

# **From Colonial Ethno- Politics to International Demographic Transition Theory? Family Planning Projects in Fiji, 1960-1974**

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## **Abstract**

The Rockefeller Archive Centre (RAC) is a very rich source of information on the history of family planning and population control in Fiji in the 1960s and early 1970s. The RAC holds files relating to a multitude of organisations great and small that looked to Rockefeller-funded organisations such as the Population Council for advice and/or financial support. Therefore, it is a great resource for analysing the work of voluntary associations, such as the Fiji Family Planning Association (FFPA), which do not always have their own centralised archive, and provide information on discussions beyond the official publications of intergovernmental development organisations such as the South Pacific Commission (SPC). Through these files, it was possible to trace the evolution of the debate around the promotion of family planning in Fiji. In the 1950s, colonial officials in Fiji were preoccupied with demographic disparities between the two largest ethnic groups in Fiji – Fijians and Indo-Fijians. The Population Council files consulted demonstrate that in the 1960s and early 1970s the rationale for introducing family planning in Fiji changed to addressing total population in line with international ideas of demographic transition theory and the need for global population control, although this did not lead to a total departure from colonial thinking. Beyond the files on family planning, the RAC also holds information on other maternal and child health programmes that further demonstrate the uneasy interface between colonial and international health after the Second World War.

## **Report**

The research conducted at the Rockefeller Archive Centre (RAC) was for a thesis exploring decolonisation in the British-colonised South Pacific through a case study of the internationalisation of post-war public health.<sup>1</sup> The role that health policy played in colonisation, both in the South Pacific and empire-wide, is well

known, but its part in British decolonisation strategies is less well understood. Through analysis of how Britain used maternal and child health policy to shape decolonisation in Fiji through maternal and infant nutrition, family planning/population control, and women's health education programmes, the thesis begins to address this gap. Of these, the RAC held particularly useful files for the case study on family planning and population control. This report will begin with some necessary background to the case study, before exploring how the RAC files helped trace changing attitudes to population control and family planning among elites in Fiji and the wider South Pacific region.

Maternal and child health and welfare projects played a role in the colonisation of Fiji, as elsewhere in the British empire.<sup>2</sup> Work by Vicki Lukere shows that the nineteenth and early twentieth century colonial state perceived indigenous Fijian women to be 'bad mothers' in need of state intervention. Indentured Indian women were characterised first as prostitutes more than parents, and later as archetypically good mothers who did not need state intervention in raising healthy children. She argues that these portrayals were linked to the different roles the colonisers assigned each ethnic group in the colony<sup>3</sup>. The health of Fijians was strongly associated with the rhetorical case for imperial rule, as the British government had promised the paramountcy of their interests in the Deed of Cession (whereby Fijian chiefs had accepted British authority under a system akin to indirect rule.) In contrast, indentured Indian migrants (and their decedents referred to here as Indo-Fijians) provided the labour supply for European plantations.<sup>4</sup> The impact of introduced disease on the indigenous population was therefore of concern to the colonisers because it posed a threat to the rhetoric that British rule was beneficial to its subjects. The state therefore focused welfare programmes on indigenous Fijian women and children rather than Indians, meaning that the former suffered more state and missionary intervention into their parenting practices, but also had better access to medical treatment than indentured female labourers.

