

The Role of Maternal and Child Health in Decolonisation in Fiji 1945-1970

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Abstract

This thesis contributes to historical understanding of decolonisation in the British-colonised South Pacific through a detailed case study of the internationalisation of post-war public health. The role that health policy played in colonisation, both in the South Pacific and empire wide, is well understood, but its part in British decolonisation strategies is less known. Through analysing how Britain used maternal and child health policy to shape decolonisation in Fiji this thesis addresses this underexplored question. The negotiations surrounding health policy decisions reveal much about this process at a territorial, intra-colonial, inter-imperial, and international level.

At a territorial and intra-colonial level, maternal and child health was entwined in colonial attempts to manage a charged ethno-political situation in Fiji in the run up to independence. At a regional and international level, the new Western Pacific Regional Office (WPRO) of the World Health Organization (WHO), attempted to disseminate universal rights and norms in health. Britain, and other imperial powers administrating Pacific Islands, perceived WPRO as a threat to their sovereignty over health and development. They established an inter-imperial organisation – the South Pacific Commission (SPC) – partly to demonstrate acquiescence with, but prevent interference by, UN agencies. The SPC and WPRO tried to build institutional prestige through efforts to establish themselves as authorities on maternal and child health.

Using under-exploited sources this thesis uses the sub-case studies of maternal and infant nutrition, family planning/population control, and women's health education, to discuss collaboration and contest between these actors. It demonstrates that conflict over decolonisation, as well as health, created barriers to policy innovation, which were only bridged by interventions by civil society organisations. It shows that colonial health policy shaped decolonisation in Fiji and international health in the region. It highlights the underappreciated role of civil society in colonial and international health.

Author's Declaration

I declare that this thesis is a presentation of original work and I am the sole author. This work has not previously been presented for an award at this, or any other, University. All sources are acknowledged as References.

Elements of each chapter, especially chapter 4, were combined for the Open Access article, Hartley, Sarah Clare. "Interweaving Ideas and Patchwork Programmes: Nutrition Projects in Colonial Fiji, 1945–60." *Medical History* 61, no. 2 (2017): 200-24.

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Dedication

This thesis is dedicated to the memory of my grandmother, Janet S. Hartley, who set an example of quiet, steadfast courage as well as dedication to the wellbeing of women and children.

AMDG

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Chapter 1. Introduction

The creation of health policy is an intricate process that is closely tied to wider government aims. The study of the ways in which Western medical knowledge and colonial health measures were used to justify and enact European colonial projects in the nineteenth and early twentieth century is a large and well established field. Recently a small number of scholars have begun to consider how the relationship between colonialism and health changed in the post-war context, as the newly established United Nations World Health Organization (WHO) and its regional offices declared health a human right and attempted to disseminate universal norms for addressing health problems.¹ This scholarship has concentrated on the WHO's regional offices as sites of health diplomacy where colonial powers attempted to appropriate or challenge these developments to justify the continuation of colonial sovereignty.² This thesis will address three areas relating to this scholarship that need further investigation. Firstly, although Britain headed the largest post-war empire, its relationship with the regional offices has not been analysed in detail. Secondly, despite the large number of colonies in the region, the role of colonial powers in setting up the Western Pacific Regional Office (WPRO) has not yet been examined in depth.³ Thirdly, how individual colonies, as opposed to their administering powers, viewed their relationship with the WHO and its regional offices, and incorporated or resisted its advice in the creation of health policy during the lead up to decolonisation can be further explored.

The history of the decolonisation of the South Pacific sub-region or the Western Pacific is also an area that the scholarship of decolonisation has not fully

¹ Sunil Amrith, *Decolonizing International Health: India and Southeast Asia, 1930-65*, (Springer, 2006), 21.

² M. Saavedra, "Politics and Health at the WHO Regional Office for South East Asia: The Case of Portuguese India, 1949–61," *Medical History*, 61, no. 3 (2017), 380-400; Jessica Lynne Pearson-Patel, "From the Civilizing Mission to International Development: France, the United Nations, and the Politics of Family Health in Postwar Africa, 1940–1960," PhD dissertation, New York University, (2013).

³ Membership of WPRO when office established in 1951: The Federation of Malaya, Singapore and (unofficially) the UK Pacific Island Territories, Philippines, Associate States of Indo China, Hong Kong, China (Taiwan) and Korea. Membership of WPRO when the permanent office was inaugurated in 1958: Australia, Japan, Korea, Singapore, the Federated States of Malaya, New Zealand, the Philippines, China (Taiwan), Cambodia, Laos, and Viet Nam. France, the United Kingdom, Portugal, the Netherlands and the USA acted as representatives of the Non-Self-Governing-Territories without associate membership in the region, including the Pacific Islands.

investigated.⁴ Interest in the influence of international politics in this sub-region, beyond the military strategic concerns of American and the Antipodean powers, on political debate and decisions within individual Pacific Island territories as they approached independence is a recent development, partially driven by the relatively recent availability of sources due to the comparatively late decolonisation of the region. Vital work on political developments within territories in the run up to independence has generally focused on constitutional politics, giving less attention to other policy areas that shaped the decolonisation process.⁵ The details of social, economic, and health service developments were sites where differing visions for decolonisation were contested between the colonised, colonial powers, and the UN specialised agencies (such as WHO) and should be examined for what they can reveal about the power dynamics between them.

This thesis contributes to both the history of the relationship between post-war colonial and international health and of decolonisation in the Pacific through the case study of maternal and child health programmes in British colonial Fiji. Strategies to bring about the birth and growth of healthy children became entangled in policy questions around population, and state capacity to deliver services and economic development. In turn these were closely linked to debates over how to best foster improved race relations and the practice of citizenship in the lead up to independence. These discussions took place at intra-colonial, inter-imperial, and international levels. This means that a close examination of the process by which maternal and child health policies were designed has much to reveal both about the dynamics of decolonisation and how these intersected with the rise of international health.

Background

During the Second World War deliberations began within and without Fiji on the future governance of the islands, which would ultimately lead to independence in 1970. The different layers of colonial governance all had different priorities. These levels of official governance comprised the Fijian Administration, which exercised local government over

⁴ William David McIntyre, *Winding Up the British Empire in the Pacific Islands*, (OUP Oxford, 2014); T. Banivanua Mar, *Decolonisation and the Pacific: Indigenous Globalisation and the Ends of Empire*, (Cambridge: Cambridge University Press, 2016).

⁵ Robert Norton, "Accommodating Indigenous Privilege: Britain's Dilemma in Decolonising Fiji," *Journal of Pacific History* 37, no. 2 (2002), 133-56; Brij V. Lal, *Broken Waves: A History of the Fiji Islands in the Twentieth Century*, (Honolulu: University of Hawaii Press, 1992).

indigenous Fijians through a legally formalized patrilineal hierarchy, the colonial state headed by the Governor and colonial officials who formed the official majority in the Legislative Council in Fiji's capital Suva, and the Colonial Office (the department of the British Government responsible for the empire) based in London. Non-official members of the Legislative Council, whose part-elected, part-nominated membership represented the three largest ethnic groups in Fiji along community lines – indigenous Fijians, Indo-Fijians (Fiji-settled ethnic Indians), and Europeans – also attempted to exert influence over policy decisions.⁶ Over the course of the late-colonial period, an increasing proportion of this body was elected, and its members were given increasing governmental responsibility.

During the war, the colonial state had fortified the special legal position of Fijians, including their ancestral right to land, while strikes by Indo-Fijians – descendants of indentured labourers who worked as tenant farmers to produce sugar for export – demonstrated the growing political and economic clout of this ethnic community. When the 1946 census revealed that Indo-Fijians had surpassed Fijians in number for the first time, it sparked discussion among all communities in Fiji over what the political and cultural future should look like. Most Europeans and Fijians favoured the continuation of ethnic-based rights and representation, while many Indo-Fijians wanted a one-man-one-vote Westminster style system. These issues, along with determining how Fiji could sustain itself economically, became increasingly urgent throughout the 1950s and 1960s as the Colonial Office took steps to bring about internal self-government, and then independence for Fiji.⁷

Further complicating the process of creating health policy were the existence of three different bi- or multilateral organisations responsible for promoting health in the South Pacific – the South Pacific Health Service (SPHS), the South Pacific Commission (SPC), and the Western Pacific Regional Office of the World Health Organization. The first of the organisations to be established was the SPHS, through a bilateral agreement between the

⁶ 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, and is still in common usage today. People descended from migrants from the Indian subcontinent will be referred to as 'Indo-Fijian'. During the colonial era, official sources referred to this group variously as 'Indians', 'Fiji-Indians' or 'Indian-Fijians'. 'Indo-Fijian' 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. Where nationality is not specified, people of Caucasian background will be referred to as European, as this is the term commonly used in the sources.

⁷ Lal, *Broken Waves*, 108-65.

British Western Pacific High Commission and the New Zealand government in 1946, to coordinate preventive and curative health services within the Pacific territories administered by Britain and New Zealand. From the perspective of the Colonial Office and the colonial state in Fiji, it was the least complicated and controversial of the three bodies to set up, and made little appearance in the Colonial Office files at this stage. The SPHS built on previous agreements between these governments and was under the leadership of a British colonial health administrator, the Director of the Colonial Medical Services for Fiji, who headed its governing body, the South Pacific Health Board. It formalised an existing arrangement whereby Britain provided training for indigenous Auxiliary Medical Practitioners (known as AMPs) through the Central Medical School in Fiji, and the New Zealand Nursing Division supplied white nursing Sisters to manage nursing services. The SPHS was intended to be an administrative arrangement to pool experienced staff and limited resources to overcome both staff shortages and poor transport and communication links within and between territories.⁸ Through the SPHS, the Colonial Medical Services in the British Colonies were given access to experts based in New Zealand as well as Britain on a range of health issues, particularly nursing and health science, which were strengths of the University of Otago. The SPHS blended into the existing health service, but it would later perform the role of advisor on Britain and New Zealand's relationships with other health organisations in the region.

The SPC was established in 1947. It was an advisory organisation founded by Australia, Britain, France, New Zealand, the USA, and the Netherlands to foster social and economic development and improved health in the fifteen Pacific Island Non-Self-Governing Territories (NSGTs) under their administration.⁹ It was an inter-imperial organisation based on the principle that the administering powers were best advised by one another because of their shared experience of governing Pacific Island NSGTs. The SPC collected information on research conducted in the colonies, advised colonial governments on social, economic, and health issues, and funded a small number of researchers and development experts to carry

⁸ London School of Hygiene and Tropical Medicine Archive (henceforth LSHTM): GB 0809 Nutrition 17/05/01/01, South Pacific Board of Health Minutes and Publications, 1946-1960, South Pacific Board of Health, 'Minutes of the Meeting Held at Suva, Fiji on the 25th, 28th and 31st October 1946' (Fiji: Government Press), 1.

⁹ Non-Self-Governing-Territories represented from 1948: American Samoa, British Solomon Islands Protectorate, Cook Islands (including Niue), Ellice Islands, Fiji, French Oceania, Gilbert Islands, Nauru, Netherlands New Guinea (until 1962), New Caledonia, New Hebrides, Papua, New Guinea, Western Samoa and Tonga. With the addition of Guam and the Trust Territory of the Pacific Islands in 1951.

out programmes each year, as well as informing junior administrators and the public about region-wide health problems. It was paid for by the administering powers. Final decisions on its work programme were made through the Executive Board, which was comprised of two Commissioners per founding nation. Colonial administrators in the South Pacific region advised the SPC indirectly, through corresponding with relevant central government departments in their metropolitan capitals, and directly, through attending meetings of the SPC's advisory Research Council. Colonised peoples were represented through (mostly indigenous) political leaders or civil servants speaking for their individual territories at an advisory forum known as the South Pacific Conference, which became an increasingly internationally reported on stage. The existence of the SPC differentiated the Pacific Islands as the South Pacific sub region, distinct from broader political conceptions of the Pacific region.

The third organization was WPRO, established in 1948 (although permanent headquarters were not fully inaugurated until 1958). Britain's South Pacific territories were represented at both WPRO and WHO headquarters in Geneva by London. The constitution of WHO proclaimed in 1946 that 'the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic, or social condition.'¹⁰ The aim of WHO was to promote and facilitate the achievement of this right. Its activities ranged from coordinating international health work to supporting governments to strengthen health services, providing them with technical assistance and information on health issues, research, setting standard diagnostic procedures for medical professionals, and a variety of health promotion work. WHO's main decision making body was the World Health Assembly (WHA), an annual meeting of delegates from member countries that voted on the direction of policy and the annual budget, which was paid for through contributions by these states based on their national income. Below it was an Executive Board of international civil servants based at headquarters in Geneva who prepared proposals for the WHA and managed the implementation of policy, and then the Secretariat of technical advisors and administrators. In 1946, the Technical Preparatory Committee of country representatives in

¹⁰ Constitution of the World Health Organization, Preamble, adopted by the International Health Conference held in New York from 19 June to 22 July 1946, signed on 22 July 1946 by the representatives of 61 States and entered force on 7 April 1948.

WHO discussed the benefits of introducing regionalisation to its organisational structure. Arguments in favour were that regional offices would provide a focus for cooperation within the regions and better functional access to WHO, allow easier communication between WHO and lower layers of government, and would better respond to differing disease patterns. Regionalisation was also a consequence of the ambition of newly independent South East Asian nations such as India, using support for the WHO project to project regional identity internationally and national influence regionally, and the need to gain the support of the American nations by incorporating the pre-existing Pan American Sanitary Bureau into WHO.¹¹ The regional offices' structure mirrored headquarters – they met to set regionally appropriate policies and allocate their allotted budget.¹² In actuality the membership of the regional offices was the result of diplomatic contest as much as shared disease patterns, culture, or socio-economic conditions. For example, Indonesia joined the South East Asian Regional Office (SEARO), rather than WPRO after diplomatic overtures from India which stressed the idea that the former would be a more prestigious and welcoming institution as it was comprised of more independent nations.¹³ The impact that the politics of institution building had on international health policy implementation is downplayed in some of the historiography of international health, which views national politics as an extraneous obstacle to the WHO's health project.¹⁴

This complex bureaucratic and diplomatic environment divided rather than unified the way the Colonial Office and the colonial state in Fiji approached health policy. This created blockages to innovation that the weight of the United Nations (UN) specialised agencies, such as WHO and its regional offices, exacerbated rather than unplugged. It did not always suit the aims of colonial officials to imagine health in international, as opposed to territorial, terms.¹⁵ The UN was placing pressure on Britain to end colonialism and scrutinising the performance of colonial states through their health services, and other social and economic indicators. WPRO's work was assessed in this context by colonial

¹¹ Javed Siddiqi, *World Health and World Politics: The World Health Organization and the UN System*, (University of South Carolina Press, 1995), 60-76; Amrith, *Decolonizing International Health*, 72-83.

¹² For a fuller explanation of the structure and hierarchy of WHO see Kelley Lee, *The World Health Organization (WHO)*, (London: Routledge, 2009).

¹³ TNA: CO 859/215/1, Western Pacific Region, 1950, United Kingdom Liaison Officer with United Nations Organisations in the Far East to Foreign Office, Colonial Office, etc., World Health Organisation Regional Activities, June 1950.

¹⁴ Examples include, Siddiqi, *World Health and World Politics*; Lee, *the World Health Organization*.

¹⁵ Amrith, *Decolonizing International Health*, 1.

officials in Suva and London. Instead, the Colonial Office looked to the inter-imperial, regional SPC as an alternative provider of expertise and funding, making it a layer of potentially competing influence in the creation of health policy. These tensions were especially present where health problems were not technologically solvable but were linked to social and economic policy, like many of those relating to maternal and child health, because of the political sensitivity around these issues.

Intervention from internationally networked civil society organisations active in Fiji that could operate around, beyond, and between the constraints of these colonial, inter-imperial, and international agents was needed to unstick the policy machine. This situation has been overlooked in the historiography of international health and decolonisation. These internationally networked civil society organisations ranged from women's organisations to Christian organisations, to International Planned Parenthood (IPPF). Some were international in organisation, with a headquarters in one place and outposts in others, such as women's branches of the World Council of Churches, while others were transnational in nature, with many headquarters subscribing to agreed organisational principles, such as IPPF, (although the extent of centralisation and decentralisation in each evolved during the period). These organisations had in common that their memberships were primarily volunteers, they were driven by defined missions, and their national associations were linked with like-minded members of civil society in other countries and colonies. Partnership with these types of organisations allowed the colonial state in Suva to trial specific policies in a semi-official capacity, bypassing deadlocks with London, as well as to avoid the risk of public outcry within the colony in relation to state involvement in programmes which they expected to attract controversy, such as population control. Engaging these organisations was also a way of circumventing staffing and funding shortages for policies that the colonial state was interested in but assigned low priority, such as adult women's health education. The colonial state could also use civil society organisations' resources to attempt to implement or make a case for policy when they lacked local expertise within the colonial administration, wished to draw on specific development funding rather than taxes from within the colony, or thought central or external endorsement of a policy from outside the colonial majority would ease its acceptance, especially when the Colonial Office was not willing to lend support. On occasion, the SPC was also able to use civil society organisations for similar purposes. Where these organisations made offers of funding or expertise they

also built bridges between London, Suva, the SPC, and WHO, occasionally even bringing in other UN partners such as the Food and Agriculture Organization (FAO) or the United Nations Population Fund (UNFPA) by diffusing inter-organisational tensions over the direction of projects and who was going to foot the bill.

Through becoming entangled in the internal dynamics of colonial governance, these civil society organisations impacted health policy, often in ways unforeseen by the colonial or inter-imperial factions that called upon them. Just as disputes between different levels of colonial governance over health policy were not simply about health but included wider debates about economic, social, and political development in the context of decolonisation, improving health was rarely the sole aim of these third parties. For example, population control activists might have geopolitical or economic motivations, while advocates for women's health education might envisage it as a route to women's involvement in public life as much as improving the health of their children. Many of the efforts they initiated placed health policy in Fiji in a broader regional or even international, development context. Furthermore, they sought to reproduce voluntary modes of association and build up civil society within the colony. This meant that these organisations were more than catalysts for health programmes, or tools in disputes between the different levels of colonial governance, inter-imperial, and international organisations; they also subtly shaped the process of decolonisation through health policy.

This thesis will contribute to a growing number of studies of decolonisation in the Pacific by relating maternal and child health policy to political histories of this period. It will argue that health policy has much to reveal about the internal dynamics of colonial governance during the period of decolonisation, including the ways in which the colonial state outflanked the Colonial Office, which might be missed in histories that focus on the politics of constitution making. Through this, it will also raise broader questions for the consideration of historians of international health about how relationships between colonial powers and the WHO were built and conducted. By arguing that civil society organisations played a decisive role in the creation of health policy in Fiji, it will suggest that the part played by these organisations in decolonisation and international health deserves greater attention. These civil society organisations were not necessarily medical in nature or aims, but nonetheless played an essential role in health policy development, thereby raising the

question of where historians should draw the line between histories of health and histories of development.

Colonialism and Health Policy after the Second World War

Work on the relationship between Western medical knowledge and colonialism have traditionally focused on the social construction of disease in colonial contexts, and how Western medical knowledge and policy legitimised and facilitated governance in the nineteenth and early twentieth century.¹⁶ The relationship between Western conceptions of disease and colonial policy varied with context but were linked by a tendency to reinforce colonial power dynamics. From the nineteenth century, these included measures to protect the health and perceived fitness of whites to settle or govern. This was used to justify quarantine measures that restricted the immigration of non-white and 'unfit' white people to settler colonies and the control of indigenous movement, including the segregation of non-white from white bodies through *cordons sanitaire*, in colonies where Europeans formed a ruling minority.¹⁷ Public health measures enacted to protect whites in the nineteenth century were extended to improve the health of the colonial labour-force to maximise economic production in the twentieth century. Medical and public health interventions were used by European governments to justify empire, as the positivist rhetoric of Western medicine was used to bolster the argument for a 'civilising mission' to liberate the colonised from unhealthy and superstitious practices.¹⁸ Through these public health interventions the state extended power over the colonised through a growing administrative apparatus of doctors, sanitary inspectors, and local administrators who were meant to ensure the implementation of rafts of legislation covering aspects of everyday life, which, for example, covered everything from the whitewashing of houses to the selling of meat in colonial Malaya.¹⁹ However, while the relationship between medicine and colonial power should not be understated, the development of medical knowledge and health policy in colonial contexts was not so straightforward. More recent scholarship has challenged the

¹⁶ Shula Marks, "What is Colonial about Colonial Medicine? And What Has Happened to Imperialism and Health?", *Social History of Medicine* 10, no. 2 (1997), 205-19.

¹⁷ Alison Bashford, "At the Border Contagion, Immigration, Nation," *Australian Historical Studies* 33, no. 120 (2002), 344-58; Maryinez Lyons, "Sleeping Sickness Epidemics and Public Health in the Belgian Congo," in *Imperial Medicine and Indigenous Societies*, ed. David Arnold, (Manchester University Press, 1988), 105-25.

¹⁸ David Arnold, ed., *Imperial Medicine and Indigenous Societies*, (Manchester University Press, 1988), 14-17.

¹⁹ Lenore Manderson, "Public Health Developments in Colonial Malaya: Colonialism and the Politics of Prevention," *American Journal of Public Health* 89, no. 1 (1999), 104.

idea that Western medical knowledge was simply transferred from the centre to the periphery, rather than developed in multiple locations.²⁰

Indeed, colonial states were often at odds with the priorities and practices of their European capitals, illustrated by disagreement between territorial and metropolitan administrators over the wisdom or justice of quarantine measures in India in the nineteenth, and Australia from the beginning of the twentieth, centuries.²¹ Nor were the various levels of political and public health bureaucracies within colonies immune from disagreeing over what the best means of tackling particular health issues were, even in cases such as anti-smallpox campaigns in colonial India, where all were convinced of the need for action.²² Without downplaying the similarities between health policies in different colonial contexts, these studies demonstrate that the creation of health policy was an intricate process and contingent on the wider political and administrative context within colonies. However, most of this scholarship focuses on the process of empire building, and consequently the question of whether and how these dynamics changed during decolonisation needs further exploration.

Many studies of decolonisation and health policy after the Second World War focus on how national governments adopted the health service as a symbol of statehood and/or promoted a return to indigenous medical practices as a reclaiming of culture after independence.²³ Colonial health policy during the decolonisation process has been less extensively researched. Neither the British nor many of the other European empires were swept away at the end of the Second World War. This means that colonial governance had to adapt to a new environment, including the existence of the UN agencies after the Second World War. Moreover, decolonisation was not always a swift process – Fiji remained under British rule for a quarter of a century after the war. Therefore, investigating how different layers of colonial governance, civil society, and new inter-imperial and international

²⁰ Hormoz Ebrahimnejad, ed., *The Development of Modern Medicine in Non-Western Countries: Historical Perspectives*, (Routledge, 2009); Ryan Johnson and Amna Khalid, ed., *Public health in the British Empire: Intermediaries, Subordinates, and the Practice of Public Health, 1850-1960*, (Routledge, 2012).

²¹ Mark Harrison, "Quarantine, Pilgrimage, and Colonial Trade: India 1866-1900," *The Indian Economic & Social History Review* 29, no. 2 (1992), 117-44; Krista Maglen, "A World Apart: Geography, Australian Quarantine, and the Mother Country," *Journal of the History of Medicine and Allied Sciences* 60, no. 2 (2005), 196-217.

²² Sanjoy Bhattacharya, Mark Harrison, and Michael Worboys, *Fractured States: Smallpox, Public Health and Vaccination Policy in British India 1800-1947*, Vol. 11. (Orient Blackswan, 2005), 1-14.

²³ See for example Matthew M. Heaton, *Black Skin, White Coats: Nigerian Psychiatrists, Decolonization, and the Globalization of Psychiatry*, (2013), <http://site.ebrary.com/id/10778505>; Amrith, *Decolonizing International Health*, 103-06.

organisations related to one another should add further nuance to our understanding of colonial health policy. Such an investigation can explore if, how, and why the Colonial Office and the colonial state's approaches to health policy changed when they were attempting a controlled transfer of power rather than the maintenance of rule.

WHO and Colonialism

International health organisations, such as the League of Nations Health Organization, had pressured colonial governments into action and filled gaps in their health provision throughout the twentieth century.²⁴ What was new about WHO was the number of newly independent member states, as well as the influence wielded within it by the United States and, at times, the Soviet Union, which both used anti-colonial rhetoric even if they were not anti-colonial in practice. Also new was the clause in its constitution that health is a 'fundamental human right.' In other words, it declared that governments had a duty to provide health services.²⁵ According to Sunil Amrith this conceptualization of health, combined with new confidence in the power of technology to combat disease regardless of context because of wartime breakthroughs in disease control, allowed WHO to disseminate new 'universal norms' in fora where 'ideas of progressive policy could be detached from their specifically colonial context.'²⁶ While post-colonial states may have welcomed 'this universalizing impulse' it also had the power to strike 'fear into the hearts of colonial doctors and administrators' who recognised that their health services might be opened to international scrutiny or even oversight.²⁷ This was as true in the regional offices where decisions over health programmes and budget priorities were made, as it was in the WHA. Britain's reaction to this new world, particularly in relation to the regional offices, has yet to be investigated.

There are a growing number of studies on how WHO regional offices became a site of health diplomacy between newly independent nations and surviving colonial powers. These have considered the ways colonial powers attempted to protect imperial autonomy

²⁴ Randall M. Packard, *A History of Global Health: Interventions into the Lives of Other Peoples*, (JHU Press, 2016), 32-91; Iris Borowy, *Coming to Terms with World Health: The League of Nations Health Organisation 1921-1946*, (Peter Lang, 2009), 388-92; Margaret Jones, *Public Health in Jamaica, 1850-1940: Neglect, Philanthropy and Development*, (University of West Indies Press, 2013), 115-55; David Brewster, *The Turtle and the Caduceus: how Pacific Politics and Modern Medicine Shaped the Medical School in Fiji, 1885-2010*, (LaVergne: Xlibris Corp, 2010), Chapters 6 & 7.

²⁵ Amrith, *Decolonizing International Health*, 2.

²⁶ Amrith, *Decolonizing International Health*, 12.

²⁷ Pearson-Patel, "From the Civilizing Mission to International Development", 11.

during the process of WHO's regionalisation. They demonstrate that there was not a single colonial response to WHO, rather that these were conditional on politics in the European capitals, and regional and territorial circumstances. Examples of this new scholarship include Jessica Pearson Patel's examination of France's relationship with WHO from the 1940s to the 1960s, especially its opposition to the creation of an African regional office (AFRO). French officials in Paris and the colonies interpreted WHO's attempts to gather information on health services as unofficial international oversight and an opportunity for anti-imperial nations to beat colonial powers for their failings. She argues that to appear cooperative with the aims of WHO whilst mitigating 'interference' in Africa, France, along with colonial allies such as Britain, generated the inter-imperial Commission de Coopération Technique en Afrique au Sud du Sahara (CCTA) as an alternative model of multi-governmental cooperation to improve health in what the UN euphemistically described as 'non-self-governing territories.'²⁸ Meanwhile Monica Saavedra has demonstrated that colonial Portugal tried to work through, rather than around, SEARO to protect sovereignty over Goa. Colonial officials measured successful engagement with SEARO not in terms of which health policies were implemented but, 'how well their involvement with international health institutions served their own national political agenda' – in this case, as 'a stage on which to enact its self-representation as an indivisible intercontinental nation' to counteract India's claims on Goa.²⁹

These studies show that imperial powers were forced to address the new demands made upon them by WHO but that these responses manifested themselves in different ways according to regional politics as well as centralised readings of the international situation. Colonial involvement also shaped the development of WHO regional offices and resulting health policies. Both France and Portugal attempted to downplay the weaknesses of their health services and to highlight their strengths as evidence of good governance.³⁰ For Portugal, an 'imperial interloper' in SEARO, its support for India as the site for regional headquarters was a recognition of India's power. However, it was also an attempt to fortify Portugal's claim to govern Portuguese India by ensuring it was represented in the region in

²⁸ Jessica Pearson-Patel, "Promoting Health, Protecting Empire: Inter-Colonial Medical Cooperation in Postwar Africa," *Monde (s)* 1, (2015), 213-30.

²⁹ Saavedra, "Politics and Health at the WHO Regional Office for South East Asia", 380-400.

³⁰ Saavedra, "Politics and Health at the WHO Regional Office for South East Asia", 388-91; Pearson-Patel, "From the Civilizing Mission to International Development," 239-300.

return.³¹ In contrast, AFRO primarily consisted of territories under colonial rule, with France consequently wielding greater political clout within it. Afraid that AFRO would be expensive and the thin end of the wedge to greater UN surveillance of Africa, France attempted to delay its creation in favour of strengthening the CCTA. However, the other colonial powers in the region were concerned that the idea of a regional office was too powerful, and that the absence of such an organisation would be as damning of colonial governance as its presence. France changed tac and successfully pushed for AFRO's headquarters to be placed in French Brazzaville, as a symbol of prestige for French governance and a nod to the adage that it is best to keep one's friends close but enemies closer.³² Pearson and Saavedra rightly draw attention to the importance of understanding how nations and territories perceived and attempted to shape WHO at the regional offices, and not simply how this regional health diplomacy either interfered with or aided centralised WHO policies.³³

Unlike France and Portugal, which attempted to argue that their colonies were extensions of the state, Britain increasingly advocated a looser association of self-governing territories bound by the Commonwealth. It is possible that this impacted the way in which British colonial states interacted with WHO and its regionally influential branches, and this requires investigation. Moreover, WPRO represented a halfway house between SEARO's largely independent membership, and AFRO's mostly colonial constituencies. Britain argued along with other administering powers that there were degrees of colony within the Pacific with the Pacific Islands representing a colonised sub-region, distinct from the independent states, such as the Philippines, and more rapidly decolonising territories along the Pacific coast of Asia, such as Malaya and Singapore. A study that involves an analysis of Britain's relationship with WPRO will further drive home the importance of regional context and strategy in the creation of health policy and resist universalising and centralised narratives of how the WHO operated. Additionally, this study looks at this relationship from a different angle. Rather than or focusing on health diplomacy at the regional headquarters, it will consider where WHO and WPRO fitted into the colonial state's policy calculations. It will compare the colonial state's relationship with WPRO and the inter-imperial SPC, and what

³¹ Saavedra, "Politics and Health at the WHO Regional Office for South East Asia", 385-86.

³² Pearson-Patel, "From the Civilizing Mission to International Development."

³³ Saavedra, "Politics and Health at the WHO Regional Office for South East Asia", 381.

impact the additional bureaucratic complexity of these two new agencies had on the creation of health projects.

Fiji as a Case Study

Researchers would be hard pressed to find more than a passing reference to the South Pacific in any history of British decolonisation.³⁴ In some ways, Britain's Pacific Island territories were an anomaly as, in comparison with many colonies in Asia and Africa, nationalism played a smaller role in forcing Britain's retreat.³⁵ This, combined with London's doubt that the Pacific Island colonies were large enough – economically, geographically, or demographically – to survive as fully independent states were among the reasons for the longevity of the empire in this region, which was not 'wound up' until the 1970s.³⁶ Moreover, the far-flung nature of the Pacific Islands in relation to London, combined with their relative political tranquillity, meant the Colonial Office was more insulated from the shockwaves of decolonisation there than from territories which were larger, wealthier, or otherwise more strategically significant to the capital – events in Fiji were unlikely to force Colonial Office introspection and thereby significantly alter the course of colonial strategy towards the other remaining colonies. Even accounts that question the assumption that there was no will for decolonisation in Pacific Island NSGTs argue that the formalised process of creating nations with independent constitutions, as opposed to more informal transnational indigenous political and cultural movements, was somewhat perfunctory.³⁷ However, a small body of older studies on the political process of decolonisation in Fiji, point to a complex transition to independence during which there was not only division

³⁴ Little to no mention of the South Pacific is made in John Springhall, ed., *Decolonization since 1945: The Collapse of European Overseas Empires*, (New York: St. Martin's Press, 2001); Martin Lynn, ed., *The British Empire in the 1950s: Retreat or Revival?* (Basingstoke [u.a.]: Palgrave Macmillan, 2006); William Roger Louis, *Ends of British Imperialism: The Scramble for Empire, Suez and Decolonization: Collected Essays* (London: I.B. Tauris, 2006); John Darwin, *The Empire Project the Rise and Fall of the British World-System, 1830-1970*, (Cambridge University Press, 2014); R. Douglas, *Liquidation of Empire: The Decline of the British Empire*, (Palgrave Macmillan, 2014). Exceptions include, Raymond Frederick Betts, *Decolonization (the Making of the Contemporary World)*, (New York [u.a.]: Routledge, 2008), who integrates the Pacific Islands into his account of the effect of the Second World War on Empire, and W. David Macintyre's chapter "Australia, New Zealand and the Pacific", in *The Oxford History of the British Empire, Volume 4, The Twentieth Century*, ed. Judith M. Brown, and William Roger Louis, (Oxford: Oxford University Press, 1999), 667-92, although this gives precedence to British-ANZAC relations over discussion of the Pacific Island territories.

³⁵ Britain administered Fiji and the British Solomon Islands (now Solomon Islands), and the islands under the Western Pacific High Commission: The Condominium of the New Hebrides (now Vanuatu), Tarawa (Kiribati), the Gilbert and Ellice Islands (Tuvalu), and the Pitcairn Islands. Tonga was a British protectorate.

³⁶ McIntyre, *Winding Up the British Empire in the Pacific Islands*.

³⁷ Banivanua Mar, *Decolonisation and the Pacific*, 3-4.

between the main parties in Fiji's Legislative Council but also the two upper layers of colonial governance – the Colonial Office and the colonial state – over the future of the islands, calling into question the idea that there ever was a coherent 'British' decolonisation process in the Pacific.³⁸

The use of Fiji as a case study is justified not because it can be considered 'typical' of decolonisation in British colonial contexts but because its particularities pose interesting questions about policy processes. Studying health policy in Fiji also contributes to the historical scholarship of a region that has been neglected by historians of the late British empire. Negotiations over constitutions were only part of preparations for independence, a process that also included social, economic, and health service developments. Fiji had a significant role in Britain's South Pacific empire, as it was home to several central bodies such as the Western Pacific High Commission, the Central Medical School, and the SPHS. Divisions between the Colonial Office and the colonial state largely boiled down to a desire by politicians and public servants in London to carry out decolonisation on Britain's terms whilst maintaining face with their American Cold War creditors and allies, and in the increasingly anti-colonial UN, while the colonial state was more occupied with whether the entangled problems of racial politics and state capacity – both contentious issues in the Legislative Council – could be managed to ensure a peaceful retreat. These different emphases were not necessarily incompatible but involved approaching the issue from distinct angles in ways that sometimes did not meet in the middle. Tensions created by divergent policy priorities exacerbated personal divergences of opinion and inclinations towards professional demarcation. Examining health policy exposes how deeply these tensions ran, extending beyond constitutional affairs. Moreover, accounts of decolonisation in Fiji have largely not tackled how regional and international contexts intersected with divisions within the colonial state.³⁹ Analysing the creation of health policy is a good angle from which to address this gap, due to the involvement of WPRO, the SPC, and a range of civil society organisations in policy processes.

³⁸ Robert Norton, "Accommodating Indigenous Privilege", 133-56; Lal, *Broken Waves*.

³⁹ The exception to this is work by Pacific historian Tracey Banivanua Mar, who has recently shown in her book *Decolonisation and the Pacific: Indigenous Globalisation and the Ends of Empire*, (Cambridge: Cambridge University Press, 2016), how indigenous movements across the Pacific, including those living under British, French, Australian, New Zealand, the USA, or the Netherlands' control, engaged with each other and with UN narratives of decolonisation.

Maternal and Child Health in Fiji as a Case Study

Examining negotiations over policy detail can be as revealing as considering health diplomacy at international conferences. Two things that it divulges that are at times harder to discern from high-level exchanges are firstly, subtle shifts in government attitude and approach towards policy over time, and secondly, the involvement of players whose voices were not directly represented in these fora. Issues relating to maternal and child health policy were a major preoccupation of the colonial authorities administering Fiji in the era of decolonisation and a good illustration of these points. Maternal and child health and welfare projects played a role in the colonisation of Fiji, as elsewhere. Moreover, it was an area in which civil society had traditionally filled in gaps left by the state. How maternal and child health policy did or did not change, and who was involved in designing it after the Second World War is, therefore, an excellent window into the internal dynamics of, and influences on, colonial governance during the period of decolonisation. It writes the involvement of civil society organisations into this history and questions where the border between health and social development policy lay.

The history of colonial maternal and child welfare policy in the late nineteenth and early twentieth century Asia and the Pacific has been tackled by scholars such as Manderson, Ram, Jolly, and Lukere.⁴⁰ They have argued that interventions in the health of working-class women and children in Europe and North America, to produce fit labour and military forces for the nation, were exported and adapted in their colonies, where racial prejudices compounded those of class and gender.⁴¹ Whilst recognising that the exact conjunction between 'modern medicine' and 'traditional practice' differed in location, they argue that there were common themes between colonies. Depopulation was of concern to colonial governments both in terms of ensuring a healthy labour force but also because high infant death rates undermined the rhetoric that colonialism was a benevolent project of civilization. High infant mortality was blamed on colonised women who were variously

⁴⁰ 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.

⁴¹ 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*, in ed. Kalpana Ram and Margaret Jolly, (Cambridge University Press, 1998), 1.

accused of lacking maternal instinct, or being ignorant and incompetent.⁴² ‘Superstitious’ practices were charged with causing high infant mortality. State regulation, and prosecution of indigenous midwives was introduced in a number of places, followed by training indigenous women in Western obstetrics.⁴³ For example, in Malaya, the colonial state justified regulating midwives and introducing (European) home visitors, nurses, and health inspectors to inspect and intervene in homes and mothering practices on both economic and humanitarian grounds.⁴⁴ Meanwhile the social and economic causes of maternal and infant morbidity and mortality, as well as the impact of introduced diseases were downplayed.

It was not just the state that became involved in birthing and mothering practices. Christian medical missionaries, who conflated religious and scientific ‘enlightenment’, often intervened earlier than the state.⁴⁵ In many settings, it was missionary schools that trained indigenous midwives, while Christian Sisters and wives oversaw indigenous volunteers carrying out infant welfare work. Their efforts included health services and advice, but could also encompass issues such as temperance, sexual practice, housing policy, child discipline, women’s education and domestic skills, and relief for the widowed or destitute, often combining humanitarian impulses with a desire to impose their social or religious ideals.⁴⁶

Work that deals with the pre-Second World War colonial history of maternity in Fiji demonstrates many of these themes while highlighting that place-specific racial assumptions underpinned interventions. The colonial state, the missions, and women’s organisations intervened in the lives of Fijians and indentured Indians (and those of Indian descent) differently. Work by Vicki Lukere, the main authority on the history of maternal

⁴² 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), 5.

⁴³ Margaret Jolly, “Colonial and Postcolonial Plots in Histories of Maternities and Modernities”, 6-7.

⁴⁴ Lenore Manderson, “Women and the State: Maternal and Child Welfare in Colonial Malaya, 1900-1940”, in *Women and Children First; International Maternal and Infant Welfare, 1870-1945*, ed. Valerie A. Fildes, Lara Marks, and Hilary Marland, (London: Routledge, 1992), 154-78.

⁴⁵ Margaret Jolly, “Colonial and Postcolonial Plots in Histories of Maternities and Modernities”, 11-14.

⁴⁶ Jean Allman, “Making Mothers: Missionaries, Medical Officers and Women’s Work in Colonial Asante, 1924-1945,” *History Workshop* (Oxford University Press), 38 (Fall, 1994), 25-48; Ebenezer Ayesu, Francis Gbormittah, and Kwame Adum-Kyeremeh, “British Colonialism and Women’s Welfare in the Gold Coast Colony,” *Africa Today* 63, no. 2 (2016): 3-30; Valerie A. Fildes, Lara Marks, and Hilary Marland, ed., *Women and Children First; International Maternal and Infant Welfare, 1870-1945*, (London: Routledge, 1992); Andrew E. Barnes, “‘Making Good Wives and Mothers’: The African Education Group and Missionary Reactions to the Phelps Stokes Reports,” *Studies in World Christianity* 21, no. 1 (2015), 66-85; Antoinette Burton, *Burdens of History: British Feminists, Indian Women, and Imperial Culture; 1865-1915*, (Chapel Hill [u.a.]: University of North Carolina Press, 2007), 1-33; Ram and Jolly, *Maternities and Modernities*.

and child health in Fiji, shows that the colonial state perceived Fijians to be 'bad mothers' and characterised indentured Indian women first as prostitutes and later as archetypically good parents. She argues that these portrayals were linked to the different roles the colonisers assigned each race in the colony. The health of Fijians was strongly associated with the moral case for imperial rule, as the British government had promised the paramountcy of their interests in the deed of Cession, whereas Indians (and later Indo-Fijians) provided the labour supply for European plantations.⁴⁷ According to census data, the indigenous population of Fiji fell from 200,000 in 1870 to a low of 87,000 in 1905, and population gains thereafter were slowed by further epidemics, including the 1918 influenza.⁴⁸ The colonial state was concerned about the challenge that depopulation posed to the rhetoric that British rule was beneficial to its subjects.⁴⁹ An 'Inquiry into the Causes of the Decline of the Native Races' was held in 1895. Much of this report blamed Fijian mothers for high infant mortality rates and population decline, arguing they resulted from lack of maternal care, abortion, contraception, and infanticide.⁵⁰ A range of punitive and preventive measures aimed at Fijians were introduced over subsequent decades. Fijian women were monitored through a provincial inspectorate, and magisterial enquiries were introduced in all cases of death of children under one year old, which were treated as suspected cases of abortion or infanticide. These involved interrogating bereaved mothers and midwives.⁵¹ Fijian hygiene practices were scrutinised and challenged by a state-sponsored mission of European women. As part of a wider extension of the health service, hospitals were founded to provide Western obstetrics to Fijian women, and a Native Obstetric Nursing scheme was set up in 1908 to replace traditional midwifery practices.⁵²

A range of missionary and civil society interventions into Fijian lives existed alongside these state efforts. Individual missionaries had long attempted to change child welfare

⁴⁷ 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), 357-58.

⁴⁸ S. M. Lambert, *East Indian and Fijian in Fiji: Their Changing Numerical Relation*, (Honolulu: The Museum, 1938), 5-6.

⁴⁹ Margaret Jolly, "Other Mothers: Maternal 'Insouciance' and the Depopulation Debate in Fiji and Vanuatu, 1890-1930", in *Maternities and Modernities: Colonial and Postcolonial Experiences in Asia and the Pacific*, Kalpana Ram and Margaret Jolly, eds. (Cambridge University Press, 1998), 182.

⁵⁰ Margaret Jolly, "Other Mothers", 192.

⁵¹ Victoria Lukere, "Mothers of the Taukei: Fijian Women and 'the Decrease of the Race'", PhD dissertation, the Australian National University 1997, 111-49.

⁵² Vicki Lukere, "Native Obstetric Nursing in Fiji," in Vicki Lukere and Margaret Jolly, ed., *Birthing in the Pacific: Beyond Tradition and Modernity?* (Honolulu: University of Hawai'i Press, 2002), 100-25.

practices, encouraging a reduction in the length of breastfeeding and sexual abstinence between the births of children. They blamed this postpartum period of separation between husband and wife for polygamy and depressing the birth rate which, they alleged was a cause of population decline. These medically misguided interventions appear to have had a disastrous effect on infant mortality. They were followed by maternal and child welfare programmes to stem infant mortality and train good Christian wives and mothers. Later, the Catholic and Methodist girls' schools placed great importance on teaching hygiene and mothering practice for similar reasons, providing most of the indigenous candidates for nursing. In the interwar era, these efforts expanded to once again focus on adult Fijian women through setting up women's associations and church groups, which carried out voluntary work in infant and maternal welfare.⁵³

In contrast, Indian (and later Indo-Fijian) women received less harmful state and mission intrusion into their mothering practices, but consequently they were given little access to beneficial medical assistance. This was largely due to their position as indentured labourers. In the period of indenture, the medical surveillance of Indian women was primarily in relation to venereal disease. Outnumbered by Indian men and subject to European overseers they were doubly vulnerable to sexual exploitation and were frequently presumed to be prostitutes. The colonial state justified forced medical inspections of Indian women to protect Fijian women; despite very little sexual exchange between these ethnic groups, it was proposed that Indo-Fijian women might spread venereal diseases to Fijian men and consequently to their wives, thereby increasing Fijian vulnerability to sterility, stillbirth, and infant mortality.⁵⁴ Frequent tales of exploitation of female Indian labourers, forced to work immediately before and after childbirth, demonstrated the lack of colonial interest in their maternal and infant welfare.⁵⁵ After indenture ended in 1916, the subsequently higher birth rate and lower death rate of Indo-Fijians in comparison to Fijians meant that the colonial state was reluctant to support the extension of medical aid to this

⁵³ Vicki Luker, "Native Obstetric Nursing in Fiji", 109; Nicole George, *Situating Women: Gender Politics and Circumstance in Fiji*, (ANU Press, 2013), 41-42; Malama Meleisea, *The Cambridge History of the Pacific Islanders* (Cambridge University Press, 2004), 284; A. A. Jansen, S. Parkinson, A. F. S. Robertson, *Food and Nutrition in Fiji a Historical View: Food Production, Composition and Intake*, (Suva, Fiji: Pasifika Press, 1990), 340.

⁵⁴ Vicki Luker, "A Tale of Two Mothers", 363-64.

⁵⁵ Vicki Luker, "A Tale of Two Mothers", 364-67.

community, which they began to present as ideal mothers who had no need of help.⁵⁶ Missionaries and women's organisations had advocated on behalf of Indo-Fijian women, in Fiji, India, and Britain, for the abolition of indenture, which they argued was devastating for women and children. However, their efforts to introduce medical provision for Indo-Fijian women afterwards, partially as a means of Christian proselytisation, were less successful, as the colonial state was far less financially or morally supportive of this project than of similar programmes for Fijian women.⁵⁷ This situation gradually began to change in the inter-war and post-war periods as Indo-Fijians gained access to greater economic and political resources, and because they were more likely than Fijians to live in urban areas and thereby benefit from the extension of general hospital services.

Before the war, maternal and child welfare projects were closely linked to colonial ideas of the respective roles Fijians and Indo-Fijians should play in society and the economy under imperial rule. Civil society had a complicated relationship to these programmes, both filling the gaps in government services in ways that reflected this divide, but also running campaigns that predated, challenged, or adapted aspects of government policy. Lukere argues that after the war the Fijian mother, as a source of population decline, and the Indo-Fijian mother, as a racial threat, 'became discursively less significant.'⁵⁸ This begs the question of what followed. It is possible that new international and regional health discourses deracialised this area of policy and that the colonial state's gradual acceptance that Fiji was moving towards nationhood reinforced this result. It is also possible that the role of civil society faded as the state grew. However, further evidence is required to demonstrate that these were the outcomes.

This thesis will argue the results of political change were less clear cut. Maternal and child health policy, especially birth rate and infant mortality, remained a contentious issue. In an international environment where Britain increasingly had to justify colonial rule in terms of development to outside observers, failure to improve morbidity and mortality rates might illustrate colonial shortcomings. From the perspective of the colonial state in Suva a high overall birth rate, and differences in the fertility and infant mortality rates of different ethnic groups, could represent further complications in their efforts to design an internally

⁵⁶ Vicki Luker, "A Tale of Two Mothers", 368-99.

⁵⁷ Vicki Luker, "A Tale of Two Mothers", 264-69.

⁵⁸ Vicki Luker, "A Tale of Two Mothers", 369.

consistent policy that ensured that each ethnic group was adequately educated, and economically and politically represented, but that somehow maintained indigenous land rights. Both also had to face up to demands by political representatives of Indo-Fijians and Fijians in the Legislative Council and the South Pacific Conference to improve maternal and child welfare. Examining the development of maternal and child health policy is an opportunity to consider how and if these tangled priorities were woven together.

Therefore, an investigation of maternal and child health, which was both significant in the colonisation of the Pacific and an area of interest to international health circles after the war, promised to be a fruitful angle from which to explore the role of health policy in governance during this period. Through exploring the primary and secondary sources three programmes within maternal and child health were identified as particularly pertinent to this investigation – infant and maternal nutrition, family planning/population control, and women’s health education. The reason for selecting these sub-case studies was fourfold. Firstly, they are the maternal and child health issues that most frequently received attention in colonial files specifically discussing health policy. Secondly, they are among the health issues that appear most often in colonial files discussing other policy areas such as agriculture, economic development, ethno-politics, and relations with inter-imperial, and the regional offices of international, organisations. Considering why this is case provides insight into how health policy decisions fit into the wider policy environment. Thirdly, the primary sources reveal that they are all areas which were of interest at a colonial, inter-imperial, and regional level. For example, maternal and infant nutrition research and projects were among the first programmes and areas for research adopted separately by the SPHS, the SPC, and the WHO.⁵⁹ In the 1960s both family planning/population control and women’s health education also received attention from all these institutions. These projects provide a particularly good opportunity to explore whether shared intellectual interest in a problem translated into collaboration to solve them, and, if not, what barriers lay between shared identification of a policy need and agreed policy responses.

⁵⁹ LSHTM: GB 08909 Nutrition 17/05/02/01, South Pacific Health Board of Health Minutes and Publications, 1946-1960; South Pacific Commission, Research Prgrammes/ [Prepared by the Research Council Health Committee], Committee H, First Research Council Meeting, 30 April-9 May 1949: Nouméa, New Caledonia, RC1/Com. H1 rev 1 (Nouméa, New Caledonia: SPC 1949), Appendix III, 1; World Health Organization, *the First Ten Years of the World Health Organization*, (Geneva: WHO, 1958), 310-316.

Finally, post-war nutrition and population/family planning programmes appear frequently in the secondary literature as examples of the role of internationalisation and transnational movements in the post-war history of health.⁶⁰ Looking at these examples from the role of the territorial government up, rather than the WHA or Rockefeller sponsored conferences down, is an opportunity to test whether territorial and international debates happened in parallel or were fully integrated with one another. It is also a chance to draw attention to the international, inter-colonial, and colonial interest in women's health education and home economics. Although recognised as an important part of maternal and infant welfare programmes by historians researching the late nineteenth and early twentieth century, these programmes have received less attention from historians of the post-war period despite the fact they were much sponsored by Western governments and philanthropic organisations in decolonising and recently independent nations. Their significance has been under appreciated in histories of health perhaps because of associations with community development. Likewise, with a very few exceptions, histories of community development have not considered the political implications of women's health education during decolonisation.⁶¹ Therefore, together these case studies provide new insights into the possible instrumentalisation of maternal and child health in the era of decolonisation.

Research Questions

Reviewing the existing literatures on post-war colonial and international health, as well as those of the decolonisation of the Pacific and Fiji, led to the identification of several complementary gaps and areas for further exploration in the existing scholarship. Recent studies of interactions between colonial powers and international health have not yet delved extensively into either Britain's engagement with the process of forming the WHO's regional offices, nor the role of white majority administrating powers in the establishment of WPRO. These are two among several absences in understanding the role that health and

⁶⁰ Amy Staples, *"The Birth of Development." How the World Bank, Food and Agriculture Organization, and World Health Organization Changed the World, 1945–1965*, (2006); James Vernon, *Hunger: A Modern History*, (London: the Belknap Press of Harvard University Press, 2007); Matthew James Connelly, *Fatal Misconception: The Struggle to Control World Population*, (Cambridge, Mass. Cambridge, MA: Belknap Press of Harvard University Press, 2008); Randall Packard, *A History of Global Health Interventions into the Lives of Other Peoples*, (Baltimore: Johns Hopkins University Press, 2016), 182-208.

⁶¹ Mona Domosh, "Practising Development at Home: Race, Gender, and the "Development" of the American South," *Antipode* 47, no. 4 (2015), 915-941.

development, rather than simply defence, agreements played in the international politics of the South Pacific sub-region during decolonisation. The small amount of literature available on the role of the inter-imperial and international influences on development policy in the post-war Pacific, has led to them being underexplored in the history of the decolonisation of individual territories, such as Fiji. Exploring a detailed case regarding the process of internationalisation of public health in the Pacific is therefore a means of simultaneously addressing these areas for development in the literature. Based on this aim the following research questions were designed.

- 1) What role did inter-imperial and international pressures on Britain to develop and decolonise its colonies in the Pacific play in the process of creating health policy in the South Pacific and specifically Fiji?
- 2) What role did maternal and child health policy play in Britain's strategy for decolonisation in Fiji?
- 3) What can negotiations over health policy tell us about the dynamics of the relationships between colonised people, different layers of colonial governance, regional, and international actors during decolonisation?
- 4) To what degree was maternal and child health instrumentalised to further the wider ethno-political, social, economic, and foreign policy priorities of the actors involved? Consequently, does this challenge historians to avoid drawing too tight a distinction between what constitutes health versus development policy?

Whilst researching these lines of enquiry another set of important actors who had not appeared extensively in secondary literature were revealed by the sources, leading to the development of the final question,

- 5) What was the significance and impact of civil society involvement in the above contexts?

Through addressing these questions this thesis will contribute to a growing number of studies of decolonisation in the Pacific by relating health policy to political histories of this period. It will demonstrate that health policy decisions reveal much about the internal dynamics of colonial governance during decolonisation. Through this it will contribute to wider histories of post-war international health by exploring the role of civil society

organisations in these arenas. By questioning the degree to which maternal and child health was instrumentalised by colonial, inter-imperial and the regional organs of international organisations it will also question whether distinct lines between health and other political and development strategies can be drawn.

Sources and Methodology

This study considers how and why international, inter-imperial, and territorial politics influenced health policy, and where possible, although the available sources are more limited, what role the health administration and the general populous played in it. It explores the links between health policy and decolonisation through storytelling as this allows for the most nuanced description of changing power dynamics. It focuses on the maternal and child health policies that generated the most political discussion and were most closely linked to debates around decolonisation – nutrition, population control/family planning, and women’s education (including health education) – while placing these in their broader health policy context.⁶² Fiji’s colonial history and the variety of organisations involved in health policy creation mean that the repositories of primary documents on this topic are widely dispersed. The online listings and email enquiries to the National Archives of Fiji suggest that much of the relevant material to health programmes is duplicated in the United Kingdom, such as annual colonial reports, or may not be held or readily accessible at the archive, such as medical department reports for the post-war era, and Fiji Family Planning Association (FFPA) documents. With greater time and financial resources, the historian would attempt a speculative visit before turning this research into a book. Meanwhile the FAO, which played a background role in some of the projects, only provides access to its archives to employees, meaning that a picture of its involvement has had to be built up through its official publications and correspondence with other organisations.

The available sources also tended to spotlight periods of policy initiation or assessment. These points in time are important for explaining how institutional relationships influenced policy making as they were when the most intensive discussions between decision makers took place. They also reveal the ideological underpinnings of campaigns, and if and how these changed during the project. Where possible, details of how the public reception of policies or the implementation environment affected policy

⁶² Relevant secondary literature for each of these topics will be dealt with in the appropriate chapters.

development have been included, but these proved more elusive in the written record. The researcher's linguistic limitations also prevented the consultation of speeches or newspaper opinion pieces written in Fijian or the local dialect of Hindi. Future work on how junior staff and recipients of healthcare understood, adapted, and experienced maternal and child health policies – that is, the history of policy implementation – would rely on oral history, like the informative work of Margaret Chung and Fleur Simone Dewar on the family planning programme, and would be weighted towards the last decade of the period due to the age of respondents.⁶³ Therefore, the survival and accessibility of archives has shaped the focus of this study on the upper layers of politics.

To mitigate these limitations, as broad a range of sources and archives as it was feasible to consult were utilised to build as full a picture of the actors involved in shaping policy and their roles as possible. The starting point was the correspondence files of the Colonial Office of the British Government in the National Archives at Kew, as this body mediated Suva's communications with the WHO and the SPC. These files also provide a picture of the divergences and convergences between the Colonial Office and the colonial state opinion on health projects and their relation to decolonisation. Similarly, they lend insight into the Colonial Office's vision for the inter-imperial SPC, and how closely or otherwise this aligned with the opinion of the colonial state in Fiji. Consultation of files on specific health and related social development projects have been used to link these territorial, inter-imperial, and international influences on policy making in Fiji in new ways by considering how they were acted out in the details of campaigns. It was through these files that an understanding of the barriers to policy formation was built. Colonial Office files also indicated who had direct access to the ear of this British Government Department and whose opinions were presented to them by the colonial state, including members of the Legislative Council, and senior members of the colonial medical service. It also reveals which academic experts and civil society groups were sought out for advice or approached the colonial authorities to influence policy, giving insight into what type of expertise was prioritised or effective at infiltrating policy discussions and why. It was through these sources that the key interventions of civil society groups became apparent.

⁶³ Margaret Chung, "Politics, Tradition and Structural Change: Fijian Fertility in the Twentieth Century," PhD dissertation, Australian National University, 1991; 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.

Alone, the Colonial Office files provide a useful but not comprehensive insight into the distinct pressures and motivations experienced by health policy decision makers. To build up a better picture of these, a variety of other sources were consulted. The annual colonial office reports on Fiji and the surviving reports of the SPHS reveal what information was collected by, and provided to, the Colonial Office and the colonial state, indicating what they were interested in and what evidence was available to them from which they could make decisions.⁶⁴ Published reports by experts who had been commissioned to carry out research for the colonial authorities provide more of this type of information.⁶⁵ Newspapers such as the *Pacific Islands Monthly (PIM)*, which was read by expats across the South Pacific, and the *Times*, from which the Colonial Office frequently took clippings, have also been consulted, for elite European opinion on the reception and purpose of health programmes.⁶⁶ Hansard debates provided insight into parliamentary pressures on the Colonial Office. Edited collections of speeches by politicians in Fiji were consulted alongside secondary literature to analyse the political rhetoric in the Legislative Council surrounding the introduction of the health campaigns and the influence of Indo-Fijian and Fijian leaders on the colonial state.⁶⁷

Selected US Department of State files from College Park, Maryland, were used beside British accounts to examine international pressures on the Colonial Office and the colonial state, and the wider context in which decisions about the establishment and subsequent programmes of the SPC were made. These sometimes provided more detailed accounts of debates at the SPC's Executive Board meeting and Britain's (public) reasoning for supporting or vetoing policy. They also revealed how and why Britain exerted influence over, or conceded to, the priorities of other administering powers. The relationship between the Colonial Office, the SPC, and WHO was further explored through these archives, as well as through the WHO's archive at headquarters in Geneva.

⁶⁴ Great Britain, *Fiji: Report of the Colonial Office*, (London: HMSO, 1944-1973), available in the library of SOAS; LSHTM: GB 0809 Nutrition 17/05/01/01, South Pacific Board of Health Minutes and Publications, 1946-1960.

⁶⁵ Two examples of importance to this study are O. H. K. Spate, *The Fijian People: Economic Problems and Prospects: A Report*, (Suva: Government Press, 1959); Alan Burns, *Fiji*, (London: H.M. Stationery Office, 1963).

⁶⁶ *Pacific Islands Monthly*, (Sydney, N.S.W.: Pacific Publications, 1930-2000), is accessible in hard copy through Cambridge University Library's rare books and special collections, or (since March 2017) online through the National Library of Australia <http://nla.gov.au/nla.obj-310385031>; *The Times* (London) is accessible through *the Times Digital Archive*, <https://www.gale.com/c/the-times-digital-archive>.

⁶⁷ Hansard records were found at <https://hansard.parliament.uk/>; An edited book of sources that proved particularly useful to this study was Brij V. Lal, ed., *A Vision for Change: Speeches and Writings of A.D. Patel, 1929-1969*, (Acton, A.C.T.: ANU E Press, 2011), <http://epress.anu.edu.au/?p=152161>.

To understand the SPC's involvement in policy making a more detailed picture of the financial, practical and political constraints within which it operated was traced through its official reports recently available from its online resource centre. Attempts by the SPC to influence health policy across the South Pacific were also reconstructed from this archive as it included a range of reports on health problems and policy proposals made at the SPC and South Pacific Conference.⁶⁸ Read alongside the SPC's quarterly promotional magazine, the *South Pacific Bulletin* (1953-1980), and SPC Technical Papers, the story of the development of the SPC's organisational aims and attempts to influence health policy was identified.⁶⁹

A greater challenge was posed in collecting information on the involvement of civil society organisations. Their interventions in colonial policy can be adequately traced through Colonial Office files and SPC reports, but these did not necessarily provide detailed information on their broader organisational aims. The voluntary and sometimes informal nature of these organisations means that there were not central archives of correspondence on which to draw. However, links between the FFPA and the Rockefeller Population Council, and between the United Church Women of America and the Department of State, meant that consultation of these archives proved fruitful, providing both behind-the-scenes correspondence and a small number of their official publications that articulated their goals to a broader audience.⁷⁰ Scouring libraries and online source repositories also threw up a handful of writings and publications by members of these groups.⁷¹ Such finds are evidence that an understanding of the role of these organisations in policy creation can be constructed if a wide enough net for a source base is cast.

Structure

Although elements of each chapter address several of the research questions, the thesis is ordered to focus roughly on each in turn. The first third of the thesis sets out the international, inter-imperial, intra-colonial, and territorial policy environments in which maternal and child health decisions were made, thereby contextualising them. Chapter two examines the role Britain assigned the new health and development organisations, the SPC

⁶⁸ The South Pacific Commission was renamed the South Pacific Community in 1997, it has recently digitalised many historical reports - these can be searched through its resource centre <http://www.spc.int/resource-centre/>.

⁶⁹ These are available through Cambridge University Library's rare books and special collections.

⁷⁰ Population Council Records accessed through Rockefeller Archive Center, Sleepy Hollow, New York. Department of State files accessed through the US National Archive, College Park, Maryland.

⁷¹ The Wellcome Trust Library, the British Library, and SOAS Library, London were useful from this perspective.

and WPRO, in its post-war colonial strategy for the South Pacific. It discusses how international and inter-imperial relations influenced the development of health bureaucracies in the Pacific region and Britain's relationship to them. It focuses on Britain's foreign and colonial policy priorities for this region in the decade following the war, and how it tried to further them through its role in establishing each of these organisations. It considers the degree to which maintaining governance of health was part of Britain's strategy to retain control of the process of decolonisation in the face of pressure from the UN, the USA, and newly independent nations in the Western Pacific. It weighs how successful Britain was in achieving these ends. By homing in on the period during which these health bureaucracies were formed, it sets the scene against which later developments in British colonial relationships with the SPC and WPRO can be understood. Chapter three focuses in on intra-colonial and the territorial context in which health policy decisions were made. It describes demographic, ethno-political, and economic developments in Fiji from the Second World War until independence. It introduces several important policy challenges faced by the colonial state, and debates within Fiji and between Suva and London on how to address them. This section suggests ways in which maternal and child health programmes could have entangled with other policy aims, which the rest of the thesis then investigates.

Having considered the international, regional, and territorial policy context in which health policies were negotiated, the four case studies draw out where maternal and child health fitted into the policy calculations of each. They contemplate what dialogues between colonised people, the different layers of colonial governance, inter-imperial, and international actors over maternal and child health programmes reveal about the power relationships between them during decolonisation. The first two studies set out how conflicting priorities at intra-colonial, inter-imperial, and international levels impacted the development of health policy in the 1950s. Chapter four, a case study on nutrition, explores whether the SPHS, SPC, and WPRO managed to work together, despite the ideological differences highlighted in previous chapters. It demonstrates that the different intellectual, institutional, and political contexts in which they operated prevented cohesive action, and even fermented inter-organisational mistrust between them, despite them all agreeing that suboptimal nutrition should be tackled because it contributed to infant and child mortality. Similarly, chapter five discusses how, despite both the colonial state and the Colonial Office being concerned that the differential fertility between Indo-Fijians and Fijians would

become a source of political friction, they each favoured different approaches to reducing racial tensions. The colonial state favoured targeting a family planning campaign at the Indo-Fijian community, while London argued that agricultural development would absorb population pressures and thereby reduce racial tensions. This chapter demonstrates how territorial pressures in favour of introducing the programme clashed with London's diplomatic considerations against it. While the colonial state was absorbed with local ethnopolitical considerations, the Colonial Office was wary of international Catholic opposition to contraceptive technologies expressed through the UN agencies, civil society in other colonies, and by the British electorate. It also first introduces the role a civil society organisation, IPPF, played in smoothing these tensions and facilitating policy adoption.

The final two case studies consider how health policies were internationalised during the accelerated period of decolonisation in the 1960s, and question whether this necessarily meant the decolonisation and/or deracialisation of maternal and child health. Following on from the findings in chapter five, chapters six and seven also take a deeper look at civil society's role in the political process. Chapter six uses the territory-wide population control programme to trace the effect of civil society involvement, combined with increased pressure for economic development at a territorial level, and international acceptance of demographic transition theory, had on health policy decisions. In contrast to the programmes of the 1950s, where agreement on the need for action had failed to translate into shared efforts, some cooperation was achieved. Several reasons for this are explored. One is the political utility of transnational understandings of demographic transition theory at a territorial level in a time when rapid economic development and movement towards a multi-racial society were deemed essential for decolonisation. Population control was nonetheless controversial and a secondary explanation for cooperation is that all actors involved in delivering it recognised the need for complementary approaches. Moreover, Fiji's early adoption of family planning positioned it to advise, rather than be advised, at an inter-imperial and regional level, allowing Britain to enter discussions on its terms. Whether increasing international cooperation necessarily meant that the campaign became less informed by racial or colonial assumptions is explored. Chapter seven explores in greater detail how civil society organisations navigated the complex policy environment of the post-war South Pacific. It does this through a case study of the intersections between health education, community development, and women's education projects. It demonstrates how

a determined network of Protestant women persuaded colonial, inter-imperial, and international organisations to support a women's interests programme for the sub-region, and its institutionalisation as a Home Economics course hosted in Fiji. Through their efforts, a gendered attempt at improving family health, inter-racial cooperation, and civic engagement by colonised peoples was produced. This is the starkest example contained within the thesis of civil society organisations operating through, around, and beyond the constraints of colonial, inter-imperial, and international bureaucracies to unstick the policy machine, and even to shape the decolonisation process itself. It also highlights for the final time that, because health policy calculations were so wrapped up with ethno-politics, economic policy, and the rhetoric of decolonisation, the lines between what constituted a health versus a development policy were fundamentally blurred.

Chapter 2. The Role of New Health and Development Organisations in Britain's Post-War Colonial Strategy for the South Pacific, 1943-1953

This chapter will address the role that inter-imperial and international pressures on Britain, and its reaction to them, had on the development of new health organisations in the South Pacific. It will do this by examining the degree to which Britain (especially Colonial, Dominion, and Foreign Office officials in London) saw the establishment of the SPC and WPRO as a tool or a threat to its post-war colonial strategy for the Pacific Island colonies. It will analyse the extent to which Britain saw its role in drawing up the constitutions of these organisations not only a means to promote better health for colonised people but also to assert continued colonial sovereignty over any move towards granting self-government. It will explore how health policy became tied up with Britain's attempts to resist pressure from the UN, the USA, and newly independent nations in the Western Pacific, to open British governance up to greater international oversight and accelerated decolonisation. By exploring how Britain perceived early diplomatic successes, failures, and compromises in setting up these health bureaucracies in the period from 1946-1953 it provides essential background for understanding some of the subtext of later negotiations between Britain, the SPC, and WPRO over maternal and child health policy.

Background

As the prospect of peace became tangible, London began to consider the future, including that of its colonies. Pressure for independence from within the empire, from allies such as the USA, and the economic cost of the war, pushed Britain into accepting that political change towards self-government – defined as internal control of domestic, but not necessarily foreign policy – was inevitable. However, London was determined that it would maintain control of the process and attempted to assert its claims to unsupervised sovereignty at the international, regional, and sub-regional level. Oliver Stanley (1896-1950), Secretary of State for the Colonies, stated his position on post-war international involvement in British colonial development, which encompassed health services, on a visit to Oxford in 1943. There he explained that Britain would welcome international cooperation where it was in the interests of the colonies on condition that it left 'the mother country'

with ‘undisturbed control’ over the process of political change.¹ One way in which the British government endeavoured to ensure this was through health diplomacy. Despite the switch from a Conservative to a Labour British government in 1945, this is broadly the line that was taken by the departments of the government responsible for negotiating the establishment of new international organisations in the wake of the Second World War. By 1951 Britain was cooperating with other nations through three different organisations that aimed to improve the health of the peoples of the Pacific Island colonies – the SPHS based in Fiji, the SPC based in New Caledonia, and WPRO which was ultimately based in the Philippines. The proliferation of these bodies presented both challenges and opportunities for Britain to defend its sovereignty over the colonies. Britain’s involvement in them could be used as a visible demonstration of good-will and a commitment to improving the lives of colonial subjects, thus deflecting critics of colonialism, but it also opened colonial governance to greater scrutiny and measured it by standards that, while agreed, were not set by Britain alone. London was at the negotiating table when the constitutions of each were being drawn up, and it was here that it would have the best chance of controlling the future direction and remit of these organisations.² As these three organisations would try to influence health programmes in Britain’s South Pacific territories for the remainder of the colonial period, the question of how Britain would assert colonial control over decolonisation bled into health policy. Although improving health in the colonies was an aim of the organisations, at the heart of these discussions was the question of how to define trusteeship, self-government, and the appropriate extent of international influence on colonial policy.

Moreover, the consequence of there being three separate organisations for guiding health policy presented opportunities for collaboration between them –each having different perspectives and strengths based on membership, location, number of territories served, and budget –while creating the conditions for protracted demarcation disputes. Before WPRO had even confirmed the location for its permanent office the first Director General of WHO warned his colleagues that there was ‘much unacknowledged jockeying for strategic position and influence’ over health programmes in the Pacific Islands of Melanesia,

¹ Stanley quoted in T. R. Smith, *South Pacific Commission: An Analysis after Twenty-Five Years*, (Wellington [N.Z.]: Price Milburn for the New Zealand Institute of International Affairs, 1972), 16.

² The Dominions Office were responsible for negotiations in the case of the SPC and the Foreign Office in the case of WPRO, both were advised by the Colonial Office.

Polynesia, and Micronesia.³ Potential downsides of this situation for the organisations, and for governments wanting their assistance in developing health policy, were that programmes might get delayed or lost through debates over who would carry out and pay for which parts of the programme. There were mixed implications for colonial governments too. On the one hand, if relationships between these organisations were fractious it might limit their ability to influence policy in individual colonies in an unwelcome fashion, but it could also prevent them collaborating if colonial governments wanted them to. These ramifications were not necessarily apparent at the establishment of the organisations in question, but to grasp the significance of later interactions and the development of relationships with one another, and with Suva and London, it is first necessary to understand the circumstances of their births.

This chapter places London's role in the establishment of the SPC and WPRO in the context of pressure from the UN to carry out its definition of trusteeship. First, the different interpretations of trusteeship held by the British Government and the Colonial Office in comparison to the UN and why these were important will be examined. The ways in which these debates filtered into discussions around the creation of the SPC and WPRO will then be investigated. London's deliberations with the other founding nations over the purpose of the SPC will be analysed, demonstrating how, and to what extent, the Dominions Office, advised by the Colonial Office, was able to shape its remit. Next, the parallel negotiations conducted by the Foreign Office during the establishment of WPRO will be considered and the implications these had for London's vision of how the two organisations would collaborate, discussed. The focus will be on the years 1943-1953 when the SPC and WPRO's constitutions were created and their remits worked out. This provides the background of the political structures that underlay the collaborations and conflicts over health and development projects of the 1950s and 1960s discussed in later chapters. To do this the correspondence files of the Colonial Office, Foreign Office and Dominions Office, will be analysed. Together these detail the negotiations behind the establishment of the SPC and WPRO from London's perspective. These will be contextualised through using

³ Micronesia comprises the islands north of Papua New Guinea and West of Tuvalu. Melanesia is South of these and comprises the region from Papua New Guinea to, and inclusive of, Fiji. Polynesia is the islands East of Fiji and Kiribati and West of the USA. WHO Archive Geneva (henceforth Geneva): WHO2_CC_4_2_8 South Pacific Commission, Notes on Organizations with Health Programmes Working in the Pacific Area, 30 April 1950.

corresponding files from the US Department of State archives, and contemporary analyses from journals of international affairs written by attendees of the conferences or employees of the governments and organisations involved. The changes within these organisations in the late 1950s and the 1960s and their significance will be discussed in relation to the policies in the case study chapters.

Better understanding the relationship between Britain and WPRO contributes to a broader historical understanding of colonial interactions with international health. While London had opposed the creation of AFRO, the smaller number of NSGTs in the Western Pacific Region meant that it could not hope to prevent the creation of WPRO, but only limit its ability to intervene in colonial territories.⁴ Britain and France also collaborated with a different set of colonial powers when setting up a Commission in the Pacific region – instead of working with the old European empires of Belgium and Portugal, they were dealing with the ‘new world’ powers of America, Australia and New Zealand, which may have resulted in a different dynamic.⁵ Thus, London’s attempt to protect imperial sovereignty around the world required it to devise multiple regional relationships with the WHO and with Commissions rather than merely one strategy for working with or around the organisations.

The SPC is also an important part of the history of defining the South Pacific as a region in international relations. Most work that examines how Britain, France, the USA, Australia, and New Zealand sought to define these islands as a distinct region, focuses on the military and Cold War security aspects of this history, and centres on Australian or American neo-colonialism.⁶ Gregory Fry has placed the SPC in this context, arguing that it was an attempt by the administering powers to prevent Pacific Islanders from identifying with decolonising South East Asia. This strategy was devised to quieten the Australian and New Zealand governments’ fears that Communist insurgency might spread to the Pacific

⁴ Jessica Lynne Pearson-Patel, “From the Civilizing Mission to International Development: France, the United Nations, and the Politics of Family Health in Post-war Africa, 1940–1960,” PhD dissertation, New York University, 2013, 38.

⁵ John J. Sbrega, “Determination versus Drift: The Anglo-American Debate over the Trusteeship Issue, 1941-1945,” *the Pacific Historical Review*, (1986), 276-80; Alexander Hugh McDonald, *Trusteeship in the Pacific*, (Sydney, Angus and Robertson; 1949), 20-21.

