of Senegal since the eleventh century, it was only in the nineteenth century that Islam expanded its reach to a wider population. Learning to read and recite the Koran was an important aspect of religious identity and obligation of the faith, not simply for men but women too. Fulfilling these obligations was certainly a factor in parents' decision to educate both their sons and their daughters at the *daara*.

The transformation of Islam into a popular religious force likewise transformed the importance of Koranic schools into an important site for the constitution of political and social authority. The relationship forged between the marabout and his student/disciple (*serin* and *talibe* in Wolof respectively), was simply the beginning of a longer patron-client relationship, in which disciples offered their fealty to the marabout in exchange for his spiritual, social and political guidance and protection.²² The importance of the relationship between *serin* and *talibe* thus informed parental attitudes towards girls' education, as well as their reactions against the introduction and expansion of French schooling. Colonial education reforms of the mid to late nineteenth century brought the conflict between French and Koranic education to a head.

Colonial administrators recognized the political and social power wielded by the marabouts, and attempted to counter this authority in two ways. First, colonial administrators created the first secular schools. This included Faidherbe's *l'Ecole des otages*, later renamed *l'Ecole des Fils de Chef et des Interprètes*, as well as other institutions. While the primary goal of these schools was to train a cadre of local agents to serve as administrators, they were also supposed to provide an attractive alternative to missionary schools. Nevertheless, attendance at these new schools remained low. Reports that missionaries were secretly and sometimes forcefully baptizing students, had long fueled distrust of French education, and even as French administrators assured parents of the secular nature of these new government schools, parents remained distrustful of French education.

To counter the resistance of parents, administrators also embarked on a campaign to regulate Koranic schooling. The aim was to contain the influence of the marabouts while simultaneously supporting the growth and expansion of government schools. The first of these measures decreed that marabouts must have formal authorization to teach in Saint-Louis. As part of the registration process, marabout had to be a resident of the city for at least seven years, they had to submit a *certificat de bonne vie et mœurs* ("certificate of good conduct"), and pass a qualifying examination to prove their competence to teach the Koran. Finally, they were forced not only to send their older students to night classes at French school, but also provide the names

²² Ware highlights this growing social and political importance of the *serin* in light of the expansion of Islam in chapter 4 of his dissertation *Knowledge, Faith, and Power: A History of Qur'anic Schooling in 20th Century Senegal*.

of their students to the authorities on a quarterly basis. Colonial authorities even went as far as prohibiting marabouts from instructing women by insisting that girl students must only receive instruction from a female marabout, a category which simply did not exist.²³ While many of these measures were never or at least only loosely enforced, they nevertheless represented a concerted effort by administrators to undermine the entrenched social and political interests that invested the marabout and the *daara* with so much power. Even as French schools began to recruit larger numbers of students, parents did not stop sending their children to the *daara*. On the contrary, parents tried to reconcile the two competing systems of education by sending their children to the *daara* at an earlier age, in order to instill in them the fundamental aspects of Koranic instruction, before eventually sending them to French school.

The war on Koranic education came to a climax in 1896, when a measure passed which prohibited private instruction during the hours that class was in session at the French school. As the reaction of the inhabitants of Saint-Louis demonstrates, the attack on Koranic education struck at the core of the Muslim religious identity:

The entire population of the city of Saint-Louis has the honor to address to you with violent grief and unspeakable sadness in the heart and hopes of you the remedy to its affliction. We are damaged to our vital vein (*corde vive*), which is the teaching of our religion to our children, by a recent measure which, in bringing such a change in the Arabic schools of our city, gravely endangers the observation and preservation of our religion. The pain that we feel to see such a measure applied can neither be translated with the plume nor expressed with the tongue.²⁴

As the above quote suggests, the issue of Koranic education was at the heart of an ongoing struggle to redefine the boundaries of social and political authority in colonial Senegal. As Ware argues in *Knowledge, Faith and Power*, the social importance of the *daara* was not simply spiritual, but political and social as well. In this way, the concerted attacks on Koranic education provided evidence that the administration recognized both the real and symbolic importance of the *daara*.

As girls' education gathered momentum in the late 1930s and 1940s, religious values continued to inform parental reluctance to send their daughters to French schools. However, these concerns were fading in the face of new realities. As Mamadou Diouf, a retired *infirmier d'état* recounted, many Muslim parents began sending their children to French schools instead of Koranic school because they worried that their children would not be able to compete in the job market against their Christian age mates. These concerns were further complicated by the social and political hierarchy created by colonial rule.

Due to the longstanding French presence in Senegal, certain groups had accrued special status and rights vis-à-vis the colonial state. During the nineteenth century, for example, inhabitants of the four communes, the *originaires*, were accorded rights approaching those enjoyed by French citizens. They were not subject to the *indigénat*, the legal code which applied

²³ Ware, "Knowledge, Faith, and Power," 206. This seems to contradict the argument presented by Barthel that the administration suppressed the issue of girls' education in deference to Muslim parents' sensibilities.

²⁴ Quoted in *Ibid.*, 208–9.

to the majority of colonial subjects living in the colonies. They were also allowed to vote in local and municipal elections, eventually influencing politics in the metropole by sending a representative to the French National Assembly in Paris. These rights were further extended to a small group of Africans whose service to the colonial state, and assimilation of French language and culture demonstrated their loyalty to the state and their capacity to exercise rights akin to those of enjoyed by naturalized French citizens. In this way, French education represented a central means of social and political advancement for a class of Africans elites known as *évolués*, lit. “evolved” Africans. Facing the erosion of these rights in the first decades of the twentieth century, the issue of education became even more important as French literacy became a key marker of social and political identity and rights.

Parental attitudes towards French education thus took shape amidst the push and pull exerted by the *daara* and the *école*. In other words, parents struggled to reconcile local idioms of social and spiritual authority with new languages of power and authority introduced by colonial rule. The reconciliation between competing modes of authority and control thus refocused attention to the issue of gender relations and domesticity.

Empowering Women Or Enforcing Patriarchy?

In 1906, the inspector of education for the colonies wrote optimistically about the future of girls’ education:

Confidence in our European female teachers, especially when they are married, has grown considerably among the Muslim Africans. After having held both the Sister and the lay teacher in the same distrust, they have become aware of the clear impartiality of our official education, which respects the doctrines of Islam and which in no way aims... to emancipate the woman or to modify the fundamental bases of the Muslim family.²⁵

These remarks revealed the tension, and even the contradictions, at the heart of colonial policies promoting girls’ education. While the French feminine ideal of the “*femme au foyer*” fit well with the patriarchal nature of the “Muslim family,” and provided some measure of common ground between administrators and parents, the proposed goals of the administration to transform the place of women in colonial West Africa inevitably upended the prevailing social order.

Official reports contain few if any descriptions of Senegalese women’s perspectives or opinions about education. To broaden our understanding of the impact of education on women we must thus look to other sources, particularly oral recollections. The interviews presented here were collected in 2010-2012, by the author and several research assistants. The women and men interviewed were born largely in the 1930’s and onward. Many of those interviewed were retired health professionals who received their training in the 1940’s, 1950’s, and 1960’s. These oral sources attested to the contentiousness of girl’s education within the context of colonial rule but also within the gendered hierarchy of the household. Furthermore, they revealed how women adapted the content, context and significance of education in order to renegotiate their place in society.

²⁵ Barthel, “Women’s Educational Experience under Colonialism,” 142–3.

Colonial officials saw girl's education as a tool for the transformation of society, while some Senegalese parents feared education would transform their lives too much. Women, in contrast, existed between these extremes. By virtue of their position in the household, education took many forms, blurring the boundaries between formal and informal education, and undermining parents' attempts at insulating their daughters from external cultural influences.

As girls' education became an increasingly important issue for the colonial state, officials used every means they could to encourage enrollment. In the 1930's and 1940's colonial officials went so far as to bribe some families with clothes, free medical care, or scholarships to boost enrollment in the French schools.²⁶ Still, the results were mixed. Enrollment of girls in French schools increased, but many girls continued to attend Koranic schools as their parents had, or simply did not go to school at all.

Parents' educational background was often an important factor in deciding whether or not to send their daughters to school. Absa Cissé, who was born in 1932, recalled her parents' decision to send her to Koranic school at age 7. As Cissé explained, "French or colonial schools symbolized the icon of Christianity and Western culture."²⁷ In order to shield her from these external influences and pass on to her the religious and cultural values at the heart of Islamic education, her parents opted to send her to Koranic school. Thus, Absa Cissé followed in the footsteps of her parents.

By the 1930s and 1940s, these attitudes beginning to change, particularly as access to French education expanded. Even though the experience of women was far from uniform, those daughters whose parents went to government school were far more likely to receive a Western education. Indeed, this shift presented itself in the testimony of women who recalled that their fathers had attended French schools, even though their mothers had not. For example, Ilaria, another long-time resident of Dakar, reported that her father had attended French school, and though she did not attend French school as a young girl, she did take courses at home offered by certain teachers from the local French school starting at about age 10.²⁸ Others, like Madeline Coly and the other midwives and nurses I interviewed, attended the French schools and eventually continued on to professional school. These inter-generational dynamics helped to erode parents' reluctance to send their daughters to French school by normalizing French education.²⁹ Still, whether women in this period attended French schools or not, their recollections reveal that containing the influence of French education proved difficult, if not impossible.

As the recollections of several of these women revealed, the influence of the *école* extended far beyond its walls. For example, Absa Cissé excitedly recounted the informal lessons in hygiene that she received from her friends who attended French school, such as the importance of washing her hands before meals, brushing her teeth before and after eating, or washing her clothes regularly. She spoke admiringly about parents who "understood the virtues,

²⁶ Absa Cisse, Interview, Dakar, Senegal, trans. William Carvalho, September 22, 2011.

²⁷ Ibid.

²⁸ Ilaria, Interview, Dakar, Senegal, trans. William Carvalho, September 18, 2011.

²⁹ As Diane Barthel's research demonstrates, female professionals often had parents who had attended French schools and were consequently more supportive of girls' education. Diane L. Barthel, "The Rise of a Female Professional Elite: The Case of Senegal," *African Studies Review* 18, no. 3 (December 1975): 1-17; Barthel, "Women's Educational Experience under Colonialism."

and advantages of western culture, and sent their children to French school.”³⁰ Cissé’s recollections thus revealed how ideas and knowledge flowed between women in both formal and informal spaces, whether from mother-to-daughter or peer-to-peer.

While relatively few women received formal education at French school, many more received it within these informal spaces—passed on as gossip between friends, explained over daily chores, or whispered when family wasn’t looking. Girls who did attend French schools shared their lessons with those who did not. And they received this information eagerly. Thus, by sharing their experiences and knowledge with their friends, these informal exchanges effectively elided the ideological divisions erected between the *daara* and the *école*, and undermined the efforts of parents to limit the influence of French education.

While it is important to stress women’s agency in transmitting the content of French education to their peers, it is equally important to note the value and significance placed on this education. Even as these women recalled these “French lessons” in their eighty’s and ninety’s, they spoke of this period with excitement. There was a thrill of learning something new and different, and for many, it seemed, a belief that these practices really could make life better. For example, when asked about her memories of school, Madeline Coly spoke of her time at Catholic school: the lessons in personal hygiene and first aid, as well as the bible study classes given every Thursday. She even recalled the song they used to sing while saluting a portrait of Maréchal Petain, president of the Vichy government at the time. More significantly though, her reflections on her school days emphasized the gendered dimensions of girls’ education at that time. As Coly put it, “The nuns taught us about the proper behavior and role of women in society, how to care for the household. It was important,” as she put it, “that the man and the woman each understand their own duty and role.” In this respect, the oral recollections from women of Coly’s generation reveal the complicated role that education played both in the enforcement of patriarchy and the emancipation of women.

While it is easy to gloss the feminine ideals taught to African women as driven by Western as well as African patriarchal interests, such a perspective ignores how African women understood and even appropriated the language of domesticity for their own ends. At its surface, the lessons that percolated out from the French schools seemed to be far from emancipatory. Conforming to the administration’s stated goal of making better wives and mothers, domestic chores and lessons in hygiene and *puériculture* (child care) consumed a large portion of the school day for those girls who attended French school. Even subjects like math or science were contextualized in terms of women’s domestic roles as wives and mothers, whether keeping a household budget or understanding what happens to the casserole when it is cooked. However, these lessons in homemaking, mother-craft and hygiene were only part of a larger constellation of ideas and concepts that women absorbed while at school.

These cultural aspects of French education came out particularly in the recollections of women who did not attend French schools, but instead learned from friends and peers. They spoke about learning things like how to eat, to dress, and dance like the French (“*danser à l’occidentale*”).³¹ Furthermore, they were taught how to behave properly, particularly in the company of the opposite sex where they were expected to “remain silent” and keep to themselves, in order to maintain a sense of propriety and guard against seeming too flirtatious.³²

³⁰ Cisse, Interview, Dakar, Senegal.

³¹ Ilaria, Interview, Dakar, Senegal.

³² Cisse, Interview, Dakar, Senegal.

Yet amongst themselves, women were also discussing other things like family, love, marriage and the relationship between the two sexes in the context of what they encountered in their studies at French school. In the process, they questioned fundamental assumptions about the place of woman in society.

A recurring theme in the interviews with these women was that the education of women helped to avoid “social disorder” by defining the role between men and women. As Ilaria recounted, “This education offered to women was very important, and recognized women as the pillar of society, particularly through the education of children. The French school helped women maintain their roles in the home. It allowed the woman to keep her place in order to avoid chaos in society.”³³ However, women of this generation also noted that the balance of power between the sexes was also shifting as a result of this education.

In a longer commentary about the changes brought by French education, Absa Cissé described how during this period, women were expected largely to remain at home, to take care of the household, to look after the children, and furthermore to avoid contact with the opposite sex. However, she notes that with the introduction of French schooling things changed dramatically. Not only did French education greatly help women to preserve the health of the household, by instructing them on rules of hygiene and other aspects of domestic life, but also it offered them the same opportunities as men to get an education, thus leading to their “gradual emancipation.”³⁴ Cissé then went on to highlight how the ramifications of this “gradual emancipation” transformed social relations not only within the household, but also society at large. Whether in terms of deciding who to marry, or the opportunity to pursue a career, she insisted, “The French school has changed the role of Senegalese women so that emancipation became a reality in our society; women as well as men have an equal right to work and education. The woman is no longer only at home, but can be found everywhere man is.”³⁵

As these recollections suggest, women of this generation, whether or not they attended school, spoke of the advent of French education as an important turning point for women’s emancipation. By embracing domesticity as a virtue of modern womanhood, Cissé and others offered a strikingly different perspective on the impact of girls’ education for Senegalese women. The curriculum offered to women was not intended to upset the balance of power between the sexes. On the contrary, colonial administrators sought the very opposite, to uphold the existing social order, but nonetheless to transmit and diffuse notions about hygiene, health care, diet and nutrition to the wider population by tapping into women’s domestic roles as wives and mothers. As colonial officials and reformers such as Governor Merlin suggested, the education of women was intended to restore order and balance to the household. Indeed, by stressing the practical aspects of girls’ education, administrators hoped to dispel the worries of many African parents about French schooling and induce them to send their daughters to French school. Nevertheless, women adapted the content of this education to their own needs. They appropriated what they saw as useful, and transmitted this knowledge to their friends and peers. Furthermore, they recognized that education itself was a source of power.

Even as the content of this education stressed their roles as wives and mothers, this education offered new opportunities for women. As Madeline Coly asserted, “[colonial] education empowered women to control their own destinies, to contribute to the development of

³³ Ilaria, Interview, Dakar, Senegal.

³⁴ Cisse, Interview, Dakar, Senegal.

³⁵ Ibid.

their country, and to pursue professional careers previously reserved only to men.”³⁶ As we shall see in the next chapter, education helped break down the social barriers that kept women tied to the household. However, women’s entry into the professional world as nurses and midwives was no less controversial and no less complex.

CONCLUSION

The history of girls’ education in Senegal reveals both the contentiousness and complexity surrounding the expansion of colonial education. Over the course of the nineteenth and early twentieth centuries, education reform had been largely shaped by the context of colonial conquest and expansion. Despite early initiatives led by the Catholic teaching orders, the expansion of public instruction during this early period privileged men over women. However, with the consolidation of colonial rule and the elaboration of a systematic public health policy aimed at promoting maternal and infant health, girls’ education took on new meaning.

Emphasizing women’s social roles as wives and mothers, colonial administrators argued that the expansion of girls’ education was not only key to the success of colonial health policy, but furthermore an essential component of the social, political, and economic development of the colonies as a whole. Administrators spoke eloquently of women’s potential to improve the health of the household, and more generally to transform the very fabric of indigenous society. Moreover, in the face of growing disparities between male and female enrollment, they saw girls’ education as critical to preserving and consolidating the inroads made in terms of promoting French culture and civilization. Thus, for French officials, the social equilibrium of the household, and society writ large, rested on the continued expansion of girls’ education. By the 1930s and 1940s, the greatest hindrance to the expansion of girls’ education was no longer official ambivalence but rather parental resistance.

Parents only reluctantly accepted the premises behind the colonial argument in favor of girls’ education. The reasons were as much cultural and spiritual as they were social. While some perceived girls’ education to be irrelevant or unnecessary, many others perceived it as a potential threat to the existing social order, rooted in a respect for the gendered hierarchy of household but also the religious and cultural values inherent in Islam. Despite parallels in their instruction of women, primarily in their duties as wives and mothers, the *école* and the *daara* represented mutually exclusive spaces of instruction and socialization. Only gradually did parents begin sending their sons and daughters to colonial schools, and even then they often struggled to reconcile their commitment to the values of Koranic education with the increasing political and economic significance of French education. In this respect, the struggle over the meaning of colonial education, and girls education more particularly, reveals the complexities of the colonial encounter demonstrating how the opportunities and constraints created by colonial rule defy the simple dichotomy of colonized and colonizer. Indeed, this complexity is further revealed when one examines how women appropriated the language and rhetoric behind girls’ education for their own purposes.

Women were not constrained by the ideological polarization in the struggle between *daara* and *école*. In fact, as the recollections of many women show, the benefits of French education accrued to all women, whether or not they were educated at French school. Far from passive actors, women appropriated what they learned in school and passed on to their friends what they thought to be most relevant. Furthermore, they talked about the cultural content

³⁶ Madeline Coly, Interview, Dakar, Senegal, trans. William Carvalho, September 18, 2011.

implicit in these lessons, such as the ways the French danced and dressed, but also their ideas about family, marriage and love. Finally, they seized upon the significance of education for the advancement of women both within the household as well as in the larger context of Senegalese society. As we shall see in the next chapter, education opened up new opportunities for women, but also introduced new constraints.

CHAPTER THREE From Household to Hospital



Figure 3.1 : Labitte, G. « A la maternité, » Dakar, Senegal, FR CAOM 30Fi25/14, Archives Nationales d’Outre Mer <anom.archivesnationales.culture.gouv.fr>

By February of 1960, Senegal was only months away from becoming a fully independent nation. However, against this backdrop of nationalist excitement, pressing social issues still faced the fledgling nation. In particular, newspapers and magazines like *Paris-Dakar* and *Bingo* discussed the role women would play in the construction of a new nation. While some columns celebrated the “woman of the future” (fr. *la femme de l’avenir*) by highlighting women’s new roles in society as nurses and midwives, as well as social workers and secretaries, many readers also voiced their distress in the opinion pages about the impact of these changes on household and family life. As one opinion column read, “A good wife/woman, the wise one says, must unite two bodies of knowledge: that of a perfect housewife and that of an educator, while remaining quietly at home, in her place, to support and help her husband, raise and educate the children, to instill in them the impression of a judicious spirit, while keeping abreast of new ideas, and giving all her heart, and all her thoughts to her home by not seeking any outside distraction.”¹

¹ The original French quote read: “Une bonne femme a dit le sage, doit unir deux savoirs: celui d’un parfait ménagere et celui d’une éducatrice, tout en restant discrètement chez elle, à sa place, soutenir et aider son mari, elever et instruire ses enfants, leur donner l’impression d’un esprit judicieux en se tenant au courant des idées nouvelles et en donnant tout son coeur, toute sa pensée à son foyer en ne cherchant aucune distraction au dehors.” El Hadj Madior, “La veritable role de la femme au foyer,” *Paris-Dakar*, February 22, 1960, 4.

The concerns raised above encapsulated the tensions that followed nurses' and midwives' increasing visibility in the public sphere. Directed at working women more generally, Madior's comments illustrate the ways that women's mobility transgressed the boundaries between public and private that separated women from men spatially as well as socially. Specifically, his remarks deplored working women for ignoring their proper duties to the home, and offered a binary view of household and gender relations which strictly divided male and female spheres. Situating the recruitment and training of female health auxiliaries in the history of maternal and infant health policy, this chapter explores how nurses' and midwives' professional trajectories became enmeshed in larger struggles over women's roles in the household as well as society at large. In particular, it demonstrates how women's domestic roles as housewives and mothers mediated their entry into the public sphere, in ways that both constrained as well as expanded their spheres of authority and action. Thus, domesticity proved to be a contested and unstable form of gendered discourse, which both authorized as well as undermined the operation of male authority.

The recruitment of women as nurses and midwives in the period following the First World War marked a major shift in colonial policy. These reforms signaled a growing interest in preventive health, more particularly the twin issues of maternal and infant health. More than simply objects of colonial policy, African women formed the vanguard of these health initiatives as agents of the colonial state. However, this position was fraught with ambiguity, for while such measures sought to transform the nature of the household in material terms, relative to issues of hygiene and health and nutrition, it upset the social order by calling into question the boundaries between public and private which were at the core of gender and household relationships. This chapter begins by tracing the gendered dimensions of women's professional education and training as nurses and midwives. It considers why and how women came to play such an important role in relation to health policy, and further how the prerogatives guiding women's professional formation in turn shaped their professional duties within as well as outside the formal confines of the hospital. The next section considers how these gendered differences played out in practice, both subsuming women within the gendered hierarchy of health personnel but also offering new access to power and authority through their relationship to the state. The final section then examines the implications of women's professional status on debates concerning gender identity and social relations in Senegal.

