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The Colonial Fear of 'Underpopulation': Debates on Health and Population in German East Africa

Abstract

Studies on the history of medicine date the beginning of welfarist colonial medicine and health to the 1920s – a time, when Germany no longer had colonies in what is today known as the Global South. However, it seems that the German Empire turned to such policies with regard to the inhabitants of its colonies as early as the start of the twentieth century, as a reaction to the violent colonial wars it fought, which had resulted in a high number of African casualties. As part of this turn in colonial policies and as a reaction to a perceived 'underpopulation', reproductive health and population issues emerged on the agenda of German colonialists in German East Africa. While the motivations were manifold – ranging from economic calculations to missionary 'altruism' – and the disciplinary investment diverse (medical, administrative, economic, missionary), three narratives – culturalist, medical, and modernist – dominated the discussions on 'underpopulation' and served to uphold the German colonisers' political, economic and cultural supremacy. The discussions on reproductive health called for interventions into the individual and social bodies of the colonised and were thus aimed at fundamental transformations of society.

The case for a scrutiny of German reproductive health policy during colonialism

The German Federal Ministry for Economic Cooperation and Development's latest policy paper on reproductive health and population accords centre stage to the topic of the societal position of women.[1] While this may seem as a new emphasis that emerged in the process leading to the "Cairo Consensus" in 1994[2] the history of Germany's investment in the lives of women in the Global South

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[1] BMZ, *Sexual and Reproductive Health and Rights, and Population Dynamics. A BMZ Policy Paper, Special 149*, BMZ, 2008, available on http://www.bmz.de/en/service/infothek/fach/spezial/spezial149pdf.pdf, accessed on 26.04.2010.

[2] Due to extensive lobbying by feminist networks from the Global North and South, the outcome of 1994 International Conference on Population and Development (ICPD) in Cairo shifted the conceptualisation of population policy: Instead of focusing on achieving demographic targets, the individual's needs and rights were made central. Amongst other goals to be achieved by 2015, the programme mentioned universal access to

dates back to more than a century ago.[3] This fact enticed me to take a closer look at the beginning of Germany's involvement in 'bettering' the lives of people, and especially women, in the Global South. The turn of the nineteenth century was characterised by two phenomena that were relevant for German health and population policy: First of all, a shift took place in Germany's colonial policy in Africa. Colonial administrators and observers cautioned against a population decline, and Africans came to be considered as a resource in need of protection, preservation and enhancement. This is exemplified by a statement by the German State Secretary for Colonial Affairs, Bernhard Dernburg, in 1908, who claimed that the "natives" were "[t]he most important resource in Africa".[4] Second, "underpopulation" had started to become an inner-German debate as well.[5] The nineteenth century had been dominated by discussions on how to stop the 'population explosion' of the working classes. Now, abortions, contraception and venereal diseases became a matter of concern, since they were thought to result in an undesired decrease in birth rates and harm the 'social body'.

Scholars of western colonialism date the prevalence of discourses on 'underpopulation' to the 1920s and relate this to questions of controlling the access to potential workers. My supposition is that the German colonisers came to occupy themselves with questions of population and reproductive health earlier than other nations because of the devastating wars they had fought and in which they had killed hundreds of thousands of people. Not only the decimation of population but the resistance of the colonised as well contributed to a transformation of colonial policy towards a more 'caring' approach.[6] Instead of trying to verify what the German observers discussed,[7] I shall rather analyse the discourses that dominated the field and take a look at the intertwining of knowledge production and power relations. I shall examine the political and academic publications that dealt with reproductive health with regards to "German East Africa" at the beginning of the twentieth century. Whether they were 'correct' or not is of secondary interest – they were real and deeply interwoven with colonialist material practices such as assembling statistics, building hospitals, and controlling the sick. The focal point of discussion was the individual and social bodies of the 'others'. This tended to take place with reference to the hegemonic norms regarding sexuality, gender and class in Germany at the time and with regards to the motive of economic

reproductive healthcare and reducing maternal mortality by 75 per cent.

3 Walter Bruchhausen, Medizin zwischen den Welten. Geschichte und Gegenwart des medizinischen Pluralismus im südöstlichen Tansania (Göttingen: V&R unipress, 2006), 434-451.

4 Bernhard Dernburg, *Zielpunkte des Deutschen Kolonialwesens*, Berlin, 1907, p. 7. Unless otherwise noted, all translations are my own.