The disparity between the two communities' fertility and mortality rates was used to justify different medical interventions. In the early 1900s, when indigenous Fijians suffered disproportionately high losses to pandemics, the colonial state, supported by Sylvester Lambert (1882-1947), a medical officer of the Rockefeller International Health Board working in the South Pacific, posited Western medical knowledge as the solution.<sup>5</sup> New public health measures targeting the Fijian community were subsequently introduced and a census of 1924 revealed an increase in the Fijians population which the international press credited to these interventions.<sup>6</sup> The Rockefeller Foundation was part of these efforts, contributing funding and expertise to the first Fiji-based medical school for indigenous practitioners, and for hookworm and yaws campaigns.<sup>7</sup> However, success meant that the colonial state in Fiji's capital, Suva, had to change the premise by which it made bids to the Colonial Office and to the Rockefeller Foundation, which had been providing money for medical services. They soon turned to so-called Social Darwinist thought to make the case that colonial state health interventions were necessary to protect of Fijians against competition from Indo-Fijians. In 1938, Lambert wrote a book that described the rate of population increase in the Indo-Fijian community as the 'yardstick' against which the Fijian population should be measured.<sup>8</sup> He argued that the 'Stone Age' Fijian natives were no match for people of East Indian origin, who represented 'one of the most competitive living cultures.'<sup>9</sup> He warned that, if the Indo-Fijian population were to overtake the Fijian, their 'gradual readjustment' towards 'western civilization' would be interrupted, and that this would lead to psychological and numerical decline.<sup>10</sup> Lambert proposed public health knowledge would arm Fijians to maintain or increase their marginal numerical superiority.<sup>11</sup> The Medical Department also compared the fertility and mortality rates of the two populations in its annual report to the Colonial Office in 1942, which it also sent to the Rockefeller Foundation. Accepting that the Indo-Fijian population would overtake the Fijian, the Medical Department maintained that 'this now unavoidable eventuality should be regarded less as something essentially disheartening than as an indication that greater progress is within the power of the Fijians.'<sup>12</sup> Although post-war increases

in both populations disproved predictions that Fijian mortality would rise, and Fijian fertility would fall, if Indo-Fijians outnumbered them, the mental attitudes of colonial policy makers that portrayed Fijians and Indo-Fijians as locked in a demographic war were harder to shake. This was especially the case in the context of the post-war economic and political situation, when European settlers were also uneasy about the rising clout of the Indo-Fijian community.

Civil society had a complex relationship to these programmes, both filling the gaps in government services in ways that reflected the ethno-political priorities of the colonial state, but also running campaigns that predated, challenged, or adapted aspects of government policy. Women's and Christian organisations advocated for and supplied maternal and child health care programmes stemming from an inseparable mixture of humanitarian concern for women and children, and an attempt to encourage non-white women to conform with Western middle class Christian values.<sup>13</sup> Examining how maternal and child health policy did or did not change, and who influenced decisions around colony-wide programmes after the Second World War therefore provides insight into colonial governance during the period of decolonisation. It provides an opportunity to consider the role of civil society organisations in the internationalisation and decolonisation of health, as well as to question whether their involvement reduced or embedded old ethno-political assumptions.

Despite early interventions, the Rockefeller Foundation's direct involvement in maternal and child health in Fiji decreased after the Second World War. Nevertheless, the Rockefeller Archive Centre is a very rich source of information on this period, especially in relation to the history of family planning and population control in Fiji in the 1960s and early 1970s. The RAC holds files relating to a multitude of organisations, great and small, that looked to Rockefeller-funded organisations such as the Population Council for advice and/or financial support. Therefore, they are not simply useful for tracing the direct influence of Rockefeller-established organisations, but provide information on voluntary associations, such

as the Fiji Family Planning Association (FFPA) and insight into the background of decisions taken by intergovernmental development organisations such as the South Pacific Commission (SPC).<sup>14</sup> Furthermore, because Suva was an important stop-over point for flights from the US to Australia and East Asia, and because Fiji was deemed an early success story for introducing a national family planning campaign, Population Council officials periodically passed through and included observations on the situation in Fiji in their travel reports.<sup>15</sup> Through these files, it was possible to trace the evolution of the debate around the promotion of family planning in Fiji in the last decade of colonialism through to the end of the last economic plan signed off by colonial Britain (1960-1974).