Feminization of Nursing and Midwifery Care

The recruitment of female health personnel during the 1920s and 1930s marked a dramatic shift in colonial health policy. Until World War I, men dominated the health professions. This was due primarily to the role that the military played in both the management of the health services and the training of recruits in France's West African colonies during the late nineteenth and early twentieth century. Military medicine provided the foundation of the colonial health services in French West Africa. Military doctors oversaw the delivery of care to European soldiers and eventually to a growing contingent of African troops and functionaries. However, as the French sought to expand their control into the interior, the numbers of trained European health personnel proved insufficient. French wars of conquest in West Africa during the nineteenth century thus gave rise to the need for medical auxiliaries to assist army surgeons and doctors to administer care to sick and wounded soldiers.

The relative absence of women within the colonial health services reflected the initial priorities of the French colonial administration to secure a foothold in its West African possessions and provide sufficient infrastructure to maintain the administration of the colonies. As the ranks of the colonial military were mostly comprised of African recruits, so too was this early corps of medical assistants. In this way, men formed the core of the nursing and the medical professions from an early stage. Thus when the French opened the Hôpital Central Indigène, its first “indigenous” hospital in Dakar in 1917, the support staff was almost wholly comprised of army nurses and medical assistants.² The creation of the medical school in Dakar (*Ecole de Médecine de Dakar*³) in 1918, however, marked a key turning point in the history of nursing and midwifery in Senegal. While the medical school was touted as a gesture of appreciation for the important sacrifices that the colonies made in support of the war effort in Europe -- a symbol of France’s investment in the health and well-being of its subjects -- more practically, the school represented a response to the urgent need for trained health personnel in the colonies.⁴

Prior to the First World War, the colonial administration of French West Africa made several fitful attempts at promoting the formation of a professional class of trained nurses and assistants. An early effort in this regard was the formation of male medical assistants called *aides-médecins*, who were given two years of basic instruction on subjects such as hygiene, prophylaxis, basic medicine (*médecine usuelle*) and minor surgery as well as rudimentary instruction in French. Nevertheless, doctors continued to complain that these assistants were, “incapable of assimilating the most basic and essential notions of medicine.”⁵ The shortcomings of these early medical aides thus prompted renewed efforts to provide formal training and education as a means of strengthening this growing corps of indigenous medical personnel and making them more self-sufficient. Rather than simply a question of producing more qualified personnel, though, the creation of the Dakar Medical School reflected a fundamental shift in orientation away from curative, hospital-based medicine, towards preventive care and social medicine.

As policies of quarantine and containment gave way to efforts at promoting preventive care, vaccination, health education, and hygiene, female health personnel assumed new importance.⁶ Throughout the AOF, European women played an early role in the development of

² ANS H 24 Hôpital indigène de Dakar. 2: Personnel et matériel. 1912-1919.

³ The medical school was later renamed *Ecole de Médecine Jules Carde* in honor of the former governor-general who had dedicated so much of his attention to the issues of education and public health.

⁴ J. Turrutin, 2002, “Colonial Midwives and Modernizing Childbirth in French West Africa,” in S Geiger, N Musisi, and JM Allman, (eds), *Women in African Colonial Histories*. Bloomington: Indiana University Press. Available at: <<http://hdl.handle.net/2027/heb.04111>> [Accessed 29 Feb 2012]

⁵ ANS 2G 30-58 GGAOF, 1930a, *A.O.F. École de Médecine. L'école de médecine indigène par L. COUVY*. Séries 2G : Rapports périodiques, Première Tranche, 1895-1940. Dakar, Sénégal. Archives Nationales du Sénégal.

⁶ Examples of these kinds of policies were particularly visible in efforts to segregate urban centers such as Dakar and Saint-Louis. See Raymond F. Betts, “The Establishment of the Medina in Dakar, Senegal, 1914,” *Africa: Journal of the International African Institute* 41, no. 2 (April 1971): 143–52, doi:10.2307/1159424; Myron Echenberg, *Black Death, White Medicine: Bubonic*

maternal and infant health services, known as *Protection Maternelle et Infantile* (PMI). As Denise Moran Savineau noted in her 1937 report, “La Famille En AOF: La Condition de la Femme,” colonial efforts to draw women to the maternities were already beginning to bear fruit in urban centers such as Dakar, in large part due to the work of European visiting nurses (*infirmières-visiteuses*) who educate women about the “notion of the microbe, the ‘little beast’ which transmits tetanus to infants.”⁷ French midwives and nurses thus provided the core of these early services.

These efforts by formally trained and licensed female health personnel were seconded by other European women who oversaw other charitable activities, which concerned maternal and infant health, such as the *Gouttes de Lait* (lit. “drops of milk”) and the *Berceau Africain* (lit. “African cradle”).⁸ Administrators also cited the important role played by voluntary organizations such as Ladies of the Red Cross (*Dames de la Croix Rouges*), who operated a section for infant care three days each week at the *Polyclinique Roume* in Dakar, giving consultations for healthy infants, and distributing condensed milk, soap, foodstuffs, and baby clothes to the mothers, and redirecting infants showing any signs of ill-health or malnutrition to the hospital or dispensary for follow-up care.⁹ Nevertheless, the shortage of trained personnel and the excessive physical demands of this work prompted the administration to intensify its efforts to recruit auxiliaries from the local population.¹⁰ The shift in health policy from curative to preventive care thus had a resounding impact on the recruitment and training of personnel. As Jules Carde explained in 1926, indigenous health personnel were indispensable to the AMI for several reasons. Recruited from the local population, they would not only possess linguistic and social ties to the communities they served, but furthermore their intimate knowledge of the

Plague and the Politics of Public Health in Colonial Senegal, 1914-1945 (Portsmouth NH: Heinemann, 2002); Kalala Ngalamulume, “Keeping the City Totally Clean: Yellow Fever and the Politics of Prevention in Colonial Saint-Louis-Du-Senegal, 1850-1914,” *Journal of African History* 45, no. 2 (2004): 183–202, doi:English; Kalala J. Ngalamulume, “City Growth, Health Problems, and Colonial Government Response: Saint-Louis (Senegal), from Mid-Nineteenth Century to the First World War,” 1996, <http://proquest.umi.com/pqdweb?did=739425511&Fmt=7&clientId=1566&RQT=309&VName=PQD>.

⁷ ANS 1G/00021 Denise Moran Savineau, Rapport de Madame Savineau sur la famille en AOF : les conditions de la femme. Versement 104. 1937-1938.

⁸ Transplanted from France, these institutions represented the earliest efforts to reduce infant and child mortality through preventive health measures. See Nancy Rose Hunt, “‘Le Bebe En Brousse’: European Women, African Birth Spacing and Colonial Intervention in Breast Feeding in the Belgian Congo,” *The International Journal of African Historical Studies* 21, no. 3 (1988): 401–32; G. Variot, “‘Gouttes de Lait Et Consultations de Nourrissons.’” *BMJ* 1, no. 2263 (May 14, 1904): 1125–26, doi:10.1136/bmj.1.2263.1125.

⁹ ANS 2G 35-17 AOF- Inspection generale des services sanitaires et medicaux. Service de pharmacie. Rapport annuel, 42 p.

¹⁰ As the annual report for the Hopital Centrale Indigene notes, Dakar only possessed 3 infirmières-visiteuses in 1935, for a population of over 70,000 people. ANS 2 G 35-15 HÔPITAL CENTRAL INDIGÈNE.- Rapports médicaux annuels (2 rapports)

habits, traditions, and prejudices of the local population, afforded them insider knowledge which would facilitate the education and the diffusion of their knowledge to the general populace.¹¹

In particular, Carde singled out the central role of women in relation to the overarching goals of the health services. As his instructions suggested, nurses and midwives were to play an instrumental role in the French colonial civilizing mission by transmitting and translating knowledge about the causes of disease and ill-health to a wider population, thereby extending the reach of the health services beyond the confines of the hospital. Furthermore, these female professionals would serve as the frontline in the battle against infant mortality, by facilitating “the education of mothers and the progressive penetration of notions of childcare and mothercraft within the domain of the household.”¹² Midwives and nurses thus provided a critical point of contact between the colonial public health system and the indigenous population, bridging household and hospital. Colonial health measures, particularly those aimed at promoting maternal and infant health, thus provided a crucial impetus for the expansion of female education but further marked the point of entry for women into medicine in the 1920s and 1930s as nurses and midwives.

The first cohort of midwives entered the Dakar Medical School in 1918. To enter the program, applicants needed to be eighteen to twenty years of age, and were required to hold a certificate of graduation from primary school. In addition to these requirements, students also had to submit a dossier which included a letter signaling their intentions to enter the medical school, a signed decennial agreement which stipulated that students would serve in the *Assistance Médicale Indigène* (AMI) for at least ten years, a birth certificate, a clean bill of health signed by a doctor, a letter of good conduct from the director of their school of origin, and a letter from their parent or tutor endorsing their entry into school.¹³ Finally, they had to pass a four-part entrance exam, which tested their abilities in mathematics, orthography, and written and spoken French.

While the Dakar Medical School provided an important springboard for women into the professions of nursing and midwifery (See Figure 3.1), recruitment efforts were complicated by deficiencies in these women’s educational background. As many officials pointed out, the poor state of girls’ education affected the quantity and quality of recruits. Since the mid-nineteenth century, girls’ education in Senegal languished due to official ambivalence as well as parental mistrust. As the administration redoubled its efforts to improve women’s access to education during the 1920s and 1930s, the number of students applying to the programs in nursing and midwifery slowly grew. Thus by 1934, an average of 70 young women competed for the 25 available positions at the medical school per year.¹⁴ Nevertheless, officials continued to raise concerns about the caliber of these candidates.

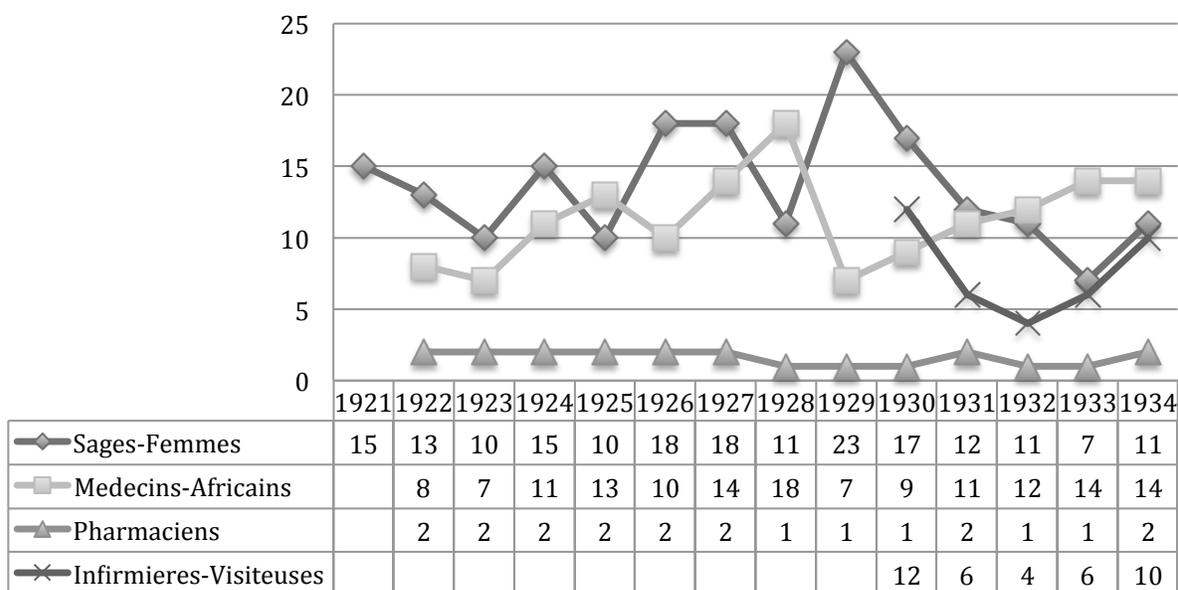
¹¹ ANS 1H 102 Jules Carde, Gouvernement General de l’Afrique Occidentale Française (GGAOF), *Instructions relatives a l’orientation et au developpement des services de l’Assistance Médicale Indigene*, 15 fevrier 1926.

¹² Ibid.

¹³ ANS O 161 (31) L’Ecole de Médecine de L’Afrique Occidentale Française (de sa fondation à l’année 1934); see also Barthélemy, 2010, *Africaines Et Diplômées*: 53-61.

¹⁴ This figure of 25 was divided between the midwifery program, which accepted 20 students, and the section for infirmières-visiteuses, which accepted 5 students, ANS O 161 (31) L’Ecole de Médecine de L’Afrique Occidentale Française (de sa fondation à l’année 1934)

Figure 3.1: Number of graduates from the Dakar Medical School by section, 1921-1934



15

Source: ANS O 161 (31) Gouvernement General de l’Afrique Occidentale Francaise (1934) *L’Ecole de Médecine de L’Afrique Occidentale Française (de sa fondation a l’année 1934)*. Séries O: Enseignement de l’AOF 1895-1958. Dakar, Sénégal. Archives Nationales du Sénégal.

Echoing many of the same complaints about the early medical assistants at the turn of the century, officials emphasized that these female recruits lacked basic skills, particularly in terms of reading and writing French, but also in sciences and math. For this reason, nearly half of the courses that female nurses and midwives attended each week were devoted to remedial lessons in orthography, French, and math. Reports also noted that a disproportionate number of these candidates came from colonies such as Dahomey, Cote d’Ivoire, and the French Soudan, who often performed better than candidates from other colonies.¹⁶ Indeed, this imbalance complicated the goals of posting these recruits in their colonies of origin upon their graduation, and eventually led administrators to establish an informal quota system in order to equalize the number of recruits by colony. Finally, there was the issue of student morale. For instance, the director of student housing for the midwifery program, Mademoiselle A. Condo, observed that

¹⁵ I have retained the French terms to describe these health personnel: *sages-femmes* (“midwives”), *Medecins-Africains* (“African-Doctors” i.e. male medical assistants), *pharmaciens* (“pharmacists”), and *infirmières-visiteuses* (“visiting nurses”).

¹⁶ Even in 1941, the Medical school continued to face these same challenges to recruitment. See, for example, ANS 161 (31) Correspondance de Le Directeur de l’Ecole de Médecine de l’Afrique occidentale française à Monsieur le Gouverneur General Haut Commissaire de l’Afrique Française, Sous le couvert de monsieur le Médecin General, Inspecteur Général des Services Sanitaires et Médicaux. Dakar, 28 Aout 1941.

these young female students simply did not care as much about their general studies as their male counterparts at the medical school. While students rationalized their lack of concern by arguing that “an inferior grade in general instruction did not have the same weight as a mediocre grade in clinic or obstetrics,” Condo nevertheless emphasized that basic skills such as reading and writing in French should be a prerequisite skill of all students entering the midwifery program for they provide the foundation for more complex ideas and terms taught at the medical school.¹⁷ These complaints about the quality of the recruits thus stimulated discussion about how to improve the quality of those candidates seeking entry into the midwifery and nursing programs of the medical school.

Figure 3.2: Students of the Dakar Medical School by colony of Origin, 1934

Colonies	Medecins-Africains	Pharmaciens	Sages-Femmes	Infirmieres-Visiteuses	Total
Senegal	34	2	28	3	70
Soudan	36	7	41	3	89
Guinea	15	5	19	4	43
Upper Volta	4	1	6	2	13
Cote d'Ivoire	22	1	19	8	50
Dahomey	34	4	73	18	129
Sierra Leone		1			1
Liberia	1		1		2
Togo			2		2
Niger	2		2		4
Total	148	21	191	38	403

Source: Gouvernement General de l’Afrique Occidentale Francaise (1934) *L’Ecole de Médecine de L’Afrique Occidentale Française (de sa fondation a l’année 1934)*. Séries O: Enseignement de l’AOF 1895-1958, ANS O 161 (31). Dakar, Sénégal. Archives Nationales du Sénégal.

In 1935, Albert Charton, Inspector General of Education and a member of the Superior Council for Education, proposed a preparatory section for candidates to the midwifery and nursing program, similar to the program for boys offered at the Ecole Normale William Ponty, which would help to shore up the deficiencies in girls’ education. In his proposal, Charton noted the lack of real progress in raising the standards for candidates to the midwifery program. Furthermore, he pointed to the considerable gap between the age at which girls completed their primary school education, and the age at which they could take the exam for entry to the midwifery school. Finishing their primary studies at the age 16, many young, capable and

¹⁷ ANS O 161 (31) Les Jeunes Filles Noires de L’Ecole de Medecine (Rapport de Melle Condo, Directrice d’internat des élèves sages-femmes, Juillet 1935.

intelligent students were turned away from the school because they were too young to sit for the entrance exam.¹⁸ As a result, many of these women returned to their families only to reintegrate into household or village life. Indeed, many faced pressures to marry and start their own families, thus curtailing any future aspirations of returning to school to become a nurse or midwife. For Charton, this hiatus from school not only translated into the loss of good candidates, but more importantly worked against the long-term goal of promoting French language and culture among future midwives and nurses.

Charton's proposal, which would eventually inform the creation of the *Ecole Normale des Jeune Filles de Rufisque* in 1940, not only reflected the underlying cultural assumptions guiding education policy, but further revealed how the transition from household to hospital was linked to the parallel trajectory of savagery to civilization. As Charton explained, "Except for the metisses, among whom a certain contact with European ways of life can serve as a preliminary education," the training offered to women at the primary level simply did not prepare them for the professional training offered at the medical school either academically or culturally. To fulfill their prescribed roles as nurses and midwives, Charton stressed that their training must permeate all aspects of life, "impregnating them with the basic civilization [or culture] they are responsible for transmitting," but further helping them to "acquire habits strong enough and durable enough that they can in turn impart them [on others]." The primary objective of the preparatory section proposed by Charton was therefore to instill in the students new habits of thought and action that would not be so quickly effaced as students left school to administer to rural communities *en brousse* (lit. "in the bush").

While the preparatory section at the Ecole Normal William Ponty served as a model for a similar section for women, the instruction offered to young women at the Ecole Normale des Jeunes Filles in Rufisque differed significantly from that given to their male colleagues.¹⁹ Specifically, the girls' curriculum emphasized women's domestic roles as wives and mothers through lessons in childrearing and homemaking. The aim was thus to inculcate in these young women an appreciation of their "dual role as female functionaries," the "social" as well as the "domestic."²⁰ In other words, they would serve as agents of social change through their roles as nurses and midwives but also as living examples of the domestic ideals the French were trying to inculcate through their outreach to women. Thus, instruction in French language, math and science, was coupled with the domestic sciences (*économie domestique* and *enseignement ménagère*), which emphasized skills such as sewing, cooking, and cleaning. On top of this, these young women also performed daily chores which included taking turns doing laundry and ironing. Schooling thus represented a total process of enculturation for women, instilling in them

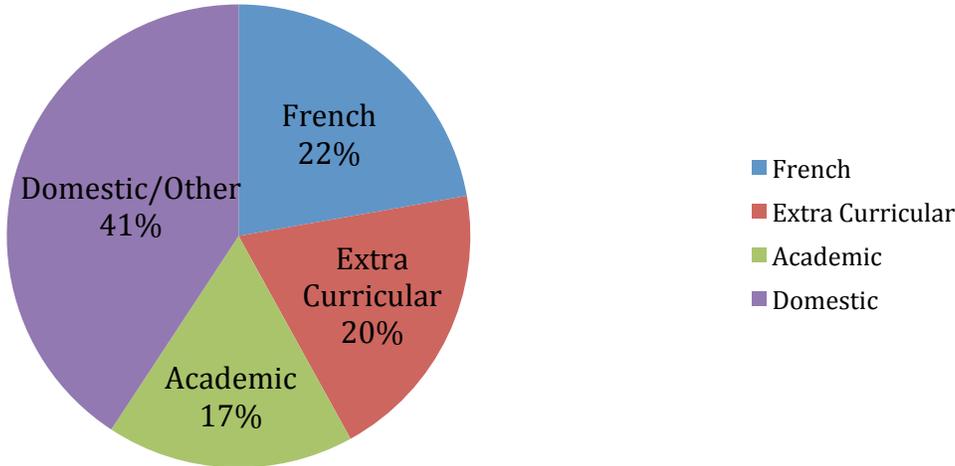
¹⁸ Students needed to be 18 years old to enter the midwifery school.

¹⁹ Pascale Barthélémy offers a closer look on the differences in education between genders in her article, "Instruction ou éducation?" *Cahiers d'études africaines* 43 (169-170). (June 15, 2003): 371-388.

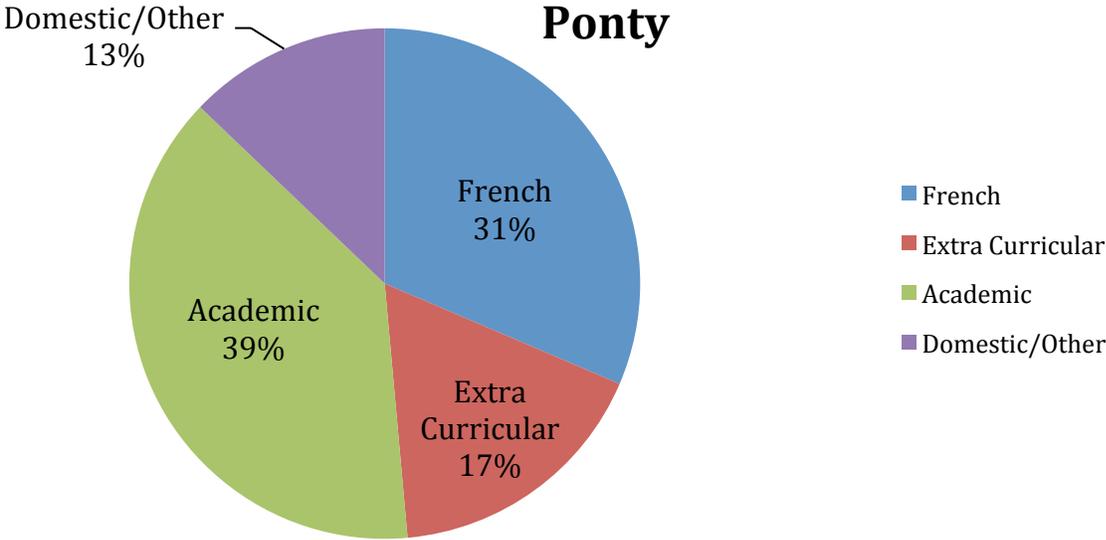
²⁰ ANS O 161 (31) Albert Charton, 1935, *Conseil Supérieure de l'Enseignement, 1935: L'Éducation des filles et la formation des élèves-sages-femmes* ; and *La préparation des Elèves Sages-Femmes et l'enseignement des filles*. 1935. The instruction offered at the *Ecole Normale des Jeunes Filles* is described in detail in Barthélémy, 2010, *Africaines Et Diplômées*. See also dossiers in the Senegalese National Archives relating to girls education and the training of midwives and nurses, specifically ANS O 454 (31), O 212 (31), and O 307 (31).

a new respect for notions of cleanliness, respectability, and hygiene, and indoctrinating them into a new cult of domesticity and motherhood. The domestic aspects of girls' education thus formed a central component of the professional formation of female nurses and midwives.