5 Thorsten Halling, Julia Schäfer and Jörg Vögele, "Der Mensch als volkswirtschaftliches Kapital. Theorie und Praxis ökonomischer Be- und Entwertung von Bevölkerungsgruppen", in *Ursprünge, Arten und Folgen des Konstrukts „Bevölkerung" vor, im und nach dem „Dritten Reich"*, 2009, 399, available on http://dx.doi.org/10.1007/978-3-531-91514-2_11, accessed on 26.04.2010.

6 John Iliffe, *Tanganyika under German Rule 1905-1912*, Cambridge University Press, Cambridge, 1969, pp. 7-8.

7 See, for instance, Juhani Koponen, *Development for Exploitation. German Colonial Policies in Mainland Tanzania, 1884-1914*, LIT-Verlag, Hamburg, 1994.

exploitation and political control by the colonisers. To understand how the colonisers' discourses constructed notions of difference or whiteness and established and upheld supremacy, I shall analyse the discourses as interconnected with the issues preoccupying politics and science in Germany at that time, and resort to Roland Barthes' and Frantz Fanon's insights into the establishment of white supremacy through mystifying the world, rendering it a-historical and applying Eurocentric categorisations.[8] Barthes discerned a collection of psycho-social strategies – what he called myth – with which white people construct themselves as middle class, white and superior. And Frantz Fanon saw the danger of a "rhetoric of supremacism"[9] in that it fixes the world in images that support the status quo and make change impossible.[10] I argue that colonial reproductive health discourses on German East Africa constituted an intervention into the individual and social bodies of the colonised and had the effect of establishing and upholding relations of dominance between colonisers and colonised.

Colonial health and medicine as "one of the greatest successes of modern history"?

Systematic colonialist health policy started at the turn of the twentieth century, when colonialist administrations founded 'colonial medicine' to protect the white colonialists against what were to them unknown diseases and climates; at the same time, western physicians and doctors founded the "politically less charged specialism of 'tropical medicine and hygiene'".[11] Germany was no exception to this trend: The institutionalisation of 'tropical health and medicine' was undertaken with the publication of journals and the inauguration of institutes and societies. Health policies by European colonial powers followed a similar pattern: at the beginning, Western health care and medicine were brought to the colonies to look after the colonisers and ensure their well-being and survival; after a while, the colonised people forced to work for or employed by the colonisers came to be catered to as well; the third step saw an inclusion of the majority of the indigenous inhabitants as objects of Western medicine, 'hygiene' and health care. Michael Worboys claims that since the 1920s, "development was… cast within the framework of the 'dual mandate' – to develop and protect. Hence, medical welfare services were also spread to towns and rural areas, and – really for the first time – to women and children."[12] This seemed to have been slightly different for the German case: Due to specific historico-political circumstances that I come back to, the 'welfarist'

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[8] Roland Barthes, *Mythen des Alltags*, Suhrkamp, Frankfurt am Main, 1964; Frantz Fanon, *Schwarze Haut, weiße Masken*, Syndikat, Frankfurt am Main, 1980.

[9] Chéla Sandoval, "Theorizing white consciousness for a post-empire world: Barthes, Fanon, and the rhetoric of love", in Ruth Frankenberg (ed.) *Displacing Whiteness. Essays in Social and Cultural Criticism*, Duke University Press, Durham and London, 1997, p. 68.

[10] Fanon, *Schwarze Haut, weiße Masken*, p. 71.

[11] Michael Worboys, "Colonial Medicine", in Roger Cooter and John Pickstone (eds.), *Medicine in the Twentieth Century*, Harwood Academic Publishers, Amsterdam, 2000, p. 70.

[12] Ibid., 74.

move took place more than a decade earlier.

In mainstream examinations of European colonialisms (by Western scholars), health is regularly cited as one of the few areas of colonialist policy with positive outcomes – usually alongside education and infrastructure.[13] This is seen as pertaining to its output in colonialist times as well as to its long-term effects for the post-colonised states: "Whatever political disadvantages colonialism might possess, from the biological standpoint its record is one of the greatest successes of modern history."[14] A number or studies claim to take an objective look at colonial health policy, aiming at "a sober account of colonial activities(,)… that openly discusses their effects, acknowledges their achievements, questions their motifs, exposes their misdeeds and defaults, and that thus contributes to a less ideological view of the great problems of the African health systems."[15] While accounts like these are primarily interested in tangible outcomes in the colonised or post-colonised nations and in the gap between words and deeds, I shall concentrate on the role of health and medicine to uphold the supremacy of colonisers and Western knowledge systems.