⁶ Examples include Richard Herr, “Regionalism, Strategic Denial and South Pacific Security,” *The Journal of Pacific History* 4, no. 21 (1986), 170-82; Lester J. Foltos, “The New Pacific Barrier: America’s Search for Security in the Pacific, 1945–47,” *Diplomatic History* 13, no. 3 (1989), 317-42; Halm Friedman, “Arguing over Empire: American Inter-service and Interdepartmental Rivalry over Micronesia, 1943–1947,” *The Journal of Pacific History* 1, no. 29 (1996), 36-48; Bartholomew H. Sparrow, *The Insular Cases and the Emergence of American Empire*, (University Press of Kansas: 2006); Richard Herr, “Australia, Security and the Pacific Islands: From Empire to Commonwealth,” *The Round Table* 387, no. 95 (2006), 705-16.

Islands and thus threaten their borders.⁷ This was undeniably a key driving force in the regionalisation of the South Pacific in security terms, but Fry's analysis does not do full justice to other factors. Although he tantalisingly mentions that there were significant differences of opinion between officials involved in the SPC over whether it 'offered the best (if risky) chance of minimising United Nations interference in the continuation of colonial control' or 'a way of ensuring the ultimate demise of empire' he limits his discussion to how this contest played out at the first South Pacific Conference.⁸ Fry also focuses on how the South Pacific Conference was represented by those organising and participating in it 'rather than upon the substance of the discussions and outcomes of the key agenda items concerning mosquito control, village health, village education, vocational training, co-operative societies, fisheries methods, and food and export crops.'⁹ However, it is these very details of discussion on health and development programmes, and the constitutional framework underpinning them, that was infused with micro-attempts to hasten or put a break on decolonisation. These can be found in discussions over whether the Health Section of the SPC should collaborate with the WHO, which programmes it should sponsor, and the extent to which it should listen to indigenous peoples. In the interwar era, colonial health programmes had already been used to encourage dependency but also aspirations of citizenship among Pacific Islanders, as well as inter-imperial and trans-Pacific cooperation, and yet their role in similar discussions in the post-war context has not been examined.¹⁰ It is worth looking to non-military inter-organisational and intergovernmental cooperation for a fuller picture of differing colonial motives, and their effect on the process of decolonisation in the South Pacific. Finally, discussions between the administering powers on trusteeship, decolonisation, and the South Pacific as a sub-region in international

⁷ Greg Fry, "The South Pacific 'Experiment': Reflections on the Origins of Regional Identity," *The Journal of Pacific History* 32, no. 2 (1997), 199-202.

⁸ Greg Fry, "The South Pacific 'Experiment'", 184.

⁹ Greg Fry, "The South Pacific 'Experiment'", 183.

¹⁰ Alexandra Widmer, "Native Medical Practitioners, Temporality, and Nascent Biomedical Citizenship in the New Hebrides," *Political and Legal Anthropology Review* 33, (2010), 57-80; Alexander Hugh McDonald, *Trusteeship in the Pacific*, (Sydney Angus and Robertson; 1949), 136-38; H. Hogbin and Camilla Wedgwood, "Native Welfare in the Southwest Pacific Islands," *Pacific Affairs* 2, no. 17 (1944), 133; Ernest Beaglehole, "Trusteeship and New Zealand's Pacific Dependencies," *The Journal of the Polynesian Society* no. 56, 2(1947), 128-57. McDonald (1908-1979) was an academic who advised Australian Institute of International Affairs and the Institute of Pacific Relations. Wedgwood (1901-55), was an anthropologist who would later conduct research for the SPC (see Chapter 7). Beaglehole (1906 – 1965) was an anthropologist and psychologist who advised the New Zealand government on policy affecting indigenous peoples in New Zealand and elsewhere in the Pacific. New Zealand unsuccessfully put Beaglehole forward as a candidate for the first Director General of the SPC.

relations had consequences at a territorial level. It introduced the bureaucratic complexity of having three different organisations working in the field of health, and this contributed to health policy becoming a site of contest over the future of colonialism within Fiji.

Evolving and Contested Definitions of Trusteeship, 1918-1947

By the 1950s some consensus between the nations administering territories in what would become known as the South Pacific had formed around the idea that an essential condition of colonial government was that it carried out the duty of 'trusteeship', defined loosely as aiding the development of territories with the welfare of indigenous peoples in mind. However, the specific meanings of 'trusteeship', 'development', and 'welfare' were contested, let alone how to make these concepts into practicable policies. These tensions predated the creation of the SPC and WPRO. To contextualise the positions of the British government departments involved in these debates it is necessary to provide a brief overview of how the British government's idea of what trusteeship was – and was not – developed from the interwar years until the end of the Second World War, and how it compared to the vision of other administering powers in the South Pacific.

From the USA's entry into the war in 1941, the future of the British Empire was a point of contention between London and Washington. As the Allies began to hope for victory in 1943, discussion between them turned to what would become of the territories liberated from the Axis powers. This promptly escalated into a debate between Britain and the USA on the future of all territories politically dependent on foreign powers, including the British colonies. President Franklin D. Roosevelt's (1882 – 1945) administration posited that all NSGTs should be brought to independence, and that a system of 'international trusteeship' should be set up through which colonial powers would become directly accountable to an international body.¹¹ Churchill's government was forcefully opposed to this idea. In July 1943 Stanley laid out the British Government's alternative plans for the post-war empire in the House of Commons. Britain, he said, 'pledged to guide Colonial people along the road to self-government within the framework of the British Empire'.¹² He proposed creating regional commissions that would comprise states with colonial territories or economic interests in a defined region that would meet to advise and collaborate to

¹¹ William David McIntyre, *Winding Up the British Empire in the Pacific Islands*, (OUP Oxford, 2014), 26.

¹² HC Deb 13 July 1943 vol. 391 cc 48-50.

promote 'wellbeing' but that would not have any power of administration.¹³ However, by the end of the war, the USA retreated from demanding imminent independence for all NSGTs, in the name of cooperation with Britain because it was proving an increasingly valuable ally in the face of emergent tensions with the USSR, and under pressure from some American naval chiefs to retain strategic posts in the Pacific after the war.¹⁴ This meant that the Britain and the USA went into discussions about the future of the colonies that centred on how to achieve 'self-government' rather than independence.

However, debates over what constituted the social and economic 'welfare' of indigenous peoples continued. At one level these dated back to the Wilsonian era. Critics of empire – whether domestic, colonised, or external – had long pointed to sickness, perceived social ills, and poverty as evidence that colonialism was failing, while advocates argued that paternalistic colonial rule was required to deliver colonised people from these same predicaments. The idea of international trusteeship emerged at the end of the previous world war, when the Allied powers had to square their assertion that the war was not being fought for territorial gain with a strategic desire to place the former German and Ottoman territories under their control for security reasons. Wilsonian ideals of self-determination clashed with a British parliament divided by liberal support and conservative opposition for increased self-government in the colonies, and France, Australia and New Zealand's demands for annexation of territories by the victors.¹⁵ The compromise solution was the League of Nations mandates system, which legitimised colonial rule over these territories with the proviso that it was done in the interest of the inhabitants. Article 22 of the League Covenant justified the continuation of external rule in paternalist terms, stating mandate territories were being governed for their 'wellbeing and development' as they could not 'stand by themselves.' The League of Nations scrutinised the administering powers through requiring annual reports on how they were carrying out this 'sacred trust of civilisation.'¹⁶ Indigenous peoples theoretically had recourse to petition the League's mandates commission if they could demonstrate that an administering power was neglecting its duty. Although relatively impotent in practice, the commission set a precedent for international

¹³ HC Deb 13 July 1943 vol. 391 cc 142-145.

¹⁴ John J. Sbraga, "Determination versus Drift," 276-80.

¹⁵ Ernst B. Haas, "The Reconciliation of Conflicting Colonial Policy Aims: Acceptance of the League of Nations Mandate System", *International Organization* 6, No. 4 (November 1952), 521-36.

¹⁶ Article 22 of the Covenant of the League of Nations, reprinted in Susan Pedersen, *The Guardians: The League of Nations and the Crisis of Empire*, (OUP Oxford, 2015), Appendix 1, 408-09.

observation and provided an opportunity for colonised peoples to voice concerns on an international stage.¹⁷ Paradoxically, the League of Nations justified imperial rule by accepting that certain territories were underdeveloped whilst encouraging aspirations for independence based on social and economic, as well as political development. Britain did not set great store by maintaining long-term direct control of the mandates for which it was responsible, as opposed to its existing colonies, and was generally compliant with the League's conditions of rule.¹⁸ However, some in the Colonial Office came to fear during the Second World War that the USA might transfer or place British colonies under a similar system, and were deeply unhappy at the prospect.¹⁹

The Colonial Office made the case to the British government that it needed to demonstrate that Britain was experienced at governing the colonies for the welfare of colonised people to remove the threat of international oversight. Colonial Office anxiety also sprang from internal pressures on the British Empire dating back to the interwar period. During the Depression, strikes and riots due to underemployment in the West Indies challenged colonial rule as did the stirrings of Indian Gandhian nationalism. During the war, industrial action in several major African colonies also caused concern in London.²⁰ Meanwhile there was domestic pressure on the government from influential liberal intellectuals, some of whom compiled reports on issues such as malnutrition in the empire for the Colonial Office, and from Labour opposition and cabinet members. Each attempted to raise public awareness of the failures of imperial policy on humanitarian grounds.²¹ To deter such criticism Stanley argued in Parliament that too hasty political change without social and economic development would, 'bring to those whom it is designed to benefit nothing but disaster.' Therefore, British government policy would focus on delivering development in these areas before conferring internal political control on any colony.²²

¹⁷ Susan Pedersen, "The Meaning of the Mandates System: An Argument," *Geschichte und Gesellschaft*, (2006), 560-82.

¹⁸ Susan Pedersen, "The Meaning of the Mandates System", 579-82.

¹⁹ Michael Ashley Havinden and David Meredith, *Colonialism and Development: Britain and its Tropical Colonies, 1850-1960*, (London: Routledge, 2002), 201-02.

²⁰ Tiyaambe Zeleza, "The Political Economy of British Colonial Development and Welfare in Africa," *Transafrican Journal of History* 14 (1985), 150-52; Havinden and Meredith, *Colonialism and Development*, 201-02.

²¹ Peter Kallaway, "Welfare and Education in British Colonial Africa and South Africa during the 1930s and 1940s," *Paedagogica Historica* 41, no. 3 (2005), 348-39; Havinden and Meredith, *Colonialism and Development*, 201-02.

²² HC Deb 13 July 1943 vol. 391 cc. 48-50.

The British government, urged on by Stanley against grumbles from the Treasury, attempted to demonstrate commitment to the wellbeing of colonial peoples through introducing the Colonial Welfare and Development Acts in 1940 and 1945, and additional amendments to them in 1949 and 1950. In the decade after the war the Colonial Office put aside £120 million pounds to spend on the development of 'welfare', that is public services (including health services), and 'development', which included technical improvements to agriculture, transport, and infrastructure, as well as for research projects in these areas.²³ Colonial governments could apply for funds through submitting ten-year development plans for approval. However, this was only one approach to 'development' in the colonies. In the aftermath of the war there was also a financial incentive for the government to help to increase the production of food and raw materials for export from the colonies. In 1947, the government established the Colonial Development Corporation and Overseas Food Corporation which had £150 million to spend between them. Rather than broad agricultural and industrial development these corporations worked to extract cash crops and mining goods to bolster Britain's sterling balances and earn dollars on the world market as quickly as possible.²⁴ The argument went that these exports would also inject cash into the economy of the colonies, and thereby boost the buying power of citizens of them – including the market for British goods and technology – although this did not always work in practice.

Stanley's public statement that social and economic development were essential to decolonisation of the British colonies, did not resolve these different definitions of development, even in London. What it did was stake Britain's sole claim to sovereignty over the colonies and provide an excuse for any delay in Britain conferring new political rights on colonised peoples based on the subjective achievement of these other development goals. However, under-secretary Arthur Creech-Jones, who would go on to take over Stanley's role, appeared to admit in the same parliamentary debate that Britain had to be seen to be acting in the material interests of colonised peoples to retain legitimacy – domestically, within the colonies, and in the international sphere.²⁵

²³ Havinden and Meredith, *Colonialism and Development*, 225-27.

²⁴ Havinden and Meredith, *Colonialism and Development*, 228-35.

²⁵ HC Deb 13 July 1943 vol. 391 cc. 71-79.

The UN Charter, drawn up at the 1945 San Francisco conference attempted to reconcile these differing ideas at an international level. It set out a framework that granted colonial governments continued sovereignty over what were euphemistically referred to as 'Non-Self-Governing Territories' but which exerted pressure on them to fulfil defined duties towards the people that they governed by placing them under greater international scrutiny. Chapters XI to XII of the UN Charter laid out internationally agreed ideals on trusteeship. While the Charter was sewn up between administering powers – avoiding the demands of lobby groups representing colonised peoples and minorities who demanded a commitment to independence and equality – it represented a precarious compromise rather than an agreement between them on the future of NSGTs.²⁶ The British government (especially the departments of the Dominions Office, Foreign Office, and Colonial Office) were not satisfied with the outcome. Nor were their counterparts in France or the Netherlands. This had repercussions for how they approached the establishment of the UN specialised agencies such as WHO. Differences between their positions and those of the governments of the USA, Australia, and New Zealand over trusteeship were codified in the Charter, foreshadowing tensions between these governments over the establishment of the SPC.

Australia and New Zealand's Labour governments were perturbed that the Dumbarton Oaks conference – held between the Republic of China, the Soviet Union, the UK, and the USA in 1943 to discuss the establishment of a peacekeeping institution – had not referred to the future of the NSGTs such as the League of Nations mandates and those detached from the Axis powers. The ex-mandates and Axis-occupied territories were of interest to Australia and New Zealand because several Pacific Island territories fell under this category, so they sought to intervene. The Japanese victories in the aftermath of Pearl Harbour had awoken Australia and New Zealand to the vulnerability of the British position in the Pacific and the potential threat to their borders posed by any future war from or with

²⁶ Marika Sherwood, "There Is No New Deal for the Blackman in San Francisco": African Attempts to Influence the Founding Conference of the United Nations, April-July 1945," *International Journal of African Historical Studies* (1996), 71-94; Marika Sherwood, "Diplomatic Platitudes': The Atlantic Charter, The United Nations and Colonial Independence," *Immigrants & Minorities* 15, 2 (1996), 135-50.

Asia.²⁷ Both were also anxious that the US would attempt to lay permanent claim to the bases it had established south of the equator during the Pacific war without consultation.²⁸ Drawing on their Labour principles as well as pragmatism, Australia's ambitious Minister for External Affairs, H. V. Evatt (1894 – 1965), and New Zealand's Prime Minister, Peter Fraser (1884 – 1950), were both convinced that lasting peace would rely on two conditions, the existence of a liberal international adjudicating body with a charter recognising the equality of sovereign nations, and that all governments, including the governments of NSGTS, should work for the welfare of their peoples based on good labour standards, economic advancement, employment for all, and social security.²⁹ They arrived at the San Francisco Conference having alerted Britain that they were determined to make their voices heard amid the clamour of the big four powers.³⁰ Evatt used his legal training to strategically intervene in the Committee on the international trusteeship system, of which Fraser was the chair. They failed to get the committee to make international oversight of the trust territories obligatory, against firm opposition from Britain, but were important figures in writing Chapter XI of the Charter, which set out principles by which administering governments should abide.³¹

²⁷ Norman D. Harper, "Pacific Security as Seen from Australia," *International Organization* no. 7, 2 (1953), 217; Leslie K. Munro, "New Zealand and the New Pacific," *Foreign Affairs* 4, no. 31 (1953), 634-47. Harper (1906–1986) was an Australian historian and pioneer of international relations. Munro (1901-1974) was the editor of the *New Zealand Herald*, and later New Zealand ambassador to the USA and permanent representative of New Zealand to the United Nations, president of the Trusteeship Council (1953–54), New Zealand representative on the Security Council (1954–55), and president of the 12th session of the General Assembly (1957–58).

²⁸ TNA: DO 114/118, Agreement between Australia and New Zealand signed at Canberra 21st January 1944, 1943 – 1944, No. 23 Telegram from High Commissioner in the Commonwealth of Australia for His Majesty's Government in the UK, received 2.10 pm, 26 January 1944; Ernest Beaglehole, "Trusteeship and New Zealand's Pacific Dependencies," *The Journal of the Polynesian Society* 2, no. 56 (1947), 128-57; Pacific Islands Monthly, 'You can't have Manus! Australia to Americans,' *Pacific Islands Monthly*, (September 1946), 56.

²⁹ TNA: DO 114/118, Agreement between Australia and New Zealand, 21 January 1944, 1943 – 1944; Australian Treaty Series 1944, No. 2, Department Of Foreign Affairs and Trade Canberra, Australian-New Zealand Agreement 1944 (Canberra, 21 January 1944), Entry into force: 21 June 1944, Clauses 5, 13, 15, *Australian Government Department of Foreign Affairs and Trade* <http://www.info.dfat.gov.au/Info/Treaties/treaties.nsf/AllDocIDs/8DAEC5772F805936CA256B83000A5C65>; Herbert V. Evatt, "Risks of a Big-Power Peace," *Foreign Affairs* 24, no. 2 (1946), 200-09.

³⁰ TNA: DO 114/118, Agreement between Australia and New Zealand signed at Canberra 21st January 1944, 1943 – 1944, Mr. S. M. Bruce, High Commissioner for the Commonwealth of Australia, to Lord Cranborne, Secretary of State for Dominion Affairs, 30 December 1943, and Statement by Dr. Evatt, Minister for External Affairs in connexion with the Australian-New Zealand conference in connexion with the South-West Pacific, and No. 23 telegram from High Commissioner in the Commonwealth of Australia for His Majesty's Government UK, received 2.10pm, 26 January 1944, and No. 28 telegram High Commissioner in New Zealand for His Majesty's Government UK received 5.55pm, 1 February 1944; Herbert V. Evatt, "Risks of a Big-Power Peace," *Foreign Affairs* 24, no. 2 (1946), 195-209.

³¹ Timothy L. H. McCormack, "H. V. Evatt at San Francisco: A Lasting Contribution to International Law," *Aust. YBIL* 13 (1990), 102-03.

The governments responsible for NSGTs agreed to ‘recognize the principle that the interests of the inhabitants of these territories are paramount’, and to promote their wellbeing ‘to the utmost.’³² They undertook to: promote the political, economic, social, and educational advancement towards self-government for these peoples, to govern in a way that was compatible with international peace and security, and to cooperate with other members of the UN and specialized international bodies. They were also encouraged to send the Secretary-General of the UN technical information on conditions within the territories as evidence of progress and to help the UN and its specialised agencies to create international policy.³³ Chapter XI was based on a compromise position between ‘old world’ ideas of colonial reform – manifested in the British Colonial Development and Welfare Bill, France’s insistence that NGSTs would be governed under the French union, and the Netherlands’ proposal of federalization with their colonies -with the more anti-colonial positions of the ‘new world’ governments of New Zealand, Australia, and the USA.³⁴ At first glance these agreements appeared to lay out a strong basis for cooperation between the administering powers. However, Britain, France and the Netherlands refused to sign up to further agreement under Chapters XII and XIII of the Charter, which dealt with political development and international scrutiny. These exposed underlying differences between the ‘old world’ and ‘new world’ approaches to trusteeship.

At the end of the war, the Pacific Islands were, with the exception of Tonga, all NSGTs under the broadest definition in the UN Charter.³⁵ The majority of Pacific Islands administered by Australia, New Zealand, and the USA were placed under Chapter XII which pertained to territories that had been under the League of Nations’ mandates system (New Guinea, Western Samoa, Nauru), or were detached from the Axis powers during the Second World War (The Trust Territory of the Pacific Islands), or were voluntarily placed under the

³² Charter of the United Nations, Chapter XI, Article 73, signed 26 June 1945, San Francisco, came into force on 24 October 1945, <http://www.un.org/en/charter-united-nations/index.html>

³³ Charter of the United Nations, Chapter XI, Article 73, signed 26 June 1945, San Francisco, came into force on 24 October 1945, <http://www.un.org/en/charter-united-nations/index.html>.

³⁴ Huntington Gilchrist, “V. Colonial Questions at the San Francisco Conference,” *American Political Science Review*, 39, no. 5 (1945), 982-92; Ernst B. Haas, “The Attempt to Terminate Colonialism: Acceptance of the United Nations Trusteeship System,” *International Organization* 7, 1 (1953), 11. Gilchrist was an American former official in the Mandates section of the League of Nations and later a UN employee. Haas (1924-2003) was a German-American political scientist who specialised in international relations, particularly international integration.

³⁵ The Kingdom of Tonga was a British protectorate from 1900 until 1970 but retained its sovereignty and monarchy.

agreement by these governments.³⁶ The clauses were a watered down version of Australia's proposal, made first at the Wellington conference with New Zealand in 1944, and then at the San Francisco conference, that the Trusteeship Council should have far reaching supervisory powers over all NSGTs, including the allies' colonies, without their administering powers' permission. Chapter XII placed 'independence' along with 'self-government' as an outcome that governments should work towards.³⁷ Chapter XIII theoretically included safeguards to ensure that the interests of the peoples' of the territories were respected. Administering governments were to submit annual reports to the UN based on a questionnaire prepared by a Trusteeship Council. The Council would be made up of administering governments, the Security Council, and enough elected Members of the UN to ensure that half of its membership was not administering governments of NSGTs. The peoples of the territories could directly petition the Council, which could, if permitted by the administering authority visit territories to monitor progress.³⁸ Despite the relatively limited powers that these chapters gave the UN, the British government believed that the provisions amounted to international interference in the governance of their colonies and would not subscribe to them.³⁹ Britain was determined to retain political sovereignty, and attempted to avoid providing information to the UN on social, economic, and political development. Differences in opinion over the nature of trusteeship between administering powers had similar consequences, which would become apparent when they attempted to comply with the Charter in the South Pacific.

³⁶ Charter of the United Nations, Chapter XII, Article 77, signed 26 June 1945, San Francisco, came into force on 24 October 1945, <http://www.un.org/en/charter-united-nations/index.html>.

³⁷ Charter of the United Nations, Chapter XII, Article 76 b, signed 26 June 1945, San Francisco, came into force on 24 October 1945, <http://www.un.org/en/charter-united-nations/index.html>.

³⁸ Charter of the United Nations, Chapter XIII, Articles 86-88, signed 26 June 1945, San Francisco, came into force on 24 October 1945, <http://www.un.org/en/charter-united-nations/index.html>.

³⁹ TNA: DO 114/118, Agreement between Australia and New Zealand signed at Canberra 21st January 1944, 1943 – 1944, United Kingdom High Commissioner in New Zealand, 11.30am, 7 November 1944, Wellington conference; Alexander Hugh McDonald, *Trusteeship in the Pacific*, (Sydney; Angus and Robertson, 1949), 20-24; Ernst B. Haas, "The Attempt to Terminate Colonialism: Acceptance of the United Nations Trusteeship System," *International Organization* 7, no. 1 (1953), 11, 16-17.

Holding the Line between Trusteeship and Self-Determination: The Establishment of the South Pacific Commission, 1944-1950

Australia, Britain, France, the Netherlands, New Zealand and the USA established the SPC in 1947 to encourage intergovernmental cooperation and demonstrate they were fulfilling their obligations under Chapter XI of the UN Charter in the Pacific Islands.⁴⁰ The SPC was to strive to improve health, social, and economic development in the islands. It was also an attempt to create an inter-imperial alternative to UN involvement, define a sub-region that separated the islands from Asia politically, and a locus for debates between allies over the future of the colonies. However, the six powers' different strategic interests and approaches to international trusteeship led to divisions over the appropriate remit of the Commission. This was first apparent when the administering powers discussed whether political development would be a key aim of the Commission, a characteristic that Australia and New Zealand were for and the other powers against.

Australia and New Zealand were the progenitors of the concept of an SPC, and embryonic plans for it can be found in the ANZAC Pact of 1944. This bilateral agreement was primarily a security arrangement acknowledging their mutual dependence in a conflict situation and, crucially, marked out the Southern Hemisphere, or South Pacific, as an area under Australia and New Zealand's influence.⁴¹ The two governments also declared that the doctrine of trusteeship should be applied to the islands of the Pacific. They called for collaboration with the USA, the UK, and France through a Commission.⁴² For the Australian and New Zealand Labour governments the ANZAC Pact combined their two declared priorities 'welfare and security'; as well as a humanitarian motive, proposals to improve the living conditions of Pacific Islanders were based on the hope that it would reduce the appeal of nationalist or communist sentiment in the islands thereby creating a protective layer

⁴⁰ South Pacific Commission, Agreement Establishing the South Pacific Commission, Canberra 6 February 1947.

⁴¹ TNA: DO 114/118, Agreement between Australia and New Zealand, 21 January 1944, 1943 – 1944; Australian Treaty Series 1944, No. 2, Department of Foreign Affairs and Trade Canberra, Australian-New Zealand Agreement 1944 (Canberra, 21 January 1944), Entry into force: 21 June 1944, Clauses 5, 13, 15, *Australian Government Department of Foreign Affairs and Trade* <http://www.info.dfat.gov.au/Info/Treaties/treaties.nsf/AllDocIDs/8DAEC5772F805936CA256B83000A5C65>.

⁴² Australian Treaty Series 1944, No. 2, Department of Foreign Affairs and Trade Canberra, Australian-New Zealand Agreement 1944 (Canberra, 21 January 1944) Entry into force: 21 June 1944, clauses 28-30, *Australian Government Department of Foreign Affairs and Trade* <http://www.info.dfat.gov.au/Info/Treaties/treaties.nsf/AllDocIDs/8DAEC5772F805936CA256B83000A5C65>.

between the Antipodean nations and Asia.⁴³ They suggested that common policies on development, including political development, should be agreed and that the Commission would publish reviews of progress in welfare and the development of self-governing institutions.⁴⁴ However, their vision would not go unchallenged.

Britain, France, the USA, and the Netherlands drew on the precedent of the Caribbean Commission, a then-recent expansion of a pre-existing Anglo-American agreement to cooperate in science, technology, social and economic research in response to interwar riots in the West Indies. This too, was an uneasy arrangement. Britain wanted to develop the Caribbean Commission into an alternative to UN involvement in the Caribbean and invited France and the Netherlands to the table to bolster colonial, and dilute US, influence. The United States' government supported this Commission, despite being displeased with the additions, because it saw the proximate Caribbean as of particular economic and security interest to it.⁴⁵ Significantly, the Caribbean Commission's constitution made no mention of political matters and made it clear that it had no supervisory role over governance in the region.⁴⁶ They wanted to stick with this model, consistent with British aims for colonial sovereignty and American attempts to safeguard security, in the South Pacific.⁴⁷

These nations found Australia and New Zealand's proposed clauses dealing with trusteeship troubling. The Australian and New Zealand governments attempted to address British government suspicions about the purposes of a SPC early on. When Walter Nash (1882-1968), the Minister of Finance for New Zealand, first mooted linking Micronesia, Melanesia, and Polynesia through an organisation that aimed to protect them from being

⁴³ TNA: DO 114/118, Agreement between Australia and New Zealand signed at Canberra 21st January 1944, 1943 – 1944, Statement by the Deputy Prime Minister of Australia, the Rt. Hon. F M Forde, Wellington Conference, 7 November 1944; Alexander Hugh McDonald, *Trusteeship in the Pacific*, (Sydney, Angus and Robertson; 1949), 20-21; Norman D. Harper, "Pacific Security as seen from Australia," *International Organization* no. 7, 2 (1953), 222.

⁴⁴ Australian Treaty Series 1944, No. 2, Department of Foreign Affairs and Trade Canberra, Australian-New Zealand Agreement 1944 (Canberra, 21 January 1944), Entry into force: 21 June 1944, clause 31, *Australian Government Department of Foreign Affairs and Trade* <http://www.info.dfat.gov.au/Info/Treaties/treaties.nsf/AllDocIDs/8DAEC5772F805936CA256B83000A5C65>.

⁴⁵ Charlie Whitham, *Bitter Rehearsal: British and American Planning for a Post-War West Indies*, (Greenwood Publishing Group, 2002), 167-81.

⁴⁶ United Kingdom, Treaty Series No. 27, Agreement between the Governments of Great Britain and Northern Ireland, of the French Republic, of the Netherlands and of the United States of America for the Establishment of the Caribbean Commission, Washington, 30 October 1946, (London: HMSO 1949).

⁴⁷ College Park: RG 43, Records Relating to the South Pacific Commission, Records Relating to the South Seas Conference, 1946-1948, Entry 1130, Box no. 1, American Embassy London, Subject: Trusteeship, Participants: Mr. A. H. Poynton, Assistant Secretary of the Colonial Office, Lewis Clark, State Department, 19 February 1947.

'menaced' by great nations and to aid their development, he made it clear to the British High Commissioner that he did not mean the implementation of international controls, a move towards federalisation, or that New Zealand intended to take over the administration of Fiji after the war.⁴⁸ Likewise the Australian government telegraphed London to assuage apprehension about its exclusion from proceedings at the Australia-New Zealand Pacific Conference in January 1944, assuring the Dominions Office that, 'the strength and unity of the British Commonwealth is in the forefront of policy in both Australia and New Zealand.'⁴⁹ Nevertheless, the UK ambassadors to New Zealand and Australia suspected them of trying to deliver a *fait accompli* agreement over the future of the Pacific Islands.⁵⁰ The USA staunchly sided with Britain and refused to meet the other powers unless it were pre-agreed that the Commission would have an advisory role only and that discussions of military and political issues were firmly off the table.

After Anglo-American wartime disputes this agreement between them is surprising at first glance. However, the Department of State was reluctant to do anything that might cede influence over islands with US military bases.⁵¹ Such was the pressure from the navy to avoid this that the Department of State initially only put forward American Samoa of the Pacific Islands it administered for membership of the SPC. The USA also insisted that the Netherlands was included on the Executive Board, as Dutch control of New Guinea acted as a security buffer between the Pacific and Asia.⁵² France agreed with Britain and the USA, arguing that the existence of the French Union, through which colonial subjects would

⁴⁸ TNA: DO 114/118, Agreement between Australia and New Zealand signed at Canberra 21st January 1944, 1943 – 1944, WR 227/4. No 3. Telegram from High Commissioner in New Zealand for his HMG in the UK, received 5.30pm, 20 December 1943, and No.4 Telegram from High Commissioner in New Zealand for HMG the United Kingdom 4.45pm, 20 December 1943.

⁴⁹ TNA: DO 114/118, Agreement between Australia and New Zealand signed at Canberra 21st January 1944, 1943 – 1944, No. 21 Telegram from Commonwealth government, received 8.10 pm, 25 January 1944.

⁵⁰ TNA: DO 114/118, Agreement between Australia and New Zealand signed at Canberra 21st January 1944, 1943 – 1944, No. 23 telegram from High Commissioner in the Commonwealth of Australia for HMG in the UK, received 2.10pm, 26 January 1944, and No. 28 Telegram High Commissioner in New Zealand for HMG UK received 5.55pm, 1 February 1944.

⁵¹ College Park: RG 43, Records Relating to the South Pacific Commission, Records Relating to the South Seas Conference, 1946-1948, Entry 1130, Box no. 1, G. C. Marshall, Secretary of State, to J. W. Martin Jr., Speaker of the House of Representatives, 3 June 1947, and Statement of Mr. Benjamin Gerig, Chief of the Division of Dependent Area Affairs, Department of State, before the Committee on Foreign Affairs of the House of Representatives on the Participation of the USA in the Caribbean and South Pacific Commissions, 26 June 1947.

⁵² College Park: RG 43, Records Relating to the South Pacific Commission, Records Relating to the South Seas Conference, 1946-1948, Entry 1130, Box no. 1, State Department, Background information on South Pacific Advisory Commission, 23 October 1946.

become French citizens, would preclude any need for discussion of political development relating to the French departments. The French Minister in New Zealand wrote many letters to the press there adamantly correcting reports that the conference would cover political and defence issues.⁵³ Recognising that they were outnumbered, Australia and New Zealand dropped politics from their proposals.

With discussion of political development off the table at Canberra, the founding nations of the SPC focused their efforts on common areas of concern. Background papers were prepared by the participating nations on the shared health, agricultural, and economic problems of the region. All three listed the practical challenges governments would face in bringing about development and the need to pool resources to overcome these. Among these were that the islands were scattered, not densely populated, and reliant on subsistence agriculture. These factors made it costly and difficult to conduct studies into problems, particularly as underdeveloped education systems within the territories meant that expertise had to be brought in from outside.⁵⁴ So far, most research and interventions had focused on short-term crises in the labouring populations, because of their economic importance to the colonies. Less attention had been given as to how to encourage participation by the whole population in the economy.⁵⁵ Moreover, because the islands in the region were administered by six different powers, governments facing similar problems 'too often' embarked on 'uncoordinated approaches' in the same fields of study. These papers made the case that inter-imperial coordination would save both time and money.⁵⁶

Most of the papers argued that hastening transition from subsistence agriculture to full participation in the world economy through diversifying exports was the most urgent

⁵³ T. R. Smith, *South Pacific Commission: An Analysis After Twenty-Five Years*, (Wellington [N.Z.]: Price Milburn for the New Zealand Institute of International Affairs, 1972), 47; USA National Archives, College Park: RG 43, Records Relating to the South Pacific Commission, Records Relating to the South Seas Conference, 1946-1948, Entry 1130, Box no. 1, Avra M. Warren, USA Ambassador to New Zealand to the Secretary of State, Washington, 17 January 1947.

⁵⁴ South Pacific Commission, Study of Agricultural Problems in the Pacific Region. Background Paper, South Seas Commission Conference (28 January - 2 February 1947: Canberra, Australia), H3, paragraphs 1-6; South Pacific Commission, Study of Economic Problems. Background paper, South Seas Commission Conference (28 January - 2 February 1947: Canberra, Australia), H7, paragraph 1; South Pacific Commission, Study of Regional Health Cooperation: The Medical Situation in the South Pacific, a Survey of International Cooperation Achieved. Background paper, South Seas Commission Conference (28 January - 2 February 1947: Canberra, Australia), H4, paragraph 42.

⁵⁵ South Pacific Commission, Study of Research Needs, Background Paper, South Seas Commission Conference (28 January - 2 February 1947: Canberra, Australia), H5, paragraph 5.

⁵⁶ South Pacific Commission, Study of Research Needs, Background paper, South Seas Commission Conference (28 January - 2 February 1947: Canberra, Australia), H5, paragraph 4.

need for the islands. Economic development would then fund political and social development.⁵⁷ However, health was hailed as the best existing example of cooperation between administering powers in the South Pacific and a paper suggested that further work together on it would, 'likely serve to encourage collaboration in other fields.'⁵⁸ Examples from the interwar era included: Fiji's Central Medical School, pre-war international health conferences held in the islands, the Eastern Bureau of the League of Nations Health Organization's collecting of epidemiological information to encourage disease control measures at ports, and the Rockefeller Foundation's hookworm control and yaws campaigns. Australia and New Zealand already collaborated closely in setting health regulations in their territories, and the new agreement between New Zealand and Britain to pool staff through the SPHS was noted.⁵⁹ Tuberculosis, hygiene, infant and maternal welfare, filariasis, and nutrition were all highlighted as common problems which coordinated research and health projects could tackle.⁶⁰

The health paper also fortified the argument that the South Pacific was a different region from Asia, at least from an epidemiological perspective. New Guinea and the Solomon Islands were described as 'the first disease barrier between the Orient' and the rest of the South Pacific. It warned that the Japanese invasions would have introduced 'oriental diseases', and that the increased presence of Australian, New Zealand and American troops would have led to the faster spread of European introduced sickness.⁶¹ This reemphasised the idea that the islands were a protective line around the Antipodean

⁵⁷ South Pacific Commission, Study of Economic Problems. Background paper, South Seas Commission Conference (28 January - 2 February 1947: Canberra, Australia), H7; South Pacific Commission, Study of Agricultural Problems in the Pacific Region. Background paper, South Seas Commission Conference (28 January - 2 February 1947: Canberra, Australia), H3.

⁵⁸ South Pacific Commission, Study of Regional Health Cooperation: The Medical Situation in the South Pacific, a Survey of International Cooperation Achieved. Background paper, South Seas Commission Conference (28 January - 2 February 1947: Canberra, Australia), H4, paragraph 40.

⁵⁹ South Pacific Commission, Study of Regional Health Cooperation: The Medical Situation in the South Pacific, a Survey of International Cooperation Achieved. Background paper, South Seas Commission Conference (28 January - 2 February 1947: Canberra, Australia), H4, paragraphs 2-19.

⁶⁰ South Pacific Commission, Study of Regional Health Cooperation: The Medical Situation in the South Pacific, a Survey of International Cooperation Achieved. Background paper, South Seas Commission Conference (28 January - 2 February 1947: Canberra, Australia), H4, paragraphs 20-40 and appendix.

⁶¹ South Pacific Commission, Study of Regional Health Cooperation: The Medical Situation in the South Pacific, a Survey of International Cooperation Achieved. Background paper, South Seas Commission Conference (28 January - 2 February 1947: Canberra, Australia), H4, paragraphs 24-27.

powers, both against invasions and infections.⁶² The paper on potential research projects furthered the case for health programmes, adding that the ‘first step’ in advancing the lives of dependent peoples would be to ‘liberate’ them from ill health and that research on one island would be applicable to all.⁶³ While the conference papers disagreed on the order of importance between economic, social, and health development, they agreed that all were a condition of further political development. They also made the case that the region was distinct beyond the fact that all the islands were NSGTs, providing further justification for the creation of a non-UN body, overseen by the administering powers, which had specific knowledge and experience of cooperating in the region.

Out of these discussions, the SPC’s Research Council was conceived, and a deputy chairman, three full-time, and nine part-time members – equally distributed between specialisms in health, social, and economic development – were employed to advise the SPC’s Executive Board on designing work programmes, and to carry out research studies. The details of the agreement establishing the Research Council attempted to ensure it would not pursue national agendas and circumscribe its remit to an advisory role, with the Executive Board making final decisions on programmes. Unlike the Commissioners, who were representatives of their own nations and whose salaries were paid by their respective governments, the permanent members of the Research Council, and temporary members of the research committees, were appointed on merit and paid from SPC funds.⁶⁴ Full-time members of the Research Council were expected to visit the administrations of the South Pacific to ascertain territorial needs from on-the-spot specialists. In addition, the Research Council was meant to encourage cooperation between different professional groups within territories, and to confer with associate members (normally colonial officers working in individual territories) who were deemed to have a better awareness of ground conditions

⁶² This idea had a longer history, covered by Alison Bashford in, *Imperial Hygiene: A Critical History of Colonialism, Nationalism and Public Health*, (Springer, 2003), and Alexander Cameron-Smith, “Australian Imperialism and International Health in the Pacific Islands,” *Australian Historical Studies* 41, no. 1 (2010), 57-74.

⁶³ South Pacific Commission, Study of Research Needs. Background paper, South Seas Commission Conference (28 January - 2 February 1947: Canberra, Australia), H5, paragraph 38.

⁶⁴ TNA: CO 1009/28, Agreement Establishing the South Pacific Commission, 1947-1952, Article VII - Composition of the Research Council, Agreement Establishing the South Pacific Commission, Legislative Council Fiji, Council Paper no. 7, Canberra, 6 February 1947; Felix M. Keesing, “The South Pacific Commission: The First Ten Years,” *Department of State Bulletin* 37, no. 950, (September 9, 1957) (), 419-30. Felix Keesing (1902-1961) was an American anthropologist and became Senior Commissioner for the USA to the SPC.

than international experts.⁶⁵ The Research Council was designed to promote development in the Pacific Islands and justify regionalising the South Pacific, without the individual administering powers conceding any supranational power to the SPC, or being forced to engage in discussions of political development.

The creation of the South Pacific Conference, designed as a forum where representatives of the Pacific Islands would meet to discuss the work of the SPC was tense. The challenge for the administering powers was to use the conference as evidence that they were 'taking due account of the political aspirations of the peoples, and to assist them in the progressive development of their free political institutions' in line with the stipulations of the UN Charter whilst making the case for continued colonial tutelage.⁶⁶ The six administering powers, all democracies, were conscious that consultation with Pacific Islanders was also necessary if they were not to be accused of hypocrisy domestically, within the territories, or the international community. The US ambassador was particularly keen to paint the conference as evidence of commitment to 'democratic principles.'⁶⁷ However, France and the Netherlands opposed the creation of the conference, which they saw as a dangerous foray into political affairs. Until a leak to the press suggesting that Britain was opposed to democracy, its representative's position was that it should be the Commissioners' responsibility to discuss the SPC's work with indigenous peoples before meetings.⁶⁸

When the SPC drew up South Pacific Conference procedure Britain and the USA suggested a range of measures to guide the delegates, based on experience of the Caribbean Commission. They recommended that the number of items on the agenda should be small, that all documentation should be short and include draft recommendations agreed

⁶⁵ International Organization, "South Pacific Commission," *International Organization* 2, no. 3 (1949), 369-70; Pacific Islands Monthly, "South Sea Regional Commission: Inaugural Meeting Early in 1947", *PI M*, (October 1946), 19.

⁶⁶ Charter of the United Nations, signed 26 June 1945, San Francisco, came into force on 24 October 1945, Chapter XI, Article 73b, <http://www.un.org/en/charter-united-nations/index.html>; College Park: RG 43, Records relating to the South Pacific Commission, Records Relating to the South Seas Conference, 1946-1948, Entry 1130, Box no. 1, Resolution on Regional Representative Conferences Affecting Non-Self-Governing-Territories adopted by the General Assembly on 14 December 1946.

⁶⁷ College Park: RG 43, Records relating to the South Pacific Commission, Records Relating to the South Seas Conference, 1946-1948, Entry 1130, Box no. 1, Text of Talk by Honourable Robert Dutier, American Ambassador Before Closing Plenary Session, Southwest Pacific Conference, 6 February 1947.

⁶⁸ College Park: RG 43, Records Relating to the South Pacific Commission, Records Relating to the South Seas Conference, 1946-1948, Entry 1130, Box no. 1, James Frederick Green, State Department, to Benjamin Gerig, 4 February 1947.

on by the administering powers and the Research Council, who were encouraged to 'frame' these as simply as possible.⁶⁹ While the administering territories agreed that the representatives of territories should ideally be Pacific Islanders, they allowed for each administration to provide an 'alternate' delegate if they thought this was necessary.⁷⁰ The delegates could come surrounded by any number of advisers. Therefore, the first conference was intended to be a somewhat scripted affair. Despite the Governor of Fiji, who chaired the conference, referring to it as 'a South Pacific Parliament', the delegates were selected without ballot by the administering governments. The agenda was pre-set by the administering governments and their territorial authorities, and the commission members and technical officers accompanying the delegates steered the committees.⁷¹ Votes by delegates on the agenda were advisory and not binding for the SPC. The paternalist beginnings of the South Pacific Conference were challenged by Pacific Islanders over the next twenty-five years, but when it was first formed, Britain and the other administering governments often saw it as a means of informing rather than consulting the peoples it was meant to serve.

Additionally, Britain tried to ensure it maintained control of the direction of the SPC through attempting to gain veto power over budgetary expenditure. The budget was paid into by each nation in agreed proportions approximately based on the size and populations of the territories for which they were responsible. Australia provided the largest proportion at thirty percent, the Netherlands, New Zealand, and the UK, each contributed fifteen, whilst France and the USA paid in just over twelve percent each. Each government paid the salary and allowances of its own Commissioners separately, but other SPC expenditure came out of this budget.⁷² The Colonial Office and Dominions Office accepted that a two-thirds majority vote was sufficient for recurrent and routine expenditure on items such as staff salaries. However, they contended all research projects should require a unanimous

⁶⁹ South Pacific Conference, RC, First Research Council Meeting (30 April - 8 May 1949: Nouméa, New Caledonia). RC1/7 (Nouméa, New Caledonia: SPC, 1949), paragraph 3; South Pacific Commission, South Pacific Conference, Secretariat, South Pacific Commission Third Session (7 - 17 May 1949: Nouméa, New Caledonia). SPC3/Sec 26 (Nouméa, New Caledonia: SPC, 1949), paragraph 5.

⁷⁰ South Pacific Commission, South Pacific Conference. / [prepared by Committee A]. Committee A, South Pacific Commission Third Session, (7 - 17 May 1949: Nouméa, New Caledonia). SPC3/COM A/3 (Nouméa, New Caledonia: SPC, 1949), paragraphs 34-37.

⁷¹ Felix M. Keesing, "the South Pacific Commission: The First Ten Years," *Department of State Bulletin* 37, No. 950 (9 September 1957), 419-30.

⁷² Joan Harvey Heather, "British Commonwealth: A Pattern of Cooperation," *the International Conciliation* no. 30: (1953), 23-24.

vote by all Senior Commissioners before they received funding.⁷³ This demand was not to prevent money being spent on projects that were not of direct relevance to all the powers' territories, as the six powers had agreed to the necessity of a unanimous vote in those circumstances, but to retain the power of veto for each nation on every project.⁷⁴ The USA and Australia opposed them, arguing that democratic principle meant that a majority vote should suffice.⁷⁵ Australia was particularly concerned that the power of veto could be abused by one nation to exert disproportionate influence over the SPC.⁷⁶ New Zealand brokered a compromise by proposing that all research projects in which spending of over £500 went to people or organisations outside the administration of the SPC would require a unanimous vote.⁷⁷ Outnumbered, the British delegation were pressured into accepting, complaining that it gave too much 'liberty' to the SPC.⁷⁸ The UK's Senior Commissioner was sent instructions to 'scrutinise with great vigilance' all future budgets.⁷⁹ Britain had been particularly careful to ensure that the SPC could only serve an advisory service, and although it suffered a few defeats on this front, overall it successfully ensured the SPC had to operate tightly within this remit.

Parallel Posturing: Britain and the Establishment of WPRO, 1948-1950

The SPC was not the only arena where London battled for its definition of trusteeship and sovereignty to be upheld. Concurrently London was exerting significant energy to get its interpretation of the rights and obligations of NSGTs accepted within WHO,

⁷³ TNA: CO 1009/28, Agreement Establishing the South Pacific Commission, 1947-1952, High Commissioner Australia to the Dominions Office, Inward Telegram, 3 February 1947, and Brian Freeston, Governor of Fiji to Secretary of State for the Colonies, draft not accepted, 1 May 1948, and Colonial Office to Sir Brian Freeston, Governor of Fiji, 12 August 1948, and Senior Commissioner to Acting Secretary General South Pacific Commission, 26 August 1948.

⁷⁴ TNA: CO 1009/28, Agreement Establishing the South Pacific Commission, 1947-1952, Excerpt of Summary Record of the First Session of the South Pacific Commission, Sydney Australia, 21 May 1948.

⁷⁵ TNA: CO 1009/28, Agreement Establishing the South Pacific Commission, 1947-1952, Brian Freeston, Governor of Fiji to Secretary of State for the Colonies, draft not accepted, clauses 14 [c] and [d], 19 May 1948.

⁷⁶ TNA: CO 1009/28, Agreement Establishing the South Pacific Commission, 1947-1952, Australia High Commission to Dominions Office received 1.25pm 3 February 1948.

⁷⁷ TNA: CO 1009/28, Agreement Establishing the South Pacific Commission, 1947-1952, Excerpt of Summary Record of Second Meeting of Working Committee on the 17 August 1948, filed at page 29 of SPC 17/16 and excerpt of original report of Proceedings of the Second Session of the South Pacific Commission, Agenda Item VII, voting procedure.

⁷⁸ TNA: CO 1009/28, Agreement Establishing the South Pacific Commission, 1947-1952, Sir Brian Freeston, Senior Commissioner for the UK to Secretary of State for the Colonies, 15 November 1948, and the Colonial Office to Sir Brian Freeston, 2 February 1948.

⁷⁹ TNA: CO 1009/28, Agreement Establishing the South Pacific Commission, 1947-1952, the Colonial Office to Sir Brian Freeston, 2 February 1948.

and its regional offices. The terms of these agreements would affect the Pacific Islands' relationship to WPRO. The details of these negotiations are revealing, not only because they confirm that London saw maintaining control of health policy and the sharing of health information as a means of maintaining control over the broader process of decolonisation, but also in exposing the limits of its power to do so. Unlike in the SPC, where Britain was surrounded by administering powers and long-time allies, at both WHO headquarters and WPRO it had to navigate relationships with ex-colonised, independent nations. While Britain was somewhat successful at ensuring WHO's constitution allowed for colonial sovereignty, it discovered, alongside other European powers, that there were limits to its control over the development of the regional offices.⁸⁰

In 1948, a relationship agreement was being drawn up between participating nations and WHO relating to NSGTs. The Foreign Office were suspicious that, through WHO, the UN was attempting to take on responsibilities that 'properly belong to administering authorities.'⁸¹ With the Colonial Office and the Commonwealth Relations Office it took a detailed interest in the articles of this agreement and attempted to ensure they respected British sovereignty over health policy in these territories. The first WHA resolved that some NSGTs could hold associate membership; participate in all discussions at assemblies; that their representatives could be eligible for appointment as Rapporteur on any committee of the Assembly; and vote in committees when their regional organisation was under discussion, provided the questions involved had been included in their agenda.⁸² However, they would be excluded from participation in the nominations procedures and general committees of the WHA, and their financial contribution to WHO would be lower in recognition of this.⁸³ It was agreed that NSGTs could only be made associate members if their metropolitan country applied on their behalf. London selected some territories for this

⁸⁰ Monica Saavedra, "Politics and Health at the WHO Regional Office for South East Asia: The Case of Portuguese India, 1949–61," *Medical History* 61, no. 3 (2017), 380-400; Jessica Pearson-Patel, "French Colonialism and the Battle Against the WHO Regional Office for Africa," *Hygiea Internationalis* 13, no. 1 (2016), 65-80.

⁸¹ TNA: FO 371/72787, World Health Organization. Code 96, file 15 (papers to 220), 1948, World Economic and Social Distribution from Foreign Office to New York Delegation, Alteration to WHO Agreement, 21 January 1948.

⁸² TNA: FO 371/72792, World Health Organization. Code 96, file 15 (papers 2872 - 3045), 1948, Creer to Poynton, Colonial Office, 17 July 1948.

⁸³ TNA: FO 371/72793, World Health Organization. Code 96, file 15 (papers 3082 - 3323), 1948, First World Health Assembly: Report on Regional Organisation and Rights and Obligations of Territories which are not Responsible for the Conduct of their International Relations, Mr. Bretton, Colonial Office, to Miss Maclean, Foreign Office, 22 July 1948.

type of membership in recognition that they suffered different health problems from the UK.⁸⁴ It agreed that delegations from such territories could include medically qualified indigenous peoples to give them a sense of responsibility and educational experience in international affairs.⁸⁵ Yet, while the British delegation accepted the academic argument for associate membership, they were also conscious of the political implications. The Foreign Office was firm that only territories that were soon to gain full responsibility for their internal affairs should be nominated by Britain. It argued that associate members should be highly developed territories with a good health system; otherwise the system would be 'cheapened.' The fact that Britain tried to limit which colonies had exposure to the international forum of the WHA is evidence that the government saw territories' involvement in the WHO as dangerously close to self-government in foreign affairs.

However, when the UK consulted with the governments of 'important' colonies about becoming associate members it became apparent that the majority were more concerned about their relationship with the emerging regional offices.⁸⁶ Given their interest Britain pushed hard to ensure they were represented fully and for an early agreement over the rights and obligations of NSGTs that were not associate members at this level. The latter was a unique issue for Britain as non-associate member colonies administered by Portugal, France and the Netherlands were designated by them as departments of their metropolitan state. They were debating whether the metropole could be represented in the regional offices against protests from recently independent nations such as India, which did not want France to be represented in the SEARO.⁸⁷ Instead, Britain was most anxious about how the Executive Board would interpret Article 47 of WHO constitution. This article covered the rules for both associate members and NSGTs without membership in the regional offices. The British government wanted associate members to have equal rights with full members at a regional level and for other NSGTs to have the same rights as associate members minus

⁸⁴ TNA: FO 371/72790, World Health Organization, Code 96, file 15 (papers 1963 - 2285), 1948, Commonwealth Relations Office to Miss Maclean, Foreign Office, 21 May 1948.

⁸⁵ TNA: FO 371/72789, World Health Organization. Code 96, file 15 (papers 1160 - 1759), 1948, Circular Dispatch to the Colonies.

⁸⁶ TNA: FO 371/72797, World Health Organization. Code 96, file 15 (papers 4433 to end), 1948, Draft Report, Second Session of the Executive Board of the WHO held at Geneva 25 October- 11 November 1948, on item 14- Associate Members, by Colonial Office representative.

⁸⁷ TNA: FO 371/72796, World Health Organization. Code 96, file 15 (papers 4126 - 4420), 1948, Geneva Delegation, 30 October 1948.

the right to provide the chairman of the regional office.⁸⁸ Britain's stated reason for supporting the full participation of NSGTs at a regional level was that, 'the contribution that a country is likely to be able to make in the field of health is the fundamental criterion on which the extent of its participation in the regional organisation should be based. The constitutional status of the country is less relevant.'⁸⁹ It appears that London's perception of the role of the WHO regional offices was that they would be more technically focused and less politically charged than the WHA. On the other hand, ensuring that associate members had votes in the regional office also gave Britain influence over the priority setting of health programmes in each region that it otherwise would not have had.

Britain had enough influence to ensure the outcome of the vote went in its favour.⁹⁰ Despite opposition from South Africa and the USA, Britain managed to rally support from enough members of the Executive Board to ensure that associate members were given the rights it was advocating. Regarding NSGTs, the second WHA decided that metropolitan countries could participate as members of the Regional Committee on behalf of non-associate NSGTs if they held a single vote rather than one per-territory.⁹¹ It was this agreement that applied to the Pacific Islands. As such, these territories were able to apply for assistance from WHO and to send observers to international health conferences as long as both were done under the supervision of the Colonial Office.⁹² The Colonial and Foreign Offices were satisfied with this agreement and they included the British administered Pacific Islands in early circulations about WPRO despite the fact they were not named as non-

⁸⁸ TNA: FO 371/72795, World Health Organization. Code 96, file 15 (papers 3695 - 4078), 1948, Mr. Watt, Colonial Office, to Miss Maclean, Question of Rights and Obligations of Associate Members of the World Health Organization, and other NSGTs in Regional Organisations: Proposals which the UK delegation should put forward, 9/10 September 1948; TNA: FO 371/72796, World Health Organization. Code 96, file 15 (papers 4126 - 4420), 1948, Mr. Moreton to Miss K. V. Green, 22 October 1948.

⁸⁹ TNA: FO 371/72795, World Health Organization. Code 96, file 15 (papers 3695 - 4078), 1948, Mr. Watt Colonial Office to Miss Maclean, Question of Rights and Obligations of Associate Members of the World Health Organization, and other Non-Self-Governing-Territories in regional organisations: proposals which the UK delegation should put forward, 9/10 September 1948; TNA: FO 371/72796, World Health Organization. Code 96, file 15 (papers 4126 - 4420), 1948, Mr. Watt, Foreign Office to Monsieur de Quidt, 29 October 1948 (Belgium).

⁹⁰ In favour: Australia, Egypt, France, Persia, Yugoslavia, Netherlands, Norway, Poland, and the United Kingdom. Against: Brazil, Ceylon, China, India, Mexico, South Africa, and the USA. FO 371/72796, World Health Organization. Code 96, file 15 (papers 4126 - 4420), 1948, Geneva delegation to Foreign Office, 30 October 1948, and UK delegation, Geneva, to Foreign Office, 9 November 1948.

⁹¹ WHO Archive, Geneva: WHO2_OD_20_7, WPRO, Dr. I. C. Fang, Regional Director WPRO to Dr. Brock Chisholm, Director General WHO, 26 September 1951.

⁹² TNA: CO 859/215/2, Western Pacific Region, 1951, Note of a Meeting held at the Ministry of Health on Friday, 2 March 1951.

associate members.⁹³ On a surface level, London had managed to negotiate a situation in which the NSGTs had access to WHO and its regional offices through channels closely controlled by the Colonial Office.

However, there were signs that the Colonial Office was still anxious about the relationship between WHO regional offices and the NSGTs. They particularly did not want WHO, or its regional offices, receiving information on the colonies without their permission. In 1950, the Secretary of State sent a stern circular round all the colonial administrations expressing concern that the UN specialised agencies, including WPRO, were sending requests for information (especially statistics) direct to colonial governments instead of to his office. The Secretary of State argued that correct constitutional process decreed that the Colonial Office should receive these requests so that they could coordinate general policy, and to check that requests made to the colonies were no different than those to independent nations. He explained that associate members should consult London on all policy matters involving the UN agencies and that NSGTs should redirect all correspondence to the Colonial Office.⁹⁴ At some level, London feared anti-colonial surveillance from WPRO.

This can be explained by London's experience of the WHO regionalisation process. Although the Foreign Office had successfully influenced WHA decisions about membership, it was unsuccessful in having its preferred model of regionalisation adopted. Originally the British position was that regional offices should merely be epidemiological centres. It argued that membership of any regional organisation in Asia and the Pacific should follow that of the Singapore Epidemiological Intelligence Station, which grouped India-Pakistan, Ceylon, Burma, Siam, Indo China, Malaya, Indonesia, China and the Philippines together into one region.⁹⁵ However, the Philippines delegation called an informal meeting at the first WHA to discuss the establishment of a regional organisation in the Western Pacific, how this should be initiated, and what work it should undertake. They invited the delegations of the UK,

⁹³ TNA: CO 859/215/1, Western Pacific Region, 1950, Savingram, Social service; TNA: FO 371/72793, World Health Organization. Code 96, file 15 (papers 3082 - 3323), 1948, First World Health Assembly: Report on Regional Organisation and Rights and Obligations of Territories which are not Responsible for the Conduct of their International Relations, from Mr. Bretton, Colonial Office, to Miss Maclean, 30 October 1950; TNA: CO 1009/392, Proposal to delegate responsibilities of The World Health Organization in The South Pacific area to The SPC, 1951-1952, M. D. Watson, Colonial Office, to A. A. Dudley, Foreign Office, 18 January, 1952.

⁹⁴ TNA: CO 859/215/1, Western Pacific Region, 1950, Secretary of State for the Colonies to Colonial Administrations, Communications with the United Nations and Specialised Agencies, 17 June 1950.

⁹⁵ TNA: FO 371/72792, World Health Organization. Code 96, file 15 (papers 2872 - 3045), 1948, from UK Delegation to WHA, record of committee on HQ and Regionalisation Meeting of 7 July 1948, by K. C. Christofas, 16 July 1948.

France, the Netherlands, China, Australia, New Zealand, and observers from Japan and Korea, to take part.⁹⁶

London had already argued with the USA over the issue of regionalisation and the interpretation of Article 44 B of WHO's Constitution. The article stated that all members 'situated in the region' had to give consent for the establishment of a regional office. The USA interpreted this clause geographically, but the UK interpreted it politically, stating that, as an imperial power with responsibility for NSGTs' international relations, it was situated in the region.⁹⁷ Britain was concerned that it might not be asked for consent on behalf of its territories to set up the Western Pacific office and the UK representative demanded that the British government be consulted. Although Britain was reassured that it would be involved in decisions about WPRO, it was outmanoeuvred by the Philippines when the location of headquarters was chosen. London supported associate member colonial Singapore's bid to host headquarters because it was already home to the epidemiological intelligence station for the area, reflecting a continued desire to see that as the main work of the regional offices. Moreover, bolstering Singapore's claims to be a centre of research would have been good publicity for the achievements of colonialism. Britain did so despite opposition from the independent nations in the region, who were against any form of NSGT hosting WPRO.⁹⁸ Although London was in favour of a colony hosting the office it did not want this at any cost. Indeed, when Hong Kong was chosen as the temporary regional office there was grumbling in the Colonial Office because it was difficult to provide office space in the overcrowded city and because of emerging conflict within China.⁹⁹ Meanwhile, the Philippines scuppered Singapore's bid by organising the meeting to decide the location regional office at short notice and providing the chair for the meeting.¹⁰⁰ There was no seconder for colonial Singapore, and by implication Britain, as the New Zealand delegation did not receive

⁹⁶ TNA: FO 371/72793, World Health Organization. Code 96, file 15 (papers 3082 - 3323), 1948, First World Health Assembly: Report on Regional Organisation and Rights and Obligations of Territories which are not responsible for the Conduct of their International Relations, from Mr. Bretton, Colonial Office, to Miss Maclean, 22 July 1948.

⁹⁷ TNA: FO 371/72791, World Health Organization. Code 96, file 15 (papers 2297 - 2862), 1948, Foreign Office to Geneva delegation, 6 July 1948.

⁹⁸ TNA: CO 859/215/1, Western Pacific Region, 1950, United Kingdom Liaison Officer with United Nations Organisations in the Far East to Foreign Office, Colonial Office, etc., World Health Organization Regional Activities.

⁹⁹ TNA: CO 859/215/1, Western Pacific Region, 1950, File notes, 28 June 1950; WHO Archives, Geneva: WHO_OD_20_7, WPRO, Ministry of health, Whitehall to Mr. Eliot, WHO, 28 July 1950.

¹⁰⁰ TNA: CO 859/215/2, Western Pacific Region, 1951, Secretary of State for the Colonies to UK delegation, 17 May 1951, and UK delegation to Watson, confirmation of telephone conversation, 19 May 1951.

instructions in time and the Australians 'seemed disgusted' with the whole process and did not vote.¹⁰¹ Manila was chosen as the regional office with seven votes in favour against abstentions from the UK, Portugal, the Netherlands, and New Zealand.¹⁰² The division of votes suggests that both the colonial powers and newly independent nations were deciding upon the regional headquarters based on these identities rather than the practical benefits of the location alone. London was attempting to use both the WHA and the regional offices to state its sovereignty over the colonies and to advertise itself as having a record of exercising colonial power with responsibility. It was much more successful at the former than it was at the latter, and British delegates became self-conscious that they could easily be out-voted at WPRO.

Managing the Relationship between the SPC and WPRO, 1951-1952

Having tried to negotiate the separate constitutions of the SPC and WPRO to secure London's control over their relationships with the Pacific Islands, the question arose over what their relationship to one another should be. A debate between the US Department of State and the Colonial Office over whether the SPC should act as a sub-regional office of WPRO demonstrated that both wished for the Pacific Islands to be considered a distinct region, but they had different ideas about how best to ensure this. The US Department of State was concerned that, as non-associated NSGTs, the South Pacific islands did not have direct representation in WPRO, and decided to raise this issue at the meeting of WHO Executive Board in January 1952. Their suggestion: the SPC should take on WHO's responsibilities for the Pacific Islands, on the premise that the two regions had distinct health problems.¹⁰³ However, the Department of State did not think that it was necessary to draw a sharp distinction between WPRO and SPC projects as it might be advantageous to employ WPRO personnel and equipment to help with an SPC project, and vice versa. The SPC would fund research activities and would propose programmes that might require technical assistance or equipment or funding from WPRO headquarters, including

¹⁰¹ TNA: CO 859/215/2, Western Pacific Region, 1951, UK delegation to Watson, Confirmation of Telephone Conversation, 19 May 1951.

¹⁰² TNA: CO 859/215/2, Western Pacific Region, 1951, Geneva to Foreign Office Mr. Beith, 22 May 1951.

¹⁰³ TNA: CO 1009/392, Proposal to Delegate Responsibilities of the World Health Organization in the South Pacific Area to the SPC, 1951-1952, Miss B. Salt, British Embassy Washington to A.A. Dudley, Esq., C.M.G., 13 December 1951.

programmes that were only to be run on individual islands rather than across the region.¹⁰⁴ In doing so, the Department of State echoed a proposal made by the SPC's own Executive Officer for Health, Dr. E. Massal, at the second meeting of the Research Council in 1950, when he called for the SPC to form an official relationship with WHO to improve the financial and technical help which they could offer, as the SPC's total budget was hundreds of thousands of pounds, while WPRO's was millions of dollars.¹⁰⁵

Britain viewed the American suggestion with 'considerable apprehension', as under these proposals the SPC would be acting in place of colonial governments. London was already furious about a resolution at the SPC's Fourth Session that governments should submit applications for technical assistance to them for advice before going to the UN agencies.¹⁰⁶ The Colonial and Foreign Offices argued that the Pacific Islands already had *de facto* representation at WPRO because Britain was a member.¹⁰⁷ Although they could envision that the SPC might be useful as a coordinating body for region-wide projects, they stressed that each territory should have a direct relationship with WPRO.¹⁰⁸ They argued that WHO would be unlikely to support the creation of an office in which there were no independent nations, that the other option, of expanding the SPC to include Australia and New Zealand, would undermine the purpose of the SPC as an inter-governmental development agency for NSGTs.¹⁰⁹ Furthermore, to carry out its duties as a WHO office the SPC would have to expand its medical, administrative and clerical staff, which would result

¹⁰⁴ TNA: CO 1009/392, Proposal to Delegate Responsibilities of The World Health Organization in the South Pacific area to the SPC, 1951-1952, M. D. Watson, Colonial Office, to A. A. Dudley, Foreign Office, 18 January 1952.

¹⁰⁵ TNA: CO 1009/392, Proposal to Delegate Responsibilities of the World Health Organization in the South Pacific area to the SPC, 1951-1952, M. D. Watson, Colonial Office, to A. A. Dudley, Foreign Office, 18 January 1952; South Pacific Commission, [Minutes of plenary sessions], RC2, Second Research Council Meeting: 7 - 18 August 1950: Sydney, Australia. RC2/42; RC2/67; RC2/81; RC2/84 (Nouméa, New Caledonia: SPC, 1950), 3.

¹⁰⁶ WHO Archive, Geneva: WHO2_OD_20_7, WPRO, Dr. I. C. Fang, Regional Director WPRO to Brock Chisholm, Director General WHO, 26 September 1951, and John D. Hickenson, Assistant Secretary of State, to Regional Director WPRO, 30 August 1951, and Brock Chisholm, Director General WHO to John D. Hickenson, Assistant Secretary of State, 23 February 1953.

¹⁰⁷ TNA: CO 1009/392, Proposal to Delegate Responsibilities of the World Health Organization in the South Pacific Area to the SPC, 1951-1952, Memorandum, 18 February 1952.

¹⁰⁸ TNA: CO 1009/392, Proposal to Delegate Responsibilities of the World Health Organization in the South Pacific Area to the SPC, 1951-1952, M. D. Watson Colonial Office to A. A. Dudley Foreign Office, 18 January 1952.

¹⁰⁹ TNA: CO 1009/392, Proposal to Delegate Responsibilities of the World Health Organization in the South Pacific Area to the SPC, 1951-1952, M. D. Watson Colonial Office to A. A. Dudley Foreign Office, 18 January 1952.

in extra expense to the governing nations.¹¹⁰ Australia and New Zealand supported the British position, and the two organisations remained separate.¹¹¹ Ultimately, the administering powers agreed that the SPC should have no formal connection to the UN but should cooperate with it, exchange advice and information, and attend conferences when their activities overlapped, for example in the areas of nutrition, tuberculosis, and mosquito control.¹¹² The British and American governmental files are reticent on the reasoning behind their positions on this topic beyond these points. The dispute highlights London's great dislike of anything that looked like a supra-national decision-making body, even when it consisted of colonial allies, as well as of losing control of its channels of information with UN agencies. The effect of this was to attempt to limit the powers of both the SPC and WPRO by keeping them separate. This would later complicate their efforts to cooperate on health policy.

Conclusion: Health Diplomacy as a Strategy to Control Decolonisation

Improving health was part of London's strategy to justify post-war colonial rule and control over decolonisation. London's primary objective in negotiating international cooperation to improve health in the colonies was to use it to demonstrate goodwill towards the UN without conceding any control over health policy. As London saw it, health improvements, along with social and economic development, were part of a three-pronged approach to calm criticism of the empire from a variety of quarters, to buy time to paternalistically guide colonies towards self-governance, whilst hopefully maintaining control of trade links, security, and foreign relations with them. Disagreements with allies and with newly independent nations over cooperation through health agencies highlighted that Britain was losing its ability to exert full control over colonial affairs. It strove to mitigate the consequences of this through negotiating clauses to protect colonial

¹¹⁰ TNA: CO 1009/392, Proposal to Delegate Responsibilities of the World Health Organization in the South Pacific Area to the SPC, 1951-1952, M. D. Watson Colonial Office to A. A. Dudley Foreign Office, 18 January 1952.

¹¹¹ TNA: CO 1009/392, Proposal to Delegate Responsibilities of the World Health Organization in the South Pacific Area to the SPC, 1951-1952, M. D. Watson Colonial Office to A. A. Dudley Foreign Office, 18 January 1952; TNA: CO 859/215/2, Western Pacific Region, 1951, M. E. Allen, Commonwealth Relations Office, Paterson Ministry of Health, copied to Betton, Colonial Office, and Cape, Foreign Office, 7 August 1951.

¹¹² WHO Archive, Geneva: WHO2_CC_4_2_8, WHO, Notes on Organizations with Health Programmes Working in the Pacific Area (as on 30 April 1950), and C. H. Moore to M. Bertrand, Inter-office Memorandum, South Pacific Commission, 25 May 1950; TNA: CO 1009/28, Agreement Establishing the South Pacific Commission, 1947-1952, Article XV, Agreement Establishing the South Pacific Commission, Legislative Council Fiji, Council Paper no. 7, Canberra, 6 February 1947.

sovereignty in the constitutions of the UN Charter, the SPC, and WHO and WPRO. The SPC was partially set up as a buffer between the Pacific Islands and the UN and its agencies. This does not mean that figures within the Colonial Office did not have a paternalist concern for the health of the peoples of the Pacific Islands, part of the case for membership of both the SPC and WPRO was that they had different medical problems from Britain, and could learn from international cooperation, but Britain kept tight control of how they did so.

These conclusions raise two areas for further investigation as to how Britain saw the relationship between health policy and decolonisation. First: tracing the long-term effects of there being two separate advisory organisations responsible for promoting health in the Pacific Islands. The SPC and WPRO had many similar areas of interest there were strong reasons why they might wish to collaborate on bigger projects as this would spread the cost and reduce pressure on staffing. However, Britain had encouraged clear separation between these organisations, and this raises the question of whether future potential for overlap left room for conflict as well as cooperation. If WPRO and the SPC entered into competition they ran the risk of failing to capitalise on areas of agreement and thus opportunities to put pressure on colonial governments to implement evidence-based policy. Moreover, if Britain were to want support from both for a colonial health project, this was complicated to negotiate. To some degree, this was a calculated move on the part of London to ensure it maintained control over the direction of policy, but it also created the possibility for unwanted duplication of spending and complications in implementing health policy.

The second is: whether the colonial authorities within individual territories shared London's aims and priorities, weighing the relative merits of the two organisations in the same ways. London appears to have viewed the SPHS as an administrative organ under the control of the Colonial Medical Services rather than a site of international diplomacy, and its absence in this chapter reflects the fact the Colonial Office gave it relatively little attention and did not consult it extensively during the creation of the SPC and WPRO. However, the SPC included representation from the health services of NSGTs through the Research Council. The SPHS would play an increasing role there, and as an advisor to the Colonial Office and the colonial state in Fiji over the next twenty-five years. It is thus necessary to find out if the colonial state saw the SPC or WPRO as sources of interference, or were frustrated by the separation of the two bodies and their constrained remits. Therefore, before considering how these organisations worked together, and what impact this had on

health policy in Fiji, it is necessary to understand whether Suva experienced the process of decolonisation, and health's place within it, differently from London.

Chapter 3. The Demographic, Ethno-Political, and Economic Context of Health Policy Decisions in Fiji, 1945-1970

This chapter will begin to address the role maternal and child health policy played in Britain's strategy for decolonisation in Fiji from the Second World War until independence. Having explored the international policy context in which health decisions would be made in the previous chapter, this chapter provides insight into the social and economic factors preoccupying the Colonial Office and the colonial state at the territorial level in the lead up to decolonisation. It describes demographic, ethno-political, and economic developments in Fiji and debates within the islands and between Suva and London on how to address them. It highlights that 'British' approaches to decolonisation in Fiji were not uniform and that differences in priorities between the colonial state and Colonial Office were also important in shaping the policy making process. It finishes by suggesting how these other policy concerns highlighted issues that it would be tempting for policy makers to use maternal and child health policy to try to address them. Disputes over ideal population size and ethnic composition overlapped with family planning and infant survival. The role that each ethnic group and the whole population played in the economy might also be adjusted through nutrition campaigns that encouraged the growing of certain crops and promoted the growth of healthy active children who could attend school and eventually contribute to a strong labour force. Health education for women could also be used to target parts of the population and encourage behaviours that had knock-on effects on demographic dynamics and economic and political participation. The emphasis of each of these policies might also be more reflective of either the Colonial Office or the colonial state and give insight into the intra-colonial power dynamics that shaped decolonisation. This chapter therefore provides essential context for further discussion of the intersections between these sub-case studies and other policy concerns in subsequent chapters.

Background

Like London, the colonial state in Suva faced a dilemma in the post-war decades – how to deliver self-governance, and later independence within the Commonwealth, without losing control of the speed and direction of change? However, the focus of their efforts was not on negotiating Britain's position in international organisations, but on how to resolve

ethnic divisions within Fiji caused by historical colonial policies. The colonial state thought it was caught between honouring the claim that the indigenous Fijian population had to ancestral land rights, and the hopes of the increasingly numerous Indo-Fijian population for political equality in the land they had made home. If Britain failed to protect the inheritance of the Fijian people, then the indigenous hierarchy with whom it governed would see it as a breach of faith, if they denied the aspirations of Indo-Fijians for a Westminster-style democracy, they knew this community and the wider world would see it as an anti-democratic act of injustice.¹ Either way, Britain would be exposed to accusations of exploitation and hypocrisy, both from within Fiji, and from the wider international community. Meanwhile, the representatives in the Legislative Council of the two main ethnic groups in Fiji had to balance attempting to further the causes of their own communities, with reaching a compromise that would enable peaceful co-existence as independence approached. As well as ethno-politics, there was also the question of whether Fiji, with barely half a million people, could survive economically as an independent nation.