Distribution of Class Time per week by Type of Activity, Ecole Normale des Jeunes Filles



Distribution of Class Time per Week by Type of Activity, Ecole Normale William Ponty



The institution of the *internat*, or boarding school, likewise played a key role in the formation and enculturation of these women professionals. Indeed, the boarding school fulfilled a practical purpose, feeding and housing students coming from the distant colonies of the AOF and French Equatorial Africa (AEF). More importantly though the school was designed to cultivate the values, morals, and habits required of future nurses and midwives. Female students were placed in the custody of European women known as *surveillantes*, who, as the term suggests, strictly monitored the day-to-day activities of their students. Charged with protecting as well as nurturing the moral character of their young charges, these female *surveillantes* provided through their actions and comportment, a model for good taste, hygiene, and propriety. In this way, the supervision and guidance of the *surveillante* complemented the formal training and experience at the Ecole Normale and the medical school.

As Charton's proposal suggested, colonial education emphasized the cultural as much as the technical aspects of medical training. Indeed, two concepts formed the core of French colonial education policy: *education* and *instruction*. In French, these words held rather distinct valences. The term *instruction* was far more limited or narrow; it referred to the more factual or rote process of teaching and learning akin to how we use the word instruction in English. The word *education*, and more particularly its verb form *eduquer*, invoked much broader connotations, which could be translated variously as: to *raise*, *nurture*, *bring up*, *form*, *cultivate* or *civilize*. As the preface outlining the curriculum for the Ecole Normale suggests, the French placed significant weight and importance on the cultural aspects of girls' education:

The objective of the school is not simply to instruct. It must above all educate. It must prepare the midwives and teachers who will be before all wives and mothers, conscious of their dignity, of the moral and physical health of their infants, of the economy of the household. Furthermore, they will be teachers. They will transmit to the population to whom they serve the qualities that the school has inculcated in them. They will promote character, instill habits. For this, they must first possess these [values] themselves.²¹

As the above quote suggests, the "civilizing" and "domesticating" aspects of girls' education were a central part of women's professional training. Women were to be trained first and foremost how to be good wives and mothers, and only then could they progress in their professional trajectories as nurses and midwives.²² The institutions of the Ecole Normale and the Medical school were thus designed to facilitate this cultural and social transformation and to prepare these young women for their transition from household to hospital.²³

²¹ ANS O 454 (31) Textes Concernant L'Ecole Normale des Jeunes Filles de Rufisque, 1928-1940.

²² For an explicit reference, see the response of the director of the Girls' School of Saint Louis (Ecole de Filles de Saint-Louis) to circular 593/E dated 29 March 1939 inquiring about the state of girls' education in the colonies of the AOF. ANS O 307 (31) Enseignement Menager: (1939).

²³ Ironically, in making this transition from Household to Hospital, these young women often were forced to defer or delay their entry into married life and motherhood until after they finished their schooling. This meant that these newly-trained experts in homemaking and childcare were not only unmarried but also lacked children of their own.

Gendered Spaces

Colonial officials envisioned women's role in the colonial health services in highly gendered terms. In particular, they saw nurses and midwives as vanguards for a new model of colonial womanhood, flesh and blood representations of the benefits of French culture and civilization. The domesticating/civilizing aspects of their education and formation revealed the implicit assumptions about the nature of "women's work." However, these gendered assumptions also carried with them certain contradictions; for while this training reproduced gender divisions within the hierarchy of health personnel, they also afforded women greater social, economic, and political mobility.

Prior to the creation of the Dakar Medical School, women's roles within the health services were heavily circumscribed by a gendered view of women's work. In the hospitals and dispensaries of urban centers such as Dakar and Saint-Louis, women largely performed domestic tasks, whether as cooks, laundresses, or *domestiques* (in English: "domestic servants" or "maids"). These duties were clear extensions of women's domestic responsibilities at home, and required no additional training or expertise. While some local women did serve as assistants to European doctors working outside the major urban centers and health posts, their entry point to these positions was often mediated through their initial employment as a domestic servant or cook. Indeed, this was the case with Josephine Sambou, who began working as at the house of an old doctor as a "*bonne*," or house-girl (*fille de ménage*), during the colonial era. During this time, due to the lack of other trained personnel, the doctor taught her how to do things like prepare bandages and sterilize syringes. This apprenticeship taught her so much that by the time the doctor left she had acquired a reputation for her abilities and knowledge observing that "People said that the old doctor bestowed on me all his power."²⁴ While Sambou argued that the doctor had helped her take the first steps and that curiosity and intuition taught her the rest, it was her proximity association with the French doctor that conferred upon her this new authority and expertise.

The gendered nature of women's work took on spatial dimensions as well. Women were largely seen as unfit for work in "the bush," even for those women who completed their training as nurses and midwives. In part, the justification for this gendered division of labor rested on the biological differences between men and women. As one retired state nurse (*infirmier d'état*) explained, the task of running a rural health post was seen as too physically demanding for women.²⁵ More significantly, though, the reasoning behind this spatial division of labor hinged on women's perceived place within the social hierarchy.

The division of duties between male and female mobile nursing staff offers a clear example of the gendered division of labor within the ranks of the hierarchy of health personnel. The male *infirmier-sanitaire* ("sanitary-nurse") and the female *infirmière-visteuse* ("visiting-nurse") played key roles in the preventive health agenda of the French colonial health services. Tasked with exerting their influence on African society, notably by educating the populace in matters of proper hygiene and care, their training overlapped in significant ways. Specifically,

²⁴ Still this was only part of her claim to expertise. Her mother, a great matrone, had also taught her much of what she knew about pregnancy and childbirth. Josephine Sambou, Interview, Oussouye, Casamance, Senegal, trans. Badara Sissokho, October 28, 2011.

²⁵ Mamadou Diouf, Interview with Mamadou Diouf, ancien infirmier d'état, interview by Jonathan Cole, trans. William Carvalho, March 5, 2011.

armed with the ability to diagnose and treat diseases such as tuberculosis, syphilis, and leprosy and trained in the collection of demographic data, they extended the reach of the colonial health services to remote populations living outside the major urban and regional centers of where most of the health infrastructure was concentrated. However, between these two classes of personnel, there were distinct differences in terms of their respective spheres of action.

The distinctions made between the male *infirmier-sanitaire* (“sanitary-nurse”) and the female *infirmière-visiteuse* (“visiting-nurse”), both in their ascribed duties as well as training, constrained the sphere of female action. The female nurse’s duties centered on the domestic sphere, specifically aiding and to advising mothers during pregnancy and childbirth. They provided mothers essential information about childcare, instructing them on how to feed, clothe and care for their children. The male nurse’s role, on the other hand, engaged him in the public sphere as an agent of hygiene giving practical advice to the general population on matters of propriety, sanitation, and general hygiene. Colonial administrators hoped that he would become a trusted counselor to the village chiefs, helping to advise and oversee measures taken to promote public health such as the provision of potable water, the disposal of waste, and the destruction of parasites, insects and vermin linked to diseases such as malaria, plague, and yellow fever. He was also authorized to apply any measures deemed necessary for the preservation of public health, whether following state decree or the instruction of his direct superior. The male nurse thus enjoyed significantly more power and authority than his female counterpart.²⁶

The subordination of female nurses to their male counterparts was equally true in terms of the hierarchy of medical personnel more generally. While both the male nurse and the female nurse answered to a command structure in which the European doctor reigned supreme, men typically enjoyed a higher position than women in the medical hierarchy. Male nurses thus reported directly to the European doctor or to the male *médecin-africain* (“medical assistant”). This male-dominated hierarchy placed female medical personnel, including midwives, below their male counterparts. Female nurses thus reported to either to the *sage-femme africaine* (“African midwife”), the European *sage-femme coloniale* (“colonial midwife”) if attached to the maternity, or else to their male superiors, the *médecin-africain* or the European doctor. Thus, even where women’s training and formation offered them expertise in matters of childbirth and maternity care, they were subordinated to male medical authority and expertise.

While women’s subordination within the hierarchy of medical personnel seemed to mirror the relations of domination and submission of colonial society writ large, in terms of race as well as gender, the integration of women into health services as nurses and midwives invariably undermined the strict segregation of male and female spheres of authority. In this way, efforts to institutionalize the difference between male and female personnel reflected not so much the uncontested expression of male/patriarchal authority but rather an attempt to police the gender divide, which had been destabilized by women’s transition from household to hospital.

From their time as candidates at the medical school and throughout their professional careers, female nurses and midwives enjoyed an unprecedented degree of mobility as well as autonomy. Students often travelled long distances by rail and boat to reach the medical school in Dakar, some travelling from colonies as far as French Equatorial Africa, Togo and Dahomey, returning home only during the summer to visit their families. Operating outside the bounds of

²⁶ ANS 1 H 102 (163) Gouvernement General de l'AOF (1927), Instructions sur le Fonctionnement de l'Assistance Médicale Indigène : Programme de l'Enseignement à Donner aux Infirmiers sanitaires, aux Infirmières Visiteuse et aux Matrones Traditionnelles.

parental supervision and authority, this mobility posed a clear threat to the social order, as reflected in parents' fears that their daughters would run away, convert to Christianity, or lose their virginity. The institution of the *internat*, and more particularly the supervision of the *surveillante*, helped to regulate this mobility, assuaging parental concerns but also protecting the administration's investment into the education of these young female professionals by reining in student behavior, particularly in regards to student sexuality.

Issues of student sexuality presented a particularly thorny issue for administrators caught between the need for good recruits while simultaneously trying to assuage parental concerns about sending their daughters away for schooling. While expulsions for impropriety may not have been frequent, it is clear that administrators had to address these issues often enough. In one case, a student-midwife had been expelled for indiscipline when the *surveillante* discovered her locked in a room with a male student from the medical school. As it turned out, this incident came shortly after the student had been readmitted to the school following a yearlong absence due to pregnancy, despite the fact that "any student midwife recognized pregnant at her entry to the school, or in the course of her studies, had always been excluded." Presented with this new incident of sexual impropriety, the disciplinary committee decided to expel the student, citing the need to uphold the reputation of the school in the eyes of parents and family members who "expect us to carefully monitor the morality of all the young women that are in contact with their children."²⁷ Efforts to police the relations between the sexes at the medical school thus revealed how women's transition from household to hospital, and the mobility that it entailed, not only undermined traditional structures of authority and social control, but further posed a challenge to the perceived moral order.²⁸

The mobility afforded to nurses and midwives in their professional capacities blurred the boundaries between spaces of male and female authority in other ways as well. As demonstrated above in the distinctions drawn between male and female nursing staff, the professional roles of nurses and midwives were limited by virtue of their training as well as their gender. Distinctions in the duties of midwife and doctor further reaffirmed male authority within the hierarchy of personnel by effectively limiting the scope of female expertise. For example, French training manuals from the turn of the twentieth century, forbid the use of forceps among midwives, thus suggesting that midwives lacked the expertise and training to use this technology.²⁹ Furthermore, in cases "*contre nature*" such as breech birth or prolonged labor, midwives were supposed to defer to their male superiors. Prohibitions, such as these, curbed the power and authority of midwives while protecting the professional status of the male doctor. However, in practice, this division of duties was not so straightforward.

Given the paucity of health infrastructure in rural areas, nurses and midwives travelled considerable distances in order to do prenatal screenings, oversee routine deliveries, and conduct education and outreach services. This mobility often placed these women outside the direct

²⁷ ANS O 56 (31) Procès-verbal de Conseil de Discipline, Dakar, 4 Juin 1940. As others sources suggest though, sexual liaisons and unintended pregnancies were not necessarily an uncommon occurrence, with numerous women terminating their studies for "reasons of health."

²⁸ Despite the relative segregation of male and female students at the medical school, there were certain events that brought male and female students together, ostensibly to provide outlets for socialization as well as to foster relationships that might lead to marriage.

²⁹ Pascale Barthélemy, *Africaines et Diplômées à L'époque Coloniale, 1918-1957*, (Rennes: Presses universitaires de Rennes, 2010), 123.

supervision of male medical authority. Furthermore, their integration into the health services gave them new power and authority as agents of the colonial state. As interviews with former nurses and midwives suggest, this newfound authority not only subverted hierarchies of gender difference, but also overturned power differentials between young and old. For example, Pascale Barthélemy cites the experience of one colonial midwife stationed in Guinée, who observed that despite her young age, she commanded the respect of the traditional midwives whom she supervised. As Barthelemy suggests, this power came from nurses' and midwives' connections to the male power structure.

As agents of the state, female health personnel were expected to liaise with local notables and chiefs in order to carry out their work in the villages that they visited. By working through these channels of male authority, they were able to gain entry into people's homes, if not win their trust and confidence. Thus, in their professional capacities, nurses and midwives could leverage their association with local male power brokers, to alter their own standing in the communities they served, and ultimately to subvert the implicit relations of gendered as well as generational power and authority at play. In this way, trained nurses and midwives transgressed normative boundaries between male and female spheres of action.

As the foregoing examples show, the division of duties between male and female health personnel was more symbolic than substantive. The mobility and autonomy of nurses and midwives in their everyday work challenged prescribed gender roles, which subordinated women to men, but further structured power among women in relation to their age and social standing in the community. However, in addition to their position within the health services, the social and economic implications of women's transition into professional life, particularly in the period following World War II, further redefined the place of women in Senegalese society.

Wage Labor and Professionalization After World War II

This final section brings us back to the quote cited at the beginning of the chapter. In particular, I focus on the place of nurses and midwives in the world of work. How did their position as working women disrupt attempts to subordinate women to the patriarchal authority of the *boroom kër* (Wolof "head of the household"). In this section I show how the increasing presence of "working women" challenged both French as well as Senegalese visions of familial and household relations, particularly among urban and Western-educated African elites and wage earners. Indeed, the professionalization of nursing and midwifery offered avenues of economic autonomy at a time where wage labor was increasingly important to social mobility. Ironically, women's entry into the workforce as nurses and midwives came at a time when wage labor was increasingly becoming a masculine affair.

The economic concerns driving the reform of the health services in the wake of First World War, as elaborated by Albert Sarraut and Jules Carde, found new expression in the labor reforms that followed the close of the Second World War and the Senegalese General Strike of 1946. In the face of African demands for political representation, equal rights, and better pay, the colonial state was forced to redefine the nature of labor relations in French West Africa, and more particularly address the issue of family allowances. More than ever, the reproduction of the household represented a critical concern for colonial policymakers.

The issue of family allowances was a central component of a policy of stabilization designed to shore up growing labor unrest in French West Africa colonies in the 1940s and 1950s. Specifically, these measures sought to regularize labor relations by instituting a new labor

code which would apply to all territories in the French Union, i.e. both metropolitan France as well as the colonies. This meant addressing issues of equal pay, the length of the work week, and other social benefits that accrued to those employed in the public and private sectors. At the core of these grievances was the desire to bring African wages in line with the cost of living, the *minimum vital*, in other words the minimum wage necessary to sustain a household.³⁰ Nevertheless, distinctions drawn between customary and wage labor, as well as differences between African and European models of family and household complicated the issue of labor reform.

Attempts to address the labor problem focused new attention on the structure and definition of the household as a social unit. In their efforts to create a uniform labor code, policymakers struggled to define not simply who the typical wage laborer was, but also what their families should look like. Many policymakers balked at the issue of family allowances, arguing that the African family was incongruent with the European nuclear family, citing the fact that households often included multiple wives and their children, as well as members of the extended family. Nevertheless, many arguing in favor of this legislation saw the issue of family allowances as an inroad to reshaping family and household dynamics.

While recognizing the need to protect women and children in the workplace, the new *Code de Travail* (“Labor Code”), passed in 1952, sharply redefined the division of labor within the urban household in gendered terms.³¹ Emphasizing men’s economic responsibility over the household, labor unions used the issues of family allowances and breadwinner’s wages to secure better pay and benefits. Built around the concept of the “male breadwinner,” the issue of family allowances effectively marginalized women’s economic contributions to the household, defining their roles largely in terms of their domestic duties as housewives and mothers. This not only placed a premium on male labor but further infused men’s power within the household with new economic and social importance. Within this reformulation of the political economy of the household, nurses and midwives’ roles as “working women” posed a distinct challenge to the masculinization of economic and social authority in post-War Senegal.

Despite the novelty of the term “working women,” women had long played an active role in economic life in colonial as well as precolonial Senegal. In addition to domestic tasks such as cooking, cleaning, and collecting firewood, women also proved an invaluable source of agricultural labor, performing much of the work in the fields, particularly as increasing numbers of men migrated to urban centers in search of wage labor. During the period of the Atlantic Slave Trade, women also became important economic agents in their own right, by becoming intermediaries in an increasingly lucrative trade connecting the coastal ports with the interior of the colony.³² These women, known as *Signares*, were often the wives or concubines of European merchants travelling back and forth between Europe and West Africa. Using their connections to both African as well as European economic networks, they leveraged their intermediary status to

³⁰ Frederick Cooper, *Decolonization and African Society: The Labor Question in French and British Africa*, African Studies Series, 89 (Cambridge, [England]; New York: Cambridge University Press, 1996), 297.

³¹ *Ibid.*, 298.

³² For more on the *signares* see James F. Searing, *West African Slavery and Atlantic Commerce: The Senegal River Valley, 1700-1860*, African Studies Series 77 (Cambridge; New York, NY: Cambridge University Press, 1993); Hilary Jones, *The Métis of Senegal: Urban Life and Politics in French West Africa* (Bloomington: Indiana University Press, 2013).

become property-owning matriarchs in the late eighteenth and early nineteenth centuries. Lastly, women capitalized on the economic opportunities that came as a result of this emerging Atlantic economy, primarily through the sale of agricultural produce and other items in increasingly populous areas of the colony, notably the cities of Saint-Louis and Dakar.

Though the economic and social power of the *Signares* waned over the course of the nineteenth century, women retained a significant footing in the economy through their market activities. For example, one Lebou woman interviewed recounted that during the 1940s and 1950s, she used to travel to and from Dakar from her home in Ngor in order to sell couscous at Sandaga market.³³ Such activities afforded women an autonomous source of income which they could use to support their own enterprises or pay for household expenses when money was tight. Women also used this income to participate in mutual aid organizations, known in Wolof under various names such as *mbootaay*, *sanni jamra*, and *tek*.³⁴ These groups enabled women to leverage even the smallest sums to make larger investments or pay off hospital bills, medication, or other big expenses. Generally speaking though, market selling was not seen as a distinct profession for most women. As such, men generally tolerated these activities as part of “women’s affairs” (“afeer yu jigeen” in Wolof), seeing as that they did not interfere with women’s daily responsibilities within the household. However, the career trajectories of nurses and midwives clearly extended beyond the realm of women’s domestic duties and thus challenged the accepted boundaries between female and male spheres of action and authority.

Critiques of “working women,” which included nurses and midwives as well as secretaries and other female professionals, hinged upon a rather narrow definition of women’s roles in the household and society writ large. For these critics, women’s place was in the household, taking care of her husband and children and dealing with the day-to-day activities of running a household. In many respects these arguments reveal the ways in which the focus on the “male breadwinner” led to a redefinition of women’s function within the household. For example, in response to an ongoing series entitled “La rôle de la femme dans la Société de demain” (lit. “The role of the woman in the Society of tomorrow”) which ran in the popular magazine *Bingo* in 1958, many contributors stressed the need for women to focus on their duties as wives and mothers and not get distracted with affairs outside the household. As one commentator wrote:

[The woman’s] primary role should consist of caring for and educating her children, and protecting them from bad company, bad books, and immoral movies. The woman must make her home a cheerful place, being welcoming to her friends and their children as well as her husband’s friends. She must be very proper with everyone, and avoid raising her voice or laughing out loud at silly things. She must, when her husband arrives home from work, avoid talking about

³³ Salimata Samba, Interview, Ngor, Dakar, Senegal, interview by Jonathan Cole, trans. Medoune Samb, March 2011.

³⁴ Angelika Wolf, “Health Security on the Move: Biobureaucracy, Solidarity, and the Transfer of Health Insurance to Senegal,” in *Medicine, Mobility, and Power in Global Africa: Transnational Health and Healing*, ed. Hansjörg Dilger, Abdoulaye Kane, and Stacey Ann Langwick (Bloomington; Indianapolis: Indiana University Press, 2012), 103–6.

the house right away, but instead put him in a state such that he forgets the stresses and cares of work.³⁵

In this way, readers' comments stressed the importance of women to the reproduction of the household, but nevertheless highlighted their subordination to their husbands, the *boroom ker* ("head of the household"). As Diop Papa explained, "The role of women in society is immense. The equilibrium of the household rests on two things: the protection of the husband, [and] the obedience of the wife. It is the man who must provide the family with its subsistence, and it is the woman who must see to its care. The good of the household depends upon their collaboration."³⁶ The focus on the man as wage earner and economic provider thus helped to justify a redefinition of social roles within the household.

While some readers conceded that women may have duties which take her away from the home from time to time, most argued that women's work outside the household inevitably led to the neglect of her domestic duties as wife and mother. For example, Kouyate Balta-Zard wrote: "I concede that a woman should be educated, but this instruction should not stray from her natural role, which is limited to the culinary arts, child care, and the education of children. I see no benefit in a woman indulging in speculative philosophy, astronomy or any profession that invites her to abandon her home."³⁷ Indeed, this view reflected the position of over two-thirds of Bingo's active readership, for in a survey about the qualities of the "Ideal Spouse" conducted earlier that year, seventy-nine percent of respondents believed that "The ideal spouse devotes herself to household work," while only 21 percent held the position that "The ideal spouse works outside [the home]."³⁸ The same was true even for female respondents who voted over two to one in favor of the first proposition. Nevertheless, these figures belie the subtle changes in attitudes towards women's active participation in public life.