In the 1950s, political discussion over family planning in Fiji had revolved around whether it would be legitimate to introduce a state-run campaign with the aim of reducing the high Indo-Fijian birth rate. The colonial state in Suva had been strongly in favour. Indo-Fijian leaders were not generally opposed to family planning for health reasons. However, they raised concerns that these plans appeared to be motivated by white and Fijian ethno-political fears that Indo-Fijian labourers were anti-colonial, and that the Indo-Fijians wanted an end to the special political and land rights and protections afforded Fijians. Indo-Fijian leaders believed that these plans reflected a concern that they would soon become the largest and most politically active ethnic group in the colony. The Colonial Office in London was also cautious in supporting such a move due to fears of further igniting accusations of racism from colonial critics nationally and internationally, along with inciting ethnic tensions within the islands of Fiji. The compromise solution which was adopted when the colony-wide campaign was launched in 1962 was that the voluntary FFPA would promote family planning, while medical service volunteers would provide family planning services funded by the state.<sup>16</sup>

The introduction of this campaign coincided with a growing demand for independence across the empire and an acceptance by colonial officials in Suva and London that Fiji should be granted greater self-determination. Colonial fears that

the sugar-dependent economy would not be able to support the medical, educational and employment needs and demands of an increasingly enfranchised public accompanied this change in attitude. Meanwhile, the idea that reducing the growth rate of a total population would bring about development was gaining credence internationally. In the 1930s and 1940s, demographers had advanced a new theory of 'demographic transition'. This posited that in underdeveloped agrarian societies, high fertility was checked by mortality, and thus there was little population growth. With industrialisation, mortality declined before fertility and ultimately the population stabilised, as improved living standards meant people adjusted their family sizes to account for increased child survival.<sup>17</sup> By the 1960s, there was an increasingly well established and influential group of population experts in a range of international bodies, from the Rockefeller Foundation to UNESCO, who advocated accelerating this process through encouraging the reduction of fertility as part of an attempt to improve standards of living.<sup>18</sup> RAC files show that civil society involvement, combined with increased pressure for economic development at a territorial level, and international acceptance of demographic transition theory together led to the internationalisation of this aspect of maternal and child health policy.

Colonial officers in Suva and the FFPA appear to have personally subscribed to Population Council publications and to have periodically sent it information and questions on family planning matters in Fiji. It is clear from these that the public rhetoric used by governors to justify family planning very quickly changed from a focus on differential fertility rates between ethnic groups in the 1950s, to warnings that the swiftly growing total population was the biggest threat to Fiji's future in the 1960s. In 1966, Governor Derek Jakeway (in office, 1964-1968) used his annual address to Fiji's consultative body, the Legislative Council, to argue that the birth rate was preventing progress in the delivery of social services, and to declare that there was "no more important service to the country than the family planning campaign."<sup>19</sup> His successors, the final Governor of Fiji, Robert Foster (in office, 1968-1970), and the Minister for Finance, H. P. Ritchie, warned that there was

already a shortage of jobs and that if the birth rate did not fall, it would eat up economic growth and cause further problems over the next fifteen years.<sup>20</sup> They backed up their rhetoric with funding – as it is estimated over six percent of the health budget was spent on family planning during the campaign period.<sup>21</sup>

The sources demonstrate that the leaders of the medical service and the voluntary FFPA shared the opinion of the colonial government in Suva. The new Director of Medical Services, Dr C.H. Gurd verbalised to visiting medical experts his support for the programme, and warned the public through leaflets that if they ‘failed’ to plan their families, then the standard of living would fall.<sup>22</sup> Having the support of medical staff was not only essential in delivering particular methods of family planning, such as IUD insertions, but also in making family planning ‘normal and routine,’ as it was incorporated in health education delivered at child welfare clinics, at immunisation drives, and in the maternity ward.<sup>23</sup> The Medical Services focused on reaching low parity mothers because these were likely to be young women with more fertile years ahead of them and so supplying them with contraception would prevent the maximum number of births, as opposed to focusing on women with larger families who might have been in greater medical need of contraception but who were likely older.<sup>24</sup>