A different body of work, which inspires my study, understands colonialist medicine and health and its legacy as more fundamentally dominating. These authors take a cultural studies approach to colonialist health policies: They focus on the role of knowledge as power, on health policy as a means of governing populations, and on effects on the identities of the colonisers and colonised.[16] In my analysis of German reproductive health policy in German East Africa, I shall make use of the insights of observers such as Megan Vaughan who argues that "medicine and its associated disciplines played an important part in constructing 'the African' as an object of knowledge", which served as a means to control the colonised, "and elaborated classification systems and practices which have to be seen as intrinsic to the operation of colonial power."[17] Colonialist medicine followed a hierarchical categorisation of societies, bodies, thought systems, and practices, and thus reflected the view of the colonisers on the territories and peoples they controlled.[18] Making use of the body as a site of connecting the individual with society, the

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[13] See e.g. Barnett Singer and John Langdon, *Cultured Force. Makers and Defenders of the French Colonial Empire* (Madison, Wisconsin: University of Wisconsin Press, 2004).

[14] Gann and Duignan cited in Francis Cox, "Conquest and Disease or Colonialism and Health?," *Gresham College*, September 17, 2007, http://www.gresham.ac.uk/event.asp?PageId=108&EventId=696.

[15] Walter Bruchhausen, *Medizin zwischen den Welten. Geschichte und Gegenwart des medizinischen Pluralismus im südöstlichen Tansania*, Bonn University Press, Bonn, p. 20. See also, Cox, "Conquest and Disease"; Wolfgang, U. Eckart, *Medizin und Kolonialimperialismus: Deutschland 1884-1945*, Paderborn, München, Wien and Zürich, 1997.

[16] Megan Vaughan, *Curing their Ills. Colonial Power and African Illness*, Stanford University Press, Stanford, 1991; Randall M. Packard, "Post-colonial medicine", in Cooter and Pickstone (eds.), *Medicine in the Twentieth Century*, pp. 97-112; Fanon, *Schwarze Haut, weiße Masken*; Pascal Grosse, *Kolonialismus, Eugenik und bürgerliche Gesellschaft in Deutschland 1850-1918*, Campus Forschung, Frankfurt and New York, 2000; Warwick Anderson, "Postcolonial Histories of Medicine," in Frank Huisman and John Harley Warner (eds.), *Locating Medical History. The Stories and Their Meanings*, The John Hopkins University Press, Baltimore and London, 2004, pp. 285-306.

[17] Vaughan, *Curing their Ills*, p. 8.

[18] Steve Ferzacca, "Post-colonial development and health", in Carl R. Ember and Melvin Ember (eds.), *Encyclopedia of Medical Anthropology. Health and Illness in the World's Cultures*, Vol 1, Springer, New York, 2004, pp. 184-190.

depiction of non-Europeans as unhygienic was bound up with concrete material practices of segregation and repressive disease control, such as by the German colonisers in the Cameroonian town of Douala in the 1910s.[19] Even though a lot of analogies to gender and class – as hierarchical categorisations present in the colonising nations themselves – can be found in the views on and treatment of Africans by the colonisers, there are some distinctive features to the colonial situations: because colonialists "found themselves peculiarly foreign and vulnerable", they were "much more anxious to assign marks of danger to others; lines they drew traced more explicitly than in Europe the boundaries of race".[20] In this article, I also follow Frantz Fanon in understanding colonial medicine – however benevolent for the individually treated patient – as fundamentally bound up with and serving colonialism as a system of domination and exploitations: "In the colonial situation, going to see the doctor, the administrator, the constable or the mayor are identical moves."[21] This implies that colonialist health policy cannot be examined 'soberly' and 'objectively', but is intimately connected with broader societal and global processes. In the following, I shall discern the specificities of the German colonial history in German East Africa regarding population and health policy.