Existing scholarship on this period of Fiji's history tends to tell the story of decolonisation from the perspective of the drawing up of its 'compromise - some said a compromised - constitution', and especially on the creation of the electoral system.² Much of the focus is on 'what went wrong?', that is, why ethno-nationalism remained a staple of Fijian politics after independence, ultimately leading to four coups by indigenous Fijian soldiers in the post-independence era. Brij Lal's political history of Fiji attempts to avoid seeing this as an inevitable outcome. Instead, he argues that the colonial state lacked the necessary 'vision' to create a multi-racial society, and that, 'when they did try, they were frustrated by bureaucratic inertia or infighting over the nature and purpose of colonial policy or thwarted by vested interests.'³ Robert Norton contends that instead, colonial officials were motivated by fear of 'jeopardising security and political stability' if they angered the Fijian hierarchy and thus, despite attempts to overcome Fijian resistance to introducing the common roll (a one person one vote system), Britain caved in to accepting a

¹ Doc. No. 48, Sir Kenneth Maddocks to Mr. Maudling, 19 June 1962, and Doc. No. 126, G.P. Lloyd to Mr. Stewart, 10 December 1968, reprinted in Brij V. Lal, ed. *Fiji*. (The Stationery Office, 2006), 135-44, 364-69; *The Times* (London, England), 13 June 1957, 9, Issue 53866; W. K. Zinsser, "Indians may Dominate Pleasant Fiji Islanders," 29 January 1957, *The Washington Post and Times Herald* (1954-1959), 16, Accessed 26 January 2017, <http://search.proquest.com/docview/148898602?accountid=15181>.

² Brij V. Lal, *Broken Waves a History of the Fiji Islands in the Twentieth Century*, (Honolulu: University of Hawaii Press, 1992), 212.

³ Lal, *Broken Waves*, xvi.

system where representation was decided along ethnic lines.⁴ Steven Ratuva's unique contribution to the historical scholarship of twentieth century Fiji has been to analyse the role played by economic development projects in firming up ethnic division. He traces the evolution of different colonial policy ideas relating to Fijian development – with those who wanted to end Fijian communal life on the one side, and those who thought preserving it was the best way forward on the other. He argues that a third way prevailed whereby Fijians were 'locked into' communal social organisation but encouraged to integrate into the cash economy through a series of projects aimed at increasing the production of village based cash crops, such as bananas.⁵ Ratuva suggests that this policy reduced Fijian participation in commerce and their educational opportunities, whilst further promoting common Fijians' reliance on the indigenous hierarchy, thereby further separating them culturally and economically from Indo-Fijians and Europeans.⁶ This existing scholarship highlights two points of importance for this study. Lal and Norton demonstrate that the colonial state was preoccupied with the issue of race, and the degree to which it was caught between the Colonial Office, which wanted to ensure a controlled exit from Fiji, and the Fijian chiefs who were opposed to independence for much of the period. Meanwhile, Ratuva draws attention to the fact that decisions about economic development policy, as well as decisions about political process, both reflected and perpetuated this situation.

An area that has not been considered is what impact, if any, this ethno-political and economic context had on health policy and vice versa. Yet, as these historians acknowledge without exploring in detail, at the heart of the ethno-political situation was the fact that the colonial state and Fijian hierarchy were anxious about both the size and the ethnic breakdown of the population in Fiji – namely that Indo-Fijians had become the largest ethnic group in the islands in 1946.⁷ As the colonial state saw it, there were few possible solutions that would allow them to leave peacefully. In their assessment, Indo-Fijians had to be convinced to accept a political compromise that gave indigenous Fijians political primacy, and Fijians had to adapt their way of life to participate in the commercial economy of the

⁴ Robert Norton, "Accommodating Indigenous Privilege: Britain's Dilemma in Decolonising Fiji," *Journal of Pacific History* 37, no. 2 (2002), 134.

⁵ Steven Ratuva, *Politics of Preferential Development: Trans-global Study of Affirmative Action and Ethnic Conflict in Fiji, Malaysia and South Africa*, (ANU Press, 2013), 11.

⁶ Ratuva, *Politics of Preferential Development*, 29.

⁷ Lal, *Broken Waves*, 140; Robert Norton, "Accommodating Indigenous Privilege", 148; Ratuva, *Politics of Preferential Development*, 27-28.

colony.⁸ By this logic if the demographic balance of the two communities could be evened out (and perhaps the Fijian majority restored), or the standard of living and similarities of ways of life in Fiji enhanced across the board, inter-racial rivalry over resources might be reduced and the Fijian hierarchy might accept changes to the political system.⁹ Both the colonial state and the political representatives of the colonised peoples thought that developing the economy was important to ensure that Fiji had a high level of employment and could independently pay for a good standard of services in education and health.¹⁰ Health programmes, especially those related to maternal and child health, were bound up with these various objectives through their potential ability to reduce infant death, and increasingly, through the advent and increasing acceptance of new forms of contraception, reduce births. One way of evening out the population balance would be to increase Fijian infant survival and reduce Indo-Fijian fertility.

Moreover, policy makers linked these aspects of health to economic development. It had long been argued in Fiji, and elsewhere, that improved health, especially nutrition, resulted in more efficient labour and therefore greater economic production.¹¹ More subtly, health education programmes aimed at improving nutrition could be linked to increasing the production and markets for particular foodstuffs, potentially creating income and work for the section of the population that grew them.¹² 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

⁸ TNA: CO 1023/212, Proposed Commission of Enquiry to Investigate Population Problems, 1952-1953; TNA: CO 1023/172, Fiji: Economic Development of the People, 1951-1954.

⁹ TNA: CO 1023/212, Proposed Commission of Enquiry to Investigate Population Problems, 1952-1953; TNA: CO 1023/172, Fiji: Economic Development of the People, 1951-1954.

¹⁰ Doc. No. 178, FCO, record of conversation between Ratu K. Mara and Mr. Koya, 12 August 1970, reprinted in Brij V. Lal, ed., *Fiji*, (The Stationery Office, 2006), 506-10; O. H. K. Spate, *The Fijian People: Economic Problems and Prospects: A Report*, (Suva: Government Press, 1959); Alan Burns, *Fiji*, (London: H.M. Stationery Office, 1963).

¹¹ Michael Worboys, "The Discovery of Colonial Malnutrition Between the Wars," in *Imperial Medicine and Indigenous Societies*, ed. David Arnold (Manchester University Press, 1988), 208-25; Matthew James Connelly, *Fatal Misconception: the Struggle to Control World Population*, (Harvard University Press, 2008), 119; LSHTM: GB 08909 Nutrition 17/05/02/01, Economic Advisory Council Committee on Nutrition in the Colonial Empire Papers, 1937-1940, Economic Advisory Council Committee on Nutrition in the Colonial Empire, Copy of Dispatch no. 43, with Enclosure, from the Governor of Fiji, Interim Report on Nutrition in Fiji, 26 February 1937.

¹² LSHTM: GB 08909 Nutrition 17/05/02/01, Economic Advisory Council Committee on Nutrition in the Colonial Empire Papers, 1937-1940, Economic Advisory Council Committee on Nutrition in the Colonial Empire, Copy of Dispatch no. 43, with enclosure, from the Governor of Fiji, Interim Report on Nutrition in Fiji, 26 February 1937.

‘demographic transition’. This posited that in underdeveloped agrarian societies there was high fertility checked by mortality, and thus 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.¹³ In the 1950s and 1960s, the US and its allies became anxious about the growing populations of Asia and Africa and political unrest there. Population experts in a range of international bodies, from the Rockefeller Foundation to UNESCO, began to advocate accelerating this process through encouraging the reduction of fertility as part of an attempt to improve standards of living.¹⁴ It is worth asking then, what effect this context had on health policy in Fiji, and subsequently whether health measures were designed to ameliorate the pressures of decolonisation.

There were three key complex situations to be navigated by the authorities when it came to deciding on policy. Firstly, there was genuine division between the ways that the political leadership of each ethnic community approached many issues. European settlers and Fijians tended to advocate a system of community based rights and welfare, while Indo-Fijians argued that all individuals should have the same rights. Secondly, Suva sought more urgent resolution to these issues than the Colonial Office and favoured more evolutionary solutions to them. This difference resulted from the fact that the colonial state was more likely to feel the immediate consequences of discontent with either the *status quo* or unpopular change than London, where Fiji was of comparatively minor concern in contrast to larger or more strategically important colonies. Together, these divisions made it hard to reach political compromises. Thirdly, there was the question whether the capabilities and capacity of existing services and infrastructure could cope with demand, and, if not, whether the colonial state had the financial resources and the manpower available to expand or improve them. This is essential background for explaining how Suva approached health policy. It highlights that the colonial state had to steer through a different set of practical challenges and priorities posed by decolonisation than those faced by the British government departments negotiating the establishment of the SPC and WPRO. This is an obvious point but one that had subtle, far reaching consequences, in terms of London and Suva’s relationship with these inter-imperial and international bodies.

¹³ Connelly, *Fatal Misconception*, 4.

¹⁴ Connelly, *Fatal Misconception*, 145, 170.

This chapter will summarise the demographic trends in Fiji from 1945-1970. It will then discuss how interwar theories of population in Fiji, and post-war political conflict over political representation, land rights, economic development, and services may have shaped how the colonial state saw these trends in the context of decolonisation. Throughout, it will highlight that the colonial authorities perceived the issues of fast population growth and economic underdevelopment as contributors to what they thought was an irresolvable ethno-political situation. It will also explore what the differences between colonial state and Colonial Office approaches to tackling these challenges were, what these disclose about their differing priorities, and the effect this had on the policy-making process in the run up to independence. It will conclude by suggesting avenues by which the consequences of this context on maternal and child health policy will be explored in subsequent chapters.

Demographic Trends in Fiji, 1945-1970

Before delving into how the post-war political and economic environment affected the way that the colonial state perceived differential fertility and mortality rates between Fijians and Indo-Fijians, it is important to describe the demographic data they had available to them. The information provided in the annual colonial reports came from periodic censuses (beginning in 1881) and from annual data provided by the Registrar General in Fiji. Not all births and deaths were reported by families to the registrar. Figures for Fijian births and infant deaths may have been particularly under-reported. By 1970, nearly one hundred percent of urban births took place in hospital, whereas in rural areas the numbers of women receiving hospital or official medical assistance during labour was about twenty percent lower. As a greater proportion of Indo-Fijians lived in urban areas, where births and deaths often happened in hospital and were recorded in medical department records, the figures for this community are likely to be slightly more accurate.¹⁵ However, the figures from the colonial reports provide the best estimate of demographic information for the period, and a picture of what information the colonial state was working with.¹⁶ Commentaries on this data provided by professionals with a background in medicine, demography, or colonial administration who advised the colonial state, further explain these trends. The *Fiji Fertility*

¹⁵ RAC: Population Council Records, Accession 2, Record Group 2, Series 3, Box 339, Folder 3263, Fiji's Response to Western Pacific Regional Office, Seminar on Maternity Centred Family Planning, Questionnaire for Participants, Davao City, Philippines, 5 July 1972.

¹⁶ Fiji, *Fiji Fertility Survey, 1974: Principal Report*, (Suva, The Bureau of Statistics, 1976), 2.

Survey (1974), carried out as a pilot project for the World Fertility Survey for the United Nations World Population year, not only provided new detail on patterns of contraception usage but also summarised old data on births, deaths, and fertility held by the medical department and the Registrar, and methods of data collection. In the absence of access to the complete medical department records, it therefore provides useful insight into demographic trends and colonial state data collection.

Due to falling death rates and high, if falling, fertility rates, the population of Fiji rose by a little over fifty percent in the last twenty-five years of colonialism. As well as a major change in population size, there were also shifts in the ethnic composition of the population. The 1946 census revealed that there were around 2,300 more Indo-Fijians than Fijians living in Fiji. Indo-Fijians persistently outnumbered Fijians throughout the last decades of colonialism, with the gap between the two groups gradually growing throughout the 1950s. Even though this divergence narrowed proportionately in the 1960s, by 1970 there were 41,087 more Indo-Fijians than Fijians on the islands, a substantial difference in a population that totalled just over half a million people. Between 1945 and 1980 the average Indo-Fijian population increase per year was five percent, while for Fijians the average increase was 4.2 percent.¹⁷

¹⁷ A. A. J. Jansen, S. Parkinson, A. F. S. Robertson, *Food and Nutrition in Fiji a Historical View, Food Production, Composition and Intake*, (Suva, Fiji: Pasifika Press, 1990), 11.

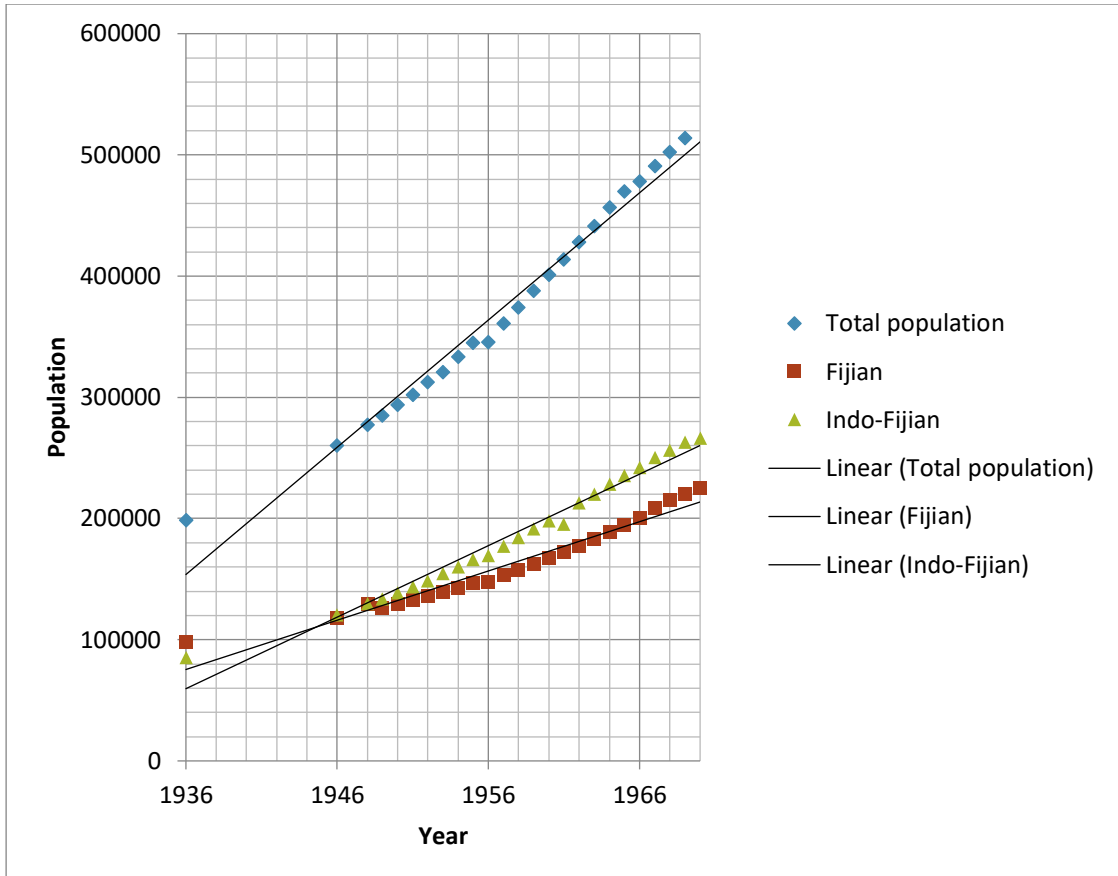


Figure 1. Population and Linear Trends by Ethnicity 1936-1970

Source: Great Britain, *Fiji: Report of the Colonial Office*, (London: HMSO, 1948-1970). See Appendix 1, Table 1.

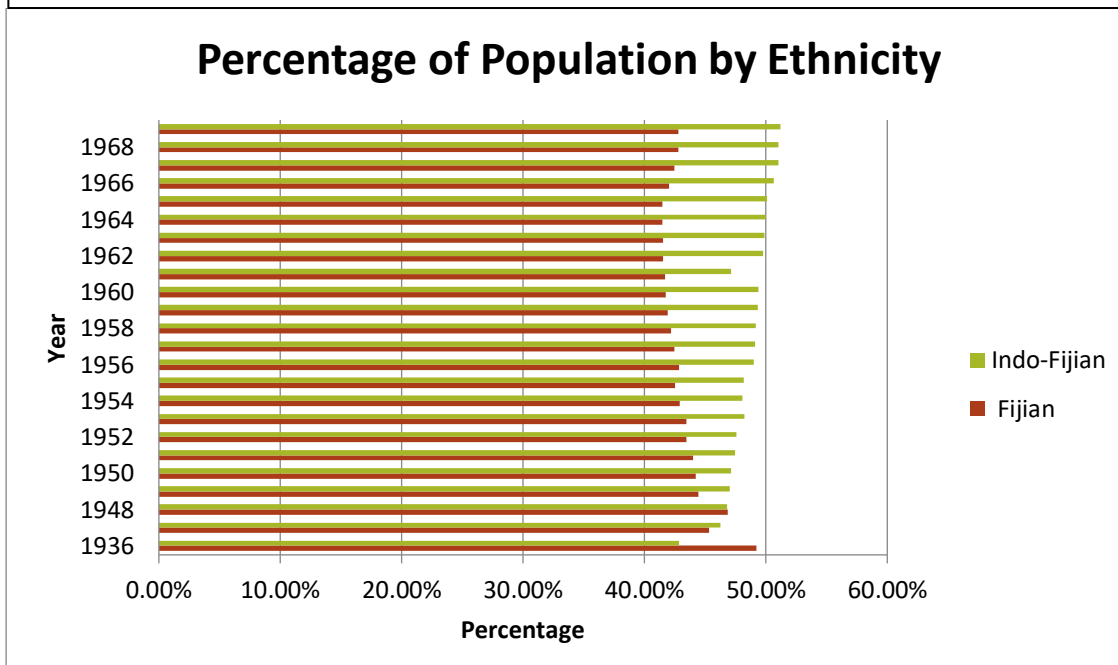


Figure 2. Percentage of Population by Ethnicity 1936-1970

Source: Great Britain, *Fiji: Report of the Colonial Office*, (London: HMSO, 1948-1970). See Appendix 1, Table 2.

A major cause of the disparity between these two groups was that, from 1945 to 1966, Indo-Fijians had a lower death rate than Fijians. This difference was particularly marked in the early years of life, with Indo-Fijian children having a better chance of survival both in infancy (0-12 months) and in early childhood (1-4 years). Although child mortality rates were lower than infant mortality rates, the gap between ethnicities was particularly pronounced in this age group. These differences were documented when infant and child mortality was first recorded in 1925, and persisted until 1961. The consequence was that more Indo-Fijians survived into their reproductive years and so went on to have children themselves, partially explaining the increasing gap in population in the 1950s. While rates of infant and child death fell for both communities, with a few epidemics such as an outbreak of whooping cough in 1952 upsetting this trend, Fijian death rates fell more steeply than Indo-Fijian ones, albeit from a much higher peak. In 1961, the Fijian infant mortality rate fell below the Indo-Fijian for the first time, followed thereafter by the total Fijian death rate. The child death rate remained higher but came close to equalising in 1969. In the long-term, Fijians would outnumber Indo-Fijians, but not until 1988.

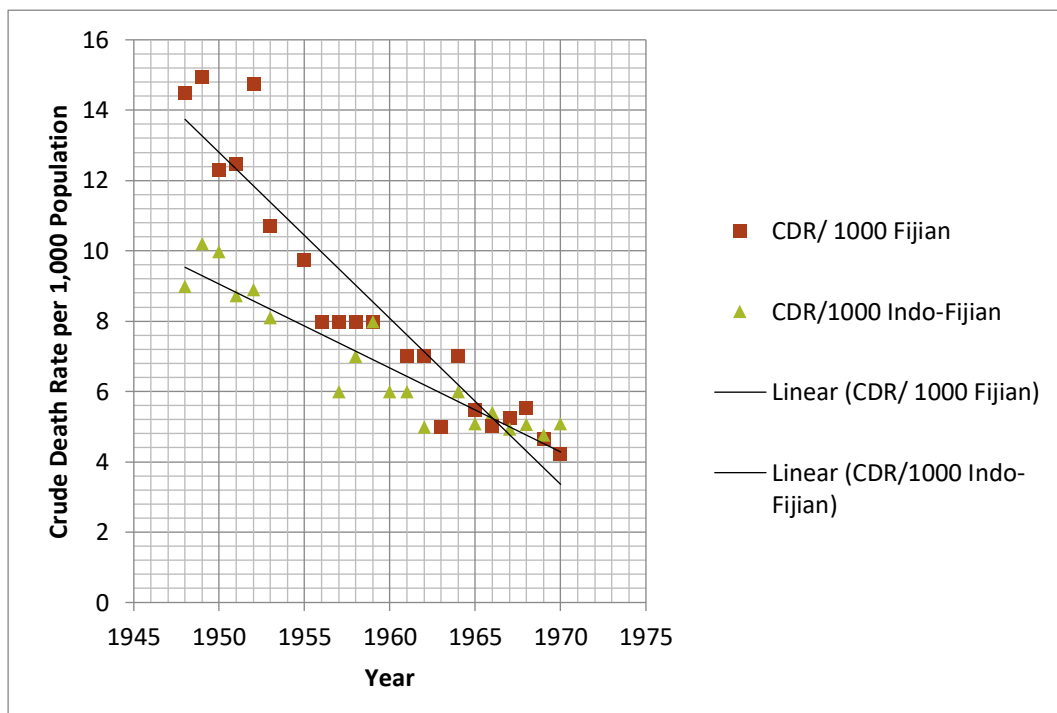


Figure 3 Crude Death Rate per 1,000 Population and Trends 1948-1970

Source: Great Britain, *Fiji: Report of the Colonial Office*, (London: HMSO, 1948-1970). See Appendix 1, Table 3, for figures.

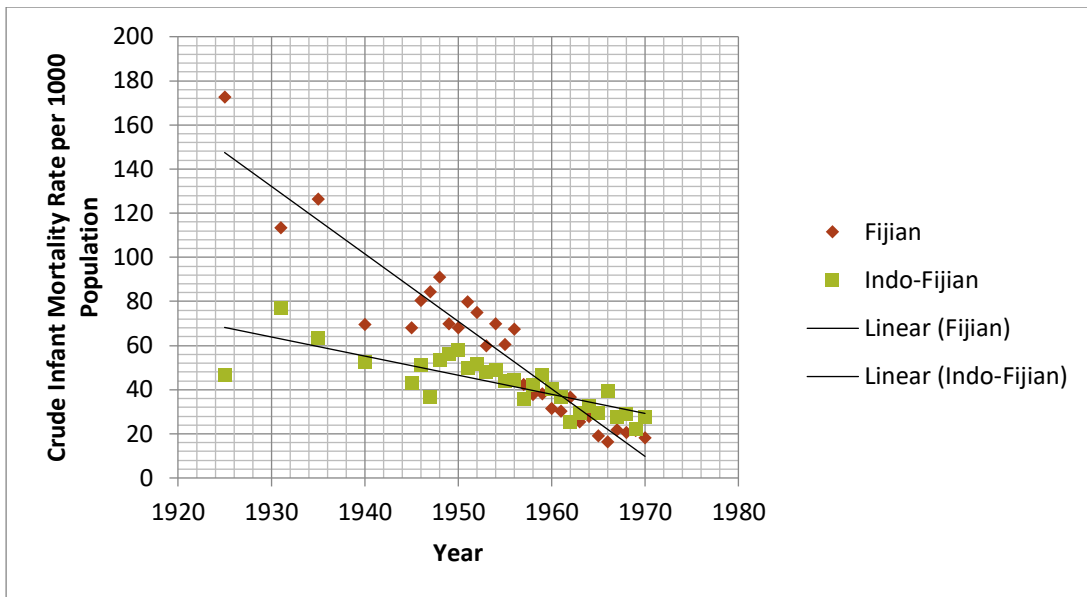


Figure 4 Crude Infant Mortality Rate (age 0-12 months) per 1,000 Population by Ethnicity and Trends. 1925-1970

Food and Nutrition in Fiji a Historical View, Food Production, Composition and Intake (Suva, Fiji: Pasifika Press, 1990), Table 11.11, pg. 20. See Appendix 1, Table 4, for complete figures.

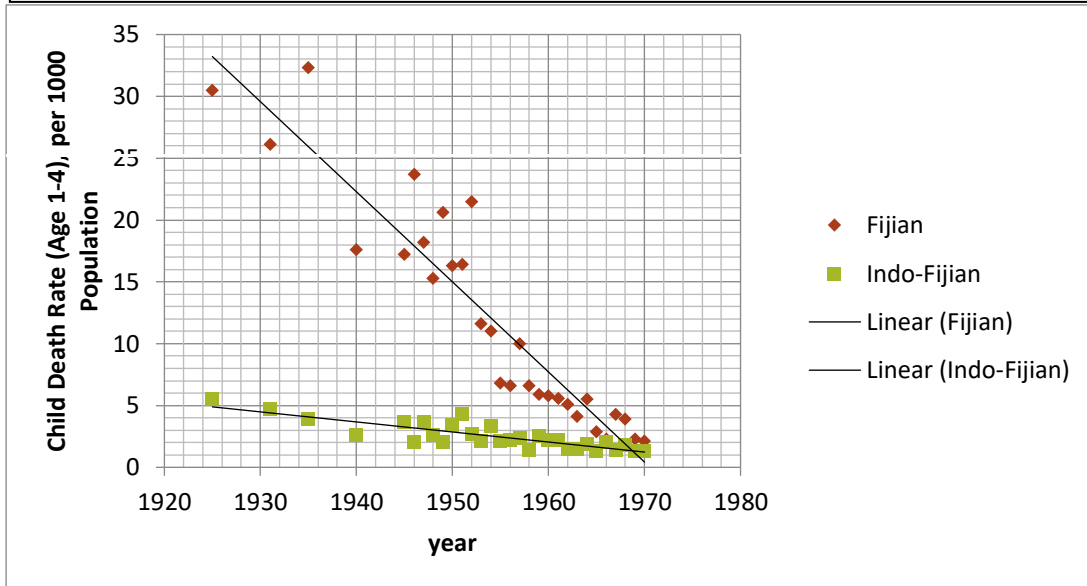


Figure 5. Crude Child Mortality Rate (age 1-4 years) per 1,000 Population and trends 1925-1970.

Source: Data for relevant years extracted from A. A. J. Jansen, S. Parkinson, A. F. S. Robertson, *Food and Nutrition in Fiji a Historical View, Food production, composition and intake* (Suva, Fiji: Pasifika Press, 1990), Table 11.24, pg. 30. See Appendix 1, Table 5, for complete figures.

The differences in infant and child mortality rates between the communities stemmed from distinct causes of death. Indo-Fijians had a lower but more gradually declining infant death rate, because a significant proportion of these happened in the month after birth. Indo-Fijian babies were more likely to be premature and around a quarter

were born with a low birth-weight, and therefore susceptible to dying from infections that were compounded by failure to thrive.¹⁸ This was a consequence of the fact that Indo-Fijian women were more likely to be severely anaemic or suffer hypertension than Fijian women due to a mixture of nutritional and genetic factors. The fact that the Indo-Fijian infant death rate fell less steeply was largely because it was not until the late 1960s that sufficiently medically advanced prenatal care, specialist training, and equipment for antenatal care was available to have a dramatic impact on neonatal death.¹⁹

On the other hand, Fijian babies were born bigger but were more likely to die at or after weaning age (9-24 months) than Indo-Fijians. Fijian infant and child deaths more often occurred due to infection in the post-weaning phase, suggesting that feeding and hygiene practices were problematic.²⁰ This partially dated back to missionary and nursing interventions in the late nineteenth and early twentieth century, which had discouraged Fijian women from practising their tradition of prolonged breastfeeding after the birth of their children, as well as the use of pre-masticated food during weaning, without providing them with practical alternatives. This meant that Fijian children lost the nutritional advantages and maternal immunity from breast milk, and often received weaning foods in an indigestible format. Indo-Fijian practices had not received the same external interventions.²¹ Moreover, ending the practice of pre-mastication alone could not improve hygiene when there were differences between the communities in access to clean water. Eight of Fiji's major urban centres had chlorinated water by 1953, increasing to twelve by 1957, with Tavua and Nausori having fully treated water by the early 1950s, and Suva, Lautoka, Ba, and following over the next five years, followed by Nadi in 1969.²² It was not until 1968 that the colonial state launched a campaign to pump water supplies into villages or introduced water-seal latrines.²³ The fact that Indo-Fijians were more likely to live in

¹⁸ Jansen, Parkinson, Robertson, *Food and Nutrition in Fiji a Historical View*, 26.

¹⁹ D. J. Lancaster, "Perinatal mortality in Fiji," in S.T. Hudono, and A.B. Saifuddineds, Fifth Asian Congress of Obstetrics and Gynaecology, Djakarta, Indonesia, October 8-15, 1971, Djakarta, Sub-Committee Publication and Publicity, (1971), 60-69.; Fiji, *Fiji Fertility Survey, 1974: Principal Report*, (Suva, The Bureau of Statistics, 1976), 70.

²⁰ Jansen, Parkinson, Robertson, *Food and Nutrition in Fiji a Historical View*, 24.

²¹ Jansen, Parkinson, Robertson, *Food and Nutrition in Fiji a Historical View*, 332-51.

²² Great Britain, *Fiji: Report of the Colonial Office*, (London: HMSO, 1947), 41; Great Britain, *Fiji: Report of the Colonial Office*, (London: HMSO, 1953), 69; Great Britain, *Fiji: Report of the Colonial Office*, (London: HMSO, 1957), 73; Great Britain, *Fiji: Report of the Colonial Office*, (London: HMSO, 1969), 119.

²³ Great Britain, *Fiji: Report of the Colonial Office*, (London: HMSO, 1957), 73; Great Britain, *Fiji: Report of the Colonial Office*, (London: HMSO, 1968), 74.

urban settings and Fijians in villages was likely a major cause in the discrepancy, as gastro-intestinal infection was a significant cause of death among Fijian children. Better access to immunisation may also have been a cause of the lower Indo-Fijian child death rate, and then, as the reach of the immunisation programme improved, of the more dramatic fall in Fijian infant and child death rates in the period. After the Second World War an immunisation campaign against typhoid, diphtheria, pertussis, tetanus and tuberculosis was introduced by the medical department.²⁴ The colonial state, aided by voluntary donations, introduced two mobile clinics between 1950 and 1969, and increased the number of assistant nurses who travelled to the villages from 100 to 560 to provide immunisations, child welfare advice, and simple medicines.²⁵ By 1965 nearly all pre-school and school aged children were vaccinated against these diseases, and the medical department began to vaccinate infants.²⁶

A major contributing factor to the increase in total population was that death rates fell faster and sooner than the birth (per thousand people) and fertility (per thousand women aged 15-45) rates in both communities. In general Indo-Fijian birth and fertility rates were falling throughout the post war era, steeply dropping in the early 1960s and even falling below Fijian rates in 1965. Fijian birth and fertility rates were lower to begin with, but fell much more gradually – only beginning to drop clearly in the late 1960s. The higher fertility and birth rates, and lower mortality rates of Indo-Fijians for much of the period was also a cause of the disparity between the sizes of each community.

²⁴ Great Britain, *Fiji: Report of the Colonial Office*, (London: HMSO, 1957), 73; Great Britain, *Fiji: Report of the Colonial Office*, (London: HMSO, 1968), 74.

²⁵ Great Britain, *Fiji: Report of the Colonial Office*, (London: HMSO, 1957), 73; Great Britain, *Fiji: Report of the Colonial Office*, (London: HMSO, 1950), 43; Great Britain, *Fiji: Report of the Colonial Office*, (London: HMSO, 1957), 73; Great Britain, *Fiji: Report of the Colonial Office*, (London: HMSO, 1969), 80.

²⁶ Great Britain, *Fiji: Report of the Colonial Office*, (London: HMSO, 1957), 73; Great Britain, *Fiji: Report of the Colonial Office*, (London: HMSO, 1968), 74.

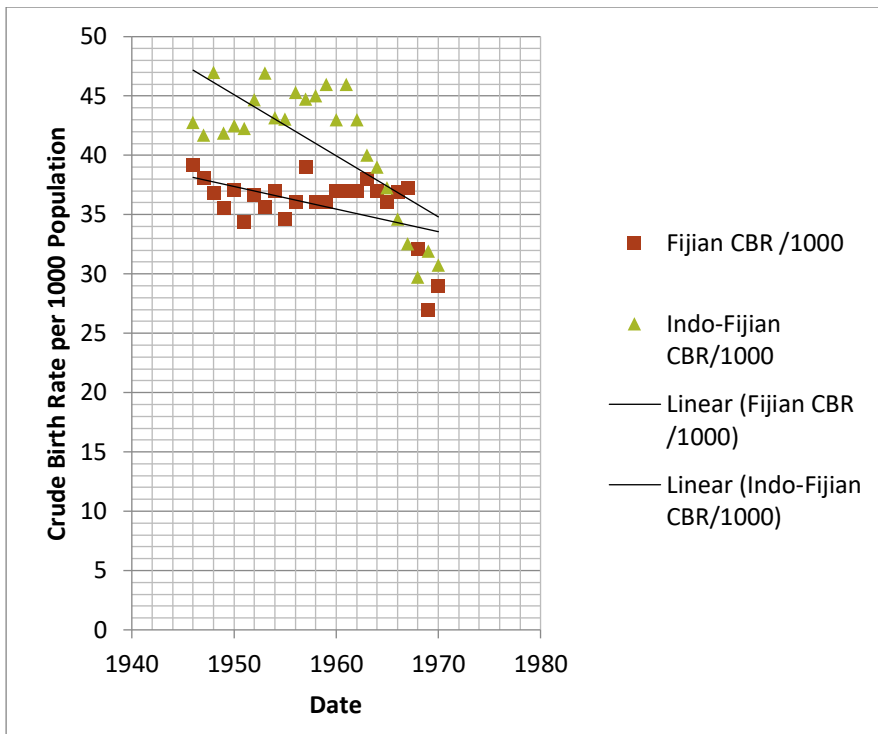


Figure 6. Crude Birth Rate per 1,000 Population and Trends 1948-1970.

Source: Great Britain, *Fiji: Report of the Colonial Office*, (London: HMSO, 1948-1970). See Appendix 1, Table 6, for figures.

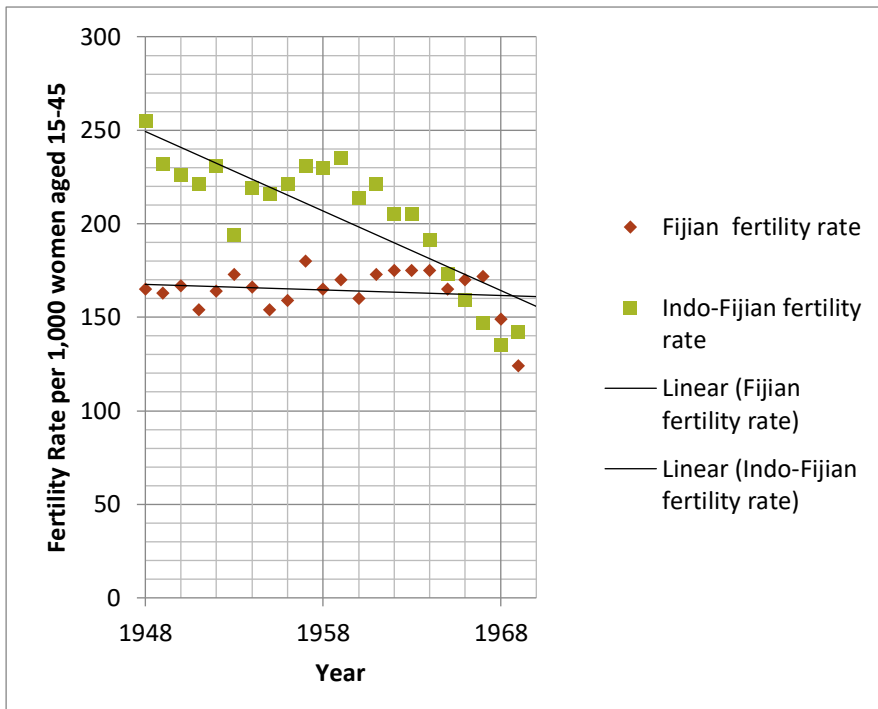


Figure 7. Fertility Rates and Linear Trends by Ethnicity per 1,000 Indo-Fijian and Fijian Women Aged 15-45, 1948-1970.

Source: Great Britain, *Fiji: Report of the Colonial Office*, (London: HMSO, 1948-1970). See Appendix 1, Table 7, for figures.

Before the introduction of a colony wide family planning campaign in 1963, age of marriage was the biggest constraint on fertility. This further explains the different birth and fertility rates of each community, although divergent cultural practices around child spacing also played a role. As well as the fact that a slightly larger proportion of the Indo-Fijian community were under the age of fifteen, and thus growing towards rather than away from reproductive age, Indo-Fijian girls also married younger than Fijian girls on average, and so had a longer period of female fertility.²⁷ Until 1961 the minimum legal age of marriage was seventeen for Fijians but only fourteen for Indo-Fijians.²⁸ In the mid-1950s Indo-Fijian women between the ages of twenty and twenty-four had the highest fertility rate, whereas the peak for Fijians was slightly later, between the ages of twenty-five and twenty-nine.²⁹ The colonial state believed that Indo-Fijian women were not only younger when they started their families, but also had more closely spaced pregnancies than Fijians.³⁰ Despite the changes wrought by missionary intervention, Fijian women still exclusively breastfed (thereby potentially suppressing ovulation) for a month or two longer than Indo-Fijians on average. Fijian women also avoided sexual intercourse for longer after the birth of a child – the average Indo-Fijian woman abstained for three months while Fijians refrained for nearly eleven months.³¹ The combination of two changes explains why Indo-Fijian birth and fertility rates began to fall sooner than Fijian. Firstly, Indo-Fijians began to marry later while the Fijians average age of marriage remained close to constant. Whereas in the 1940s and early 1950s nearly half of Indo-Fijian girls were married as teenagers, this fell to slightly under one fifth by the early 1970s. This delayed the start of childbearing as cultural stigma meant that pregnancy in this community was rare outside of wedlock.³² Moreover, after some small-scale trials in the cities in the 1950s, the colonial state launched a colony wide family planning campaign in 1962, and there was a higher uptake of contraception and sterilization by Indo-Fijians than Fijians from the beginning.³³ This is the broad picture from which the

²⁷ Fiji, *Fiji Fertility Survey, 1974: Principal Report*, (Suva, The Bureau of Statistics, 1976), 44, 82.

²⁸ Alan Burns, *Fiji* (London: H.M. Stationery Office, 1963), 224-27.

²⁹ Norma McArthur, *Introducing Population Statistics*, (Melbourne: Oxford University Press 1961), 17.

³⁰ TNA: CO 859/232/6, West Pacific: Fiji and the South Pacific Commission, 1950-1951, Muriel Bell and Lucy Wills, *Report on Pilot Survey on State of Nutrition of Fijians and Indians in Fiji, January–February 1950*, 22; Norma McArthur, *Introducing Population Statistics*, (Melbourne: Oxford University Press 1961), 57-60; Alan Burns, *Fiji* (London: H.M. Stationery Office, 1963), 224-27.

³¹ Fiji, *Fiji Fertility Survey, 1974: Principal Report*, (Suva, The Bureau of Statistics, 1976), 52.

³² Fiji, *Fiji Fertility Survey, 1974: Principal Report*, (Suva, The Bureau of Statistics, 1976), 9.

³³ Alan Burns, *Fiji*, (London: H.M. Stationery Office, 1963), 225; Fiji, *Fiji Fertility Survey, 1974: Principal Report*, (Suva, The Bureau of Statistics, 1976), 81.

medical services could draw conclusions about the differing needs of each ethnic group, and devise health policies to improve infant survival and provide people with a means of controlling their fertility. However, there were other factors that influenced how both the medical service, and the colonial state to which they answered, interpreted this data.

The History of Population Policy in Fiji, 1874-1946

The Fijian colonial state had long watched the population trends of Fiji with anxiety. This was the legacy of Victorian colonial policy. Fiji became a British colony in 1874 in unusual circumstances. Fijian chiefs personally asked Queen Victoria to take possession of the islands in trust, after several decades of disruption caused by European settlers and internal power struggles between rival chiefly families.³⁴ The Victorian era colonial state thought that contact with capitalist, individualist, Europeans would disrupt Fijian lives to such a degree that it would accelerate the decline of the indigenous population, already reeling from the introduction of unfamiliar diseases, thus betraying the 'trust' placed in them by Fijian chiefs.³⁵ This rationale led the first governor to institute a system of indirect rule by Fijian chiefs, to protect the remaining land in Fijian hands, and restrict Europeans from hiring Fijian labourers. In return Europeans kept the highly fertile land on which they had settled. This established long-standing support for British rule from the Fijian Chiefly class. Interdependence between colonial state and the chiefs meant that the colonial authorities were keen to avoid being seen to act counter to Fijian interests.³⁶ Despite these policies, the Fijian population halved between 1870 and 1905, and was beset by flu epidemics as it began to recover in the early twentieth century.³⁷ In these circumstances the colonial state struggled to provide evidence that colonial rule was beneficial to Fijians.

Due to the protective laws governing Fijian labour, European planters looked to other sources for workers. The Australian based Colonial Sugar Refining Company (CSR) arrived in Fiji in 1882 and built a monopoly over the sugar industry during the next forty years. Between 1879 and 1916 they hired around 60,000 Indian indentured labourers – mostly from the part of the United Provinces that is now Uttar Pradesh – to work on the plantations. They were followed to Fiji by traders and agriculturalists (mostly Gujarati and

³⁴ Lal, *Broken Waves*, 9-16.

³⁵ See Chapter One, 25-30.

³⁶ Robert Norton, "Accommodating Indigenous Privilege", 133-56.

³⁷ S. M. Lambert, *East Indian and Fijian in Fiji: Their Changing Numerical Relation*, (Honolulu: The Museum, 1938), 5-6.

Punjabi as well as minorities from other Indian states).³⁸ The authorities ensured around forty Indian women arrived with every hundred Indian men in a nod to sections of British opinion that insisted it was necessary for the welfare of the labouring men. Intermarriage between Fijians and Indo-Fijians was discouraged by the state, which forbade Indians from living near Fijian settlements. Cultural and religious barriers further reinforced this separation even in mixed urban areas – Indo-Fijians were largely Hindu with a small minority of Muslims, whilst Fijians were almost exclusively Christian – to the extent that still fewer than one percent of marriages crossed community lines in the late 1990s.³⁹ With the end of indenture in 1916, Indo-Fijians settled as tenant farmers and, as births within Fiji began to correct gender ratios within the community, their birth rate increased to the point it outstripped the Fijians'. Indo-Fijians also had a lower mortality rate, and it began to look likely that they would soon be the largest ethnic group on the islands.⁴⁰ From among these settlers, wealthier families began to form a nascent middle class of small business owners and professionals. Despite the privileges the colonial state claimed to award Fijians, Indo-Fijians were healthier and wealthier.

The disparity between the communities' fertility and mortality rates were used to justify medical interventions. In the early 1900s, when Fijians were hit hard by pandemics, the colonial state, supported by Sylvester Lambert (1882-1947), a medical officer of the Rockefeller International Board of Health working in the South Pacific, advanced Western medical knowledge as the solution to the fall in the Fijian population.⁴¹ The census of 1924 gave the colonial state cause to celebrate, as the number of Fijians had clearly increased, and the international press credited public health measures for this

³⁸ Brij V. Lal, *Historical Dictionary of Fiji*, (Rowman & Littlefield, 2015),

<http://search.ebscohost.com/login.aspx?direct=true&scope=site&db=nlebk&db=nlabk&AN=1097897>, 9, 63.

³⁹ Portia Richmond, "We Do (n't): Explaining Fijian-Indian Intermarriage in Fiji," *Fijian Studies* 7, No. 2, (2009): 215-42.

⁴⁰ A. F. S. Robertson, "Morbidity and Mortality", in A. A. J. Jansen, Susan Parkinson, and A. F. S. Robertson ed., *Nutrition-Related Diseases and their Prevention*, (S.I: Dept. of Nutrition and Dietetics, Fiji School of Medicine, 1991), 4.

⁴¹ 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.

development.⁴² However, this change meant that Suva had to justify bids to the Colonial Office and the Rockefeller Foundation for money for medical services in new terms. This time they presented the colonial state as the protector of Fijians against Indo-Fijian competitors. 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.⁴³ Borrowing from so-called Social Darwinist thought, 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.'⁴⁴ Lambert contended 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.⁴⁵ In his opinion the only solution to this problem was to maintain or increase the marginal numerical superiority of Fijians by arming them with public health knowledge.⁴⁶ The Medical Department made a less alarmist appeal when it compiled its annual report to the Colonial Office in 1942, which it also sent to the Rockefeller Foundation, but still drew upon this comparison. Accepting that Indo-Fijian numbers would overtake Fijians, they argued 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.'⁴⁷ The colonial state and international public health experts based within Fiji during the interwar period had established a mode of thinking amongst themselves in which

⁴² The Ballarat Star, "Fiji's Population. Epidemics and Natives," *The Ballarat Star (Vic: 1865 - 1924)*, 12 December 1923, 9, Accessed 16 January 2017, <http://trove.nla.gov.au/newspaper/article/213859348?searchTerm=Fiji%2C%20population&searchLimits=dateFrom=1917-01-01||dateTo=1946-12-31>; The Braidwood Review and District Advocate, "Fiji," *The Braidwood Review and District Advocate (NSW : 1915 - 1954)*, 24 August 1926, 7, Accessed 16 January 2017, <http://trove.nla.gov.au/newspaper/article/119399131?searchTerm=Fiji%2C%20population&searchLimit=s=dateFrom=1917-01-01||dateTo=1946-12-31>; New York Times, "Rockefeller Fight on Disease Gaining", (7 September 1924), *New York Times (1923-Current File)*, Accessed 16 January 2017, <http://search.proquest.com/docview/103330146?accountid=15181>; From our Fiji Correspondent, "Progress In Fiji," *Times*, 22 December 1926, 11, The Times Digital Archive, Accessed 10 January 2017, tinyurl.galegroup.com/tinyurl/4ChUk1; Pacific Islands Monthly, "Decline and Revival of the Fijian Race, What was Achieved by a Sympathetic British Administration," *PIM*, (November 1946), 34.

⁴³ S. M. Lambert, *East Indian and Fijian in Fiji: Their Changing Numerical Relation*, (Honolulu: The Museum, 1938), 3, 6.

⁴⁴ S. M. Lambert, *East Indian and Fijian in Fiji: Their Changing Numerical Relation*, (Honolulu: The Museum, 1938), 12.

⁴⁵ S. M. Lambert, *East Indian and Fijian in Fiji: Their Changing Numerical Relation*, (Honolulu: The Museum, 1938), 12.

⁴⁶ S. M. Lambert, *East Indian and Fijian in Fiji: Their Changing Numerical Relation*, (Honolulu: The Museum, 1938), 12.

⁴⁷ RAC: Rockefeller Foundation Records, Record Group 1.1, Series 419, Box 1, Folder 13, Fiji Medical Department, *Fiji Medical Department Annual Report*, (Suva: 1942).

Indo-Fijians and Fijians were competitors, and colonial medical intervention was required to ensure that Fijians did not lose the demographic war. Although post-war developments 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 as vulnerable and Indo-Fijians as a threat 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.

Racial Tension and Constitutional Compromise

Demographic differentials played into the question of whether political rights should be conferred on individual or communal grounds. From 1946, it was foreseeable that Indo-Fijians would form not only the largest proportion, but the majority, of Fiji's population. Consequently, many Fijians and Europeans opposed introducing a common role electoral system for fear that Indo-Fijians would come to dominate politics if the majority voted for a single party or candidate. As Indo-Fijians and Fijians had different relationships with the economy, with British rule, and lived in *de facto* segregation, the division of the vote along ethnic lines appeared likely. This meant that the Fijian chiefs, and at times European planters, showed trepidation towards changes to the existing system of communal representation suggested by the colonial state. As the Indo-Fijian community grew in numbers and economic power, it also became more politicised, and its demands for the equality of the individual in Fijian law became harder to ignore. While these pressures on the colonial state and Indo-Fijian and Fijian leaders grew, they also struggled to get the Colonial Office to pay attention to what was going on in the islands as it was distracted by greater political disruption elsewhere in the empire.

In the 1950s, Governor Sir Robert Garvey (1903-1991) attempted to take what he described as a 'Golden opportunity' for constitutional reform towards self-government and improved ethnic relations.⁴⁸ However, he met opposition both from within Fiji and the Colonial Office. Garvey argued that there was a growing interest in constitutional change amongst the Indo-Fijian and Fijian communities and that, for now, there was a 'tranquil

⁴⁸ TNA: CO 1036/10, Constitutional Development Fiji, 1954-1956, Sir R. Garvey, Governor of Fiji, to Sir T. Lloyd, Secretary of State Colonial Office, 11 February 1956.

atmosphere' that would allow for the issues to be debated 'deliberately and calmly.'⁴⁹ He carefully stopped short of suggesting a common roll electoral system for fear it would trigger ethnic unrest. Instead, he sought to increase the political representation of all ethnic groups along communal lines, and to reassure the Fijian chiefs that their interests were not under threat. Garvey advocated the removal of the colonial official majority in the Legislative Council, and opening the non-official seats representing each community to full election from communal rolls (half of which had previously been nominated by the executive committee).⁵⁰ In respect for Fijian custom he proposed that the Fijian members were elected by the Great Council of Chiefs rather than by full Fijian franchise. Europeans (a steady four percent of the population) would continue to hold one third of the elected representation.⁵¹ He toyed with the idea of a supplementary, elected, multi-racial bench to begin political integration.⁵² Garvey also introduced the position of speaker, appointing Ratu Sir Lala Sakuna, a chief well-respected within the Fijian and European communities, to the post. This was an attempt to engage Fijians in parliamentary politics whilst reassuring them that their interests would still be given precedence.⁵³ Within Fiji many of Garvey's proposed reforms were supported by the European Electors Association, which pushed for the Fijian franchise, a step they thought was essential to prepare them for what they saw as inevitable political competition with the growing Indo-Fijian population.⁵⁴ However, the Fijian Chiefs saw the suggested measures as a threat to their position and they formed a lobby called the Fijian Association, the aim of which was to protect Fijian interests against 'Indian political dominance'.⁵⁵ In the 1950s Suva attempted to anticipate the need for a more racially

⁴⁹ TNA: CO 1036/10, Constitutional Development Fiji, 1954-1956, Sir R. Garvey, Governor of Fiji, to Sir T. Lloyd, Secretary of State for the Colonies, 11 February 1956.

⁵⁰ TNA: CO 1036/10, Constitutional Development Fiji, 1954-1956, Sir R. Garvey to Sir J. Macpherson, Colonial Office, Enclosure: Memorandum, 14 October 1956.

⁵¹ TNA: CO 1036/10, Constitutional Development Fiji, 1954-1956, Sir R. Garvey to Sir J. Macpherson, Colonial Office, Enclosure: Memorandum, 14 October 1956.

⁵² TNA: CO 1036/10, Constitutional Development Fiji, 1954-1956, Sir R. Garvey, Governor of Fiji, to Sir J. Macpherson, Colonial Office, 14 October 1956.

⁵³ TNA: CO 1036/10, Constitutional Development Fiji, 1954-1956, Sir R. Garvey to Sir T. Lloyd, 11 February 1956, and Sir R. Garvey to Sir J. Macpherson, Enclosure: Memorandum, 14 October 1956; TNA: CO 1023/21, Fiji: Appointment of a Vice-President of the Legislative Council, 1953.

⁵⁴ TNA: CO 1036/10, Constitutional Development Fiji, 1954-1956, Sir R. Garvey to Sir T. Lloyd 11 February 1956; Pacific Islands Monthly, "Fiji Politics: Association That "Keeps Officials on the Their Toes"," *PIM*, (April 1947), 75.

⁵⁵ TNA: CO 1036/10, Constitutional Development Fiji, 1954-1956, Sir R. Garvey to Sir T. Lloyd, 11 February 1956; TNA: CO1036/91, Periodic Reports on Colonial Affairs, Fiji, 1954-56, Sir R. Garvey to Mr. Lennox Boyd, 1 April 1956.

integrated system of governance, albeit one that aimed at preserving European and elite Fijian interests.

The Colonial Office was unconvinced by Garvey's recommendations. The Conservative government, which came to power in 1951, took the line that it was important to rein back the 'gallop' of decolonisation. Decisions about the pace of change in individual colonies should account for the level of demand from within them, and membership of the Commonwealth should only be granted to fully independent sovereign states.⁵⁶ Their efforts involved defining which colonies were expected to remain dependent on Britain in the realms of defence and security, foreign affairs, and financial aid, even after a system of representative government and relative economic stability had been achieved within them. Fiji was placed in this category, and the official line was that no further action should be taken to move it towards self-government, let alone independence, until it was clear that the population wanted it.⁵⁷ They cited the wariness of the Fijian elite as a reason not to proceed with Garvey's plan. The Under-Secretary of State to the colonies conceded that, 'we must not wait until the pressure for constitutional change has been built up in a way that means that we are behind with our reactions.' He contended that this had not happened yet and that it was unwise to 'stimulate demand' as this might 'exacerbate' racial tensions.⁵⁸ The Secretary of State agreed, arguing that the Colonial Office had no concrete plan as to how to balance political rights in a way that respected both Indo-Fijian numbers, and indigenous rights. In these circumstances he deemed it 'very unwise' to create demand for reform, given that the Colonial Office was not ready to direct it.⁵⁹ Similarly, the Colonial Office responded to Macmillan's 1957 'Audit of Empire', in which the Prime Minister asked which territories would soon be ready for independence, by writing that Fiji would not be for some time due to land and population problems, which were potential sources of racial conflict.⁶⁰ The Colonial Office defended the *status quo* as the safest option for smooth governance in Fiji, while it focused on the futures of territories where there were more active nationalist movements.

⁵⁶ William David McIntyre, *Winding Up the British Empire in the Pacific Islands*, (OUP: Oxford, 2014), 63.

⁵⁷ McIntyre, *Winding Up the British Empire in the Pacific Islands*, 62-68.

⁵⁸ TNA: CO 1036/10, Constitutional Development Fiji, 1954-1956, P. Rogers to Sir R. Garvey, 16 January 1957.

⁵⁹ TNA: CO 1036/10, Constitutional Development Fiji, 1954-1956, Sir T. Lloyd to Sir R. Garvey, 20 March 1956.

⁶⁰ McIntyre, *Winding Up the British Empire in the Pacific Islands*, 69.

The turn of the decade heralded change. Events within Fiji suggested that political development was desired by a significant proportion of Indo-Fijians. During the war, Indo-Fijian labourers had become politically organised through a series of sugar strikes against European capital. Meanwhile, Indo-Fijian representatives in the Legislative Council discouraged members of their community from signing up as soldiers unless they were given equal rights with Europeans within the army, a condition that was denied. This had entrenched European favour towards Fijians, as many of them volunteered to fight for the empire and to break the strikes.⁶¹ This left the colony's military in Fijian hands, entrenching European reliance on this community to govern. *Pacific Islands Monthly*, widely read by Europeans in the colony, vilified Indo-Fijians, characterising them as 'distant, sour and uncooperative', 'a small, aggressive, hungry, hard-trading class.'⁶² Indo-Fijians became representative of wider European fears about decolonisation, with the press suggesting that their leaders were infused with 'the ideas and hatreds of Mother India.' Early arguments made by trade union leaders and political representatives for political equality were portrayed as the cynical work of, 'snarling Madrassi traders and hair-splitting Bengal lawyers, avid for political power.'⁶³ European unease with Indo-Fijian political activity bubbled throughout the 1950s, during which a new generation of Indo-Fijian leaders cut their teeth in politics through a rumble of trade union disputes, and broke the surface with two strikes at the end of the decade.⁶⁴

⁶¹ Lal, *Broken Waves*, 86-95; M. Kaplan and J. Kelly, "Rethinking Resistance: Dialogics of "Disaffection" in Colonial Fiji," *American Ethnologist*, 21, 1 (1994), 140-44; *Pacific Islands Monthly*, "Indians Irritate Fijians, Racial Feeling Displayed in Newspaper Brawl," *PIM*, (September 1950), 88-89; TNA: CO 1023/231, Fiji: Improvement in Rice Production CDW Scheme Rice, Fiji, 1952-1953, Colonial Office Circular, 19 August 1952, and T.C. Jerrom, Colonial Office, to Carcosa, Kuala Lumpur, Malaya, 6 November 1953; *The Courier-Mail*, "Can White Races Keep Control of the Pacific?," 7 November 1952, *The Courier-Mail* (Brisbane, Qld.: 1933 - 1954), 2, Accessed 16 June 2015, <http://nla.gov.au/nla.news-article50510367>; TNA: CO1036/613, Constitutional Development, Fiji, 1960-1962, P. D. Macdonald, Acting Governor, to Mr. Macleod, Colonial Office, 21 July 1961.

⁶² *Pacific Islands Monthly*, "Over Quarter of a Million People Now in Fiji," *PIM*, (April 1947), 17.

⁶³ Quotes from *Pacific Islands Monthly*, "Over Quarter of a Million People now in Fiji," *PIM*, (April 1947), 17; Similar sentiments expressed in *Pacific Islands Monthly*, "Fiji's Indians May be Repatriated", *PIM*, (October 1946), 7; *Pacific Islands Monthly*, "Some Unity in Suva's Union Club", *PIM*, (March 1947), 26; *Pacific Islands Monthly*, "South Seas Sugar Lands", *PIM*, (March 1947), 38-39; R. W. Robson, "The Racial Problem in Fiji," *PIM*, (April 1947), 18; *Pacific Islands Monthly*, "Indians Irritate Fijians, Racial Feeling Displayed in Newspaper Brawl", *PIM*, (September 1950), 88-89.

⁶⁴ TNA: CO1036/91, Periodic Reports on Colonial Affairs, Fiji, 1954-1956, Sir R. Garvey to Mr. Lennox Boyd, 1 April 1956; *Pacific Islands Monthly*, "Fiji Sugar: Confidently Expected that New Agreement Will Give Security to Industry," *PIM*, (January 1950), 7; *Pacific Islands Monthly*, "Chalmers and Fiji's Sugar: Hold up in Cane-growing Contract," *PIM*, (April 1950), 22.

Both strikes started as simple labour disputes, but demonstrated two things that struck fear into European and Fijian elites – the possibility of a racially unified labour movement, and the dependency of the colony’s economy on Indo-Fijian tenant farmers. The first strike, in 1959, was conducted by Indo-Fijian and Fijian oil workers. When riots broke out in Suva and several businesses had their windows smashed, both European and Indo-Fijian businesses fell afoul. However, the European press (both within Fiji and abroad), and the subsequent government enquiry, presented these events as targeted anti-European attacks.⁶⁵ For the Fijian Chiefs and the European business class alike, the oil strike raised the spectre of a future where urban Fijians did not answer to traditional authority and might make political alliances with Indo-Fijian labourers.⁶⁶ Fijian chiefs, anxious to assert their authority and on request of the colonial state, were quick to reprimand Fijian strikers, appealing to them to look to the British as their ‘best friends’ and not follow ‘the advice of foreign people’.⁶⁷ They broke solidarity between workers along racial lines by encouraging the creation of Fijian-only trade unions.⁶⁸ Although the colonial officials in the colony claimed to want to improve race relations, it was clear that this was only the case so long as it did not unsettle their positions of privilege.

The second strike, in 1960, had greater repercussions on Fiji’s race relations and political future. The strike began when the CSR, having encouraged Indo-Fijian tenants to increase their output, announced that because of the world sugar surplus, they would only buy 200,000 tons of a 300,000-ton crop. In response, the Federation of Cane Workers

⁶⁵ Alan Burns, *Fiji*, (London: H.M. Stationery Office, 1963), 177-82; Times, “Curfew Imposed In Suva,” *Times* (London, England), 11 December 1959, 9, *The Times Digital Archive*, Accessed 7 February 2017, <http://find.galegroup.com/ttda/infomark.do?&source=gale&prodId=TTDA&userGroupName=uniyork&tabID=T003&docPage=article&searchType=AdvancedSearchForm&docId=CS152001931&type=multipage&contentSet=LTO&version=1.0>; The Guardian, “Curfew imposed in Fiji: Special Police Armed,” 11 December 1959, *The Guardian (1959-2003)*, Accessed 7 February 2017, <https://search.proquest.com/docview/184617337?accountid=15181>; B. C. Roberts, “Labour Problems in Paradise”, 16 June 1960, *The Guardian (1959-2003)* Accessed 7 February 2017, <https://search.proquest.com/docview/184679394?accountid=15181>; “Fiji Island Rioters Subdued by Troops”, 11 December 1959, *New York Times (1923-Current File)* Accessed 7 February 2017, <https://search.proquest.com/docview/114789329?accountid=15181>; “Mob Stones Europeans in Fiji Isles,” 11 December 1959, *The Washington Post, Times Herald (1959-1973)*, Accessed 7 February 2017, <https://search.proquest.com/docview/140984742?accountid=15181>; Pacific Islands Monthly, “Two days of Riots, Looting Suva”, *PIM*, (December 1959), 15.

⁶⁶ R. Gerard Ward, “The Population of Fiji”, *Geographical Review*, (1959), 340.

⁶⁷ Semesa Sikivou (1917-1990), Legislative Council, and Ratu Ravuama Vunivalu, Legislative Council, quoted in Alan Burns, *Fiji*, (London: H.M. Stationery Office, 1963), 183; James Heartfield, “‘The Dark Races Against the Light’? Official Reaction to the 1959 Fiji Riots”, *Journal of Pacific History* 37, no. 1 (2002), 82-85.

⁶⁸ Heartfield, “The Dark Races against the Light’?”, 82-85.

ceased cutting cane from May to October, leaving around eight million pounds-worth standing in the fields.⁶⁹ This seriously impacted Fiji's export earnings for the year and resulted in the CSR threatening to leave. It demonstrated a new level of coordination between the Indo-Fijian cane growers' unions who came together to form the Federation of Cane Growers. This stoked European and Fijian fears that the strike action was a prelude to a political power grab. The colonial state was forced to call an outside enquiry, led by Sir Malcolm Trustram Eve (1894-1976), which called for the CSR to open a proper subsidiary in Fiji.⁷⁰ While Eve treated the situation as a labour dispute between company and growers, the European press blamed it on the 'extreme racial sensitiveness' of Indo-Fijians.⁷¹ The Council of Chiefs once again offered their support for the colonial state to use Fijian troops to forcibly break the strike.⁷²

Although it was not initially intended as a movement for political rights, the strike galvanised the Indo-Fijian community. Two lawyers, Ambalal Dahyabhai Patel, (1905-1969), who had previously served on the Legislative Council and was affectionately known in Fiji as AD, and Siddiq Koya (1923-1993), rose to prominence as the most radical representatives of the growers.⁷³ Having renewed his eminence and engagement in politics, Patel was well placed to organise the federation into the pro-independence, pro common roll, National Federation Party in 1964. This new party represented most of the Indo-Fijian electorate in the Legislative Council for the next twenty-five years, placing them in opposition to colonial policy. The emergence of a coordinated Indo-Fijian political movement added a new voice to the policy making process, one that neither European officials nor Fijian elites wanted to listen to, but was hard to shut down because of its financial and demographic clout.

In contrast, many Fijian chiefs set their faces against independence. Their suspicion was not tempered by a visiting Colonial Office Commission under Sir Alan Burns (1887-1980), a seasoned colonial administrator, who was sent to make a report on possible lines of

⁶⁹ Pacific Islands Monthly, "Sugar Deadlock Threatens Fiji's Economy", *PIM*, (July 1960), 29; Pacific Islands Monthly, "Fiji Defied by an Elusive Indian lawyer", *PIM*, (August 1960), 17; Pacific Islands Monthly, "Big Sugar Loss Worsens Plight of Fiji," *PIM*, (November 1961), 17.

⁷⁰ Pacific Islands Monthly, "Agreement in Fiji Sugar Industry", *PIM*, (April 1961), 20; Pacific Islands Monthly, "Main Points of Fiji Sugar Report," *PIM* (September 1961), 17, 141; Pacific Islands Monthly, "Fiji's Sugar Industry under Trustram Eve Microscope," *PIM*, (March 1961), 27.

⁷¹ Pacific Islands Monthly, "Sugar Deadlock Threatens Fiji's Economy", *PIM*, (July 1960), 29.

⁷² Pacific Islands Monthly, "Sugar Deadlock Threatens Fiji's Economy", *PIM*, (July 1960), 29.

⁷³ Pacific Islands Monthly, "Fiji Defied by an Elusive Indian Lawyer", *PIM*, (August 1960), 17; Pacific Islands Monthly, "Sugar Deadlock Threatens Fiji's Economy", *PIM*, (July 1960), 29.

development for Fiji.⁷⁴ Among Burn's suggestions was that the Fijian administration, which advised the colonial state on all laws affecting Fijians, should be replaced with multi-racial local government. The Council of Chiefs argued that proposed changes would make them vulnerable to domination by Indo-Fijians with one Fijian member on the Legislative Council, Semesa Sikivou (1917-1990), stating that, 'I will have nothing to do with this report whatsoever until I get a firm irrevocable guarantee that Great Britain will never leave us in Fiji.'⁷⁵ Fiji entered the new decade in a state of deadlock over its political future.

The Colonial Office was now in a state of consternation over the future of Fiji. The strikes and the findings of the Burn's report hit when the new governor, Sir Kenneth Maddocks (1907-2001), was quietly discussing further political evolution with the Colonial Office. A scheduled visit from Julian Amery (1919-1996), the parliamentary Under-Secretary of State at the Colonial Office, coincided with these incidents, and he left Fiji with the impression that the divide between Indo-Fijians and Fijians was unbridgeable.⁷⁶ Yet, London was also under pressure from the UN to speed Fiji towards self-government and wanted to take measures to demonstrate commitment to Fiji gaining political autonomy.⁷⁷ They called the first election by universal franchise in 1963 and introduced a ministerial system, but retained representation along communal lines in the Legislative Council.⁷⁸ As the European and Fijian members tended to vote together, they formed a bloc with a strong majority.

With stability temporarily achieved, the next governor, Sir Derek Jakeway (1915-1993), was sent by the Colonial Office to begin consultations with the Legislative Council

⁷⁴ Sir Alan Burns' experience included being Governor in British Honduras and the Gold Coast of West Africa, an Assistant Under Secretary of State for the Colonies, Acting Governor of Nigeria, and nine years as Britain's representative on UN Trusteeship Council. Burns was assisted by Prof. Alan Turner Peacock, professor of commercial and political economy and mercantile law at Edinburgh, and Mr. Thomas Yirrell Watson CMG, a retired agricultural officer with experience in Kenya, the Bahamas and the Leeward islands.

⁷⁵ TNA: CO 1036/812, Burns Commission, 1960-1962, Semesa Sikivou, Fijian Member of Legislative Council, quoted by H. Maurice Scott, Legislative Council Chamber Suva, to Sir Alan Burns, 9 April 1960; Similar sentiments expressed by Ratu Penaia Ganilau in "Background to the London Conference on Fiji's Future", *PIM*, (August 1965), 61.

⁷⁶ Brij V. Lal, *A Time Bomb Lies Buried: Fiji's Road to Independence, 1960-1970*, (Canberra: ANU Press, 2008) <http://www.oapen.org/record/459739>, 28-29.

⁷⁷ United Nations, A/RES/1951(XVIII), Plenary, 23, A/PV.1277, 11 December 1963, 78-0-21 non-recorded, A/L.438 and Add.1, Question of Fiji, Resolutions and Decisions Adopted by the General Assembly During its 18th Session: GAOR, 18th Session, Supplement No. 15, *Library, General Assembly - Quick Links, Research Guides, UN Documents*, <http://research.un.org/en/docs/ga/quick/regular/18>.

⁷⁸ TNA: CO1036/811, Burn's Commission, 1960-1962, Extract from Policy in Fiji note by Mr. Avery, 8 November 1960; Doc. no. 46, CO, from A.C. Reid to I.S. Wheatley, 28 April 1962, and Document no. 47 A.C. Reid to I. S. Wheatley, 10 May 1962, and Doc. No. 48 Dispatch from Sir K. Maddocks to Mr. Maudling, 19 June 1962, in Brij V. Lal, *Fiji*, (London: TSO, 2006), 132-44.

members for constitutional reform in preparation for a conference between Fijian and Indo-Fijian representatives in London in 1965.⁷⁹ To the disquiet of colonial officials, Patel refused to enter any negotiations until the conference itself, sparking rumours that if he failed to achieve independence under the common roll, he would ask the Soviets to support a UN party to bring it about.⁸⁰ Meanwhile, the three paramount chiefs of Fiji made it clear to the Colonial Office that they would only accept constitutional change on condition that it resulted in Fiji having similar relationship with Britain as the Channel Islands, namely, Fijian land rights were protected, Fiji was declared a Christian state, and racial parity in the civil service was imposed.⁸¹ Despite fears, the outcome of the conference was conciliatory. The agreement nodded towards the ideal of a multi-racial state, as it introduced nine seats under which electors of all races could vote for three Fijian, three Indian, and three general (European or Chinese or Part European) candidates from a common roll. However, it also reaffirmed the racial system, maintaining the communal rolls for most seats.⁸² Jakeway also took steps to create a multi-racial Alliance party comprised of the Fijian Association, the small, anti-Patel Indian Association, and the General Electors.⁸³ It was led by the tall, charismatic, Oxford educated, chief, Ratu Kamisese Mara (1920-2004), who had a decade of experience on the Legislative Council and who held the ministerial position of Leader of Government Business and Member for Natural Resources from 1963.⁸⁴ However, there was no easy resolution to the differences between Indo-Fijian and Fijian political opinion.

In 1966, after the first election fought along party lines, Mara was elected Leader of Government Business (a precursor to Prime Minister), by Fijian and European electors, with Patel elected leader of the opposition by most of the Indo-Fijian vote. Patel immediately tabled a motion for a second constitutional conference arguing that the new constitution was undemocratic.⁸⁵ It was defeated and, just three hundred days after new constitution came into effect, the National Federation Party walked out, forcing a by-election. They were

⁷⁹ Pacific Islands Monthly, "Fiji Starts New Year with New Governor and New Political Plan," *PIM*, (February 1964), 7.

⁸⁰ Pacific Islands Monthly, "Apprehension over London Talks on Fiji's Future," *PIM*, (June 1965), 10.

⁸¹ Brij V. Lal, *A Time Bomb Lies Buried*, 39.

⁸² R. W. Robson, "New Constitution Proposed: New Fiji Constitution Planned-but Patel Group Doesn't Like it", *PIM*, (September 1965), 8-9, 147.

⁸³ Doc. No. 97, CO, Sir D. Jakeway to Trafford Smith, 30 November 1965, and Doc. No. 98, CO, to Sir D. Jakeway, 14 December 1965, reprinted in Brij V. Lal, *Fiji*, (London: TSO, 2006), 272-76.

⁸⁴ Pacific Islands Monthly, "In Fiji, they've Suddenly Become Alive to Politics," *PIM*, (March 1966), 29; Pacific Islands Monthly, "New Political Party Aims for Racial Unity in Fiji", *PIM*, (April 1966), 13.

⁸⁵ Pacific Islands Monthly, "And in Fiji the Phrase is, 'We Won't Cooperate,'" *PIM*, (September 1967), 19.

returned by the Indo-Fijian electorate, evidence that they had broad support for their cause.⁸⁶ Despite Herbert Bowden, Secretary of State for Commonwealth and Colonial Affairs' public denial when he visited Fiji in 1967 that, 'There will be no pandering to the United Nations, no immediate elections on a common roll, no sweeping changes and no independence' – this was the beginning of the end of colonial rule. The actions of the NFP pushed Ratu Mara and the Alliance government to act on independence while they still had the power to agree it on their terms.⁸⁷ The Colonial Office cheerfully granted their request and a new constitutional conference was called. Patel died early in the negotiating process and the more moderate Koya took over the NFP. He dutifully vocalised his party's preference for a common roll, but was willing to compromise to ensure a smooth transition to independence through reassuring the Fijian leadership that neither his party, nor the Indo-Fijian electorate, were a threat to them.⁸⁸ The parties agreed that Fiji would be ruled by two houses, with the Lower House being made up of twenty-two Indians, twenty-two Fijians, and eight General electors, evening out the representation between the two communities but not making it proportional. The Upper House would comprise of some members nominated by Council of Chiefs, some by the Prime Minister and some by opposition leader, giving narrow precedence to the Fijian community. It was also agreed that independence would take place before an election. The Colonial Office knew that this would give the Alliance Party an advantage as they would be able to appeal to their record of governance and to the surge in national feeling that would accompany independence at the next election.⁸⁹ By external appearances, the Colonial Office and Fijian colonial state managed to hold on to control of the process of decolonisation until they were able to present Britain as having left on request, honouring its agreement to protect the Fijian community and having encouraged interracial cooperation, even if these claims were precarious.

Between the 1948 and 1970, Fiji's ethno-politics was consistently interpreted by the colonial authorities in London and Suva as a barrier to self-government, and both feared

⁸⁶Pacific Islands Monthly, "Still no Political Opposition, and Fiji Wonders about the Next Move," *PIM*, (April 1968), 18; I. Templeton, "A Racial Flare-Up Feared in Fiji," *The Guardian* (1959-2003) (11 December 1968), <http://search.proquest.com/docview/185270971?accountid=15181>; The Guardian, "Fiji leaves the Colonial Nest", (5 October 1970), *The Guardian* (1959-2003), <http://search.proquest.com/docview/185464317?accountid=15181>.

⁸⁷ Brij V. Lal, *A Time Bomb Lies Buried*, 152-53.

⁸⁸ Pacific Islands Monthly, "Voting System – Fiji Hammers out its Independence," *PIM*, (May 1970), 27.