The FFPA backed the colonial state’s drive for population control wholeheartedly, warning that without family planning, the future held “...misery; all our development plans and hopes for the future will come to nothing.”<sup>25</sup> The chairman of the FFPA, Robert Munro, a local European lawyer, was motivated to get involved by his belief in the ‘gospel’ of demographic transition theory, using his experience as chairman of Fiji’s Broadcasting Commission to run a mass publicity campaign.<sup>26</sup> He argued that the purpose of family planning was to produce ‘quality’ citizens rather than ‘quantity,’ and that Fiji should aim for a self-replacing population.<sup>27</sup> The FFPA’s sixteen branches vigorously promoted two-child families through tri-weekly newspaper adverts, daily radio broadcasts, and cinema advertising in Fijian, English, and Hindi.<sup>28</sup> FFPA publications quoted international experts, such

as E. K. Frisk, an Australian economist, to reinforce their message that ‘there is no economic development measure that offers so assured an income per head.’<sup>29</sup> Improved maternal and infant health featured in FFPA booklets was a means of persuading individuals that it was in their personal, as well as national, interest to undertake family planning.<sup>30</sup> The FFPA desired improved outcomes for individuals but, in a period where a range of new maternal and infant health interventions were becoming available and infant mortality was decreasing, were equally concerned that increased survival should be offset by family planning because it would contribute to population growth.<sup>31</sup>

The campaign in Fiji was supported by developments at a regional level, also detailed in RAC files. In the 1960s, the SPC was becoming more responsive to the requests directly from officials based in territories in the region, rather than the metropolises of administrating or colonial powers who had established it. These included requests for support with family planning campaigns that began when the Crown Prince of Tonga called for help tackling overpopulation. Pressure from the territories coincided with the appointment of Dr. Guy Loison as the new Secretary for Health for the SPC in 1962. Loison presented overpopulation as an urgent regional issue, stemming from shared “limited economic potential and limited agricultural productivity” across the Pacific Islands. He argued that the demographic situation was such that ‘the only remedy’ was fertility control.<sup>32</sup> The Health Section should lead this charge because “the medical services are partly responsible for the drop in the mortality rate and the increase in life expectancy,” so they were also “responsible for the consequences.”<sup>33</sup> Dr. Gurd of Fiji was a key contributor to these meetings, and it can be speculated that he had a hand in recommending the importance of integrating family planning into the maternal and child health services, and of reaching people through the mass media.<sup>34</sup>

The SPC and Fiji’s family planning campaigns were mutually reinforcing. Contraception had been illegal in French territories, and France still posed an obstacle to any campaign that did not fall under the euphemism of ‘marriage or

family guidance.<sup>35</sup> Loison had to take what he described as a ‘tangential’ approach, for example, organising international speakers recommended by the Population Council to talk on the economics of family planning at a regional conference on urbanisation.<sup>36</sup> The SPC also organised a seminar on ‘maternal and child health (including family planning)’ for Tonga, at which all external funding and speakers came from philanthropic organisations concerned about world population, such as the Population Council and the Pathfinder Fund.<sup>37</sup> They helped to draw up fifty-four recommendations on family planning for Tonga. The SPC then disseminated them as a seminal report which provided health professionals and administrators across the South Pacific region with information on how to run a programme, in the guise of news.<sup>38</sup> The SPC also served as a central point for information on international efforts in population control, for example receiving books from the Population Council that could be loaned to interested administrators across the South Pacific.<sup>39</sup> These efforts were carefully designed to provide information to the territories that requested it, whilst avoiding accusations that the SPC was pressuring governments to launch campaigns.

Although tentative in approach, the SPC’s work was useful to Fiji because, while Munro and Gurd were in touch with the Population Council and Pathfinder Fund, alone they had only been able to request information on academic questions about demography, and not arrange visits from international experts. The Population Council and the Pathfinder Fund were focused on global population growth, and so individual islands in the South Pacific were not prioritised, as each represented a tiny proportion of the world’s population, in comparison to nations such as India.<sup>40</sup> On the other hand, Fiji was freer to actively promote family planning across the region. The FFPA advised Tonga, the Gilbert and Ellice Islands, and the Trust Territory of the Pacific Islands on setting up voluntary services.<sup>41</sup> With SPC funds, the Medical Department, which was already responsible for providing medical training for assistant medical practitioners across the region, quietly taught trainees from other Pacific Islands about family planning methods.<sup>42</sup>