The turn towards colonial development policy

1907 was a turning point in the policy of the German Empire towards its African colonies. The change in policy had often been attributed to a moral change of heart on the part of the Germans and a time of rationalisation, reform and progress is said to have ensued. It is, however, more reasonable to understand the changes in German colonialist policy as stimulated by fears engendered by the brutal anti-colonial wars they fought to repress resistance and thus as a reaction to an African initiative rather than a decision controlled by the Germans.[22] Germany had fought two major wars against the Ovaherero, Nama and others in German South-West Africa starting in 1904, and against numerous groups in the so called Maji Maji War in German East Africa which began in 1905. Both wars ended in total disaster for the Africans involved or affected: German South-West Africa turned out to be the stage for the first genocide of the twentieth century and the Maji Maji War led to the death of 300,000 Africans. The south-eastern part of German East Africa, where most of the fighting took place, was subsequently depopulated. The State Secretary for Colonial Affairs Dernburg emphasised the necessity of reforming economic, legal, educational as well as social policy (including questions of health and medicine) with regards to the colonies. This new vision is

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[19] Andreas Eckert, "Sauberkeit und 'Zivilisation': Hygiene und Kolonialismus in Afrika," *Sozialwissenschaftliche Informationen*, 26, 1, 1997, pp. 16-19; see also Warwick Anderson, "The Third-World Body," in Cooter and Pickstone (eds.) *Medicine in the Twentieth Century*, pp. 235-45.

[20] Anderson, "The Third-World Body", p. 236.

[21] Frantz Fanon, *Studies in a Dying Colonialism*, Earthscan, London, 1989, p. 189.

[22] Iliffe, *Tanganyika under German Rule*.

well summarised in his following statement:

> While one used to colonise by means of destruction, one can now colonise by means of preservation, which encompasses the missionary as well as the doctor, the railway and the machine, i.e. the progressive theoretical and practical science in all fields.[23]

Important in this regard are not only Dernburg's official statements, but also decrees such as the one by Governor von Rechenberg in 1911 that the dispensaries in German East Africa should serve the health care of the African population. The number of African patients in state institutions increased steadily after 1907: The last official statistics for 1912/13 report 70,327 patients, 93 per cent of which were Africans. We can thus see that German colonial policies in German East Africa that were interested in the welfare of the colonised and could thus be labelled 'colonial development policy' started in the second half of German colonisation. Particularly "the African work force was subsequently treated better"[24], but the colonisers also became interested in engaging in less obviously economically motivated areas of health care such as child and maternal health.[25] While the motivations of the involved actors often reflected the so called 'colonial double mandate', i.e. economic interest coupled with moralistic 'altruism', I will now focus on the discourses that characterised the discussions.

The social position of women

A supposedly problematic population development was regularly connected with the position of women in the 'social body'.[26] Marital settings, i.e. 'polygamy', were equalled to 'unstable family situations' and 'disguised prostitution', and blamed for the spread of 'venereal diseases' with their negative impact on population growth.[27] In addition to the problematic marital relationships, the commentators also found fault with the extraordinary workload of women[28] and their "ignorance in raising children".[29] The remedies proposed ranged from the prohibition of abortions' and the improvement of 'midwifery' and 'child care' through 'education' to the spread of the Christian faith.

In their reasoning, the white authors called for the education and liberation of the black woman, but they did so on the basis of a Christian, sexist, and racist logic. To them, 'improving' the

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[23] Dernburg, *Zielpunkte des Deutschen Kolonialwesens*, p. 9.

[24] Dirk van Laak, "Der deutsche Kolonialismus und seine Nachwirkungen," *APuZ - Aus Politik und Zeitgeschichte*, 4, 2004, p. 9.

[25] Bruchhausen, *Medizin zwischen den Welten*, pp. 434-51; Bernita Walter, *Von Gottes Treue getragen. Die Missions-Benediktinerinnen von Tutzing - Band II: Gottes Treue verkünden. Wegbereitung für die Kirche in Ostafrika*, EOS Verlag, Erzabtei St. Ottilien, 1992, pp. 305-13.

[26] Carl Ittameier, *Die Erhaltung und Vermehrung der Eingeborenen-Bevölkerung*, Friedrichsen, Hamburg, 1923, p. 56.

[27] Thaddeus Sunseri, *Vilimani. Labor migration and rural change in early colonial Tanzania*, Heinemann, Kapstadt, Portsmouth and Oxford, 2002, p. 181.