⁸⁹ Doc. No. 150, FCO, Sir R. Foster to E. J., reprinted in Brij V. Lal, *Fiji*, (London: TSO, 2006), 427-31.

losing control of the pace and direction of political developments. The political representatives of each community were skilled negotiators, with the Fijian leadership appealing to historical ties to the British Crown and the Indo-Fijian leadership able to point to the size and economic clout of their electorate. The Colonial Office and the colonial state's strategies attempted to balance assuring the Fijian community that their rights took precedence with introducing measures that promoted a more party-based and multi-racial system. These efforts were partly self-serving as the colonial state in Suva relied on the Fijian chiefs to support their governance, and because European capital in the colony also felt threatened by expressions of Indo-Fijian discontent. During the 1950s, the Colonial Office envisioned slower change than the colonial state, with the former seeing racial divisions as a reason to slow rather than hasten the pace of change. In the face of international and internal demand, the Colonial Office facilitated moves towards independence in the mid to late 1960s, commissioning the final two governors to take steps to hasten political evolution while trying to appease the Fijian leadership. This raises the question of how ethno-political thinking impacted health policy. For example, in the 1950s, did efforts to tackle health issues split along communal lines and did this approach develop into more population-wide tactics in the 1960s? Did European and Fijian fears of political dominance by a larger Indo-Fijian electorate trickle into how they approached the management of fertility and infant mortality in each community?

An 'Unstoppable Force' Meets an 'Immovable Object': Indo-Fijian Population and Fijian Land Rights

A second and related issue was the threat that demographic differentials appeared to pose to land rights. This took two forms, firstly, the pressure for increased land and employment posed by the growth of the Indo-Fijian community, and secondly, the potential that they might vote to change landownership patterns. The crux of the matter was that most of the land in the colony was held communally by Fijians under the legal protection of the Crown, but that the export economy mostly relied on European capital buying sugar from Indo-Fijian tenant farmers.⁹⁰ Fijians' communal landownership had enormous cultural

⁹⁰ Landownership was distributed as follows: 3 756 000 acres of Fijian communal land, 447 000 acres of private freehold (mostly owned by Europeans), 215, 500 acres of Crown protected land, and 12 000 acres of Fijian freehold. Source: O.H.K. Spate, *The Fijian People: Economic Prospects and Problems, a Report*, (Suva, 1959), paragraph 29.

importance, and was integral to the way their community life was organised and governed. Land used by Fijian communities was predominantly worked on for subsistence farming for the village, excepting around 84,000 acres utilised for growing cash crops (mostly coconuts) for the domestic and foreign market. Meanwhile, Indo-Fijians farmed 118,000 of the 128,000 acres devoted to sugar. The *Pacific Islands Monthly* crudely summarised the politics of Fiji as confrontation between the ‘unstoppable force’ of Indo-Fijian population growth and the ‘immoveable object’ of Fijian land rights.⁹¹ This situation further exposed ethnic division within Fiji and differences between the views of officials in Suva and London over how to tackle it.

The Colonial Office saw agricultural development and diversification as the key to creating equal economic participation between Fijians and Indo-Fijians, and to achieving economic development that would increase living standards across the board, thereby reducing ethnic tensions.⁹² To do this would entail ensuring enough land was available to those who wanted it to grow cash crops, mainly Indo-Fijians, and to encourage landowners, mainly Fijians, to get maximum production from the land to increase exports. As with constitutional reform, the colonial state in Suva approached the issue of land reform with caution because they were loath to damage their friendly relationship with the Fijian chiefs, who interpreted the Deed of Cession as a promise by Britain to protect indigenous land rights.⁹³ Previous efforts by Suva to encourage Fijian participation in the cash economy had reinforced rather than amended communal landownership patterns. These included establishing a Native Land Trust Board in 1940, which brought the administration of all communal land under the authority of the Secretary for Fijian Affairs, Ratu Sir Lala Sukuna, as a representative of the governor. A Native Land Commission under Sukuna’s authority was enlisted to decide how much land should be reserved to meet the needs of indigenous Fijian farmers.⁹⁴ This was meant to provide security for landowners and tenants alike, and

⁹¹ *Pacific Islands Monthly*, “Fiji Enters 1962 with Two Economic Bosses”, *PIM*, (February 1961), 15-16.

⁹² TNA: CO 1023/212, Proposed Commission of Enquiry to Investigate Population Problems, 1952-1953, Mr. Emmanuel, Minutes on the File, 27 March 1953, and note dictated by Sir G. Clay, Colonial Office Agricultural Adviser, and Draft for Sir R. Garvey for Mr. Paskin’s signature, and Extract from Headquarters Notes dated 30 September 1953.

⁹³ TNA: CO1036/811, Burn’s Commission, 1960-1962, Professor O.H. K. Spate, “Time for Tapa Curtain to be Taken Down”, undated.

⁹⁴ Brij V. Lal, *Historical Dictionary of Fiji*, (Rowman & Littlefield; 2015), <http://search.ebscohost.com/login.aspx?direct=true&scope=site&db=nlebk&db=nlabk&AN=1097897>, 154-55; *Pacific Islands Monthly*, “The Future Use of Fiji Lands: Issues which May Affect Indian-Native Relationships,” *PIM*, (October 1949), 25.

thereby promote land development. However, the process of defining the reserves ran into the 1950s and provoked anxiety in the Indo-Fijian community, many of whom leased land from Fijians, that their contracts would not be renewed.⁹⁵ Although the governor assured the Indo-Fijian population that the process of displacement would be a slow, limited and compensated, he and Sukuna warned that several thousand acres would no longer be available to lease by Indo-Fijians.⁹⁶ This policy threatened to limit Fiji's most numerous and economically productive citizens from accessing rented land on the grounds of race, and thereby provoked opposition from Indo-Fijians, some of whom were in contact with New Delhi.⁹⁷ Although India showed little haste to intervene on their behalf, the possibility of diplomatic conflict with India over the issue of ethnic equality lurked at the back of colonial officers' minds.⁹⁸ Thus Suva's response was to deflect the blame towards Indo-Fijians. The official majority of colonial officers in the Legislative Council attempted to position themselves as defenders of Fijians against 'land-hungry' Indo-Fijians. Soon after the war, a European member of the Legislative Council brought forward a motion 'to emphasise the terms of the deed of Cession to assure that the interests of the Fijian race are safeguarded and a guarantee given that Fiji is to be preserved and kept a Fijian country for all time'.⁹⁹ In the ensuing debate, Fijian and European representatives painted Indo-Fijian population growth as the biggest threat to Fijians' political and land rights; the motion was passed.¹⁰⁰

Aware that this strategy was unlikely to resolve ethnic tensions, Governor Sir Ronald Garvey asked for the Colonial Office to send a Commission of Enquiry in 1952 into 'population problems'. He was met with refusal. The Colonial Office concurred that Fijian land rights should retain primacy over Indo-Fijian demand for land, describing the latter as

⁹⁵ Pacific Islands Monthly, "Short Session of Fiji Legislative Council: Elections to be Held Shortly", *PIM*, (July 1950), 38.

⁹⁶ Pacific Islands Monthly, "Governor warns Fiji Indians of Over-population Peril: Britain will Maintain Pledges Given to Fijians", *PIM*, (August 1949), 9, 91; Pacific Islands Monthly "Fiji Land-Agitation firmly discredited by Governor: Indian Community Again Warned of Over-population Peril", *PIM*, (December 1949), 11.

⁹⁷ Pacific Islands Monthly, "Indian Cry for Land is Fiji's most Pressing Problem", *PIM*, (November 1946), 11.

⁹⁸ Pacific Islands Monthly, "New Delhi Interferes in Fiji: Alleged Grievances of Fiji-Indians", *PIM*, (May 1947), 36; Ramesh Thakur, "India and Overseas Indians: The Case of Fiji," *Asian Survey* 25, 3 (1985), 357-59.

⁹⁹ Legislative Council Debate July 1946, quoted in Terence and Valerie Hull, "Fiji: A Study of Ethnic Plurality and Family Planning", in *The Politics of Family Planning in the Third World*, ed. T. E. Smith (London: Allen & Unwin, 1973), 178.

¹⁰⁰ Terence and Valerie Hull, "Fiji: A Study of Ethnic Plurality and Family Planning", in *the Politics of Family Planning in the Third World*, ed. T. E. Smith (London: Allen & Unwin, 1973), 178-79.

‘the cuckoo in the nest’.¹⁰¹ However, Colonial Office officials characterised Garvey’s request as an attempt to outsource colonial state responsibilities to London.¹⁰² They argued that an enquiry might highlight the differences in land rights and population growth, thus providing kindling rather than balm for ethnic tensions.¹⁰³ Instead, it suggested that agricultural development was the solution, as this would reduce poverty and underemployment and thus defuse racial tensions. Suva was informed that it had not carried out sufficient investigations into sectors such as forestry, the fishing industry, hydro-electricity, and livestock-raising, for outside experts to access the economic development potential of the colony, or its population carrying capacity.¹⁰⁴ It was also criticised for having spent development money on services and industrial development rather than on agriculture.¹⁰⁵

This was consistent with wider imperial policy and priorities. In the late 1940s and early 1950s, Britain was keen to reduce the ‘dollar gap’ by increasing its imports from, and exports to, the sterling area.¹⁰⁶ The Pacific Department of the Colonial Office had compiled its own summary on Fiji titled, ‘Fiji: Economic Development of the People’, which took an optimistic view of Fiji’s potential agricultural capacity but flagged population growth as a reason that development policies should be implemented swiftly. The document argued that Suva needed to increase efforts to expand the agricultural output of cash crops such as copra, rice, and bananas, through the introduction of new farming methods and reforestation. It also urged improvements to secondary industries and transportation links so that these products could be more easily exported – implying that these measures would provide economic returns capable of absorbing population growth.¹⁰⁷ To make this point the

¹⁰¹ TNA: CO1023/212, Proposed Commission of Enquiry to Investigate Population Problems, 1952-1953, Quote from Mr. Paskin, File Note 18 December 1952, and Similar Views expressed by Mr. Emmanuel, Minutes on the File, 27 March 1953.

¹⁰² TNA: CO 1023/212, Proposed Commission of Enquiry to Investigate Population Problems, 1952-1953, C. A. Kirkman, Notes on the file, 18 December 1952

¹⁰³ TNA: CO 1023/212, Proposed Commission of Enquiry to Investigate Population Problems, 1952-1953, C. A. Kirkman, Notes on the file, 18 December 1952, and Appointment of Commission of Enquiry to Investigate Population Problems, 16 December 1952, and Mr. Melville, Minutes on the File, 25 June 1953.

¹⁰⁴ TNA: CO 1023/212, Proposed Commission of Enquiry to Investigate Population Problems, 1952-1953, Mr. Emmanuel, minutes on the file, 27 March 1953, and Note dictated by Sir G. Clay, Colonial Office Agricultural Adviser, and Draft for Sir R. Garvey for Mr. Paskin’s signature, and Extract from Headquarters Notes, dated 30 September 1953.

¹⁰⁵ TNA: CO 1023/172, Fiji: Economic Development of the People, 1951-1954; TNA: CO 1023/212, Proposed Commission of Enquiry to Investigate Population Problems, 1952-1953, Draft for Sir R. Garvey for Mr. Paskin’s signature.

¹⁰⁶ Michael Ashley Havinden and David Meredith, *Colonialism and Development: Britain and its Tropical Colonies, 1850-1960*, (London: Routledge, 2002), 243-52.

¹⁰⁷ TNA: CO 1023/172, Fiji: Economic Development of the People, 1951-1954.

Colonial Office sent Sir Geoffrey Clay, Colonial Office agricultural adviser, to Fiji, who reaffirmed that Suva's priority should be agricultural diversification.¹⁰⁸ This call for agricultural development skirted around how it was to be achieved without land reform, pushing the onus back onto Suva to act.¹⁰⁹

As the Colonial Office seriously considered instituting political changes that would move Fiji towards self-government in the late 1950s, both the colonial state and the Colonial Office sought advice on how to proceed on the issue of land rights. With the consent of the Legislative Council, the colonial state commissioned an academic geographer, Oskar Spate, to produce a report on Fijian land ownership (1959), while the Colonial Office conceded to sending out a Commission of Enquiry into Land and Population Problems (1960), under Sir Alan Burns.¹¹⁰ There was considerable confluence of views between these two very different men. Both critiqued the communal system and the Fijian Administration and suggested that the landownership system should be liberalised to free up land for use by other ethnicities, but some protection for indigenous land rights should remain in place. Efforts to encourage Fijians to enter farming as individuals rather than communally should also be taken up.¹¹¹ Suva was faced with negotiating these changes with the Fijian Great Council of Chiefs who opposed any erosion of their land rights. Ratu Kamisese Mara branded the report as a 'European report about Fijians for the benefit of Indo-Fijians.'¹¹² Although the colonial state managed to pass 91 of the 126 Burns Report recommendations without modification, those that were changed, rejected, or delayed, related to the powers of the Fijian Administration.¹¹³ Therefore, Suva continued to take a tentative and evolutionary approach to the land rights issue into the 1960s.

¹⁰⁸ A. D. Patel, 77: Diversification of Agricultural Production, 4 November 1956, in Brij V. Lal ed., *A Vision for Change: Speeches and Writings of A.D. Patel, 1929-1969*, (Acton, A.C.T: ANU E Press, 2011), <http://epress.anu.edu.au/?p=152161>.

¹⁰⁹ Pacific Islands Monthly, "Fiji's Economic Trouble is Whitehall's Responsibility," *PIM*, (April 1959); Pacific Islands Monthly, "Commentary: The CSR Co. and the Fiji Government", *PIM*, (August 1959), 25; R.W. Robson, "Three Major Industries Under Strain, Fiji's New Government Faces Some Massive Problems", *PIM*, (February 1967), 25; Our Correspondent, "Danger of "Second Cyprus" in Fiji," *The Guardian* (1959-2003), 27 November 1959, <http://search.proquest.com/docview/184598951?accountid=15181>.

¹¹⁰ Oskar Spate was a Cambridge graduate and Professor of Geography at Australian National University.

¹¹¹ O. H. K. Spate, *The Fijian People: Economic Prospects and Problems, a Report*, (Suva, 1959), paragraphs 97-102; Sir Alan Burns, "Solving Fiji's Problems," *The Times* (London, England), Issue 54854, Friday, 19 August 1960, 11; Pacific Islands Monthly "Burns Commission off to a Good Start," *PIM*, (July 1959), 17.

¹¹² TNA: CO 1036/811, Burns Commission, 1960-1962, Legislative Council Debate on the Burns Report, 1960; Lal, *Broken Waves*, 185-86.

¹¹³ TNA: CO 1036/811, Burns Commission, 1960-1962.

Ultimately Ratu Mara, after becoming the first elected Chief Minister of the Legislative Council, supported a compromise deal on land rights in the name of racial harmony in the lead up to independence.¹¹⁴ This was the Agricultural Landlord and Tenant Act 1967, which provided tenants with security for ten years and the potential to extend their lease for up to thirty years in total.¹¹⁵ The Act attempted to provide a workable solution that would respect Fijian landownership whilst giving non-Fijian tenants sufficient security to invest in improvements to the land and agricultural practices. It was not universally popular among either Fijians or Indo-Fijians and disputes would continue into the post-colonial era.¹¹⁶

Underdevelopment and Unemployment

As well as the challenges posed by demographic disparity between ethnic communities, total population growth worried the colonial state because it exposed economic underdevelopment. Suva might not have seen population growth as a problem had the economy of Fiji been able to absorb the increased demand for labour and commodities and produced sufficient revenue for the expansion of services, housing, and infrastructure. The resulting employment and land pressures exacerbated the grievances experienced by the two communities, threatening the political and economic stability of the territory. Throughout the 1950s and 1960s the economy grew sufficiently that the colonial state collected increased revenue from taxation, which funded an increase in government expenditure. However, revenue and expenditure kept close pace with each other, and the balance of trade was increasingly negative, making it difficult to build reserves to spend on investment in infrastructure or services.¹¹⁷ At the core of these issues was the fact that Fiji's economy largely relied on sugar. Sugar and its by-products was indisputably Fiji's most valuable crop, making up 36-58% of annual exports and dwarfing all other agricultural

¹¹⁴ Pacific Islands Monthly, "Move in Fiji to Form All-Race Political Body," *PIM*, (January 1966), 157.

¹¹⁵ Agricultural Landlord and Tenant Act 1967, Ordinances Nos. 23 of 1966, 21 of 1967, 18 of 1968, Law of Fiji.

¹¹⁶ Sue Wendt, "Fiji Flare-Up as Indians Sweep back into Opposition," *PIM*, (October 1968), 20; Pacific Islands Monthly, "Calmer approach to Fiji's Political Problems", *PIM*, (November 1968), 27; TNA: FCO 24/1132, Political Situation, 1971, "Affairs of State, Preoccupations of a Prime Minister, a Special Interview with Ratu Sir Kamisese Mara", *the Fiji Nation News Magazine*, Issue 1971 (2 March); TNA: FCO 24/1143, The Land Question in Fiji, 1971, J. R. Williams, British High Commission, Suva, to Miss I. A. Carpenter, Southwest Pacific Department, FCO, 5 October 1971.

¹¹⁷ See Appendix 2, Tables nos 9-12 for revenue and trade figures.

commodities in gross production value.¹¹⁸ One lesson of the late 1950s, hammered home by the strikes and subsequent reports, was that, while sugar reigned supreme as Fiji's export crop, the economy would be vulnerable. The colonial state saw virtue in the Colonial Office's recommendation to diversify Fiji's economy through introducing new crops and expanding secondary industries, both in terms of balancing participation in the economy between Indo-Fijians and Fijians, and in reducing Fiji's economic dependency on selling sugar to the UK market. The question was finding and allocating the resources to do it.

The 1959 strike was an indication that Fiji's main export product was being sold to an overstocked world market.¹¹⁹ Throughout the 1960s Fiji was somewhat insulated from the potential pitfalls of this situation through a mixture of good fortune and British subsidies. The quantity and price of sugar which Fiji could sell on the free market was fixed by a quota set by the International Sugar Agreements (1954-1977), which aimed to stabilise the market for sugar and prevent major price fluctuations that could hurt exporting countries.¹²⁰ As well as access to the international market, Fiji benefitted from the Commonwealth Sugar Agreement (1950-1974) and United States Sugar Acts, which set annual guarantees for the quantity and price of sugar that each would buy from producing territories.¹²¹ The Commonwealth Sugar Agreement began life as a means of securing Britain a supply of sugar in the immediate post-war era, but evolved into a means of promoting economic development in the colonies whilst compensating for Britain's dollar shortage by expanding Sterling markets.¹²² Britain was the biggest importer of Fiji sugar and paid an annually negotiated price that accounted for the total costs of production and shipping. This was above the price of sugar on the world market from 1956, and the deficit was met by

¹¹⁸ See Appendix 2, Table no. 8 for Gross Production Value figures. Alan Burns, *Fiji*, (London: H.M. Stationery Office 1963), 189, 195.

¹¹⁹ Pacific Islands Monthly, "Sugar Deadlock Threatens Fiji's Economy," *PIM*, (July 1960), 29; Pacific Islands Monthly, "Fiji Defied by an Elusive Indian lawyer", *PIM*, (August 1960), 17; Pacific Islands Monthly, "Big Sugar Loss Worsens Plight of Fiji," *PIM*, (November 1961), 17; Pacific Islands Monthly, "Fiji Sugar Surplus; Growers Worried," *PIM*, (November 1959), 117; Pacific Islands Monthly, "An 'Uncomfortable' Year for Fiji," *PIM*, (December 1959), 21; Pacific Islands Monthly, "Sugar Deadlock Threatens Fiji's Economy," *PIM*, (July 1960), 29.

¹²⁰ David E. O'Connor, "International Commodity Agreements," *Encyclopaedia of the Global Economy: A Guide for Students and Researchers Vol. 1*. (Westport, CT [etc.]: Greenwood Press, 2006), 229; Albert Viton, the *International Sugar Agreements: Promise and Reality*, (West Lafayette, Ind: Purdue University Press, 2004), 272-80.

¹²¹ D. Jones, "The Commonwealth Sugar Agreement and the European Economic Community," *Bulletin of the Oxford University Institute of Economics & Statistics* 29, (1967), 215.

¹²² Michael Moynagh, "The Negotiation of the Commonwealth Sugar Agreement, 1949-1951", *Journal of Commonwealth & Comparative Politics* 15, 2 (1977), 170.

consumer subsidy.¹²³ The Trustream-Eve inquiry into Fiji's sugar industry in 1960, described this agreement as 'the life-stream of the colony.'¹²⁴ Fiji was also able to exploit the tensions between the United States and rival sugar-producer Cuba in the early 1960s by selling stockpile on top of its normal quota to the United States.¹²⁵ Whilst Fiji benefited from these agreements, they also fostered continued dependency on sugar as a reliable export commodity to the United Kingdom, and, to a lesser degree, the United States. The importance of the Commonwealth Agreement meant that the United Kingdom's attempts to enter the European Economic Community posed a serious threat to Fiji. Europe was aiming for self-sufficiency in sugar production and the likelihood of the EEC supporting the continuation of Britain's sugar agreements as they stood was thought to be low.¹²⁶ Sugar alone would not push Fiji's trade balance into positive figures, and there were indications that relying upon it to fund government expenditure might not be viable in the long term.

Not only were there limits to the earnings that sugar could bring to the colony, but also the number of jobs that it could supply. Between 1946 and 1966 land under sugar cultivation increased by 77 percent, but there was a 138 percent increase in the number of Indo-Fijians in the rural population.¹²⁷ As the children born in the late 1940s and early 1950s came of working age, this placed population pressure on Indo-Fijian cane land and created demand for alternative forms of employment.¹²⁸ The CSR sent much of the profit made from sugar to Sydney rather than dispersing it into the local economy – Indo-Fijians' wages remained relatively stationary in real terms and the CSR did little to encourage agricultural diversification.¹²⁹ Although there was a 37.3 percent increase in the number of rural adult Indo-Fijian men pursuing work outside cane cultivation in the last decade of colonialism, this paled in comparison with the 133.2 percent increase in men employed in sugar cane farming.¹³⁰ As a result, by 1966, about a third of the men employed in cane farming were

¹²³ R. A. Ballinger, *A History of Sugar Marketing*, (Washington, 1971), 73.

¹²⁴ Lord Silsoe quoted in *Pacific Islands Monthly*, "The Sugar Economy: How Fiji's Major Industry Survives," *PIM*, (October 1966), 141.

¹²⁵ *Pacific Islands Monthly*, "Cuba's Sugar Loss is Fiji's Gain," *PIM*, (June 1963), 61.

¹²⁶ Jones, "The Commonwealth Sugar Agreement and the European Economic Community," 212, 223-27.

¹²⁷ Moynagh, "Land Tenure in Fiji's Sugar Cane Districts Since the 1920s", 64.

¹²⁸ Alan Burns, *Fiji*, (London: H.M. Stationery Office, 1963), 204-15.

¹²⁹ Michael Moynagh, *Brown or White? A History of the Fiji Sugar Industry, 1873-1973*, (Canberra: 1981), 192, 224; Alan. Burns, *Fiji*, (London: H.M. Stationery Office, 1963), 191.

¹³⁰ Moynagh, *Brown or White?*, 190.

surplus to labour requirements.¹³¹ This made underemployment among Indo-Fijians a serious problem.

However, Suva and London's early efforts to diversify the economy focused on increasing banana and copra (coconut) production for export. This was not simply because there was market demand, or that the environmental conditions for growing these products were ideal, but was also an attempt to increase Fijian participation in the export economy. Copra and its by-products was the second most important crop by value to the economy, and a fairly steady source of income for the territory because the British Ministry of Food guaranteed it an export market.¹³² Forty percent of copra was produced by European plantations and sixty percent by Fijian small scale semi-subsistence farmers.¹³³ The Burns report recommended that substantial work was done to reinvigorate the industry and both Suva and London took steps to do this through tax concessions, and allocating over £33,500 towards developing copra production in the next five year development plan.¹³⁴ Although revenue for exported copra products increased by over two million Fijian dollars between 1965 and 1970, the colonial state was unhappy with the industry's progress because the value of copra to the economy did not come close to that of sugar.¹³⁵ Similarly, the colonial state tried to encourage Fijians and Europeans to grow bananas for export to New Zealand and Japan from the 1950s, but with less market success due to competition with Australia

¹³¹ Moynagh, *Brown or White?*, 190.

¹³² Pacific Islands Monthly, "Governor's Review Shows Fiji's Sound Trading Position," *PIM*, April 1947, 29; Pacific Islands Monthly, "Eight Years of Security for Fiji Colony," *PIM*, (October 1950), 89; Pacific Islands Monthly, "ACP-EEC' Spells 'Good News' for Fiji, Tonga, Samoa," *PIM*, (June 1977), 13; TNA: CO 1023/172, Fiji: Economic Development of the People, 1951-1954.

¹³³ TNA: CO 1023/172, Fiji: Economic Development of the People, 1951-1954; O. H. K Spate, *The Fijian People: Economic Problems and Prospects*, Legislative Council of Fiji, Legislative Council Paper no. 13 of 1959, para. 28; Pacific Islands Monthly, "Important Fiji Administration and Land Reforms Will Clear the Way for Progress," *PIM*, (April 1960), 21, 29-33; Ratuva, *The Politics of Preferential Development*, 12.

¹³⁴ Alan Burns, *Fiji*, (London: H.M. Stationery Office 1963), 194-6; TNA: CO1036/811, Burns Commission, 1960-62, Press Release: Burns Commission Report: Action on 16 Recommendations; Fiji and Arthur Malcolm Trustram Eve, *Report of the Fiji Coconut Industry Survey*, (Government Publication, 1963); Pacific Islands Monthly, 'Copra', *PIM*, (September 1963), 118; Pacific Islands Monthly, "Five Year Development Plan for Fiji Opens up a 'New Frontier'," *PIM*, (December 1963).

¹³⁵ TNA: FCO 24/1135, Economic Situation, 1971, News from Fiji, issued weekly by the Public Relations Office, Suva, Vol. XXVI, no. 50, (22 December 1971); Lal, *Broken Waves*, Table A4, 342.

and Western Samoa.¹³⁶ Experiments in growing cocoa and coffee were an even less fruitful.¹³⁷ Furthermore, land specialist Ralph Gerard Ward (b. 1933), who carried out work in Fiji in 1965, warned that while only just over a third of land on Fiji's two main islands was being used for cultivation, these were the most fertile areas and that, while there were still prospects for agricultural development, there was 'no limitless interior to absorb the population' – instead, jobs would have to be created in cities.¹³⁸ Agricultural diversification was not going to be a quick and easy solution to balance the economy, build up Fijian participation in it, or increase employment opportunities for Indo-Fijians.

Spate and Burns also recommended the development of rural industries such as mining and forestry that would employ Fijians and create high value products for export. However, these measures would take many years, and substantial funding, to implement. While Fiji had the requisite natural resources, both industries required increased capital investment to succeed – the £713,000 put aside for road building in the 1960 budget was criticised as inadequate.¹³⁹ Moreover, the time it would take to create a high quality timber industry far exceeded the ten year leases available to companies wanting to operate on Fijian land.¹⁴⁰ The gold mining industry was an important source of employment to rural Fijians, but the colonial state relied on taxing it heavily for revenue and the company

¹³⁶ Alan Burns, *Fiji*, (London: H.M. Stationery Office 1963), 1; Ralph Gerard Ward, *Land Use and Population in Fiji: A Geographical Study*, (London: H.M. Stationery Office, 1965), 11; Pacific Islands Monthly, "Governor's Review Shows Fiji's Sound Trading Position," *PIM* (April 1947), 29; Pacific Islands Monthly, "Higher Price for Fiji Bananas in NZ," *PIM*, (April 1950); Pacific Islands Monthly, "A Brief Lesson in Banana Importing: Simple and Easy He Says! but has He Tried it?" *PIM*, (April 1959), 31; J. P. Shortall, "More Machinery for Selling Fiji Bananas," *PIM*, (September 1959), 63; Pacific Islands Monthly, "Japan's Interest arouses New Zealand, Swift Moves Alter Whole S. Pacific Banana Outlook" *PIM*, (August 1962), 61; Pacific Islands Monthly, "Fiji 'Should Keep its Head in Sugar Price Boom,'" *PIM*, (August 1963), 13; Pacific Islands Monthly, "Diseases and Australians seen as a Threat to Islands Banana Markets," *PIM*, (November 1964), 9; Pacific Islands Monthly, "Banana's to the Rescue of Ailing Fiji Agriculture!," *PIM*, (January 1973), 85.

¹³⁷ Pacific Islands Monthly, "£20m on Vital Development Plan for Fiji," *PIM*, (July 1966), 20.

¹³⁸ Ralph Gerard Ward, *Land Use and Population in Fiji: A Geographical Study*, (London: H.M. Stationery Office, 1965), 11-15, 98, 114.

¹³⁹ Alan Burns, *Fiji*, (London: H.M. Stationery Office, 1963), 194-204; Pacific Islands Monthly, "The Future of Fiji Forestry: An Unhappy Record, but there's still Promise," *PIM*, (October 1959), 53; *The Guardian*, "Fiji's need of British Economic Help," *The Guardian*, 10 February 1960, Accessed 21 February 2017 <http://search.proquest.com/docview/184605202?accountid=15181>; TNA: CO 1036/811, Burn's Commission, 1960-62, "Solving Fiji's Problems" by Sir Alan Burns, Chairman of the Commission on Land and Population," *Times*, 19 August 1960; Pacific Islands Monthly, "Commentary: £12m for Development but Plans Obscure", *PIM*, (April 1961), 26; Pacific Islands Monthly, "New Fiji Development Plan Caters for Big Growth in Population," *PIM*, (June 1966), 139; Pacific Islands Monthly, "New Projects to Develop Fiji," *PIM*, (March 1966), 141; R. W. Robson, "Three Major Industries Under Strain, Fiji's New Government Faces Some Massive Problems", *PIM*, (February 1967), 25.

¹⁴⁰ Alan Burns, *Fiji*, (London: H.M. Stationery Office, 1963), 196-204;

struggled to make sufficient profits to reinvest in expanding the industry, frequently relying on government subsidies to remain open.¹⁴¹

A final avenue explored by Suva was to develop the tourist industry. This was somewhat successful as annual contributions in government revenue from tourism rose from one £million in 1960 to three £million by the end of the decade.¹⁴² However, there were limits to what tourism could achieve. Tourists paid their travel fares in their home country, meaning that income for Fiji was limited to what they spent on accommodation and luxuries. The benefits in terms of job creation were relatively small and centralised on cities, while in 1960 just over three quarters of the population lived in rural areas, a proportion that only dropped slightly by independence.¹⁴³ While the 1960s were not a disastrous time for Fiji economically, it became apparent to the colonial authorities that the old economic model of Fiji could not be shifted overnight to meet the demand for urban jobs and rural development presented by the young population.

Demand for urban jobs also appeared to be growing among the Fijian community. Ward argued that this was due to a cultural shift rather than land pressure. He estimated that around one third of Fijians were living away from their home villages by the mid-1960s. These were predominantly young men, suggesting a temporary migration. However, he noted that several large village settlements in the countryside were shrinking, and that the Fijian population of Suva had grown by over 51 percent since the war, with more young families in residence.¹⁴⁴ Ward argued that this demonstrated that young Fijian wage labourers and farmers were frustrated with the constraints of the communal system.¹⁴⁵ Like Spate, Ward argued that pressure for jobs for Fijians stemmed from outdated land tenure

¹⁴¹ Alan Burns, *Fiji*, (London: H.M. Stationery Office, 1963), 196-204; Pacific Islands Monthly, "How Fiji Gold Companies are fighting Oppressive Taxation," *PIM*, (December 1950), 107; R. W. Robson, "Why Fiji Anxiously Awaits the Sugar Industry Report," *PIM*, (June 1961), 17, 135; R. W. Robson, "Three Major Industries Under Strain, Fiji's New Government Faces Some Massive Problems", *PIM*, (February 1967), 25; Pacific Islands Monthly, "Emperor Might Leave Fiji after Six Years," *PIM*, (February 1970), 117.

¹⁴² Ralph Gerard Ward, *Land Use and Population in Fiji: A Geographical Study*, (London: H.M. Stationery Office, 1965), 10.

¹⁴³ Pacific Islands Monthly, "Three Major Industries Under Strain, Fiji's New Government Faces Some Massive Problems," *PIM*, (February 1967), 25; World Bank, "Population Dynamics by Country and Group", *Health, Nutrition and Population Statistics, Population Estimates and Projections*, World Bank, 2016, accessed 12 February 2016, <http://datatopics.worldbank.org/hnp/popestimates>.

¹⁴⁴ Ralph Gerard Ward, *Land Use and Population in Fiji: A Geographical Study*, (London: H.M. Stationery Office 1965), 100-01, 105.

¹⁴⁵ Ralph Gerard Ward, *Land Use and Population in Fiji: A Geographical Study*, (London: H.M. Stationery Office 1965), 7, 102-14.

laws rather than population pressure *per se*, but pointed out that a large demand for a, as yet, small number of urban jobs would continue regardless.

As the decade, and imperial rule, approached their close, the 1966 census highlighted that eight times more men were entering the workforce than the number retiring. Under and unemployment looked to be a threat to an orderly retreat for Britain from Fiji.¹⁴⁶ The colonial state and the Colonial Office hoped to raise the standard of living in Fiji by increasing Fijian participation in export and domestic markets and diversifying the economy, but their attempt to do so without extensive land reform, and within the expenditure that they delegated, was not enough to guarantee long-term financial security for Fiji. In the context of underemployment in the 1960s it is worth asking how the colonial state perceived total fertility in the islands in relation to increasingly popular understandings of demographic transition theory. It is also worth considering whether plans for rural economic development and plans for rural health improvement overlapped in areas such as hygiene, nutrition, health education, and family planning.

‘How to Educate Them All?’ Population Pressures on the Education Service

The speed of population growth, combined with an underestimation of new demand for services, also posed a challenge for the colonial state of Fiji. Despite Colonial Office scepticism in the 1950s that Fiji would soon become self-governing, in the 1960s pressure from the UN, the winding up of the Colonial Office due to the decolonisation of Africa, and the precedent for decolonisation in the Pacific Region set by New Zealand transferring power to Western Samoa in 1962, meant that the ‘winds of change’ were rolling into the Pacific.¹⁴⁷ The possibility of self-governance, or even independence, raised the question of who would fill the positions vacated by Europeans in the professions and administration. After strikes the CSR had been forced to set up a local subsidiary company and, taking their cue from them, other businesses and the banks started to try to localise staff.¹⁴⁸ The Burns Commission highlighted that if Fiji were to develop economically, the islands needed more skilled workers and specialists in both agriculture and industry. This created demand for

¹⁴⁶ J. P. Shortall, “Are ‘Sub-Standard’ Houses Fiji’s Answer?”, *PIM*, (October 1960), 57; R. W. Robson, “Fiji’s Birth-Rate Slows, but Still Causes Concern”, *PIM*, (May 1966); President of the Fiji Family Planning Association interviewed in, “Pope’s Encyclical Will make it Harder for Fiji”, *PIM*, (September 1968), 22.

¹⁴⁷ McIntyre, *Winding Up the British Empire in the Pacific Islands*, 68-147.

¹⁴⁸ Lal, *Broken Waves*, 177; A. D. Patel, 112: Address to the Fiji Teachers Union, 9 September 1964, and 114: Address to the Fijian Teachers Association, 4 May 1965, in Brij V. Lal ed., *A Vision for Change: Speeches and Writings of A.D. Patel, 1929-1969*, (Acton, A.C.T: ANU E Press, 2011) <http://epress.anu.edu.au/?p=152161>.

educated workers, especially English speakers, as this was the common legal language of Fiji. There was also popular pressure for more, and better, educational facilities – the Indo-Fijian submission to the Commission had called for more educational facilities and removal of fees for primary school children, and some prominent Fijians made similar demands.¹⁴⁹ Patel ran the NFP campaign in 1968 on a promise to nationalize industries to pay for free education.¹⁵⁰

The colonial state had not anticipated the number of teachers and school facilities that would be needed for secondary and tertiary education. As a result, the educational service had to play catch up in terms of the level of education it offered, whilst catering for the increasing number of children of primary school age.¹⁵¹ The Legislative Council declared that although education would receive the largest portion of the social services budget, free education was impossible in 1963.¹⁵² The education department relied on the voluntary sector – Catholic, Methodist, and Anglican missions, the Fijian administration, and Indian, European and Chinese Committees – to establish schools, to which the department provided grants to help with the running cost.¹⁵³ The colonial state had some success, as the number of schools expanded rapidly, rising from 464 in 1962 to 650 in 1963.¹⁵⁴ There were only 530 secondary school students in 1946 but this rose to 5,762 post-primary school students in 1960 (including those in vocational training at the new Derrick Technical institute), and 15,068 in 1969.¹⁵⁵ Between 1963 and 1968 the percentage of children under fourteen years old receiving schooling rose from 79.9% to 84.8%.¹⁵⁶ However, among the problems highlighted by the Royal Commission on Education, sent by Britain to do a pre-independence assessment in Fiji in 1968, were teacher shortages and poor facilities. The Report of the Education Department for the Year 1969 concurred, ‘The growth of school

¹⁴⁹ Pacific Islands Monthly, “Burns Commission off to a Good Start”, *PIM*, (July 1959), 17; Ratu Joni Vuiyasawa, “Fiji’s plea for South Seas Colombo Plan”, *PIM*, (December 1962), 34.

¹⁵⁰ Pacific Islands Monthly, “Fiji Opposition will go to the Polls with Plan for Independence”, *PIM*, (August 1968), 20; Pacific Islands Monthly, “Full Self-Governing Fiji is “Inevitable””, *PIM*, (September 1968), 21.

¹⁵¹ Helen Goodwill Tavola, “Secondary Education in Fiji: An Investigation into School Effectiveness in a Changing Society”, PhD dissertation, London School of Economics and Political Science (United Kingdom), 1990, 121.

¹⁵² Pacific Islands Monthly, “Fiji “can’t pay’ Education”, *PIM*, (June 1963), 51; Pacific Islands Monthly, “Fiji Budget a Record”, *PIM*, (December 1963), 12.

¹⁵³ Alan Burns, *Fiji*, (London: H.M. Stationery Office 1963), 216-24.

¹⁵⁴ A. D. Patel, 112: Address to the Fiji Teachers Union, 9 September 1964, and 114: Address to the Fijian Teachers Association, 4 May 1965, in Brij Lal ed. *A Vision for Change: Speeches and Writings of A.D. Patel, 1929-1969*, (Acton, A.C.T.: ANU E Press, 2011) <http://epress.anu.edu.au/?p=152161>.

¹⁵⁵ Goodwill Tavola, “Secondary Education in Fiji”, 123, 129.

¹⁵⁶ Goodwill Tavola, “Secondary Education in Fiji”, 126.

rolls has far outstripped Fiji's capacity to train the necessary teachers.¹⁵⁷ By the mid-1960s only 2,900 teachers were responsible for educating around 100,000 children.¹⁵⁸ Until the establishment of the University of the South Pacific in 1968, which included a teacher training college, the number of qualified teachers, especially secondary teachers, remained close to static. In response, Jonate Mavoa, the minister for Social Services in 1969, called on the Nurses' Association of Fiji to step up the family planning campaign. He argued that the expansion of social services, including education, was only possible where government expenditure went primarily into economic development rather than being absorbed by these same services. According to Mavoa, only when the birth rate dropped to 25 per thousand would it be possible to contemplate free education. He complained 'if there is little education, acceptance of family planning is slower... if there is no family planning, how can you educate them all?'¹⁵⁹

Conclusion: How Circumstance Could Encourage Decision-Makers to Instrumentalise Maternal and Child Health Policy

While London negotiated Britain's continued sovereignty over the future of the colonies, partially through health diplomacy, at an international, inter-imperial, and regional level, the colonial state of Fiji was preoccupied with how to balance the ethno-political situation in Fiji to ensure the same on the ground. For the colonial authorities in Fiji this meant managing increasingly politicised Indo-Fijian leaders calling for independence and democracy, and Fijian chiefs resisting change because they feared it would lead to an erosion of their way of life. The Colonial Office and colonial state sought an elusive compromise between ethnic communities and with each other. The Colonial Office favoured land reform and economic inclusion of Fijians as the best way of promoting racial harmony, in line with a colonial policy aimed at closing the dollar gap and avoiding controversial policies such as population control. However, it was largely preoccupied with decolonisation in larger colonies until the late 1960s, to the frustration of the colonial state. Meanwhile the colonial state was anxious about the constitutional, landownership, and service provision problems that were complicated by differential fertility and the speed and magnitude of

¹⁵⁷ Department Report quoted in Goodwill Tavola, "Secondary Education in Fiji", 128.

¹⁵⁸ A. D. Patel, 112: Address to the Fiji Teachers Union, 9 September 1964, and 114: Address to the Fijian Teachers Association, 4 May 1965, in Brij. V. Lal ed., *A Vision for Change: Speeches and Writings of A.D. Patel, 1929-1969*, (Acton, A.C.T: ANU E Press, 2011) <http://epress.anu.edu.au/?p=152161>.

¹⁵⁹ Jonate Mavoa, "Birth Control seen as Answer to Fiji Education Problem", *PIM*, (January 1969), 27.

population growth. This was particularly the case as the colonial state attempted to create an internally consistent policy that ensured that each ethnic group was adequately educated, as well as economically and politically involved, but that somehow maintained indigenous land rights whilst doing so. Indo-Fijian and Fijian leaders wanted different ends, and both were skilled negotiators able to make a moral case for their cause. Ultimately it was a shift in leadership within the two main parties, albeit under pressure from the Colonial Office, which allowed for a compromise constitution to be drawn up.

It was in this context that the colonial medical service, and its administrative overseer the SPHS, interpreted data about relative mortality and fertility rates between communities and the total increase in population. Health programmes had originally been instituted in Fiji to address the higher mortality rate of Fijians in relation to Indo-Fijians and preserve the legitimacy of colonial rule. Post-war population trends presented new challenges for colonial governance. Colonial fears that the Fijian population would decline if Indo-Fijians outnumbered them had proved unfounded. It is worth asking then, how health policy was affected when the colonial state saw overpopulation and underdevelopment as the main barriers to statehood. Also of interest is how health policy did or did not reflect colonial attempts to reduce racial divides. The colonial state had tried to use health policy to paternalistically prepare Fijians for interaction with the 'modern' world so it is possible they also used it to prepare them for citizenship. The dispute between the colonial state and the Colonial Office over whether agricultural underdevelopment or population growth was the biggest problem for Fiji indicated that there were probable consequences for how each viewed health projects such as nutrition and family planning.

This context would also have implications for how the health service in Fiji related to the SPC and WPRO. London was worried that these organisations had supra-national ambitions but it is possible Suva was more interested in what expert services and extra funding they could receive from them, given the limitations on government spending and support from the Colonial Office. It is also worth examining whether the regional or inter-imperial priorities of these organisations clashed with, or complemented, the way that health measures were enacted by Fiji's medical service. In other words, what was the role of inter-colonial and international health in shaping health projects in this decolonising context? It is these possibilities that the following case studies on infant and maternal

nutrition, family planning, population control, and women's health education seek to explore.

Chapter 4. Maternal and Infant Nutrition Programmes: Sites of Competition between Territorial and Regional Health Organisations, 1949-1963

Having established the context in which health policy decisions were made this chapter moves on to consider negotiations over maternal and child health policy can tell us about the dynamics of the relationships between colonised people, different layers of colonial governance, regional, and international actors during decolonisation. It will also begin to address the degree maternal and child health was instrumentalised to further the wider ethno-political, social, economic, and foreign policy priorities of the actors involved. Maternal and child (especially infant) nutrition was an area of interest to the colonial authorities in Fiji and London, and their health service the SPHS, but also for the SPC and WPRO. It was such a priority for each that it was among the flagship programmes of both the SPHS and the SPC in their first decade of work, and WHO headquarters' early priorities at a global level.

This chapter uses maternal and child nutrition as a case study to explore whether intellectual agreement on the need to tackle a problem allowed these bodies to work together despite the different intellectual, institutional, and political contexts in which each body operated. It compares the approaches of the SPC and the SPHS to addressing suboptimal maternal and child nutrition in Fiji and the degree to which these were shaped by political or institutional rather than purely scientific and medical concerns. It then examines what happened when it was proposed by the SPC and the Colonial Office that the SPC and the SPHS might collaborate. It goes on to explore what happened when WPRO suggested it might become more involved in maternal and child health later in the decade. It argues that colonial fears of non-British oversight had created an institutional environment that was not conducive to inter-organisational collaboration and trust, even between colonial and inter-imperial organisations. It concludes by suggesting that a change in dynamic would be necessary if these organisations were to work together in the 1960s.

Background

The colonial authorities in London and Suva, the medical service, the SPC, and the WPRO might have been expected to cooperate in improving maternal and infant health and nutrition as all of them were interested in tackling these areas in the post-war years. The

Colonial Office had enquired as to whether there were major nutritional deficiencies in Fiji just before the war, in 1937, and this new interest in nutrition was sustained by them into the post-war era.¹ Pronounced deficiency diseases in infants and children such as kwashiorkor, pellagra and beriberi existed in Fiji in the immediate post-war era, but such cases were rare. Visiting experts and members of the territory's medical service in the late 1940s and early 1950s agreed that they occurred as a result of child neglect or personal tragedy – such as the sudden death or incapacity of a parent – or in the aftermath of unusually violent hurricanes.² Nevertheless, the SPHS and the colonial medical service expressed concern that sub-clinical nutritional deficiencies – nutrition pathologies without immediately identifiable external symptoms or signs – were a widespread and undetected source of general morbidity, which exacerbated infant mortality. They instigated a research project in 1951 to investigate this possibility.³ This new-found government interest in the nutritional status of citizens in Fiji was mirrored in colonial, inter-imperial, and international institutions.

While only 0.5 % of funding provided by the Colonial Office under the Colonial Welfare Acts was spent on pure nutrition projects in the empire, this figure does not include the much larger sums spent on health services and agricultural development projects in which nutritionists participated.⁴ Nutrition research also benefitted when the Colonial Office expanded its technical and research services as it provided funds to create a Department of Nutrition at the London School of Hygiene and Tropical Medicine in 1946.⁵ Concurrently, the

¹ LSHTM: GB 0809 Nutrition 17/05/02/02, Malnutrition in Fiji, c. 1950s-1962, Economic Advisory Council Committee on Nutrition in the Colonial Empire, Copy of Dispatch no. 43, 26 February 1937, with enclosure, from the Governor of Fiji, Interim Report on Nutrition in Fiji.

² LSHTM: GB 0809 Nutrition 17/05/01/01, South Pacific Board of Health Minutes and Publications, 1946-1960, South Pacific Health Service, *Inspector-General's Report 1st January 1946 to 30th September 1947*; S.G. Ross, "Pellagra in Fiji", *American Journal of Tropical Medicine*, 30, no. 6 (November, 1950), 921–28; TNA: CO 859/232/6, West Pacific: Fiji and the South Pacific Commission, 1950-1951, Muriel Bell and Lucy Wills, Report on Pilot Survey on State of Nutrition of Fijians and Indians in Fiji, January–February 1950; P.E.C. Manson-Bahr, "Fijian Kwashiorkor", *Documenta de Medicina Geographica et Tropica* 4, (1952), 97–106.

³ LSHTM: GB 0809 Nutrition 17/05/01/01, South Pacific Board of Health Minutes and Publications, 1946-1960, South Pacific Health Service, *Inspector-General's Report 1st January 1946 to 30th September 1947*; TNA: CO 859/232/6, West Pacific: Fiji and the South Pacific Commission, 1950-1951, Muriel Bell and Lucy Wills, Report on Pilot Survey on State of Nutrition of Fijians and Indians in Fiji, January–February 1950.

⁴ Michael Ashley Havinden and David Meredith, *Colonialism and Development: Britain and its Tropical Colonies, 1850-1960*, (Psychology Press, 1993), 256.

⁵ Joseph Hodge, Gerald Hödl and Martina Kopf, ed., *Developing Africa: Concepts and Practices in Twentieth-Century Colonialism* (Manchester: Manchester University Press, 2014), 105; "Obituary: Professor BS Platt", *Nature*, no. 223 (1969), 873-74; Colonel W. Elliot, "Nutrition in Colonial Territories," *Proceedings of the Nutrition Society* 5, 1-2 (1946), 1-43.

SPC declared in 1949 that studies of diet and nutrition in the Pacific Islands would be among its first research projects.⁶ Furthermore, two of the newly formed UN agencies, WHO and FAO, were busy promoting awareness of single deficiency disorders around the world and how governments and health services could help to treat and prevent them.⁷ The relationships between the Colonial Office, the SPHS, and the SPC were particularly important in directing policy in Fiji as these were the direct channels by which nutrition policy was discussed in the 1950s. These developments were partially the culmination of a century of increasing public, scientific, and political attention – in Britain, the empire, and the international sphere – to the topic of how to ensure citizens had an optimal diet, and whether it was the state’s duty to provide one. Therefore, a case study of nutrition should reveal how, and to what degree, the colonial government health policy makers engaged with international and inter-imperial organisations.

The Director of Medical Services in Fiji was also the Inspector General of the SPHS and an associate member of the SPC’s Research Council. As well as overseeing the administration of Fiji’s medical service, he was responsible for coordinating British and New Zealand health programmes and for providing occasional advice to the SPC on matters of health. He wielded influence as Britain’s preeminent expert on health issues based in the region, along with his team of health administrators based in Suva. The SPHS’s senior staff were also consulted by the Colonial Office and by Fiji’s Government on how Britain should view issues and project proposals raised by the SPC. They frequently served as both Britain and Fiji’s representatives at SPC conferences and research meetings. However, the United Kingdom’s two Commissioners ultimately held the executive votes on the SPC budget and work programme and they were usually picked from among senior general administrators in the region.⁸ The Commissioners took instruction directly from the Colonial Office but were based in Fiji meaning that health administrators could meet them often for face to face discussions.

⁶ South Pacific Commission, Research Programme / [prepared by the Research Council Health Committee], Committee H, First Research Council Meeting, 30 April - 9 May 1949: Nouméa, New Caledonia, RC1/Com. H 1 rev 1 (Nouméa, New Caledonia: SPC, 1949), Appendix III, 1.

⁷ World Health Organization, Technical Report Series No. 16, Joint FAO/WHO Expert Committee: Report on the First Session, Geneva, June 1950, 45–58.

⁸ For example, H. H. Vaskess (1891-1969), the retired Secretary of the Western Pacific High Commission who represented Britain on the SPC from 1947-1958.

The first Inspector General of the SPCS and the Director of Medical Services, Dr. J. M. Cruikshank, his successor Dr. Patrick W. Dill-Russell (1910-1977), and their teams, were known both in London and Nouméa for being reluctant collaborators with the SPC. After receiving one of many expositions from Fiji on the failings of the SPC's Health Section one United Kingdom Commissioner to the SPC wrote to the Colonial Office wryly, that 'Fiji has apparently in the past achieved a slightly unenviable reputation for non-cooperation with the Commission and I am a little bit worried lest if the views of the D.M.S. are quoted *in extensie*, we shall be further accused of non-cooperation.'⁹ Non-cooperation from Fiji posed a threat both to London's attempt to use Britain's participation in the SPC as evidence that it was working for the wellbeing of colonised peoples under the conditions of the UN Charter, and to the SPC's aim to promote research informed health policy. Establishing the difficulties experienced between the different layers of colonial governance in their relationship to each other and the inter-imperial SPC is crucial to understanding how the health policy process worked.

Health administrators in Fiji were not unaware of the political dimensions of their work. They were cognisant with the range of ethno-political, social, and economic problems faced by Suva, and how the SPC fell into London's strategy to control decolonisation in the South Pacific. It is possible that senior health administrators in Fiji weighed the SPC's policy proposals in terms of how they tied into these wider aims. More immediately, tensions may have arisen from differing professional opinions on the measurement, prevention, and treatment of health problems, or from competition between the organisations over resources, influence, and expertise. Two important recent studies of late colonialism in the Pacific, by McIntyre and Banivanua-Mar, focus on the political role of London and the cultural role of colonised peoples in decolonisation respectively, but give less attention to colonial officials in Suva.¹⁰ However, these men and women played a quiet role in the direction of policy as the British Foreign Office and Colonial Offices' efforts to ensure that London was in control of the pace and direction of policy in the colonies through the SPC, had unintended consequences at a territorial level.

⁹ TNA: CO1009/618, the South Pacific Commission, Sectional Programming, Health Section, 1958-1961, Second UK Commissioner on the SPC, 16 July 1959.

¹⁰ William David McIntyre, *Winding up the British Empire in the Pacific Islands* (2016); Tracey Banivanua-Mar, *Decolonisation and the Pacific: Indigenous Globalisation and the Ends of Empire*, (2016).

In the 1950s, nutrition programmes, especially in infant nutrition, were a health priority for the medical services and the SPHS, the Colonial Office, and the SPC, and yet, despite the apparent potential for agreement in this area little cooperation was achieved. This chapter will explore why this was the case, focusing on the response from health administrators in Fiji to the SPC's major nutrition programme and a related maternal and child health programme. The period from 1949 to 1963 marks the time from the inception of the SPC's first nutrition programme until the date that it integrated nutrition with other projects. 1963 also roughly coincides with Dr. Charles Henry Gurd (1920-1999) taking over as Director of Medical Services and head of the SPHS, and the Research Council of the SPC meeting for the last time, bringing around a change in the leadership of both organisations.¹¹ The official reports of the SPC build a picture of the evolving nutrition programme, while the Colonial Office archives track various colonial agents' responses to it. Files from the US Department of State add detail to these accounts because they consulted with Britain in the run up to meetings of the Executive Board of the SPC, and observed and analysed Britain's response to proposed policies at these meetings.

First, the history of the relationship between colonial and international efforts to tackle nutrition will be examined to provide the wider context of why, at the end of the Second World War, improving nutrition in the colony of Fiji was on the agendas of policy makers and shapers. Then, the separate institutional aims and priorities of the SPC and the SPHS nutrition programmes will be examined to demonstrate how and why they converged and diverged. Next, disputes over nutrition programmes between these organisations will be examined and common sources of conflict drawn out. These will be contextualised by examining similar incidents involving other health programmes, before conclusions are drawn on the implications this state of affairs had for health policy making processes.

Colonial Attitudes to Nutrition in an International Context, 1900-1950

The history of colonial Britain's relationship with international institutions before the Second World War provides precedents for the scenario of shared interest but minimal co-operation over nutrition policy between the colonial government in Fiji, the SPC, and WPRO. James Vernon's *Hunger: A Modern History* focuses on the impact that nutritional science

¹¹ Thereafter the heads of the health, social and economic sections compiled and submitted their reports to the SPC without extensive meetings.

had on ideas of what good governance looked like in Britain and parts of the empire, such as India and Ireland in the nineteenth and twentieth century. However, he argues that the story of nutritional science and its relationship to governance in the twentieth century is ‘inherently transnational and irreducible to the imperial relationship’, as nutritional scientists frequently worked in a range of settings during their careers and, through their itinerant scholarship, created networks of expertise across the globe.¹² From the early twentieth century, new scientific techniques for isolating and identifying micro-nutrients allowed scientists to break down and define healthy diets in quantitative and qualitative terms. Within Britain, medical doctors developed new diagnostic methods that used a range of physical symptoms such as height, weight, eyesight, muscle tone and appearance, to rate children on a scale from those with optimum nutritional health through to the under-fed, rather than placing them in the binary categories of those with adequate versus inadequate food intake.¹³ Simultaneously, social scientists, governments and employers developed new social research methods aimed at peering into the homes, dietary habits, income and spending of the poor.¹⁴ These tools for measuring the nutritional status of populations allowed a range of campaigners to put pressure on the British government to promote optimal nutrition. Whether the government should act out of humanitarian or economic concern and whether their interventions should focus on better education, better wages or better market regulation, or act were points of contention, but nutrition was a point of public discussion that was not going to go away nationally, internationally, or even in the colonial context.¹⁵

During the interwar period the British government turned some attention to whether standards of nutrition were adequate within the empire. Nutrition first appeared on the Colonial Office’s desk in the late 1920s with a report by nutritional scientists John L. Gilks and John Boyd Orr on ‘the Nutritional Condition of the East African Native’ which discussed the effect of different African diets on the health of labourers and the survival of

¹² James Vernon, *Hunger: A Modern History*, (London: the Belknap Press of Harvard University Press, 2007), 105-17.

¹³ For example, the Dunfermline Scale (1912), see, Carnegie Dunfermline Trust, *Annual Report on the Medical Inspection of School Children in Dunfermline* (1912–13), 18–20.

¹⁴ Vernon, *Hunger*, 129-30.

¹⁵ Vernon, *Hunger*, 157.

children.¹⁶ Michael Worboys argues in his seminal chapter that it was at this moment that nutrition was 'constructed as an imperial problem and put on the world political agenda'.¹⁷ However, it was Boyd Orr, not colonial officials, who ensured it was picked up by the League of Nations Health Organization.¹⁸ By the late 1930s the League of Nations had issued several reports on malnutrition in Europe, which used data from across the continent to set the first international dietary standards and a package of policy recommendations calling upon governments to solve malnutrition. These could be inferred to apply to all territories, not only those on the European continent.¹⁹ The implication was that governments could alleviate the human suffering caused by malnutrition and had a moral obligation to do so.

However, nutritional scientists, despite their transnational careers, at any one time worked in the context of one territory and were susceptible to the limitations of their own assumptions and the institutional, cultural, and political context in which they worked at that moment. This fed back into the evidence they produced for policy makers. This is evident in imperial nutrition projects. The Colonial Office was most concerned with the idea that malnutrition produced an inefficient labour supply and consequently retarded the economic development of the colonies.²⁰ In the context of the world recession and stirring nationalist movements it was taking a greater interest in economic development in the colonies as a means of mitigating the effects of the depression at home, and quieting accusations of imperial neglect.²¹ It was the Economic Advisory Council that launched a large-scale survey into 'Nutrition in the Colonial Empire' (1938-1939). This document argued that 'optimum' nutrition would go a long way to solving the economic troubles of the colonies as it would increase local markets and consumption, and reduce labour inefficiency

¹⁶ John Langton Gilks and John Boyd Orr, "The Nutritional Condition of the East African Native," *The Lancet* 209, no. 5402 (1927), 560-62.

¹⁷ Michael Worboys, "The Discovery of Colonial Malnutrition between the Wars," in *Imperial Medicine and Indigenous Societies*, ed. David Arnold (Manchester University Press, 1988), 208-25.

¹⁸ Iris Borowy, "International Social Medicine between the Wars: Positioning a Volatile Concept," *Hygiea Internationalis* 6, no. 2 (2007), 28; W. R. Aykroyd, "Diet in Relation to Small Incomes," *Quarterly Bulletin of the Health Organisation. League of Nations* 2, (1933), 130-53.

¹⁹ Iris Borowy, *Coming to Terms with World Health: The League of Nations Health Organisation 1921-1946*, (Peter Lang, 2009), 388-92.

²⁰ Worboys, "The Discovery of Colonial Malnutrition between the Wars", 208-25.

²¹ Worboys, "The Discovery of Colonial Malnutrition between the Wars", 216-19.

and the 'wastage' of 'human life and effort' that infant mortality represented.²² Although the report focused on how government intervention to improve agricultural outputs and markets could improve the situation, it gave special attention to infant mortality, which was partially blamed on poor feeding practices.²³ However, the arrival of war demonstrated the limits of the British government's interest in the nutritional welfare of colonial peoples as their basic food needs were subordinated to maintaining dietary standards in Britain and liberated countries in Europe.²⁴

The experience of war reinforced the idea that nutrition should be a state and an international concern. President Roosevelt's four freedoms speech defending US financial support for Britain became the ideological justification for the Allied war effort in the later years. He argued that victory should provide 'freedom from want' for all peoples. The success of rationing in Britain, which maintained the health of the nation under siege whilst providing the civilian army with wholesome food, forced British governments to recognise nutrition as a domestic responsibility.²⁵ Meanwhile, the League of Nations Health Division continued to collect data on the effects of insufficient food supplies in Europe, demonstrating related increases in morbidity and infectious disease.²⁶ The FAO was born out of the confluence of these circumstances. At its helm was Boyd Orr who attempted to capitalise on this opportunity to change government approaches to nutrition internationally. He argued that hunger not only resulted in human misery and death, but caused war, as hungry workers and discontented producers turned to populist figures, such as the fascist dictators, in the hope of salvation.²⁷ He proposed that the FAO should regulate the market in essential foods through a World Food Board, an idea that was quickly shut down by the

²² Economic Advisory Council Committee on Nutrition in the Colonial Empire, *First report: Part I, Nutrition in the Colonial Empire, 1938-9* (Cambridge: ProQuest LLC, 2007), http://gateway.proquest.com/openurl?url_ver=Z39.88-2004&res_dat=xri:hcpp&rft_dat=xri:hcpp:rec:1938-036300,12-14.

²³ Economic Advisory Council Committee on Nutrition in the Colonial Empire, *First Report: Part I, Nutrition in the Colonial Empire, 1938-9* (Cambridge: ProQuest LLC, 2007), http://gateway.proquest.com/openurl?url_ver=Z39.88-2004&res_dat=xri:hcpp&rft_dat=xri:hcpp:rec:1938-036300,363-75.

²⁴ Tiyambe Zeleza, "The Political Economy of British Colonial Development and Welfare in Africa," *Transafrican Journal of History* 14 (1985), 149-51; Madhusree Mukerjee, *Churchill's Secret War: the British Empire and the Ravaging of India during World War II*, (Basic Books, 2010).

²⁵ Lizzie Collingham, *the Taste of War: World War Two and the Battle for Food* (London: Allen Lane, 2011), 397-401.

²⁶ Yves M. Biraud, "Health in Europe: A Survey of the Epidemic and Nutritional Situation", *Bulletin Health Organisation* (League of Nations), 10, 4 (1943), 557-699; Barona Vilar and Josep Lluís, *the Problem of Nutrition: Experimental Science, Public Health, and Economy in Europe, 1914-45* (Brussels: Lang, 2010), 119-25.

²⁷ Wellcome Library: *the World of Plenty* (1942), directed by Paul Rotha (Paul Rotha Publications).

USA and Britain, which saw it as a threat to their trade policies.²⁸ However, the FAO was able to influence agricultural policy in alternative ways, through technical assistance to nations in the form of agricultural projects, information dissemination, and nutrition research. The FAO and WHO's Joint Expert Committee on Nutrition was established in 1949 and aimed to set priorities for international research. The Joint Expert Committee focused on promoting awareness of single deficiency disorders, particularly childhood protein deficiency, and made recommendations to tackle them.²⁹ While the FAO promoted increased agricultural output, WHO lobbied governments to measure the nutritional health of their populations, drawing up recommended methods for nutritional status surveys.³⁰ The idea that a government could be judged on how well its people were fed was gaining momentum. However, this story, while compelling, does not examine closely enough how politics affected nutritional science as it does the reverse. The ways in which the racial politics of empire bled into nutritional research and back into policy at both a colony and an international level are given passing, but inadequate, attention.

When scholarship only looks at the grand political narrative of policy making, it is easy to see all nutrition policy decisions as self-serving British colonialists versus starry eyed internationalists.³¹ While ideological competition played an important role in policy decisions, this was often closely tied to more mundane competition between institutions for prestige and resources. Secondly the motives of British civil servants, senior colonial administrators and colonial health workers did not necessarily align with precision, nor did they all always agree with or interpret 'British' policy in the same way. Even if all were in favour of preserving national sovereignty and of improving nutrition in the colonies, their differing geographical and institutional perspectives might lead them to adopt different strategies to advance those aims, or rank policy priorities differently. Beyond the ideological

²⁸ Amy Staples, *"The Birth of Development." How the World Bank, Food and Agriculture Organization, and World Health Organization Changed the World, 1945–1965* (2006), 84-96.

²⁹ World Health Organization, *The First Ten Years of the World Health Organization* (Geneva: WHO, 1958), 310-16; Kenneth John Carpenter, *Protein and Energy: A Study of Changing Ideas in Nutrition* (Cambridge: Cambridge University Press, 1994), 149-59; Jean Ritchie, *Teaching Better Nutrition: A Study of Approaches and Techniques* (Washington: FAO, 1950); Marjorie Scott, *School Feeding: Its Contribution to Child Nutrition* (Rome: FAO, 1953); Jean Ritchie, *Learning Better Nutrition: A Second Study of Approaches and Techniques* (Rome: FAO, 1967); Richard D. Semba, "The Rise and Fall of Protein Malnutrition in Global Health", *Annals of Nutrition and Metabolism*, 69, no. 2 (2016), 79–88.

³⁰ World Health Organization Technical Report Series No. 16, Joint FAO/WHO Expert Committee: Report on the First Session, Geneva, June 1950, 45–58.

³¹ Staples, *"The Birth of Development."*, 84-96.

assessments of international and inter-imperial organisations, the relative practical merits of cooperation with them could be seen differently by the British government and the colonial state.

I have shown in a previous article that the ethno-political situation in Fiji intersected with wider research trends in such a way that nutrition research conducted there asked questions and produced results and recommendations that reflected a hybrid of colonial, inter-imperial and international influences, although it was ultimately weighted on the side of the concerns of the colonial state.³² This chapter will build on that study by considering the ways in which the SPHS and Colonial Medical Service in Fiji attempted to control external influences on policy, even if these did ultimately leak into research conducted there. It will look at the broader context of nutrition policy and ask whether colonial staff in Fiji used discussions of nutrition projects to influence Britain's broader relationship with the SPC.

Staking a Claim: The South Pacific Commission's Nutrition Projects H.2 and H.5, 1949-1957

Nutrition projects became an important means by which the SPC pursued institutional and strategic aims. Among the first five research projects that the SPC's Health Section proposed to undertake, were one on infant and maternal welfare (Project H.2), and one on diet and nutrition (Project H.5).³³ These projects were partially an attempt by the SPC to position the Health Section of the Research Council as a credible leader of health and development strategy in the South Pacific region. Acting on nutrition would demonstrate that they were conversant with international health policy trends, as well as responding to a measurable medical need. When the Research Council proposed the projects to the Executive Board, they quoted WHO's aims for maternal and child health programmes – to encourage the care of mothers, survival of infants, and healthy development of children, by promoting international knowledge sharing and the development of services.³⁴ At this stage the relationship between the WPRO and the SPC had yet to be settled. By aligning itself

³² Sarah Clare Hartley, "Interweaving Ideas and Patchwork Programmes: Nutrition Projects in Colonial Fiji, 1945–60," *Medical History* 61, no. 2 (2017), 200-24.

³³ South Pacific Commission, Research Programme / [prepared by the Research Council Health Committee], Committee H, First Research Council Meeting, 30 April - 9 May 1949: Nouméa, New Caledonia, RC1/Com. H 1 rev 1 (Nouméa, New Caledonia: SPC, 1949), Appendix III, 1.

³⁴ South Pacific Commission, Research programme / [prepared by the Research Council Health Committee], Committee H, Research Council Meeting 1st: 30 April - 9 May 1949: Nouméa, New Caledonia, RC1/Com. H 1 rev 1 (Nouméa, New Caledonia: SPC, 1949), Appendix III, 1.

with the priorities of WHO headquarters the SPC could balance leaving the door open to being assumed into WHO as a sub-regional or regional office, with demonstrating that the administering governments were committed to achieving universal health standards without WHO interference, an option preferred by Britain, Australia, and New Zealand.³⁵ By making infant nutrition and maternal and child health flagship programmes, the SPC Health Section also demonstrated that its work was relevant to all the Pacific Island territories. The islands had distinct disease patterns; for example, malaria could be found in most of Melanesia, excepting Fiji, but not further to the East in Polynesia and Micronesia. On the other hand, maternal and child health and nutrition problems could be measured in relative terms, meaning that all territories could improve.³⁶

Institution building blended almost indistinguishably with evidence of medical need. In all the territories children of weaning age were at greatest risk of death and in most of them governments had been concerned about the role of infant mortality in decreases in population in recent decades.³⁷ In 1947 and 1949 the Health Section of the Research Council argued that, despite these commonalities, very little research work had been done on South Pacific diets and that a project on diet and nutrition would be timely.³⁸ Infant nutrition was an early priority, and the Research Council suggested that the SPC should research the production of a weaning food using foodstuffs that were available in all islands.³⁹ These early proposals made the case for the SPC's usefulness as a central research body. After the SPC decided to combine the nutrition and the maternal and infant nutrition projects, Dr. E. Massal, the SPC's Executive Officer for Health, used them to make the case for a permanent research centre and thereby ensure the longevity of the Health Section. Massal argued that for the SPC to be effective it needed permanent research teams on epidemiology, hygiene,

³⁵ See chapter 2, 62-64.

³⁶ "South Pacific Commission", *International Organisation* 2, 3 (1948), 549-50.

³⁷ South Pacific Commission, Research programme / [prepared by the Research Council Health Committee]. Committee H, First Research Council Meeting, 30 April - 9 May 1949: Nouméa, New Caledonia, RC1/Com. H 1 rev 1 (Nouméa, New Caledonia: SPC, 1949), Appendix VI, 1-2.

³⁸ College Park: RG 43 Records of International Conferences, Commissions, and Expositions, Records Relating to the South Pacific Commission, Research Council Projects File 1948-1961, Health General to H.2 Five Reports on Nutrition, Box no. 19, Entry 1145, South Pacific Commission, Research Council, Eleventh Meeting, Nouméa 12-20 July 1960, Chronological Account of the Work and Publications of the Commission in the Field of Nutrition; South Pacific Commission, Research programme / [prepared by the Research Council Health Committee]. Committee H, First Research Council Meeting, 30 April - 9 May 1949: Nouméa, New Caledonia, RC1/Com. H 1 rev 1 (Nouméa, New Caledonia: SPC, 1949), Appendix VI, 1-2.

³⁹ South Pacific Commission, Research programme / [prepared by the Research Council Health Committee]. Committee H, First Research Council Meeting, 30 April - 9 May 1949: Nouméa, New Caledonia, RC1/Com. H 1 rev 1 (Nouméa, New Caledonia: SPC, 1949), Appendix III, 1-2.

tuberculosis, and nutrition and alimentation. This would be a way of securing the ongoing financial commitment of the administering powers to SPC projects, ensuring that they built upon each other, and attracting talented staff to the programmes. To run annually, such a scheme would require around £30,000 which, he argued, could be met by applying for funding from the UN Technical Assistance Board and WHO, thus setting the SPC up as a channel for these funds.⁴⁰ Massal also justified the appointment of long-term staff by arguing that the territories were unable to provide adequate information on certain health issues, especially nutrition, and needed the advice of experts who had, or could build, knowledge of the issue and of the region.⁴¹

Within the SPC, Massal had success in making the case for a long-term nutrition programme. In the years 1950-1957, spending on these projects rose from £8,700 in 1950, to well over £20,000 per year by the end of the decade.⁴² His plan for a full-time team was gradually realised, beginning in 1950 with the appointment of dietitian, Sheila Malcolm. She researched weaning foods and put together educational booklets and posters on infant health. Malcolm travelled to several islands to write technical papers on infant nutrition over the following three years, beginning with visits to Papua and New Guinea, and New Britain in 1950.⁴³ Her research demonstrated that although infants throughout the South Pacific had similar birth weights to Australian children they suffered a lag in weight gain at the age of weaning (between nine and eighteen months). She attributed this to low protein consumption and poor weaning practices.⁴⁴ A biochemist, Mr. F. E. Peters, was hired in

⁴⁰ South Pacific Commission, Research in the Field of Health, RC2, Second Research Council Meeting, 7 - 18 August 1950: Sydney, Australia, RC2/6 (Nouméa, New Caledonia: SPC, 1950), 1-2.

⁴¹ South Pacific Commission, Work Programme and Research Council: Report. / [presented by the Research Council Member for Health], Secretariat, South Pacific Commission Fourth Session, 22 - 31 October 1949: Nouméa, New Caledonia, SPC4/ Sec 32 Addendum 1 (Nouméa, New Caledonia: SPC, 1949), 2; South Pacific Commission, Draft Programme of Technical Assistance, Secretariat, South Pacific Commission Fifth Session, 11 - 19 May 1950: Suva, Fiji, SPC5/Sec 14 (Nouméa, New Caledonia: SPC, 1950), 5; South Pacific Commission, Projects H2: Infant Feeding and Nutrition and H5: Alimentation and Nutrition / presented by the Health Committee, RC2, Second Research Council Meeting, 7 - 18 August 1950: Sydney, Australia, RC2/55 (Nouméa, New Caledonia : SPC 1950).

⁴² South Pacific Commission, Draft programme of Technical Assistance, Secretariat, South Pacific Commission Fifth Session, 11 - 19 May 1950: Suva, Fiji, SPC5/Sec 14 (Nouméa, New Caledonia: SPC, 1950); South Pacific Commission, Policy and Budget of the Health Section. / [prepared by T.K. Abbott, Executive Officer for Health]. Secretariat, South Pacific Commission Twenty-First Session, 13 - 25 October 1960: Nouméa, New Caledonia, SPC21/Sec 4 Add.1 (Nouméa, New Caledonia, SPC, 1960).

⁴³ South Pacific Commission, Report on the Work Programme, Secretariat, South Pacific Commission Sixth Session, 23 October - 2 November 1950, Nouméa, New Caledonia, SPC6/Sec 26 (Nouméa, New Caledonia: SPC, 1950), 4.

⁴⁴ TNA: CO 1009/146, Projects H2 and H5: Diet and Nutrition, 1950-1955, Memorandum, Lectures and Posters on Nutrition, prepared by Dr. E. Massal and Miss S. Malcolm.

1951 to analyse the nutritional value of a variety of island staple foods at a laboratory in Canberra, beginning with 'the biological value of the coconut as a human foodstuff'.⁴⁵ When the laboratory closed, the SPC contended that one should be opened on Nouméa for Peters to conduct amino-acid analysis of foods with the aim of finding a suitable protein rich weaning food.⁴⁶ The SPC was satisfied with Malcolm and Peters' work and in 1953 the Research Council was asked to draw up a three year continuation programme on nutrition.⁴⁷ It assembled a team lead by a Physician-Nutritionist, Dr. H. A. P. C. Oomen (appointed 1955), and including a food technologist, Mr. McKee (appointed 1954), as well as Malcolm who was reappointed on secondment after joining the FAO. Their work was to study nutritional status, dietary patterns, the production and availability of staple foods in the Pacific Islands, conduct biochemical analysis of Pacific Island foods and then collect data on health education, agriculture, and food technology.