The RAC files therefore helped to chart the transition from colonial ethno-political arguments for family planning to a project justified by the need for national and international population control. This change was not without consequences. The family planning campaigns did provide women with a means to greater control over their reproductive health. However, their focus on combatting population growth, also meant that women who did not use contraceptive services were presented as a social danger. When data showed that the Indo-Fijian population were using contraception in greater numbers than Fijians, old colonial ethnic stereotypes were resurrected and adapted to explain this. Commentators suggested that Fijian fertility stemmed from fear that Indo-Fijians would dominate them numerically, the higher number of Fijian Roman Catholics, that Fijian men were patriarchal, and that Indo-Fijians valued the education of their children more highly.<sup>43</sup> This was despite some contemporary evidence suggesting that the Fijian Protestant majority were also less likely to use family planning than Indo-Fijians, that female literacy was higher in the Fijian community overall, and that even wealthy and highly educated Fijian women had more children than their Indo-Fijian peers.<sup>44</sup> Retrospective studies, based on interviews with Fijian women, have highlighted overlooked reasons for Fijian resistance to family planning. Fleur Dewar has argued that colonial structures which had kept Fijians living a rural pattern of existence, including depending on large families, for a century played a part, as smaller families were not a means to greater prosperity in this context. Fijians continued to rely on, and to have access to, subsistence farming and community support networks. Meanwhile paying for education and increasing individual participation in the cash economy did not necessarily pay off, as wages remained low despite increases in GDP.<sup>45</sup> Margaret Chung argues that for rural Fijians, side-effects from the IUD and the pill were also an important factor. The government, the FFPA, and the Medical Department downplayed these because they weighed them against effectiveness. However, for rural Fijian women, the association between health and contraception was less straightforward – nausea or bleeding interfered in their ability to carry out necessary village work.<sup>46</sup> The focus on population growth as a drain on GDP also distracted from the legacy of

colonial decisions such as a failure to diversify the economy, lack of investment in education, and a permissive attitude to an Australian-owned Colonial Sugar Refining Company, which monopolised the sugar cane industry without substantial investment in the local economy. All of these factors had contributed to limited state capacity in relation to population.

Beyond family planning and population control in the South Pacific, the RAC also holds files which help the historian to contextualise the case studies within the thesis, and would be of value to historians with the following interests. For those interested in the global development of family planning campaigns, the archives hold reports of important meetings on the issue at the WHO.<sup>47</sup> Secondly, Ford Foundation records on home economics projects in Pakistan, and Asian Cultural Council records on the work of the Young Women's Christian Organization contextualise the work of international and American women's and Christian organisations to combine civic and health education for adult women through advocating for home economics projects in Fiji.<sup>48</sup> Although files which dealt specifically with Fiji and the South Pacific formed the back bone of that case study, the RAC files confirmed they were part of a greater international trend. Sitting between the history of health, gender, race, education, and economic development, home economics programmes deserve greater attention from scholars of post-war development.<sup>49</sup> The RAC would be an important resource for investigating this trend.

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<sup>1</sup> Sarah C. Hartley, *The Role of Maternal and Child Health in Decolonisation in Fiji 1945-1970*, PhD thesis, University of York (2018).

<sup>2</sup> Kalpana Ram and Margaret Jolly, ed., *Maternities and Modernities: Colonial and Postcolonial Experiences in Asia and the Pacific*, (Cambridge University Press, 1998); Vicki Lukere and Margaret Jolly, *Birthing in the Pacific: Beyond Tradition and Modernity?* (Honolulu: University of Hawai'i Press, 2002); Lenore Manderson, *Sickness and the State: Health and Illness in Colonial Malaya, 1870-1940*, (Cambridge: Cambridge University Press, 2002), 166-230.

<sup>3</sup> Vicki Luker, "A Tale of Two Mothers: Colonial Constructions of Indian and Fijian Maternity," *Fijian Studies: A Journal of Contemporary Fiji* 3, no. 2 (2005), 357-358.

<sup>4</sup> There are no politically neutral terms for these ethnic groups. To avoid confusion, when referring to the period before 2010 (when the term 'Fijian' was adopted as a legal term to mean all citizens of Fiji and *i-Taukei* for the largest ethnically indigenous group), ethnically indigenous people will be referred to as 'Fijian' as this was how the term was used in the English language sources, including those written by indigenous political leaders. People descended from migrants from the Indian subcontinent will be referred to as 'Indo-Fijian' which is used by Brij Lal, an academic authority on the history of twentieth century Fiji. This term has been selected for clarity as it differentiates Fiji-settled people of Indian descent from temporary migrants.