[28] Ittameier, "Die Erhaltung und Vermehrung der Eingeborenen-Bevölkerung", pp. 25-26.

[29] Otto Peiper, "Der Bevölkerungsrückgang in den tropischen Kolonien Afrikas und der Südsee, - seine Ursachen und seine Bekämpfung," in Abteilung I des Ministeriums (ed.), *Veröffentlichungen aus dem Gebiete der Medizinalverwaltung. Im Auftrage des Ministeriums für Volkswohlfahrt XI/7*, Richard Schoetz, Berlin, 1920, p. 420.

relations between women and men meant introducing the Christian institution of monogamy. It also meant reserving production to men and reproduction to women. The enforcement of Christian monogamy, regarded as modern, was supposed to stop the spread of diseases. The constant mentioning of abortions is an indication that this female means of control over body and reproduction posed a serious threat to patriarchy. Prohibiting abortion and educating black women thus meant intervention in the female body and access to the social body as a whole. At first, it might appear that it is the African women's social situation that was under scrutiny here. If, however, we refer to Roland Barthes and understand the notion of the oppressed black woman as a myth – with myth as a "speech chosen by history"[30] – we can discover that the underlying strategy of essentialisation constructs whiteness as progressive and enlightened. Gayatri Chakravorty Spivak – referring to the Indian context – called this mechanism "(w)hite men saving brown women from brown men".[31] With Frantz Fanon, by the way, one can explain the constant intervention in and control of the bodies of the colonised – and especially the bodies of black women – as a sign of an entrenched white male fear of an imagined body-reality of black people.[32] The white colonisers can only grasp the gender relations in the African territories with their own concepts, the concepts they brought from Germany. Interestingly, at the time of feminist struggles for emancipation and equality in Germany, white males in the colonies portrayed the gender relations in Germany as free of sexist oppression.

"Infestation by venereal diseases"

Furthermore, the discussion on reproduction and population in the second half of German colonialism focused on diseases, especially venereal diseases and their negative impact on the black population. The white observers did not agree as to the origin of venereal diseases. Some claimed that the colonisers imported them;[33] others said that they had always existed in the African territories.[34] There was, however, consensus on the question of its spread: 'Prostitution' was held responsible for 'venereal diseases'[35] and 'bad hygiene' and 'superstition' for other 'diseases'.[36] The spread of diseases was seen as a threat to the economic activities of the Germans because it harmed the 'human material'. Here, the entanglement of medical with economic logic becomes evident. Or, as the German 'tropical' doctor Ludwig Külz put it in 1911, "The colonial economy should make

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[30] Barthes, *Mythen des Alltags*, p 86.
[31] Gayatri Chakravorty Spivak, "Can the subaltern speak?," *Die Philosophin*, 14, 27, 2003, p. 55.
[32] Fanon, *Schwarze Haut, weiße Masken*, p. 104.
[33] Bernhard Nocht, *Tropenhygiene*, G. J. Goschen Berlin and Leipzig, 1923, p. 108.
[34] Oskar Karstedt, "Betrachtungen zur Sozialpolitik in Ostafrika", in *Koloniale Rundschau – Monatsschrift für die Interessen unserer Schutzgebiete und ihrer Bewohner*, 3, 1914, p. 134.
[35] Claus Schilling, *Tropenhygiene,* Thieme, Leipzig, 1909, p. 475.
[36] Peiper, "Der Bevölkerungsrückgang in den tropischen Kolonien Afrikas und der Südsee, - seine Ursachen und seine Bekämpfung", p. 420.

use of the Africans arms, and hygiene should keep them strong and increase their numbers."[37] The colonisers also collated statistical data on diseases. In the medical logic of sick versus healthy, individual people were formed into totalities, into 'social bodies'. The body served as the primary place for connecting the individual to society. Statistics, in their apparent neutrality and objectivity, are means by which individuals are grouped and linked to phenomena (in this case, 'disease') which paves the ground for medical intervention into the social body.