When the SPC reassessed the project in 1957 it declared itself satisfied that it had gone a long way to 'defining the problem', arguing that weaknesses in its programme only demonstrated that there was further to go in 'solving the problem'.⁴⁸ The SPC Health Section suggested that it had provided crucial insight into the extent of malnutrition and poor diets in the region and the nutritional benefits and disadvantages of common foods. However, the laboratory had struggled to hire technical assistants, budget cuts had delayed the arrival of an important Fraction Collector, and further mishap led to the crucial spectrophotometer arriving broken. This meant that work on amino acid analysis did not get fully underway until 1956, limiting what could be done by the end of funding period in

⁴⁵ South Pacific Commission, Preliminary Survey of the Biological Value of the Coconut as a Human Foodstuff, [prepared by F.E. Peters], RC3, Third Research Council Meeting, 17 - 27 June 1951, Nouméa, New Caledonia, RC3/4 (Nouméa, New Caledonia: SPC), 1951.

⁴⁶ College Park: RG 43 Records of International Conferences, Commissions, and Expositions, Records Relating to the South Pacific Commission, Research Council Projects File 1948-1961, Health General to H.2 Five Reports on Nutrition, Box No. 19, Entry 1145, Restricted, South Pacific Commission, Tenth Session, Committee of the Whole Summary Record, 16 October 1952.

⁴⁷ South Pacific Commission, Project H5, Alimentation and Nutrition, RC5, Fifth Research Council Meeting, 7 - 17 June 1953: Nouméa, New Caledonia, RC5/8 (Nouméa, New Caledonia: SPC, 1953).

⁴⁸ College Park: RG 43 Records of International Conferences, Commissions, and Expositions, Records Relating to the South Pacific Commission, Research Council Projects File 1948-1961, Health General to H.2 Five Reports on Nutrition, Box no. 19, Entry 1145, South Pacific Commission, Research Council, Eleventh Meeting, Nouméa 12-20 July 1960, Chronological Account of the Work and Publications of the Commission in the Field of Nutrition.

1957.⁴⁹ Within the territories the SPC was still trying to work with and persuade governments to shift agricultural and economic policy, pay attention to the production and distribution of foodstuffs, and to educate the general-public in the optimal selection, preparation, and preservation of food.⁵⁰

When asked to review the project in 1957 each of the administering powers had a different opinion on the success or otherwise of the programme. The three main objections to the SPC's nutrition work included differences in opinion over the meaning of 'nutrition' research, which had resulted in discord over which nutritional requirements were studied, which research methods were used, and how policy suggestions from the SPC were received. Some health services complained that problems of nutrition and diet varied too much between territories to make generalisations. The SPC countered that some 'technical problems' were held in common. Finally, the SPC argued that solving the problems they had identified was a slow process that could not be achieved by Health Departments alone; they had required the help of other departments, which had not always been forthcoming.⁵¹ Whatever the weaknesses of the SPC project, Massal argued that its continuation was essential because territories were 'not able to put nutrition programmes into effect themselves.'⁵²

The SPC's nutrition programme was an exercise in institution building as well as in improving the health of Pacific Island peoples. It raised awareness of infant nutrition problems and suggested broad solutions to them that it claimed were applicable regardless of the differences between territories, despite criticism to the contrary. It also claimed that the shortcomings of the health services in the territories proved the need for its existence.

⁴⁹ College Park: RG 43 Records of International Conferences, Commissions, and Expositions, Records Relating to the South Pacific Commission, Research Council Projects File 1948-1961, Health General to H.2 Five Reports on Nutrition, Box no. 19, Entry 1145, Instructions to the American Commissioners at the South Pacific Commission, Sixteenth Session October 16- 7 November 1956.

⁵⁰ College Park: RG 43 Records of International Conferences, Commissions, and Expositions, Records Relating to the South Pacific Commission, Research Council Projects File 1948-1961, Health General to H.2 Five Reports on Nutrition, Box no. 19, Entry 1145, South Pacific Commission, Research Council, Eleventh Meeting, Nouméa 12-20 July 1960, Chronological Account of the Work and Publications of the Commission in the Field of Nutrition.

⁵¹ South Pacific Commission, Agenda Item 7: Nutrition. RC, Eighth Research Council Meeting, 1 - 12 June 1957: Nouméa, New Caledonia, RC8/3 Nouméa, (New Caledonia: SPC, 1957), 2-3.

⁵² College Park: RG 43 Records of International Conferences, Commissions, and Expositions, Records Relating to the South Pacific Commission, Research Council Projects File 1948-1961, Health General to H.2 Five Reports on Nutrition, Box no. 19, Entry 1145, South Pacific Commission, Research Council, Eleventh Meeting, Nouméa 12-20 July 1960, 13 July 1960 Chronological Account of the Work and Publications of the Commission in the Field of Nutrition, 4.

Perhaps unsurprisingly, this created resentment of the SPC by these services. Dr. J. M. Cruikshank, the Inspector General of the SPHS wrote to the United Kingdom's Senior Commissioner on the SPC, Sir Brian Freeston, postulating that the permanent members of the Research Council wanted to become an official agency of WHO to ensure their own job security. He also argued that a permanent research centre would be a waste of money. The SPC should borrow expertise from research institutions in the area, particularly in Australia and New Zealand, and, if that failed, from the UN agencies for individual projects.⁵³ None of the Inspector General's comments yet deviated from Britain's overall strategy of using the SPC to coordinate and inform territories on health developments at minimal cost while balancing this with trying to maintain it, as far as possible, as an alternative to WHO involvement. However, his criticism may also have stemmed from a desire to deflect criticism and ensure professional demarcation. Comparing the nutrition projects of the SPC to the SPHS throws light on the extent to which each of these concerns was a factor in the rocky relationship between the organisations.

The Other Campaign: The South Pacific Health Service's Nutrition Projects 1949-1957

The SPHS was also active in the field of nutrition and maternal and child health and drew its own conclusions about how to improve them on islands such as Fiji. In Fiji, research and policy in the areas of nutrition and maternal and infant health was designed to address problems within the Fijian and Indo-Fijian communities separately. This was partially a result of the medical authorities' assumptions about each community. It was also a reflection of real differences in the environmental factors influencing the diet of each group, which included culture, but also divergent landownership, labour, and settlement patterns which impacted the availability and affordability of certain foods for each group. The SPHS's approach was designed to be more responsive to the specific circumstances of the territory, but was consequently more heavily influenced by colonial prejudice.

During the war, the colonial state undertook its first two forays into nutrition research. These laid precedents for treating the nutrition of each ethnicity as separate problems. The first was a quantitative study of diets and cost of living carried out on Indo-Fijian labourers in 1939 to settle a wage dispute. It demonstrated that their diet was below

⁵³ TNA: CO 1009/142, Health Division Projects, 1949-1952, J. M. Cruikshank to Sir Brian Freeston, 20 August 1950.

the USA National Research Council Recommendations for physically active men.⁵⁴ The second was a survey of dental health commissioned by the Legislative Council as part of plans to expand the post-war health service. H. S. Mount, the dentist responsible for the survey, devoted significant space in his report to qualitative problems with the diets of urban Fijians, which explained why they had a higher rate of dental decay than rural Fijians. He claimed that Fijians ‘pick out the worst aspects of the European dietary’ and should be ‘weaned’ from flour. Mount argued that urban Fijians should be segregated into neighbourhoods run like the social hierarchy of rural *koros*, where some members of the community would be assigned the role of growing traditional foods for the labourers.⁵⁵ This drastic suggestion was not in response to a devastating problem; both Indo-Fijians and Europeans exhibited far higher rates of tooth decay. Instead, it likely reflected concern amongst colonial administrators and Fijian Chiefs that urbanisation was eroding the authority of the Chiefs and, through them, the colonial state.⁵⁶ That Indo-Fijian diets were measured quantitatively suggested that the government saw nutritional problems in terms of fuel for manpower while the qualitative approach of the Fijian survey was illustrative of the fact that colonial legitimacy was tied to the improvement of Fijian health and the maintenance of Fijian land rights and way of life.

After 1946 when the number of Indo-Fijians surpassed that of Fijians, some colonial figures debated whether it was necessary to redress the population balance, while others thought increasing Fijian economic participation was the way forward.⁵⁷ As early as 1937, the Governor had pondered if nutrition programmes were a way of doing both. Perfecting nutritional habits might improve Fijian resistance to disease, increase fertility, reduce infant and maternal mortality rates, and encourage Fijians to grow crops for local consumption and export.⁵⁸ Although the Governor of Fiji began discussions on how to improve nutritional

⁵⁴ TNA: CO 859/232/6, West Pacific: Fiji and the South Pacific Commission, 1950-1951, Muriel Bell and Lucy Wills, Report on Pilot Survey on State of Nutrition of Fijians and Indians in Fiji, January–February 1950, Appendix III.

⁵⁵ *Koros* were Fijian villages under an elected village headman who was most often chosen along patrilineal lines.

⁵⁶ TNA: CO/859/67/11, Western Pacific, 1941-1943, H. S. Mount, “Nutrition: Dental Conditions in Fiji,” Council Paper No. 14, Legislative Council Fiji, 1941.

⁵⁷ See Chapter 3.

⁵⁸ LSHTM: GB 08909 Nutrition 17/05/02/01, Economic Advisory Council Committee on Nutrition in the Colonial Empire Papers, 1937-1940, Economic Advisory Council Committee on Nutrition in the Colonial Empire, Copy of Dispatch no. 43, 26 February 1937, with enclosure, from the Governor of Fiji, Interim Report on Nutrition in Fiji.

services in the early 1940s the war prevented further action, until the establishment of the SPHS in 1946.⁵⁹

From the perspective of medical staff in Fiji, improving nutrition was primarily a means to promote the health of the largest number of people possible on limited resources.⁶⁰ From its earliest meetings, the SPHS made plans to establish a Nutrition Division and improve the nutrition education of medical staff at all levels.⁶¹ At this stage the focus was primarily on expanding provision through existing institutions. In 1947 Miss M. Abraham of the Department of Health in New Zealand visited Fiji to review records of island dietary custom and composition of local food stuffs. She set dietary standards for preschool and school age children to be used in schools and orphanages.⁶² Shortly afterwards, the service employed its first full-time dietitian, Miss J.L. King, who laid the foundations of the Nutrition Division by calling for better nutritional education for assistant medical practitioners and nurses. Her job was to supervise the diets of hospital patients and school children and to lecture at the Central Medical School and Native Nursing Training Centre.⁶³ Susan Holmes (1920-2012) replaced King in 1950 and oversaw much of the early programme, not only setting dietary standards in institutions in Fiji but travelling to other territories in the SPHS's jurisdiction to carry out nutrition surveys and provide instruction to government departments on best practice. The Nutrition Section grew the following year when Doreen Langley (1920-1998) was appointed as a nutritionist to assist Holmes. Both Holmes and Langley received the same pay and conditions as nutritionists in New Zealand, demonstrating the importance the SPHS placed on attracting people to the role.⁶⁴ By 1955

⁵⁹ LSHTM: GB 08909 Nutrition 17/05/02/01, Economic Advisory Council Committee on Nutrition in the Colonial Empire papers, 1937-1940, H. C. Luke, Governor of Fiji to the Secretary of State for the Colonies, 19 August 1940.

⁶⁰ Hartley, "Interweaving Ideas and Patchwork Programmes", 211-13.

⁶¹ LSHTM: GB 0809 Nutrition 17/05/01/01, South Pacific Board of Health Minutes and Publications, 1946-1960, South Pacific Board of Health, "Minutes of the Meeting held at Suva, Fiji on the 20th, 21st, 24th and 27th October 1947", (Fiji: Government Press), and South Pacific Health Service, Inspector-General's Report 1st January 1946 to 30th September 1947.

⁶² LSHTM: GB 0809 Nutrition 17/05/01/01, South Pacific Board of Health Minutes and Publications, 1946-1960, South Pacific Health Service, Inspector-General's Report Covering the Period 1 January 1946 to 30 September 1947.

⁶³ LSHTM: GB 0809 Nutrition 17/05/01/01, South Pacific Board of Health Minutes and Publications, 1946-1960, South Pacific Board of Health, 'Minutes of the Meeting held at Suva, Fiji on the 13th, 14th and 15th June 1949' (Fiji: Government Press).

⁶⁴ LSHTM: GB 0809 Nutrition 17/05/01/01, South Pacific Board of Health Minutes and Publications, 1946-1960, South Pacific Health Service, Minutes of the Meeting at Suva, Fiji on the 5-12 September 1951, (Government Press, Suva).

plans were afoot to train a junior nutrition worker for each territory.⁶⁵ As these got off the ground the SPHS commissioned its own research into nutritional problems amongst the population in Fiji, beginning with a *Pilot Survey on the State of Nutrition of Fijians and Indians in Fiji, January–February 1950*, and an accompanying dental survey. These sought to test the theory of several health service personnel working in Fiji that ‘some degree of nutritional ill-health is present in a large proportion of all children of all races in Fiji’, identify the causes of the problem, and recommend solutions.⁶⁶

These efforts were made independently of the SPC. The SPHS drew upon Colonial Office funding and its own links to researchers in New Zealand and Britain. The nutrition survey was underwritten by the British Colonial Welfare and Development Fund and the dental research was supported by the Medical Research Council of New Zealand. The experts commissioned with the task were New Zealander, Dr. Muriel Bell (1898–1974), whose extensive *curriculum vitae* included being the first nutrition officer to the Department of Health in New Zealand, the representative of women and children on the Board of Health, chair of the New Zealand Medical Research Council’s nutrition research committee, and Director of Nutrition Research at Otago Medical School.⁶⁷ Dr. Lucy Wills (1888–1964), a British pioneer in haematology, was appointed to assist her. The latter’s work in India on pernicious anaemia in pregnancy had led her to identify ‘the Wills’ factor’ – the first step to discovering folic acid – and she had conducted early trials of iron supplementation for pregnant women.⁶⁸ A second New Zealander, Dr. George Neville Davies (1921–2010), performed the dental survey. He was also affiliated to the University of Otago, in the role of head of preventive public health and children’s dentistry.⁶⁹ Bell and the University of Otago continued to offer support to the SPHS throughout the decade following

⁶⁵ LSHTM: GB 0809 Nutrition 17/05/01/01, South Pacific Board of Health Minutes and Publications, 1946-1960, SPHS, Minutes of the Meeting held at Suva, Fiji, during the period 2-4 June 1955, (Government Press, Suva).

⁶⁶ TNA: CO 859/232/6, West Pacific: Fiji and the South Pacific Commission, 1950-1951, Muriel Bell and Lucy Wills, Report on Pilot Survey on State of Nutrition of Fijians and Indians in Fiji, January–February 1950; LSHTM: GB 0809 Nutrition 17/05/01/01, South Pacific Board of Health Minutes and Publications, 1946-1960, Inspector-General’s Report 1st January 1946 to 30th September 1947, 5-6.

⁶⁷ Philippa Mein Smith, “Bell, Muriel Emma”, The Dictionary of New Zealand Biography, *Te Ara – The Encyclopaedia of New Zealand*, 5 June 2013, Accessed 28 April 2016
<http://www.TeAra.govt.nz/en/biographies/4b21/bell-muriel-emma/>

⁶⁸ H. Bastian, “Lucy Wills (1888-1964): The Life and Research of an Adventurous Independent Woman,” *The Journal of the Royal College of Physicians of Edinburgh* 38, no. 1, (2008), 89-91.

⁶⁹ Jennifer Smyth and John Davies, “The Dentist Who Professed that Prevention was Far Better than Cure”, *The Sydney Morning Herald*, 26 February 2010, Accessed 28 April 2016,
<http://www.smh.com.au/comment/obituaries/the-dentist-who-professed-that-prevention-was-far-better-than-cure-20100225-p5sr.html#ixzz477yUisd>.

the research survey, as she carried out amino acid analysis of common root crops in Fiji to determine protein content.⁷⁰

The research carried out by Bell and Wills showed some intellectual agreement between the SPC and SPHS because they also examined the nutritional status of mothers and infants, and the nutritional adequacy of weaning diets. However, while the SPC's Malcolm set about testing breast milk as an indication of the nutritional status of women and children, Bell and Wills took blood samples to measure serum protein and iron levels. The surveys in Fiji also included older children, and thus covered a broader swathe of the population. In many ways Bell and Wills' findings were similar to Malcolm's in that they blamed the 'disquieting' Fijian infant mortality rate on maternal ignorance and a shortage of protein-based weaning foods.⁷¹ Their recommendations were different from the SPC's though, as they suggested that Fijian children of all ages receive skimmed milk rather than focusing efforts on alternative locally sourced weaning foods.⁷² Their work confirmed the declaration by a prior Inspector General of the SPHS, Dr. J.C.R. Buchanan, that Fijian parents had 'a tendency to stuff' children with carbohydrate, causing infant morbidity.⁷³ Later in the decade SPHS nutritionists continued to blame malnutrition in Fiji on the 'ignorance' of Fijian mothers and claimed that indigenous women were not 'considered responsible' for their children's health.⁷⁴

Unlike Malcolm's work for the SPC, the SPHS contrasted the nutritional health of different groups within the community, looking for differences rather than common causes of nutritional ill health. This focus was partly because the nature of their study was to provide advice to one, rather than many, administrations. The SPHS research was also shaped by the racial assumptions of the colonial state in Fiji.⁷⁵ The fact that members of the two largest ethnic groups typically had significantly different diets – with rural Fijians largely

⁷⁰ LSHTM: GB 0809 Nutrition/17/05/02/02, Malnutrition in Fiji, c. 1950s-1962, Colonial War Memorial Hospital Suva, Fiji, Malnutrition in Fiji, 2 March 1962.

⁷¹ TNA: CO 859/232/6, West Pacific: Fiji and the South Pacific Commission, 1950-1951, Muriel Bell and Lucy Wills, Report on Pilot Survey on State of Nutrition of Fijians and Indians in Fiji, January–February 1950, 23.

⁷² TNA: CO 859/232/6, West Pacific: Fiji and the South Pacific Commission, 1950-1951, Muriel Bell and Lucy Wills, Report on Pilot Survey on State of Nutrition of Fijians and Indians in Fiji, January–February 1950, 24.

⁷³ J.C.R. Buchanan, *a Guide to Pacific Island Dietaries* (Wellington (NZ): H.H. Tombs, 1947), 47.

⁷⁴ Susan Holmes quoted in "Protein Malnutrition, Problem and Prevention in South and East Asia", *South Pacific Commission Bulletin*, October (1953), 17, 23; LSHTM: GB 0809 Nutrition/17/05/02/09, "Dietary surveys and Growth Records, in a Fijian Village, Naduri", by Doreen Langley, South Pacific Health Service, June 1952–November 1953, Doreen Langley, "Report on Dietary Survey, Naduri, Sigatoka, June–July 1952."

⁷⁵ Hartley, "Interweaving Ideas and Patchwork Programmes", 214-22.

consuming a diet of *dalo*, tapioca and fish, obtained through subsistence farming, while Indo-Fijians ate *dhal*, *roti*, rice and vegetables, grown in gardens on tenant farms or supplied through shops selling imports – meant that each was genuinely susceptible to different nutritional problems.⁷⁶ However, this disposed the medical service to focus on difference more than on similarities between the groups, particularly in a context where ethno-politics formed such a persistent backdrop. Bell and Wills' conclusion that Fijian children's diets were dangerously lacking in protein were questionable. The London School of Hygiene and Tropical Medicine pointed out in their correspondence with the colonial state that Fijian children did not show any signs of cirrhosis of the liver, primary carcinoma of the liver, nutritional oedema, or stunting that might have indicated dangerous levels of protein deficiency.⁷⁷ Furthermore, the study did not go to the same lengths to explain the fact that Indo-Fijian children were smaller, more likely to be hospitalised for nutritional reasons, and had a higher incidence of dental problems. This was partially because the researchers were guided by the international focus on protein, and particularly milk, which Indo-Fijian children appeared to drink plenty of, and so ignored other potential nutritional problems. They also disregarded repeated infection as a potential cause of the higher Fijian infant mortality rate, despite the fact that they were aware that the relationship between nutrition and infection was complex, there were high rates of skin infection among Fijian children, and they found high protein serum levels in Fijian children, which were most likely caused by infection.⁷⁸ The needs of Indo-Fijians were not entirely overlooked, as the researchers pointed out that moderate anaemia was a problem among Indo-Fijian women and their infants. They blamed this on too frequent pregnancies to the exclusion of exacerbating dietary factors.⁷⁹ Unconsciously, their conclusions carried the biases of a colonial state that saw the high infant mortality rate of the Fijian population and the high fertility rate of the Indo-Fijian population as socio-political problems of first importance.⁸⁰ The mortality rate of

⁷⁶ Dalo is a root vegetable, dhal is a lentil based dish, and roti is flour based. TNA: CO 859/232/6, West Pacific: Fiji and the South Pacific Commission, 1950-1951, Muriel Bell and Lucy Wills, Report on Pilot Survey on State of Nutrition of Fijians and Indians in Fiji, January–February 1950, Annex III.

⁷⁷ TNA: CO 1023/23, Fiji: Report on Pilot Survey of Nutrition and Dental Health, 1952, M.W. Grant, LSHTM, to G.H. Clark, Colonial Medical School Fiji, 11 February 1952.

⁷⁸ LSHTM: GB 0809 Nutrition/17/05/02/02, Malnutrition in Fiji, c. 1950s-1962, Fiji (evidence of malnutrition) M.W. Grant, London School of Hygiene and Tropical Medicine, 12 November 1952.

⁷⁹ TNA: CO 859/232/6, West Pacific: Fiji and the South Pacific Commission, 1950-1951, Muriel Bell and Lucy Wills, Report on Pilot Survey on State of Nutrition of Fijians and Indians in Fiji, January–February 1950, 24-27.

⁸⁰ Hartley, "Interweaving Ideas and Patchwork Programmes", 214-24.

Indo-Fijian children and the fertility of Fijian women, both by no means low, were not given the same attention.

Differences in occupation and social organisation between the two communities, and the focus of the administration on these differences, meant that studies throughout the rest of the decade followed the pattern of wartime research in assessing Fijian nutrition by dietary habit and Indo-Fijian nutrition by cost of living surveys. The first Inspector General of the SPHS opined that 'ignorance' and poor use of European foods was responsible for Fijian nutritional ill health, whereas malnutrition in Indo-Fijian families was blamed on parents increasing their family size more quickly than their income.⁸¹ This meant that the ability of Fijian women to feed their families was appraised against their education levels, making it the responsibility of the state to intervene. Meanwhile that of Indo-Fijian women was assessed against their family income or land, passing responsibility onto employers, the wisdom of the farmer, or the thriftiness of the 'housewife' for their welfare.⁸² Both Indo-Fijian and Fijian women received targeted printed advice on how to feed their children.⁸³ Though Indo-Fijian children were not excluded from these programmes, the nutritional education and supplementary feeding of Fijian children was given the greatest attention. Fijian families were simultaneously the beneficiaries and the victims of greater colonial interference in their eating habits.⁸⁴

Nutritional interventions adopted in Fiji were also subject to the priorities of the colonial state. For example, the colonial state rapidly trialled Bell and Wills' suggestion that dried skim-milk should be provided to schoolchildren in two Fijian areas, Lomaiviti and Moturiki, and set about encouraging the bulk import of dried skim-milk to increase market

⁸¹ LSHTM: GB 0809 Nutrition 17/05/01/01, South Pacific Board of Health Minutes and Publications, 1946-1960, South Pacific Health Service, Inspector-General's Report Covering the Period 1st January 1946, to 30th September 1947.

⁸² LSHTM: GB 0809 Nutrition/17/05/02/09, 'Dietary Surveys and Growth Records, in a Fijian Village, Naduri', by Doreen Langley, South Pacific Health Service, June 1952-November 1953; LSHTM: GB 0809 Nutrition/17/05/02/12 'A Survey of Economic and Nutritional Conditions in Indian Households in Fiji', by Carleen O'Loughlin and Susan Holmes', May 1954.

⁸³ LSHTM: GB 0809 Nutrition/17/05/02/14, Information Leaflets and Booklets issued by the South Pacific Health Service, Late 1950s.

⁸⁴ Hartley, "Interweaving Ideas and Patchwork Programmes", 214-20.

supply.⁸⁵ Bell and Wills explicitly advocated the trade benefits of drinking milk. They suggested that New Zealand-style school milk schemes should ‘train the palate’ of Fijian children into buying milk in adulthood.⁸⁶ This would stimulate the Fijian dairy industry but also provide an opportunity for New Zealand to supply milk to ‘bridge’ the existing ‘hiatus’ between supply and demand. In turn, this might develop trade links by which Fiji could sell bananas to New Zealand.⁸⁷ Fijians and Europeans owned the majority of banana plantations and, as the state was already attempting to promote Fijian engagement with the cash economy through expanding banana production for export, it appeared to be a perfect solution.⁸⁸ On the other hand, the colonial state was slower to act when a 1954 SPHS dietary survey concluded that, rather than pregnancy alone, ‘dietary lack of iron must be a predisposing factor’ for Indo-Fijian anaemia. The survey demonstrated that urban Indo-Fijians, living on wages of £5 to £10 a week, received half the iron from their diet that been recorded in a recent survey of Fijians. It pointed out that dietary iron shortage would take a greater toll on women trying to meet the extra physiological demands of pregnancy and lactation. These same SPHS researchers observed that Indo-Fijian women from the few farming families they interviewed had a healthier appearance than the labourers’ wives, which they attributed to their easy access to green vegetables.⁸⁹ Indo-Fijian women were not excluded from receiving medical nutritional aid, as the medical service supplied, on Bell and Wills’ suggestion, iron supplements during pregnancy.⁹⁰ However, no direct action was taken to adjust wages despite the SPHS linking them to Indo-Fijian anaemia.

Therefore, in the 1950s the SPHS was already implementing a range of nutritional measures which were, to the minds of its senior staff at least, carefully tailored to the

⁸⁵ LSHTM: GB 0809 Nutrition 17/05/02/02, Malnutrition in Fiji, c. 1950s-1962, Introductory Notes for a Symposium concerning Problems of Applied Nutrition in the Pacific Islands (for 10th Pacific Science Congress), 1961; A. A. J. Jansen, S. Parkinson, A. F. S. Robertson, *Food and Nutrition in Fiji a Historical View. Food Production, Composition and Intake*, (Suva, Fiji: Pasifika Press, 1990), 359; TNA: CO 859/232/6, West Pacific: Fiji and the South Pacific Commission, 1950-1951, Muriel Bell and Lucy Wills, Report on Pilot Survey on State of Nutrition of Fijians and Indians in Fiji, January–February 1950, 26-27.

⁸⁶ TNA: CO 859/232/6, West Pacific: Fiji and the South Pacific Commission, 1950-1951, Muriel Bell and Lucy Wills, Report on Pilot Survey on State of Nutrition of Fijians and Indians in Fiji, January–February 1950, 26-27.

⁸⁷ TNA: CO 859/232/6, West Pacific: Fiji and the South Pacific Commission, 1950-1951, Muriel Bell and Lucy Wills, Report on Pilot Survey on State of Nutrition of Fijians and Indians in Fiji, January–February 1950, 29.

⁸⁸ See chapter 3.

⁸⁹ LSHTM: GB 0809 Nutrition/17/05/02/12, “A Survey of Economic and Nutritional Conditions in Indian Households in Fiji”, by Carleen O’Loughlin and Susan Holmes, May 1954, 20.

⁹⁰ TNA: CO 859/232/6, West Pacific: Fiji and the South Pacific Commission, 1950-1951, Muriel Bell and Lucy Wills, Report on Pilot Survey on State of Nutrition of Fijians and Indians in Fiji, January–February 1950, 27; Jimaima T. Schultz and Penina T. Vatuwaqa, ‘Impact of Fortified Flour in Childbearing Age Women in Fiji 2010 Report’ (Suva, Fiji: National Food and Nutrition Centre, March 2012), 1.

specific needs of a multi-racial population. It had built up its own team of nutrition experts with the support of the colonial administration and had created links with researchers in New Zealand and Britain with the help of the Colonial Office. Aware of wider trends in nutrition research, they were particularly interested in protein deficiency disorders. Positioned in Fiji, researchers inherited some assumptions about Fijians and Indo-Fijians as well as being able to give detailed attention to the specific nutritional problems faced by each community – these fed into their research. Policy makers then selected which recommendations to draw upon, often further racializing proposed interventions.

This summary of the nutrition work of the SPHS in Fiji highlights a few key differences and potential areas of contention with the SPC. Firstly, the priorities of the territorial medical service and administration were honed on the specifics of racial division, and tied to broader policies aimed at reducing it as decolonisation approached. This meant the region-wide approach of the SPC to the problem could be interpreted within Fiji as complementary, or irrelevant, or interfering. Secondly, the SPHS already had a growing and active Nutrition Service and connections to external experts and funding. Both the SPC and the SPHS were new organisations attempting to institution build and to make their mark on policy in the region. If key figures in the SPHS felt that the SPC was accusing it of being an inadequate service, without acknowledging the constraints it operated under, they may have been offended or have even seen it as a calculated attack on their organisation to justify the SPC's aggrandizement.

Drawing Lines in the Sand: The SPHS Response to the SPC Nutrition Projects, 1950-1962

Correspondence between the SPHS, Suva and London, demonstrates that several of these potential problems became a barrier to cooperation with the SPC, not only over nutrition, but with the Health Section more generally. 'They feel we are interfering and nothing I can say makes any difference', Sheila Malcolm, SPC nutritionist, complained to her line managers during her visit to SPHS headquarters in Fiji in 1952.⁹¹ In one sentence she encapsulated the attitude that the various men who held the joint posts of Director for Medical Services for Fiji and Inspector General of the SPHS would take towards the SPC for the whole decade. Although the SPC acknowledged the work of the SPHS at both the launch

⁹¹ TNA: CO 1009/146, Projects H2 and H5: Diet and Nutrition, 1950-55, Miss Malcolm to Mr. Maude and Dr. Loison, Health Section of the South Pacific Commission, 25 August 1952.

and the close of projects H.2 and H.5, and professed its mission was to support them, the potential sources of conflict outlined above, and several more besides, recurred throughout this period.⁹² The Colonial Office and the UK South Pacific Commissioners took any concerns raised by the SPHS seriously, not only because they were health experts, but also because they were keen to ensure the SPC did not encroach on the independence of the colonial administrations. Meanwhile, the SPC had to make the case that it was providing essential and unique work in the region to continue to persuade the administering powers to fund its work programme. These circumstances led to frequent discord.

Less than two years after the SPC's nutrition and maternal and child health programmes had begun to take shape, Cruikshank of the SPHS urged their abortion. He raised several objections to them with the UK's senior Commissioner to the SPC, Sir Brian Freeston, who was also Fiji's governor. Firstly, Cruikshank argued that the SPC's research was misguided as there were too many differences between the foods and weaning practices employed by indigenous peoples in different islands for the project to reach meaningful conclusions. Thus, he made a case that SPC projects were not using funds optimally and might not provide scientifically valuable guidelines. To drive the point home, he warned that if the researcher was not familiar with the conditions in a territory they might make 'impractical' recommendations that would create demand in the colonies for solutions that the colonial state was incapable of implementing. This was a tailored appeal to the Governor, warning that research conducted in Fiji and the other SPHS territories by anyone without local knowledge might not only have a negative impact on the efficacy of health policy but also on how the colonial administrations were viewed. Cruikshank further cautioned that the SPC's drive to employ long-term staff might lead to these specialists descending uninvited upon the territories.⁹³ Cruikshank essentially insinuated that, if the UK Senior Commissioner and Governor of Fiji did use his position to take pre-emptive action, then he might not be able to control the consequences within the colony.⁹⁴ As well as a

⁹² South Pacific Commission, Research Programme/ [prepared by the Research Council Health Committee], Committee H, First Research Council Meeting, 30 April - 9 May 1949 Nouméa, New Caledonia, RC1/Com. H 1 rev 1, (Nouméa, New Caledonia: SPC, 1949), Appendix III, 2; South Pacific Commission, Agenda Item 7: Nutrition. RC, Eight Research Council Meeting, 1 - 12 June 1957: Nouméa, New Caledonia, RC8/3 Nouméa, (New Caledonia: SPC, 1957), 3.

⁹³ TNA: CO 1009/142, Health Division Projects, 1949-1952, J. M. Cruikshank, Inspector General of the SPHS, to Sir Brian Freeston, UK Senior Commissioner to the SPC and Governor of Fiji, 17 October 1950.

⁹⁴ TNA: CO 1009/142, Health Division Projects, 1949-1952, J. M. Cruikshank, Inspector General of the SPHS, to Sir Brian Freeston, UK Senior Commissioner to the SPC and Governor of Fiji, 17 October 1950.

genuine concern to make the best use of resources, Cruikshank was making the case that experts based within Fiji, like himself and his SPHS colleagues, were best placed to provide policy advice.

Other SPHS senior staff also demonstrated suspicion that the SPC was encroaching on their area of knowledge. When Malcolm stopped in Fiji en route to work in American Samoa she was met with a frosty reception. She brought with her a series of posters and teaching aids on common weaning problems, and protein foods for toddlers, that were intended to instruct the public. The SPHS were not keen to accept her offering despite also thinking that protein deficiency at weaning was causing problems for Fijian infants. Cruikshank was away on business, but the Acting Inspector General, Dr. Maxwell, did not receive Malcolm any more warmly. He was apprehensive that she was 'trying to force some printed book on the territories' and questioned her 'right to circulate the United Kingdom and New Zealand territories with trial educational material.' Meanwhile Holmes took 'custody' of the booklets to prevent the SPC from disseminating the material directly. Malcolm sensed that, despite believing her teaching aids complemented Holmes' education work, which focused on training native medical practitioners and teaching in schools rather than on the general adult population, the materials would not be distributed.⁹⁵ Further details are not provided but it may be that the SPHS saw the material as one of the 'impractical' suggestions that Cruikshank had warned Freeston about. The newly formed nutrition service was small and therefore possibly keen to limit nutrition teaching through closely monitored institutional channels. The SPHS was also already designing nutrition posters. Malcolm's posters did little to allay SPHS concerns that the SPC was using scarce funds to duplicate their efforts – although it may also suggest that the SPHS had not updated the SPC on the details of their own projects. Subsequently, Maxwell wrote to inform the SPC in a more conciliatory tone that the SPHS was going to create its own teaching aids but would welcome their help with funding and facilitating their distribution. In other words, the SPHS would accept financial aid from the SPC but would rely on its own experts to control the content and distribution of health information in the United Kingdom

⁹⁵ TNA: CO 1009/146, Projects H2 and H5: Diet and Nutrition, 1950-1955, Miss Sheila Malcolm (South Pacific Commission) to Mr. Maude and Dr. Loison (South Pacific Commission), 25 August 1952.

and New Zealand territories.⁹⁶ The SPC conceded that providing general health guidelines for such a diverse area as the Pacific was difficult and that these SPHS posters might be more suitable for Fiji.⁹⁷ This incident demonstrates that other senior staff in the SPHS shared their Director's concerns about both the intentions of the SPC and the use of resources.

The SPHS had won a small victory in protecting its turf and was planning a further attempt to stake the boundaries of its territory at the tenth session of the SPC Executive Board in 1952 by placing pressure on UK and New Zealand officials to attack the Health Section. The British and New Zealand Commissioners were informed about Malcolm's visit and interpreted the incident as a demarcation dispute in which the SPC had been 'bluntly' told to 'keep out.' They were not happy with the SPHS's behaviour – while they agreed that the two-person nutrition team could do everything needed in Fiji, they were worried that it could not as adequately cover the other eight territories under their administrations.⁹⁸ Indeed even Fiji only received four months of the SPHS dietitian's full attention, with the other eight months divided between whichever territories called upon her services.⁹⁹ However, both Commissioners appear to have given way to the SPHS. Despite expressing reservations to the UK Commissioner in private, the New Zealand representative agreed that Malcolm could have a private discussion about her findings with Western Samoa's nutritionist, but not meet any more senior officials.¹⁰⁰ The UK Commissioner, H.H. Vaskess agreed that nothing else could be done and hoped Malcolm would be 'kept busy' by the other SPC territories.¹⁰¹ The New Zealand Commissioners were also lobbied to exclude the SPC's Health Section from the SPHS's health zone. Dr. Turbott (1899-1988), the New Zealand representative on the South Pacific Health Board, had provided a list of health problems to the New Zealand Commissioner that he thought the SPHS had 'in hand' and that the SPC

⁹⁶ TNA: CO 1009/146, Projects H2 and H5: Diet and Nutrition, 1950-1955, Dr. Maxwell, Acting Inspector General of the South Pacific Health Service, to Sir Brian Freeston, Secretary General of the South Pacific Commission, 21 August 1952.

⁹⁷ TNA: CO 1009/146, Projects H2 and H5: Diet and Nutrition, 1950-1955, Dr. Maxwell, Acting Inspector General of the South Pacific Health Service, to Sir Brian Freeston, Secretary General of the South Pacific Commission, 21 August 1952.

⁹⁸ TNA: CO 1009/142, Health Division Projects, 1949-1952, H.H. Vaskess UK Commissioner, South Pacific Commission to G. R. McKay, New Zealand Commissioner, 28 August 1952.

⁹⁹ LSHTM: GB 0809 Nutrition/17/05/02/02, Malnutrition in Fiji, c. 1950s-1962, Colonial War Memorial Hospital Suva, Fiji, 'Malnutrition in Fiji', 2 March 196.

¹⁰⁰ TNA: CO 1009/142, Health Division Projects, 1949-1952, Commissioner for the UK on the SPC to Dr. Maxwell, Acting Inspector General of the SPHS and Director of Medical Services, 21 August 1952.

¹⁰¹ TNA: CO 1009/142, Health Division Projects, Health Division Projects, 1949-1952, H.H. Vaskess, UK Commissioner, South Pacific Commission to G. R. McKay, New Zealand, 28 August 1952.

should be prevented from working on to save funds. These included Nutrition, Tuberculosis, Leprosy, and proposals for the extension of the Colonial Medical School.¹⁰² These health problems comprised just under half of the proposed work programme and over half of the proposed expenditure for the SPC Health Section for that year.¹⁰³ The message to the Commissioners was that half of the money and resources available to the SPC Health Section were of no use to the British and New Zealand territories that had contributed towards them.

The Commissioners listened to their medical staff and agreed to consult with the Inspector General of the SPHS to draw up a statement outlining their position at the upcoming meeting in 1952.¹⁰⁴ It is clear from a restricted report circulated after the meeting that New Zealand and Britain ultimately represented the SPHS's views, attacking the nutrition programme from a range of perspectives. The Senior Commissioner for New Zealand argued that the experts on nutrition and infant and maternal health were driven by 'enthusiasm' rather than precise aims, and had consequently expanded their research beyond the remits of the programmes. He particularly questioned the Commission's decision to appoint a biochemist for food analysis. The Director for Health for Western Samoa, Dr. T. C. Lonie, backed his Commissioner, adding the charge of inefficacy as he observed 'there were many visits made, but that he preferred to see some results.' The UK Senior Commissioner built on these accusations and echoed the letters he had received from Cruikshank, arguing that the project was not making the best use of resources as the SPC nutritionist was unlikely to obtain reliable results from short visits to territories.¹⁰⁵ There is some irony in this statement as Bell and Wills had travelled little in the region and had visited Fiji for less than three months before providing the SPHS with policy recommendations. The UK Commissioner also confronted the SPC's plans to employ a food technician to support the biochemist, referencing the fact that the University of Otago had

¹⁰² TNA: CO 1009/142, Health Division Projects, 1949-1952. G. R. McKay Senior Commissioner for New Zealand, South Pacific Commission, to H.H. Vaskess UK Commissioner, South Pacific Commission, 10 August 1952.

¹⁰³ South Pacific Commission, Proceedings, Secretariat, South Pacific Commission Tenth Session 6-16 November 1952: Nouméa, New Caledonia, SPC10/Sec 13, (Sydney, Australia: SPC. 1952), 6.

¹⁰⁴ TNA: CO 1009/142, Health Division Projects, 1949-1952, G. R. McKay Senior Commissioner for New Zealand, South Pacific Commission, to H.H. Vaskess UK Commissioner, South Pacific Commission, 10 August 1952.

¹⁰⁵ College Park: RG 43 Records of International Conferences, Commissions, and Expositions, Records Relating to the South Pacific Commission, Research Council Projects File 1948-1961, Health General to H.2 Five Reports on Nutrition, Box no. 19, Entry 1145, Restricted, South Pacific Commission, Tenth Session, Committee of the Whole Summary Record, 16 October 1952.

offered their services to the SPHS to carry out a similar project. He bordered on accusing the SPC of undue encroachment on territorial concerns by questioning whether administrations had been consulted about this. Echoing Cruikshank again, he argued that the attempt by the lab to create a weaning food out of coconuts was an 'impractical' solution to feeding infants as it required technology unavailable to the colonies.¹⁰⁶ It appears that the SPHS had successfully convinced the United Kingdom and New Zealand representatives that the SPC's Health Section represented a scientifically poor use of funds and showed a disregard for the independence of the territorial administrations.

However, their attempts to reign in the work of the SPC were only partially successful. Australia, the USA, France, and the Netherlands all approved of the nutrition project and made bids to expand it. Their representatives agreed with the SPC's Acting Executive Officer for Health that the territories of Netherlands New Guinea, American Samoa, and French Oceania were places where nutrition research needed to be done and that the SPC could carry out research and provide advice that the territories could not. The USA's Senior Commissioner argued that the work was of 'vital importance' and that even experts based in the UK had shown great interest in the data Malcolm had collected. The French Commissioner joined the defence, commending Malcolm's work on nutrition education. The Netherlands even requested that the SPC should expand the project to include research on whole communities including all male adults.¹⁰⁷ The UK and New Zealand Commissioners could make the case that their efforts were being duplicated but could not so easily dismiss the quality of the SPC's work when it was clearly supported by two thirds of the governments involved in the Executive Board. At this stage, the New Zealand delegation accepted the other delegations' support for the nutrition project but made it a priority to narrow down the project's definition for the next three years. He suggested that the project continue and the nutritionist and biochemist be employed for that period. Malcolm would carry on with her research, travelling to French Oceania and the Trust Territory of the Pacific Islands in 1953. The SPC would gather the opinions of the

¹⁰⁶ College Park: RG 43 Records of International Conferences, Commissions, and Expositions, Records Relating to the South Pacific Commission, Research Council Projects File 1948-1961, Health General to H.2 Five Reports on Nutrition, Box no. 19, Entry 1145, Restricted, South Pacific Commission, Tenth Session, Committee of the Whole Summary Record, 16 October 1952.

¹⁰⁷ College Park: RG 43 Records of International Conferences, Commissions, and Expositions, Records Relating to the South Pacific Commission, Research Council Projects File 1948-1961, Health General to H.2 Five Reports on Nutrition, Box no. 19, Entry 1145, Restricted, South Pacific Commission, Tenth Session, Committee of the Whole Summary Record, 16 October 1952.

territories on whether research into nutrition education would be useful, and consider taking that project forward. Peters would be instated at Nouméa to undertake amino-acid analysis of island foods and his findings might be trialled in small field tests. Excepting the United Kingdom, all governments agreed to this programme.

After the 1952 conference a brief cease-fire appears to have been reached. The SPC had to accept a carefully delineated plan but was essentially allowed to continue its work on nutrition without having to further justify it until 1957. The SPHS also received what it wanted as the UK Commissioner clarified that the SPC had to stay out of SPHS territories.¹⁰⁸ SPC activity on nutrition in Fiji over the next few years appears to have been limited to collaboration between the Economic Section of the SPC and the Agricultural Department to introduce *Mozambique tilapia* (a Malaysian freshwater fish) into rural areas that lacked frequent contact with markets.¹⁰⁹ A compromise appears to have been accepted whereby the SPC respected the SPHS as the authority on nutrition in its territories. Indeed, Susan Holmes was invited to talk about nutrition in the Pacific Islands at the South Pacific Conference in 1953.¹¹⁰

However, tensions resurged the year the contracts of the nutrition team came to an end in 1957, when a full review of the SPC's projects by the administering powers was conducted. Massal was faced with not only defending the importance of the SPC's nutrition work, but through it, the work of the Health Section. Prior to the conference Britain, New Zealand, Australia, and the Netherlands sent their views on the various projects that the SPC had undertaken over the previous decade. While Britain marked most of the Economic Sections programmes as 'valuable' or at least 'useful', the health programmes fared less well, especially the nutrition programme which Britain marked as of 'little value'. Australia and the Netherlands described the nutrition programme as 'valuable', while New Zealand denied that nutrition was a problem in its territories but acknowledged that the publications

¹⁰⁸ College Park: RG 43 Records of International Conferences, Commissions, and Expositions, Records Relating to the South Pacific Commission, Research Council Projects File 1948-1961, Health General to H.2 Five Reports on Nutrition, Box no. 19, Entry 1145, Restricted, South Pacific Commission, Tenth Session, Committee of the Whole Summary Record, 16 October 1952.

¹⁰⁹ W.J.A. Payne, "Sigatoka Agricultural Station: 2", *South Pacific Commission Bulletin*, (July 1955), 27; Jansen, Robertson, and Parkinson, *Food and Nutrition*, 359.

¹¹⁰ South Pacific Commission, Introductory Paper on Diet and its Improvement. / [prepared by S. V. Holmes, Fiji]. SPCon2, Second South Pacific Conference 15 - 27 April 1953, Nouméa, New Caledonia, SPCon2/Agenda item 7.2 (Nouméa, New Caledonia: SPC, 1952).

of the SPC were 'somewhat useful.'¹¹¹ The SPC argued that, by its self-assessment, projects H.2 and 5 were successful and it was justified in trying to build on this success. Thanks to the Dietician and a Technical Officer the SPC had a far better qualitative and quantitative picture of subsistence diets in the Pacific, and especially those of young children and their mothers. The Food Technologist had defined relevant problems in detail and drawn attention to these so that individual governments might tackle them. The food analysis laboratory had been unable to accomplish everything it set out to do but had provided useful information on foodstuffs like the coconut.¹¹² The time was therefore ripe to launch projects to encourage practical steps to tackle the problems highlighted by this research.

Determined to continue the nutrition programme in the face of criticism, the SPC decided to approach it from a new angle. It asked the FAO to second a nutrition economist to carry out research and advise territories on the best use of food resources, both local and imported. She would study the relative availability and affordability of important foods and advise governments on how to improve the preservation and distribution of these to the parts of the population that needed them.¹¹³ The FAO acquiesced and Miss Manuela Garcia Maramba (b. 1912) joined the SPC staff for a year.¹¹⁴ The US delegation was happy with her work in the Trust Territory, and she was in sufficient demand across the Pacific that her contract was extended into a second year.¹¹⁵ Although Maramba's work looked like a successful use of the sub-regional SPC as a body to attract funds and staff that the individual territories might not have obtained on their own, not all territories met her with enthusiasm.

¹¹¹ South Pacific Commission, Assessment of Work Projects by Governments, SPCRC, Review Conference 30 April - 8 May 1957: Canberra, Australia, SPCRC6 Annex A (Nouméa, New Caledonia: SPC, 1957).

¹¹² South Pacific Commission, Agenda Item 7: Nutrition, RC, Eighth Research Council Meeting, 1 - 12 June 1957: Nouméa, New Caledonia, RC8/3 Nouméa, (New Caledonia: SPC, 1957), 4.

¹¹³ South Pacific Commission, Proceedings, South Pacific Commission Eighteenth Session 26 September - 12 October 1958: Nouméa, New Caledonia (Nouméa, New Caledonia.: SPC., 1958), 4; TNA: CO 1009/578, South Pacific Commission: Nutrition Programmes, 1955-1962, The Commission Nutrition Programme, SPC savingram No. 10, 3 February 1958.

¹¹⁴ Maramba was Pilipino and had served on the National Economic Council of Manila as Food Planning specialist and as technical assistant on the Philippines Council for US Aid, as well as working as a Nutrition Officer for the FAO in India. College Park: RG 43 Records of International Conferences, Commissions, and Expositions, Records Relating to the South Pacific Commission, Research Council Projects File 1948-1961, Health General to H.2 Five Reports on Nutrition, Box no. 19, Entry 1145 Trust Territory Headquarters, Reports Office - 44-5163, Release Tuesday 28 April 1959.

¹¹⁵ College Park: RG 43 Records of International Conferences, Commissions, and Expositions, Records Relating to the South Pacific Commission, Research Council Projects File 1948-1961, Health General to H.2 Five Reports on Nutrition, Box no. 19, Entry 1145, Instructions to US Commissioners at Twentieth Session South Pacific Commission, October 12-24, 1959.

Maramba left Fiji three months into a six to nine-month project commenting that she 'feared she was wasting her time and that of Fiji.'¹¹⁶ The SPHS had struck again. Significantly, Maramba arrived in Fiji on the invitation of the Director of Agricultural Department, not the health services.¹¹⁷ Although not the sole reason for the inauspicious end to the project, the SPHS's tendency to resist SPC nutrition efforts appears to have been a contributing factor. The Health Department appears to have been reluctant to collaborate with Maramba or the Agricultural Department. Long before she had started work in Fiji, the British delegation had reserved its vote on Maramba's appointment because it did not think that the British territories would want her services.¹¹⁸ Indeed Fiji had turned down the project in the first instance, repeating the message to the SPC that the SPHS had all the expertise in nutrition that the islands required.¹¹⁹ The Director of Agriculture disagreed; he proposed that the information provided by Maramba would be of use to the SPHS as it would give them improved knowledge of food intake and might warn them of possible deficiencies. He argued that the government did not know the quantity, cost, and seasonal geographic distribution of foods available and that this information would be helpful in planning nutrition education programmes. He even said that if the Health Department did not have this information, what they taught could be 'unrealistic, impractical and academic.'¹²⁰ He thought the Agricultural Department would benefit from Maramba training enumerators and conducting a survey to fill these knowledge gaps. The Agricultural Department could then plan extension work, experimental studies, and give better advice to producers based on the findings. It could also provide Marketing Guidance to farmers to avoid gluts and scarcity and to encourage home production over imports. The Director hoped the Fijian Affairs Administration could then create development plans for different regions of Fiji and assign production quotas to them, thereby improving Fijian farmers'

¹¹⁶ TNA: CO 1009/578, South Pacific Commission: Nutrition Programmes, 1955-1962, B.U. File Note, 30 August 1960.

¹¹⁷ TNA: CO 1009/578, South Pacific Commission: Nutrition Programmes, 1955-1962, Note by the Director of Agriculture on Possible Assistance from South Pacific Commission Nutrition Economist, undated.

¹¹⁸ South Pacific Commission, Proceedings, South Pacific Commission Eighteenth Session 26 September - 12 October 1958: Nouméa, New Caledonia (Nouméa, New Caledonia: SPC., 1958), 4.

¹¹⁹ TNA: CO 1009/578, South Pacific Commission: Nutrition Programmes, 1955-1962, Peter Macdonald, Colonial Secretary, to the Acting Inspector General of the South Pacific Commission, 2 May 1958.

¹²⁰ LSHTM: GB 0809 Nutrition 17/05/02/06, "A Plan of Operation for a Market Study to be done in the Colony of Fiji", c. 1960.

engagement in the cash economy.¹²¹ Despite obvious enthusiasm from the Agricultural Department, Maramba finished the project 'very disappointed with the number of obstacles that prevented the work I had been asked to do.'¹²² This was in part a result of mismatched expectations between what the Agricultural Department wanted and what Maramba thought she could realistically achieve in her time there.¹²³ However, this situation was not helped by the fact that the Health Department saw Maramba as solely the guest of the Agricultural Department. She did eventually succeed in persuading men from both departments to sit down to discuss drawing up a guide to nutritionally informed food production, but the meetings bore little fruit.¹²⁴ Moreover, throughout her visit there were bitter squabbles between the departments over which would cover her travel costs.¹²⁵ This petty disagreement marked the end of the SPC's last stand alone nutrition project.

The Battle beyond Nutrition: Maternal and Child Health Evaluation, 1957-1962

The SPHS was not just determined to stake its claim to sole control of nutrition policy, but resisted other health programmes suggested by the SPC. When the work of the Health Section of the SPC was reviewed in 1960, the Inspector General even tried to persuade the Colonial Office to end its existence. In 1957, the SPC had to justify continued funding from the administering powers through demonstrating its specific role in the territories as compared to the services run by colonial administrations and the aid and expertise provided by the UN. Reiterating the benefits of a South Pacific wide perspective, the permanent staff of the SPC sought to validate their organisation in relation to colonial states. They then distinguished themselves from the UN by stressing that the Social, Economic, and Health Sections of the Commission worked more closely together and could

¹²¹ LSHTM: GB 0809 Nutrition/17/05/02/06, "A Plan of Operation for a Market Study to be Done in the Colony of Fiji", c. 1960.

¹²² TNA: CO 1009/578, South Pacific Commission: Nutrition Programmes, 1955-1962, B.U. File Note, 30 August 1960.

¹²³ Sarah C. Hartley, "Who Counts, Counts: 'International Health' and the Measurement, Prevention and Treatment of Malnutrition, The South Pacific 1945-1960", Masters Dissertation, University of York, 2013, 62-68.

¹²⁴ TNA: CO 1009/578, South Pacific Commission: Nutrition Programmes, 1955-1962, Miss Maramba, SPC Nutrition Officer to Mr. Watson Director of Agriculture, Progress of Work, undated.

¹²⁵ TNA: CO 1009/578, South Pacific Commission: Nutrition Programmes, 1955-1962, B. U. File Note, 30 August 1960.

therefore take a more holistic approach than the UN specialised agencies.¹²⁶ To do this the permanent health staff focused on making the SPC an authority in one or two interrelated areas which could be coordinated with the Economic and Social Sections of the SPC including maternal and child health and health education, which could both be integrated with nutrition work.¹²⁷

The SPC had given little attention to maternal and child welfare beyond nutrition after the H.5 programme merged with H.2. However, this changed in the late 1950s when it hit upon maternal and child health as a project that could embody a range of its organisational aims. It re-emerged on the SPC's agenda when both in 1956 and again, in 1959, Pacific Islander delegates to the advisory South Pacific Conference asked for an evaluation of all the infant and maternal welfare and health activities in the different territories, assessing existing information on the physical and intellectual development of infants in the area. The Conference recommended that the SPC make a bid on behalf of all the territories to WPRO, for the services of an advisor to carry this out.¹²⁸ The SPC was receptive because the project appeared to fulfil several purposes. Firstly, birth rates across the Pacific were increasing, and therefore so was the need for maternal and child health services.¹²⁹ As with nutrition before, the issue represented a South Pacific wide need, which the American delegation described as differing in 'a matter of degree only' between territories.¹³⁰ Secondly, the project had 'obvious' links to the existing nutrition project and to areas such as health education and women's interests, which the SPC was increasingly exploring, and hence demonstrated the more lateral, long term, and economical turn of the

¹²⁶ South Pacific Commission, Memorandum on the Health Programme. Secretariat, South Pacific Commission Twenty-First Session: 13 - 25 October 1960: Nouméa, New Caledonia, SPC21/Sec 16 Nouméa, (New Caledonia: SPC, 1960), 2.

¹²⁷ South Pacific Commission, Memorandum on the Health Programme. Secretariat, South Pacific Commission Twenty-First Session: 13 - 25 October 1960: Nouméa, New Caledonia, SPC21/Sec 16 Nouméa, (New Caledonia: SPC, 1960), 2.

¹²⁸ South Pacific Commission, [Comments and Draft Resolutions on Health, Economic and Social Development Programmes. / prepared by the Committee of the Whole]. Committee W, South Pacific Commission Session (21st: 13 - 25 October 1960: Nouméa, New Caledonia). SPC21/COM.W1 - COM.W3 (Nouméa, New Caledonia: SPC, 1960), 5.

¹²⁹ South Pacific Commission, Infant and Maternal Welfare, Maternal and child health, Budget Head 6. Secretariat, South Pacific Commission Session (17th: 19 October - 6 November 1957: Nouméa, New Caledonia, SPC17/Sec 61 (Nouméa, New Caledonia: SPC, 1957).

¹³⁰ College Park: National Archives, College Park, RG 43, Records of International Conferences, Commissions and Expositions, Records Relating to the South Pacific Commission, Entry 1167, Box no. 9. Report by Dr. Lawrence H. Winter on the proceedings of the Research Council eleventh meeting held in Nouméa from 12 July 1960 to 20 July 1960.

SPC's health programme.¹³¹ The fact that the appeal had been made by Pacific Islanders themselves lent strength to the project because it demonstrated that the SPC was behaving as designed, and consulting directly with the peoples of the territories.¹³² It would be hard for administering governments to turn it down without being seen to be expressly going against the wishes of the island peoples. Finally, it was also an opportunity for the SPC to again make the case that it was best placed to attract WPRO projects to the region, which might otherwise be overlooked because the territories were small.

Unfortunately for the SPC, its scheme to evaluate maternal and child health showcased its limitations. In its own words the project was 'characterized by lack of precise definition of the need, lack of drive for action, fumbling for the way to go about it and slow progress through procedural labyrinths.'¹³³ WPRO and the SPC still had no formal working agreement and WPRO's constitution meant it would only respond to requests if they came from the individual territories.¹³⁴ If the SPC wanted to take credit for arranging a WPRO survey of the region it would have to convince the individual administrations to file a joint request for the project, which it might coordinate but for which WPRO alone might earn recognition.¹³⁵ More frustratingly for the SPC, despite the interest from Pacific Islanders in the project, few administrations were moved to support the idea. Even once funding was applied for from the Technical Assistance Board and a paediatrician and a public health nurse were offered by WPRO, only American Samoa, French Polynesia, the New Hebrides,

¹³¹ College Park: RG 43, Records of International Conferences, Commissions and Expositions, Records Relating to the South Pacific Commission, Entry 1167, Box no. 9, Report by Dr. Lawrence H. Winter on the Proceedings of the Research Council Eleventh Meeting held in Nouméa from 12 July 1960 to 20 July 1960.

¹³² South Pacific Commission, Infant and Maternal Welfare, Maternal and child health, Budget Head 6. Secretariat, South Pacific Commission Session (17th: 19 October - 6 November 1957: Nouméa, New Caledonia, SPC17/Sec 61 (Nouméa, New Caledonia: SPC), 1957; South Pacific Commission, Memorandum on the Health Programme. Secretariat, South Pacific Commission Twenty-First Session: 13 - 25 October 1960: Nouméa, New Caledonia, SPC21/Sec 16 Nouméa, (New Caledonia: SPC, 1960), 2.

¹³³ South Pacific Commission, The Commission's Past Activities. Secretariat, South Pacific Commission Twenty-Fourth Session, 15 - 25 October 1962: Nouméa, New Caledonia, SPC24/Sec 18 (Nouméa, New Caledonia: SPC, 1962), 6.

¹³⁴ South Pacific Commission, Infant and Maternal Welfare, Budget Head 6(6). Secretariat, South Pacific Commission Eighteenth Session, 26 September - 12 October 1958: Nouméa, New Caledonia, SPC18/Sec 38 (Nouméa, New Caledonia: SPC, 1958), 1.

¹³⁵ South Pacific Commission, Report on Informal Meeting of South Pacific Commission with Dr. Stephen Falkland, Regional Public Health Administrator, Western Pacific Regional Office, Manila, held at Malaguna Technical School 15 May 1959, South Pacific Commission Nineteenth Session 14 - 16 May 1959: Rabaul, New Britain, Papua New Guinea, (Nouméa, New Caledonia: SPC, 1959), 3-9.

Papua and New Guinea asked to take part.¹³⁶ The key to this disconnect appears to have been in the format of the project. The SPC Secretary-General declared that the point of the evaluation was to,

‘call the attention of metropolitan governments to the importance which the Research Council attached to the problems of maternal and child health and to the urgent need for the upgrading and expansion of services in this field in many of the territories and for long-term planning of maternal and child health programmes within territories.’¹³⁷ The potential for colonial governments to perceive such ‘evaluation’ as a threat rather than an opportunity was obvious to WPRO, and the Director General, Dr. I. C. Fang, even wrote to the Secretary General of the SPC suggesting that he switch to using the euphemism ‘study’.¹³⁸

Like his predecessor, the Inspector General of the SPHS and UK representative on the Research Council, Dr. P. W. D Russell, reacted to the suggestion of the maternal and child health evaluation with ‘considerable dismay’. He wrote directly to the Colonial Secretary explaining that his main concern was that comparing the differences between service provision in the territories would only create ‘ill-feeling’ in smaller, poorer territories, particularly if the state was unable to tackle the differences in wealth, education, and accessibility responsible for them. Meanwhile, larger, relatively well served territories, such as Fiji, did not require outside advice. There the service carried out its own evaluation of maternal and child health through three-monthly meetings of specialists, bi-annual meetings of divisional medical officers, and an annual meeting of health sisters.¹³⁹

¹³⁶ South Pacific Commission, [Comments and draft resolutions on health, economic and social development programmes. / prepared by the Committee of the Whole]. Committee W, South Pacific Commission Session (21st: 13 - 25 October 1960: Nouméa, New Caledonia). SPC21/COM.W1 - COM.W3 (Nouméa, New Caledonia: SPC, 1960), 5-6; TNA: CO1009/586, Health Projects South Pacific Commission, Health Education, Infant and Maternal Welfare and Rural Health, 1958-1967, I.C. Fang, Director General WPRO, to Mr. T. R. Smith, Secretary General SPC, 10 February 1960.

¹³⁷ South Pacific Commission, [Comments and draft resolutions on health, economic and social development programmes. / prepared by the Committee of the Whole]. Committee W, South Pacific Commission Session (21st: 13 - 25 October 1960: Nouméa, New Caledonia). SPC21/COM.W1 - COM.W3 (Nouméa, New Caledonia: SPC, 1960), 6.

¹³⁸ TNA: CO1009/586, Health Projects South Pacific Commission, Health Education, Infant and Maternal Welfare and Rural Health, 1958-1967, Dr. I.C. Fang WPRO to Mr. T.R. Smith, Secretary General of SPC, 8 December 1959.

¹³⁹ TNA: CO1009/586, Health Projects South Pacific Commission, Health- Education, Infant and Maternal Welfare and Rural Health, 1958-1967, P.W. D. Russell, Director of Medical Services, to the Colonial Secretary, 7 July 1959.

Moreover, in his assessment, the maternal and child health problems in Fiji were not 'profound' and simply required better health education.¹⁴⁰

When this new attempt at demarcating SPHS territory by raising the spectre of colonial embarrassment failed to prevent the project taking place, largely because Australia and the USA supported it, the SPHS resorted to its well-rehearsed tactic of obstruction, to the frustration of even the colonial state in Fiji and the Colonial Office. Although the Colonial Secretary agreed that the Maternal and Child programme was unnecessary he was concerned that turning it down would be construed as 'being unhelpful.'¹⁴¹ British officials were embarrassed that information from the UK and New Zealand territories was 'conspicuous by its absence' when the programme began. The Inspector General received a series of increasingly frustrated letters asking to 'consider further the attitude of the SPHS' and at least supply the SPC with data on infant and maternal welfare. The UK Senior Commissioner to the SPC even escalated the issue to the Secretary of State but with little effect.¹⁴² The withholding of this information must have been deliberate on the SPHS's part given that it had been registering midwives since 1950, knew the number of beds available in the maternity wards of the colony's hospitals, and recorded the infant mortality rate annually in Fiji. Moreover, after the New Hebrides defected from the SPHS position and asked for a visit from the WPRO team, the SPC tried to arrange to stop in Fiji for two weeks *en route* for a discussion. The Inspector General wrote back that the timing was too inconvenient for such a visit.¹⁴³

When the major review of the SPC Health Section in 1960 coincided with the retirement of the head of the Health Section, the Inspector General of the SPHS spotted an opportunity. He attempted to use his objections to the maternal and child project to call into question the purpose of the whole SPC Health Section. He called several meetings with

¹⁴⁰ TNA: CO1009/586, Health Projects South Pacific Commission, Health-Education, Infant and Maternal Welfare and Rural Health, 1958-1967, Inspector General SPHS to South Pacific Office, 2 March 1960.

¹⁴¹ TNA: CO1009/586, Health Projects South Pacific Commission, Health-Education, Infant and Maternal Welfare and Rural Health, 1958-1967, Second Colonial Secretary to UK Commissioner to the SPC, 16 July 1959.

¹⁴² TNA: CO1009/586, Health Projects South Pacific Commission, Health- Education, Infant and Maternal Welfare and Rural Health, 1958-1967, Commissioner South Pacific Office to Inspector-General SPHS, 26 February 1960, Commissioner to Inspector General, 29 February 1960, Senior Commissioner to Secretary of State for the Colonies, 23 March 1960.

¹⁴³ TNA: CO1009/586, Health Projects South Pacific Commission, Health-Education, Infant and Maternal Welfare and Rural Health, 1958-1967, Directors of Medical Services 27 April 1962, South Pacific Commission, 12 July 1962, Mr. Smith Secretary General SPC to Mr. T. R. Cowell, South Pacific Office 30 October 1962, C. H. Gurd Inspector General to Mr. Smith and C. H. Gurd to Mr. Smith Secretary General SPC, 3 November 1962.

the Senior Commissioner at the South Pacific Office to convince him of the 'inefficiency' of the SPC. He argued that the SPC had overstepped its remit and was producing plans to force the Maternal and Child health project on territorial administrations.¹⁴⁴ However, this time he stood alone. The Governor of Fiji, Kenneth Maddocks, had already written to the Secretary of State arguing that, whatever the outcome of the Health Section review, the British government had committed to the continuation of the SPC at the 1957 review conference and that the Health Section was integral to it. He warned that WPRO would not fill a gap left by the SPC given that the islands represented such a small number of its constituents. Had the Inspector General known of the letter it would have confirmed his worst nightmares, as Maddocks suggested that the SPHS should be the first organisation to leave the region if Britain felt the Pacific had become too crowded.¹⁴⁵ The Senior Commissioner supported his assessment, adding that Australia and the USA were especially supportive of the Health Section, and it was best not to go against them.¹⁴⁶ Ultimately this was enough to ensure that Britain begrudgingly supported the survival of SPC health programmes against wishes of the colonial health service.

The SPHS had one final card up its sleeve; as it accepted defeat it suggested to the British representatives that the SPC could do valuable work in health education. The Inspector General of the SPHS genuinely thought this was a health need in Fiji and the other SPHS territories, and he saw it as a preventive measure against nutrition and infant and maternal health problems. However, he carefully pointed out the ways in which health education 'dovetailed' with women's interests and community education, both in the SPC's Social Development remit, the indication being that the health programmes of the SPC could be assumed into it.

Conclusion: Blockades to Co-operation

There were several factors that impelled the SPHS's scepticism towards the SPC. From the perspective of London, the SPC and SPHS served different strategic purposes.

¹⁴⁴ TNA: CO1009/618, the South Pacific Commission, Sectional Programming, Health Section, 1958-1961, Commissioner South Pacific Office to Secretary of State for the Colonies, 27 July 1959.

¹⁴⁵ TNA: CO1009/618, The South Pacific Commission, Sectional Programming, Health Section, 1958-1961, Extract from Confidential Dispatch from Sir Kenneth Maddocks to the Secretary of State for the Colonies dated 30 December 1958.

¹⁴⁶ TNA: CO1009/586, Health Projects South Pacific Commission, Health- Education, Infant and Maternal Welfare and Rural Health, 1958-1967, Commissioner to Colonial Secretary, 17 July 1959; TNA: CO1009/618, the South Pacific Commission, Sectional Programming, Health Section, 1958-1961, Commissioner to Inspector General, 31 October 1959.

Unlike the SPC, Britain had not established the SPHS to deflect external scrutiny. From the SPHS's viewpoint the SPC was a rival as they shared some of the same functions, such as engaging researchers to study health problems in Britain's Pacific Island territories. At one level the picture that emerges from exchanges over nutrition policy is that demarcation was a key barrier to collaboration between the SPHS and the SPC, coupled with a series of clashes of personality. These were side-effects of the fact that London's regional strategy had resulted in the creation of more than one body with similar remits over health programmes. However, the broader politics of this situation also filtered into the dispute. If London vigilantly monitored the carefully orchestrated sphere of the SPC to check that it assisted territories only on Britain's terms, local colonial administrators watched even more hawkishly, combining the opposition that British officials at all levels shared to 'interference' in the colonies, with a protective attitude towards the SPHS. They strove to demonstrate that SPHS staff had unique territorial knowledge and facilities that made them the sole authority on nutrition policy in Fiji to the exclusion of the SPC.

In a subtler way, territorial politics also leaked into the situation. Colonial nutrition programmes in Fiji, although not overtly racist in aims, tended to focus on individual racial groups – a consequence of the different social, economic and political roles of Indo-Fijians and Fijians in the colony. This was particularly the case when it came to nutrition research as the researchers asked questions and made recommendations that often unconsciously disclosed a preoccupation with the ethnic assumptions and racial politics in Fiji as well as real differences in circumstance that affected the disease patterns of these ethnic groups. Meanwhile the SPC was more interested in what region-wide conclusions could be drawn about nutritional needs through which it could make the case for its existence. The colonial health service did not see this as a complementary approach but rather an interposition. The colonial medical staff, often with the support of the Governors of Fiji, attempted to convince London that SPC efforts in nutrition were inappropriate to the Fijian context, superfluous, and intrusive. Visiting health experts to Fiji were met with passive resistance unless they had been engaged by the health service. Nutrition policy in 1950s Fiji is an example of how the priorities of colonial administrators in Fiji differed from those of the Colonial Office and the SPC to the point that co-operation was unlikely to be fruitful without something changing.

Chapter 5. Debating Family Planning in Fiji: Collaboration and Conflict Between the Colonial State, Colonial Office, and Civil Society, 1946-1962

This chapter continues to explore the degree to which maternal and child health was instrumentalised to further the wider ethno-political, social, economic, and foreign policy priorities of decision makers in the 1950s. It also begins to ask and discuss what the role and significance of civil society involvement was in the development of health policy, and through that decolonisation. It does this through detailing the debate over whether Fiji could start a state-sponsored family planning programme. Both the colonial state and the Colonial Office were concerned that the differential fertility between Indo-Fijians and Fijians would become a source of political friction, but they favoured different approaches to reducing racial tensions. The colonial state wanted to target a family planning campaign at the Indo-Fijian community, while London argued that agricultural development would absorb population pressures and thereby reduce racial tensions. This chapter demonstrates how territorial pressures in favour of introducing the programme clashed with London's diplomatic considerations against it. While the colonial state was absorbed with local ethno-political considerations, the Colonial Office was wary of Catholic opposition to contraceptive technologies expressed through the UN agencies, civil society in other colonies, and by the British electorate. Consequently, the colonial state turned to a civil society organization with expertise in running voluntary family planning services, IPPF, for help in designing a programme that would be politically palatable within Fiji and acceptable to London and the wider international community. It argues that, although their intervention was low key, civil society involvement was essential to facilitating colonial state action despite Colonial Office concerns.

Background

In 1962, the colonial state of Fiji launched an intense campaign for maternity-centred family planning, which it followed up with a population control campaign launched

in 1964.¹ Catholics, communists and various nationalist groups opposed the introduction of state-sponsored family planning in many other territories, so the Fiji family planning campaign stood out to contemporary observers as it appeared to face relatively little organised opposition.² Moreover, senior members of the International Planned Parenthood Federation (IPPF), an alliance of national associations promoting family planning founded in 1952, considered Fiji to be a particularly successful example of a partnership between state services and the voluntary sector.³ These accomplishments may appear surprising given the charged political situation in Fiji, and the friction between the medical services and external agencies that was apparent even when they attempted to collaborate to improve nutrition, a programme which was far less likely to invite public controversy than family planning. Contemporary demographers, Terence and Valerie Hull, attributed the effectiveness of the campaign in the face of racial tensions to the relationship between the Medical Services and the civil society-run Fiji Family Planning Association (FFPA), established in 1963; arguing that it was able to provide a face to the campaign that was supplementary to, but ‘independent’ of, state politics.⁴ Here they echoed Vera Houghton (1914-2013), the Executive Secretary of IPPF, who outlined in general terms the role that voluntary organisations could play for governments wishing to introduce family planning. She argued that, depending on government requirements, such organisations might act on behalf of the state, supplement existing services, or provide services which the government could not openly approve, whilst also having greater liberty to ‘test out new ideas’, unbound by government policy.⁵ This organisational flexibility may not only have been useful in circumventing ideological blockades to family planning, but also in bridging bureaucratic barriers to action that international and inter-imperial organisations could not. It is therefore important to consider the role of voluntary actors in bringing the campaign from conception to delivery.

¹ ‘Population control’ refers to government policy aimed at planning, especially to limit, the growth of a whole population. ‘Family planning’ is the practice of deliberately managing the number or spacing of one’s children by any method. ‘Birth control’ refers to the in practice of preventing pregnancy through contraception technologies such as barrier and hormonal methods.

² Terence and Valerie Hull, “Fiji: A study of Ethnic Plurality and Family Planning”, in *The Politics of Family Planning in the Third World*, ed. T. E. Smith (London: Allen & Unwin, 1973), 168-69.

³ Terence and Valerie Hull, “Fiji: A study of Ethnic Plurality and Family Planning”, in *The Politics of Family Planning in the Third World*, ed. T. E. Smith (London: Allen & Unwin, 1973), 168-69.

⁴ Terence and Valerie Hull, “Fiji: A study of Ethnic Plurality and Family Planning”, in *The Politics of Family Planning in the Third World*, ed. T. E. Smith (London: Allen & Unwin, 1973), 205.

⁵ Vera Houghton, "Responsibilities of Voluntary Organizations," *The Eugenics Review* 57, no. 1 (1965), 16.