<sup>5</sup> The British National Archives, Kew (henceforth TNA): CO 83/177/8, Proposed Central Medical School for Training Native Medical Practitioners of the Pacific Islands, 1926-1927, C.34419/27 [No.3] Fiji, the Governor to the Secretary of State, received 28 October 1927; TNA: CO 323/1067/6, Status of Indigenous Women and Children: Reports on Population, Health and Welfare 1930, Memorandum by the Acting Secretary for Native Affairs on the Measures Adopted to Secure the Health and Well-Being of the Fijians.

<sup>6</sup> The Ballarat Star, "Fiji's Population. Epidemics and Natives," *The Ballarat Star (Vic: 1865 - 1924)*, 12 December 1923, 9; The Braidwood Review and District Advocate, "Fiji," *The Braidwood Review and District Advocate (NSW : 1915 - 1954)*, 24 August 1926, 7 ; New York Times, "Rockefeller Fight on Disease Gaining", (7 September 1924), *New York Times*; From our Fiji Correspondent, "Progress In Fiji," *Times*, 22 December 1926, 11; Pacific Islands Monthly, "Decline and Revival of the Fijian Race, What was Achieved by a Sympathetic British Administration," *PIM* , (November 1946), 34.

<sup>7</sup> TNA: CO 83/177/8, Proposed Central Medical School for Training Native Medical Practitioners of the Pacific Islands, 1926-1927; David Brewster, *The Turtle and the Caduceus: How Pacific Politics and Modern Medicine Shaped the Medical School in Fiji, 1885-2010* (LaVergne: Xlibris Corporation, 2010), Chapters 6&7.

<sup>8</sup> S. M. Lambert, *East Indian and Fijian in Fiji: Their Changing Numerical Relation*, (Honolulu: The Museum, 1938), 3, 6.

<sup>9</sup> Lambert, *East Indian and Fijian in Fiji*, 12.

<sup>10</sup> *Ibid*, 12.

<sup>11</sup> *Ibid*, 12.

<sup>12</sup> Fiji Medical Department, *Fiji Medical Department Annual Report*, (Suva: 1942), F13, B1, S419, RG1.1, Rockefeller Foundation Records, Rockefeller Archive Center.

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<sup>13</sup> Margaret Jolly, “Colonial and Postcolonial Plots in Histories of Maternities and Modernities,” in *Maternities and Modernities: Colonial and Postcolonial Experiences in Asia and the Pacific*, ed. Kalpana Ram and Margaret Jolly, (Cambridge University Press, 1998); Victoria Lukere, “Mothers of the Taukei: Fijian Women and ‘the Decrease of the Race’”, PhD dissertation, the Australian National University 1997, 111-149; Vicki Lukere, “Native Obstetric Nursing in Fiji,” in Vicki Lukere and Margaret Jolly, ed., *Birth in the Pacific: Beyond Tradition and Modernity?* (Honolulu: University of Hawai’i Press, 2002), 100-125.

<sup>14</sup> To the historian’s knowledge, the FFPA do not have their own centralised archives.

<sup>15</sup> For example, Jack Cobb, “Impressions from Three Days in Fiji,” January 10-12, 1972, Subject File; File: Program (MCH), Fiji, Taylor-Berelson Program Maternal and Child Health, S4, RG2, Accession 2, Population Council Records, Rockefeller Archive Center.

<sup>16</sup> Hartley, *The Role of Maternal and Child Health in Decolonisation in Fiji 1945-1970*, 143-172.

<sup>17</sup> Matthew James Connelly, *Fatal Misconception: The Struggle to Control World Population*. Cambridge, Mass. Cambridge, (MA: Belknap Press of Harvard University Press, 2008), 4.

<sup>18</sup> Connelly, *Fatal Misconception*, 145, 170.