Around 1900, the term epidemic changed its meaning in Germany. The bacteriological explanation for certain diseases implied that every individual was in potential danger of infection and that diseases could no longer be attributed to the 'lower classes' and their lifestyle and living conditions only. Similarly, in the case of publications on the colonies, diseases such as syphilis were attributed to the Africans and their peculiar customs and traditions, but 'whites' were also seen as prone to infection. The difference was that the diseases were inscribed in the black social body as a whole – Külz spoke about an "infestation by venereal diseases" with regard to the German colonies in Africa[38] – whereas white males contracted them as careless individuals that could not be convinced to not make use of prostitutes.[39] As a consequence, it was the black prostitutes that needed to be controlled, not the white males; a phenomenon which reflected the dealings with prostitution in Germany until the end of the nineteenth century[40]. The "double moral standard" in Germany at that time, where "strategies to control (venereal disease) patients mainly aimed at the 'dangerous' sexuality of women"[41] was enhanced even further by racialised perceptions of the colonisers. Black people were thus portrayed as unclean and sick while whiteness was not stereotyped. That whiteness is not a monolithic, space- and timeless identity marker, but is inflected by other hierarchisation becomes evident when one takes a look at the situation in Germany at the same time: While the German colonising elite (doctors, administrators, missionaries) posited their whiteness against the African population, the working classes as well as women in Germany were stereotyped similarly to the Africans in the colonies.[42]

To regard diseases and their statistical representation as a myth à la Roland Barthes again helps to reveal their function. By focusing on the present situation in the colonies and the prevalence of diseases, the colonisers disguised the violent history of colonisation with its devastating effects on the social and health situation of the colonised. Diseases call for immediate

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37 Ludwig Külz, "Grundzüge der kolonialen Eingeborenenhygiene", *Beihefte zum Archiv für Schiffs- und Tropenhygiene*, 15, 1911, p. 402.

38 Ibid., 76.

39 Schilling, *Tropenhygiene,* p. 478.

40 Lutz D. H. Sauerteig, "'The fatherland is in danger, save the fatherland!' Venereal disease, sexuality and gender in Imperial and Weimar Germany", in Roger Davidson and Lesley A. Hall (eds.), *Sex, Sin and Suffering. Venereal Disease and European Society since 1870*, (London - New York, 2001), p. 76.

41 Ibid., p. 88.

42 For the case of venereal diseases, see Sauerteig, "'The fatherland is in danger, save the fatherland!'".

intervention, for action. With the focus on the present, the presence of the colonisers was not questioned and thus naturalised, an act of charity without which the African people would perish. As in the discussion of the position of women, here again one can find forms of transnational identification. The colonisers focused on the same diseases as those connected with the poor in Germany.[43] Thus the concept disease is transferred from class in the German context to race in the colonial context (and perhaps vice versa). Black people as the racialised 'other' were not regarded as equals by the white colonisers, as individuals that can catch diseases, but were seen as a contaminated totality. Whiteness in the colonial context – as the implicit opposite – thus appeared pure and healthy and the intervening white actors constituted themselves as subjects.

'Proletarianisation' – 'development' as problem and solution

A third aspect that was mentioned frequently in the discussions on population and reproductive health in 'German East Africa was 'proletarianisation'. German settler colonialists and administrators recruited migrant workers – in addition to enslaved Africans, forced labour and local wage labour – for the plantations and for railway construction. These men sometimes stayed away from home for years on end which meant that social structures changed dramatically. German commentators, and especially doctors and missionaries, problematised this effect of the economic system they had imported.[44] They lamented the "emergence of a proletariat" which was thought to negatively influence fertility.[45] In an economistic logic, many commentators warned against the 'infestation' of whole 'tribes' and the loss of valuable 'human material'. Their reasoning was as follows: Because the men leave, family bonds deteriorate and polygamy, prostitution, abortion, venereal diseases, child mortality rates increase. They thought that the migrant work system took the "natives out of primitive, natural circumstances into the complicated and refined living conditions of a foreign and overwhelming culture".[46]

Just like in Germany before the First World War, the "wild, hectic pace of urban life" was thus connected to prostitution, unleashed sexuality and the spread of venereal diseases.[47] The topic of an endangered 'human material' dominated debates in Germany since the end of the nineteenth century, and especially since 1910, when one started to problematise a 'population decrease' in Germany as well.[48] What is important to mention here is that the commentators viewed the population and reproductive health situation in the colonies from a modernistic perspective. Supposedly inferior African societies were juxtaposed to a 'penetrating culture' that was prone to