While forced to respond to the question in an either/or fashion, female readers did not always see their position in the household in such stark terms. As Madame Ndiaye observed:

In the family as well as in society, women have an important role to play. Thus, it is necessary that she be liberated from the ancient customs which render her a being without rights, exclusively in the service of her husband. She must be a companion of her husband and assume joint responsibility in family life, as well as in society, and therefore she must possess knowledge that enables her to reconcile her qualities as an educator and a counselor. Women may also acquire some professional esteem which can, without diverting her from her natural duties, help meet the needs of the family that have become increasingly urgent over time.³⁹

³⁵ "La Role De La Femme Dans La Société De Demain," *Bingo*, June 1958.

³⁶ Ibid.

³⁷ Ibid.

³⁸ "Ce Que Chacun Souhaite Pout Lui-Même, Ce Que Chacune Désirait Être, L'Épouse Idéale Telle Que L'ont Vue Les Lecteurs de Bingo," *Bingo*, April 1958.

³⁹ Mme Ndiaye, Secrétaire Générale du Groupement des Femmes Catholiques de Guinée, "La Role De La Femme Dans La Société De Demain," *Bingo*, April 1958.

As Ndiaye's comments suggest, women's activities outside the home were not irreconcilable with their duties as wives in mothers. In fact, women could contribute to the health and wealth of the household by pursuing their educational and professional aspirations. In this respect, the figure of the nurse-midwife became a symbol of women's desire for equality but also their commitment to family life and the duties of taking care of the household.

Representations of nurses and midwives in the popular media of the time reflected the contest over redefining women's place in society as Senegal approached independence. In particular, these images and accompanying text tread a fine line between celebrating these women's femininity and highlighting their important contribution to the profession as well as society at large. The iconic image of the nurse-midwife, donning the "la blouse blanche" et "la croix rouge,"⁴⁰ invoked both the modern and the traditional simultaneously. Like the images of the Signares of the nineteenth century, the figure of the nurse-midwife embodied femininity and womanly virtue in almost exotic fashion. Always in uniform, and often seen holding a baby or caring for a pregnant mother, these representations made her transgression of the boundaries between private and public more acceptable or at least less threatening. At the same time, her visibility, authority, and autonomy as captured in these images, also offered an important symbol of women's aspirations for equality at a time when women's participation in the public sphere was being called into question.

Set against the backdrop of discussions about women's place in society, the depictions of nurses and midwives in the pages of the popular magazine *Bingo* reconciled the competing demands of household and hospital. In this way, female professionals embraced and appropriated the idiom of domesticity to characterize nursing and midwifery as "women's work," demonstrating how women's mobility was articulated within the framework of their perceived social and biological roles.

Conclusion

At the eve of colonial rule, the position of women within Senegalese society remained a hotly contested issue. In particular, many argued about the place of women in public life, particularly as women were beginning to enter the workforce in greater numbers. Amidst these debates, the figure of the nurse-midwife loomed large. While the professional trajectories of nurses and midwives offered women new opportunities for social, political, and economic advancement, these opportunities were often couched in gendered social and cultural logic. In terms of both education as well as professional status, women's domestic responsibilities within the household carried over into their professional lives as nurses and midwives. Nevertheless, the inherent mobility of their work challenged and at times subverted male authority.

The labor reforms of the 1940s and 1950s, with their focus on family wages, further complicated these tensions. While reiterating the importance of nurses and midwives in supporting the health and welfare of the family via new outreach programs, these measures also undermined women's economic and social power within the household. By emphasizing the importance of the "male breadwinner," these measures informed renewed attempts to restrict

⁴⁰ Literally translated as "the white shirt" and "the red cross" these symbols were part and parcel of the image of the nurse-midwife. When asked about their motivations for entering the profession, several of the nurses and midwives that I interviewed spoke of their attraction to the "blouse blanche," as a metaphor for their attraction to the vocation of medicine.

women's mobility within the public sphere of work, and by extension politics. Only by situating nursing and midwifery within the context of "women's work," could women gain access to these professional avenues of social mobility, respectability, and autonomy. In the process though, they forged the path for women's inclusion into public life, both socially and politically.

CHAPTER FOUR: From *Faire du Noir* to Family Planning

On January 9, 1961, the Women's Committee of Niakhene, a rural district in the region of Thies, wrote an open letter that was published in the major daily newspaper of Senegal, *Paris-Dakar*. "The Women's Committee of Niakhene welcomes you, our future midwife," the letter began politely. Everything about the open letter appeared innocent on the surface; its form was personal, its tone grateful, and its subject matter—childbirth, motherhood, and family—were all considered politically acceptable domains for women to speak about. However, a closer reading of the letter revealed a sophisticated and biting commentary about the state of public health services in rural Senegal. In particular, the letter highlighted the health inequalities that divided urban and rural women and lamented how the lack of proper medical services impacted rural women's lives. Though addressed to a "future midwife" it really called upon the political leadership to make good on its promise to send the district a midwife from the next graduating class of the Dakar Midwifery School. As the letter so poignantly explained:

We, the destitute women of the countryside, we thirst for your arrival to us. For we carry our babies in silence, in suffering, we give birth in suffering and in silence; and we bury our sickly infants in silence, in suffering. But 'it is not just or in accordance with the law that the child die before the mother.'

Clearly, the tone of the letter was intended to stir the emotions of the reader and to demand the action of their elected leaders. However, the letter represented much more than simply women's capacity to mobilize around a single issue. Rather, it was emblematic of a larger shift in women's political activism and engagement.

The decades following independence marked a period of political awakening among Senegalese women. Female party leaders began to assume new positions of power in both the party as well as the government. Furthermore, women began to assert their role in defining development policy at the national as well as local level. In this respect, grassroots women's organizations, such as the Women's Committee of Niakhene, became important vehicles for women's political advocacy. Still, as the language and style of letter demonstrated, women's efforts to assert their rights and advocate for political and social change were couched in a gendered logic that distinguished them from contemporary Western feminists.

Rather than claiming equality with men, Senegalese women played upon the paternalist tendencies of health policy by invoking the state's duty to "protect" the health of the family, a promise suggested by the section of the health services dedicated to maternal and child health, *Protection Maternelle et Infantile* (PMI). They even drew upon traditional notions of female respectability and honor in their grievances against elected officials, claiming they have borne their suffering "in silence," as was expected of most Senegalese women during childbirth as well as other hardships affecting family life.¹ The letter thus captured how women drew upon

¹ In Wolof, the word *sutura* evokes these values of discretion and honor. For how this concept plays out in Senegalese cultural life see Ivy Mills, "Sutura: Gendered Honor, Social Death, and the Politics of Exposure in Senegalese Literature and Popular Culture" (Doctoral Thesis, University of California, Berkeley, 2011), http://digitalassets.lib.berkeley.edu/etd/ucb/text/Mills_berkeley_0028E_12155.pdf.

gendered discourses in complex and contradictory ways in order to challenge their political and social subordination and marginalization.

In this chapter I will argue that contests over the direction of development in the 1960's and 70's expanded women's political and economic autonomy. Specifically, I will examine how the politicization of fertility and family life through several key development initiatives engaged Senegalese women's efforts to reshape household and gender relations. The first section explores the state's role in regulating family life and household relations, demonstrating how the passage of a revised family code in 1972 provoked a backlash from the Marabouts, who asserted the prerogatives of Islamic law in deciding family matters. The next section focuses on the Sine Saloum Rural Health Project (SSRH) launched in 1977 by the Senegalese Ministry of Health in collaboration with the United States Agency for International Development (USAID). The project fulfilled the same general goals of rural animation, but was far less contentious than its predecessors: to create a network of primary care facilities known as "health huts" (fr. "*cases de santé*"), offering basic first aid as well as maternal and infant care. The Sine Saloum Health Care project demonstrates how reproductive health was a key concern in post-colonial health development schemes, highlighting the central role women played in national and international discussions about health development. Finally, the third section looks at efforts to expand family planning services, and illustrates how the politicization of women's reproductive health reshaped the social, cultural, and political landscape.

Taken together, these sections illustrate how Senegalese women have articulated new spaces of social and political authority by refashioning their traditional social roles as wives and mothers to fit the context of postcolonial development. Importantly, they appropriated the language of development, and the "protection of the family" to justify women's participation in policymaking at the highest levels and to expand women's social and legal authority within the family. Nevertheless, as the controversies surrounding the implementation of a new Family Code as well as the expansion of family planning services demonstrate, the complex nature of gender and household politics presented certain obstacles to female activists seeking to expand women's political and social autonomy. Women's engagement with issues of health development nevertheless provided important platforms for asserting women's place in defining development policy and offered new space for political and social mobilization in postcolonial Senegal.

Gender And The Politics Of Development

When Senegal became an independent republic in 1960, the primary goal of the new government was to promote national development. In this regard, the First Four Year Plan, 1961-1964, outlined the government's policy priorities and visions for the future of Senegal. No program better captured the imagination and spirit of the political leadership than Rural Animation (*Animation Rurale*).² With the fervent backing of both President Leopold Senghor and Prime Minister Mamadou Dia, the program set the stage for development policies of the 1960s, and served as a model for later development initiatives, most notably the Sine-Saloum Rural Health project.

² Sheldon Gellar, Robert B Charlick, and Yvonne Jones, *Animation Rurale and Rural Development: The Experience of Senegal* (Ithaca, N.Y. (170 Uris Hall, Ithaca 14853): Rural Development Committee, Center for International Studies, Cornell University, 1980).

Administered by the *Direction d'Animation et d'Expansion Rurale*,³ the Rural Animation Service drew upon a utopian socialist model of development developed by two influential French Catholic social theorists, Emmanuel Mounier and Father L.J. Lebret. The central goal of Animation was to promote development through community empowerment. This would be accomplished through a program of education and outreach, which would provoke, in Senghor's words, "the transformation of mentalities" and inspire a "revolution from the base."⁴ While the initial stages of this process would occur under the aegis of the government, the ultimate goal was to facilitate the growth of rural collectives, which would take on the real task of social and economic development. As Senghor explained:

The village will be recognized to form cooperatives, to develop virgin zones, and to realize work that is of collective interest. In this way, the ground will be prepared for the intervention of technical services whose effectiveness will be increased tenfold. An authentic dialogue can then be inaugurated between the awakened peasants and the agents of the technical services, a dialogue which will result in a program for action. In this way, socialist cells of development are dialectically created between peasants and technicians.⁵

The transformation of the peasantry, and the nation as a whole, would thus emerge from this interaction between the people and the technical apparatus created by the state. As this quote suggests, Animation was more than simply a technical enterprise. Rather, it sought to politicize and mobilize the masses to contribute to the social, political, and economic development. Ironically enough, the success of the program, in terms of stimulating the political awakening of the peasantry, inevitably led to its decline and disfavor.

The key task of the Direction of Rural Animation and Expansion was to develop the infrastructure and personnel necessary to promote this revolutionary socialist vision. The institutional framework for the Rural Animation program was comprised of three parts: Rural Expansion Centers, Multifunctional Cooperatives, and the Rural Animation Service. Rural Expansion Centers (*Centres de l'Expansion Rurales*) provided the backbone for activities at the local level. These centers were, as Sheldon Gellar explains, "multipurpose development centers seeking to meet the total needs of the rural population in a given district."⁶ These new CERs thus provided health and educational services along with technical assistance and training in new agricultural techniques and practices. This set them apart from the rural extension centers of the 1950s, whose sole focus was raising agricultural productivity.

The second key objective of the program was to create Multifunctional Cooperatives. Initially, these cooperatives would perform basic administrative tasks, such as redistributing food or providing assistance to cooperative members during hard times. Eventually though, the cooperative movement would coalesce to form the basis of a new revolutionary socialist state. The key obstacle to achieving this new political consciousness was the perceived conservatism

³ Literally translated as the Direction of Rural Animation and Expansion.

⁴ Quoted in Irving Leonard Markovitz, "Animation Rurale: Biography of an African Administrative Agency," in *The Political Economy of Senegal Under Structural Adjustment*, ed. Christopher L Delgado and Sidi C Jammeh (New York: Praeger, 1991), 72.

⁵ Ibid.

⁶ Gellar, Charlick, and Jones, *Animation Rurale and Rural Development*.

of the peasantry. Thus, to encourage peasants to organize on a collective basis, the government offered material incentives, such as rebates or technical assistance. However, the task of mobilizing the peasantry really fell upon the Rural Animation Service, which was tasked with promoting the cooperative movement and educating the rural population about its virtues.

This third and final component of the program, the Rural Animation Service, thus provided the lifeblood of the project, acting as a liaison between the peasantry and the state, preaching the virtues of socialism and the cooperative movement, and insuring that the technical assistance offered remained responsive to the needs of the communities they served. To effect this transformation in rural life, the service trained volunteers from the local community as *animateurs*, i.e. community organizers, who would become “pioneers of renewal” in the march towards development.⁷ In addition to constructing roads, schools, dispensaries, wells, and dams, *animateurs* also served as agricultural extension agents, teaching communities about the use of fungicides and fertilizer, introducing new farming tools and improved seed, and demonstrating new techniques of irrigation and crop rotation. Nevertheless, their ultimate goal was to stimulate the political awakening of the peasantry, as a means of facilitating a utopian socialist revolution.

While the Rural Animation Service did not foment the type of socialist transformation that many envisaged, it did succeed in promoting the political awakening of the peasantry. However, amidst of the political upheaval of the 1960s, this political awakening proved to be more of a curse than a blessing. Shortly after the program came into operation, an internal power struggle within the government resulted in the incarceration of Prime Minister Dia (the primary architect of the Rural Animation project) and the subsequent consolidation of power in the hands of President Senghor and the ruling political party, the *Union Progressive Senegalaise* (UPS). The late 1960s were also marked by political protests and increased political activism among the youth of Senegal, who had become dissatisfied with the direction of development and the management of the economy under Senghor. The increased political activism of the peasantry in response to the perceived corruption and abuse of power by party militants was thus viewed by many in the government as an unwelcome byproduct of Rural Animation’s activities.

A more enduring, and less controversial, legacy of the program was Rural Animation’s effort to promote the status of women. *Animation Feminine*, as the name suggested, mobilized women toward the objectives of improving the quality of family and village life. Activities focused on women’s traditional roles as wives and mothers. Therefore, the training offered to female *animatrices* differed significantly from their male counterparts, the *animateurs*. Specifically, *animatrices* received instruction in mothercraft (fr. *puericulture*) and home economics. Topics included “nutrition, family budgeting, childcare, household and village hygiene, sewing, and other domestic arts” and a special training sessions on how to create collective gardens. At the village level, they coordinated with the *Protection Maternal et Infantile* (PMI), the Maternal and Child Health services, to encourage women to seek perinatal care and take advantage of other medical services offered by the state such as immunization. They even organized daycare services to take care of the children while women worked the fields. *Animatrices* also encouraged women to engage in other productive activities such as raising small animals or cultivating collective gardens. These “women’s projects” thus supplemented household incomes and diets, and in some cases, the profits could be reinvested to meet other collective needs, such as the purchase of mechanical mills and rice huskers to reduce

⁷ Markovitz, “Animation Rurale: Biography of an African Administrative Agency,” 72.

the burden of preparing food, or a donkey and cart aid to haul firewood.⁸ Nevertheless, women's limited involvement in administration of the program and the village level organizations created by *Animation Rurale* revealed the powerful constraints on women's social and political power.

Though revolutionary for its time, Rural Animation largely reaffirmed the patriarchal structures of authority that characterized both public and private spheres of Senegalese life. Indeed, women played an active role within the program, but they were underrepresented in the administration structures created to oversee its operation. Even at the local level, men dominated the new collectives, leading once again to the subordination of women to the traditional patriarchal authority of the male leaders, whether these were village notables or simply male heads of household. Furthermore, as development planners valorized women's important social and biological roles as wives and mothers, they consistently overlooked women's contribution to the household economy. Thus technical assistance and training programs were offered almost solely to men.

Still, as many familiar with the project recalled, the participation of women in these initiatives, altered rural women's perception of themselves and provided an important precedent for women's involvement in development.⁹ No longer confined to the sidelines as passive objects of state policy, women had become agents of development. Even as women's social roles as wives and mothers defined their relationship to Animation, this social and psychological transformation reflected a larger shift in consciousness towards women's involvement in public life. In particular, it reflected women's efforts to assume a greater role in the policymaking process, especially in areas which affected women's everyday lives the most.

Senegalese women have long played a visible role in political life, a role that has its roots in the pre-colonial Wolof and Serer kingdoms. In particular, historians have pointed to examples such as Ndate Yala Mbodj and Njemboot Mbodj, who as *lingeer*, or "queen-mothers," played an active role in the political affairs of the Kingdom of Waalo in the nineteenth century, but who also fiercely resisted the military expansionism of the French during that same period.¹⁰ Indeed, these famous "queen-mothers" have offered powerful inspiration for female politicians in Senegal today, for they provide an historical precedent for women's claims for political representation. However, they have also revealed the constraints of female power in contemporary Senegal where men have come to dominate both the public sphere of politics as well as the private sphere of domestic relations.

⁸ Gellar 1980, 117

⁹ Aissatou Lo, Interview via Skype, interview by Jonathan Cole, June 8, 2014; Peter Halpert, Telephone Conversation, interview by Jonathan Cole, March 5, 2014.

¹⁰ Though glossed as "queen-mother" the title of *lingeer* often extended to other female figures within the royal line, such as sisters or aunts of the ruler. See Rokhaya Fall, "Femmes et Pouvoir Dans Les Sociétés Nord Sénégalaises," *Afrika Zamani*, no. 2 (July 1994). Linda J. Beck, "Democratization and the Hidden Public: The Impact of Patronage Networks on Senegalese Women," *Comparative Politics* 35, no. 2 (January 1, 2003): 152, doi:10.2307/4150149. Sheldon Gellar, *Democracy in Senegal: Tocquevillian Analytics in Africa* (Gordonsville, VA, USA: Palgrave Macmillan, 2005), <http://site.ebrary.com/lib/alltitles/docDetail.action?docID=10135705>. And Kathleen E. Sheldon, *Historical Dictionary of Women in Sub-Saharan Africa*, Historical Dictionaries of Women in the World, no. 1 (Lanham, Md: Scarecrow Press, 2005).

The masculinization of political authority in Senegal has been reinforced by two major cultural shifts in Senegalese political life: the imposition of French colonial rule and the conversion of the population to Islam. Though these two shifts did not necessarily extinguish the women's political influence or social authority, they did enable men to monopolize the formal institutions of power up through independence.¹¹ The quest for greater political representation has thus proved to be an uphill battle for female activists who have not only had to overcome their marginalization within political circles, but who have also encountered fierce opposition from conservative religious leaders who view women's submission to men as integral to Islamic law and culture.¹²

By the time Senegal achieved independence in 1960, the problem was not so much women's lack of political rights, but rather their lack of political influence beyond the ballot box. While the Loi Cadre of 1956 extended voting rights to all women in the French colonies, women's involvement in politics remained circumscribed. As one prominent female party leader explained, women were often seen as window dressing at party meetings and conventions.¹³ Showing up in their brightly colored *boubous* and headscarves, women were expected only to clap and show their support for the party and its causes.

The efflorescence of multi-party politics in Senegal during the late 1950s and early 1960s only further diluted women's political influence. Under the auspices of the *Union des Femmes du Senegal* (UFS), women took an active role in anti-colonial politics during the 1950s, rallying a significant bloc of women to vote against the inclusion into the "French Communauté" in the referendum of 1958. However, growing tensions between political parties eventually fractured the unity of the UFS, whose membership cut across party lines. Women thus went on to join their husbands' party, where their influence as a bloc was greatly diminished.

While women could still aspire to become influential members of their respective parties, their formal roles in the party leadership were often confined to the women's wing of the party. For example, Caroline Diop had served as the head of the women's section of the preeminent nationalist party, the *Union Progressive Senegalaise* (UPS), for over ten years before she became the first female deputy elected to the Senegalese National Assembly in 1964. Moreover, Diop's rise to power demonstrated the few women who did succeed in attaining formal positions of power often did so through their connections to male politicians.

These *femmes phares* (trans. "beacon women"), who rose to prominence through the party structures, represented a rather narrow cross-section of Senegalese women, namely the urbanized, educated elite.¹⁴ For example, Arame Diene, another prominent female deputy in the national assembly, recalled that many women were initially excluded from national politics due

¹¹ For more on the gendered implications of the introduction of French rule see Emily Lynn Osborn, *Our New Husbands Are Here: Households, Gender, and Politics in a West African State from the Slave Trade to Colonial Rule*, New African Histories Series (Athens: Ohio University Press, 2011).

¹² Penda Mbow, "L'islam Et La Femme Sénégalaise," *Éthiopiennes*, no. 66/67 (January 1, 2001): 203–24.

¹³ Babacar Fall, "Senegalese Women in Politics: A Portrait of Two Female Leaders, Arame Diène and Thioumbé; Samb, 1945-1996," in *African Words, African Voices: Critical Practices in Oral History*, ed. Luise White, Stephan F. Miescher, and David William Cohen (Indiana University Press, 2001), 214–23.

¹⁴ Beck, "Democratization and the Hidden Public," 154.

to their lack of formal education. Elected to the Senegalese National Assembly in 1983, Diene hailed from a prominent Lebou family, who had been actively involved in municipal politics. But unlike Caroline Diop and the other influential political women of her time, Diene was not educated at French school. As she explained, during Leopold Senghor's tenure as President, formal education was an important criterion for advancement in national politics. "If Senghor were still there," she noted, "I'd never be deputy. Senghor only believes in those who were educated."¹⁵

Under Senghor's successor, Abdou Diouf, there was a considerable shift in the tenor of politics, which allowed "illiterate" women, such as Diene, to assert themselves on a national stage. This change was largely a byproduct of the liberalizing political climate of the 1970s, which brought the return of multiparty elections and the restoration of the post of Prime Minister. Securing the support of female voters became an important part of the ruling party's strategy for maintaining power in the face of increasing political competition. In 1982, the *Parti Socialiste* (PS), led by Abdou Diouf, instituted a quota system, which reserved 25% of political posts to female party members. Thus in the elections of 1983, the number of female candidates tripled.¹⁶ This jockeying for the female vote expanded the women's influence within the party as well as in the national assembly.