<sup>19</sup> Reprint, “Family Planning is Vital for Fiji, says Governor,” *The Fiji Times of Saturday*, 19 November 1966, F3263, B339, S3, RG2, Accession 2, Population Council Records, Rockefeller Archive Center.

<sup>20</sup> Fiji Family Planning Association, Annual Report, 1970, 1-2, F3263, B339, S3, RG2, Accession 2, Population Council Records, Rockefeller Archive Center.

<sup>21</sup> Fiji Family Planning Association, Annual Report, 1971, F3263, B339, S3, RG2, Accession 2, Population Council Records, Rockefeller Archive Center.

<sup>22</sup> Family Planning Association of Fiji, *Family Planning in Fiji, 1966*, (Offset Printed by Fiji Times & Herald Ltd, 1966), 16-18; Robert S. Morison, M. D., Visit to Central Medical School Fiji, *en route* New York to San Francisco, F2201, B237, S3, RG2, Accession 2, Population Council Records, Rockefeller Archive Center.

<sup>23</sup> Fiji Family Planning Association, Annual Report, 1970, 10, F3263, B339, S3, RG2, Accession 2, Population Council Records, Rockefeller Archive Center.

<sup>24</sup> TNA: CO 1036/806, 1960-1962, Population Situation in Fiji, Government of Fiji to Secretary of State for the Colonies, 27 July 1960; The Family Planning Association of Fiji, Annual Report 1970, 7, and Fiji’s response to Western Pacific Regional Office, Seminar on Maternity Centred Family Planning, Questionnaire for Participants, Davao City, Philippines, 5 July 1972, F3263, B339, S3, RG2, Population Council Records, Rockefeller Archive Center.

<sup>25</sup> Fiji Family Planning Association, Annual Report, 1970, 1, F3263, B339, S3, RG2, Accession 2, Population Council Records, Rockefeller Archive Center.

<sup>26</sup> Kenneth Bain, “Obituary: Sir Robert Munro”, *The Independent*, 22 August 1995; President of the Fiji Family Planning Association interviewed in “Pope’s Encyclical Will Make It Harder for Fiji”, *PIM*, (September 1968), 22.

<sup>27</sup> Family Planning Association of Fiji, *Family Planning in Fiji, 1966*, (Offset Printed by Fiji Times & Herald Ltd, 1966), 10; Fiji Family Planning Association, Annual Report, 1970, 1-2, F3263, B339, S3, RG2, Accession 2, Population Council Records, Rockefeller Archive Center.

<sup>28</sup> Hoogenboom, Country File, Fiji, 1968-1969, F2864, B306, S3, RG2, Population Council Records Accession 2, Rockefeller Archive Center; Fiji Family Planning Association, Annual Report, 1970, 8, F3263, B339, S3, RG2, Accession 2, Population Council Records, Rockefeller Archive Center.