Civil society and the colonial state had a pre-war history of working together in British colonies on population issues. According to Karl Ittmann, the main authority on colonial Britain's involvement in population control, the Colonial Office had a permissive attitude to the existence of family planning organisations in the colonies in the interwar period, and later encouraged colonial states to work with them to introduce family planning campaigns in the 1950s and 1960s.⁶ The reason the Colonial Office permitted, and then sought out, this collaboration was that the British government were increasingly worried that swift population growth was upsetting the balance of power within the empire and the economic potential of the colonies. Ittmann argues that the British government's twentieth century involvement in population control was an example of efforts to 'retain and reshape' the empire through interventionist policies.⁷ Political unrest during the interwar era in colonies with a high population density, such as the West Indies – where unemployment was exacerbated by protectionism, tightened migration channels, and the economic fallout of the Depression – allowed birth control activists to persuade the Colonial Office that poverty and political turbulence were linked to overpopulation.⁸ Moreover, interwar censuses, which detected declining birth rates in Britain, coupled with evidence of population growth in the colonies, encouraged racial anxiety about the future of an empire governed by increasingly outnumbered whites.⁹ In response to rising opposition to colonial rule, the Colonial Office shifted away from a *laissez-faire* system of governance towards a more interventionist approach, whereby government policy would aim to promote social and economic development. Population planning in the form of resettlement, agricultural development, migration control and toleration of private family planning organisations became (an unsuccessful) part of these efforts.¹⁰ After the Second World War the Colonial Office was increasingly convinced that the empire was overpopulated and that this stood in the way of economic and social development programmes used to justify the continuation of imperial sovereignty.¹¹ Moreover, racial categories were still an important feature of

⁶ Karl Ittmann, *a Problem of Great Importance: Population, Race, and Power in the British Empire, 1918-1973* (Berkeley; London: Global, Area, and International Archive: University of California Press, 2013).

⁷ Ittmann, *a Problem of Great Importance*, 3.

⁸ Karl Ittmann, "The Colonial Office and the Population Question in the British Empire, 1918–62", *the Journal of Imperial and Commonwealth History* 27, no. 3 (1999), 62-67; Ittmann, *A Problem of Great Importance*, 48-82.

⁹ Ittmann, *a Problem of Great Importance*, 10-11.

¹⁰ Ittmann, "The Colonial Office and the Population Question in the British Empire, 1918–62", 62-67; Ittmann, *A Problem of Great Importance*, 48-82.

¹¹ Ittmann, *a Problem of Great Importance*, 88.

structures of colonial governance, and strategies to maintain control of territories included considering the location, density, and size of particular ethnic groups.¹² However, in the 1950s the Colonial Office continued to favour agricultural development and resettlement rather than openly supporting birth control, to avoid the accusation that provision of family planning was a racist attempt to reduce the birth rate of non-white imperial subjects. Private foundations, associations, and volunteer groups were therefore enlisted and mobilised as an alternative to Colonial Office endorsement of family planning.¹³

Ittmann's work provides a valuable outline of how the Colonial Office perceived population in the empire in the twentieth century, but leaves several questions unanswered. Firstly, although he alludes to disagreements between the Colonial Office and individual colonial states about population policy, the role of the latter in shaping Colonial Office attitudes is largely outside the scope of his work, which ultimately focuses on the Colonial Office's role in the development of the discipline of demography – the study of the changing structure of populations. Where individual colonies' political and social contexts are referred to, the outsourcing of population policy to these colonial states is presented as a barrier to the Colonial Office forming a coherent central policy.¹⁴ This is in line with his contention that the British government pursued interventionist population policies to tighten its grip on the colonies rather than to proceed with decolonisation. In contrast, reflecting on his career, British demographer T. E. Smith presented family planning in the British colonial states in the 1950s as driven by the individual colonies – led by enthusiastic social workers, doctors, academics, colonial officers, and politicians 'uninfluenced by directives from the United Kingdom government or by advice from international organizations.'¹⁵ Terence and Valerie Hull's account in T. E. Smith's edited collection explores Fiji's family planning campaign as a territorial affair without much reference to the Colonial Office.¹⁶ This contradiction raises questions: on whose initiative were family planning projects launched in different colonial territories, and what does this tell historians about the relationship between family planning and decolonisation? The involvement of

¹² Ittmann, *a Problem of Great Importance*, 107-08.

¹³ Ittmann, *a Problem of Great Importance*, 107.

¹⁴ For example, when he uses Fiji as an example of the Colonial Office 'applying the lessons' of family planning, Ittmann, *A Problem of Great Importance*, 138-40.

¹⁵ T. E. Smith, "Historical Perspectives," in *The Politics of Family Planning in the Third World* ed. T. E. Smith, (London: Allen & Unwin, 1973), 22.

¹⁶ Terence and Valerie Hull, "Fiji: A Study of Ethnic Plurality and Family Planning", in *The Politics of Family Planning in the Third World*, ed. T. E. Smith, (London: Allen & Unwin, 1973), 168-217.

civil society organisations may have been a loophole for the Colonial Office's desire to avoid funding or publicly endorsing family planning to avoid controversy, but it is also possible they were used by colonial states to challenge London to become more involved. It also exposes a potential tension within "British" population policy as to whether it was about holding onto the empire, or rather about shaping the decolonisation process. It also raises the question of where discussions of the relationship between standards of living and population fit in to policy decisions - were they always tied to statecraft or were they couched as humanitarian responses to specific health or social problems in the colony.

Both Smith and Ittmann acknowledge that voluntary agencies were key to delivering family planning programmes in British territories, but they do not explore their precise role in influencing the Colonial Office and colonial states' approaches. In the 1950s, internationally networked civil society organisations such as IPPF were also important in persuading national representatives to place population on the agenda of international agencies such as WHO, which did not offer national population control programmes assistance in this decade, due to opposition from many member countries.¹⁷ However, Matthew Connelly has argued that it was in this decade that 'a new transnational population establishment' was formed.¹⁸ The medical advances made during the Second World War, from antibiotics to mosquito-killing DDT, saved many lives and resulted in a global increase in population. As Orr had warned that poor nutrition would result in further war as nations fought for food resources, advocates of population control such as Julian Huxley, the first director general of the United Nations Educational, Scientific and Cultural Organisation (UNESCO), argued that overpopulation was a major source of impoverishment and therefore must also be tackled if future conflicts were to be avoided.¹⁹ IPPF supported this aim, and from its earliest meetings focused on the need to develop and distribute simple contraceptives and publicise the dangers of population growth, especially to governments.²⁰ In other words, internationally networked civil society organisations such as IPPF were contributing to a movement that thought of population in world-wide terms and was beginning to speak of a universal right and responsibility to limit family size. IPPF

¹⁷ Matthew James Connelly, *Fatal Misconception: The Struggle to Control World Population*, (Cambridge, Mass.: Belknap Press of Harvard University Press, 2008), 147-53.

¹⁸ Connelly, *Fatal Misconception*, 147.

¹⁹ Connelly, *Fatal Misconception*, 123.

²⁰ Connelly, *Fatal Misconception*, 133.

worked with and in Fiji and other colonial contexts, which raises the question of how London and colonial states reacted to the internationalist aspects of IPPF's philosophy, particularly given their suspicion of internationalism when it came from the UN agencies. If this civil society organisation could bridge the gap between colonial assertions of sovereignty and their fear of Universalist movements this may have had implications for colonial relationships with other international agencies.

Starting from the post-war census in 1946, when Suva first debated family planning in the Legislative Council and with the Colonial Office, this chapter will focus on the years leading up to the launch of the colony-wide family planning campaign. First, how ethno-political battles over land and civil rights in the territory developed into a political narrative that problematized Indo-Fijian fertility, and, to a lesser degree, the population growth of the colony will be discussed. Then, the domestic, international, and empire-wide pressures on the Colonial Office when it was making decisions about family planning will be explored. Finally, the ways in which each layer of colonial governance put together a case for and against family planning using experts, including the small but fundamental input of IPPF members, will be examined. Correspondence between the colonial state in Suva and the Colonial Office in London in the lead-up to the announcement of the campaign reveals much about the differing priorities of each and how they attempted to influence one another, while records of debates within the Legislative Council in Fiji and Westminster Parliament provide further insight into these deliberations by placing them in a territorial context. Meanwhile, newspaper reports provide further information on the pressures exerted on each by sections of the public, and how politicians and officials tried to present population issues in public discourse. The story that emerges shows how one health policy became entangled in the politics of decolonisation, and how civil society became involved in the policy making process. It also touches upon whether the input from civil society shaped the campaign in ways other than those predicted by the colonial state, setting up discussion of the role of civil society in internationalising colonial health policy in the 1960s, which will be the subject of the next chapter.

Racial Preconceptions: The Colonial State, the Legislative Council and the Population Debate, 1946-1962

In the late 1940s and the 1950s, demographic differentials between Indo-Fijians and Fijians were among the exacerbating factors that made discussions over which political and land rights, and economic developments were required to bring about self-government in the colony controversial.²¹ Unlike before the Second World War, when discussions of Fiji's population, both in Suva and in London, revolved around indigenous depopulation and public health measures, in the post-war era British officials began to problematize the Indo-Fijian birth rate.²² From 1946, when the Indo-Fijian population overtook the Fijian, Indo-Fijian population growth was presented as a threat to Fijian land rights and political precedence.²³ This shift in focus can be seen in commentary on Fiji's population in the European press of the South Pacific region. The prominent conservative European publication *Pacific Islands Monthly* professed pleasure at the 'steady and satisfactory increase of Fijians' after the census, but warned that the 'truly horrible fecundity' of Indo-Fijians threatened racial harmony in the colony.²⁴ It claimed that the Indo-Fijian birth rate stemmed from a 'Fiji-Indian way of political thought', and implied that it was a calculated means of 'menacing' the European and Fijian communities.²⁵

Although they expressed it in less dramatic terms, senior colonial officials also saw Indo-Fijian fertility as a threat to political stability. Governor Sir Brian Freeston made the first open call in the Legislative Council for Indo-Fijians to voluntarily reduce their birth rate

²¹ See Chapter 3.

²² A.C. Cato, "Fijians and Indo-Fijians: A Culture Contact Problem in the South Pacific," *Oceania* 26, (January, 1955), 16-17; Raphael W. Cilento, "Some Problems of Racial Pressure in the Pacific," *The British Medical Journal* (1936), 42-46; Nature, "Population Problems in the Pacific," *Nature*, 131, no. 3310, (1933), 519-20; S. M. Lambert, *East Indian and Fijian in Fiji: Their Changing Numerical Relation*, (Honolulu: The Museum, 1938); TNA: CO 323/1067/6, Status of Indigenous Women and Children: Reports on Population, Health and Welfare, 1930.

²³ Legislative Council Debate July 1946, quoted in Terence and Valerie Hull, "Fiji: A Study of Ethnic Plurality and Family Planning", in *The Politics of Family Planning in the Third World*, ed. T. E. Smith (London: Allen & Unwin, 1973), 178.

²⁴ Pacific Islands Monthly, "Indian Cry for Land is Fiji's most Pressing Problem," *PIM*, (November 1946), 11; Pacific Islands Monthly, "Fiji's Governor put it into Plain Words", *PIM*, (August 1949), 5-6; Pacific Islands Monthly, "The Future Use of Fiji Lands: Issues which may Affect Indian-Native Relationships," *PIM* (October 1949), 25; R. W. Robson, 'the Racial Problem in Fiji,' *PIM*, (April 1947); Pacific Islands Monthly, "Fiji's Governor put it into Plain Words," *Pacific Islands Monthly*, (August 1949), 5-6.

²⁵ R. W. Robson, "the Racial Problem in Fiji," *Pacific Islands Monthly*, (April 1947); Pacific Islands Monthly, "Fiji's Governor put it into Plain Words," *PIM*, (August 1949), 5-6.

in 1949, when he laid out plans to preserve Fijian land rights.²⁶ At this stage, he was careful to place responsibility on Indo-Fijians, rather than the colonial state, to ensure that this happened, asking them to limit their family size to fit the land already available to them, and making it clear that Suva would not reallocate Fijian land to them despite Indo-Fijian population growth. This move was aimed at reassuring Fijians and warning Indo-Fijians that there would be no reward for achieving demographic dominance, whilst avoiding the threat of state intervention in Indo-Fijians' reproductive lives.²⁷ Shortly afterwards, his wife, Lady Mabel Freeston, a trained doctor, met with Cruikshank, the Director of Medical Services, and Dr. Elizabeth Knowles, the colony's female doctor, to discuss dispensing voluntary-run family planning services on a small, experimental scale at the out-patient service of Lautoka Hospital.²⁸ The Freestones envisaged the expansion of this service with state support but Governor Freeston, aware that such a move could prove controversial within the colony if it was seen to be racially motivated, was cautious about proceeding without the approval of his superiors in the Colonial Office. He therefore requested they send a commission of enquiry into population problems.²⁹

First, Freeston tried to gain support of the Legislative Council for such an enquiry. The ensuing debate confirmed that many within Fiji regarded the argument for family planning in terms of tackling the demographic differentials between the two main ethnic groups. However, it also demonstrated a demand for family planning from the Indo-Fijian leadership that was based on arguments of the national good and improving individual health and social welfare. Indeed, the first person to agree to the enquiry was Indo-Fijian member Mr. Ben M. Jannif (1907-1985). He argued for a shift in focus, proposing that the birth rate of Indo-Fijians was not the central problem. Instead, all groups were contributing to overpopulation. Jannif linked development to population, placing responsibility for action on the colonial state rather than on the Indo-Fijian community by urging that they make

²⁶ Pacific Islands Monthly, "Fiji's Governor put it into Plain Words," *PIM*, (August 1949) 5-6; Pacific Islands Monthly, "Governor warns Fiji Indians of Over-Population Peril: Britain will maintain Pledges given to Fijians", (August 1949), *PIM*, 9, 91; Pacific Islands Monthly, "Fiji Land-Agitation firmly discredited by Governor: Indian Community again warned of Over-population Peril", *PIM*, (December 1949), 11.

²⁷ Pacific Islands Monthly, "Governor warns Fiji Indians of Over-Population Peril: Britain will Maintain Pledges Given to Fijians", *PIM*, (August 1949), 9, 91; Pacific Islands Monthly, "Fiji Land-Agitation Firmly Discredited by Governor: Indian Community again Warned of Over-population Peril", (December 1949), *PIM*, 11.

²⁸ Terence and Valerie Hull, "Fiji: A Study of Ethnic Plurality and Family Planning", in *the Politics of Family Planning in the Third World*, ed. T. E. Smith (London: Allen & Unwin, 1973), 185.

²⁹ TNA: CO 1023/212, Proposed Commission of Enquiry to Investigate Population Problems, 1952-1953.

birth control widely and cheaply available.³⁰ Vishnu Deo (1900-1968), an Indo-Fijian representative of particularly long-standing importance in his community as the first elected Fiji-born ethnic Indian, disagreed.³¹ He argued that Fiji was not overpopulated because there was enough food to supply the population – ‘nobody in Fiji starves’ – and that Suva should instead focus its efforts on raising living standards by maximising production and reallocating the colony’s resources – a dig at Fijian chiefs and European landowners. Deo stated that he did not oppose individuals choosing to limit their family size but that it was a private matter. He was a devout member of the *Arya Samaj* Hindu reform movement and supporter of Indian nationalism, who recommended Gandhian periods of abstinence as the best means of family planning.³² Deo was supported by European representative Harold Gatty (1903-57), who argued that people claiming that Fiji was overpopulated were normally ‘thinking of the distribution of races’ and suggested that the mission should instead consider how to develop the resources of the colony in a way that was fair for all, including Indo-Fijians.³³ Although disagreeing over the need for birth control the Indo-Fijian leadership and their allies agreed that the colonial state’s focus on Indo-Fijian birth rates was a distraction from addressing the issue of underdevelopment. They had some success as the Legislative Council ultimately passed a motion asking for the Colonial Office to send an enquiry into *both* Fiji’s population and resources.

Although this first request for an enquiry into population was turned down by the Colonial Office, this debate continued in Fiji throughout the 1950s. Family planning had the

³⁰ TNA: CO 1023/212, Proposed Commission of Enquiry to Investigate Population Problems, 1952-1953, Legislative Council Report, Appointment of Commission of Enquiry to Investigate Population Problems, 16 December 1952.

³¹ Brij V. Lal, ‘Vishnu Deo’, *Historical Dictionary of Fiji*, (Rowman & Littlefield; 2015), <http://search.ebscohost.com/login.aspx?direct=true&scope=site&db=nlebk&db=nlabk&AN=1097897>, 223.

³² TNA: CO 1023/212, Proposed Commission of Enquiry to Investigate Population Problems, 1952-1953, Legislative Council report, Appointment of Commission of Enquiry to Investigate Population Problems, 16 December 1952; Terence and Valerie Hull, “Fiji: A Study of Ethnic Plurality and Family Planning”, in *The Politics of Family Planning in the Third World*, ed. T. E. Smith (London: Allen & Unwin, 1973), 180-81; John Dunham Kelly, *A Politics of Virtue: Hinduism, Sexuality, and Counter Colonial Discourse in Fiji*, (Chicago: University of Chicago Press, 1991); John D. Kelly, “Aspiring to Minority and Other Tactics against Violence,” in *Making Majorities: Constituting the Nation in Japan, Korea, China, Malaysia, Fiji, Turkey, and the United States*, ed., Dru C. Gladney, (Stanford: Stanford University Press, 1998), 185.

³³ TNA: CO 1023/212, Proposed Commission of Enquiry to Investigate Population Problems, 1952-1953, Governor’s Report to Secretary of State for the Colonies on Debate Over the Appointment of Commission of Enquiry to Investigate Population Problems, 16 December 1952; Alan Warden, “Gatty, Harold Charles (1903–1957)”, *Australian Dictionary of Biography, National Centre of Biography*, (Australian National University, 1981), Accessed 19 February 2016 <http://adb.anu.edu.au/biography/gatty-harold-charles-6288/text10841>. Gatty was an Australian navigator and traveller who had become a local airline owner and ran a copra plantation on Fiji.

public support of several official and unofficial Indo-Fijian leaders. Indeed, when the Indian Association of Fiji presented Suva with a bid for equal constitutional rights in 1955, it included a call for an officially endorsed family planning programme.³⁴ Nehru's government in India had launched a national family planning campaign in 1952, which was linked to other forms of economic state planning, aimed at building a modern, progressive, scientifically governed and self-reliant state. The colonial state thought that some politically engaged Indo-Fijians had been inspired by the Indian campaign to think about population and family planning as a means for achieving similar things for Fiji.³⁵ However, most Indo-Fijian leaders continued to argue that overpopulation was not a danger for the colony and did not drop their guard to racial bias in debates on the introduction of family planning. They did, however, support measures to reduce the number of pregnancies undergone by individual women. Although sceptical of contraceptive methods, Deo was a staunch advocate of increasing the age at which Indo-Fijian girls married, so as to improve their participation in education.³⁶ A. D. Patel, who was both a devout Hindu and a trade unionist and whose later political career focused on fighting for social equality and social security, drew on left-wing arguments against Neo-Malthusian economics to argue that blaming overpopulation for poverty was a distraction from the structural socioeconomic causes of inequality.³⁷ He argued that the colonial state was 'raising the bogey of Indian overpopulation calculated to bring about, if not actual hostility, then apprehensiveness among other races and especially Fijians.' He claimed Suva wanted to punish Indo-Fijians for being 'the most active and virile' race in the colony, and to 'divert the attention of people both here and abroad away from the real issues of low wages and poor working conditions.'³⁸ However, he supported the introduction of family planning services because

³⁴ TNA: CO 1036/431, Overpopulation in Fiji, 1957-1959, Restricted: Family Planning in Fiji, 14 May 1958.

³⁵ TNA: CO 1036/431, Overpopulation in Fiji, 1957-1959, Extract from Report of Select Committee of Fiji Legislative Council on Fiji 1958, Colony Estimates, and Restricted: Family Planning in Fiji, 14 May 1958.

³⁶ TNA, CO 1036/431, Overpopulation in Fiji, 1957-1959, Vera Haughton, Executive Secretary of IPPF, to Mr. Thompson, Colonial Office, 27 November 1957; John Dunham Kelly, *A Politics of Virtue: Hinduism, Sexuality, and Counter Colonial Discourse in Fiji*, (Chicago: University of Chicago Press, 1991), 5.

³⁷ Alfred J. Di Maio Jr, "The Soviet Union and Population: Theory, Problems, and Population Policy," *Comparative Political Studies* 13, no. 1 (1980), 99; Brij V. Lal, ed., *A Vision for Change: Speeches and Writings of AD Patel, 1929-1969* (Acton, A.C.T.: ANU E Press, 2011), <http://epress.anu.edu.au/?p=152161>, xvi.

³⁸ A. D. Patel, "15: An Astounding Statement", 3 March 1960, and "77: Diversification of Agricultural Production", 4 November 1956, in *A Vision for Change: Speeches and Writings of AD Patel, 1929-1969*, ed., Brij V. Lal, (Acton, A.C.T.: ANU E Press, 2011), <http://epress.anu.edu.au/?p=152161>, 36, 264.

he thought it would help individual couples afford to raise healthy, well-educated children.³⁹ In the absence of land rights, education was a key means for Indo-Fijian parents to provide for the future of their children; thus being able to afford school fees, and even university, was an important aspiration for many middle class Indo-Fijians. When the Colonial Office launched the Burns Commission, the hundred representatives of the Indo-Fijian community who reported to it agreed to the introduction of a birth control campaign on condition that it was not directed only at Indo-Fijians, and that the colonial state did not use the excuse of overpopulation to avoid tackling underdevelopment as the main source of poverty in the colony.⁴⁰

Despite Indo-Fijian attempts to reframe the debate, senior colonial officials and Fijian leaders continued to focus on reducing the growth of the Indo-Fijian community in their attempts to introduce family planning through to the early 1960s. The sense of crisis caused by strikes in the late 1950s gave Suva strong incentive to direct attention away from its part in upholding racially divisive policies, whilst being seen to do something to ameliorate the situation. It had also stoked fears of an Indo-Fijian political power grab among elite Europeans and Fijians.⁴¹ Knowing that any attempts to accelerate economic development through changes to the political and landownership system would be controversial, the colonial state once again sought a Colonial Office Commission of Enquiry to arbitrate. They looked to the enquiry to provide external justification by which they could endorse launching an official family planning campaign with the aim of reducing the Indo-Fijian birth rate. When the newly instated Governor, Sir Ronald Garvey, wrote to the Colonial Office he made it clear that he thought that such an enquiry should 'direct itself to the real issue ... that is the danger of the Indian population swamping the Fijian in all fields of life.'⁴² The few public comments from Fijian Chiefs on family planning furthered this sentiment. When reporting to the 1959 Commission, the ten Fijian representatives of the chiefs advocated the introduction of birth control, but primarily for use by Indo-Fijians, with

³⁹ A. D Patel, "77: Diversification of Agricultural Production", 4 November 1956, in *A Vision for Change: Speeches and Writings of AD Patel, 1929-196*, ed., Brij V. Lal, (Acton, A.C.T.: ANU E Press, 2011), <http://epress.anu.edu.au/?p=152161>, 264.

⁴⁰ Pacific Islands Monthly, "Burns Commission off to a Good Start", *PIM*, (July 1959), 17.

⁴¹ See Chapter 3, 85-89.

⁴² TNA: CO 1036/812, Burns Commission, 1960-1962, Sir Ronald Garvey quoted in, Brief on Fiji Request for Commission of Enquiry into Land/Population Problem, Pacific Department Colonial Office, April 1957; TNA: CO 1023/212, Proposed Commission of Enquiry to Investigate Population Problems, 1952-1953, C. A. Kirkman, Minutes on the File, 18 December 1952.

one radical even arguing 'it should be made compulsory, but only for Indians.'⁴³ This was consistent with their few prior pronouncements on the issue. During earlier debates on the issue of population, the Secretary of Fijian Affairs, Ratu Lala Sukuna, had argued that population growth was a problem that providing jobs and increased revenue through developing mining and agriculture could not absorb. However, his comment that raising alarm about population was not racially motivated if it affected the colony as a whole was ambivalent; it could be interpreted as suggesting that the Indo-Fijian birth rate was everyone's concern.⁴⁴ Indeed, he followed this statement by using the eightieth Cession Day Commemoration speech in 1954 to argue that Indo-Fijians, but not Fijians, must limit their family size if they had any territorial loyalty.⁴⁵ Prominent Europeans, such as the conservative newspaper commentator and publisher, R. W. Robson, alleged to the Colonial Office that they had heard 'responsible Fijians' state that a 'clash' between the two races would be 'inevitable' if the Indo-Fijian birth rate did not drop.⁴⁶

Within the colony of Fiji, support for family planning was near universal among members of the Legislative Council, but for very different reasons. As with other areas of politics, Europeans and Fijians tended to advocate approaching perceived problems along community lines, while Indo-Fijians argued for equality of the individual. As far as senior colonial officials and Fijians were concerned, the different fertility rates of Indo-Fijians and Fijians had to be addressed, to maintain the colonial structure of political and land rights. Indo-Fijians were blamed for their levels of fertility and expected to control it themselves. Family planning was connected to decolonisation indirectly, in the sense that recalibrating the ethnic balance within Fijian society was deemed necessary to ensure that the Fijian chiefs would accept the economic, political, and social developments that the colonial authorities deemed essential to bring about a peaceful transition to self-government.⁴⁷ Indo-Fijian leaders, and a few sympathetic Europeans, were divided over whether family planning would bring territorial or only personal benefits but were generally in support of

⁴³ Alan Burns, *Fiji*, (London: H.M. Stationery Office, 1963), 225.

⁴⁴ TNA: CO 1023/212, Proposed Commission of Enquiry to Investigate Population Problems, 1952-1953, Legislative Council Report, Appointment of Commission of Enquiry to Investigate Population Problems, 16 December 1952.

⁴⁵ Terence and Valerie Hull, "Fiji: A Study of Ethnic Plurality and Family Planning", in *the Politics of Family Planning in the Third World*, ed. T. E. Smith, (London: Allen & Unwin, 1973), 183.

⁴⁶ Doc. No. 9, Colonial Office note of a meeting between A. R. Thomas and R. W. Robson, reprinted in Brij V. Lal, ed., *Fiji*. (TSO, 2006), 29.

⁴⁷ See chapter 3.

family planning. They also contested the idea that demographic differentials or racial politics were acceptable grounds for its introduction. Jannif and the Indian Association appeared to support theories of demographic transition, advocating speeding up fertility decline to raise standards of living. By speaking in territory-wide terms, Indo-Fijian leaders, many of whom had links to the Indian nationalist movement, might be seen to have used the issue to promote national thinking, as well as to deflect racially charged accusations about the levels of Indo-Fijian fertility. However, many Indo-Fijian leaders, with links both to the colony's labour movement and to Hindu reformist organisations, were sceptical, accepting that family planning had health and educational benefits for individual families, but worrying that if Suva focused its efforts on controlling fertility they could avoid investing in agricultural development and might blame colonial subjects for their own poverty. At this stage, Indo-Fijian leaders were not successful at de-racialising discussions of family planning, yet their charges of racism also meant the colonial state realised that if it were to introduce a family planning campaign it would have to avoid being seen to single out one community. The colonial state had so far stressed the voluntary nature of family planning and had asked the Colonial Office to send advisers before proceeding with a colony-wide campaign partly as an attempt to present their motives as impartial.

While population was a much-debated topic in Fijian politics, the Colonial Office was reluctant to openly support family planning there during the 1950s. London was not especially concerned about population growth in Fiji until later, because underemployment had not, yet, appeared to cause a threat to law and order. Indeed, there is some irony in the fact that Fiji was among the territories most actively interested in the consequences of demographic differentials and of population growth, given that Fiji did not appear in the massive interwar *Demographic survey of the British Colonial Empire*, that provided the Colonial Office with information for post-war planning.⁴⁸ The Colonial Office was anxious that an enquiry might provide kindling for ethnic tensions by publicly highlighting the differences in land rights and population growth between the two groups. Far from being interventionist, the Colonial Office on the contrary resented Suva for trying to outsource an

⁴⁸ R.R. Kuczynski, *Demographic Survey of the British Colonial Empire*, vol. 1-3, (London: 1948-53); Jill Briggs, "" As Fool-proof as Possible:" Overpopulation, Colonial Demography, and the Jamaica Birth Control League," *The Global South* 4, no. 2 (2010), 157-77.

‘insoluble local problem’ to London.⁴⁹ Civil servants agreed with the racial fears of the colonial state, describing Indo-Fijians as ‘like the cuckoo in the nest’ and concurring that their birth rate might become a source of ‘serious racial antagonism.’⁵⁰ However, when birth control was suggested as a possible solution, Colonial Office officials dismissed it, not because they were concerned about the ethics of using it for racial engineering, but because they thought it would be an ineffective means of doing so. Ignoring evidence that Indo-Fijians supported birth control, they repeated pre-war stereotyping and understanding of the population situation in Fiji. They contended that Indo-Fijians were good parents and so would not accept birth control for they placed ‘great value on children’, while Fijians might be interested in it because they only saw children ‘as a matter of course.’⁵¹ In their assessment, introducing family planning might cause the gap to widen between the Fijian and Indo-Fijian populations. The Colonial Office was relatively sanguine about total population growth in the colony, as a recent report on the economy of Fiji argued that education and medical service spending had ‘more than kept pace with the population’ and that food needs were met by increased small-scale production. Meanwhile, Fiji had managed to ‘financially keep its head above water’ through the taxes raised from prosperous coconut growers and investment by foreign companies attracted to Fiji by low tax rates for international firms.⁵² Though its reasons were different, the Colonial Office suggested a similar solution to Deo and Patel –the colonial state should focus on agricultural development.⁵³ J. B. Sidebotham, Assistant Secretary and Head of the Pacific Department Colonial Office, called a meeting with Robert Garvey before he took the Governorship of Fiji

⁴⁹ TNA: CO 1023/212, Proposed Commission of Enquiry to Investigate Population Problems, 1952-1953, C. A. Kirkman, Notes on the file, 18 December 1952, a similar view was expressed by Mr. Melville, minutes on the file, 25 June 1953.

⁵⁰ TNA: CO 1023/212, Proposed Commission of Enquiry to Investigate Population Problems, 1952-1953, Quote from Mr. Paskin, File Note, 18 December 1952, similar views expressed in Mr. Emmanuel, minutes on the file, 27 March 1953.

⁵¹ TNA: CO 1023/212, Proposed Commission of Enquiry to Investigate Population Problems, 1952-1953, Quote from Memorandum on the Economic Development of Fiji 1952, similar views expressed by C. A. Kirkman, minutes on the file, 18 December 1952 and Mr. Melvin and Mr. Paskin, minutes on the file, 27 March 1953; 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), 357-74.

⁵² TNA: CO 1023/172, Fiji: Economic Development of the People, 1951-1954.

⁵³ TNA: CO 1023/212, Proposed Commission of Enquiry to Investigate Population Problems, 1952-1953, Mr. Emmanuel, minutes on the file, 27 March 1953, and note dictated by Sir G. Clay, Colonial Office Agricultural Adviser, and Draft for Sir R. Garvey for Mr. Paskin’s signature, and Extract from Headquarters Notes, dated 30 September 1953.

to emphasise this priority.⁵⁴ The Colonial Office hoped agricultural development would improve living standards, absorb population growth, and provide Fiji with greater economic independence, with economic benefit to Britain, without the risk of accusations of racial partiality.⁵⁵ The colonial state would have to strategise if it were to obtain Colonial Office approval for a family planning campaign.

All Roads Lead to Rome? Britain, the World Health Organization, and the Roman Catholic Church in the International Family Planning Debate, 1948-1962

The Colonial Office's tentative approach to advocating family planning in Fiji also reflected wider departmental policy stemming from its experience of a different set of pressures than those on Suva. These included vocal opposition to birth control in Britain, elsewhere in the empire, and in international forums such as the WHO. In Fiji, at best estimate, only eight percent of the population were Catholic and these were mostly poor, rural Fijians who were not politically powerful or the original targets of family planning policy. However, from a Colonial Office perspective Catholicism posed a more formidable adversary to creating a centralised population policy.⁵⁶ The British Government's reluctance to endorse population control at an international or empire-wide level stemmed from the fear of Catholic opposition, of being portrayed as racist or indifferent to colonial subjects, and a desire to uphold national sovereignty. These reasons intertwined because Britain was aware that the Church might use the charge of racism or irresponsibility against government-led population control campaigns in the empire.⁵⁷ It was also a side-effect of Britain's opposition to international institutions acting on behalf of national governments as part of its strategy to maintain control of the decolonisation process. This placed Britain in a position where it opposed UN agencies attempting to pressure Catholic nations into

⁵⁴ TNA: CO 1023/140, Revised Ten Year Development Plan for Fiji, 1949-1958 J. B. Sidebotham, Assistant Secretary and Head of the Pacific Department Colonial Office, to Alexander F. R. Stoddart, Colonial Secretary Fiji.

⁵⁵ TNA: CO 1023/212, Proposed Commission of Enquiry to Investigate Population Problems, 1952-1953, Mr. Emmanuel, minutes on the file, 27 March 1953 and note dictated by Sir G. Clay, Colonial Office Agricultural Adviser, and Draft for Sir R. Garvey for Mr. Paskin's signature, Extract from Headquarters Notes, dated 30 September 1953.

⁵⁶ Percentage taken from RAC: Population Council Records Accession 2, Record Group 2, Series 3, Box 339, Folder 3263, Seminar on Maternity Centred Family Planning, Questionnaire for Participants, Davao City, Philippines, 5 July 1972. There are no exact figures for the 1950s among the sources consulted. However, the Catholic population has stood between 8-9% in all subsequent decades, and the Catholic Missions had been in Fiji since 1888, so it is a probable estimation that in the 1950s it stood at a steady 8%. Ittmann, *a Problem of Great Importance*, 81-82, 105-06.

⁵⁷ T. E. Smith, ed., *the Politics of Family Planning in the Third World*, (London: Allen & Unwin, 1973), 90, 129.

introducing state-run family planning policies. Moreover, although British policy-makers could dispute the Catholic Church's claims to universalism, they could not escape its ubiquity. Those working in government departments would come up against Catholic opponents in international forums, in the form of Vatican officials and the representatives of Catholic majority countries.⁵⁸ The latter had their own national concerns and did not answer directly to Rome, but cultural and philosophical sympathy with Catholicism and the domestic influence of the Church disposed them to support Catholic doctrine. Moreover, because Catholicism is a faith and not simply an international institution, the British government had to be seen to treat the consciences of Catholic individuals within British society and empire with respect, and to work with employees who opposed birth control on moral grounds.

By the early 1950s the Catholic Church had made several public pronouncements, including Papal encyclicals (issued by the Pope to instruct all bishops on matters of doctrine) that informed Catholics that Church teaching forbade all forms of birth control, because it undermined the 'natural' life-giving potential of the sexual act. Of more significance for governments, these documents also laid an intellectual foundation to refute state involvement in citizens' reproductive lives.⁵⁹ Pope Pius XI's encyclical, *Casti Connubii* (1930), which was partially a response to the eugenics movement, clarified the Church's position that 'the family is more sacred than the State', highlighting that it would oppose any government forbidding marriage, or coercing individuals to accept sterilisation or contraception to improve the quality of the national population.⁶⁰ This allowed the Church to develop a position of objection to any government-endorsed family planning campaign that could be construed to have statist, racist, or eugenicist motives. The Pope also declared that the state and civil society had a responsibility to ensure that couples were not pushed into 'desperation' by providing employment opportunities and wages, welfare, and medical care for the poor that were sufficient to support even large families.⁶¹ This document provided a springboard for the Church to object that state endorsement of family planning represented an attempt to abdicate or reduce these responsibilities, including in a colonial

⁵⁸ Connelly, *Fatal Misconception*, 149-52.

⁵⁹ Pius XI, *Casti Connubii*, (1930), paragraph 56.

⁶⁰ Pius XI, *Casti Connubii*, (1930), paragraphs 68-69; Connelly, *Fatal Misconception*, 85-86.

⁶¹ Pius XI, *Casti Connubii*, (1930), paragraph 120-23.

context.⁶² Pius XII's widely publicised "Address to the Italian Catholic Society of Midwives" in 1951 developed this position, reaffirming the Church's opposition to sterilization and 'artificial birth control', although it permitted couples to use the rhythm method (cyclical abstinence) to space or limit children for 'grave' economic, social, or medical reasons. Importantly for governments, he also made it clear that the duty to uphold the Church's teaching fell not only on couples, but on Catholic professionals.⁶³ Thus, governments wanting to introduce family planning campaigns not only had to contend with ideological barriers to uptake among Catholics but active opposition from them at an international, national, and institutional level.

Britain's reticence, and the reasoning behind it, to publicly endorse family planning is well illustrated through its participation in debates at the WHA, and subsequently in the UK Parliament, over whether WHO should provide family planning advice to governments and become an international advocate of population planning. In the early 1950s key figures associated with several UN agencies had come to believe two things: that overpopulation was the main cause of poverty, which in turn resulted in wars over resources, and consequently, that reducing the 'quantity' and increasing the 'quality' of the world's population was essential to maintain peace. Among these was the Director General of WHO Brock Chisholm (1896-1971).⁶⁴ Chisholm had responded with enthusiasm to India's request for advice on population control, and was personally interested in launching a project to carry out a world population survey. When the Executive Board, on which Britain sat, met in February of 1952, Chisholm put a potential collaboration between WHO and the UN's Economic and Social Council to study population problems and the technical aspects of family planning on the agenda.⁶⁵ However, several Catholic majority countries on the Board opposed such a move.⁶⁶ In response, the United Kingdom representative, Dr. Melville Mackenzie (1889-1972), urged negotiators to take the middle ground. He endorsed information sharing between WHO and the UN Population Council on issues such as mortality rates and argued that it should be able to give technical medical information on family planning to governments if they asked for it. However, he also recommended that

⁶² Pius XI, *Casti Connubii*, (1930), paragraph 120-23; Connelly, *Fatal Misconception*, 168.

⁶³ Pius XII, "Address to the Italian Catholic Society of Midwives", *Acta Apostolicae Sedis* 43 (1951), 845-46.

⁶⁴ Connelly, *Fatal Misconception*, 115-55; John Farley, *Brock Chisholm, the World Health Organization, and the Cold War*, (University of British Columbia, 2009), 173-81.

⁶⁵ Farley, *Brock Chisholm, the World Health Organization, and the Cold War*, 173-81.

⁶⁶ World Health Organization, Minutes of the Fifteenth Meeting, Geneva, 30 January 1952, 9.30 am, 16-27.

WHO abstain from endorsing family limitation in the WHA and that they avoid sponsoring the upcoming World Population Conference because the economic, social, or religious aspects of the problem were outside its scope. His view was supported by the chairman and many members of the board, though not the Director General.⁶⁷ Despite opposition, Dr. Karl Evang (1902-1981) of Norway pressed ahead with a similar motion at the subsequent WHA that WHO should take part in the World Population Conference and should put together a Committee to study 'the health aspects' of what he described as the world population problem. He was opposed by several national delegations representing Catholic majority countries, including Britain's neighbour, Ireland, and sometime colonial allies, Belgium and France. The UK representative took little part in the discussion and, in a temporary victory for the Catholic countries, it ended without any resolution.⁶⁸ Chisholm left WHO the following year and for the rest of the decade WHO was not a vocal advocate for either family planning or population control.⁶⁹ Britain had intervened to ensure that endorsing family planning remained the prerogative of individual states. Indeed, when British MPs criticised the British government for Mackenzie's cautious approach, Patricia Hornsby Smith (1914-1985), the Parliamentary Secretary to the Ministry of Health, retorted that neutrality had been a rational position to take to preserve harmony in WHO and out of respect for foreign nations that did not share the view that population control was necessary.⁷⁰

This parliamentary debate also highlighted that the British government had a wary eye on the public opinion of the Catholic population of Britain and the empire. When Labour MP Douglas Houghton (1898-1996) – the husband of Vera Houghton (1914-2013), secretary of IPPF – pressed the issue, he was accused of anti-Catholicism by Walter Edwards (1900-1964), the Labour MP for Stepney.⁷¹ Politically this was no light accusation, as by the 1950s Catholics were a growing minority in Britain, meaning that too strident support for birth control in an international forum might spell a political headache for the government at

⁶⁷ World Health Organization, Meeting of the Executive Board, Ninth Session, Minutes of the Eighteenth Meeting, 1 February 1952, 10 a.m.

⁶⁸ World Health Organization, Fifth World Health Assembly, Committee on Programme and Budget, Provisional Minutes of the Twelfth Meeting, Geneva, 15 May 1952, 10 am; World Health Organization, Official Records No. 42, Fifth World Health Assembly, Geneva 5 to 22 May 1952, 131.

⁶⁹ As well as opposition from member states the new Director General Dr. Marcelino Gomes Candau was from a Catholic majority country and had professional concerns about the impact of population control campaigns on health service delivery in low resource settings, see chapter 6, 203-04.

⁷⁰ HC Deb 18 July 1952 vol. 503 cc2566-76, 4.20 p.m.

⁷¹ HC Deb 18 July 1952 vol. 503 cc2566-76, 4.20 p.m.

home.⁷² Of at least equal significance were worries of negative reactions to the introduction of family planning from the colonies that London still claimed to represent in the WHO. Hornsby Smith reminded Houghton that government policy was that no family planning campaign would be imposed on any British territory, and warned that, 'Hon. Members will be in no doubt how readily such a policy would be misrepresented as an attempt to control native populations to the advantage of white minorities.'⁷³ The Catholic Church in the colonies was one group that could be relied upon to present the policy in such terms. In the late 1930s, attempts to encourage colonial state support for birth control in Hong Kong and the West Indies had resulted in Catholic politicians in both London and the colonies hounding the Colonial Office.⁷⁴ In post-war Mauritius, where Catholics were the largest denomination, a government request for a Commission to investigate population problems had sparked a strong newspaper campaign led by the Church hierarchy, although the laity was divided on the issue.⁷⁵ Similarly in Singapore and West Malaysia, where Catholics were a small yet influential urban minority the Church rallied protests against government involvement in family planning.⁷⁶ As the central authority of the empire the British Government and its departments were cautious about supporting family planning in one territory, lest it be seen as a precedent for its introduction in all.

For the colonial state in Fiji, the Colonial Office's reluctance to support family planning in the colony was compounded by Britain's hesitancy to back the growing international population movement. In a reversal of the situation with maternal and child health and nutrition projects, where the colonial state and Colonial Medical Service had deliberately shut the door to preserve their kingdoms against external organisations vying to become involved, the colonial state had limited options if it decided to look for external advice on introducing a family planning campaign. Moreover, Fiji was required to communicate with WHO, including WPRO, exclusively through London; given Colonial Office

⁷² Tom O'Donoghue, *Catholic Teaching Brothers: Their Life in the English-Speaking World, 1891–1965*, (Springer, 2012), 24.

⁷³ HC Deb 18 July 1952 vol. 503 cc2566-76, 4.20 p.m.

⁷⁴ Ittmann, *a Problem of Great Importance*, 79-81, 101-02.

⁷⁵ James D. Grieg, "Mauritius: Religion and Population Pressure", 122-68 in *the Politics of Family Planning in the Third World*, ed. T. E. Smith (London: Allen & Unwin, 1973).

⁷⁶ West Malaysia is the area now known as peninsular Malaysia. George G. Thompson and T. E. Smith, "Singapore: Family Planning in an Urban Environment", 222-23, and Eddy Lee, Michael Ong and T. E. Smith "Family Planning in West Malaysia: The Triumph of Economics and Health Over Politics", 262-63, in *the Politics of Family Planning in the Third World*, ed. T. E. Smith (London: Allen & Unwin, 1973).

objections to a state supported family planning campaign, it was unlikely that Suva would receive much support in approaching WHO for the limited information it was permitted to provide. If Suva wanted help with the practical aspects of launching a family planning campaign or to use external expert approval for the project as a buffer between themselves and any accusations of racist motives, it would have to look elsewhere. It would also have to win the Colonial Office around to permitting it to introduce a policy that had been discussed in racial terms. While the Colonial Office was sympathetic to arguments about racial differentials in internal correspondence it preferred a covert approach to tackling them when under international scrutiny.

Civil Advice: The Input of International Planned Parenthood into Designing Fiji's Family Planning Campaign, 1957-1959

In 1957 Governor Garvey decided to contact IPPF's London office for advice on expanding the few experimental family planning clinics in Fiji into a territory-wide voluntary service to control the birth rate 'particularly in regard to the Indian population'.⁷⁷ IPPF had been established in 1952 by like-minded individuals from Britain, Holland, Sweden, the USA, India, Hong Kong, Singapore and West Germany, most of whom had pre-war experience in voluntary run family planning services. It expanded rapidly, adding associations from Australia and South Africa later that year, and, by 1957, had a membership composed of thirty-seven national associations.⁷⁸ Their stated aim was 'to advance through education and scientific research the universal acceptance of family planning and responsible parenthood in the interests of family welfare, community wellbeing, and international goodwill.'⁷⁹ Members had to agree to two principles, 'that commercial interests take no part in the control of the body applying for membership and that its work is carried on irrespective of race, creed or colour.'⁸⁰ In this situation internationalism was an asset rather than a source of concern for the colonial state, as the universalism of IPPF's professed aims, and its apparent focus on world population rather than differential fertility rates between ethnicities as a threat, made it an ideal organisation to approach for advice by those keen to

⁷⁷ TNA: CO 1036/431, Overpopulation in Fiji, 1957-1959, Ronald Garvey to the Colonial Office, 26 July 1957.

⁷⁸ Vera Houghton, "The International Planned Parenthood Federation, Part II: Its History and Influence", *the Eugenics Review* 53, no. 4 (1962), 205.

⁷⁹ Vera Houghton, "The International Planned Parenthood Federation, Part II: Its History and Influence", *the Eugenics Review* 53, no. 4 (1962), 204.

⁸⁰ Vera Houghton, "The International Planned Parenthood Federation, Part II: Its History and Influence", *the Eugenics Review* 53, 4 (1962), 204.

avoid accusations of launching a racially motivated campaign.⁸¹ Moreover, unlike the UN agencies, which exposed colonial rule to critique from other nations, Garvey could contact an individual national office (in this case Britain's) where, despite IPPF's official claims to be apolitical, he may have felt was likely to be met with a sympathetic audience.

At that time, the central London office had only a handful of staff and was unable to provide much funding to external organisations, devoting itself primarily to dispensing advice.⁸² However, establishing a relationship with IPPF had distinct advantages for Garvey. IPPF was a voluntary body, so Garvey could obtain information discretely as a private citizen, thus by-passing the reluctant Colonial Office until he had formulated a policy.⁸³ Through speaking to the London office, Garvey could gather information about projects elsewhere in the empire. Vera Houghton, Executive Secretary of IPPF, and her first colleagues thought that political reasons would prevent the WHO from becoming the primary advocate of family planning internationally and attempted to set the IPPF up as the coordinating body for family planning action.⁸⁴ It organised itself into regional bodies, and encouraged national associations to establish close relationships with their government, meaning that it had growing experience of running politically acceptable national campaigns.⁸⁵ Thus, IPPF was able to put Garvey in touch with British ex-patriot Mrs. Ena Compton, who ran the Family Planning Association clinic in Auckland, New Zealand, and who had advised the Kingdom of Tonga on family planning and therefore had experience of running a campaign in the specific context of a British Protectorate in the South Pacific.⁸⁶ Garvey also received IPPF's bulletin which advertised the details of projects elsewhere in the empire, meaning that he could cite government support for family planning services run by IPPF associates in Singapore, Hong Kong, Barbados, Bermuda, the Bahamas and Jamaica as

⁸¹ Vera Houghton and International Planned Parenthood Federation, "Its History and Influence", *the Eugenics Review* 53, (1954), 149-53.

⁸² D. Cossey, "Vera Houghton", *Journal of Family Planning Reproductive Health Care* 40, (2014), 156; T. E. Smith, "Historical Perspectives", 13-31, in *The Politics of Family Planning in the Third World*, ed., T. E. Smith (London: Allen & Unwin, 1973), 22.

⁸³ Regrettably for the historian this means that much of his correspondence is not in the National Archives.

⁸⁴ Vera Houghton, "The International Planned Parenthood Federation, Part II: Its History and Influence", *the Eugenics Review* 53, 4 (1962), 207.

⁸⁵ Vera Houghton, "The International Planned Parenthood Federation, Part II: Its History and Influence", *The Eugenics Review* 53, 4 (1962), 207.

⁸⁶ TNA: CO 1036/431, Overpopulation in Fiji, 1957-1959, Ronald Garvey to the Colonial Office, 26 July 1957.

precedents when communicating with the Colonial Office.⁸⁷ Indeed, the paradoxical relationship of studied distance and close conference between IPPF services and colonial states – often the consolidation of an existing interwar relationship between territorial birth control campaigners and their governments – were precisely why IPPF was successful elsewhere in the empire.⁸⁸ Non-governmental associations such as IPPF could circumvent the controversial issue of whether public funding or advertising should go to birth control campaigns.⁸⁹ They could also act as lobbyists, demonstrating extra-governmental support for birth control policies. Vera Houghton wrote to the Colonial Office to advocate the introduction of family planning in Fiji, stating that if no action was taken then the Indo-Fijian community would grow to be an ‘economic’ as well as a ‘social’ problem.⁹⁰ By doing so, she reinforced Suva’s argument that family planning should tackle differential fertility but linked it to the dangers of total population growth. The support and intercession of IPPF allowed the Governor to both receive information on birth control programmes without directly contacting the Colonial Office, whilst also placing pressure on it through an external lobby.

Drawing on its experience of working alongside colonial states IPPF also helped Garvey to create a template for a potential campaign that would be as uncontroversial as possible within the colony, and thus also acceptable to the Colonial Office. On IPPF advice, Garvey decided that the service would be for married women only (to avoid public criticism that it encouraged promiscuity), contraceptives would be provided at cost to present family planning as a private service rather than provoke suspicion it was a state-run campaign, and the medical work would be carried out on a voluntary basis so as to avoid religious objection by doctors and nurses.⁹¹ To maximise coverage he planned to encourage the establishment of voluntary family planning clinics in all urban areas, and to advertise them in hospitals at postnatal, infant welfare, and obstetrics clinics. This was thought to have the advantage of

⁸⁷ TNA: CO 1036/431, Overpopulation in Fiji, 1957-1959: Ronald Garvey to Philip Rogers, Colonial Office, 11 September 1957.

⁸⁸ Vera Houghton and International Planned Parenthood Federation, "Its History and Influence", *the Eugenics Review* 53, (1954): 149-153; Ittmann, *a Problem of Great Importance*, 48-83.

⁸⁹ Vera Houghton, "Responsibilities of Voluntary Organizations," *The Eugenics Review* 57, no. 1 (1965), 16.

⁹⁰ TNA: CO 1036/431, Overpopulation in Fiji, 1957-1959, Vera Houghton, Executive Secretary of IPPF, to Mr. Thompson, Colonial Office, 27 November 1957.

⁹¹ TNA: CO 1036/431, Overpopulation in Fiji, 1957-1959, Vera Houghton, Executive Secretary of IPPF, to Mr. Thompson, Colonial Office, 27 November 1957.

reaching women who were known to be fertile, whilst discretely advertising it as a maternal and child healthcare service rather than a population campaign.⁹²

It is possible that Garvey was provided with information on IPPF by Phillip Rogers of the Colonial Office, who was frustrated by his department's reluctance to approve population control.⁹³ He certainly sent Garvey information on the Jamaican Family Life Project, which had avoided inducing significant racial and religious opposition because it operated primarily through private funding with IPPF support.⁹⁴ This means Garvey may have indirectly been given the tools to formulate a policy that would be suitable to the outwardly neutral Colonial Office by a dissatisfied member of that same office. At this stage, while IPPF had provided advice on how to create a broader campaign, the colonial state saw its input in instrumental terms – that is, how to avoid public outcry in Fiji, or a nervous reaction from the Colonial Office to plans to widen the scope of family planning. When Garvey wrote to the Colonial Office to disclose his plans, he suggested that Fijians did not need family planning because they spaced their children through 'traditional' methods such as prolonged lactation.⁹⁵ So far, IPPF had provided Suva with a potential solution to introducing a policy aimed at balancing the racial composition of the colony to support colonial policy. However, like Indo-Fijian leaders, it had sown the seeds of some alternative lines of argument in favour of family planning in the forms of population control and maternal health.

Selecting the Evidence: Differing Uses of the Burns Commission Findings, 1959-1960

Approaching IPPF for help was not Garvey's only line of attack. It soon became clear that the Governor saw the expansion of the voluntary service as the first step towards a colony-wide state-backed campaign. To do this he wanted public support from the Colonial Office, perhaps with an eye getting to Colonial Welfare and Development funding for the purpose, and to distance Suva from the decision should it stir up controversy. This was his hope when he sent Fiji's second request for a Commission of Enquiry into Land and

⁹² TNA: CO 1036/431, Overpopulation in Fiji, 1957-1959, Ronald Garvey to Philip Rogers, Colonial Office, 11 September 1957.

⁹³ Ittmann, *a Problem of Great Importance*, 103.

⁹⁴ The Jamaica Birth Control League had since become an IPPF association and host to its 1958 conference. Briggs, "As Fool-Proof as Possible", 158; TNA: CO 1036/431, Overpopulation in Fiji, 1957-1959, Philip Rogers to Robert Garvey, 27 February 1958; Ittmann, *A Problem of Great Importance*, 103.

⁹⁵ TNA: CO 1036/431, Overpopulation in Fiji, 1957-1959, Ronald Garvey, 11 September 1957.

Population Problems to the Colonial Office. By the late 1950s the spectre of political instability in Fiji meant that the Colonial Office conceded to the request. However, it made it clear that the outcome of such an enquiry would likely suggest that agricultural development, rather than birth control, was the solution to Fiji's racial divisions as it would provide jobs and a good standard of living for Indo-Fijians.⁹⁶ The three commission members they chose further hinted that this was the intended outcome: the team comprised a professor of commercial and political economy and mercantile law, and a retired colonial agricultural officer, both under the leadership of Sir Alan Burns.⁹⁷ Burns was a trusted, long-standing servant of the Colonial Office who had held several senior positions in the colonies, including as Governor of the Gold Coast. He had earned a reputation as a critical but 'strong and efficient champion of British Colonialism', and had recently retired as permanent UK Representative on the Trustee Council of the UN.⁹⁸ The colonial state could not have objected to his expertise or loyalty to colonial governance. However, the Colonial Office's choice of Burns may also have been an attempt to apply counter pressure on the colonial state over the population issue. Burns was a devout Roman Catholic and opponent of birth control.⁹⁹ His stance was well known within the Colonial Office as he had objected to the 1945 Moyne Commission Report, which had argued that a reduction in the birth rate was necessary to improve the living conditions of the labouring class in the West Indies.¹⁰⁰ Burns had then affirmed several Colonial Office anxieties that a family planning campaign would be both unpopular and ineffective, arguing that political opponents of the colonial state might accuse it of trying to solve unemployment through reducing the black birth rate, children were highly valued by the black community, and the population was not educated enough to use birth control effectively.¹⁰¹ It is possible to speculate, given the Colonial Office's reluctance to introduce state-run family planning services, that among the reasons

⁹⁶ TNA: CO 1036/812, 1960-1962, Burns Commission, Sir Ronald Garvey quoted in brief on Fiji Request for Commission of Enquiry into Land/Population Problem, Pacific Department Colonial Office, April 1957; TNA: CO 1023/212, Proposed Commission of Enquiry to Investigate Population Problems, 1952-1953, C. A. Kirkman, Minutes on the File, 18 December 1952.

⁹⁷ Pacific Islands Monthly, "Fiji's Long-Awaited Blueprint: the Men who made the Burns Report", *PIM*, (March 1960), 29.

⁹⁸ Pacific Islands Monthly, "The Man Who Will Suggest a Policy for Fiji: He doesn't gloss over Britain's Faults", *PIM*, (March 1959), 19.

⁹⁹ Pacific Islands Monthly, "The Man Who Will Suggest a Policy for Fiji: He doesn't gloss over Britain's Faults", *PIM*, (March 1959), 19.

¹⁰⁰ Ittmann, *a Problem of Great Importance*, 101.

¹⁰¹ Ittmann, *a Problem of Great Importance*, 101-02.

the department chose Burns to lead the Commission were that he would not advocate population control and could be relied upon to focus on the economic and agricultural reforms supported by them for raising living standards instead. If this were the case then Burns did what was wanted of him. Although the Commission ultimately recommended that free contraception should be given to married couples, Burns publicly dissented from the recommendation on religious grounds, whilst highlighting the colonial state's responsibility for racial divisions and warning of the potentially racist ends to which a birth control campaign might be put.¹⁰² Whilst allowing Suva to proceed, this hardly amounted to a ringing endorsement from London. Indeed, back in Britain, the Parliamentary Under-Secretary of State for the Colonies, Hugh Fraser (1918-1984) who was also a Roman Catholic, distanced the Colonial Office from the recommendation to introduce birth control. When Labour MPs put him under pressure during parliamentary questions and urged that he undertake to implement the family planning measures recommended in the report, Fraser defended Burns' emphasis on agricultural production and stated that it was a matter for Suva, not the British government or the Colonial Office, to decide whether free contraception should be introduced.¹⁰³ While the presence in the Colonial Office of those who objected on grounds of conscience to birth control may have shaped this cautious attitude, it is possible they were also used by the Colonial Office, afraid of accusations of racism or rows with the institutional arm of the Catholic Church, as means to continue walking a narrow line of private approval of, and public distance from, birth control.

Nevertheless, Suva took the recommendation as a mandate to introduce a family planning campaign. However, they looked for further endorsement from experts outside Fiji to bolster their case. They turned to Oskar Spate (1911-2000), who had in 1958 been appointed with Colonial Welfare and Development money to carry out an enquiry into the economic problems facing the ethnic Fijians. Spate was chosen for the enquiry despite the fact he was a left-wing critic of colonialism based in Australia because the Colonial Office admired his expertise as an academic geographer of the Pacific region. He was well known in Fiji, having spent eight months visiting over forty Fijian villages while he compiled his

¹⁰² Alan Burns, *Fiji*, (London: H.M. Stationery Office, 1963), 215-24.

¹⁰³ HC Deb 16 March 1961 vol. 636 cc1735-6.

report.¹⁰⁴ The colonial state's choice to turn to Spate in the aftermath of the Burns Commission is significant because he could have been presented as an external 'objective' specialist in regional policy to those in the colony who were sceptical of the Burns Commission because of the colonialist backgrounds of its members, but who was also respected by the Colonial Office.¹⁰⁵ Suva persuaded Spate to comment on the Burns Commission on the radio. Spate had no personal objection to birth control but his report was primarily a critique of the Fijian hierarchy and land tenure. He agreed that family limitation was, 'essential lest any development be swallowed up by a swarm of new mouths to feed' but made it clear that in his opinion 'Fiji is not yet overpopulated.' Spate warned that family planning alone 'adds nothing to Fiji's wealth' and that the colonial state should remember 'the most urgent need is increased agricultural productivity.'¹⁰⁶ Although not a typical member of the colonial establishment, Spate agreed with the Colonial Office view that the introduction of birth control should be a complementary rather than a core development policy and should not be used to distract from other issues, such as land tenure reform, that he thought would go further to raising living standards and securing the future of the economy.

The colonial state's determination to publicly consult with colonial experts on the issue of population control demonstrates an acknowledgment that their legitimacy still depended on agreement from London and that, despite having some support from leaders of all ethnic communities for introducing birth control, they had some reservations about how this move would be received within Fiji and wanted to be sure they could point to Colonial Office support. However, Suva also demonstrated that it would willingly draw selectively on the half-hearted support for birth control by these experts. Indeed in 1960, following the Burns Commission, the colonial state successfully put a paper before the

¹⁰⁴ R. Gerard Ward, "Spate, Oskar Hermann Khristian (1911–2000)", *Oxford Dictionary of National Biography*, Oxford University Press, May 2008; online edn, October 2008, Accessed 12 April 2017, <http://www.oxforddnb.com/view/article/74405>; The Telegraph, "Professor Oskar Spate," *Obituaries, The Telegraph Online*, 8 July 2000, Accessed 12 April 2017, <http://www.telegraph.co.uk/news/obituaries/1347334/Professor-Oskar-Spate.html>.

¹⁰⁵ A. D. Patel criticised the composition of the Burns Commission, see "81: The Medicine, 7 March 1960", in *A Vision for Change: Speeches and Writings of A.D. Patel, 1929-1969*, ed., Brij V. Lal, (Acton, A.C.T.: ANU E Press, 2011), <http://epress.anu.edu.au/?p=152161>, 262-63.

¹⁰⁶ O. H. K. Spate, *The Fijian People: Economic Problems and Prospects: a Report*, (Suva: Government Press, 1959); Alan Burns, *Fiji*, (London: H.M. Stationery Office, 1963); TNA: CO 1036/812, the Burns' Commission, 1960-1962, O. H. K. Spate, a Commentary on the Burns Commission Report for the Fijian Broadcasting Commission, first broadcast on 21 March and repeated on 27 March 1960.

Legislative Council that allowed it to use public funds to create additional family planning clinics and dispense contraceptives at a low cost (and at no cost to the poorest).¹⁰⁷

Winning the Support of Fiji's Colonial Medical Service

The Government officially adopted a family planning policy in 1962, allocating £5,000 of the annual budget to help all seven hospital clinics maintain their services and to allow all fifty-one government dispensaries to provide birth control at cost. The services would be advertised by a voluntary body – the FFPA.¹⁰⁸ As the colonial state expanded the family planning service, it needed to secure the support of the medical service to deliver it. As SPHS and colonial medical service obstruction to collaboration with the SPC on nutritional projects had demonstrated, the service had significant power shape or delay policy even when it had been approved by Suva. The Medical Directors had been involved with the provision of the smattering of volunteer run family planning services since 1951 and were somewhat receptive to the campaign from a medical standpoint. Although maternal mortality rates were not systematically recorded, the directors agreed that there was a higher Indo-Fijian maternal morbidity and mortality rate to which more frequent pregnancies were a contributing factor. As a result, they were willing to discuss plans to expand the voluntary service with IPPF.¹⁰⁹ However, a colony wide state-run campaign was not welcomed quite as swiftly. The Director of Medical Services at the turn of the decade, Dr. Patrick W. Dill-Russell, was especially wary of the possibility of a population control campaign. This may have been partially because it was something of a shock to the system when the Medical Department's perceived success 'in reducing the death rate (but not the birth rate)' was highlighted as an 'important contributing factor to Fiji's present economic problems.'¹¹⁰ Just twenty to thirty years earlier, the medical service in Fiji had been expanded and centralised, precisely to stem the Fijian death rate and bring about an *increase* in population. It had been praised by the colonial and international press for its

¹⁰⁷ TNA: CO 1036/811, Burn's Commission, 1960-1962, Legislative Council of Fiji Council Paper no. 31 of 1960, Statement of Government Policy on the Recommendations of the Burns Commission.

¹⁰⁸ Kenneth Maddocks quoted in Terence and Valerie Hull, "Fiji: A Study of Ethnic Plurality and Family Planning", in *The Politics of Family Planning in the Third World*, ed. T. E. Smith, (London: Allen & Unwin, 1973), 188.

¹⁰⁹ TNA: CO 1036/431, Overpopulation in Fiji, 1957-1959, Vera Haughton, Executive Secretary of IPPF, to Mr. Thompson, Colonial Office, 27 November 1957.

¹¹⁰ Alan Burns, *Fiji*, (London: H.M. Stationery Office 1963), 216.

perceived success in doing so.¹¹¹ Having a responsibility to reduce the birth rate was an unfamiliar concept.

Dill-Russell was troubled by this change in political rhetoric and wrote to the Colonial Office to state three intertwined professional concerns. The first was ideological – he did not see population control as part of the medical profession’s vocation to heal and prevent disease. He clarified that he thought the health professionals should help couples space their families to improve the health of women and children. However, this should not include promoting population control, especially through permanent methods such as female sterilisation. Instead, clinics should take a holistic view focused on the needs of the individual including advice to couples suffering sub-fertility.¹¹² He also feared the campaign was being imposed on communities, objecting to pressure from district administrators to accelerate the campaign, arguing, ‘what the district commissioner thinks the people need and what the people wish for and are capable of carrying out are two quite different things.’¹¹³ The second concern was for the department’s reputation, as he worried that a state-backed campaign would stir up public controversy, which would be counter-productive to the delivery of the service. He argued that a family planning campaign would exacerbate tensions between communities, a concern that may have been compounded by his recent experience as a doctor in Cyprus, where ethnic politics were also a serious issue.¹¹⁴ Dill-Russell explained to the Colonial Office that he worried that Indo-Fijians would be put off by a more aggressive campaign for family limitation for cultural reasons -

¹¹¹ Sources on public health efforts to reduce depopulation: Sir William Macgregor, ‘Disease and Its Treatment,’ in *Essays on the Depopulation of Melanesia*, ed. W. H. R. Rivers, (Cambridge [England]: The University Press, 1922), 80-82; S. M. Lambert, *East Indian and Fijian in Fiji: Their Changing Numerical Relation*, (Honolulu: The Museum, 1938), 14; Stephen H. Roberts, *Population Problems of the Pacific*, (London: G. Routledge & Sons, Ltd., 1927), 252-57; TNA: CO 83/177/8, Proposed Central Medical School for Training Native Medical Practitioners of the Pacific Islands, 1926-1927; 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; Newspapers praising the services’ efforts: From Our Fiji Correspondent, “Progress In Fiji,” *Times*, 22 December 1926, 11, The Times Digital Archive, tinyurl.galegroup.com/tinyurl/4ChUk1; The Sydney Morning Herald, “Fiji’s Health. Population Increasing. Splendid Medical Work,” Suva, 27 October, *The Sydney Morning Herald* (NSW: 1842 - 1954), 7 November 1932, 10, <http://trove.nla.gov.au/newspaper/article/16928509?searchTerm=Fiji%2C%20population&searchLimits=dateFrom=1917-01-01||dateTo=1946-12-31>; S. M. Lambert, *East Indian and Fijian in Fiji: Their Changing Numerical Relation*, (Honolulu: The Museum, 1938), 3.

¹¹² TNA: CO 1036/806, Population Situation in Fiji, 1960-1962, Secretariat of Fiji to I. S. Wheatley, Colonial Office, 24 August 1962, and P. W. Dill Russell, 19 December 1962.

¹¹³ TNA: CO 1036/806, Population Situation in Fiji, 1960-1962, Secretariat of Fiji to I. S. Wheatley, Colonial Office, 24 August 1962.

¹¹⁴ H.J.W., “Obituary: P. W. Dill Russell”, *BMJ*, (10 September 1977), 709-10.

‘because potency is of great importance in the Indian psychological make-up’ – and that they might fear they were being targeted by the campaign for racist reasons. He was also conscious that open support of population control was more likely to raise Catholic opposition than a discrete programme which professed to improve family spacing.¹¹⁵ The third concern was practical – he worried that a large campaign would redirect limited funds away from other medical department activities. While the Burns Commission had praised the medical service as ‘the most striking social achievement in Fiji’, it recommended that the already ‘good’ quality service did not require a new influx of funds.¹¹⁶ Consequently, the Legislative Council had passed a motion to increase indirect taxation to pay for the health service but that limited increases in expenditure on the health to maintaining the level of real wages for the medical staff and replacing equipment.¹¹⁷ Writing to the colonial state and the Colonial Office, he argued that while he appreciated fully the importance of family planning he strongly believed ‘it cannot take precedence over all other activities of the department.’ He firmly suggested that, although the Medical Service would train staff, clinics should remain a volunteer-run service and propaganda should be left to voluntary associations.¹¹⁸ To that end, he actively encouraged the Health Education Committee, which included private citizens, to adopt family planning as its theme for 1961.¹¹⁹ Dill-Russell’s views were accounted for in the design of the campaign as the colonial state initially integrated family planning services with other maternal and child health services, addressing Dill-Russell’s fear that family planning would claim a separate budget to the detriment of the service. However, this made it hard to calculate exactly how much time and money went into the family planning campaign, as many of the staff and resources used were shared between several programmes.¹²⁰

¹¹⁵ TNA: CO 1036/806, Population Situation in Fiji, 1960-1962, Secretariat of Fiji to I. S. Wheatley, Colonial Office, 24 August 1962, and P. W. Dill Russell, 7 September 1962, and P. W. Dill Russell, 19 December 1962.

¹¹⁶ Alan Burns, *Fiji*, (London: H.M. Stationery Office 1963), 216.

¹¹⁷ TNA: CO 1036/811, Burns Commission, 1960-1962, Legislative Council of Fiji, Council Paper no. 31 of 1960, Statement of Government Policy on the Recommendations of the Burns Commission, and, Legislative Council of Fiji, Council Paper no. 38 of 1961, Expenditure on Medical and Education Services.

¹¹⁸ TNA: CO1036/806, Population Situation in Fiji, 1960-1962, P. W. Dill Russell, 7 September 1962.

¹¹⁹ TNA: CO1036/806, Population Situation in Fiji, 1960-1962, Secretariat of Fiji to I. S. Wheatley, Colonial Office, 24 August 1962.

¹²⁰ Terence and Valerie Hull, “Fiji: A Study of Ethnic Plurality and Family Planning”, in *The Politics of Family Planning in the Third World*, ed. T. E. Smith, (London: Allen & Unwin, 1973), 192; TNA: CO1036/806, Population Situation in Fiji, 1960-1962, I. S. Wheatley to Q. V. L. Weston Esq. the Secretariat, Fiji, 27 July 1962.

The Colonial Office was satisfied that the campaign had not sparked politically dangerous opposition and their last intervention on the issue was more assertive. It urged that the Medical Department accelerate the campaign and devote a core group of four nurses and an assistant medical practitioner to the programme. However, the Colonial Office agreed that publicity should not be a health department concern, a position consistent with their policy for other territories. Thus, the FFPA was established with government subsidies.¹²¹ Until the early 1960s the medical department had played a discreet role in the establishment of family planning services, and the health benefits of family planning had not been central in comparison to the ethno-political, economic, and social arguments that had dominated political discussions around the possibility of a campaign. However, as doctors and nurses were essential to the delivery of family planning, their negotiating position and influence grew with the launch of the official campaign, and Dill-Russell's success in shaping it set a precedent by which the health service and health arguments might play a greater role in the development of the family planning campaign over the next two decades. Part of his legacy to the campaign was also ensuring civil society shared responsibility with the colonial state service for the campaign.

Conclusion: A Means to an End? How the Colonial State's Approached Partnerships in Formulating the Campaign

Smith's assessment that colonial family planning policies in the 1950s were internal affairs is oversimplified but accurately points to the importance of territorial politics in initiating campaigns, at least in Fiji.¹²² However, the colonial state was too nervous, and lacking in expertise to launch a colony wide campaign without the input of a range of external actors. While territories without a large voice on the international stage may not have had a major role in drawing up the alliances between pro- or anti- population control coalitions at the level of the WHA or contributed big names or funds to the movement, the governments of smaller territories did form direct relationships with individual bodies involved in population control. The government of this small territory, supported by local campaigners and medical personnel, had the agency to approach, interpret, and appropriate

¹²¹ TNA: CO 1036/806, Population Situation in Fiji, 1960-1962, I. S. Wheatley to Q. V. L. Weston Esq. the Secretariat, Fiji, 27 July 1962.

¹²² T. E. Smith, "Historical Perspectives," in *The Politics of Family Planning in the Third World*, ed. T. E. Smith, (London: Allen & Unwin, 1973), 22.

the international narratives of the 'population establishment' in the light of local ethnic politics. The Colonial Office reinforced Suva's racial thinking but refused to condone a family planning campaign. Once again, the colonial state's preoccupation with balancing communal rights pulled policy in a different direction from the Colonial Office's attempts to project Britain as a sovereign, responsible, benevolent administrator of the colonies on the international stage. In this scenario, the colonial state wished to introduce family planning to address differential fertility, whilst the Colonial Office condoned their logic but was more interested in avoiding clashes with the Roman Catholic Church. The Colonial Office shaped the family planning campaign both by restricting the colonial state's options when it came to seeking support either from London or the UN agencies, pushing the Governor of Fiji to seek out IPPF as an alternative source of advice. Through aiding the governor to design a voluntary campaign, IPPF could help the colonial state avoid contention in the colony, and placate the Colonial Office's fears, whilst attempting to pressure them into supporting their campaign. The Colonial Office reluctantly acknowledged Fiji's population politics when trade union unrest increased in the late 1950s, sending out agricultural and colonial governance experts to advise on increasing production. The colonial state selectively used their advice to bolster their case for family planning by emphasising that aspect of their recommendations. At this point, Suva turned its efforts to turning a volunteer run family planning campaign to a state supported one. This required the cooperation of the medical service, who also wanted voluntary service involvement in the campaign, to defray the cost and deflect public controversy. Therefore, the Colonial Office, the colonial state, and the colonial medical service all depended on internationally networked volunteers to supply expertise not available elsewhere, to provide a buffer between the colonial authorities and potential criticism from the colony's public and the international sphere. Consequently, the involvement of volunteers not only helped the colonial authorities avoid confrontation with external critics but reduced anxieties in each level of governance, smoothing collaboration between London and Suva.

In the 1950s, at least behind closed doors, governors stuck to arguing that family planning was needed to control the Indo-Fijian population. However, in his budget speech introducing population control to Fiji in 1962, Kenneth Maddocks argued that, 'the economic well-being of the population requires a considerable reduction in the birth-rate of

all races.’¹²³ This reflected a change in rhetoric from exhortations that Indo-Fijians particularly needed to adapt their birth rate towards an espousal of demographic transition theory. Throughout the period several attempts had been made to broaden the colonial state’s approach to the campaign, from the Indo-Fijian leaders who had tried to reframe the population issue as a colony-wide rather than an ethnic problem, the Colonial Office and colonial experts’ emphasis on the need for economic development, and IPPF’s rules of universal access and warnings about the dangers of a growing global population. There were also attempts by some Indo-Fijian leaders and the medical department to reframe the campaign as a maternal and child health programme. So far, colonial state adaptation to these inputs had appeared to be a means to an end, in planning a campaign that was palatable to the Indo-Fijian population. However, as the campaign launched, medical staff and volunteers took on greater roles of responsibility for delivering it. Moreover, the political climate, both within the colony and internationally, was changing in relation to the urgency of decolonisation and the wider acceptance of the idea that family planning played a key role in development. The next chapter will therefore analyse what effect these factors had on the family planning campaign from its launch until independence and disclose yet more about the role of voluntary agencies in policy processes and the relationship between this health campaign and decolonisation. In contrast to other historiographical formulations of colonial and international health, this demonstrates that the relationship between health policy and decolonisation was not just a discussion happening in newly independent states or the meetings of international health agencies such as the WHO and its regional offices, but also in the colonies themselves. ¹²⁴

¹²³ Kenneth Maddocks quoted in Terence and Valerie Hull, “Fiji: A study of Ethnic Plurality and Family Planning”, in *The Politics of Family Planning in the Third World*, ed. T. E. Smith, (London: Allen & Unwin, 1973), 188.