Representation in the national assembly was not the only area in which women were gaining ground politically during this period. In 1978, Senghor tapped Caroline Diop and Maimouna Kane to become the first female ministers. Diop was appointed to the Ministry of Social Affairs, while Kane oversaw a new ministry known as *Promotion Humaine*, which focused largely on issues of rural development, namely literacy, education, and technical training for peasants and other rural inhabitants.¹⁷ Indeed, these appointments revealed how Senegalese women were beginning to influence policymaking at the highest levels, and in areas that were of critical importance to women's lives. However, these appointments also signaled the limits of women's influence in other areas of national policy. Whereas women were well represented in areas traditionally glossed as "feminine," namely in the ministries of health, education, and social development, men continued to dominate the more powerful and higher status positions in the ministries of the interior, economy and finance, rural development, foreign service, and the armed forces.¹⁸

Despite these limits on female participation in certain aspects of policymaking, the political climate of 1970s provided fertile ground for female political leaders and activists to assert women's role in national politics. The problem for female policymakers and activists was how to transform this newfound political power and influence into meaningful reforms that would raise the status and well-being of Senegalese women. One area in which women asserted their influence in this regard was the creation of a new Family Code.

The publication of the Family Code in 1973 ushered in important changes to Senegalese family law. The primary objective of the Family Code was to create a uniform legal code to govern all aspects of family law, such as marriage, divorce, succession, and custody. During the

¹⁵ Fall, "Senegalese Women in Politics," 200.

¹⁶ Beck, "Democratization and the Hidden Public," 155.

¹⁷ Promotion Humaine thus carried on the legacy of Animation Rurale without the political baggage.

¹⁸ Barbara Callaway and Lucy E. Creevey, *The Heritage of Islam: Women, Religion, and Politics in West Africa* (Boulder, CO: Lynne Rienner, 1994).

colonial period, the French created a pluralist legal system, which prosecuted criminal offenses under French law, while permitting traditional authorities to administer separate courts dealing with family matters. However, in the wake of independence, many Senegalese politicians saw this system as unwieldy and anachronistic in relation to the modernizing goals of the newly independent Senegalese state. To that end, the government began work to reform the system in 1961 by collecting information on the 68 officially recognized customary regimes and producing a legal code that would respect these customary traditions while still upholding the modern, secular character of the state as defined in Article 1 of Senegal's Constitution.¹⁹

The new Family Code also expressed the government's commitment to the protection of women's rights, an issue of tremendous importance to female political leaders and activists in Senegal. For example, Maimouna Kane, then serving as an auditor to the Supreme Court of Senegal, threw her full support behind the new law. As Kane explained, "For the Senegalese woman, as conscious of her rights as of her duties and proud to assume them, the proposed family code opens a new route through which she may liberate herself from constraints that make her an inferior being."²⁰ In an article written for a Senegalese law review, Kane highlighted some of the more progressive aspects of the code, such as its affirmation of women's consent to marriage, and the rights of women to own property and dispose of their own wealth as they see fit, and the promotion of monogamy as one of three recognized marital regimes. Even as the Code affirmed the husband's authority over the household as the *chef de famille*, Kane reckoned that this measure of authority was a small price to pay for the assurance that men would be legally obligated to fulfill their duties to their wives and children by providing for the expenses relating to the management of the household.

Ultimately, Kane justified the code not simply as a vindication of women's rights but, more broadly, as a means of protecting and preserving the integrity of the family. As her earlier praise of the law suggested, she did not argue for women's rights in terms equality with men, but rather in terms of women's complementary roles within the household. As she explained in an interview with the magazine *Senegal d'Aujourd'hui*:

women are neither inferior nor superior to men, but different. This introduces the idea of complementarity between the two sexes. And it seems to me time for some men to understand that there is a subtle difference between complementarily and servitude.²¹

For Kane, women's "rights" were bound up with her "duties" to the family. Indeed, as a working woman, Kane confronted the challenges of balancing her professional career with her personal life. But for her, this dilemma was more a logistical challenge than a crisis of identity. She did not see the traditional demands on women as incompatible with being a modern professional.

¹⁹ Article 1 reads: "The Republic of Senegal is secular, democratic and social. It assures the equality before the law for all citizens, without distinction of origin, race, sex, or religion. It respects all beliefs." Translation mine. A copy of the current constitution can be found at http://www.gouv.sn/IMG/pdf/constitution_sn.pdf. [accessed 6/11/2014].

²⁰ Maimouna Kane, "The Status of Married Women Under Customary Law in Senegal," *The American Journal of Comparative Law* 20, no. 4 (October 1, 1972): 723, doi:10.2307/839038.

²¹ Translation mine. Interview featured in the profile by Makhourédia Samb, "Femmes Au Travail: Mme Maimouna Kane, Magistrat," *Senegal d'Aujourd'hui*, March 1969.

Rather, she embraced the ethos of motherhood that characterized the Wolof family. For example, when asked her thoughts about the Wolof proverb “Ligeeyu ndey añup doom,”²² which can be literally translated as “A mother’s work is food for her children,” she did not venture a radical reinterpretation of the saying, but instead lamented the erosion of the traditional family life under the weight of Western influence and other social and economic pressures facing Senegalese families. As her response suggested, the roles and responsibilities of mothers remained the same. Rather, it was the challenges confronting the family that had changed. This attitude carried over to her view of the Family Code. As she saw it, the Family Code did not challenge the social or moral order at the heart of family life, but rather strengthened the family by reaffirming the relationship between man and wife. Nevertheless, the new Family Code drew sharp criticism from Senegalese religious leaders who viewed the new legislation not simply as an assault on traditional family values but also a threat to their own spiritual as well as social authority.

The controversy over the Family Code hinged upon competing visions of the state’s role in promoting development. While policymakers defended the code by asserting the state’s role in protecting the family under Article 17 of the Constitution,²³ the *marabouts*, i.e. the spiritual leaders of Senegal’s major Islamic sects, decried the code as an intolerable breach of Islamic law. In particular, religious leaders invoked their own authority in matters affecting the household. In their written statement opposing the passage of the Family Code, they cited the longstanding authority of the Quran as the “supreme constitution,” which had ruled the lives of Muslims for over thirteen centuries in matters of marriage, divorce, succession and other social matters. Further, they expressed their incredulity that the Senegalese state would seek to “twist” or “bend” Islamic law to its own ends, when the colonial regime had previously respected the bounds of Islamic law and authority by instituting the Muslim Code and creating special Muslim courts to enforce Islamic law.²⁴

The marabouts further chastised the bill for upsetting the balance of power within the household. Referring to the Family Code in pejorative terms as the *Code de la Femme* (or

²² In Wolof the saying captures this complementarity between man and wife in relationship to their children: 1.) Ligeeyu ndey añup doom; and 2.) Baraka Baye. The first conveys how mothers play a key role in educating and socializing their children. However, the quote also refers to the division of roles between man and women. Indeed, this meaning issue undoubtedly took on greater significance in the 1970s as many Senegalese women began working outside the home and thus had to reconcile their personal and professional lives.

²³ Article 17 reads: “Marriage and family constitute the natural and moral basis of human community. They are placed under the protection of the State.” Translation mine.

http://www.gouv.sn/IMG/pdf/constitution_sn.pdf

²⁴ The full quote reads: “Pour nous, Musulmans, peut-on lire, nous nous devons de souligner que l’Islam est régi depuis plus de 13 siècles par le Coran, constitution suprême, qui a tout prévu et n’a rien omis en matière de mariage, divorce, succession et autres actes touchant à la société. Ses prescriptions immuables et irréfragables, sont respectées et appliqués à travers le monde – sans la moindre modification – par tous les érudits et des gouvernements qui ont été institues. Nous nous étonnons de voir que, maintenant, au Sénégal, on veuille apporter des ‘innovations’ pour ne pas dire des entorses, alors que le colonisateur avait admis le Code Musulman et crée des juridictions spéciales pour les islamisés.” Christian Coulon, “Les Marabouts Senegalais et l’Etat,” *Revue Francaise d’Etudes Politiques Africaines* 14, no. 158 (February 1979): 32–33.

“Women’s Code”), they rejected many of the provisions that Kane and other female activists saw as positive and progressive changes to the law. Even today, many of these progressive features of the Family Code, such as the elimination of divorce by repudiation, have remained points of contention for conservative Muslim groups seeking to repeal the Family Code and replace it with a modified personal status code that takes Islamic Law as the foundation of family law rather than the exception.²⁵ However, faced with Senghor’s consistent refusal to negotiate over the Family Code, the marabouts of that time chose to silently protest the law by encouraging their followers to ignore the law entirely. This effectively neutralized the impact of the Code throughout much of the rural interior of Senegal.

The showdown over the Family Code reflected the growing tension between the national political elites and the spiritual leadership. The development initiatives enacted during the 1960s and 1970s clearly threatened the economic and political authority that the marabouts previously exercised. The Family Code essentially pressed the influence of the government further still. As the criticisms of the Code suggested, Islamic leaders pined for the autonomy they enjoyed under colonial rule, where their accommodation with the colonial state preserved their social authority as well as their economic prosperity. Fearful of becoming eclipsed by an increasingly interventionist postcolonial state, religious leaders articulated their place in this new political environment by asserting their authority over these social issues.

While these efforts to circumvent the bill proved somewhat successful in the face of the government of Senegal’s efforts to enforce the Family Code, they did not impede efforts to promote the status of women through other avenues of policymaking. By piggy-backing on development initiatives targeting rural areas, female activists often bypassed the blockages they encountered at the national level. Thus, technical aspects of development, such as promoting community gardens or expanding health infrastructure, became important sites for mobilizing women at the local level, as was the case in the Sine-Saloum Rural Health Project.

Sine-Saloum Rural Health Project

In 1977, the government of Senegal, in an historic partnership with the United States Agency for International Development (USAID), authorized the implementation of the Sine Saloum Rural Health Project (SSRH). The primary objective of the project was to extend the reach of the Senegalese public health system, by creating a network of over 600 “health huts” (fr. *cases de santé*), which would deliver primary health care and other basic medical services to the underserved rural population of the Sine-Saloum region. However, the secondary goals of providing maternal and child health and family planning services made women the target demographic of this health initiative. Thus, the health huts became an important vehicle for mobilizing and empowering women at the local level.

The goals of the Sine Saloum Rural Health project reflected the latest trend in international health development, which stressed improving access to primary health care services. In particular, the project’s mission resounded with the resolutions set forth at the World

²⁵ Penda Mbow, “Contexte de la réforme du Code de la famille au Sénégal,” *Droit et cultures. Revue internationale interdisciplinaire*, no. 59 (June 1, 2010): 87–96; Marieme N’Diaye, “The Family Law Debate in the Secular State of Senegal: The Renegotiation of the Public/Private Divide” (European Conference for African Studies, Uppsala, Sweden, 2011), <http://www.nai.uu.se/ecas-4/panels/101-120/panel-116/Marieme-NDiaye-full-paper.pdf>.

Health organization meeting of 1978 in Alma Ata, where representatives from across the globe, including Senegal, supported the objective of “health care for all by the year 2000.”

Nevertheless, the project administrators drew upon past as well as ongoing health development projects as models for how the health huts would operate. For example, the Belgians had implemented a very similar primary health care initiative in the district of Pikine, and the United Nations International Children’s Emergency Fund (UNICEF) was just wrapping up a bold new initiative to construct a network of rural maternities and village pharmacies in the Sine Saloum region.²⁶

What distinguished the SSRH from these other contemporary projects was its emphasis on community empowerment. An experiment in community-led development, these “health huts” would be built by the local community and supported through a fee for service model, which in theory would make the huts self-sustaining. The personnel running the health huts would likewise be recruited from the community. Finally, local councils would oversee the financial and logistical operations of the health huts and coordinate the resupply of needed materials and drugs. With its emphasis on community empowerment, the project very closely resembled the defunct Rural Animation Service. In fact, many of the key people involved in implementing the project cited Rural Animation as the true predecessor of the SSRH, in spite of its absence in the official documentation of the project.²⁷ Thus, as the project evolved, input from the community as well as from mid-level personnel transformed the largely technical goals of the SSRH into a broader mandate for promoting community development, particularly in terms of promoting education and literacy.²⁸ However, not all health huts engendered the same degree of community involvement or support.

Though well conceived at the theoretical level, the practical aspects of administering the health huts proved particularly challenging during the initial phase of the project. For example, in 1980, when USAID commissioned a group to evaluate the progress of the project, the project was facing imminent collapse. Nearly one-third of the health huts in the district of Niore had collapsed after only nine months of operation. According to the team that evaluated the project, this state of affairs was the product of several key factors: 1.) lack of finances, 2.) lack of support and supervision, and 3.) lack of supplies. For example, the report cited that while user fees were supposed to make the huts financially viable with minimal external input from either the Senegalese government or external donors, there were no clear guidelines for how these fees should be collected and managed. Not only was there confusion as to how much should be used to pay health workers, but also how much needed to be reserved to restock essential medicines and other supplies. The lack of supervision further compromised the financial viability of the huts. Village health committees did not understand their roles in managing the affairs of the health huts, and often left the staff to fend for themselves. Moreover, regional supervisors were so caught up with expanding the project that they failed to insure that the huts they had installed were fully up and running. Finally, there was confusion over the procurement of drugs and other supplies, which compromised the financial as well as logistical viability of the huts. With this

²⁶ Richard Weber and Graham Kerr, “Senegal: The Sine Saloum Rural Health Care Project,” Project Impact Evaluation (U.S. Agency for International Development, October 1980).

²⁷ See interview with Peter Halpert and Aida Lo

²⁸ For example, Jim Herrington, a Peace Corps Volunteer attached to the SSRH project, cited the use of *griots* (traditional praise singers and musicians) not only to promote family planning and contraceptive use but also to teach literacy, particularly among adults.

lack of coordination at the administrative level of the project, it was no surprise that villagers were equally confused about the function of the health huts vis-à-vis the local community.

In the initial implementation of the program, little effort was made to communicate the purpose or significance of the health huts to the local community. As a result, this disconnect contributed to further misunderstandings, which plagued the operation of the health huts. For example, Baye Thiam, a “community health worker” (CHW) trained during this period, recalled how there was considerable confusion over how to pay health hut personnel.²⁹ As Thiam explained, there were no clear guidelines how to pay health workers. One plan was to have the local village cultivate a field for the CHW during the rainy season, a time of the year where both labor demands and the disease burden were at their peak. However, according to Thiam, almost no communities agreed to this. Another option was to pay the CHWs in kind, thus each member would contribute a kilogram of millet or peanuts to the CHW at their health hut. But once again communities refused to comply. The reason for this was that many villagers assumed that the Health Hut personnel were paid by the government, and could not understand or believe that CHWs like Thiam would accept to work without being paid.³⁰ Other village councils tried to use a percentage of the user fees generated at the health huts to pay health workers. However, they often found that they no longer had enough monies left over for buying essential supplies and medicines. Ultimately, the reticence of communities to take on the support of these health workers reflected of the lack of communication about the project’s purpose and goals.

The *matrones*, also known as traditional birth attendants or TBAs, did not face the same problem as male CHWs. Chosen by the women of the community based on their social standing and status within the community, their role at the health huts was already well-established and well-understood. Furthermore, they were paid just as they were prior to the arrival of the health huts. For example, it was common for midwives to attend the child’s naming ceremony conducted on the eight day following the birth. There, they would receive not only a share of the animal slaughtered for the occasion but also gifts from the child’s family to honor the part they played in the birth. As a result of these ties to the community, *matrones* were also far less likely than their male counterparts to abandon their post. In this respect, preexisting relationships and expectations informed community support and engagement with the health huts.³¹

The challenge for project administrators was getting communities invested in the management and administration of the health huts. As the confusion over the payment of health workers suggested, few villagers understood how the health huts operated or the community’s responsibilities for maintaining them. Prior to the Sine Saloum Project, community involvement in state policy remained quite limited. However, in 1972, largely in response to political pressures from the peasantry, the central government initiated a new administrative reform program intended to devolve power to local communities through the creation of new administrative districts, the *communautés rurales* (trans. “Rural Communities”). The goal was to “deconcentrate” state authority, by giving communities greater autonomy in the management of

²⁹ The term in French used to describe the health hut workers was *agent de santé communautaire* (ASC). However to avoid confusion I will use the English translation, “community health worker” and its acronym, CHW.

³⁰ Baye Thiam, Interview, Ndiaffate, Senegal, interview by Jonathan Cole, trans. Badara Sissokho, June 14, 2012.

³¹ Lo, Interview via Skype.

their financial as well as political affairs.³² Accomplished in phases, this process reached the Sine Saloum region in 1974, shortly before the implementation of the health huts. These administrative changes complicated the operation of the huts, as many villagers had little experience dealing with the newly formed Rural Councils, let alone lobbying for their health needs. Thus, as former Peace Corps volunteer and consultant to the SSRH Gary Engelberg recalled, in addition to educating the local population about the significance of the health huts, project staff also had to provide advocacy training to these rural communities.³³

The role of the central government in administering the program also led to considerable confusion. While intended to promote “community-led” development, many communities saw the project as simply another “top-down” development project initiated by the central government. Indeed, I spoke with two Peace Corps volunteers who had widely different appraisals of the project in the early phase of its implementation. For example, James Herrington recalled attending long meetings with the village about the project, where all the villagers spoke about their perceptions of and attitudes towards the project. Herrington recalled his surprise that he was also asked to offer his opinion, even though he was a relative outsider. In this instance, even though not everyone fully understood how the health huts would operate, they were very receptive to the project and viewed its implementation quite favorably.³⁴

Peter Halpert, on the other hand had a startlingly different perspective on the project in its earliest phase. In particular he recounted an anecdote about the visit of a USAID official to one of these newly established health huts. At that time, he was assisting the project by helping to maintain its mobylette fleet.³⁵ However, Halpert had experience working at the village level, helping to build schools and supporting other community-based projects. When news came that someone from USAID was due to arrive in the region to report on the progress of the SSRH project, his supervisor asked him to find a health hut for the official to visit, specifically one that was close to the road. Though Halpert found a health hut that fit the bill, it was in a state of utter disrepair and its stocks of medicine and supplies were completely depleted. After communicating with the villagers about the arrival of the USAID official, Halpert returned a few days later with new supplies and medicines to find the hut “shipshape.” The insides had been thoroughly cleaned and swept; the roof had been re-thatched; and the outside had been repainted white with a large red cross in the front. Everything was set for the arrival of the entourage from Kaolack. The village had even sacrificed a cow, in honor of their distinguished guest. However, to the dismay of both Halpert and the rest of the village, the perfunctory visit did not last long, and the official quickly departed. The truly ironic moment came a couple days later, when Halpert returned to the village to thank them for their help and apologize for the discourteous behavior of the American visitor. As Halpert got ready to leave, the male nurse who accompanied him suggested that they reclaim the medicines and other supplies they brought to resupply the hut, seeing as the village had not “paid” for them.³⁶

³² Richard Vengroff and Alan Johnston, “Decentralization and the Implementation of Rural Development in Senegal: The Role of Rural Councils,” *Public Administration and Development* 7, no. 3 (July 1, 1987): 273–88, doi:10.1002/pad.4230070304.

³³ Gary Engelberg, Interview, Dakar, Senegal, interview by Jonathan Cole, March 14, 2011.

³⁴ Jim Herrington, Telephone Conversation, interview by Jonathan Cole, February 28, 2014.

³⁵ The mobylettes were small motorized scooters, which were used by administrators to tour the health posts and health huts.

³⁶ Halpert, Telephone Conversation.

Halpert's anecdote about the "Potemkin" Health Hut revealed the limits of the project in its earliest phase. As project administrators endeavored to turn the project around in the wake of the initial impact report, they wrestled squarely with the problem of cultivating a sense of communal ownership over the huts, particularly when it appeared to the village that the costs of maintaining and staffing the huts were foisted upon them by the central government and USAID. There was little local involvement in the design or implementation of the project, which fostered misunderstanding over the community's role in overseeing and managing the project. Furthermore, the SSRH was USAID's first major development project in Senegal, and it elicited a mixture of both excitement and distrust. On one hand, villagers welcomed the investment of these funds into rural development, but there was still tremendous skepticism about the United State's motivations for this and other USAID-funded projects. To make matters worse, 1978, the first year of the project's implementation, coincided with an important national election, and politicians campaigning for office toured the area, touting the project as a boon for the local communities, in terms of the funding and potential employment opportunities that the project would bring.³⁷ Thus, project administrators wrestled not only with how to clearly communicate the objectives of the health huts, but also had to counter some of the misinformation and rumors which surrounded the project. They accomplished this by reaching out to community leaders and tapping existing civic associations and social networks. In particular, they reached out to local women's groups as a means of reinforcing the operation and maintenance of the health huts.

During the first phase of the project, technical and logistical problems so consumed administrators that little attention was placed on meeting the other key health objectives of the huts. For example, in addition to delivering basic medical care, i.e. curative care, the health huts were also tasked with providing maternal and infant care and family planning services. Indeed, as the proposal for phase II of the project suggested, USAID placed a considerable amount of weight on these maternal and infant care services as part of their larger development agenda of promoting food self-sufficiency by the year 2000. The two major components to this strategy were: "(1) To increase the productivity of agricultural workers, and (2) to reduce the rate of population growth so that agricultural production can more easily meet the demand for food."³⁸ The project thus addressed these objectives by "[reducing] the incidence of infectious disease among the rural population and [serving] as a delivery system for maternal and child health interventions, including family planning services."³⁹ Ultimately, the goal was "to reduce infant and young child mortality, thereby removing the incentive for 'insurance births' and creating a demand for child spacing."⁴⁰ However, women's participation was critical to the project's success beyond simply their roles as patients.

The Sine Saloum Rural Health project singled out women for their roles as "health care consumers and as health care providers." As the project's authors insisted, women's participation was crucial not simply because of their own and their children's health needs, but furthermore because they were "the household health decision-makers" and the "principal source of cash for health services and medicines."⁴¹ When field visits revealed that women used of the health huts

³⁷ Lo, Interview via Skype.

³⁸ "Sine Saloum Rural Health II: Project Identification Document (685-0242)" (USAID, May 1983), iv, http://pdf.usaid.gov/pdf_docs/pnaaq056.pdf.

³⁹ Ibid.

⁴⁰ Ibid., 11.

⁴¹ (1983) "Project Identification Document- Sine Saloum Rural Health Project Phase II," p. 51

significantly less than men, project administrators attributed this lack of participation to women's social and political marginalization, and so they proposed changes that would involve women more directly in the administration of the health huts. For example, they encouraged the women of the village to form "Mothers' Committees" (Comités des Mamans) to organize activities related to the health huts, such as baby weighings, informational sessions (*causeries*), and other health and hygiene related activities. As project coordinator Ramatoulaye Dioume explained, the mothers' committees were a "touchstone" of the health huts' success in mobilizing the community.⁴² Furthermore, they revealed the strength of women's groups at the grassroots level.