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- <sup>29</sup> Fiji Family Planning Association, Annual Report, 1970, 2, F3263, B339, S3, RG2, Accession 2, Population Council Records, Rockefeller Archive Center.
- <sup>30</sup> Fiji Family Planning Association, Annual Report, 1970, 1, F3263, B339, S3, RG2, Accession 2, Population Council Records, Rockefeller Archive Center.
- <sup>31</sup> Fiji Family Planning Association, Annual Report, 1970, 5, F3263, B339, S3, RG2, Accession 2, Population Council Records, Rockefeller Archive Center.
- <sup>32</sup> South Pacific Commission Seminar on Maternal and Child Health (including Family Planning), Tonga, 6-20 December 1967, 3, and The Population Council Office Memorandum, 'Guy Loison - Secretary for Health, South Pacific Commission', 7 September 1969, F1165, B122, S2, Accession 2, Population Council Records, Rockefeller Archive Center.
- <sup>33</sup> South Pacific Commission Seminar on Maternal and Child Health (including Family Planning), Tonga, 6-20 December 1967, 3, F1165, B122, S2, Accession 2, Population Council Records, Rockefeller Archive Center.
- <sup>34</sup> Clifford A. Pease, Technical Assistance Division, Population Council, to Guy Loison, Executive Officer for Health SPC, 18 August 1967, F1165, B122, S2, Accession 2, Population Council Records, Rockefeller Archive Center.
- <sup>35</sup> The Population Council Office Memorandum, 'Guy Loison - Secretary for Health, South Pacific Commission', 7 September 1969, F1165, B122, S2, Accession 2, Population Council Records, Rockefeller Archive Center.
- <sup>36</sup> The Population Council Office Memorandum, 'Guy Loison - Secretary for Health, South Pacific Commission', 7 September 1969, F1165, B122, S2, Accession 2, Population Council Records, Rockefeller Archive Center.
- <sup>37</sup> South Pacific Commission, Thirtieth Session, Annual Report of the Secretary General, 1966-7, 24.
- <sup>38</sup> South Pacific Commission, Thirtieth Session, Annual Report of the Secretary General, 1966-7, 24; Seminar on Maternal and Child Health (including Family Planning), Tonga, 6-20 December 1967, and James J. Russell, M.D., Population Council, Taiwan to Dr. R. K. Anderson, Technical Assistance Division Population Council, USA, Report on the Seminar on Maternal and Child Health and Family Planning, 6-20 December, F1165, B122, S2, Accession 2, Population Council Records, Rockefeller Archive Center.
- <sup>39</sup> New Caledonia, South Pacific Commission, F Basic Library Program, BS3, S4, RG2, Accession 2, Population Council Records, Rockefeller Archive Center.
- <sup>40</sup> South Pacific Commission Seminar on Maternal and Child Health (including Family Planning), Tonga, 6-20 December 1967, 3, F1165, B122, S2, Accession 2, Population Council Records, Rockefeller Archive Center.
- <sup>41</sup> South Pacific Commission, Thirtieth Session, Annual Report of the Secretary General, 1966-7, 24; Seminar on Maternal and Child Health (including Family Planning), Tonga, 6-20 December 1967, and James J. Russell, M.D., Population Council, Taiwan to Dr. R. K. Anderson, Technical Assistance Division Population Council, USA, Report on the Seminar on Maternal and Child Health and Family Planning, 6-20 December, F1165, B122, S2, Accession 2, Population Council Records, Rockefeller Archive Center.
- <sup>42</sup> The Population Council Office Memorandum, 'Guy Loison - Secretary for Health, South Pacific Commission', 7 September 1969, F1165, B122, S2, Accession 2, Population Council Records, Rockefeller Archive Center.
- <sup>43</sup> WHO Archive Geneva: Projects FIJ-MCH-001 Family Health (FIJ-74-PO2), 1975-1978; T. U. Bavadra, and J. Kierski, "Fertility and Family Planning in Fiji", *Studies in Family Planning* 11, 1 (1980), 22; Kesa Seniloli, *Family Planning in Fiji*, (Canberra, ACT: National Centre for Development Studies, Australian National University, Research School of Pacific Studies, 1989).

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<sup>44</sup> Fiji, *Fiji Fertility Survey, 1974: Principal Report*, (Suva, The Bureau of Statistics, 1976).

<sup>45</sup> Fleur Simone Dewar, "Empowering Women? Family Planning and Development in Post-Colonial Fiji," Dissertation, Master of Arts in Sociology, University of Canterbury, New Zealand, 2006, 118-121.

<sup>46</sup> Margaret Chung, "Politics, Tradition and Structural Change: Fijian Fertility in the Twentieth Century," PhD dissertation, Australian National University, 1991, 213.

<sup>47</sup> For example, F2087, B113, S4, RG1, Accession 1, Population Council Records, Rockefeller Archive Center.

<sup>48</sup> Record Group 1: Administrative; Subgroup 1: ACC records of the JDR 3rd Fund; Series 3: Director's Office; Subseries 22: U. S. Organizations, folder 3340 Asian Cultural Council Records, Rockefeller Archive Center; Ford Foundation Records, Catalogued Reports, Report 6262-9286, FA739C, Box 38, Report 009169, Rockefeller Archive Center.

<sup>49</sup> Mona Domosh, "Practising Development at Home: Race, Gender, and the "Development" of the American South," *Antipode* 47, no. 4 (2015), 915-941.