¹²⁴ Sunil S. Amrith, *Decolonizing International Health: India and Southeast Asia, 1930-65*, (Basingstoke: Palgrave Macmillan, 2006).

Chapter 6. Civil Society and Demographic Transition Theory: Key Ingredients in Internationalising Fiji's Population Control Campaign, 1964-1974

This penultimate case study considers how maternal and health policy became internationalised during the accelerated period of decolonisation in the 1960s, through following the development of the family planning programme after its official adoption as a population control campaign by the colonial state in Fiji 1962. It takes a further look at civil society's role in the political process and questions whether it reveals blurred lines between health and development policy. It also considers whether civil society involvement, combined with increased pressure for economic development at a territorial level, and international acceptance of demographic transition theory led to the decolonisation and/or deracialisation of maternal and child health policy. This changing environment allowed previously impossible cooperation at a colonial, inter-imperial, and international level to be achieved in maternal and child health. At a territorial level the transnational understandings of demographic transition theory had political utility in a time when rapid economic development and movement towards a multi-racial society were deemed essential for decolonisation. Population control remained controversial and all actors involved in delivering it recognised the need for complementary approaches if it were to be implemented. Moreover, Fiji's early adoption of family planning positioned it to advise, rather than be advised, at an inter-imperial and regional level, allowing Britain to enter discussions on its terms. Consequently, colonial and international aims overlapped and internationalisation did not necessarily mean the end of colonial policy shaped by racial assumptions. Nor did it mean that achieving improved maternal and child health became the main aim of the policy.

Background

In 1972, Fiji was chosen as the first pilot study for an UN-commissioned world-wide social survey of fertility in preparation for 'World Population Year' in 1974. The General Assembly of the United Nations, on the recommendation of the UN Population Commission and the Economic and Social Council, had nominated the topic for the special attention of its specialised agencies, member countries, and other development organisations. The aim of the year was to improve knowledge about population trends internationally, increase

awareness of population problems, and provide education on population and related topics. Its instigators hoped that the year would result in the creation of new policies to tackle population problems, and advance international collaboration and escalate international aid to governments trying to introduce or expand population policies.¹ In this spirit, the World Fertility Survey was a collaborative venture coordinated by the independent, non-profit International Statistical Institute, largely bankrolled by the US Agency for International Development (USAID), with the steering committee comprised of representatives of the International Union for the Scientific Study of Population, the UN Population Division, the UN Statistical Office, and the UN Fund for Population Activities (UNFPA).² The aim of the survey was to provide governments with information to describe and interpret fertility for use in planning economic, social, and health development, and to throw light on which portions of the population were not using contraception and why, with the aim of encouraging greater uptake.³

This was reflective of the fact that the international, imperial and Fijian political climate in which Fiji's family planning campaign proceeded was different from that in which it was planned a decade before. Between 1950 and 1970, population control had gone from being an off-limits subject in the UN to a matter of doctrine. This was due to a burst in support from member nations. In 1966, the heads of twelve very diverse nations, with the support of the Population Council, presented a declaration on population to the Secretary-General of the UN on Human Rights Day.⁴ In response, the Secretary-General declared that population control was essential to economic and social development and 'to human progress in modern society.'⁵ He also stressed the benefit of family planning to the individual, declaring access to information and family planning services 'as a basic human right' and as 'an indispensable ingredient of human dignity'. The Secretary General

¹ Frank W. Notestein, "The World Population Year," *Population Index* 40, no. 1 (1974), 18. Notestein was the head of the international, non-profit, Population Council founded by the Rockefeller Foundation in 1952.

² International Statistical Institute, "The World Fertility Survey: An International Programme of Fertility Research," *International Statistical Review / Revue Internationale De Statistique* 41, no. 3 (1973), 307-08.

³ "The World Fertility Survey," *Population Index* 38, no. 4 (1972), 428-29; Fiji, *Fiji Fertility Survey, 1974: Principal Report*, (Suva, The Bureau of Statistics, 1976), 1.

⁴ Australia, Barbados, Colombia, Denmark, the Dominican Republic, Finland, Ghana, India, Indonesia, Iran, Japan, Jordan, Malaysia, Morocco, Nepal, Netherlands, New Zealand, Norway, Pakistan, Philippines, Singapore, Sweden, Thailand, Trinidad and Tobago, Tunisia, United Arab Republic, United Kingdom, United States of America, and Yugoslavia.

⁵ Turban Ayala and Lord Caradon, "Declaration on Population: The World Leaders Statement," *Studies in Family Planning* 1, no. 26 (1968), 1.

announced that new UN Population Trust Fund for population activities was to be set up from the voluntary contributions of governments, non-governmental organisations and private individuals.⁶ Although Catholic and Soviet opposition to population campaigns had not dissipated – Latin American nations and nations under the control of the Soviet Union were noticeably absent among those calling for UN action – the UN and its specialized agencies now had sufficient support from enough member states to openly offer advice to governments that sought it on population issues.⁷ The survey explicitly linked population and economic planning, as many of the organisations involved were proponents of demographic transition theory, suggesting a change in attitude in how population trends were evaluated, from the days of colonial preoccupation with differential fertility.

Two years before the survey, Fiji became an independent nation and established direct links with the UN. Picking it as a pilot project conferred international recognition on Fiji's campaign, which was described as 'active and successful.'⁸ Indeed, another international visitor, Jack Cobb, of the philanthropically funded Population Council, noted that the family planning programme seemed to have 'made more impact than in India and Pakistan,' two nations where huge state and international aid resources had gone into pursuing population control.⁹ This evidence suggests that, with greater international acceptance of the population control movement and decolonisation, Fiji's family planning campaign had been internationalised both in rhetoric and in participation. If this process of internationalisation began before independence, then it is important to consider on whose terms these changes took place. International organisations or civil society networks may have eroded the hold of the colonial state, or the colonial state may have dictated the direction of the programme. The extent to which internationalisation happened, and whether it signalled democratisation or the continuation of paternalist intervention in Fijian and Indo-Fijian women and men's lives should also be considered. In other words, examining the development of the family planning campaign can help to determine how

⁶ Turban Ayala and Lord Caradon, "Declaration on Population: The World Leaders Statement," *Studies in Family Planning* 1, no. 26 (1968), 1.

⁷ Frank W. Notestein, "The World Population Year," *Population Index* 40, no. 1 (1974), 18-19.

⁸ Fiji, *Fiji Fertility Survey, 1974: Principal Report*, (Suva, The Bureau of Statistics, 1976), 2.

⁹ RAC: Population Council records, Accession 2: Record Group 2: Series 4: Subject File; File: Taylor-Berelson Program Maternal and child health Program (MCH), Fiji, Jack Cobb, "Impressions from Three Days in Fiji," January 10-12, 1972.

clear-cut the distinction between colonial and international institutions were in this later period of decolonisation.

The course of the family planning campaign in Fiji will be traced from its launch in 1964 to 1974, the year that both the last development plan agreed to between the Colonial Office and Legislative Council concluded, and the last British governor retired after overseeing transition. The role of the colonial state, the medical department, and the FFPA in designing and delivering the campaign in relation to the wider international and regional context will be examined. The impact that impending self-government, and ultimately independence, had on the way the governor and the Legislative Council approached the family planning campaign will be investigated to measure in what ways, and the degree to which, it was linked to territorial plans for decolonisation. The meaning and consequences of London handing Suva greater power to interact directly with organisations such as the SPC and WPRO will be probed to determine if the relationship between the colonial authorities and these bodies changed. The effect the launch of the programme coupled with greater international support for Family Planning had on the role and influence of civil society organisations will be analysed to determine if they became side-lined or remained integral to the development of the campaign, and what this reveals about Fiji's relationship with inter-imperial and international health. Finally, the outcomes of the family planning campaign will be evaluated to determine to what degree the colonial government retained control of the rhetoric and direction of the campaign in relation to other involved organisations, and whether the contributions of these promoted or reinforced the plans of the colonial state for the decolonisation process.

Once the campaign had been launched, the Colonial Office, which was absorbed into the Foreign and Commonwealth Office in 1966, left much to the direction of the colonial state, and for this reason, less ink was spilled between them on the topic of population control in this decade. Moreover, the Medical Department was responsible for implementing the campaign and publicity was outsourced to the voluntary FFPA. It is unclear if and where their records were kept, and so the source base is more diverse and ephemeral for the 1960s than the 1950s.¹⁰ It largely comprises surviving publications sent to interested organisations such as the Population Council from the FFPA or the Medical

¹⁰ The Fiji Medical Department and FFPA reports are not listed among the holdings of the National Archives of Fiji or the British National Archives for this decade.

Department, appearances by officials representing Fiji at inter-imperial and international forums to discuss family planning, press releases, the colonial state's development plans, and contemporary expert assessments of the campaign. These do not necessarily provide detail of the day to day running of the campaign, but they give the historian a sufficient glimpse into changes in political rhetoric and strategy, and the development of new and existing relationships between institutions based in Fiji and those elsewhere.

Demographic Transition Theory, the Winds of Change, and Population Control

In the 1960s, demographic transition theory became a widely-accepted paradigm for understanding economic development among both national governments and international organisations. While interwar demographers had mostly treated the transition from high fertility and death rates to lower fertility and death rates as a descriptive model of what happened when societies industrialised, in the 1960s, demographers developed this theory to suggest that states could hasten economic development by intervening to accelerate fertility decline.¹¹ The role of non-governmental and philanthropic organisations in this shift at an international level is well explained by other scholars. Matthew Connelly and Randall Packard argue that it was these organisations that, during the 1950s and early 1960s, collected data, trialled technologies, and made calculations that enabled and persuaded governments and, through them, international organisations to conclude that controlling population was both necessary and possible.¹² Their findings are worth summarising here because they provide part of the backdrop against which changes in Fiji's approach to the family planning campaign might be understood. The scope of their work, which focuses on the transnational rather than the territorial, also raises questions, but provides incomplete answers, about how historians should decipher the policymaking processes around population policy in this period. The Population Council was founded in the early 1950s to fund demographic research centres and scholarships in the USA and developing countries, especially India.¹³ It was funded by the Rockefeller and Ford Foundations. The Population Council also held conferences at which members of different organisations with an interest in population, such as demographers, birth control campaigners, and national and

¹¹ Randall M. Packard, *A History of Global Health: Interventions into the Lives of Other Peoples*, (JHU Press, 2016), 182-84.

¹² Matthew James Connelly, *Fatal Misconception: the Struggle to Control World Population*, (Harvard University Press, 2008); Packard, *A History of Global Health*.

¹³ Connelly, *Fatal Misconception*.

international aid agencies, could share ideas.¹⁴ These included senior figures in the UN's Population Division (established in 1948 to collect demographic data), who encouraged their team to make population projections.¹⁵ The work of these internationally networked demographers suggested that, primarily as a result of population growth in poor countries, the population of the world would expand rapidly over the next few decades.¹⁶ This created anxiety among United States and European foreign and aid policy advisors who were concerned that resource scarcity in the developing world would lead populations to look for answers in communism, to regional wars that might threaten international cooperation, or to violently target the West in an attempt to redistribute wealth. This worried the European colonial powers – such as France, which was trying to hold on to its colonies, and Britain, trying to retain oversight of decolonisation. It also troubled governments that espoused anti-imperial rhetoric, such as the USA, Sweden and Norway, which saw political violence as a threat to NATO security and a stumbling block to democracy.¹⁷ It was also a source of disquiet for newly independent governments, such as India's, trying to plan economic development and the expansion of services for their own citizens, as they feared that high birth rates might eat into progress.¹⁸ By the mid-1960s, economists such as Stephen Encke, an employee of the USA's Department of Defense, were arguing that money spent on birth control was a more efficient use of aid or state investment than any other development measure.¹⁹

Added to motive, by the 1960s, the means of combating population growth seemed more attainable. As governments and voluntary organisations became more concerned about population growth, private foundations were willing to channel more of their resources into population control and could collect greater funds with which to do so. Connelly estimates that the main international funders of population control increased their spending from \$4.2 to \$77.6 million between 1962 and 1968.²⁰ By 1970, US President

¹⁴ Packard, *A History of Global Health*, 200-01.

¹⁵ Connelly, *Fatal Misconception*, 122-26.

¹⁶ Connelly, *Fatal Misconception*, 143; Packard, *A History of Global Health*, 196.

¹⁷ Connelly, *Fatal Misconception*, 120; Packard, *A History of Global Health*, 196; Sunniva Engh, "Donors' Dilemmas: Scandinavian Aid to the Indian Family Planning Programme, 1970-80," *Social Scientist* 30, no. 5/6 (2002), 40-41.

¹⁸ Connelly, *Fatal Misconception*, 145.

¹⁹ Connelly, *Fatal Misconception*, 201-12; Randall M. Packard, *A History of Global Health: Interventions into the Lives of Other Peoples*, (JHU Press 2006), 206-07.

²⁰ Connelly, *Fatal Misconception*, 232.

Lyndon Johnson (1908-1973) had made efforts to tackle population growth an implicit condition of countries receiving US aid.²¹ Moreover, new technologies such as cheap, long acting, easy-to-insert, Intrauterine Devices (IUDs) seemed to offer a plausible way of providing mass coverage.²² Meanwhile, the invention of the pill caused temporary uncertainty within the Catholic Church over whether this reversible, non-barrier method, based on replicating female hormones, might be accepted as a 'natural' way of preventing conception. The Papal Encyclical *Humanae Vitae* refuted this possibility, but not before dissent had set in among large portions of the laity.²³ For governments and organisations wishing to limit population growth, it appeared that information campaigns stressing the health and material advantages of smaller families, coupled with wide dissemination of contraceptives would bring global and national populations under control.²⁴

Britain had been wary of the universalising aims of UN agencies throughout the 1950s and nervous of endorsing population control, so it is imperative to understand why it became one of the signatories of the 1966 UN declaration on population, and made substantial contributions to the UN Population Trust Fund and its descendent, UNFPA.²⁵ Ittmann argues that the acceptance of demographic transition theory by influential British demographers advising the Colonial Office on development policy was one source of this change.²⁶ Another was the work of think tanks, such as Politics and Economic Planning, in convincing the government that the increase in non-white immigration to the United Kingdom from ex-colonial and decolonising states, that opponents protested was a threat to British culture, was down to overpopulation in their nations of origin.²⁷ Decolonisation also shifted the attention of the British government and its London departments away from colonial development towards international aid as a source of global influence. Britain faced demands from post-colonial states, such as India and Pakistan, for support with their

²¹ Connolly, *Fatal Misconception*, 225.

²² Connolly, *Fatal Misconception*, 201-32; Packard, *A History of Global Health*, 204.

²³ Alana Harris, "'The Writings of Querulous Women': Contraception, Conscience and Clerical Authority in 1960s Britain," *British Catholic History* 32, no. 4 (2015): 557-85; Connolly, *Fatal Misconception*, 267-69.

²⁴ Connolly, *Fatal Misconception*, 166.

²⁵ UN Population Trust Fund established in 1966, UNFPA established in 1969. Turban Ayala and Lord Caradon, "Declaration on Population: The World Leaders Statement," *Studies in Family Planning* 1, no. 26 (1968), 1; Karl Ittmann, *A Problem of Great Importance: Population, Race, and Power in the British Empire, 1918-1973*, (Berkeley; London: Global, Area, and International Archive: University of California Press, 2013), 188.

²⁶ Ittmann, *A Problem of Great Importance*, 148-58.

²⁷ Ittmann, *A Problem of Great Importance*, 157.

national, and from the USA for support with their international, population campaigns.²⁸

The pressures of decolonisation coupled with a more internationally liberal attitude to population control pushed and pulled Britain into openly supporting family planning.

Ittmann argues Britain's willingness to engage with the UN stemmed out of recognition that without the empire, it wielded less economic and political power, and so needed to collaborate if it were to have an impact on population trends worldwide.²⁹

While Connelly, Packard, and Ittmann provide valuable insight into international and imperial trends in thought and funding for population control, all three have a top down focus that requires interrogation. Where these histories look at national contexts beyond the Trans-Atlantic world, they tend to focus on India, because it was the first and largest country to roll out a national population campaign and received substantial financial incentives from the population establishment to trial new methods of measuring and controlling fertility.³⁰ India had enormous influence on the development of international population campaigns both as a trailblazer – Indian intellectuals such as Radhakamal Mukerjee had long contributed to international debates about population – and as the locus of Western fears of racial or communist domination.³¹ Moreover, as India's campaign was a significant part of its own nation building project and ultimately culminated in the, now infamous, forced sterilizations of the emergency period and Indra Gandhi's fall in 1977, it is a key moment in India's modern history.³² Work on 'leaders' of the population control movement is essential. However, it is the contention of this chapter that while small, colonial territories without a powerful voice on the international stage did not play a major role in drawing up the alliances between pro- or anti-population control coalitions at the

²⁸ Ittmann, *A Problem of Great Importance*, 184-86.

²⁹ Ittmann, *A Problem of Great Importance*, 188.

³⁰ Rebecca Williams, "The Rockefeller Foundation, the Population Council, and the Indian Population Control," rockarch.org, 2010. The term 'population establishment' for the international bodies that collaborated to provide funds and expertise on population control is borrowed from Betsy Hartmann, *Reproductive Rights and Wrongs: the Global Politics of Population Control*, (Boston, Mass: South End Press, 1995), 113-24.

³¹ Matthew Connelly, "Population Control in India: Prologue to the Emergency Period," *Population and Development Review* 32, 4, (2006), 634; Alison Bashford, *Global Population: History, Geopolitics, and Life on Earth*, (New York: Columbia University Press, 2014), 164-65, 253-54, 298-99.

³² Niranjana Chatterjee and Nancy E. Riley, "Planning an Indian Modernity: The Gendered Politics of Fertility Control," *Signs* 26, 3 (2001), 811-45; Sanlam Ahluwalia and Daksha Parmer, "From Gandhi to Gandhi Contraceptive Technologies and Sexual Politics in Postcolonial India, 1947-1977", in Rickie Solinger and Mie Malachi, ed., *Reproductive States: Global Perspectives on the Invention and Implementation of Population Policy*, (Oxford: Oxford University Press, 2016), www.oxfordscholarship.com.

level of the WHA, or in the development of contraceptive techniques, their programmes do reveal much about how international health 'worked' in the context of decolonisation.

Fiji's family planning campaign was conceived of before direct aid for the programme from UN organisations or the Colonial Office was possible. Likewise, while demographic transition theory had been alluded to by some Indo-Fijian representatives, and IPPF, in the debates about introducing family planning, the government had planned the campaign to combat differential fertility. The degree to which internationalisation displaced colonial population politics or was co-opted by it therefore deserves investigation to understand the relationship between decolonisation and internationalisation in health. Moreover, while Fiji's campaign did not receive much comment at the WHA, this does not mean it was not influential at a sub-regional, or even regional level. Finally, population campaigns in small territories had real consequences on the future of these countries, even if they did not have the global significance of India's campaign. Studies by demographer, Margaret Chung, and sociologist, Fleur Dewar, have questioned the effectiveness and approach of the family planning campaign in Fiji by conducting oral histories with indigenous Fijian women.³³ They examine the shadow it cast into late twentieth and early twenty-first century fertility practices in Fiji and have highlighted that contraceptive use has always been, and has remained, more unpopular among the indigenous than the Indo-Fijian community.³⁴ They argue that the original campaign was not sensitive to Fijian cultural practice and beliefs around women's health and fertility, or their understandings of the relative merits and risks of having more than two children.³⁵ The result was that Fijian women went from being admonished by the state for having too few children quarter of a century before, to being painted as a social problem for having too many even as their birth rate decreased.³⁶ How and why this came to be the case reveals much about the place of health in strategies for decolonisation.

³³ Margaret Chung, "Politics, Tradition and Structural Change: Fijian Fertility in the Twentieth Century," PhD dissertation, Australian National University, 1991; 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.

³⁴ Chung, "Politics, Tradition and Structural Change", i; Dewar, "Empowering Women?", 54-56.

³⁵ Chung, "Politics, Tradition and Structural Change", 203-26; Dewar, "Empowering Women?", 94-113.

³⁶ Dewar, "Empowering Women?", 49-51; Chung, "Politics, Tradition and Structural Change", 74-80.

‘The Best Investment for National Development’: Population Control and State Building in Fiji

In 1964, the new governor, Sir Derek Jakeway, launched population control as part of the colonial state’s development plan. He set a target to reduce the total birth rate in the colony from thirty-eight per one thousand in 1964 to thirty by 1970.³⁷ The stated aim was to reduce population growth to 2.5 percent and increase Gross National Product by over five percent per annum, and thereby raise territorial income per head of population.³⁸ At the time the campaign was introduced there was some ambiguity of political motivation from senior officials, as differential fertility between communities had dominated political discourse about a potential campaign until that point. However, the political environment in which the programme developed was changing rapidly, and officials and politicians in Fiji increasingly stressed the development benefits of reducing population growth across the islands as a result. Initially, this was partially a strategic change in rhetoric to counter accusations of racism, but development soon became the driving rationale for the campaign.

A major source of this change was pressure on the colonial state to accelerate economic development as self-government, and then independence, for Fiji was brought forward. In 1964, a UN General Assembly debate concluded that Britain should ‘take immediate steps to hand over power unconditionally to the people of Fiji’ - arguments that Fiji was not socially or economically developed enough for independence would no longer stand internationally.³⁹ Although Britain pushed back, arguing that Fiji was not racially integrated enough to implement a ‘one man, one vote’ system, the new Governor of Fiji introduced evolutionary changes to the political system aimed at creating a self-governing multi-racial state, such as introducing ministerial-like roles.⁴⁰ In 1965, Indo-Fijian and Fijian leaders agreed that some members of the Legislative Council could be elected by common

³⁷ T. U. Bavadra and J. Kierski, "Fertility and Family Planning in Fiji," *Studies in Family Planning* 11, no. 1 (1980), 22.

³⁸ I.J. Fairbairn, "Family Planning in the Pacific Islands: The Fijian Example," *The Journal of Pacific History* 5, 1 (1970), 147.

³⁹ United Nations, A/RES/1951(XVIII), Plenary, 23, A/PV.1277, 11 December 1963, 78-0-21 non-recorded, A/L.438 and Add.1, Question of Fiji, Resolutions and Decisions adopted by the General Assembly during its 18th Session: GAOR, 18th Session, Supplement No. 15, *Library, General Assembly - Quick Links, Research Guides, UN documents*, <http://research.un.org/en/docs/ga/quick/regular/18>.

⁴⁰ Brij V. Lal, *Broken Waves: a History of the Fiji Islands in the Twentieth Century*, (Honolulu: University of Hawaii Press, 1992), 194.

roll.⁴¹ With increasing self-government, the Colonial Office pushed the goal of economic self-sufficiency, whereby Fiji would pay for its own services. Between 1948 and 1960, Fiji received £9.3 million in Colonial Welfare and Development funding towards expenditure on capital projects, of which more than half was provided between 1964 and 1970.⁴² As Colonial Welfare and Development funding accounted for a quarter of government expenditure on such projects, it was clear that London was incentivising heightened focus on this sector.⁴³ From 1964 onwards, the colonial state's development plans, which had previously focused on social and infrastructure spending, prioritised spending in the economic sector. Increased government expenditure and attempts to promote economic growth were partially a response to the highly-publicised Spate and Burns reports which stressed that economic development, job creation, and improved education, especially in rural areas, were needs that had been poorly anticipated by previous governments, but essential to future racial equality and political stability in Fiji.⁴⁴

For Jakeway, the family planning campaign, on which he worked closely with the FFPA and the Medical Service, was an essential piece in this plan for gradual decolonisation. In 1966, he used his annual address to 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.'⁴⁵ That same year he signed his name to a widely circulated FFPA publication arguing that it was an 'inescapable fact' that if Fiji were to achieve economic development the birth rate would have to fall. He explicitly linked it to nation building, saying it should be a matter of concern for all who cared about 'national well-being.'⁴⁶ His successors, the final Governor of Fiji, Robert Foster (1913-2005), and the Minister for Finance, H. P. Ritchie, also backed the

⁴¹ Brij V. Lal, *Broken Waves: a History of the Fiji Islands in the Twentieth Century*, (Honolulu: University of Hawaii Press, 1992), 194.

⁴² Precise figure £4,815,964. Fiji, *Fiji's Sixth Development Plan 1971-1975*, (Central Planning Office, Suva, 1970), 5; Great Britain, *Fiji: Report of the Colonial Office*, (London: HMSO, 1964), 18; Great Britain, *Fiji: Report of the Colonial Office*, (London: HMSO, 1965), 19; Great Britain, *Fiji: Report of the Colonial Office*, (London: HMSO, 1966), 18; Great Britain, *Fiji: Report of the Colonial Office*, (London: HMSO, 1967), 20; Great Britain, *Fiji: Report of the Colonial Office*, (London: HMSO, 1968), 21; Great Britain, *Fiji: Report of the Colonial Office*, (London: HMSO, 1969), 20; Great Britain, *Fiji: Report of the Colonial Office*, (London: HMSO, 1970), 23.

⁴³ Fiji, *Fiji's Sixth Development Plan 1971-1975*, (Central Planning Office, Suva, 1970), 5.

⁴⁴ See chapter 3.

⁴⁵ RAC: Population Council Records Accession 2, Record Group 2, Series 3, Box 339, Folder 3263, Reprint, "Family Planning is Vital for Fiji, says Governor," *The Fiji Times of Saturday*, 19 November 1966.

⁴⁶ Family Planning Association of Fiji, *Family Planning in Fiji, 1966*, (Offset Printed by Fiji Times & Herald Ltd, 1966), introduction.

campaign arguing that the birth rate would eat up economic growth, and that there were not enough jobs for the current adult population. They warned that this situation would only deteriorate in fifteen years if the birth rate did not fall further.⁴⁷ The last colonial development plan, co-authored by the colonial authorities and the national government in 1970, explained the rationale for the family planning campaign in the 1960s and advocated its continuation in independent Fiji. The colony's Gross Domestic Product had grown by an average of eight percent per year (or five percent adjusting for inflation) from the Second World War onwards, which the planners argued translated into a 'modest' rise in living standards.⁴⁸ They stated that the government had hoped that decreasing population growth would reduce pressure for spending on services and increase the amount of money available for capital investment. In theory, these extra financial resources would be spent on developing infrastructure to reduce the urban-rural wage differences and increase rural participation in the cash economy. Hypothetically, this would reduce disparities in Fijian and Indo-Fijian economic participation and raise standards of living, thereby reducing racial tensions and facilitating the development of a multiracial state.⁴⁹ As part of this wider development plan, the colonial state tried to cultivate 'development consciousness' in the general population by focusing public attention on the economic problems of Fiji and presenting them as a shared responsibility.⁵⁰

Evidence that the colonial state had embraced a new rationale for family planning, which moved beyond concern about the growth of the Indo-Fijian population, includes support for colony-wide family planning from some Fijian leaders. Increased access to free education was in popular demand in the 1960s and more students educated to secondary level or beyond were required for the colonial state's development plans. This demand had not been anticipated when training teachers in the 1950s.⁵¹ Education was a particular source of anxiety for Fijian leaders and European elites in the 1960s, as fewer Fijian boys had completed secondary or tertiary education, leading to concern that the community

⁴⁷ RAC: Population Council Records Accession 2, Record Group 2, Series 3, Box 339, Folder 3263, Fiji Family Planning Association, Annual Report, 1970, 1-2.

⁴⁸ Fiji, *Fiji's Sixth Development Plan 1971-1975*, (Central Planning Office, Suva, 1970), 4.

⁴⁹ Fiji, *Fiji's Sixth Development Plan 1971-1975*, (Central Planning Office, Suva, 1970), 19-21.

⁵⁰ Fiji, *Fiji's Sixth Development Plan 1971-1975*, (Central Planning Office, Suva, 1970), 6.

⁵¹ Helen Goodwill Tavola, "Secondary Education in Fiji: An Investigation into School Effectiveness in a Changing Society", PhD dissertation, London School of Economics and Political Science (United Kingdom), 1990, 121.

might be under-represented as white-collar jobs were localised.⁵² In 1963, the Legislative Council declared that education would receive the largest portion of the social services budget, but that free education would be impossible without a reduction in the birth rate.⁵³ Jonate Mavoia, the Minister for Social Services in 1969, called on the Nurses' Association of Fiji to step up the family planning campaign for this reason. He argued social services, including education, could only be expanded when the maximum possible amount of money went into economic development rather than being absorbed by these same services. According to Mavoia, only when the birth rate dropped to twenty-five per thousand would it be possible to contemplate free primary education.⁵⁴ The Minister for Fijian Affairs, Ratu Penaia Ganilau (1918-1993), came out in support of the campaign in a widely circulated FFPA booklet. He wrote that for rural people 'with ample land' – implicitly the Fijian community – each child born to a family was welcomed as an extra pair of hands to work and as a support to his or her parents in old age, whereas in the urban setting children were 'merely added mouths to feed.'⁵⁵ He argued that rural birth rates were based on an outdated mode of thinking because Fiji would become increasingly urbanised. If Fiji wanted 'entry into the modern world' then 'we must limit our families to the numbers we cannot only support but also educate.'⁵⁶ Rather than engaging in the older rhetoric of numerical competition between ethnicities, Ratu Ganilau, was urging Fijians to limit their own families to achieve economic integration.

Politicians were supported by senior medical staff and the volunteers who ran the FFPA through a Family Planning Committee. In 1971, the FFPA estimated that slightly over six percent of the health budget was spent on family planning during the campaign period.⁵⁷ The political importance attached to the family planning campaign in the late 1960s is demonstrated by the fact that, from 1966, it was the only health project for which

⁵² Fiji, *Fiji's Sixth Development Plan 1971-1975*, (Central Planning Office, Suva, 1970), 191-93; Carmen M. White, "Historicizing Educational Disparity: Colonial Policy and Fijian Educational Attainment," *History of Education* 32, 4 (2003), 355-61.

⁵³ Pacific Islands Monthly, "Fiji 'can't pay' Education", *PIM*, (June 1963), 51; Pacific Islands Monthly, "Fiji Budget a Record", *PIM*, (December 1963), 12.

⁵⁴ Jonate Mavoia, "Birth Control Seen as Answer to Fiji Education Problem", *PIM*, (January 1969), 27.

⁵⁵ Family Planning Association of Fiji, *Family Planning in Fiji, 1966*, (Offset Printed by Fiji Times & Herald Ltd, 1966), 1.

⁵⁶ Family Planning Association of Fiji, *Family Planning in Fiji, 1966*, (Offset Printed by Fiji Times & Herald Ltd, 1966), 1.

⁵⁷ RAC: Population Council Records, Accession 2, Record Group 2, Series 3, Box 339, Folder 3263, Fiji Family Planning Association, Annual Report, 1971.

expenditure was recorded separately in the colonial state's annual report to the Colonial Office, with funds increasing from just under F£30,000 in 1967, to around F£50,000 at the end of the decade.⁵⁸ Unlike his predecessor, who supported family planning services but not a national population control campaign, the new Director of Medical Services, Dr. Charles H. Gurd, was supportive of the development plan.⁵⁹ Shortly after taking office, and a month before the colonial state announced its first population target, he wrote a letter to the press in Fiji and the wider region to publicise the family planning services available at health centres and to urge colony-wide support for the campaign.⁶⁰ He was even chosen to lay out the economic case for family planning in FFPA publicity. Comparing the national income to a cake, he argued that economic growth would only result in better standards of living if it also 'fed' a smaller number of people. Himself a father of seven, Gurd was clear that family planning had to be voluntary, but he warned that if couples and the population 'failed' to plan their families within their means then the standard of living would fall.⁶¹

The FFPA supported the colonial state's drive for population control by presenting people with small families as responsible, civic-minded, modern citizens and stressing that family planning was necessary for the good of the country. Although a voluntary body, the FFPA was closely linked to the political establishment, with the wives of the final three Governors of Fiji successively acting as patrons.⁶² 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.'⁶³ The chairman of the FFPA, Robert Munro (1907-1995), a local European lawyer, was motivated to get involved by his belief in demographic transition theory, using his experience as chairman of Fiji's Broadcasting Commission to run a mass publicity

⁵⁸ Great Britain, *Fiji: Report of the Colonial Office*, (London: HMSO, 1966), 68; Great Britain, *Fiji: Report of the Colonial Office*, (London: HMSO, 1967), 67; Great Britain, *Fiji: Report of the Colonial Office*, (London: HMSO, 1969), 71; Great Britain, *Fiji: Report of the Colonial Office*, (London: HMSO, 1970), 79.

⁵⁹ RAC: Population Council Records, Accession 2, Record Group 2, Series 3, Box 237, Folder 2201, Robert S. Morison, M. D., Visit to Central Medical School Fiji, *en route* New York to San Francisco.

⁶⁰ Pacific Islands Monthly, Interest Item, *Pacific Islands Monthly*, (December 1963), 113.

⁶¹ Family Planning Association of Fiji, *Family Planning in Fiji, 1966*, (Offset Printed by Fiji Times & Herald Ltd, 1966), 16-18.

⁶² RAC: Population Council Records Accession 2, Record Group 2, Series 3, Box 339, Folder 3263, International Planned Parenthood, Situation Report, 1973.

⁶³ RAC: Population Council Records Accession 2, Record Group 2, Series 3, Box 339, Folder 3263, Fiji Family Planning Association, Annual Report, 1970, 1.

campaign.⁶⁴ He was convinced that population control was a ‘necessity’ for economic development and made this the subject of many of his public pronouncements on the issue.⁶⁵ Munro urged the people of Fiji to look for salvation from the threat of a ‘population explosion’ in the ‘Gospel’ of family planning.⁶⁶ He stressed couples’ decisions about family size had implications beyond the home, impacting the colony as a whole. Children were an ‘asset to the colony’ but only if their parents had the means to provide for them - the purpose of family planning was to produce ‘quality’ citizens rather than the current ‘quantity’.⁶⁷ FFPA publications aligned themselves with international experts, such as E. K. Frisk, an Australian economist who wrote a book on economic strategy for an independent Fiji, drawing upon their work to argue that Fiji should aim for a self-replacing population. They contended that, for every three percent the population grew, ‘people in the future will be three percent poorer’ than they would have been without population growth and preached that ‘there is no economic development measure that offers so assured an income per head.’⁶⁸ Munro’s FFPA made it clear that it did not advocate any form of compulsion on the matter, but it did consider planned parenthood ‘a duty’.⁶⁹

The Medical Services and the FFPA assumed that if they flooded the public with information and improved access to contraceptives the birth rate would fall. 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.⁷⁰ The Medical Department attempted to maximise coverage through integrating contraceptive services with maternal and child health clinics and especially targeting the labour ward and at the post-natal clinic. Medical staff were encouraged to identify women who had given

⁶⁴ Kenneth Bain, “Obituary: Sir Robert Munro”, *The Independent*, 22 August 1995, Accessed 1 May 2018, <https://www.independent.co.uk/news/people/obituary-sir-robert-munro-1597538.html>.

⁶⁵ Family Planning Association of Fiji, *Family Planning in Fiji, 1966*, (Offset Printed by Fiji Times & Herald Ltd, 1966), 11.

⁶⁶ President of the Fiji Family Planning Association interviewed in “Pope’s Encyclical Will Make it Harder for Fiji”, *PIM*, (September 1968), 22.

⁶⁷ Family Planning Association of Fiji, *Family Planning in Fiji, 1966*, (Offset Printed by Fiji Times & Herald Ltd, 1966), 10; RAC: Population Council Records Accession 2, Record Group 2, Series 3, Box 339, Folder 3263, Fiji Family Planning Association, Annual Report, 1970, 1.

⁶⁸ RAC: Population Council Records Accession 2, Record Group 2, Series 3, Box 339, Folder 3263, The Family Planning Association of Fiji, Annual Report 1970, 2

⁶⁹ Family Planning Association of Fiji, *Family Planning in Fiji, 1966*, (Offset Printed by Fiji Times & Herald Ltd, 1966), 10.

⁷⁰ RAC: Population Council Records Accession 2, Record Group 2, Series 3, Box 306, Folder 2864, Hoogenboom, Country File, Fiji, 1968-1969; RAC: Population Council Records Accession 2, Record Group 2, Series 3, Box 339, Folder 3263, Fiji Family Planning Association, Annual Report, 1970, 8.

birth to a small number of children, at this 'time of high motivation', as these were likely to be younger women with more fertile years ahead of them than women with four or more children, and so supplying them with contraception would prevent the maximum number of births.⁷¹ The free hospital clinics focused on providing methods of contraception that were easy to use and would limit rather than space births, primarily long-acting IUDs, but also female sterilisation.⁷² These efforts were supplemented by offering other methods of family planning to increase overall contraceptive use by fertile women not using long-acting methods. The clinics also took private patients who could buy the pill or condoms at subsidised prices, kept low by the colonial-state's removal of import duties on contraceptives in 1962.⁷³ By the middle of the decade, pharmacists were permitted to sell and advertise oral contraceptives and condoms for 10 cents per packet without prescription.⁷⁴ Dispensaries and nursing clinics also provided spermicidal compounds for free, and patients could ask for advice on the rhythm method, although medical staff steered patients towards seeking out IUDs or the pill because of their greater efficacy.⁷⁵ To begin with, the campaign was considered highly successful. The number of visits to contraceptive clinics increased from the two to three thousand per year in the early 1960s, to over 17,000 attendances in 1964 after the launch of the state-backed colony-wide campaign, to nearly 77,000 in 1970.⁷⁶ It was credited with meeting the colonial state's growth reduction target, two years early, in 1968. Spurred on by success, the colonial state set a further target to reduce the birth rate to twenty-five in one thousand by 1975.⁷⁷

⁷¹ TNA: CO 1036/806, 1960-1962, Population Situation in Fiji, Government of Fiji to Secretary of State for the Colonies, 27 July 1960; RAC: Population Council Records Accession 2, Record Group 2, Series 3, Box 339, Folder 3263, 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.

⁷² Family Planning Association of Fiji, *Family Planning in Fiji, 1966*, (Offset Printed by Fiji Times & Herald Ltd, 1966), 13.

⁷³ Family Planning Association of Fiji, *Family Planning in Fiji, 1966*, (Offset Printed by Fiji Times & Herald Ltd, 1966), 24-26.

⁷⁴ RAC: Population Council Records, Accession 2, Record Group 2, Series 3, Box 339, Folder 3262, W. P. Mauldin cc. B. Berelson, Fertility Declines in Fiji, 14 February 1973; Terence and Valerie Hull, "Fiji: A study of Ethnic Plurality and Family Planning", in *The Politics of Family Planning in the Third World*, ed. T. E. Smith (London: Allen & Unwin, 1973), 192.

⁷⁵ Family Planning Association of Fiji, *Family Planning in Fiji, 1966*, (Offset Printed by Fiji Times & Herald Ltd, 1966), 24-26.

⁷⁶ Family Planning Association of Fiji, *Family Planning in Fiji, 1966*, (Offset Printed by Fiji Times & Herald Ltd, 1966), 28; Terence and Valerie Hull, "Fiji: A Study of Ethnic Plurality and Family Planning", in *The Politics of Family Planning in the Third World*, ed. T. E. Smith (London: Allen & Unwin, 1973), 193.

⁷⁷ I. J. Fairbairn, "Family Planning in the Pacific Islands: The Fijian Example," *The Journal of Pacific History* 5, 1 (1970), 145-50.

The degree to which the aim of the colonial state had moved beyond reducing the growth of the Indo-Fijian community can be discerned in its reaction to the fact that Registrar data suggested the Fijian birth rate was declining at a slower pace, albeit from a lower starting point.⁷⁸ Contemporary demographic experts argued that changing marriage patterns were responsible for half of the reduction of the Indo-Fijian birth rate, although politicians in Fiji tried to claim that the family planning campaign should take all the credit. However, educated Indo-Fijian women also appeared to be delaying the birth of their first child after marriage longer than Fijians, suggesting greater receptiveness to family planning.⁷⁹ In a reversal of the colonial rhetoric of nearly a century, Fijians were criticised for fecundity. These comments tended to come from the FFPA, as the colonial state remained nervous of publicly commenting on racial differentials.⁸⁰ Munro used the press to accuse Fijians of ‘foolishly’ engaging in a ‘population race’ that they had already ‘lost’ against Indo-Fijians.⁸¹ He instructed Fijians to consider that ‘overpopulation begins at home’ and follow the ‘thoughtful’ example of Indo-Fijians and to limit their family size so that they could compete with them by providing better ‘education, better food and clothing, better opportunities and greater economic advantages’ for their offspring.⁸² FFPA publications repeated these sentiments and, despite the endorsement of the campaign by some Fijian ministers, argued that the Council of Chiefs needed to make clearer declarations of support for the programme.⁸³ In the late 1960s, Medical Department council papers ruminated that Fijians did not seem to have been convinced of the ‘wisdom’ of ‘family limitation’ although they hoped that this was changing.⁸⁴ The European birth rate in the colony was in fact higher than either the Indo-Fijian or Fijian in 1970, and yet they were not publicly criticised

⁷⁸ See Chapter 3 Fig. 6. and 7. and Appendix 2.

⁷⁹ Terence and Valerie Hull, “Fiji: A Study of Ethnic Plurality and Family Planning”, in *The Politics of Family Planning in the Third World*, ed. T. E. Smith (London: Allen & Unwin, 1973), 194; I.J. Fairbairn, “Family Planning in the Pacific Islands: The Fijian Example,” *The Journal of Pacific History* 5, 1 (1970), 148.

⁸⁰ Terence and Valerie Hull, “Fiji: A Study of Ethnic Plurality and Family Planning”, in *the Politics of Family Planning in the Third World*, ed. T. E. Smith (London: Allen & Unwin, 1973), 203.

⁸¹ R. L. Munro, “Fiji-Indian Birth-rate is Dropping Much Faster than Fijian, President of Family Planning Association Fiji,” *PIM*, (April 1967), 15.

⁸² R. L. Munro, “Fiji-Indian Birth-rate is Dropping Much Faster than Fijian, President of Family Planning Association Fiji,” *PIM*, (April 1967), 15.

⁸³ I.J. Fairbairn, “Family Planning in the Pacific Islands: The Fijian Example,” *The Journal of Pacific History* 5, 1 (1970), 149; Terence and Valerie Hull, “Fiji: A Study of Ethnic Plurality and Family Planning”, in *the Politics of Family Planning in the Third World*, ed. T. E. Smith (London: Allen & Unwin, 1973), 203.

⁸⁴ Reports quoted in Terence and Valerie Hull, “Fiji: A study of Ethnic Plurality and Family Planning”, in *The Politics of Family Planning in the Third World*, ed. T. E. Smith (London: Allen & Unwin, 1973), 195-96.

for this.⁸⁵ Whether this was because, as a small minority of only four percent, Europeans did not contribute significantly to population growth, or a colonial prejudice in favour of European births on the grounds of race or wealth is unclear. The general theories that senior figures in the family planning campaign formed to explain Fijians' 'disappointing' response to the programme fell back on long held colonial assumptions that that Fijians felt less economic pressure than Indo-Fijians to limit their families as they had better access to land and community support, that they were influenced by religion against the use of contraception, were attempting to compete numerically with Indo-Fijians, and that they lacked education and did not prioritise it for their children.⁸⁶

During the 1960s, Fiji's governors, the Medical Department, and the FFPA took on complimentary roles in the campaign, but their agreed priority was to lower Fiji's birth rate. This was largely a reaction to changed political circumstances – demands from London and the UN to hasten decolonisation – that in turn exposed the limitations of existing state capacity. The desire to create an economically self-sustaining state and the belief that this would improve race relations in a low resource setting led politicians to look to family planning as the surest way of decreasing demand for services and increasing living standards. Having lost some control over the speed of decolonisation, the colonial state used family planning as an attempt to control the direction of it by using it as a nation building project. This reduced the focus on Indo-Fijian fertility as evidenced by the broad coverage of advertising and contraceptive services. However, this placed state plans in the hands of individual citizens, which, while an attempt to promote civic-minded engagement in development, frustrated the colonial state when people did not accept family planning at the rate desired. An old paternalist colonial stereotype that Fijians were careless parents and backward traditionalists was resurrected and altered to fit these new circumstances. The language of racial competition was not thrown out completely, but instead Fijians were called upon to match up to the 'modern' practices adopted by Indo-Fijians to increase their participation in the cash economy. In these circumstances, the FFPA was used in a similar way to IPPF in the 1950s, to act on behalf of the colonial state where it would be too

⁸⁵ RAC: Population Council Records, Accession 2, Record Group 2, Series 3, Box 339, Folder 3263, H. Hoogenboom, Population Council, to W. P. Maudlin, Population Council, 28 August 1972.

⁸⁶ I.J. Fairbairn, "Family Planning in the Pacific Islands: The Fijian Example," *The Journal of Pacific History* 5, 1 (1970), 148-49.

controversial to make government statements.⁸⁷ These included suggesting specific family sizes and commenting on racial fertility differentials.

Healthy, Wealthy, and Wise: Marrying Population Control and Personal Welfare in Public Discourse, the Role of the FFPA

The FFPA tried to motivate fellow citizens through promoting family planning as a personally responsible choice. Munro of the FFPA argued that ‘population control all comes down to family size and people are more interested in their own welfare than their country’s development’.⁸⁸ In other words, to introduce a successful programme ‘simple’ women had to be convinced it was better to limit their families to two children and be confident that it was safe and moral to do so.⁸⁹ Politicians, community leaders, and medical staff also needed convincing if they were not to oppose the programme. For Munro, the main argument for family planning was that it indirectly improved lives through increasing national financial reserves and reducing the burden on services. He also argued that it was a human right that individuals have access to resources to limit their family size.⁹⁰ Gurd, of the Medical Service, agreed, not only would population control reduce overall poverty, and thus advance ‘a new world of peace, prosperity’, but also provide individuals with ‘dignity’.⁹¹

The degree to which infant and maternal health was a priority for the designers of the campaign is questionable. Maternal death did not become officially notifiable in Fiji until 1970, meaning that it was hard to track, for policy purposes, the effect the programme was having in reducing mortality, and in which sub-groups of women.⁹² Infant mortality was decreasing, but FFPA booklets used this statistic to urge greater uptake because increased survival would increase population growth rather than because family planning might

⁸⁷ Terence and Valerie Hull, “Fiji: A Study of Ethnic Plurality and Family Planning”, in *The Politics of Family Planning in the Third World*, ed. T. E. Smith (London: Allen & Unwin, 1973), 202.

⁸⁸ Family Planning Association of Fiji, *Family Planning in Fiji, 1966*, (Offset Printed by Fiji Times & Herald Ltd, 1966), 11.

⁸⁹ RAC: Population Council Records, Accession 2, Record Group 2, Series 3, Box 339, Folder 3263, The Family Planning Association of Fiji, Annual Report 1970, 9.

⁹⁰ Family Planning Association of Fiji, *Family Planning in Fiji, 1966*, (Offset Printed by Fiji Times & Herald Ltd, 1966), 11.

⁹¹ Family Planning Association of Fiji, *Family Planning in Fiji, 1966*, (Offset Printed by Fiji Times & Herald Ltd, 1966), 18.

⁹² WHO, Geneva: Projects FIJ-MCH-001, Family Health, FIJ-74-PO2, 1975-1978, Plan of Action for Family Health, Prepared by Permanent Secretary for Health S.C. Ramrakha with help of WHO representative in Suva and Dr. R. C. De Wilde, 1976.

improve the chances that individual babies would be born healthy.⁹³ This is not to say that the colonial state took no interest in improving maternal and infant care. From 1967 to 1970, a series of plans were enacted to build maternity wings at Nadi and Ra with the help of Colonial Development and Welfare money, and Child Health clinics were created in Nausori and Ba. Meanwhile, the medical service increased the number nurses caring for women and children from 427 in the early 1960s to 560 by 1970.⁹⁴ However, the integration of Family Planning with maternal and child health programmes was designed to deliver the service as efficiently and in as non-controversial manner as possible, with improved maternal and child health being a desired outcome but not the fundamental driver of the campaign at an administrative level. From their utilitarian perspective, improvement of life for individuals and their families was a 'secondary' but desired outcome, and they believed that promising the public happier, healthier, better educated homes would be a more engaging and less controversial way of introducing family planning than constant talk of development targets.⁹⁵

Due to its voluntary status, the FFPA could attract, and afford to include, voices that were in favour of family planning but opposed to population control as a policy aim, including Indo-Fijian leaders, religious authorities, and some medical staff. These were deemed essential allies and, rather than simply inform them of the reasons and methods of the campaign, the FFPA involved them in the creation of publicity material to be sent out to other professionals with perceived influence – from politicians, to business owners and trade union leaders, to primary school teachers. Most significantly, the FFPA brought the Indo-Fijian leadership on board. Although family planning was more practiced by Indo-Fijians, and prominent individuals from this community had been among the first to advocate for population control, the majority of Indo-Fijian politicians held that overpopulation was a myth, and although not opposed to family planning, they frequently

⁹³ RAC: Population Council Records Accession 2, Record Group 2, Series 3, Box 339, Folder 3263, Fiji Family Planning Association, Annual Report, 1970, 5.

⁹⁴ Great Britain, *Fiji: Report of the Colonial Office*, (London: HMSO, 1961), 63; Great Britain, *Fiji: Report of the Colonial Office*, (London: HMSO, 1967), 97; Great Britain, *Fiji: Report of the Colonial Office*, (London: HMSO, 1969), 116.

⁹⁵ TNA: CO 1036/431, Overpopulation in Fiji, 1957-1959, Ronald Garvey to Philip Rogers, Colonial Office, 11 September 1957; RAC: Population Council Records Accession 2, Record Group 2, Series 3, Box 339, Folder 3263, Fiji Family Planning Association, Annual Report, 1970, 1.

criticised population control.⁹⁶ A.D. Patel, who led the broadly left-leaning National Federation Party, was a strong proponent that development had to proceed a fall in family size, as the poor relied on the support network of large families.⁹⁷ He had criticised the colonial state for failing to invest in economic development since the early 1950s, and claimed it used the excuse of overpopulation to distract attention from its responsibility for the low wages and poor living conditions.⁹⁸ Patel ideologically opposed Neo-Malthusian thought, which advocated reducing population growth to preserve resources, believing that agricultural and industrial innovations meant that ‘knowledge explosion has surpassed population explosion’, and that Fiji would ultimately require a larger population to keep up with the world economy.⁹⁹ A father of five and a devout Hindu, he also professed a love of children and large families, the creation of which he saw as ‘a natural, social and religious obligation.’¹⁰⁰ However, he was willing to advocate family planning from a humanitarian perspective, and the FFPA gave him a platform to do so. Patel contributed to the FFPA’s widely circulated publication arguing that that birth spacing was essential to improving the health and lives of individual women, and their children who deserved, ‘opportunities to grow into strong, healthy, well-educated men and women.’ It would give individual women time for their bodies to recover from childbirth, and for their families to increase their earnings before the arrival of the next child.¹⁰¹ Patel advocated that all women should be taught contraception to ‘save themselves and their offspring’ from ‘improvident maternity.’¹⁰²

The churches were also happy to endorse family planning as a means by which couples could take personal responsibility for the health and education of their families. The

⁹⁶ Terence and Valerie Hull, “Fiji: A Study of Ethnic Plurality and Family Planning”, in *the Politics of Family Planning in the Third World*, ed. T. E. Smith (London: Allen & Unwin, 1973), 206-14.

⁹⁷ Family Planning Association of Fiji, *Family Planning in Fiji, 1966*, (Offset Printed by Fiji Times & Herald Ltd, 1966), 2-3.

⁹⁸ A. D. Patel, ‘101: A Bogey Laid, 30 July 1954’, and ‘77: Diversification of Agricultural Production’, 4 November 1956, and A. D. Patel, ‘15: An Astounding Statement’, 3 March 1960, in Brij V. Lal, *A Vision for Change: Speeches and Writings of AD Patel, 1929-1969*, (Acton, A.C.T.: ANU E Press, 2011), <http://epress.anu.edu.au/?p=152161>, 36, 253-54, 319-20.

⁹⁹ Family Planning Association of Fiji, *Family Planning in Fiji, 1966*, (Offset Printed by Fiji Times & Herald Ltd, 1966), 2.

¹⁰⁰ Family Planning Association of Fiji, *Family Planning in Fiji, 1966*, (Offset Printed by Fiji Times & Herald Ltd, 1966), 2.

¹⁰¹ Family Planning Association of Fiji, *Family Planning in Fiji, 1966*, (Offset Printed by Fiji Times & Herald Ltd, 1966), 2-3.

¹⁰² Family Planning Association of Fiji, *Family Planning in Fiji, 1966*, (Offset Printed by Fiji Times & Herald Ltd, 1966), 2-3.

inclusion of Methodist and Catholic representatives was important, not only because it diffused potential sources of opposition to the campaign, but also because most Fijians were Christians, and thus they were a means of reaching this community. Once reassured that the services were targeted at married couples, the Methodist Church was supportive. The Methodist Mission had spent many years advocating monogamous marriage to Fijians, and had previously intervened in traditional practices of abstinence and the separation of husbands and wives after childbirth, as they believed this was a source of polygamy and 'informal' sexual relations.¹⁰³ Therefore, they accepted contraceptive usage as a means of improving 'companionship.'¹⁰⁴ They stressed that individual couples should take into account their wealth and health, and the potential for educating their children when deciding to space or limit their families focusing on the primacy of the individual conscience and welfare rather than arguments for population control.¹⁰⁵ More surprisingly, the FFPA persuaded and included a comparatively long piece by Dr. Desmond W. Beckett, the Assistant Director of Medical Services, who was an Irish Catholic. Beckett refuted the idea that his Church taught that 'all Catholics have as many babies as possible', arguing that an important part of Catholic teaching on marriage was responsibility for the education of their children. 'Irresponsible and feckless parenthood', that did not consider the standard of living or the health of existing family members, including the mother, would be a betrayal of this sacred duty.¹⁰⁶ He explained that 'mechanical' contraception was not permitted, but argued that the rhythm method would allow couples to safely space their children and that up to ten days of abstinence per month would not destabilise the marital bond. He also clarified that Catholics could undergo medical treatments that would result in sterilization, such as hysterectomy, if their aim was to treat a medical condition rather than limit their family.¹⁰⁷

¹⁰³ A. A. J. Jansen, Susan Parkinson, and A. F. S. Robertson, ed., *Food and Nutrition in Fiji: Food Production, Composition, and Intake*, Vol. 1. (University of the South Pacific, 1990), 332-51.

¹⁰⁴ Family Planning Association of Fiji, *Family Planning in Fiji, 1966*, (Offset Printed by Fiji Times & Herald Ltd, 1966), 4.

¹⁰⁵ Family Planning Association of Fiji, *Family Planning in Fiji, 1966*, (Offset Printed by Fiji Times & Herald Ltd, 1966), 4.

¹⁰⁶ Family Planning Association of Fiji, *Family Planning in Fiji, 1966*, (Offset Printed by Fiji Times & Herald Ltd, 1966), 5

¹⁰⁷ Family Planning Association of Fiji, *Family Planning in Fiji, 1966*, (Offset Printed by Fiji Times & Herald Ltd, 1966), 7-8.

The inclusion of Church teaching among the options listed in the FFPA's publications meant that the Bishop supported distribution of FFPA materials to Catholic teachers in 1969.¹⁰⁸

The FFPA publications gave the Medical Department a space to endorse family planning beyond the restrictions of the maternal and child clinic, to reach professionals, provide information at the marriage license bureau, and educate and reassure the public that contraception would improve health. It also gave Medical Department members an opportunity to express a different rhetoric in favour of family planning from that of Legislative Council cabinet members. The previous Director of Medical Services had expressed concern that the family planning programme would take resources from other health care projects, fail to provide care to those with fertility problems, or stir up controversy and distrust of the medical department.¹⁰⁹ For this reason, the publicity for family planning had been outsourced to the FFPA. The Medical Department as a whole continued to profess that it was, 'naturally more interested in the improved health and increased happiness accruing to all the members of a wisely-spaced and well planned family' than population targets.¹¹⁰ 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.¹¹¹ Both the colonial state and the FFPA wanted to make medical staff the trusted, personal face of the campaign. For example, Dr. Elizabeth Knowles took on the role of Officer in Charge of Family Planning in the 1960s because the colonial authorities believed that, as the colony's only female doctor, she would understand and put her female patients at greater ease than a male counterpart.¹¹² Her contribution to the FFPA's booklet was to reassure readers that contraception was safe, and convince them that the side effects of IUDs and the pill were treatable and rare.¹¹³ Explaining Fiji's programme to professionals across the South Pacific in

¹⁰⁸ Terence and Valerie Hull, "Fiji: A Study of Ethnic Plurality and Family Planning", in *The Politics of Family Planning in the Third World*, ed. T. E. Smith (London: Allen & Unwin, 1973), 202.

¹⁰⁹ See Chapter 5, 170-72.

¹¹⁰ RAC: Population Council Records Accession 2, Record Group 2, Series 3, Box 339, Folder 3263, Fiji Family Planning Association, Annual Report, 1970, 10, and Extract of Medical Department Annual Report for 1968.

¹¹¹ RAC: Population Council Records Accession 2, Record Group 2, Series 3, Box 339, Folder 3263, Fiji Family Planning Association, Annual Report, 1970, 10.

¹¹² TNA: CO 1036/806, Population Situation in Fiji, 1960-1962, I. S. Wheatley to Q. V. L. Weston Esq. the Secretariat, Fiji, 27 July 1962.

¹¹³ Family Planning Association of Fiji, *Family Planning in Fiji, 1966*, (Offset Printed by Fiji Times & Herald Ltd, 1966), 24-27.

the *SPC Monthly Bulletin*, she highlighted that the clinics offered a wide range of ‘marriage guidance’ that included the treatment of impotence, sub-fertility, and psycho-sexual problems.¹¹⁴ Knowles made an emotional case for the campaign painting the picture of a spaced family, delayed for a few years after marriage, in which the couple enjoyed a companionate marriage and spontaneous sex life, the mother was healthy and loving, the children were educated and psychologically well adjusted, and the father was a happy provider, in contrast to a ‘wretched’ unplanned family.¹¹⁵

The FFPA was not just as a vehicle for those who saw family planning as a means of carrying out population control, but a wider coalition builder that incorporated those whose priorities lay in health, education, or shaping moral opinion. The non-governmental nature of the FFPA allowed it to bring together unlikely supporters who might otherwise have opposed state intervention in fertility, holding together those who disagreed on motive, and even (in the case of the Catholic Church), the means of the campaign, but agreed that family planning had advantages. This included not only people who were thought to be public opinion shapers, such as community and religious leaders, but also those responsible for delivering the programme, the Medical Department. In many ways, the FFPA was an arm of the state, but its fingers reached beyond colonial policy. As a civil society organisation, the FFPA created greater space for pluralism of purpose and rhetoric in the campaign by attracting prominent citizens from different communities to contribute to publicity in the hope that their message would reach these same communities. The inclusion of people from all faith and racial backgrounds also avoided creating the perception that population control was targeted at one group only. These publicly known figures mostly stressed that family planning was an individual choice, but that having a planned family was a demonstration of personal responsibility and morality. Citizens were promised that having a smaller family meant having a better life, as parallels were drawn between the public and the personal purse - development was not simply for the nation but for individuals.

¹¹⁴ Dr. E. E. Knowles, “Marriage Counselling (as part of a Maternal and child health Programme in Fiji)”, *South Pacific Bulletin*, (January 1966), 42.

¹¹⁵ Family Planning Association of Fiji, *Family Planning in Fiji, 1966*, (Offset Printed by Fiji Times & Herald Ltd, 1966), 14-15.

Branching Out: Fiji as an Advisor in Regional Family Planning Programmes

The colonial and medical officials based in Fiji not only advocated family planning for the individual and the colony but also the wider South Pacific and Western Pacific regions. Fiji was part of changing attitudes towards family planning in these areas. The SPC underwent a series of major shake-ups in the 1960s that slowly increased the influence of the territories of the South Pacific in relation to the administering powers. Western Samoa became independent from New Zealand in 1962, setting the precedent that small Pacific Island NSGTs could become fully independent nation states, and refuting British and French opinion to the contrary.¹¹⁶ In the same year, the Netherlands withdrew from Irian Jaya (now West Papua) and membership of SPC, depleting colonial membership and leaving a budget hole. This served as a wake-up call for France and Britain as the US supported Indonesia in its claim to Irian Jaya, clearly indicating that its backing for European colonialism in the South Pacific had limits.¹¹⁷ During this period, London delegated increasing responsibility to colonial officials in NSGTs to represent territorial interests at fora such as the SPC and WPRO as part of the process of moving them towards self-government. Fiji's early adoption of state sponsored family planning allowed officials to present Fiji as an authority on the topic, and this became part of the islands' emergence as a leader of the region as decolonisation unfolded across the South Pacific.

In 1965, after much discussion at the Executive Board, Western Samoa became the first Pacific Island to attain full membership and voting rights at the SPC, contributing one percent to the budget. The administering powers adjusted voting rights so that each member had as many votes as territories, to dilute the influence of Western Samoa in relation to the administering powers. Pacific Islanders had already demanded a greater say in regional affairs and development policy at the 1962 South Pacific Conference and this, combined with disappointment at the limited nature of the subsequent changes, spurred them to greater action.¹¹⁸ When the territorial representatives met for the next conference in 1965, they launched a verbal attack on the administering powers for retaining the final

¹¹⁶ William David McIntyre, *Winding Up the British Empire in the Pacific Islands*, (OUP: Oxford, 2014), 72-76.

¹¹⁷ Pacific Islands Monthly, "A New Look Soon for South Pacific Commission," *PIM*, (October 1962), 21.

¹¹⁸ T. R. Smith, *South Pacific Commission: an Analysis After Twenty-Five Years*, (Wellington [N.Z.]: Price Milburn for the New Zealand Institute of International Affairs, 1972), 64-67; Jack Corbett and John Connell, "The 'Promise' of the 1970s: Ratu Mara on the World Stage," *The Round Table* 103, no. 3 (2014), 5-6.

say on the work programme and budget.¹¹⁹ At the head of this campaign was Fiji's own Ratu Mara, who argued that independence should not be the criteria for membership and that the SPC should treat Pacific Islanders as equals.¹²⁰ Mara was still publicly advocating that independence was not Fiji's future but he envisioned a self-governing Fiji as a regional leader.¹²¹ In a climate where decolonisation was accelerating across the world and the UN was watching closely, the administering powers could not easily resist such a demand. By 1967, the SPC's Executive Board had agreed that, if it were to retain support for its work, then the South Pacific Conference had to be given greater power to set most of the work programme. By 1970, Afioga Afoafouvale Misimoa (d. 1971) of Western Samoa became the first Pacific Islander elected Director General of the Commission.¹²²

The SPC was becoming more responsive to the requests of individual states in the region – including requests for support with family planning campaigns. Until the mid-1960s family planning was kept off the SPC's agenda out of fear of upsetting the Roman Catholic missions within the territories and because France opposed the introduction of birth control, which was illegal in France and its colonies.¹²³ The original request for SPC support for family planning did not come from one of the administering powers, but instead the Crown Prince of Tonga. In 1950, he argued that Tonga was becoming overpopulated and needed advice from the SPC to manage the situation. His request was dismissed and, like Fiji, Tonga turned to Ena Compton of IPPF New Zealand in 1958 to help design a campaign.¹²⁴ In 1963, medical personnel attending a rural health conference hosted by the SPC in Apia heard of Fiji and Tonga's early successes and plans for expanded campaigns and asked that the SPC to provide an advisory service for the whole region.¹²⁵

¹¹⁹ T. R. Smith, *South Pacific Commission: an Analysis After Twenty-Five Years*, (Wellington [N.Z.]: Price Milburn for the New Zealand Institute of International Affairs, 1972), 72.

¹²⁰ Robert Langdon, "South Seas Regional Council May Grow Out of Lae Talks", *PIM*, (August 1965), 21.

¹²¹ Jack Corbett and John Connell, "The 'Promise' of the 1970s: Ratu Mara on the World Stage," *The Round Table* 103, no. 3 (2014), 301-10.

¹²² T. R. Smith, *South Pacific Commission: an Analysis After Twenty-Five Years*, (Wellington [N.Z.]: Price Milburn for the New Zealand Institute of International Affairs, 1972), 81.

¹²³ RAC: Population Council Records, Accession 2, Series 2, Box 122, Folder 1165, The Population Council Office Memorandum, 'Guy Loison - Secretary for Health, South Pacific Commission', 7 September 1969, and South Pacific Commission, Sixth South Pacific Conference, Proposals Relating to the Health Programme for 1966, with outline for 1967.

¹²⁴ RAC: Population Council Records, Accession 2, Series 2, Box 122, Folder 1165 South Pacific Commission Seminar on Maternal and child health (including Family Planning), Tonga, 6-20 December 1967, 3.

¹²⁵ T. R. Smith, *South Pacific Commission: an Analysis After Twenty-Five Years*, (Wellington [N.Z.]: Price Milburn for the New Zealand Institute of International Affairs, 1972), 77.

Pressure from the territories coincided with changes at the helm of the SPC. Dr. Guy Loison was appointed as the new Secretary for Health for the Commission in 1962. He had a particular interest in the environmental factors that affected health, including overpopulation.¹²⁶ Moreover, in 1964 the Research Council Health, Economics, and Social Sections were merged under a single governing council, in line with the prioritisation of economic development by the administering powers in the lead up to decolonisation.¹²⁷ Family planning sat at the intersection of these remits and represented an opportunity for the Health Section to make an economic argument in favour of its continued operation. 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.¹²⁸ 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.'¹²⁹ He stressed that health departments were essential in motivating women to accept birth control or sterilisation as he believed they would care more about their own and their family's health than 'than the starvation of the entire nation in the future.'¹³⁰ The focus of the recommendations was the importance of integrating family planning into the Maternal and child health Services, offering women a variety of methods to ensure maximum coverage, and of reaching people through the mass media, perhaps unsurprisingly, as Gurd was a frequent contributor to SPC meetings.¹³¹ The rhetoric of the SPC's discussions around family planning echoed many of the points made by personnel in Fiji, but reframed population control in regional terms.

The SPC and Fiji's family planning campaigns were mutually reinforcing rather than competing. This was because, as well as a change in leadership at both the SPC and the SPHS

¹²⁶ T. R. Smith, *South Pacific Commission: an Analysis After Twenty-Five Years* (Wellington [N.Z.]: Price Milburn for the New Zealand Institute of International Affairs, 1972, 77.

¹²⁷ See Chapter 3.

¹²⁸ RAC: Population Council Records, Accession 2, Series 2, Box 122, Folder 1165, The Population Council Office Memorandum, "Guy Loison- Secretary for Health, South Pacific Commission", 7 September 1969, and South Pacific Commission, Seminar on Maternal and child health (including Family Planning), Tonga, 6-20 December 1967.

¹²⁹ RAC: Population Council Records, Accession 2, Series 2, Box 122, Folder 1165, South Pacific Commission, Seminar on Maternal and child health (including Family Planning), Tonga, 6-20 December 1967.

¹³⁰ RAC: Population Council Records, Accession 2, Series 2, Box 122, Folder 1165, South Pacific Commission, Seminar on Maternal and child health (including Family Planning), Tonga, 6-20 December 1967.

¹³¹ RAC: Population Council Records, Accession 2, Series 2, Box 122, Folder 1165, Clifford A. Pease Technical Assistance Division, Population Council to Guy Loison Executive Officer for Health SPC, 18 August 1967.

since the contested nutrition campaigns of the 1950s, the roles which each played in family planning had to be more complementary due to the political sensitivity of the topic. The leadership of the SPC and many Pacific Island representatives were in favour of family planning, but despite France's weakened influence, it still posed an obstacle to any campaign that did not fall under the euphemism of marriage or family 'guidance.'¹³² Loison had to take what he described as a strategic '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.¹³³ 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 the Population Council or the Pathfinder Fund, which was a philanthropic fund set up by American businessman Clarence Gamble to research population control.¹³⁴ They helped to draw up fifty-four recommendations for a family planning programme on the island. The SPC then used the opportunity to disseminate them to health professionals and administrators across the South Pacific region.¹³⁵ The SPC also served as a central point for information gathering 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.¹³⁶ These efforts were carefully designed to provide information to the territories that requested it whilst avoiding accusations that the SPC was pressuring governments to roll out a campaign.

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, not 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

¹³² RAC: Population Council Records, Accession 2, Series 2, Box 122, Folder 1165, the Population Council Office Memorandum, 'Guy Loison - Secretary for Health, South Pacific Commission', 7 September 1969.

¹³³ RAC: Population Council Records, Accession 2, Series 2, Box 122, Folder 1165, The Population Council Office Memorandum, 'Guy Loison- Secretary for Health, South Pacific Commission', 7 September 1969.

¹³⁴ South Pacific Commission, Thirtieth Session, Annual Report of the Secretary General, 1966-7, 24

¹³⁵ South Pacific Commission, Thirtieth Session, Annual Report of the Secretary General, 1966-7, 24; RAC: Population Council Records, Accession 2, Series 2, Box 122, Folder 1165, South Pacific Commission, 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 1967.

¹³⁶ RAC: Population Council Records, Accession 2: Record Group 2: Series 4: Subject File; File: Basic Library Program, Box S3, New Caledonia, South Pacific Commission.

prioritised, as each represented a tiny proportion of the world's population in comparison to nations such as India.¹³⁷ On the other hand, Fiji was freer than the SPC to promote family planning across the region, both through the FFPA and the Medical Department. The SPC called on Fiji-based experts, such as Knowles, to contribute opinion pieces to their quarterly bulletins and promote family planning by using Fiji as an example to administrators and professionals elsewhere in the region.¹³⁸ The FFPA advised Tonga, the Gilbert and Ellice Islands, and the Trust Territory of the Pacific Islands on setting up voluntary services.¹³⁹ With SPC funds, the Medical Department, which was already responsible for providing medical training for assistant medical practitioners across the region, taught trainees from other Pacific Islands family planning methods.¹⁴⁰

Fiji's position as an expert on the topic of family planning was not restricted to the South Pacific. Support for family planning was growing at WHO headquarters, although there was still reluctance to engage with population programmes in the 1960s. Part of this reticence was due to restrictions on the WHO to act after the Catholic world and Communism had 'joined hands' to oppose population control at the WHA in 1966.¹⁴¹ However, WHO Director General Marcelino Gomes Candau (1911-1983), was also personally worried that funds for population control would be diverted away from conventional health services, including donations to the WHO, and towards meeting population targets. He was particularly concerned that the United Kingdom, the United States, and Sweden were preparing a resolution for the WHA that suggested that family planning campaigns could be developed separately from health services.¹⁴² Candau was wary of the widespread preference for the IUD in national campaigns, as he worried women would not receive

¹³⁷ RAC: Population Council Records, Accession 2, Series 2, Box 122, Folder 1165, South Pacific Commission, Seminar on Maternal and child health (including Family Planning), Tonga, 6-20 December 1967.

¹³⁸ Dr. E. E. Knowles, "Marriage Counselling (as part of a Maternal and child health Programme in Fiji)", *South Pacific Bulletin*, (January 1966), 42.

¹³⁹ South Pacific Commission, Thirtieth Session, Annual Report of the Secretary General, 1966-7, 24; RAC: Population Council Records, Accession 2, Series 2, Box 122, Folder 1165, South Pacific Commission, 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 1967.

¹⁴⁰ RAC: Population Council Records, Accession 2, Series 2, Box 122, Folder 1165, The Population Council Office Memorandum, 'Guy Loison - Secretary for Health, South Pacific Commission', 7 September 1969.

¹⁴¹ RAC: Population Council Records, Accession 1, Record Group 1: Series 4: Organization File; File: United Nations, Box 113, Folder 2087, The Population Council Office Memorandum, 6 July 1966, and C.A.P to R.K.A, The Population Council Memorandum, 18 October 1966.

¹⁴² RAC: Population Council Records, Accession 1, Record Group 1: Series 4: Organization File; File: United Nations, Box 113, Folder 2087, Raymond A. Lamontagne to Mr. John D. Rockefeller III, 'Dr. Candau, Director General of WHO, Transcript of Comments,' 11 October 1966.

adequate aftercare or be able to have it removed if population campaigns were delivered separately from the normal health service.¹⁴³ One of these problems abated when, in 1967, the WHA requested he continue the WHO's research into the health aspects of reproduction, and assist national research projects and training of medical personnel at all levels in delivering reproductive health services, demonstrating that international opposition to birth control was receding.¹⁴⁴ At this stage, the WHO more openly began to promote birth control, but with a particular emphasis on the importance of integrating family planning with maternal and child health programmes.

WPRO was also under regional pressure to endorse population control. Australia, New Zealand, Singapore, Japan, the Republic of Korea, Malaysia, and the Philippines had all signed the UN Declaration on Population.¹⁴⁵ The Prime Minister of the Philippines, where WPRO had its headquarters, was particularly interested in pursuing population control as part of his national development agenda. Consequently, WPRO opened technical discussions on integrating maternal and child health services and family planning activities into general health services in 1967.¹⁴⁶ 'Appropriate advice on fertility regulation' was added to the priorities of the Maternal and child health Section, which had previously focused on nutrition, health education, and pre- and post-natal supervision.¹⁴⁷ Although Fiji was not at the helm of building momentum for introducing this policy at WPRO, it played a role in shaping its approach. Fiji was an early adopter in the region, with Japan, the Republic of Korea, Singapore, Tonga, and West Malaysia (now peninsular Malaysia) the only other territories where family planning was part of government policy before WPRO's involvement. More significantly, it was one of only three territories where family planning was part of the maternal and child health programme and could bring this experience to

¹⁴³ RAC: Population Council Records, Accession 1, Record Group 1: Series 4: Organization File; File: United Nations, Box 113, Folder 2087, Raymond A. Lamontagne to Mr. John D. Rockefeller III, "Dr. Candau Director General of WHO, Transcript of Comments," 11 October 1966, and Minutes of Meeting with Mr. Siegel, Assistant Director General of the World Health Organization, 19 December 1966.