Women's organizations have long been an important feature of the social and political landscape of Senegal. Though marginalized politically, women often exercised enormous power through their involvement in civic associations and other social groups.⁴³ The 1970s and 1980s, marked a particularly dynamic period for women's groups. With multiple political parties jockeying for the female vote, women's groups gained newfound influence in local and national politics. Recognizing the political dynamism of these women's associations, the ruling Socialist Party under Abdou Diouf launched *Groupements de Promotion Feminines* (GPF), which offered formal recognition and funding to women's groups who registered with the government. The incorporation of the Mother's Committees into the administrative structure of the Health Huts thus revealed the increasing politicization of associational life at the local level during this period. However, for those closest to the project, these reforms were simply not enough.

The Sine Saloum Rural Health project demonstrates how health initiatives, particularly those aimed at maternal and infant health, were less contentious as development policy than either Rural Animation or the Family Code. However, the purpose was the same. Sine Saloum was a rural health project whose aim was to "animate" rural populations, and through its impact on women, to affect the nature of family.

As Rama Dioume explained, while the project's architects had recognized the importance of women as "agents" of development, there were no structures in place to empower women as "decision-makers" at the community level.⁴⁴ In the early phase of the project, local notables and other traditional leaders quickly asserted their control over the Health Committees (*Comités de Santé*) which managed the implementation of the project at the local level.⁴⁵ By enforcing a new quota system for the Health Committees, project administrators hoped to involve women more

⁴² Ramatoulaye Dioume, Interview, Dakar, Senegal, interview by Jonathan Cole, Handwritten notes, May 2012.

⁴³ Beth Anne Buggenhagen, "Prophets and Profits: Gendered and Generational Visions of Wealth and Value in Senegalese Murid Households," *Journal of Religion in Africa* 31, no. 4 (November 1, 2001): 373–401, doi:10.2307/1581466; Beth A. Buggenhagen, *Muslim Families in Global Senegal: Money Takes Care of Shame* (Bloomington, Ind: Indiana University Press, 2012); Marie-Therese Diop, "Une Formule Originale de Collectivisme: La 'Tontine,'" *Senegal d'Aujourd'hui*, November 1963; Angelika Wolf, "Health Security on the Move: Biobureaucracy, Solidarity, and the Transfer of Health Insurance to Senegal," in *Medicine, Mobility, and Power in Global Africa: Transnational Health and Healing*, ed. Hansjörg Dilger, Abdoulaye Kane, and Stacey Ann Langwick (Bloomington ; Indianapolis: Indiana University Press, 2012), 92–114.

⁴⁴ Dioume, Interview, Dakar, Senegal.

⁴⁵ This was in part because they thought that such positions might provide some political or economic benefit.

actively in the administration of the health huts. Thus, under the new system, at least 20% of the committee members needed to be women.⁴⁶ Implemented in the years prior to the election of 1983, where a similar quota system took effect at the national level, this administrative reform not only reaffirmed women's role in promoting development but also served as a bellwether for the growing strength of the women's rights movement in the 1980s. However, as Dioume observed, "it was one thing to give women a seat at the table, but another to make them speak."⁴⁷

While women's involvement in the Health Huts symbolized the vitality of the women's movement, it also exposed the constraints to women's political agency. As was the case with Rural Animation, women's roles in development remained largely predefined by the state. Women were, before all else, mothers and wives, and these roles often determined the nature and scope of women's involvement in development initiatives. Even as national political leaders such as Senghor and Diouf expressed their fervent desire to elevate the status of women, their policies remained couched in a deeply rooted paternalism, which relegated women to a supporting role in national development. By the 1980s though, women were no longer willing to accept a "supporting" role.

Buoyed by the attention given to women's rights at the international level with the International Decade for Women (1975-1984), women began to assert themselves both socially and politically. From prominent female politicians such as Caroline Diop and Maimouna Kane working at the national level, to women's groups and civic associations mobilizing at the grassroots level, women were challenging the male dominated terrain of development, and as the case of the Sine Saloum Rural Health project indicates, these challenges were beginning to bear fruit. Women's involvement with the Health Huts was indeed a proxy to women's political activism more generally. Seizing upon their "traditional" social roles as wives and mothers, women were making new claims on the state and asserting their rights to define policy in areas that most affected their daily lives. In this way, women transformed the paternalistic ideology that characterized the field of "maternal and infant health" into a justification for their greater involvement in defining and implementing policy at the national as well as local level. Yet as debates surrounding the implementation of family planning services revealed, these development initiatives did not always address the societal and cultural constraints that Senegalese women confronted in their everyday lives.

Fertility and Family Planning in Postcolonial Senegal

Amidst the debates about the Family Code and the elaboration of new rural development initiatives, the 1970s also proved to be a critical period for the expansion of family planning services in Senegal. In particular, the period marked an important shift in government policy towards the issue of population growth. During the 1960s, Senegal, like most African states, expressed only limited interest in the issue of population growth. This was largely due to the political climate of the times. After attaining independence, African states sought to define their own economic, political and social agendas, free from international political constraints. In this

⁴⁶ Although, according to Aissatou Lo, the project coordinator at the time, the quota for the health committees was 30%. Dioume, Interview, Dakar, Senegal; Lo, Interview via Skype.

⁴⁷ Dioume, Interview, Dakar, Senegal.

respect, they were highly suspicious of the hyperbolic rhetoric of Western scholars and academics who warned of an impending “Population Explosion.”⁴⁸

The reticence of Senegalese officials to adopt a strong stance on population growth also stemmed from the absence of conclusive evidence supporting these demographic projections. This lack of data was a byproduct of weak, and unreliable vital registration systems throughout the continent. In Senegal, the civil registry (*Etat Civil*) became mandatory only in 1961. Prior to that period, the collection of data on births, deaths, and marriages focused on urban populations, particularly the Four Communes where Africans held political rights based on their civic status under French law. While the French made some efforts to expand the collection of population data in the 1950s, the data remained sparse and inconclusive until the postcolonial Senegalese state began to collect its own population data beginning with the first national census in 1960-61. Further, when many states gained their independence in the early 1960s, few Africans were trained in demography.⁴⁹ Suspicious of the claims of “Western” academics, many African policymakers deferred action on the issue until more reliable, internally produced reports became available.

Finally, African leaders challenged the premise that population growth was a drain on economic development. Though certainly African heads of state recognized the burdens of a large population on the state’s ability to deliver services, many also subscribed to the view that their countries were relatively under-populated, and that a strong and robust labor force was critical for national development. In this respect, they subscribed to a more conventional understanding of demographic transition, which suggested that fertility declines would follow in the wake of industrial development. In their eyes, interventions aimed at limiting population growth seemed to be placing the cart before the horse. Instead, African heads of state rallied around the motto that “development is the best contraceptive,” suggesting that fertility rates would fall apace with economic development.⁵⁰ For instance, in his remarks at the UN Population Conference of 1974, the Senegalese deputy summed up the position of many African states well when he insisted, “Africa must choose development today and – perhaps – the pill tomorrow.”⁵¹

By the late 1970s though, there was a perceptible shift in official attitudes vis-à-vis population policy. In 1974, the government of Senegal endorsed the creation of the Association

⁴⁸ The key work in this vein was Paul R. Ehrlich, *The Population Bomb*, Sierra Club-Ballantine Book (New York: Ballantine Books, 1968). Indeed, this book set the stage for international debates about population policy in the “Third World,” i.e. the “developing world,” as those countries are often referred to today.

⁴⁹ The United Nations Economic Commission for Africa (UNECA) played a critical role in providing training to an emerging generation of African demographers.

⁵⁰ Jocelyn DeJong, “The Role and Limitations of the Cairo International Conference on Population and Development,” *Social Science & Medicine* 51, no. 6 (September 15, 2000): 941–53, doi:10.1016/S0277-9536(00)00073-3.

⁵¹ The original quote in french was « L’Afrique doit choisir le developpement aujourd’hui et - peut-etre – la pillule demain » cited in Mohamed Mbodj, Babacar Mane, and Waly Badiane, “Population et ‘Developpement’: Quelle Politique?,” in *Senegal: Trajectoires D’un Etat*, ed. Momar-Coumba Diop (Dakar: CODESRIA, 1992), 177–204, <http://codesria.org/IMG/pdf/mbodjmanetrajectetat.pdf>.

Sénégalaise pour le Bien-être Familial (ASBEF),⁵² the Senegalese branch of the International Planned Parenthood Federation. The government of Senegal in cooperation with the United States Agency for International Development (USAID) initiated the Family Health Project, which marked an early effort to integrate family planning services into the national public health system. To that end, the government began sending midwives and public health nurses abroad to receive specialized training in maternal and infant health and family planning services.⁵³ Finally, in 1979, the government established the *Commission Nationale de la Population* (CONAPOP), whose task was to consider the impact of rapid population growth on national development, and recommend policies to address such issues. Even though there was still considerable dissension among policymakers over the direction of state policy,⁵⁴ these actions indicated an important change in official attitudes towards family planning and the issue of population growth more generally. Thus when the Senegalese government formally overturned the colonial-era decree enforcing a ban on abortion and contraception in December of 1980, the state was already engaged with the issue of family planning, and was working towards implementing a coherent policy to curb population growth.

International pressure played a significant role in promoting this shift in population policy. In particular, US support proved instrumental for the expansion of family planning activities in Senegal. By 1980, USAID represented the largest international donor, providing over 40% of funding for population control initiatives and research. In addition to bilateral aid and assistance programs such as the Family Health Project and Sine Saloum Rural Health project, USAID also established partnerships with other entities to promote family planning initiatives in the developing world. For example, USAID supported private groups such as the Pathfinder Fund to promote and expand family planning services and contraceptive use, particularly in countries that were either hostile or unreceptive to the issue of population control.⁵⁵ American universities, such as the University of California, likewise received grants to provide training to health personnel from other countries in family planning methods and

⁵² Literally translated, ASBEF is the “Association for Familial Well-Being.”

⁵³ The University of California played an important role in this regard. Workshops led by faculty from UC Berkeley, UC San Francisco, and UC Santa Cruz trained nurse-midwives drawn from across the continent, and beyond.

⁵⁴ For example, according to a report commissioned by USAID, provincial governors in places such as Djourbel and Senegal-Oriental still did not view population growth as a problem, arguing that these areas remained under-populated. According to this same report, even a government sub-commission tasked with for developing policies that for the Sixth National Development Plan (1981-85), “denied the existence of a population problem and the need to develop a policy that would advocate spacing births and reduce rates of growth.” Sarah C. Clark et al., “Multi-Year Population Strategy for Senegal” (USAID, March 9, 1981), 36, http://pdf.usaid.gov/pdf_docs/pnaaq056.pdf.

⁵⁵ Le Croix Bleu, the first Family Planning Clinic in Senegal opened in 1964 with support from the Pathfinder Fund. Michael Free and Margot Zimmerman, “Family Planning in Senegal: Assessment and Recommendations” (PIACT for USAID, December 1979); Matthew James Connelly, *Fatal Misconception: The Struggle to Control World Population* (Cambridge, Mass: Belknap Press of Harvard University Press, 2008), <http://sunsite.berkeley.edu:8080/librarysurvey/library.survey.logic?refUrl=http%3A%2F%2Fsite%2Eebruary%2Ecom%2Flib%2Fberkeley%2FDoc%3Fid%3D10309089>.

counseling. In this way, the United States became a key advocate for the expansion of family planning to Senegal and other parts of the “Third World.”⁵⁶

During the 1960s, the Senegalese government could afford to ignore these international pressures. However, with the decline of the economy in the 1970s, the Senegalese government became more beholden to international aid. Thus, in an effort to appease international donors, the Senegalese government adopted measures that seemingly contradicted its stated position on population policy. In this respect, the apparent volte-face of the Senegalese government towards the issue of population growth during the late 1970s and early 1980s made sense in light of the fact that this shift coincided with a large influx of international aid, particularly from the US government. Still, Senegalese politicians could scarcely afford to alienate their constituencies let alone offend the religious leadership, whose influence could determine the outcome of national elections. Family planning thus took on divergent meanings in Senegal, where fertility was not simply a matter of policy, but an increasingly fraught and contentious issue at the center of household and family relations.

The 1970s marked a period of “gender chaos” in contemporary Senegal.⁵⁷ In particular, transformations in the structure of the household relations challenged the gendered distribution of power, and threatened the existing political, social, and moral order guiding family life. Much like the controversy surrounding the revised family code of 1972, the issue of family planning clearly evoked these gendered tensions at the heart of household and family relations. The reception of family planning in Senegal therefore reflected the profound insecurities about the nature of family life in the face of profound economic and social changes.

The economic instability of the household was one of the many factors contributing to this perceived crisis in family life and gendered social relations. The 1970s marked a period of economic decline in postcolonial Senegal. Export prices for peanuts, Senegal’s staple export, fell steadily throughout the 1970s. Declining crop yields due to severe drought conditions only made matters worse for peasant producers. These precarious economic conditions drove many to flee the countryside in search of economic opportunities in Dakar and other urban areas of Senegal. Furthermore, it weakened the patriarchal authority of the *boroom kër* (wolof for “head of the household”) whose power rested his ability to support the needs of the household and its members. In the face of economic uncertainty, male heads of household not only lost the confidence of the younger generation, but also lost their labor as youth migrated to cities in search of jobs. Furthermore, this situation placed new pressures on rural women, who often assumed greater responsibilities outside the household in order to compensate for the declining returns on production as well as the absence of male labor due to migration.

While urban economies were not as affected by the vagaries of agricultural production, the growing importance of female labor to the economic health of the household also transformed household and gender relations during this period. Urban women had long

⁵⁶ The term “Third World” has recently been replaced by “developing world” nevertheless, the use here reflects how international aid was intimately bound up with Cold War politics.

⁵⁷ The term “gender chaos” is used by Jean Allman to describe the social disruptions created by the introduction of cocoa production in the colonial Gold Coast of the 1920s and 1930s and to explain the sudden interest in maternal and child health and other policies relating to women. Similar disruptions took hold in Senegal during this same period but also erupted again in the 1970s. See Jean Allman, “Making Mothers: Missionaries, Medical Officers and Women’s Work in Colonial Asante, 1924-1945,” *History Workshop*, no. 38 (1994): 23–47.

supplemented their household budgets through informal means, such as marketing produce or selling their own domestically-produced handicrafts. Nevertheless, urban women's access to education also offered significant advantages vis-à-vis their rural counterparts. To that end, technical training schools facilitated women's entry into an expanding urban service sector. In addition to becoming secretaries, typists and clerks, educated urban women also aspired to more ambitious career paths. As a result, it became more common to see female doctors, lawyers, judges and other female professionals profiled in the pages of popular magazines such as *Bingo*, *Amina*, and *Senegal d'Aujourd'hui*.⁵⁸ Women's expanding professional horizons, and increasing financial autonomy, thus subverted the traditional political economy of the urban household by challenging the paradigm of the male breadwinner. These transformations within the household influenced how Senegalese understood and appropriated the concept of family planning.

Efforts to promote family planning often touted the social and economic benefits of family planning. For example, in one poster (Figure 5.1), a father looks upon his large family who are eating in front of their hut. In the caption, he thinks to himself "By planning, life would be so much easier."⁵⁹ Directed most likely to a male audience, this poster conveyed how family planning might help households to improve their economic situation; the implicit assumption being that eight kids (including a newborn baby) and their mother is simply too many mouths to feed. Other posters conveyed the experience of mothers faced with too many young, unspaced children. For example, in another poster, figure 5.2, we see a pregnant mother with two kids. Her oldest is dressed in rags, his belly distended from malnutrition, while she herself is emaciated and frail-looking. From her lips, she mutters "cey bii coono," meaning "this life is so hard" in Wolof. Meanwhile the caption below read, "To plan is to help oneself."⁶⁰ The goal of these posters was to convey the benefits of birth spacing in economic terms. Essentially, the images conveyed the idea that by spacing births, families could manage their limited resources more effectively.

As these posters demonstrate, family planning activities were couched in idioms and metaphors, which would speak to the concerns of the local population. In particular, they played upon concerns about the physical, economic, and social well-being of the household. In this respect, the concerns of external donors did not always resound with local needs and concerns. While USAID and other international agencies often equated family planning with contraception,

⁵⁸ For example, popular magazines such as *Bingo*, *Amina*, and *Senegal d'Aujourd'hui* published regular profiles on working women across many professions. From the 1950s, when *Bingo* first appeared, to the 1970s when *Amina* came into being, these profiles evolved to encompass not only traditionally "feminine" professions, such as nurses, midwives, and social workers but also exceptional women breaking into careers which had long been dominated by men such as Maimouna Kane, who became the first female judge in Senegal; Ellizabeth NDiaye, who became a technician at the major Senegalese Broadcast corporation RTS; or Sadi Faye, who was the first female director in Senegal. Djouteu Ghomisi, "Madame Afrique/Metiers: De 'Petit À Petit' À 'La Passante': Sadi Faye Première Réalisatrice Sénégalaise," *Bingo*, November 1972; André Fara Biram Lo, "Madame Afrique/Metiers: Elizabeth N'Diaye Animatrice de Radio Senegal," *Bingo*, October 1972.

⁵⁹ Fassara, *En planifiant, comme la vie serait plus facile!*, Poster, 19--, U.S. National Library of Medicine, <http://ihm.nlm.nih.gov>.

⁶⁰ *Planifier c'est s'aider soi-meme!*, Poster, 19--, U.S. National Library of Medicine, <http://ihm.nlm.nih.gov>.

most Senegalese subscribed to a broader view of family planning. Instead of equating family planning with “birth control,” public service announcements and promotional materials referred to these services in terms of “birth spacing.”

Proponents of family planning often stressed the implications of birth spacing in terms of promoting maternal and child health. Posters, like those cited above (figures 4.1 and 4.2), often highlighted the deleterious effects of multiple unspaced births. Another poster from this period similarly conveyed the health benefits of family planning by presenting two contrasting visions of the same family (see Figure 4.3). Set against a striking yellow background, the family pictured at the top is prosperous and healthy family of four, while the family depicted below presents a rather dystopian alternative, a shabbily-dressed and haggardly-looking couple with four kids, the wife pregnant with the fifth; they are skinny and miserable looking, many of the children lack clothing; the father holds a bag of medicines in his hand, presumably to treat his family. The juxtaposition of the two families in this poster thus conveyed the consequences of numerous unspaced children on family health, encouraging parents to “make the right choice” by using family planning. Indeed, this messaging was conveyed more explicitly in the text of another poster (see Figure 4.4) that read:

Family Planning (FP) is a responsible act. Parents, in order to take better care of your children and support the burdens of the family, adopt a modern method of FP. Enquire at the health service providers wherever you see the green umbrella.⁶¹

Some posters and promotional materials even cited Islamic law in their justifications for family planning, posing the issue of birth spacing as both a medical as well as moral imperative (see Figure 4.5 and 4.6). For example, one such poster featured the Senegalese musician and singer Ismael Lo, posing with his kids. His face beams with joy as he holds his daughter in front of him and his son is holding on from behind; the caption reads: “Do as he does. Be the shepherd of your family, as is recommended by Islam.” Proponents of family planning invoked the authority of Islam in other ways. For example, one informational packet contained a series of pamphlets and other educational materials that quoted passages from the Quran as well as several accounts from the Prophet Muhammad’s life, sanctioning the use of family planning. Indeed, these materials were part of the government’s strategy to overcome religious reservations surrounding the issue of family planning. In order to cultivate the support of religious leaders for their programs, the government of Senegal, along with their partners at USAID, organized a conference of religious leaders to discuss the implementation of family planning services in 1980. After several days of meetings and discussions in Touba, the spiritual capital of the Mouride Sufi brotherhood, the religious leadership agreed to support the broad outlines of the government’s Family Planning program, insofar as such efforts were aimed at promoting “family health,” “birth-spacing,” and “child survival.” Nevertheless, they continued to express their reservations concerning the promotion of contraceptive use.

⁶¹ *Cey bii coono!*, Poster, 1998, Media-Materials Clearinghouse, <http://ihm.nlm.nih.gov>

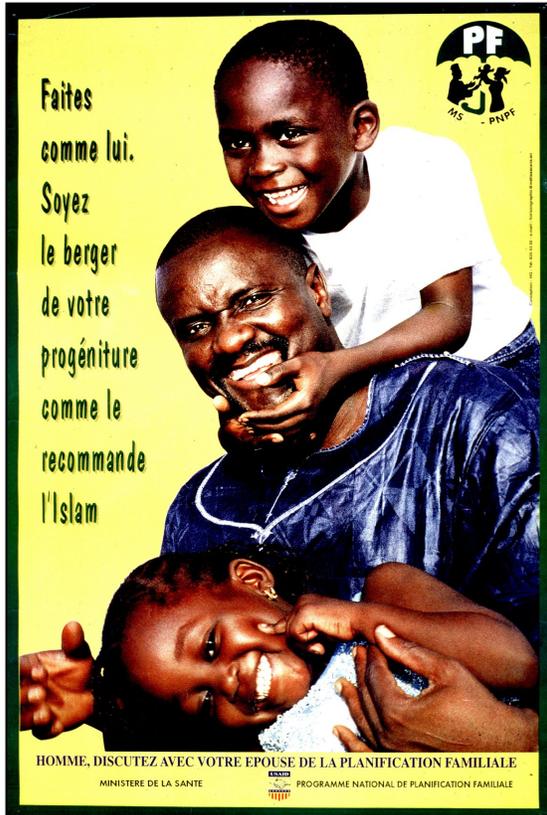


Figure 4.5



Figure 4.6

While development-minded technocrats supported family planning on largely economic grounds, Senegalese women viewed the issue of family planning in starkly different terms. For some, the issue of family planning spoke to larger concerns over women's rights and social status. Like Western feminists, many African feminists saw birth control as a means of liberating women from patriarchy. As Tunisian feminist Gisele Halimi explained in an article published in *Ethiopiennes*, access to contraceptives and safe, legal abortion overturned women's sexual subordination to men by securing them the "liberty of liberties," the right to control their own bodies.⁶² Not only could women choose when and how many children to have, but access to birth control also liberated female sexuality from the narrow confines of sex simply for the purpose of procreation.⁶³

Though most Senegalese women did not advocate for the right to abortion or contraceptives in such blunt and unapologetic terms, they nevertheless justified their support for expanding family planning services as a means of promoting both the social as well as physical well-being of their fellow Senegalese women. For example, in a round table discussion published in *Le Soleil*, the major daily newspaper in Senegal, participants discussed the moral as well as medical implications of family planning. In particular, proponents of family planning cited how expanding access birth control could help to stem the growing numbers of illegal and unsafe abortions in Senegal. As midwives at Le Croix Bleu of Dakar, the first family planning

⁶² Gisele Halimi, "Féminisme et Socialisme," *Ethiopiennes - Revue Negro-Africaine de Littérature et de Philosophie* 6 (1976): 20–25.