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[43] Grosse, *Kolonialismus, Eugenik und bürgerliche Gesellschaft*, p. 134.
[44] Ittameier, "Die Erhaltung und Vermehrung der Eingeborenen-Bevölkerung", pp. 26-27.
[45] Peiper, "Der Bevölkerungsrückgang in den tropischen Kolonien Afrikas und der Südsee", p. 434.
[46] Otto Peiper, "Sozial-medizinische Bilder aus Deutsch-Ostafrika", *Zeitschrift für Säuglingsschutz* (1912): 433-4.
[47] Sauerteig, "'The fatherland is in danger, save the fatherland!'", p.77.
[48] Halling, Schäfer, and Vögele, "Der Mensch als volkswirtschaftliches Kapital", p. 399.

harm both ‘quantity’ and ‘quality’ of the ‘social body’. By focusing on the influence of the economic system and by naturalising the demand for labourers, the German colonisers once again de-thematised the outright violence that had cost the lives of hundreds of thousands just a few years earlier in the course of the Maji Maji War. Instead of questioning the legitimacy of colonialism as such, the Colonial Office rather proposed “hygienic, social and similar measures... to increase the number of births and decrease child mortality”.[49] In addition, analysts recommended the statistical recording of births, deaths, and diseases, the control of prostitution, and the deployment of German doctors and the instruction of local health personnel.[50] Taking into consideration the difference between ‘development’ as historical process and and ‘development’ as intervention sheds light on this constellation[51]: While colonisation was seen as a logical and necessary step for the ‘evolution’ of humankind, ‘progress’ was also always associated with disorder in the shape of proletarianisation, overpopulation, diseases, and the like. ‘Development’ as a conscious intervention was thus considered as the positive inflection of progress: Capitalist progress tamed by order, i.e. intervention by the state and by knowledgeable individuals. The control of and care for the black population demanded their submission. Here one finds evidence of one of the most important strategies of the construction of white supremacy: Paternalisation and infantilisation.[52] The white surveying and evaluating subject is in need of a subordinate partner – the passive, statistical and therefore static ‘human material’ – in order to emerge as an active driving force of history.

Reproductive health policy as a means of upholding supremacy

To sum up, the German colonisers ‘discovered’ the reproductive health of the colonised in German East Africa’ as a field of concern and intervention at the beginning of the twentieth century. The debates about a supposed ‘population decline’ in German East Africa were thus dominated by three intertwined narratives which called for interventions into the individual and social bodies of the ‘others’: A culturalist narrative holding ‘customs and traditions’ of the African population responsible; a medical narrative that focused on the spread of diseases by an *inter alia* alleged promiscuity, but also took a social hygiene perspective to connect it to ‘customs and traditions’; and third, a modernist narrative that portrayed the colonial situation as one which confronted the African inhabitants with a superior cultural system and thus demanded paternalistic care for the African population. While the German colonisers thematised various aspects such as the status of women in society, venereal diseases and ‘proletarianisation’, the economistic concern of preserving enough

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[49] Reichs-Kolonialamt (ed.), *Die deutschen Schutzgebiete in Afrika und der Südsee 1912/13*, Berlin, 1914, p. 78.

[50] Peiper, “Der Bevölkerungsrückgang in den tropischen Kolonien Afrikas und der Südsee”, p. 453-4.

[51] Michael Cowen and Robert Shenton, “The invention of development,” in Jonathan Crush (ed.), *The Power of Development*, Routledge, London, 1995, pp. 27-43.

[52] See Fanon, *Schwarze Haut, weiße Masken*, p. 23.

and healthy workers for the exploitation of the colonies structured the whole discussion. The discourses around reproduction and population served to justify the colonisers' presence in German East Africa by de-thematising their responsibility for the bad health and decimation of the African population. The German administrators, missionaries, settlers, and doctors thus constructed themselves as benevolent, irreplaceable, and superior. This historical analysis of the birth of (people-centred) German development policies in Africa renders me sceptical of an unquestioned benevolence of contemporary development policies aimed at the improvement of the reproductive health situation of children, women, and men in so called developing countries. This leaves me with the question, what the people and institutions involved gain – psychologically, culturally, politically, or economically – from their contemporary involvement in reproductive health and population policies in countries of the Global South?

September 2010. This article was first published at sephis e-magazine Vol. 6 No. 3 July 2010, special issue on History of medicine in the Global South.
http://sephisemagazine.org/issues/volume_6_3.pdf

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