⁶³ *Ibid.*

clinic in Senegal, Lèna Guèye and Phebean West Allègre both cited the plight of women who came to them seeking help. Indeed, the transcript of the round table captured the pathos that these women possessed for their patients:

WEST-ALLEGRE: [The increasing rate of illegal abortion] is a scourge. As a midwife, I receive in my clinic so many women, in tears, asking me to give them an abortion. When I ask them why they chose me, they respond that in my clinic they are confident that due to professional confidentiality, I will keep quiet.

GUEYE: Does anyone ever ask what a woman who is carrying an undesirable pregnancy thinks? What is she to do? Does she seek an abortion, does she bring into the world an infant who is undesired, with all the consequences that can entail; one abandoned on the street and later who will grow into juvenile delinquency. This is why I think that family planning is absolutely effective against provoked abortions.

WEST-ALLEGRE: Many people disparage family planning, but it is because they are not exposed to the anguish of women. My clinic is not only a place where people come for physical healing but spiritual/emotional healing as well. People confide in me all their household problems. Those who have a lot of children regret not having known of the methods which could permit them not to have children when they did not want them. It is a deplorable sight to see a woman that [when] you tell her she is pregnant, she bursts into tears. What should be a cause for rejoice is made sad.

GUEYE: This is a daily drama that women live. And it is this observation that has pushed us to create our association. We get girls who come to us for treatment after an abortion. Morally, we could not denounce them all.

As the above comments suggested, women who became pregnant out of wedlock faced tremendous social stigma. Their condition not only threatened their family's reputation but also their prospects of finding a suitor. Highlighting the plight of the unwed mother, West-Allegre and Gueye demonstrated how family planning services were not simply a means of protecting women's health but furthermore preserving female respectability and honor. Without recourse to safe, legal abortions, West-Allegre and Gueye argued that women had few options to deal with undesired pregnancies, leaving them extraordinarily vulnerable both to the physical and social consequences of motherhood before marriage. In this way, West-Allegre and Gueye's arguments for expanding family planning services tapped into a prevailing sense of anxiety over adolescent promiscuity and its larger implications for the social as well as physical well-being of families.

The child-mother, or "*fille-mere*," had long served as a symbol of the decay of family life, and more particularly of male authority. For example, in 1930, some of the most prominent families of Saint-Louis signed a petition calling on the community to curb the escalating costs of bridewealth. They complained that the exorbitant payments demanded by some parents were having a deleterious impact on society: making it impossible for young men to find a bride, and more significantly prompting increasing numbers of young women to become pregnant outside of wedlock. Lebou notables in Dakar posed similar complaints in the *Pacte Matrimoniale de Dakar du 17 juin 1950*. Presenting their case in religious terms, they chastised those greedy parents who subverted the institution of marriage for their own gain:

Que Dieu et son prophète bénissent et protègent dans ce monde et dans l'autre tous ceux qui auront oeuvré à la création et au maintien de ce pacte sacré.
Qu'ils détestent et humilient ici-bas tous ceux qui, directement ou indirectement, auront tenté de faire échec à la pérennité de ce pacte.

God and his prophet bless and protect in this world and in the other all those who have worked on the creation and maintenance of this sacred covenant.
They hate and humiliate down here all those who, directly or indirectly, have attempted to thwart the durability of this pact.⁶⁴

For these local notables, the perversion of the institution of bridewealth was a symbol of the perceived disintegration of the family in the face of profound political, economic, and social changes brought by colonial rule and the expansion of the cash economy. By emphasizing the social rather than simply the economic consequences these abuses entailed, their criticisms reflected the profound insecurities of male elites to control the social and biological reproduction of the family.

When the issue of bridewealth resurfaced in the 1960s and 1970s, it aroused similar concerns about the impending disintegration of family life as well as the need to protect the social and legal status of women. In the opinion section of *Paris-Dakar*, editorials criticized the abuse of bridewealth in terms reminiscent of the matrimonial pacts of 1930 and 1950. For example, Papa Galar Niang complained of the extraordinary costs associated with bridewealth, insisting that the exorbitant sums demanded by parents placed marriage out of the reach of most young men. Niang further asserted that these abuses not only degraded the institution of marriage but also reduced women to the status of merchandise.⁶⁵ In a similar article, Boubacar Kante of Saint-Louis, invoked the specter of the "*fille-mère*" ("child-mother"), arguing that delays in marriage caused by prolonged bridewealth transactions encouraged sexual promiscuity among adolescents, and inevitably led to growing numbers of children born out of wedlock.⁶⁶ Some authors even questioned whether the institution of bridewealth was relevant to modern Senegal. For example, in a piece reprinted in *Paris-Dakar*, Arouna Saliou maintained that the bridewealth system in general was "notoriously anachronistic." Not only did bridewealth pervert the institution of marriage, but further the system effectively ran counter to the progress made towards women's rights and equality between the sexes.

These concerns spoke to the perceived social disintegration of the family in the face of powerful socio-economic changes. In urban settings where young women increasingly married later than their rural counterparts, premarital sex was a considerable source of social tension between family members.⁶⁷ For example, in her autobiography, *De Tilène au Plateau: Une*

⁶⁴ Excerpt from the *Pacte Matrimoniale de Dakar du 17 juin 1950*. Quoted in Mamadou Niang, "L'évolution De La 'Dot' Au Senegal: De La Tradition a La Modernite," *Notes Africaines*, no. 140 (October 1973): 85–92. Translation mine.

⁶⁵ Papa Galar Niang, "Toujours l'Irritant Problème de La Dot," *Paris-Dakar*, January 19, 1960.

⁶⁶ Boubacar Kante, "La Système Actuel de La Dot Source de Débauche et de Naissance Illégitimes," *Paris-Dakar*, January 4, 1960, sec. Opinions Africaines.

⁶⁷ Demographic studies from this period indicate that women under 30 were marrying later than earlier generations of women. Indeed this was most pronounced among urban and educated women. See for example the summary report of the World Fertility Survey conducted in Senegal

Enfance Dakaroise, Nafissatou Diallo disdained her father's overbearing attitude towards her relations with the opposite sex. Diallo recalled how her father "was pathologically suspicious in anything that concerns the relationship of girls in the family with boys," and justified his attitude by telling her that "Even the most balanced girl will trip up, given a little help and favourable circumstances."⁶⁸ Diallo's grandmother was no less forthcoming in her disapproval towards socializing with boys. "Avoid them like the plague," she insisted. "Even the smell of a boy could make you pregnant. The shame and dishonor of that would kill me."⁶⁹ Indeed, throughout the book, Diallo recounted the social stigma that young women encountered when they became pregnant out of wedlock. At weddings and other family events, griots, known for their praise singing, would single out the unmarried mothers in the crowd, chastising them for not having "the patience 'to wait."⁷⁰ Diallo's autobiography thus revealed that even by the 1950s, the issues of premarital sex and teenage pregnancy were a common concern for both male as well as female family members.

Concern over premarital sex and pregnancy outside of wedlock became even more pronounced in the 1970s, due to shifting patterns in the age at first marriage. According to the World Fertility Survey (WFS), conducted in Senegal in 1978, the mean age at first marriage was 16.4, with half of all women married by the age of 15.6.⁷¹ Though these first marriages did not always last the entire span of a women's reproductive career,⁷² the tendency of women not only to marry early, but also to remarry quickly after the death of their spouse or the termination of their marriage, contributed significantly to the high rate of fertility among Senegalese women. According to the findings of the WFS, 95% of ever-married women reported they were "currently married" at the time of the survey, demonstrating how pressures on women's reproductive capacities remained constant throughout their lives. For these reasons, it is unsurprising to observe that that over half the women between 30 and 34, and more than two-thirds of those aged 35 and over, reported six live births, while for women 45 and over, the mean number of live births was 7.2.⁷³

The high rates of fertility reported in the finding of the WFS, revealed how factors such as the social pressure to conceive and the early age at first marriage shaped women's

in 1978, République du Sénégal, *Enquête Sénégalaise Sur La Fécondité, 1978: Rapport National d'Analyse* (Dakar: Ministère de l'Economie et des Finances, Direction de la prévision et de la statistique, Division de la statistique, 1981), <https://opr.princeton.edu/archive/wfs/SN.aspx>.

⁶⁸ Nafissatou Diallo, *A Dakar Childhood*, trans. Dorothy S. Blair, Drumbeat Autobiography (Harlow, Essex: Longman, 1982), 43.

⁶⁹ *Ibid.*, 74.

⁷⁰ *Ibid.*, 65–66. Even Diallo's own cousin Ami became pregnant out of wedlock, giving her baby to an Aunt to raise until Ami's husband reclaimed her, 92–94.

⁷¹ While these rates differed according to various factors, such as ethnicity, education, and place of residence (urban versus rural), the correlation between fertility and age at first marriage, represents one of, if not the most important factors influencing fertility in Senegal. See Gilles Pison, ed., *Population Dynamics of Senegal* (Washington, D.C: National Academy Press, 1995).

⁷² For more about the issue of divorce among women in Dakar see Colette Le Cour Grandmaison, *Femmes Dakaroises: Roles Traditionnels Féminins Et Urbanisation*. (Abidjan: Université d'Abidjan, 1973).

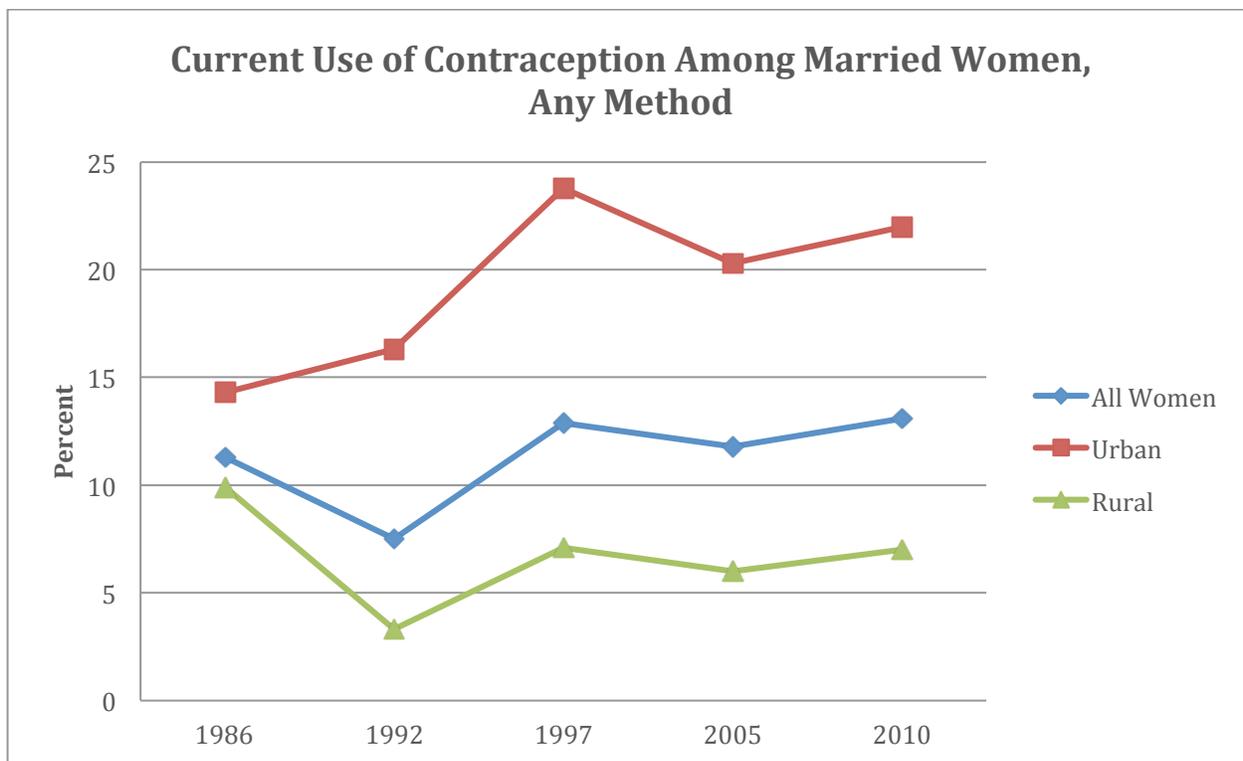
⁷³ République du Sénégal, *Enquête Sénégalaise Sur La Fécondité, 1978: Rapport National d'Analyse*.

reproductive lives. For example, when asked: “If you could choose exactly the number of children to have in your whole life, how many children would that be?” over a quarter of the women surveyed replied with a non-numerical answer, saying “it depends on God” or “it depends on my husband.” For those who did answer the question numerically, the average response was nine children. Yet, the survey’s findings also captured how urbanization and the expansion of girls’ education were beginning to reshape patterns of fertility. In addition to observing a slight increase in the age at first marriage among all women under 30, which suggested a generational shift in terms of this important proximate factor of fertility, the survey found significant differences correlating with factors such as urbanization and education. For example, the median age at first marriage for urban women was 18.3 year versus 15.6 years for rural women. Even more striking were the differences between literate and illiterate women, where the median ages at first marriage were 21.6 and 15.8 years respectively.

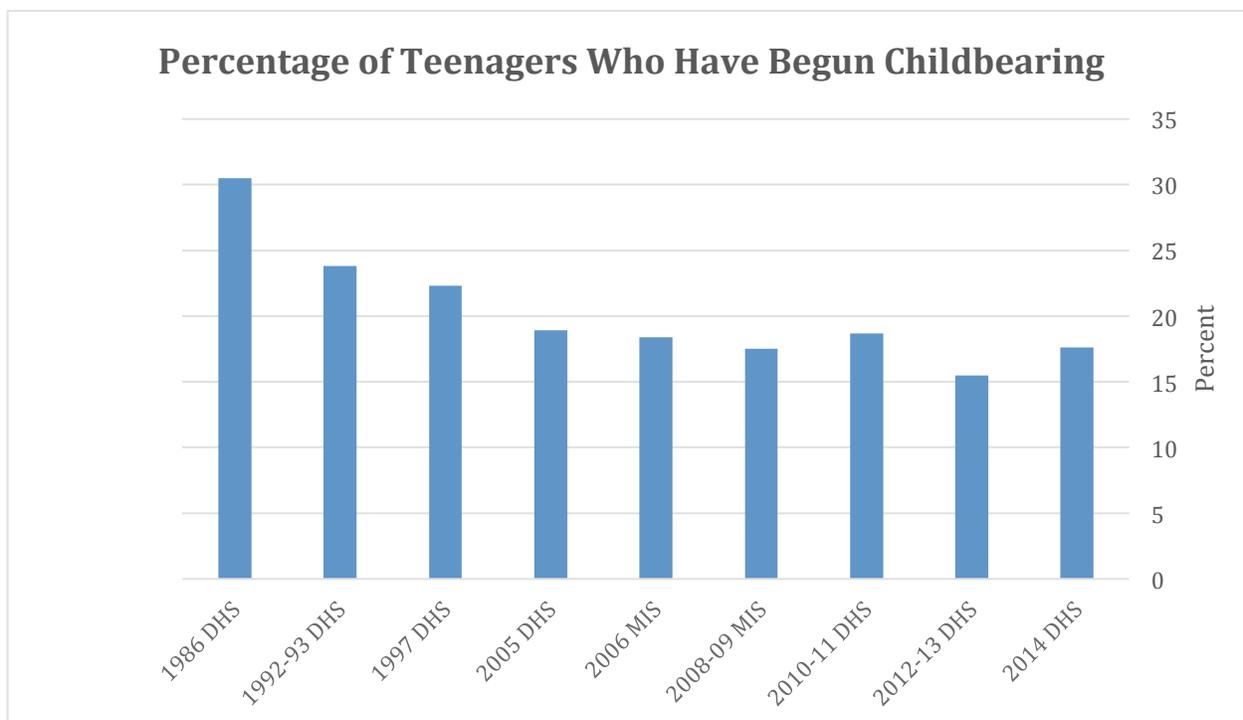
Demographic surveys from the 1970s and 1980s nevertheless paint a rather complicated picture of the impact of family planning on gendered social relations, particularly as they intersected with issues of sexuality, fertility and marriage. On one hand, the considerable gap between rural and urban women’s experience with and attitudes towards family planning seems to confirm the long held view that urbanization and education correlate with a reduction in birth rates. Alongside statistics demonstrating a more substantial divide between married and unmarried women’s use of contraceptives, these figures revealed how some women used contraceptives as a tool to postpone pregnancy and therefore manage their transition into motherhood. In this regard, health surveys demonstrate a marked reduction in the rates of teen pregnancy. For urban women, this use of contraceptives would have permitted them to finish their schooling, or even to pursue a career, etc. The concept of family planning thus resonated powerfully with the experience of urban, educated women, and consequently, these women were often the most fervent supporters of family planning and sex education.⁷⁴ However, if we examine past use of contraceptives by age group, another side of the story emerges, which suggests that access to family planning has not significantly undercut patriarchal family norms.

As the figures above demonstrate, younger women reported the lowest rates of past contraceptive use compared to other age cohorts, suggesting that pressures to conceive were in fact greater for younger women than older women. Ironically, the introduction of modern family planning services seemed to have had the opposite effect on contraceptive use and birth spacing initially, particularly among the youngest cohorts, as the uptake of modern forms of contraception lagged behind the apparent abandonment of traditional methods. Indeed, one might have expected the uptake of new contraceptive methods to be more likely among younger cohorts, based on their lack of experience or knowledge of other methods, but this is not borne out by the statistics. Furthermore, the total fertility rate (TFR), or number of births per woman, decreased only incrementally over time, also demonstrating that the introduction of family planning services has not significantly reduced the pressure on women to conceive early and often.

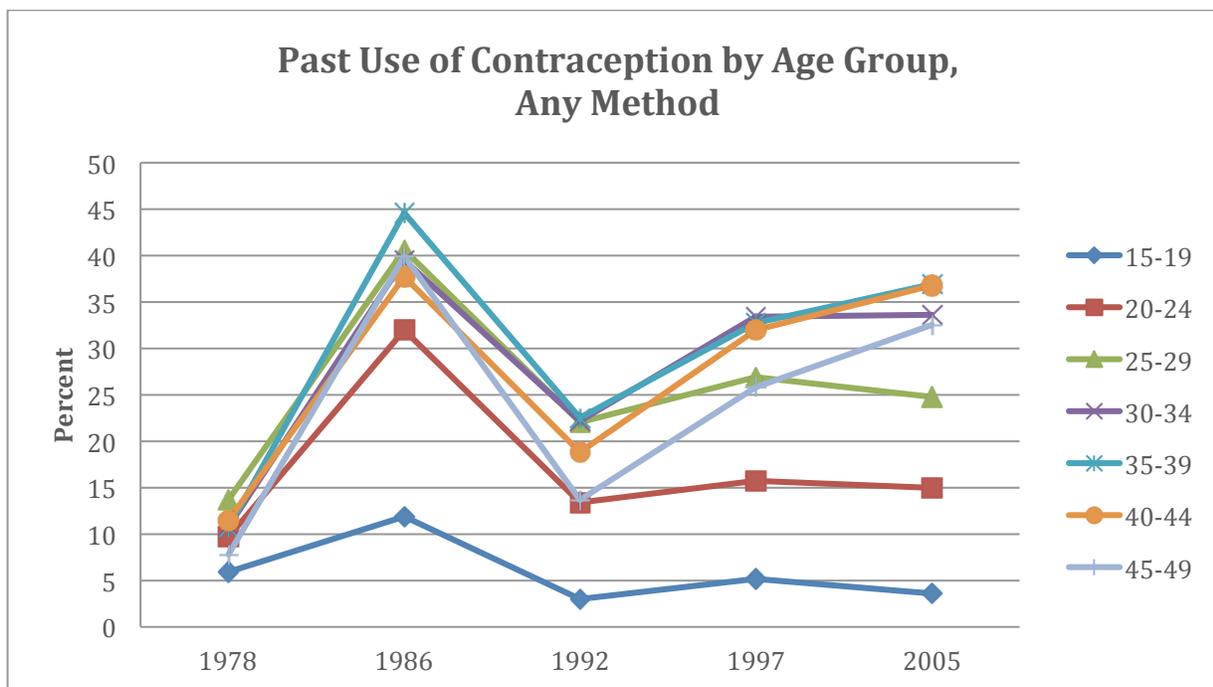
⁷⁴ Urban women were seen as the vanguard acceptors for family planning. See also Interview with John Tomaro, a research consultant advising USAID about the implementation of family planning services in Senegal during this period.



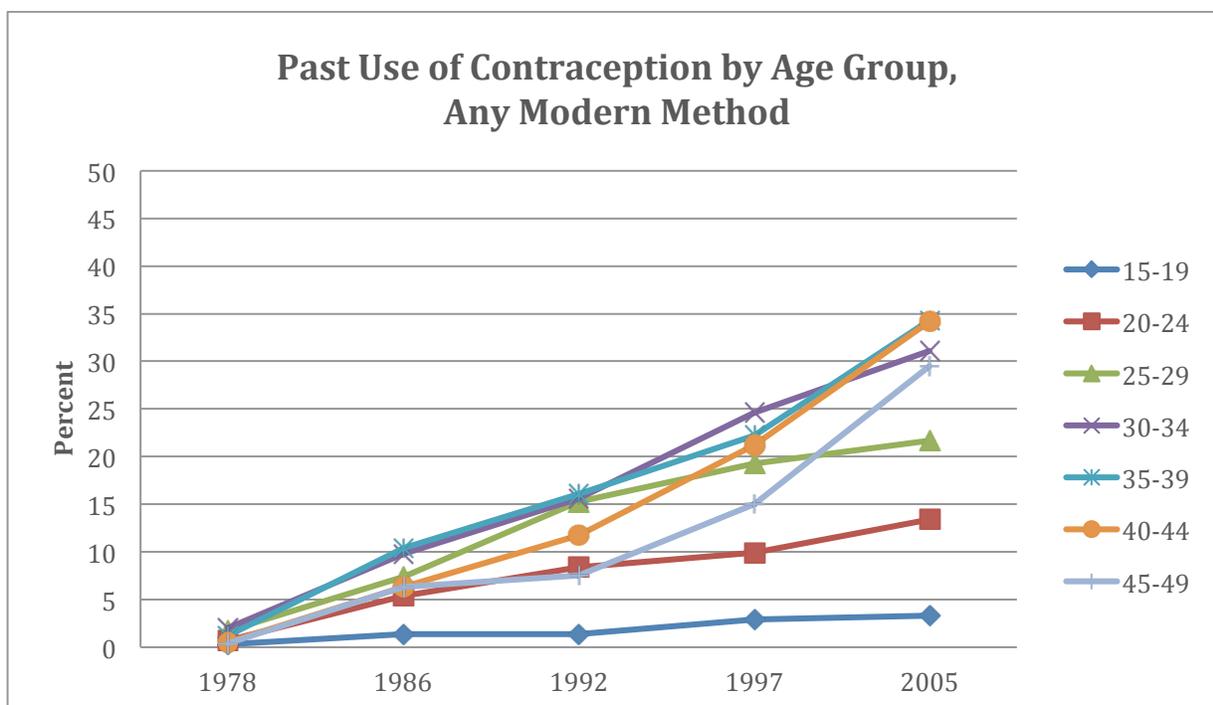
Source: ICF International, 2012. The DHS Program STATcompiler - <http://www.statcompiler.com> - November 3, 2014.



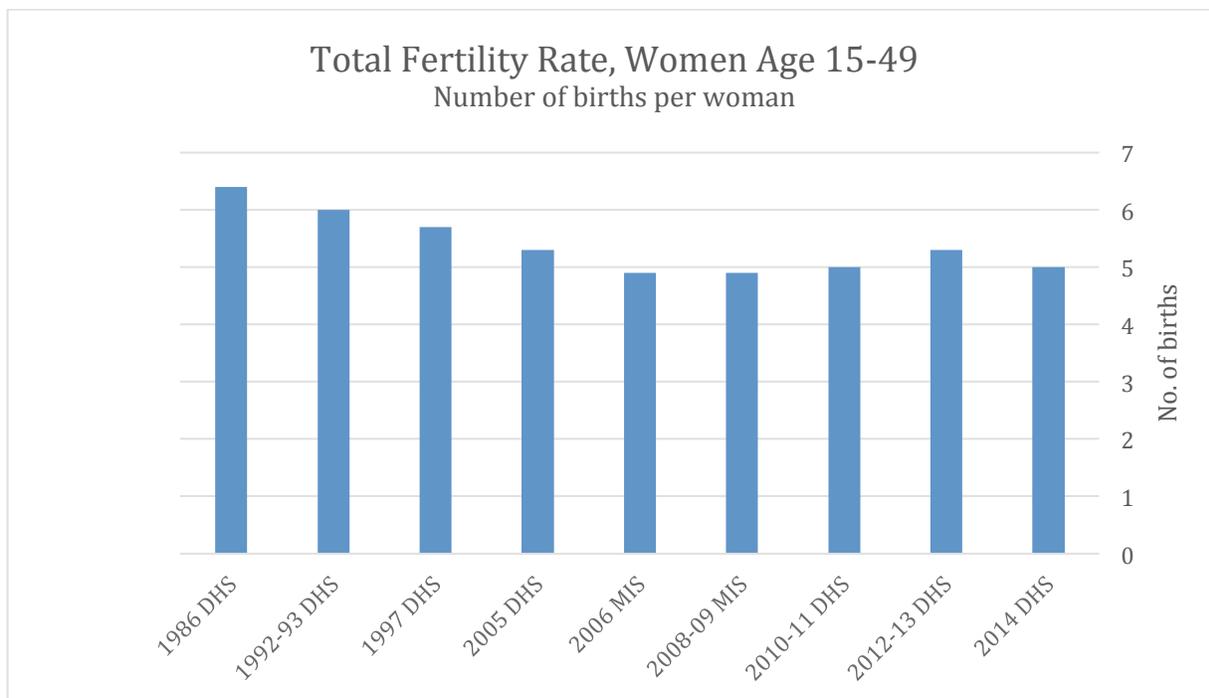
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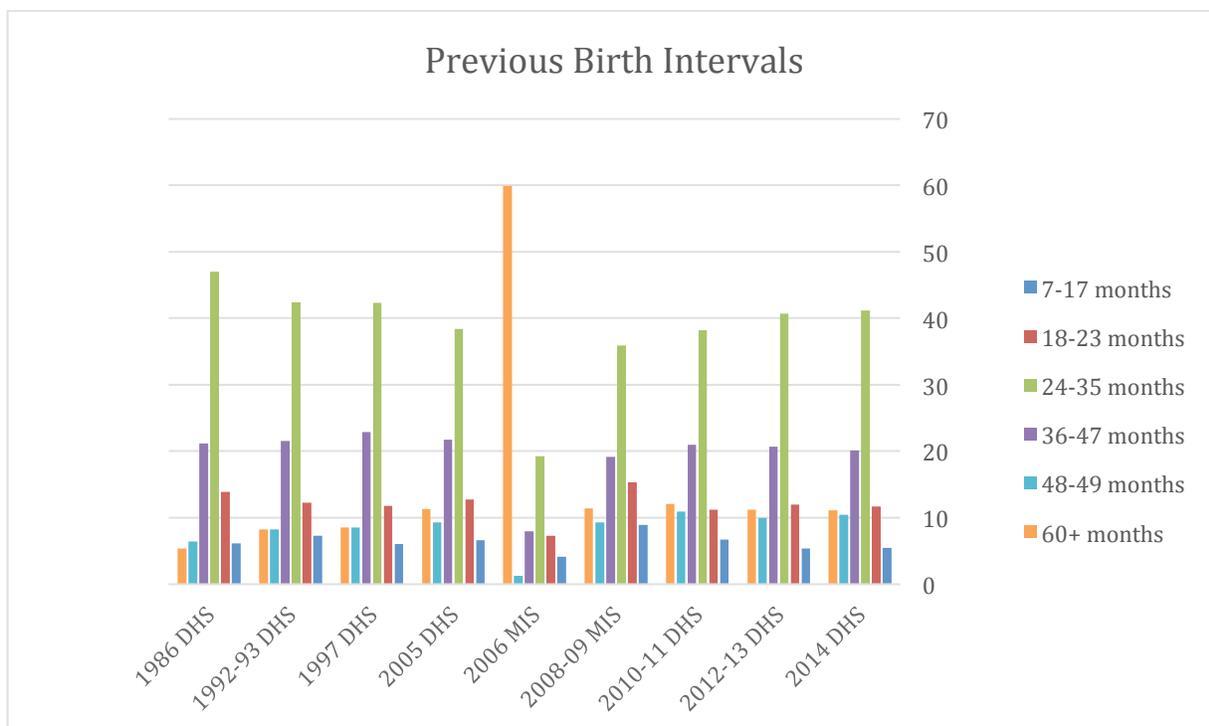
Source: Republique de Senegal, *Enquête Sénégalaise Sur La Fécondité*, 1978 and ICF International, 2012. The DHS Program STATcompiler - <http://www.statcompiler.com> - November 3, 2014.



Source: Republique de Senegal, *Enquête Sénégalaise Sur La Fécondité*, 1978 and ICF International, 2012. The DHS Program STATcompiler - <http://www.statcompiler.com> - November 3, 2014.



Source: ICF International, 2012. The DHS Program STATcompiler - <http://www.statcompiler.com> - November 3, 2014.



Source: ICF International, 2012. The DHS Program STATcompiler - <http://www.statcompiler.com> - November 3, 2014.

The data tell thus two very different stories. On one hand, shifts in marriage and fertility patterns had important implications for women's attitudes towards the concept of family planning. While debates about abortion and family planning during the 1970s often reflected male anxieties about female sexuality, expressed primarily through the idiom of the "child-mother," women were no less concerned with protecting the honor of the family, if not their own personal reputations, as shown in Diallo's autobiography. With growing numbers of women putting off marriage in order to pursue academic and professional ambitions, they increasingly confronted the problem of managing their fertility. Far from being overblown, teenage pregnancy was indeed a growing problem, particularly in urban areas, and contraceptive use certainly allowed women to manage this transition to motherhood. Nevertheless, increased access to contraception did not relieve pressures on women to conceive.

Even as modern forms of contraception have taken hold in Senegal, the total fertility rate has changed very slowly. In fact, one could largely attribute these changes to delays in the age of marriage and the onset of childbearing. In this respect, contraceptive use seems only to perpetuate patriarchal social norms, by preserving the illusion of "virgin" brides even as marriage is postponed until a later age. Even the notion of "birth spacing," while conferring significant health benefits to the mother, still placed expectations on the mother to conceive over the duration of their reproductive life. Thus, to claim that access to contraception has had a "liberating" effect on Senegalese women would be woefully inaccurate.

Senegalese women's appropriation of contraception has not radically altered expectations placed on women's reproductive capacities. Rather it has served as a tool for women to delay or space pregnancies, allowing them to carefully plan and space births to accommodate their own social as well as physical well-being. In this respect, the story of birth control in Senegal tracks closely with other West African nations like Gambia and Cameroon. For example, the work of both Caroline Bledsoe and Jennifer Johnson-Hanks have offered more nuanced appraisals of how African women negotiate demands on their reproductive capacities, appropriating family planning in ways that complicate any facile understanding of birth control as a weapon of women's liberation.⁷⁵ However, by considering the effects of the expansion of family planning services beyond simply the technology of birth control, we can see that even these early "population health" policies have provided arenas for women to advocate for their social and political advancement.

The trajectory of the Sine Saloum Project offers a case study of the unintended consequences of the population health agenda for Senegalese women. Conceived as a means of expanding the delivery of health care to rural populations, the health huts were also a novel means for the US to support the expansion of family planning services. Yet as the program evolved, the influence of a few core female administrators helped to reshape the workings of the project to include greater representation for women in both administrative as well as political

⁷⁵ Caroline Bledsoe, *Contingent Lives: Fertility, Time, and Aging in West Africa* (Chicago: University of Chicago Press, 2002); Caroline Bledsoe, Fatoumata Banja, and Allan G. Hill, "Reproductive Mishaps and Western Contraception: An African Challenge to Fertility Theory," *Population and Development Review* 24, no. 1 (March 1, 1998): 15–57, doi:10.2307/2808121; Jennifer Johnson-Hanks, *Uncertain Honor: Modern Motherhood in an African Crisis* (Chicago: University of Chicago Press, 2006); Jennifer Johnson-Hanks, "On the Modernity of Traditional Contraception: Time and the Social Context of Fertility," *Population and Development Review* 28, no. 2 (June 1, 2002): 229–49.

bodies that managed the project. Even the early successes of the program can be seen as a product of female engagement with the management and support of the health huts. In this respect, the health huts were a microcosm of the women's wider political struggles in Senegal, an extension of the same political activism that brought about the passage of the Family Code and the elaboration of development programs purposefully designed to aid women.

While family planning was hardly a cause célèbre for pioneer female activists like Caroline Faye Diop or Maimouna Kane, the issue of reproductive health offered a point of entry for addressing issues of gender equality and women's rights. In fact, Maimouna Kane was minister of Promotion Humaine from 1978-1982, the same years that ministry was tasked with overseeing the Sine Saloum Project, and while she was not involved directly in the project, its emphasis on women certainly reflected her political and social views on women's role in promoting development. Other female activists of this period were more forthright in making the connection between reproductive rights and women's rights. For example, as editor-in-chief of *Famille et Développement*, Senegalese feminist Marie-Angelique Savane often wrote about the importance of family planning and sexual education in terms of advancing women's political and social autonomy.⁷⁶ She later went on to form the first feminist organization in Senegal, Yewwu-Yewwi, and joined the United Nations working in various capacities before becoming the Director of the African Division of the United Nations Fund for Population Activities (UNFPA) in 1994. Indeed, Savane's trajectory, as well as other recent female political figures, shows how the domain of reproductive health provided a base for female advocacy as well as political advancement. In this regard, the résumé of former Prime Minister of Senegal Aminata Touré, offers another telling example; before becoming the second female Prime Minister of Senegal in 2013, Touré had served as head of the gender, human rights and culture branch of the United Nations Population Fund, and became a powerful advocate for "gender mainstreaming." As these examples show, the domain of reproductive health became a base for female activists to promote gender equality and advocate for policies that would transform women's lives for the better. In this respect, the concept of family planning had resounding implications for women in Senegal, not necessarily in terms of reducing fertility, but rather in terms of transforming the conversation about women's rights at every level, from the local to the global.

⁷⁶ See for example Marie-Angélique Savané, "Editorial: Pilule, ou développement? Un faux dilemme," *Famille et développement*, 1975.

CONCLUSION

In the process of writing this dissertation, no title seemed to encapsulate my vision for the larger narrative that I set out to tell, and so I began to think of the titles that most informed my graduate study. In particular, I thought about the Social History of Africa Series published by Heinemann Press, which often began with short quotes like “Cotton is the Mother of Poverty” or “Chiefs Know Their Boundaries” or “I Will Not Eat Stone.” I searched my notes for equally pithy sayings that would convey the substance of my dissertation, but instead of finding some novel quote from one of my interlocutors, what kept coming to mind was the saying, “Women Know their Place.”

Akin to the way Sara Berry used “Chiefs Know their Boundaries” to evoke the historical complexities undergirding systems of land tenure in Ghana, the phrase “Women Know Their Place” similarly invites multiple readings. On one hand, the phrase captures the pressures on women to conform to patriarchal norms. Women are thus exhorted to remain at home and fulfill their “natural” duties as wives and mothers. Yet, read from another perspective, the phrase takes on a more subversive tone, where it is women who define the boundaries of femininity and domesticity, often in ways that challenge rather than reaffirm their political and social subordination.

The tension between these two readings frames my analysis throughout this book. As each chapter demonstrates, women have used their prescribed roles as mothers and wives to advocate for their own political and social liberation. In chapter two we saw how the struggle for political rights in the Four Communes shaped women’s decisions about childbirth and prenatal care. Efforts to restrict voting rights triggered an intense backlash among urban residents who had secured political rights through prior legislative acts. More specifically, the path to citizenship was no longer a matter of legal procedure, but rather it required all members of the household to demonstrate their assimilation of French values and customs. In this charged political environment, Senegalese women clearly understood the political stakes of their medical decisions, visiting the hospital for prenatal care to demonstrate their conformity to French values of hygiene, even though they often preferred to give birth at home. Senegalese women thus patronized maternal and infant care services at the hospital for political as much as medical reasons.

Education also served as a flashpoint for women’s social advancement. As chapter three demonstrates, educational opportunities for women remained limited by the turn of the century. In part, this was because prior to the 1930s and 1940s, the issue of girls’ education was a low priority for colonial administrators. Furthermore, parents were suspicious of colonial education, fearing that their daughters would be either pressured to convert to Catholicism or that going to school would lead to licentious behavior that would disgrace the family. But over the course of several decades, these attitudes began to change. Colonial administrators increasingly saw girls’ education as a central component of health and social policy. Meanwhile, parents viewed education as a means of social and economic advancement. In either case, girls’ education was intended to promote the health and stability of the family by making girls into “better wives and mothers.” However, for those women who came of age during this period, access to education - however narrow in scope - was liberating because it broadened women’s cultural and social horizons. Even as the curriculum was limited to basic skills in literacy, math, and mother craft, this education inculcated a sense that they were not simply servants in the household, but rather

productive members of society as a whole. Furthermore, it opened up new avenues for social and economic independence by offering access to careers and lives outside the home.

The tensions at the heart of girls' education equally informed debates surrounding female professionalization in Senegal. Building on the discussions in the previous chapter, chapter four explores how nurses' and midwives' professional trajectories reflected tensions about women's evolving roles in the household as well as society at large. More specifically, the chapter demonstrates how women's domestic roles as housewives and mothers shaped their professional lives, in ways that both constrained as well as expanded their spheres of authority and action. While the professional trajectories of nurses and midwives offered women new opportunities for social, political, and economic advancement, these opportunities were often couched in gendered social and cultural logic. In terms of both education as well as professional status, women's domestic responsibilities within the household carried over into their professional lives as nurses and midwives. Nevertheless, the inherent mobility of their work challenged and, at times, subverted male authority. In this way, domesticity proved to be a contested and unstable form of gendered discourse, which both authorized as well as undermined the operation of male authority.

The final chapter, which chronicles the trajectory of maternal and infant health policies in the postcolonial period, further explores how women have articulated new spheres of authority by refashioning their roles as wives and mothers. Specifically, the chapter addresses how women used the language of development to justify women's participation in policymaking at the highest levels and to expand women's social and legal authority within the family. Though these challenges to the status quo were not without controversy, the issues of maternal and infant health, and later reproductive health, nonetheless served as important springboards for women's political and social mobilization during this period. Not only did women accede to new heights of political power at the national level but also the efflorescence of female civic associations and other social organizations helped women to mobilize for change at the local level as well.

In sum, the chapters reveal how women have appropriated their roles as wives and mothers to stake out new spheres of authority. Invoking a sense of "republican motherhood," Senegalese women parlayed their beneficent influence on the household into claims to political and social authority beyond the confines of the home.¹ The interventions examined in this study chart how these claims took shape over time, often building from one to the next. In this way, they reveal a clear and consistent narrative to women's political activism in Senegal throughout the course of the past century.

The focus on health care, and more specifically maternal and infant health policy, nevertheless imposes certain limits to the analysis of women's political activism over the longue durée of the twentieth century. Indeed, the history of women's associational life both before and after independence is a topic that deserves greater attention, though recent scholarship in other fields is helping to fill this lacuna at least for the contemporary past.² In particular, I look forward to new research into the transnational dimensions of

¹ The idea of "republican motherhood" was first articulated by Linda Kerber to describe revolutionary-era America but has utility for understanding other geographic regions and time periods. Linda Kerber, "The Republican Mother: Women and the Enlightenment-An American Perspective," *American Quarterly* 28, no. 2 (1976): 187-205, doi:10.2307/2712349.

² See for example Amy S. Patterson, "The Impact of Senegal's Decentralization Program on Women in Local Governance," in *Conference Papers -- American Political Science Association*, 2002, 1-24; Beth A. Buggenhagen,

women's political activism.³ Indeed, mobility was a consistent theme in many of the interviews I did with health professionals. Whether travelling abroad to complete one's education, pursue new career paths, or simply to attend conferences or symposia, this mobility not only informed peoples' sense of self but also transformed their political and social imagination.⁴

My interview with Rama Dioume was revealing in this respect. Dioume not only recalled her own professional career path, which took her abroad to both France and the United States, but she also recalled how her father, a customs agent for the French colonial state, travelled throughout French West Africa, bringing her mother with him. As she explained, her father pushed Dioume and her sister to pursue their education and find a career that spoke to them, but it was her mother who stepped in when Dioume had fears about embarking on her career path after completing her program to become a social worker (fr. *assistante sociale*). Assuaging her fears of leaving home for the first time in her life, Dioume's mother explained how much she had seen and learned in the time spent travelling with her father, and encouraged her to go out and learn about the world on her own. While much attention has been placed on colonial or neocolonial connections between Senegal and France or Senegal and "the West", there is also a need to explore connections with other countries like China, Russia, or even Brazil.

Furthermore, new research into female religious figures and movements should likewise broaden our appreciation of the multiple realms in which women exercise authority.⁵ For example, the recently published *New Perspectives on Islam in Senegal*, edited by Mamadou Diouf and Mara Leichtmann, contains an entire section devoted to "Gender, Marriage, and Sexuality," where authors explore the complexities of gender relations in Islamic Senegal. These contributions go a long way to complicating the oft repeated cliché that Islam is inimical to women's rights. Indeed, many Muslim women are quick to defend their religion, insisting that women are well respected in Islam. Instead they argue that Islam is distorted by men to justify the subordination of women. "We are not told the truth," Aida Lo exclaimed during our interview over Skype. Even as Lo and I discussed recent efforts by some conservative religious leader to repeal the Family Code, she explained how these efforts had little to do with Islam. Instead, she cited her experience

Muslim Families in Global Senegal: Money Takes Care of Shame (Bloomington, Ind: Indiana University Press, 2012); Ivy Mills, "Sutura: Gendered Honor, Social Death, and the Politics of Exposure in Senegalese Literature and Popular Culture" (Doctoral Thesis, University of California, Berkeley, 2011), http://digitalassets.lib.berkeley.edu/etd/ucb/text/Mills_berkeley_0028E_12155.pdf; Angelika Wolf, "Health Security on the Move: Biobureaucracy, Solidarity, and the Transfer of Health Insurance to Senegal," in *Medicine, Mobility, and Power in Global Africa: Transnational Health and Healing*, ed. Hansjörg Dilger, Abdoulaye Kane, and Stacey Ann Langwick (Bloomington ; Indianapolis: Indiana University Press, 2012), 92–114.

³ A recent example of such work is Pascale Barthélemy, "Macoucou À Pékin. L'arène Internationale : Une Ressource Politique Pour Les Africaines Dans Les Années 1940-1950," *Le Mouvement Social*, no. 255 (2016): 17–33.

⁴ My interview with Rama Dioume was revealing in this respect. She not only recalled her own professional career path, which took her abroad to both France and the United States, but she also recalled how her father, a customs agent for the French colonial state, travelled throughout French West Africa, bringing her mother with him.

⁵ Eva Evers Rosander, "Mam Diarra Bousso - the Mourid Mother of Porokhane, Senegal," *JENdA: A Journal of Culture and African Women Studies* 0, no. 4 (2003), <http://www.africaknowledgeproject.org/index.php/jenda/article/view/82>.

working with Islamic scholars from around the world in connection with issues of reproductive health and HIV/AIDS. In those instances, she found clerics and scholars far more pragmatic than she expected, particularly when it came to the sticky issues of birth control and contraception. As these comments from Lo suggest, the impact of Islam on Senegalese women remains a field that merits further study. In much the same way authors are now reconsidering the impact of colonialism on women from more nuanced perspective, I foresee a similar historiographical opportunity for scholars working in Senegal and other predominantly Muslim societies.

Despite these limitations in the scope of my research, I hope the insights afforded here offer insight into the creativity and ingenuity of women's political discourse, and broadens our appreciation of Senegalese women's political and social activism. More importantly though, I hope they encourage scholars to refocus their attention away from the seemingly hegemonic world of policy and instead consider the ruptures where practice defies policy. These are the spaces where social movements thrive, and where history is truly made.

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