¹⁴⁴ "Introduction", *Health Education & Behavior* 1, 34, (April 1973), 1.

¹⁴⁵ Alejandro N. Herrin, "Development of the Philippines 'Family Planning Program: The Early Years, 1967-80", in Warren C. Robinson and John A. Ross ed., *The Global Family Planning Revolution: Three Decades of Population Policies and Programs*, (The World Bank, Washington DC, 2008), 279; Turban Ayala and Lord Caradon, "Declaration on Population: The World Leaders Statement," *Studies in Family Planning* 1, 26 (1968), 1.

¹⁴⁶ Alejandro N. Herrin, "Development of the Philippines 'Family Planning Program'", 279-82.

¹⁴⁷ World Health Organization Regional Committee for the Western Pacific, *Some Aspects of the Integration of Maternal and child health and Family Planning Activities in the General Health Services*, 018, WPR/RC18/TD4 (Manila: WHO Regional Office for the Western Pacific, 1967), 8, 11.

WPRO.¹⁴⁸ It was no coincidence the two rapporteurs for WPRO on integrating family planning with maternal and child health were Gurd of Fiji and Loison of the SPC.¹⁴⁹ This committee brought population control into the rhetoric of the WPRO campaign, concluding that population growth was preventing economic development across Asia, and that governments should introduce family planning to raise standards of living.¹⁵⁰ Echoing Gurd's rationale for medical department involvement in family planning in Fiji almost verbatim, the committee concluded that health services had made the problem 'more acute' by saving lives and so had a responsibility to limit births.¹⁵¹ Like Fiji and the SPC, the committee stressed integration with maternal and child health because health personnel were trusted figures who had access to women in their homes and during the prenatal and postnatal periods when motivation was believed to be high.¹⁵² The result was that WPRO offered increased technical assistance to the member countries in the planning, evaluation and implementation of family planning programmes, help with drawing up curricula for health professionals, and kept them up-to-date on the advantages and disadvantages of various contraceptive techniques.¹⁵³ Direct assistance to Fiji beyond this informative role was limited until after independence, but the relationship built between the two was the meeting point of pressure from the international sphere and from individual territories and shows that small territories could influence the design of regional guidelines.

The role that Medical Department and FPPA representatives played in broader regional efforts is illustrative of the decolonisation process, reflecting the greater authority placed into the hands of officials within the NSGTs, and the increasingly assertive voice of

¹⁴⁸ World Health Organization, Report of the Technical Discussions on the Integration of Maternal and child health and Family Planning Activities in the General Health Services, (Manila: WHO Regional Office for the Western Pacific, Main Committee Documents, 1967), 51.

¹⁴⁹ World Health Organization, Report of the Technical Discussions on the Integration of Maternal and child health and Family Planning Activities in the General Health Services, Manila: WHO Regional Office for the Western Pacific. Main Committee Documents, 1967.

¹⁵⁰ World Health Organization Regional Committee for the Western Pacific, Some Aspects of the Integration of Maternal and child health and Family Planning Activities in the General Health Services, 018, WPR/RC18/TD4 (Manila: WHO Regional Office for the Western Pacific, 1967), 1.

¹⁵¹ World Health Organisation Regional Committee for the Western Pacific, Some Aspects of the Integration of Maternal and child health and Family Planning Activities in the General Health Services, 018, WPR/RC18/TD4 (Manila: WHO Regional Office for the Western Pacific, 1967), 1.

¹⁵² World Health Organization, Report of the Technical Discussions on the Integration of Maternal and child health and Family Planning Activities in the General Health Services, (Manila: WHO Regional Office for the Western Pacific. Main Committee Documents, 1967), 56-57.

¹⁵³ World Health Organization, Report of the Technical Discussions on the Integration of Maternal and child health and Family Planning Activities in the General Health Services, Manila: WHO Regional Office for the Western Pacific. Main Committee Documents, 1967, 56-57.

colonised peoples on an inter-imperial stage. Family planning programmes were not simply adopted in territories that received large quantities of international aid from above, but demanded and carried out by territories with limited clout in the international sphere as a means of development. Fiji is an example of one, which not only developed a campaign armed with information but not substantial financial support from outside, but also contributed to inter-imperial and regional campaigns.

‘An Excellent Example to Other Countries’: Contemporary Assessments of the Campaign, 1970-1974

In many ways, Fiji was initially considered a success story for population control. Munro boasted that, ‘Fiji provides an excellent example to other countries with population problems. Having once been described as facing the most dangerous situation in the Pacific Region it has successfully reduced birth rate.’¹⁵⁴ As well as the efforts of the FFPA, he credited the programmes’ integration with maternal and child health for its accomplishments.¹⁵⁵ External observers agreed. Between 1970 and 1974, the first studies into the details of fertility patterns and the effect of the programme in Fiji were carried out. These aimed at promoting Fiji’s programme and learning from it to improve national and international programmes, such as those by demographers Terence and Valerie Hull, and a series of visits from American-based experts with an interest in regional development who saw Fiji as having an exemplary campaign.¹⁵⁶ Most significantly, it was selected as the pilot study for the World Fertility Survey. This aimed to provide international organisations with comparisons of fertility and the factors which affected it around the world in preparation for World Population Year in 1974. Major international discussions were organised by the UN on the issue, culminating in the World Population conference in Bucharest, which population control supporters hoped would result in an international plan for tackling

¹⁵⁴ RAC: Population Council Records, Accession 2, Record Group 2, Series 3, Box 339, Folder 3263, IPPF, Situation Report, Fiji, November 1973.

¹⁵⁵ Family Planning Association of Fiji, *Family Planning in Fiji, 1966*, (Offset Printed by Fiji Times & Herald Ltd, 1966), 10.

¹⁵⁶ Terence and Valerie Hull, “Fiji: A Study of Ethnic Plurality and Family Planning”, in *The Politics of Family Planning in the Third World*, ed. T. E. Smith (London: Allen & Unwin, 1973), 168-217; RAC: Population Council records, Record Group 2: Accession 2; Series 4: Subject File; File: Taylor-Berelson Program (Maternal and child health Program (MCH), Fiji, Jack Cobb, “Impressions from Three Days in Fiji,” 10-12 January 1972; I. J. Fairbairn, “Family Planning in the Pacific Islands: the Fijian Example,” *The Journal of Pacific History* 5, 1 (1970), 145-50.

population growth.¹⁵⁷ In Fiji's transition period, colonial, national, and international interests in the programme became very tightly interwoven as Fiji's government also sought out advice from external experts. The result was a national campaign informed by international experts but infused with a colonial inheritance.

Despite the upbeat nature of the FFPA reports on the progress of the population campaign, frustration with its limitations was brewing. The birth rate in Fiji hit the target figure of Fiji's development plan two years early but its further target proved more elusive.¹⁵⁸ The children of the large generation of the early 1950s were now entering adulthood, and the average age of marriage was not expected to rise further than it had in the previous decade. This meant that the number of fertile couples would increase and potentially push the birth rate back up.¹⁵⁹ Moreover, Medical Department records showed that the uptake of family planning was slowing, and, more alarmingly for the campaign, suggested the number of people who were attending health centres and nursing stations for advice was declining – attendances dropped by thirteen percent from 1966 to 1972.¹⁶⁰ For the Alliance transition government which won the 1972 election on the promise of 'Peace. Progress. Prosperity', through the Sixth Development Plan this appeared to represent a threat to their election promises.¹⁶¹ The Sixth Development Plan, drawn up with Foreign and Commonwealth Office, was based on the established pattern of development whilst adding an emphasis on rural development, middle-level manpower training, and expanding the education sector.¹⁶² Although Fiji had enjoyed economic growth over the previous decade, continued rural underdevelopment and wage imbalances between urban and rural areas led to shortages of housing and jobs in the cities, and threatened the delivery of these development plans. Demand for work, education, and services outstripped the existing supply and looked likely to increase.¹⁶³ The Minister for Labour, Ratu Sir Edward Cakobau,

¹⁵⁷ "The World Fertility Survey," *Population Index* 38, 4 (1972), 428-29; Fiji, *Fiji Fertility Survey, 1974: Principal Report*, (Suva, The Bureau of Statistics, 1976), 1.

¹⁵⁸ Fiji, Ministry of Finance, Central Planning Office, *Fiji's Seventh Development Plan, 1976-1980*, (Suva: Central Planning Office, 1975), 191.

¹⁵⁹ Fiji, Ministry of Finance, Central Planning Office, *Fiji's Seventh Development Plan, 1976-1980*, (Suva: Central Planning Office, 1975), 36.

¹⁶⁰ T. U. Bavadra, and J. Kierski, "Fertility and Family Planning in Fiji", *Studies in Family Planning* 11, 1 (1980), 22.

¹⁶¹ TNA: FCO 24/1132, Political Situation in Fiji, 1971, J.R. Williams, British High Commission, Suva to J. K. Rickman South West Pacific Department FCO, 14 April 1972.

¹⁶² Fiji, *Fiji's Sixth Development Plan 1971-1975*, (Central Planning Office, Suva, 1970).

¹⁶³ Fiji, *Fiji's Sixth Development Plan 1971-1975*, (Central Planning Office, Suva, 1970), 10-18.

compared Fiji to the ‘woman in the shoe who had so many children she didn’t know what to do’, declaring ‘it is a pity we did not adopt family planning 20 years ago.’¹⁶⁴ The government concluded that it had to redouble its efforts in delivering family planning, making it its ‘highest priority’.¹⁶⁵ The government wanted to learn more about ‘the hard-core of non-users’ of the family planning service and to check the accuracy of its civil registration service to monitor the campaign.¹⁶⁶

This situation was paralleled at an international level as population activists were disappointed at the lack of evidence that family planning was reducing population growth worldwide.¹⁶⁷ Paul Ehrlich’s (b. 1932) bestseller, *Population Bomb*, came out in 1968, warning that global overpopulation meant that mass starvation was imminent. Meanwhile, at the Population Council, Kingsley Davis (1908-1997) was questioning the efficacy of family planning programmes that focused on increasing supply through mass dissemination of information about, and access to, contraception, without increasing demand. He pointed out that the Knowledge-Attitude-Practice surveys carried out by the Population Council to measure unmet demand for contraception had also shown that, in many countries, many people interested in using family planning services wanted more than two children. He argued that this preference for larger families had to be understood and changed.¹⁶⁸ Despite such critiques, USAID remained a supporter of supply side programmes, and, in 1972, put a quarter of \$billion behind the World Fertility Survey to measure unmet contraceptive demand along national, racial, religious, regional, and socio-economic lines.¹⁶⁹ The launch of this project ‘opportunistically’ coincided Fiji application to UNFPA for funding for a Knowledge, Aptitude, Practice survey.¹⁷⁰ They entered a partnership, with the World Fertility Survey supplying the methodology and training, Fiji supplying the manpower, and London providing computer support.¹⁷¹ As well as an opportunity to access resources for carrying out such a survey, working with the UN gave Fiji an opportunity to stake a place for itself as a

¹⁶⁴ Ratu Edward Cakobau quoted by Sue Wendt in ‘the Poor People of Paradise,’ *PIM*, (March 1971), 53.

¹⁶⁵ Fiji, *Fiji's Sixth Development Plan 1971-1975*, (Central Planning Office, Suva, 1970), 36.

¹⁶⁶ Fiji, *Fiji Fertility Survey, 1974: Principal Report*, (Suva, The Bureau of Statistics, 1976), 1.

¹⁶⁷ Packard, *A History of Global Health*, 218.

¹⁶⁸ Connelly, *Fatal Misconception*, 237-40.

¹⁶⁹ Connelly, *Fatal Misconception*, 241.

¹⁷⁰ Fiji, *Fiji Fertility Survey, 1974: Principal Report*, (Suva, The Bureau of Statistics, 1976), 2; WHO Geneva, WPRO, MCH, R15-418-2-WP, Reports on Maternal and child health in the Western Pacific Region, 25 January 1973.

¹⁷¹ Fiji, *Fiji Fertility Survey, 1974: Principal Report*, (Suva, The Bureau of Statistics, 1976), 2.

newcomer to this international community.¹⁷² The government's support for the fertility survey was aimed to inform their nation building development plans but also to put Fiji on the UN's radar.

The World Fertility Survey interviewed around six percent of women in Fiji aged fifteen to fifty who were, or had been, married, on their background, work history, maternity and pregnancy history, contraceptive knowledge and use, the number of children they wanted, and their husband's background and profession. It was a version of the Knowledge-Attitude-Practice survey. As such, it allowed the government, the FFPA, and the medical service to measure the reach and acceptance of the campaign in detail for the first time. The findings suggested that the combination of FFPA's extensive publicity campaign and medical department motivators had extended to most of the population of Fiji, as knowledge of family planning, especially the pill, IUDs, and female sterilisation, was 'almost universal' among married women.¹⁷³ However, it was more questionable whether the campaign had changed attitudes towards fertility. The two-child family did not appear to have been accepted as an ideal by either Fijians or Indo-Fijians, with the former stating a wide range of preferences for family size and the latter 'almost uniformly' stating that they desired three or four children.¹⁷⁴ When it came to practice, the fertility survey found that nearly one third of fertile women did not want any more children but were not using contraception.¹⁷⁵ It also confirmed that a smaller proportion of Fijian women were using recommended contraceptive methods than Indo-Fijians.¹⁷⁶ Just over three quarters of Indo-Fijians had tried at least one method of 'modern' (medical) contraception, while only fifty-nine percent of Fijians had.¹⁷⁷ Of Fijians practicing any form of family planning, one fifth were using a 'traditional' method such as prolonged lactation, periodic abstinence, herbal remedies, withdrawal, or the rhythm method, with some eleven percent having only ever used these methods.¹⁷⁸ Moreover, a much higher percentage of Indo-Fijians than Fijians opted for sterilization once they had four or more children – forty percent as opposed to

¹⁷² Fiji, *Fiji Fertility Survey, 1974: Principal Report*, (Suva, The Bureau of Statistics, 1976), 2.

¹⁷³ Fiji, *Fiji Fertility Survey, 1974: Principal Report*, (Suva, The Bureau of Statistics, 1976), 81.

¹⁷⁴ Fiji, *Fiji Fertility Survey, 1974: Principal Report*, (Suva, The Bureau of Statistics, 1976), 72.

¹⁷⁵ Fiji, *Fiji Fertility Survey, 1974: Principal Report*, (Suva, The Bureau of Statistics, 1976), 95.

¹⁷⁶ Fiji, *Fiji Fertility Survey, 1974: Principal Report*, (Suva, The Bureau of Statistics, 1976), 67.

¹⁷⁷ Fiji, *Fiji Fertility Survey, 1974: Principal Report*, (Suva, The Bureau of Statistics, 1976), 81.

¹⁷⁸ Fiji, *Fiji Fertility Survey, 1974: Principal Report*, (Suva, The Bureau of Statistics, 1976), 85.

sixteen percent.¹⁷⁹ This was particularly the case among Indo-Fijians with low educational backgrounds who tended not to use reversible contraception, instead undergoing sterilisation on completing their families, while more educated Indo-Fijians used reversible contraception to space (and ultimately limit) their families and to delay the birth of their first child.¹⁸⁰

The survey did not ask women the reasons why they wanted a certain number of children, who made fertility decisions in their household, why they used or did not use contraception, or why they favoured a method. Instead, it focused on classifying behaviours by race, class, region, and religion. Region and religion appeared to have some relationship to fertility patterns for Fijians. Those in the Northern Division, who were more likely to be rural Catholics, had a 'fractionally' higher fertility rate than those in the more populous Western Division, who were more likely to be Methodists. Catholics who did use contraception mostly avoided non-reversible methods.¹⁸¹ It appeared that the regional gap in fertility between young urban and rural Fijians was narrowing, which the report writers argued could be a result of the younger generation's increased access to contraception, although they admitted it could also be a result of their life cycle stage, as in previous cohorts rural Fijians continued to have children until a more advanced age than urban Fijians.¹⁸² The report writers were surprised by two findings. Firstly, there was no relationship between education or socio-economic background and fertility in the Fijian community. While wealthy, highly educated Indo-Fijian women had a thirty percent lower parity than their lower educated peers, wealthy or highly educated Fijian women were almost as likely as those with only a few years of primary education to have large families.¹⁸³ Secondly, they expressed puzzlement that highly educated Indo-Fijian women were more likely to use the pill, while Indo-Fijian women with almost no education favoured sterilisation. They assumed that the more highly educated a woman was, the more likely she would be to accept the idea that a smaller family was desirable and use the most effective

¹⁷⁹ Fiji, *Fiji Fertility Survey, 1974: Principal Report*, (Suva, The Bureau of Statistics, 1976), 82-92.

¹⁸⁰ Fiji, *Fiji Fertility Survey, 1974: Principal Report*, (Suva, The Bureau of Statistics, 1976), 88-92.

¹⁸¹ Fiji, *Fiji Fertility Survey, 1974: Principal Report*, (Suva, The Bureau of Statistics, 1976), 78.

¹⁸² Fiji, *Fiji Fertility Survey, 1974: Principal Report*, (Suva, The Bureau of Statistics, 1976), 63.

¹⁸³ Fiji, *Fiji Fertility Survey, 1974: Principal Report*, (Suva, The Bureau of Statistics, 1976), 63.

method of contraception to achieve it.¹⁸⁴ They did not further probe the reasons for these differences.

The fertility survey ultimately reinforced the top down dissemination model of Fiji's campaign, as its main conclusion was that there was unmet demand for contraception.¹⁸⁵ The government continued to pursue population targets, and, with the help of WHO, UNICEF, and UNFPA funds, to try and increase the availability of contraception and intensify the publicity campaign.¹⁸⁶ The model of the programme persisted on the assumption that educating women about the ease and efficacy of family planning methods, the economic benefits to the individual family of a two child home, and the provision of contraceptives would reduce population growth.¹⁸⁷ The population focused thinking of the family planning campaign planners, and their reiteration that individual small families would have a higher standard of living, meant that they tended to blame the fact that Fijian women persisted to have lower acceptance rates on backwardness or racially competitive thinking. Old arguments that Fijian fertility was based on 'mistaken belief that available land is still plentiful', were afraid that Indo-Fijians would dominate them numerically, that the Roman Catholic Church had influence over a significant portion of the community, that Fijian men were patriarchal, and that Indo-Fijians valued the education of their children more highly, were continually resurrected despite some evidence to the contrary.¹⁸⁸ Firstly, while there was undoubtedly a difference between Methodist and Catholic uptake in contraception, it did not alone explain the disparity between Fijian and Indo-Fijian trends. Catholics were a minority within the Fijian community and while seven percent fewer Catholics used contraception than Protestant Fijians, fourteen percent fewer Protestant Fijians used contraception than Indo-Fijian Hindus or Muslims, despite approval from their church.¹⁸⁹ The contention that Fijians were less educated was complicated. While more Indo-Fijian boys reached secondary and, especially, tertiary education than Fijian boys, meaning they

¹⁸⁴ Fiji, *Fiji Fertility Survey, 1974: Principal Report*, (Suva, The Bureau of Statistics, 1976), 95.

¹⁸⁵ Fiji, *Fiji Fertility Survey, 1974: Principal Report*, (Suva, The Bureau of Statistics, 1976), 95.

¹⁸⁶ WHO Geneva: Projects FIJ-MCH-001 Family Health (FIJ-74-PO2), 1975-1978; Fiji, Ministry of Finance; *Fiji's Seventh Development Plan, 1976-1980*, (Central Planning Office: Suva, 1975).

¹⁸⁷ Chung, "Politics, Tradition and Structural Change", 241.

¹⁸⁸ WHO 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).

¹⁸⁹ Fiji, *Fiji Fertility Survey, 1974: Principal Report*, (Suva, The Bureau of Statistics, 1976), 63-65.

made up a bigger percentage of the professional class, more Fijians attended primary school. Moreover, Fijian women were, on average, significantly more educated than Indo-Fijian women – in 1974 almost all Fijian women had some literacy in Fijian or English and slightly less than a quarter of young women had completed secondary education, while thirty-nine percent of Indo-Fijian women were illiterate in any language, and less than one fifth of young women had secondary schooling.¹⁹⁰

Retrospective studies, based on interviews with Fijian women, have highlighted a range of reasons for Fijian resistance to family planning that the population focused campaign overlooked. Dewar has argued that structures created by a century of colonial rule which kept Fijians living a rural pattern of existence, including depending on large families, could not be undone overnight. Smaller families did not necessarily bring greater prosperity in this context. Fijians continued to rely on, and to be able to draw on, subsistence farming and community support networks, and although there were increasing opportunities for Fijians to gain education and participate in the cash economy, this did not necessarily bring greater individual prosperity, particularly as wages remained low despite increases in GDP.¹⁹¹ Chung argues that for rural Fijians side-effects from the IUD and the pill were major reasons for discontinuing or avoiding contraception. The government, the FFPA, and the Medical Department thought in terms their efficacy in preventing births, and downplayed potential side-effects because they weighed them against the risk to health of high parity pregnancy. However, for rural Fijian women the association between health and contraception was less straightforward – nausea or bleeding were experienced as interference in their ability to carry out necessary village work.¹⁹² While patriarchal attitudes were also blamed for low uptake, women remained the focus of the campaign because it continued to be run through the maternal and child health centre. Sexual restraint to produce adequately spaced births was longstanding ideal of masculine behaviour in the Fijian community, and women publicly attending the health centre for contraceptives or travelling to hospital for sterilisation, was an admission of failure in this regard.¹⁹³

This lack of interest in women's experiences of family planning also means that the question of why more Indo-Fijians used contraception, and why there was a marked

¹⁹⁰ Fiji, *Fiji Fertility Survey, 1974: Principal Report*, (Suva, The Bureau of Statistics, 1976), 41.

¹⁹¹ Dewar, "Empowering Women?", 118-21.

¹⁹² Chung, "Politics, Tradition and Structural Change", 213.

¹⁹³ Chung, "Politics, Tradition and Structural Change", 209-13.

difference in contraceptive choice between Indo-Fijian women of different classes remains unanswered. Indo-Fijians appeared to be slowly conforming to have smaller families, meaning that their choices around contraception and family size were not investigated as they were not seen to be problematic. The colonial state, the FFPA's, and the researchers' assumption that women were motivated by the promise of advancing their standard of living meant that an alternative explanation, that it was an attempt to prevent it from deteriorating further, although occasionally aired by the Indo-Fijian opposition in the Legislative Council debating chamber, was largely unaddressed.¹⁹⁴ Many of the reports that praised Indo-Fijians for limiting their families, also mentioned elsewhere in the text the challenges they faced without asking whether fertility behaviour was a response to these circumstances. These included difficulties in accessing land, full employment, and housing and a lack of community support networks to fall back on in comparison to Fijians. Indo-Fijian women continued to experience higher morbidity and more of their babies died in the neonatal period even as they reached lower parity than Fijians.¹⁹⁵ Moreover, whether lower educated Indo-Fijian women chose sterilisation out of greater necessity to limit their families, because they were guided towards it by doctors or family members, because it initially was free and the pill was not, or because they chose it as the most effective and convenient method for themselves, is a question that cannot be answered.

In the early 1970s the Government of Fiji turned to international organisations to meet an internal funding and expertise gap. The involvement of these international organisations reinforced the goal of population control and the model of maternity centred family planning as these were both also priorities of the international population movement. While this displaced racial competition as a rationale for the family planning campaign, it also re-highlighted racial differentials which were explained through adapted colonial assumptions about the attitude of Fijians and Indo-Fijians to parenting, the economy, and the 'modern' world. The early success of the programme, combined with an attitude that saw small families as self-evidently better in economic terms for the individual

¹⁹⁴ TNA: FCO 24/1143, the Land Question in Fiji, 1971, J. R. Williams, British High Commission, Suva to Miss I. A. Carpenter South West Pacific Dept. FCO, 12 October 1972.

¹⁹⁵ WHO, Geneva: A.A.J. Jansen, N3/418/2 WPR, Reports on the Nutrition Situation in the Western Pacific Region, 1968-1981, Report on Field Visits to Fiji (10-25 January and 4-6 February 1972), 6 October 1972; RAC: Population Council Records, Record Group 2: Accession 2; Series 4: Subject File; File: Taylor-Berelson Program (Maternal and child health Program (MCH), Fiji, Jack Cobb, "Impressions from Three Days in Fiji," 10-12 January 1972; Sue Wendt in "the Poor People of Paradise," *PIM*, (March 1971), 53.

as well as the national economy, contributed to a perception among political and social elites in Fiji and further afield that if contraception was available, choice to use it or not was based on how rational individuals were. Resistance to the programme was pinned broadly on tradition or religious practice. This meant that structural causes of fertility differentials, as well differences in individual women's personal experiences and desires were underexplored.

Conclusion: Transition from Colonial Theories of Differential Fertility to International Theories of Population Control?

In the 1960s and early 1970s, state, voluntary, inter-imperial and international organisations took a mutually reinforcing approach to the family planning campaign in Fiji. Population control emerged as the dominant motivation for the campaign due to directives from London and territorial pressures to develop the economy and services during decolonisation, coupled with international theories of how to achieve economic development. It was both an intended mode and a side-effect of the decolonisation process. The colonial state hoped that lower birth rates would help them to build a multi-racial society in a short period of time. It was also responding to pressure from above at the level of the UN, which had come to define family planning as a right, and below, in answer to demands from indigenous people within the region, who wished to exercise it. In the early 1960s, the FFPA was the main supporter of the campaign, and its leadership endorsed the state's focus on population control, whilst spotlighting issues such as racial differentials in fertility that the state was nervous of discussing as openly. It also provided a platform for a more diverse range of supporters of family planning and publicity that was focused on the good of the individual rather than the state, aiming to reach people at a personal level. The campaign met with early success as increasing numbers of people sought out contraception. However, while civil society involvement, coupled with delivery through the health department, provided people with the means and knowledge to plan their families for the first time; it also reinforced the narrow, top-down, maternity centred approach of the campaign.

At an inter-imperial and regional level, family planning was a means by which Fiji could assert expertise, making the most of London's more light-touch approach to colonial governance in the 1960s, and attempting to influence the design of inter-imperial

international programmes using colonial experience. Relationships were established on the basis that the health department and the FFPA were suppliers of expertise rather than the other way around. At a headquarters level, both the SPC and WPRO had concluded that maternity centred family planning for population control was the most appropriate model for a campaign, and so, Fiji's involvement with these organisations was mutually reinforcing. After independence, Fiji turned to international organisations, which then reinforced the intellectual foundations of the programme with new social scientific methods, providing continuity between the pre- and post-independence campaign.

At one level the delivery stage of the programme deracialised the campaign in Fiji by switching its target from decreasing Indo-Fijian fertility to decreasing the fertility of the whole population. It was intended to improve interracial relationships through equalising participation in the economy and raising standards of living. However, it did not address many of the structural causes of differential fertility or contraceptive choices nor did all families benefit equally from rising GDP. International methods of measuring fertility highlighted these continued differences, unintentionally reinforcing racial stereotypes as women's behaviours were classified by race, class, and faith, rather than motivation.

In the case of family planning, civil society organisations had not only been crucial in planning the campaign, but were a close partner with the state in delivering it, such that the division between the two blurred. They not only contained controversy within Fiji but also facilitated, along with the Medical Department, building up Fiji's reputation as an expert in the region, smoothing the way for relationships between the state, the SPC, and WPRO. In other words, the FFPA helped the colonial, and then the nation, state to project influence both within and without Fiji. Family planning was a potentially controversial programme, and it could be contended that this area was the exception rather than the rule when it came to the involvement of civil society in health policy making and delivery during decolonisation, as there was a long history of internationally networked voluntary birth control associations and campaigns to draw upon. However, it was not the only example of this kind of state-civil society partnership, or even the one where a voluntary organisation had the most influence over the design of policy. Indeed, preventive health programmes, particularly those in maternal and child health, often relied upon the civil sector, and histories of post-war international health should account for their role in moulding the relationship between colonial and international health. With family planning, the civil sector

had met state demand for a service, which in turn had underpinned wider regional and inter-imperial programmes, but, as the next chapter will demonstrate through the case study of women's health education, this relationship could also operate in reverse.

Chapter 7. Joining Health Education to Female Civic Engagement: the Role of Women's Organisations in Decolonising Health in Fiji and the South Pacific, 1943-1970

This final case study focuses on the role of civil society organisations in designing and delivering maternal and child health policy in Fiji and the South Pacific through the example of health education for adult women. It follows a determined network of Protestant women who persuaded colonial, inter-imperial, and international organisations to support a women's interests programme for the South Pacific, and its institutionalisation as a Home Economics course hosted in Fiji. Their efforts resulted in a gendered attempt at improving family health, inter-racial cooperation, and civic engagement by colonised peoples. It was a hybrid between health education, community development, and women's education projects and thus challenges scholarship which divides health and development policy. A range of women's civil society organisations operated through, around, and beyond the constraints of colonial, inter-imperial, and international bureaucracies to unstick a policy deadlock, and even shaped the decolonisation process itself. Important in initiating the programme were the United Church Women of America, who saw the project as a way of promoting civic engagement and ecumenical and inter-racial friendships in soon to be independent nations. The colonial authorities, the SPC and UN agencies such as the FAO were all persuaded to support the programme through appeals to their policy and institutional concerns as well as being presented with a de facto movement. The role of women, faith groups and of civil society more generally, has been underestimated in the post-war context for lack of official representation at the highest levels of government and development organisations.

Background

In 1960 Esther Hymer (1899-2001), the Director of Christian World Relations for the United Church Women of America (UCW), a women's ecumenical Christian voluntary association made up of 2,300 local councils, advised the American National Council of Churches on how they could help to raise living standards in decolonising territories and encourage equality for women. She argued that,

'Everything should not be left to official efforts of governments and international organisations. Some of the most difficult problems will yield only to imaginative and

determined unofficial effort and to the kind of pioneer enterprise that succeeds in spite of, rather than on account of, official associations.’¹

At the time, the UCW was involved in funding a women’s interests project with the SPC and the colonial state in Fiji. In the 1950s the colonial state was struggling to strike a compromise between Fijian and Indo-Fijian rights and thereby make a smooth exit from Fiji. Meanwhile the colonial state and the Colonial Office were at odds over which development policy to pursue. As independence approached both became increasingly anxious about economic underdevelopment and frustrated that development was slow in comparison to population growth and political evolution. The inter-imperial SPC was hamstrung by budgetary and administrative constraints placed upon it by the same administering powers that had brought it into being as a buffer between themselves and UN interference while they nudged South Pacific NSGTs towards self-government. The failure of the SPHS and the SPC Health Section to work together on issues such as nutrition and maternal and child health in the 1950s demonstrated that this situation had bred mutual suspicion and practical barriers to cooperation. Certainly, there were plenty of barriers to succeed ‘in spite’ of. Like compounds lacking the kinetic energy required for a chemical reaction, these agents required the intervention of a catalyst to make policy progress.

The process of planning and executing Fiji’s family planning campaign in the 1950s and the 1960s highlighted that the voluntary sector could be a lightning rod for controversial programmes and an alternative source of support on which the colonial state could draw when ideological and bureaucratic barriers stood in the way of collaboration with London, inter-imperial, or international partners. Support from internationally networked civil society organisations had strengthened the state’s ability to provide expertise, and thereby project influence over, potential collaborators, facilitating cooperation on its terms in the 1960s. However, civil society organisations did not always have to be sought out by the colonial state to act as bridge builders and catalysts; sometimes they added themselves to the mix.

In 1963, the Suva based Home Economics Training Centre opened its doors to twenty Pacific Island women to teach, among other skills, expertise in leadership, food and nutrition, homemaking, and family health. These students came from across the South Pacific region and were commissioned to improve living standards in their territories by

¹ Esther Hymer and David Owen, National Council of the Churches of Christ, *the New Nations, Women and the Church*, (New York: National Council of the Churches of Christ, 1960), 16.

becoming educators in community development. The key intervention that allowed this to happen was UCW involvement in an SPC-led Women's Interests Project in 1957. The project then developed through the efforts of several well-placed women into a Home Economics Training Centre in Fiji. Richard Seddon, then Executive Officer for Social Development of the SPC, declared that the centre was 'a fine-example of international cooperation' as the SPC, the colonial state of Fiji, and the FAO together provided the financial and material resources, and full-time teaching staff needed to run the first annual courses at the centre.² Given their less-than-perfect track record of working together in health, this collaboration requires explanation – even more so because women's interests were considered low priority projects.³

The story of how the Home Economics Centre came to be is also an opportunity to explore women's involvement in shaping health policy. Randall Packard recently lamented that women are largely absent from the histories of public health programmes coordinated by international and bilateral organisations in the post-war period. However, he sees the absence of women from this historical narrative as inevitable because of the scarcity of women in leadership roles in international health organisations, apart from a smattering in family planning organisations and departments, until the 1990s.⁴ Focusing on the role of women at, for example, WHO is a narrow way of understanding their contribution to international health programmes. Decisions at the WHA were made through international diplomacy and, as few women held senior positions in national foreign services due to historical or ongoing professional discrimination, they rarely took centre stage.⁵ The technical aspects of programmes were worked out by senior medical doctors in boardrooms and, while medicine was among the earliest professions to admit women, they were not equally represented at the highest levels in the immediate post-war era.

² TNA: CO 1009/762, Social Development Projects, Community Education, Community Education Training Centre, 1963-1967, Richard Seddon, Executive Officer for Social Development, SPC, The Community Education Training Centre, Report on the Future of the Centre, 16 February 1966.

³ College Park: RG 43, Records of International Conferences, Commissions and Expositions, Records Relating to the South Pacific Commission, Research Council Projects file, 1948-1961, Entry 1145, Box no. 28. Folder S.23 Women's Interest Project 1953-1958, South Pacific Commission, Research Council, Fourth Meeting, Suggested Project of Women's Education, 21 May 1952; South Pacific Commission, Thirteenth Session Draft Budget for the 1955 Fiscal Year 1 January 1955 - 31 December 1955, (South Pacific Commission, 1954), 12.

⁴ Randall M. Packard, *A History of Global Health Interventions into the Lives of Other People's*, (Baltimore: Johns Hopkins University Press, 2016), 11.

⁵ Helen McCarthy, *Women of the World: The Rise of the Female Diplomat*, (London: Bloomsbury, 2015), 153-283. Although McCarthy's work focusses on the United Kingdom's Foreign Office she discusses developments across the world including in North America, Latin America, and the Soviet Union.

The case of the Home Economics programme in Fiji demonstrates that there were avenues for female influence in advocating for, financing, and designing health programmes in the late 1950s and 1960s but also that these bore a strong resemblance to those open to women in the late nineteenth and early twentieth century. Historians have overlooked continuities in the way that women contributed to and received health initiatives post-1945 because of the apparent secularisation of society and the growth of the state in the post-war West, combined with the gradual progress of women into previously male-dominated professions. However, in the immediate post-war era, many privileged women were required, pressured, or chose, to resign from their jobs upon marriage, and institutional barriers to promotion beset single professionals in male-dominated spheres – therefore volunteerism or working for female run organisations was still a common path for women with social advantage.

Moreover, the lines between health and education services for women were blurred into the mid-twentieth century. In the nineteenth century, many colonised women, including Pacific Islanders, were subjected to education in ‘mothering’ which aimed to tackle infant morbidity and mortality but also to create healthy labourers and ‘good Christian wives and mothers’ to grow the colonial state and the Missions.⁶ In the interwar era there was an ongoing debate over the purpose of women’s education in the British Empire. Colonial Office education policy, which existed more in theory than in practice at a central level, continued to stress women’s proper contribution to development was to produce an efficient labour force, and thus education for both adult women and school girls should focus on promoting health.⁷ However, the state was rarely the main provider of education, and among missionary women there were those who thought education was a means to enhance the status of women, self-realisation, and individual service to God, of which improved maternal and child health was a happy consequence.⁸ Moreover infant welfare

⁶ Nicholas Thomas, "Sanitation and Seeing: The Creation of State Power in Early Colonial Fiji," *Comparative Studies in Society and History* 32, 1(1990),149-70; Kalpana Ram and Margaret Jolly, *Maternities and Modernities: Colonial and Postcolonial Experiences in Asia and the Pacific*, (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; 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), 357-74.

⁷ Great Britain, *Education Policy in British Tropical Africa Memorandum Submitted to the Secretary of State for the Colonies by the Advisory Committee on Native Education in the British Tropical African Dependencies*, (London: Stationery Office, 1925), 7-8.

⁸ Andrew E. Barnes, "'Making Good Wives and Mothers': The African Education Group and Missionary Reactions to the Phelps Stokes Reports," *Studies in World Christianity* 21, no. 1 (2015): 66-85.

projects in many British colonies in the early twentieth century were run by women volunteers who took a more holistic view of women's health and education than colonial medical services, even if they could be as patronising to recipients.⁹ Such efforts could include health services and advice, but also campaigns and education on temperance, sexual practice, housing policy, child discipline, women's education and domestic skills, and relief for the widowed or destitute.¹⁰

The influence women volunteers and professionals had in the South Pacific can be traced through their impact on the design and delivery of the women's interests programme. Efforts to strengthen civil society and produce community development could be used to deliver state messages to the public, but the promotion of women's active participation in development decision-making also presented an opportunity for democratisation. It is therefore important to know what the intention and consequences of women volunteering were, and how they were received by the SPC and the colonial state in Fiji to understand the role of health and development programmes in decolonisation. This history can be traced through SPC reports and archival material from the United States Department of State and the British Colonial Office. Methodological challenges in determining the impact of women's voluntary organisations include the absence of organisational archives. Secondly the lower status of women in the period, combined with the fact many of their names changed with marital status, makes it difficult to trace biographical details about some key agents, and therefore to contextualise their experience and motivations. This is especially the case for colonised and low status women, whose experience is often mediated by white or upper class women in written and English language sources.¹¹ Moreover the involvement of the FAO in the later stage of the project presents a challenge because its archives are not open to non-employees. Finally, the early reluctance of the SPC to fund a women's project stemmed from neglect rather than

⁹ Antoinette Burton, *Burdens of History: British Feminists, Indian Women, and Imperial Culture; 1865-1915*, (Chapel Hill [u.a.]: University of North Carolina Press, 2007), 1-33.

¹⁰ Jean Allman, "Making Mothers: Missionaries, Medical Officers and Women's Work in Colonial Asante, 1924-1945," *History Workshop* (Oxford University Press), 38 (Fall, 1994), 25-48; Ebenezer Ayesu, Francis Gbormittah, and Kwame Adum-Kyeremeh, "British Colonialism and Women's Welfare in the Gold Coast Colony," *Africa Today* 63, 2 (2016), 3-30; Lenore Manderson, "Women and the State: Maternal and Child Welfare in Colonial Malaya", in *Women and Children First; International Maternal and Infant Welfare, 1870-1945*, ed. Valerie A. Fildes, Lara Marks, and Hilary Marland, (London: Routledge, 1992), 154-78.

¹¹ Dates of birth and/or death have been included wherever they could be found but were regrettably untraceable for many.

controversy. Population control and nutrition projects resulted in heated exchanges about why individuals, administrations, and organisations wanted to support, or avoid, a project. When it came to women's interests, reports and correspondence tended to state that they were not a priority and leave it at that.¹²

However, the fact that what the SPC appeared to define as a low status project was taken up and expanded demonstrates the significance of intervention by women. By consulting a varied source base, it is possible to piece together the context of why and how decisions were made. The official reports of the SPC contextualise its priorities by providing detailed information about the development of its budget, regulations, and broader work programme, as well as its relationship to international organisations. As the conduit of correspondence between the UCW, other female actors, and the SPC, the Department of State files provide insight to the behind-the-scenes influence of volunteers. Meanwhile, because the Home Economics Training Centre was in Fiji, Colonial Office files provide details of the centre's early years, including evaluations of its work, giving insight into what ideas and priorities were translated into its curriculum.

First the pre-war education system in Fiji will be discussed, highlighting the reliance of the colonial state on missionaries and volunteers to provide both formal and informal education to adult women. Then how women's education became an issue on the SPC's radar in the immediate post-war era will be considered, beginning with an early experiment in community education in Fiji. Next the way in which financial support from the UCW in 1957 set in motion a popular women's interests project, bringing key stakeholders on board to develop further programmes, will be examined. Finally, the early years of the home economics training centre will be analysed to determine what the greatest influences on its curriculum were, finishing in 1972, two years after Fiji's independence and the year that first Pacific Island born director of the centre took over, heralding greater localisation of the project.

¹² College Park: RG 43, Records of International Conferences, Commissions and Expositions, Records Relating to the South Pacific Commission, Research Council Projects File, 1948-1961, Entry 1145, Box no. 28. Folder S.23 Women's Interest Project 1953-1958, South Pacific Commission, Research Council, Fourth Meeting, Suggested Project of Women's Education, 21 May 1952; South Pacific Commission, Thirteenth Session Draft Budget for the 1955 Fiscal Year 1 January 1955 - 31 December 1955, (South Pacific Commission, 1954), 12.

The Existing System: Women, Health, and Education in Fiji, 1920-1948

As far as the colonial state had been involved in education in the early twentieth century, it reinforced racial and gender divisions and fortified the Fijian hierarchy. The colonial state, backed by Fijian chiefs, espoused an agrarian ideology whereby common Fijians faced legal and financial disincentives to leave their villages to seek education or employment in towns. Fijian chiefs could travel to be educated at elite schools, which taught the academic subjects in English required to work for the state or Anglophone businesses, while commoners were restricted to village Mission schools that focussed on teaching hygiene and agriculture in the vernacular, alongside basic Christian doctrine.¹³ State subsidies to these Mission schools were conditional on them teaching agricultural techniques through gardening.¹⁴ Both Fijian chiefs and European Legislative Council members resisted attempts to introduce increased access to secondary schooling for non-elite Fijians in this period and racial integration for fear it would cause social disruption.¹⁵ Education should focus on producing good citizens, and a good Fijian male citizen worked in agriculture and respected the chiefs.¹⁶ The Colonial Office supported this stance. The philanthropic American Phelps-Stokes Fund, which provided vocational training for African-Americans, and had recently conducted an educational survey in Africa for the British and the Colonial Office, was increasingly supportive of using adaptive educational theory in colonies without a strong existing education system.¹⁷ The curriculum should be 'adapted' to the circumstances of poor, non-white, people's lives, focusing on vocational training, basic literacy, agricultural methods, relevant industries, and domestic hygiene.¹⁸ Girls' and women's education should target high infant mortality rates by reducing unhygienic conditions and poor nutrition. It should also aid colonial governance by preventing and avoiding causes of 'social disruption.' Through female education intelligent boys could aspire to 'educated mates' and 'the prejudices of the elder women' would not create

¹³ Carmen M. White, "Historicizing Educational Disparity: Colonial Policy and Fijian Educational Attainment," *History of Education* 32, no. 4 (2003), 350-52.

¹⁴ Helen Goodwill Tavola, "Secondary Education in Fiji: An Investigation into School Effectiveness in a Changing Society," PhD dissertation, London School of Economics and Political Science (United Kingdom), 1990, 97, 102.

¹⁵ Tavola, "Secondary Education in Fiji", 96-116.

¹⁶ Tavola, "Secondary Education in Fiji", 113.

¹⁷ Edward H. Berman "American Influence on African Education: The Role of the Phelps-Stokes Fund's Education Commissions," *Comparative Education Review* 15, no. 2 (1971), 132-35.

¹⁸ Berman "American Influence on African Education", 135-56.

resistance to new development theories.¹⁹ However, women and girls would not be encouraged to aspire to roles outside marriage and motherhood as this would potentially cause politically dangerous social upheaval.²⁰ In 1926, an Education Committee from the Colonial Office recommended that this educational philosophy was most suitable for Fiji.²¹

Until the late 1920s Indo-Fijians had little access to schooling except the CSR's basic provision, which was also largely agricultural in focus.²² However, with the end of indenture the Indo-Fijian community began to put sustained pressure on the Legislative Council to subsidise academic, English language primary and secondary education for Indo-Fijian boys so they could advance in the professions.²³ By the end of the war, a state-run secondary school had been opened and subsidies to non-state schools for Indo-Fijians had increased by 97 percent.²⁴

Under this system, just under half of Fijian girls had not attended any primary school in the 1920s. Married, well-connected, white women sought to reduce perceived holes in Fijian women's knowledge of sanitation, child welfare, and housekeeping through voluntary efforts.²⁵ The groups echoed earlier Missionary and State attempts at intervening in indigenous mothering practices, which had targeted Fijian women because of their higher infant mortality rates and importance to paternalistic rhetoric for extending Church and State control, whilst largely ignoring Indo-Fijian women.²⁶ As with many Protestant missionary and women's voluntary efforts elsewhere in the empire the projects aimed to strengthen and increase the size of the Christian flock and/or encourage conformity with western social and cultural norms.²⁷ Two key examples were *Qele ni Ruve* (later known as *Soqosoqo Vakamarama*) founded in 1924 by Ruby Derrick, the wife of a colonial missionary teacher, and the Women's Committees, established in 1927 by Dr. Regina Flood-Keyes

¹⁹ Great Britain, *Education Policy in British Tropical Africa Memorandum Submitted to the Secretary of State for the Colonies by the Advisory Committee on Native Education in the British Tropical African Dependencies*, (London: Stationery Office, 1925), 7-8.

²⁰ Great Britain, *Education Policy in British Tropical Africa Memorandum Submitted to the Secretary of State for the Colonies by the Advisory Committee on Native Education in the British Tropical African Dependencies*, (London: Stationery Office, 1925), 7-8.

²¹ White, "Historicizing Educational Disparity", 355-61; Tavola, "Secondary Education in Fiji", 108.

²² White, "Historicizing Educational Disparity", 350-52.

²³ White, "Historicizing Educational Disparity", 364.

²⁴ Tavola, "Secondary Education in Fiji", 111.

²⁵ Tavola, "Secondary Education in Fiji", 124.

²⁶ Luker, "A Tale of Two Mothers", 357-74.

²⁷ Peter Kallaway, "Education, Health and Social Welfare in the Late Colonial Context: The International Missionary Council and Educational Transition in the Interwar Years with Specific Reference to Colonial Africa," *History of Education* 38, 2 (2009), 220.

Roberts, an ex-doctor who was wife to the American Consul. The Women's Committees were run by chiefly women who inspected the sanitation of homes, kitchens, and latrine facilities in their villages, examined infants, and provided basic medical advice and instruction on child rearing. *Soqosoqo Vakamarama* was a group of Methodist Fijian women – many of its activities centred on how to cook, clean, and bring up healthy children, and it supported the Women's Committees.²⁸ The smaller Catholic, Anglican, and Presbyterian Missions set up similar groups. The efforts of these organisations were monitored and encouraged by the colonial state and the Fijian hierarchy. Roberts persuaded the colonial state and the CSR to donate to child welfare work, and the Secretary of Native Affairs started an award scheme of child-welfare medals.²⁹ With white and chiefly women at the helm and a close relationship with church and state, these voluntary organisations reinforced the existing racial, gender, and class hierarchies in the colony. However, they encouraged the colonial authorities to think about otherwise neglected 'women's issues.'

The organisations also placed emphasis on women's potential for leadership, activity, and social life outside the home.³⁰ By performing Christian ideals of fellowship and service, women, including professionals, were given a respectable context to demonstrate their skills, as well as a social space. Native Obstetric Nurses in the employ of the Colonial Medical Service volunteered to run child welfare programmes for these organisations.³¹ One prominent Fijian involved in both *Soqosoqo Vakamarama* and the Women's Committees was Lolohea Waqairawai.³² She was the first Fijian woman to train as a teacher abroad, a devout Methodist and mother of ten, who was committed to the cause of reducing infant mortality. She travelled throughout the islands on foot, using her education and experience

²⁸ Nicole George, *Situating Women: Gender Politics and Circumstance in Fiji*, (ANU Press, 2013), 41-42; Malama Meleisea, *The Cambridge History of the Pacific Islanders*, (Cambridge University Press, 2004), 284.

²⁹ Timothy J. Macnaught, *The Fijian Colonial Experience: A Study of the Neotraditional Order under British Colonial Rule Prior to World War II*, (ANU Press, 2016), 132; Meleisea, *The Cambridge History of the Pacific Islanders*, 284.

³⁰ George, *Situating Women*, 41-42; Meleisea, *The Cambridge History of the Pacific Islanders*, 284.

³¹ Vicki Lukere "Native Obstetric Nursing in Fiji", in *Birth in the Pacific: Beyond Tradition and Modernity?*, ed. Vicki Lukere and Margaret Jolly, (Honolulu: University of Hawai'i Press, 2002), 117.

³² George, *Situating Women*, 41-42.

to raise awareness of infant health measures. She wrote a book in Fijian on the topic, which the Methodist Church distributed, and for which she was awarded a British Empire Medal.³³

This wider vision, which saw education as a way of promoting personal moral and social formation, was compatible with administrative priorities in interwar Fiji, but such an emphasis would not necessarily align with them in perpetuity. To take an example from elsewhere in the British empire, many missionary women in Africa were less worried than the colonial administrations about the consequences of educating women academically – they supported health education but believed they should also raise women and girls’ spiritual, intellectual, and material aspirations, even at the risk of causing ‘social disruption’ if this created more single women.³⁴ Moreover, the faith and gendered nature of many voluntary groups in Fiji, while restrictive at one level also provided them with common ground with similar organisations elsewhere in the Pacific and across the world.³⁵ This potentially gave them exposure to different ideas about education and routes to seek out external resources, such as funding and expertise independently of the colonial state and the Colonial Office. From the mid-1920s, women’s organisations were building a track record in Fiji of pushing the colonial state to take women into account, creating a loose network of contacts across the colony, involving indigenous women in leadership, and subtly making a case for a more holistic approach to educating women whilst remaining within the rural adaptive educational framework preferred by the European and Fijian elites. How the relationship between the state and these civil society organisations evolved in the context of decolonisation, institutional secularisation, and increased international links is vital for understanding the policy making process relating to women and children.

An Early Experiment: ‘Mass Education’ in Moturiki, 1948-1953

Somewhat accidentally the first post-war foray into adult women’s education was carried out by the colonial state and the SPC as part of a broader educational project. While facilitating educational disparity between ethnicities to maintain the Fijian hierarchy, the

³³ College Park: RG 43, Records of International Conferences, Commissions and Expositions, Records Relating to the SPC, Research Council Projects File, 1948-1961, Entry 1145, Box 28. Folder S.23, Women’s Interest Project 1953-1958, Cecile Lamont, ‘Her First Long Flight, A Fijian Grandmother Looks at the World’; A. A. J Jansen, S. Parkinson, A. F. S. Robertson, *Food and Nutrition in Fiji a Historical View: Food Production, Composition and Intake*, (Suva, Fiji: Pasifika Press, 1990), 340; Meleisea, *The Cambridge History of the Pacific Islanders*, 284.

³⁴ Barnes, "Making Good Wives and Mothers", 66-85.

³⁵ For instance, the Women’s Committees were based on a similar model to those in Western Samoa, see Meleisea, *The Cambridge History of the Pacific Islanders*, 284.

colonial state was concerned at low Fijian participation in the cash economy and commissioned a report in 1948 that highlighted the inadequacies in rural primary education for Fijian boys.³⁶ The legal advisor to the Fijian Affairs Board and the Director of Education, Howard Hayden, thought that community development programmes might address the issue with minimum social disruption. Such a programme would use local hierarchies and other indigenous leaders to deliver task-oriented adult education in agriculture and homecraft to bring about social, economic, and health development.³⁷ Unable to get funding from the colonial state for an 'experimental project', he hoped that the SPC would sponsor a pilot project in 'mass education'.³⁸ The ensuing project, which took place on the Fijian island of Moturiki, explains both how women's interests ended up on the agenda in Fiji and the SPC, and why it was not a priority for either.

The project was advantageous to the SPC Research Council as it fell neatly into their remit of regional research, as community development methods had not been tried in the South Pacific before, and would not overstep into service provision because it could take place in a limited time frame (two years). If it worked then it would bring lasting change to the selected community, and the newly trained team of instructors could teach the method to other territories.³⁹ A regional survey by the Social Development committee had shown that colonial officials, private residents, and indigenous peoples in all territories thought improving education was an urgent social problem, justifying SPC involvement.⁴⁰ Presenting community development as a cross-cutting programme with a direct impact on health and economics was a way for the Social Development section to garner resources as, during the first few years of the SPC, social development programmes had received at least £2,000 less than health and economics projects.⁴¹ Meanwhile, the colonial state was satisfied that the project left decisions in their hands. The Fijian hierarchy chose the location and Fijian

³⁶ Tavola, "Secondary Education in Fiji", 116.

³⁷ Howard Hayden, *Moturiki*, (Oxford University Press, 1954), 1.

³⁸ South Pacific Commission, *Research programme RC1/COM.S 1 rev 1, Committee S, First Research Council Meeting 30 April - 9 May 1948, Nouméa, New Caledonia*, (Nouméa, New Caledonia: SPC, 1949), Appendix IX; Howard Hayden, *Moturiki*, (Oxford University Press, 1954), 1.

³⁹ South Pacific Commission, *Research Programme RC1/COM.S 1 rev 1, Committee S, First Research Council Meeting 30 April - 9 May 1948, Nouméa, New Caledonia*, (Nouméa, New Caledonia: SPC, 1949), 2, Appendix IX.

⁴⁰ South Pacific Commission, *Research Programme RC1/COM.S 1 rev 1, Committee S, First Research Council Meeting 30 April - 9 May 1948, Nouméa, New Caledonia*, (Nouméa, New Caledonia: SPC, 1949), 3, Appendix I.

⁴¹ See Appendix 3 for annual expenditure; SPC, *Research Programme RC1/COM.S 1 rev 1, Committee S, First Research Council Meeting 30 April - 9 May 1948, Nouméa, New Caledonia*, (Nouméa, New Caledonia: SPC, 1949), 1-3.

colonial state employees were selected to lead on the ground, overseen by the Director of Education.⁴² The colonial state seconded and paid the staff for the project, while the SPC covered equipment and training.⁴³

Moturiki's women were expected to lead the way in creating healthy homes. The initial surveys of development needs commented on village women's skills in child welfare, diet and food preparation, sewing and laundry, homecraft, and on the existence of women's organisations (there were dormant branches of *Soqosoqo Vakamarama*, a welfare committee, and another women's social group).⁴⁴ A detailed health survey was also carried out and concluded that women needed practical instruction on child nutrition.⁴⁵ Of the seven Fijian Government employees who arrived to teach development methods in the autumn of 1950 two were women – a native assistant nurse and a hand-crafts and homecraft 'instructress'.⁴⁶ They set to work organising village women to run a milk and lunch scheme for schoolchildren, and taught cooking, gardening, and nutrition at a specially created women's craft house beside the school.⁴⁷ The project directors hoped that homecraft lessons, as well as improving household health, would increase efficiency so women would spend longer on money producing activities such as making and marketing mats.⁴⁸

To the surprise of the project leaders, it was these women's activities that were most welcomed in Moturiki and the legacy of the project. Susan Holmes, the SPHS nutritionist, paid a visit and praised the (re)emergent leadership of the women's groups, describing their enthusiasm as 'unbounded'.⁴⁹ Holmes visited several times to observe and provide guidance on nutrition. She was enthused by the project and organised for one woman from the village to be trained in homecraft at the Technical Centre in Suva. This student took over

⁴² TNA: CO 1009/160, Project S9: Community Development 1949-1955, Preliminary Memorandum on Pilot Project 8.9 – Moturiki, July 1949.

⁴³ Howard Hayden, *Moturiki*, (Oxford University Press, 1954), 14, 41.

⁴⁴ Howard Hayden, *Moturiki*, (Oxford University Press, 1954), 26.

⁴⁵ TNA: CO 1009/160, Project S9: Community Development 1949-1955, South Pacific Commission, South Pacific Research Council, Moturiki Community Development Project S.9.

⁴⁶ College Park: RG 43, Records of International Conferences, Commissions and Expositions, Records Relating to the SPC, Research Council Projects File, 1948-1961, Entry 1145, Box no. 27. S. 12, Community Centres, Howard Hayden, Director of Education Fiji and Educational Adviser WPHC territories, SPC, Report on Moturiki Community Development Project (S.9), July 1950, 6.

⁴⁷ TNA: CO 1009/160, Project S9: Community Development 1949-1955, Preliminary Memorandum on Pilot Project 8.9 – Moturiki, July 1949; Howard Hayden, *Moturiki*, (Oxford University Press, 1954), 82-83.

⁴⁸ Howard Hayden, *Moturiki*, (Oxford University Press, 1954), 82.

⁴⁹ Howard Hayden, *Moturiki*, (Oxford University Press, 1954), 92.

leadership of crafts on return and ran new weekly activities for around thirty women, such as dress making.⁵⁰ There was similar support for the Moturiki experiment from elite Fijian women beyond the island – when the homecraft teacher fell ill, Adi Alisi, a chiefly Fijian woman, visited the island to teach for a week, leaving one of her students behind until a new instructor was found.⁵¹ Moturiki’s women contributed some of the money earned from selling crafts to the project’s shared development fund. They decided that it should furnish a new, permanent, maternal and child health clinic.⁵² Follow up visits by Fijian administrators and the project leader in 1952 concluded that many of the programmes aimed at men, such as new agricultural practices and forestry work, had deteriorated after the development team had left.⁵³ However, the women’s groups continued to meet and learn cooking and craft skills and were looking for regular markets to sell wares to.⁵⁴ Their clinic continued to receive around thirty visits a day.⁵⁵ Moreover, the women had adapted the expensive school milk scheme, replacing it with a protein rich fish soup – an innovation that was deemed successful enough that, over a decade later, the FAO used it as an example of adaptation to local circumstances in an instruction manual for teaching nutrition.⁵⁶

The SPC and the Fijian Government could have concluded from the Moturiki experiment was that there was a loose network of women in Fiji with an interest in tackling maternal and child health issues, increasing women’s economic participation, and fostering indigenous leadership. They might have noted that the nutrition section of the SPHS under Holmes was unusually supportive of an SPC scheme, perhaps because this was a social development project so it had been able to provide advice unsupervised by the SPC’s Health Section. While Hayden acknowledged these possibilities, his report to the SPC dwelt upon the high cost per head of the project and the failure of the agricultural development side.⁵⁷ The colonial state and the SPC were intrigued by the fact that women had disproportionately engaged with the project but Moturiki was perceived to be a failed

⁵⁰ Howard Hayden, *Moturiki*, (Oxford University Press, 1954), 123.

⁵¹ Howard Hayden, *Moturiki*, (Oxford University Press, 1954), 89.

⁵² Howard Hayden, *Moturiki*, (Oxford University Press, 1954), 73.

⁵³ Howard Hayden, *Moturiki*, (Oxford University Press, 1954), 104-16.

⁵⁴ Howard Hayden, *Moturiki*, (Oxford University Press, 1954), 111, 117.

⁵⁵ Howard Hayden, *Moturiki*, (Oxford University Press, 1954), 122.

⁵⁶ Jean A. S. Ritchie, *Learning Better Nutrition; a Second Study of Approaches and Techniques*, (Rome: Food and Agriculture Organization of the United Nations, 1967), 109-10.

⁵⁷ Howard Hayden, *Moturiki*, (Oxford University Press, 1954), 99-101, 104-16, 134-35

experiment because it had not brought about economic development through agricultural development.⁵⁸

A New Hypothesis? The SPC Debates the Case for 'Women's Interests', 1952-1957

After the Moturiki project, adult women's education briefly appeared on the agenda of the SPC. Here women who saw it as more than an interesting outgrowth of a community development project articulated the case for further action. In 1952, the Social Development section of the SPC wrote to Educational Officers across the region asking how to extend the general education and training of women 'for an improved standard of life'.⁵⁹ The response was inconclusive in terms of recommended actions but demonstrated both a gap in knowledge and some interest in adult women's education projects from across the South Pacific, ideal ingredients for an SPC programme. Thus, Camilla H. Wedgwood (1901-1955), a British-born, Australian anthropologist and Senior Lecturer in Native Education at the Australian School of Pacific Administration, was employed to conduct a survey.⁶⁰ She died before completing the work, but her draft reports were published and disseminated to the territorial governments and administering powers.

Wedgwood and her successors argued that educating women was crucial for economic and social development and so these women should have greater involvement in decision making. She was influenced by British colonial education theories, advocating an adaptive model and stressing those women needed education to fulfil their roles as wives to 'modern' men.⁶¹ However, she rejected the idea that women's education was only for the domestic sphere. She accused colonial governments of 'neglecting' women's needs because

⁵⁸ TNA: CO 1009/763, Community Development and Social Welfare, 1965-1966, Final Report of C. R. Ottley, United Nations Regional Adviser, Community Development and Social Welfare (South Pacific Area) on an Assignment to the South Pacific area 9 May 1965- 8 May 1966.

⁵⁹ South Pacific Commission, Report on the Work Programme for Consideration of the Research Council: Social Development Section. RC4, Research Council Fourth Meeting (9 - 19 June 1952: Nouméa, New Caledonia). RC4/3SD (Nouméa, New Caledonia: SPC, 1952), Appendix 1.

⁶⁰ College Park: RG 43, Records of International Conferences, Commissions and Expositions, Records Relating to the South Pacific Commission, Research Council Projects File, 1948-1961, Entry 1145, Box no. 28. Folder S.23 Women's Interest Project 1953-1958, Camilla H. Wedgwood, 'the Education of Women and Girls in the Pacific'.

⁶¹ Tom O'Donoghue, "Colonialism, Education and Social Change in the British Empire: The Cases of Australia, Papua New Guinea and Ireland," *Paedagogica Historica* 45, no. 6 (2009), 793; College Park: RG 43, Records of International Conferences, Commissions and Expositions, Records Relating to the South Pacific Commission, Research Council Projects File, 1948-1961, Entry 1145, Box no. 28. Folder S.23 Women's Interest Project 1953-1958, Camilla H. Wedgwood, "the Education of Women and Girls in the Pacific", 2, 12-13.

they viewed men's experiences as more important.⁶² She argued that focusing education on child welfare and domestic hygiene, coupled with fear that raising female aspirations would result in social disorder in the NSGTs, perpetuated dependence on European women to fill professional roles.⁶³ She argued the Islands' introduction to the cash economy and consumer goods were not without disadvantages for women – men used new technology to take over traditionally female agricultural jobs, and bought goods that women would have previously made, reducing women's status.⁶⁴ She argued that gender disparities in education led men to see women as, 'mothers, sisters, *petite amiées* or wives, seldom persons in their own right.' Wedgwood proposed women be given the opportunity to develop leadership skills and to participate in the economy as an antidote.⁶⁵ She recommended that the best way of doing this was through women's committees and groups, introducing the idea of regional coordination of these bodies for the first time.⁶⁶

At the Second South Pacific Conference in 1953, the Papua New Guinean delegate and female education officer, Tani Sisa (b.1909), furthered the cause. Her speech was bolder than Wedgwood's but demonstrated some cross-fertilisation of ideas with the Australian Pacific Administration. She called on colonial administrators and indigenous leaders to take women seriously and summoned Pacific Island women to aspire to a more active role in development, asking them to come together 'like men hauling a tree' to bring about

⁶² College Park: RG 43, Records of International Conferences, Commissions and Expositions, Records Relating to the South Pacific Commission, research council projects file, 1948-1961, Entry 1145, Box no. 28. Folder S.23 Women's Interest Project 1953-1958, Camilla H. Wedgwood, "the Education of Women and Girls in the Pacific", 3-5.

⁶³ College Park: RG 43, Records of International Conferences, Commissions and Expositions, Records Relating to the South Pacific Commission, Research Council Projects File, 1948-1961, entry 1145, box no. 28. Folder S.23 women's interest project 1953-1958, Camilla H. Wedgwood, "the Education of Women and Girls in the Pacific", 7-10.

⁶⁴ College Park: RG 43, Records of International Conferences, Commissions and Expositions, Records Relating to the South Pacific Commission, Research Council Projects File, 1948-1961, Entry 1145, Box no. 28. Folder S.23 Women's Interest Project 1953-1958, Camilla H. Wedgwood, "the Education of Women and Girls in the Pacific", 7-8.

⁶⁵ College Park: RG 43, Records of International Conferences, Commissions and Expositions, Records Relating to the South Pacific Commission, Research Council Projects File, 1948-1961, Entry 1145, Box no. 28. Folder S.23 Women's Interest Project 1953-1958, Camilla H. Wedgwood, "the Education of Women and Girls in the Pacific", 7.

⁶⁶ College Park: RG 43, Records of International Conferences, Commissions and Expositions, Records Relating to the South Pacific Commission, Research Council Projects File, 1948-1961, Entry 1145, Box no. 28. Folder S.23 Women's Interest Project 1953-1958, Camilla H. Wedgwood, 'the Education of Women and Girls in the Pacific'.

change.⁶⁷ She reiterated the by-now-familiar logic for female education that on women, ‘the health and happiness of the whole household principally depends.’ The village club would be a means of attaining this by teaching food preparation methods, child welfare, home nursing, and nutrition.⁶⁸ Like Wedgwood she argued clubs could be a route to economic participation. They would hold expensive goods in common, such as sewing machines, while working together would provide motivation to women engaged in money-making activities such as weaving.⁶⁹ Yet her vision for women’s committees went further and included facilitating local democratic participation. Clubs could be a place where women would inform themselves about, and discuss important issues through listening to the radio, and reading newspapers and books.⁷⁰ Women would gain experience electing a committee, managing funds, keeping records, and addressing meetings. This would help them to approach village meetings confidently and to collectively lobby village men to complete important jobs that required physical strength, like improving sanitation.⁷¹ Clubs should also build civil society beyond the village. Sisa advocated developing networks across each territory and, eventually, the South Pacific region, to exchange ideas and build solidarities beyond the village.⁷² Where clubhouses existed they should host worldwide organisations such as the Girl Guides and the Red Cross. Perhaps most radically, Sisa contended that clubs ‘should be places also where we have fun.’⁷³

⁶⁷ Papua New Guinea Delegation, Introductory Paper on the Role of Women and Women's Organizations in the Community, Second South Pacific Conference, 15 - 27 April 1953, Nouméa, New Caledonia, SPCon2/Agenda item 8.1, (Nouméa, New Caledonia: SPC, 1953), 4.

⁶⁸ Papua New Guinea Delegation Introductory Paper on the Role of Women and Women's Organizations in the Community Second South Pacific Conference, 15 - 27 April 1953, Nouméa, New Caledonia, SPCon2/Agenda item 8.1, (Nouméa, New Caledonia: SPC, 1953), 5.

⁶⁹ Papua New Guinea Delegation, Introductory Paper on the Role of Women and Women's Organizations in the Community Second South Pacific Conference, 15 - 27 April 1953, Nouméa, New Caledonia, SPCon2/Agenda item 8.1, (Nouméa, New Caledonia: SPC, 1953), 5.

⁷⁰ Papua New Guinea Delegation, Introductory Paper on the Role of Women and Women's Organizations in the Community Second South Pacific Conference, 15 - 27 April 1953, Nouméa, New Caledonia, SPCon2/Agenda item 8.1, (Nouméa, New Caledonia: SPC, 1953), 6.

⁷¹ Papua New Guinea Delegation, Introductory Paper on the Role of Women and Women's Organizations in the Community Second South Pacific Conference, 15 - 27 April 1953, Nouméa, New Caledonia, SPCon2/Agenda item 8.1, (Nouméa, New Caledonia: SPC, 1953), 6-7.

⁷² Papua New Guinea Delegation, Introductory Paper on the Role of Women and Women's Organizations in the Community Second South Pacific Conference, 15 - 27 April 1953, Nouméa, New Caledonia, SPCon2/Agenda item 8.1, (Nouméa, New Caledonia: SPC, 1953), 5, 7-8.

⁷³ Papua New Guinea Delegation, Introductory Paper on the Role of Women and Women's Organizations in the Community Second South Pacific Conference, 15 - 27 April 1953, Nouméa, New Caledonia, SPCon2/Agenda item 8.1, (Nouméa, New Caledonia: SPC, 1953), 5.

Consequently, both advisory arms of the SPC lobbied the Executive Council to strengthen women's organisations. The Second South Pacific Conference proposed that the SPC should organise a regional conference for women to meet and discuss topics such as maternal and infant welfare, education, women's organisations, and homecraft. They asked the SPC to collect and send out information through a central clearinghouse.⁷⁴ Furthermore, they encouraged the SPC to invite and fund more female representatives to regional conferences. Little action was taken on these recommendations after the 1953 conference, so indigenous leaders repeated them in 1956. This time the conference bundled women's education in with maternal and child health and praised Women's Committees and voluntary organisations as essential links in providing health and social education to the village, asking the SPC to help voluntary organisations link up their activities with governments.⁷⁵ Women's organisations were being marketed as a means of improving health but had also become a rallying point for colonised peoples at the conference.

When Dr. Richard Seddon became the SPC's Executive Officer for Social Development in 1956, he took a personal interest in women's education. He did not think plans for a clearing house would go far enough, nor was he impressed with the meek effort to implement them.⁷⁶ He ordered a review of the programme for the Eighth Research Meeting in 1957. Subsequently the Research Council recommended that a female officer be employed to visit the territories and talk to women's organisations across the region. Seddon suggested that the development of women's organisations would be most successful if the SPC provided them with information and services 'they themselves feel to be needed'.⁷⁷ The officer should find out how they operated, what they aspired to, and

⁷⁴ South Pacific Conference, Report of the Second South Pacific Conference to the South Pacific Commission, Second South Pacific Conference, 15 - 27 April 1953, Nouméa, New Caledonia (Nouméa, New Caledonia: SPC, 1953), Agenda Item VIII, para. 41.

⁷⁵ South Pacific Commission, Social and Health Committee Report, Third South Pacific Conference, 23 April - 3 May 1956: Nasinu, Fiji, SPCon 3/Social and Health Committee Report 1-9 (Nouméa, New Caledonia: SPC, 1956), 2-3.

⁷⁶ South Pacific Commission, Clearinghouse on Women's Interests, RC, Eighth Research Council Meeting 1-12 June 1957: Nouméa, New Caledonia, C8/38 Nouméa, (New Caledonia: SPC, 1957); South Pacific Commission, Women's Interests, Budget Head 8(5), Secretariat, South Pacific Commission Seventeenth Session, 19 October - 6 November 1957, Nouméa, New Caledonia, SPC17/Sec 59 (Nouméa, New Caledonia: SPC, 1957), 1.

⁷⁷ South Pacific Commission, Statement of Views of the Lines along which Work in the Social Field should Develop, presented by the Executive Officer for Social Development, SPCRC, Review Conference, 30 April - 8 May 1957 Canberra, Australia, SPCRC6C (Nouméa, New Caledonia: SPC, 1957), 5.

what difficulties they faced.⁷⁸ She could gauge territorial administrations' responses to supporting these organisations. Thus, the officer could test the waters as to whether a larger SPC project would be feasible and welcome.⁷⁹

However, the Executive Board of the SPC lacked enthusiasm for the cause. In 1952, they argued that women's education did not yet deserve a 'concentrated effort on a regional basis.'⁸⁰ Part of the problem for the board was how to approach the issue in a way that would satisfy the administering powers and territorial governments. When they published Camilla Wedgwood's survey they kept the report 'factual', without offering any specific policy advice to individual territories.⁸¹ Differences in administration between the territories meant that the governments in Melanesia and Micronesia were most interested in expanding basic education, while those of Fiji and the Polynesian territories wanted the SPC to focus on adult women's education.⁸² Moreover, territorial governments were keen to deny their need for outside support. Most wrote back to the SPC claiming that they already complied with the conference recommendations, despite the obvious desire for better services from Pacific Islanders. The administrations of American Samoa and Guam argued that they already successfully supported female education, as their schools were co-educational and girls progressed through in roughly the same numbers as boys. Where an administration could not make that claim, such as the territories under the British Western Pacific High Commission, they blamed indigenous cultural attitudes against the empowerment of women and resource shortages for making implementation impossible.⁸³ The Western Pacific High Commission argued that women's conferences were unworkable

⁷⁸ South Pacific Commission, Women's Interests, Budget Head 8(5), Secretariat, South Pacific Commission Seventeenth Session, 19 October - 6 November 1957, Nouméa, New Caledonia, SPC17/Sec 59 (Nouméa, New Caledonia: SPC, 1957), 1-2.

⁷⁹ South Pacific Commission, Women's Interests, Budget Head 8(5), Secretariat, South Pacific Commission Seventeenth Session, 19 October - 6 November 1957, Nouméa, New Caledonia, SPC17/Sec 59 (Nouméa, New Caledonia: SPC, 1957), 1-2.

⁸⁰ South Pacific Commission, Proceedings of the Twelfth Session and Report of the Research Council Fifth meeting, 7-17 June 1953, Twelfth South Pacific Commission Session, 12 - 29 October 1953, Nouméa, New Caledonia (Sydney, Australia: SPC 1953), 17.

⁸¹ South Pacific Commission, Proceedings of the Twelfth Session and Report of the Research Council Fifth Meeting, 7-17 June 1953, Twelfth South Pacific Commission Session, 12 - 29 October 1953, Nouméa, New Caledonia (Sydney, Australia: SPC 1953), para. 183.

⁸² College Park: RG 43, Records of International Conferences, Commissions and Expositions, Records Relating to the South Pacific Commission, Research Council Projects file, 1948-1961, entry 1145, box no. 28. Folder S.23 Women's Interest Project 1953-1958, South Pacific Commission, Research Council, Fourth Meeting, Suggested Project of Women's Education, 21 May 1952.

⁸³ South Pacific Commission, Progress Report on Resolutions of the Second South Pacific Conference, Nouméa, New Caledonia, 15 - 17 April 1953, (Nouméa, New Caledonia: SPC, 1955), 78-82.

as there were not enough educated women to attend them. Aside from a brief comment on the curricula used on the islands, Fiji did not respond at all.⁸⁴ The response to the Research Council's suggestion to employ a women's interests officer in 1957 was also unenthusiastic. The US Department of State contended that while administering governments might have 'ample funds' for the officer, there would be 'real difficulty' obtaining them as administrations were not 'concerned directly' with promoting voluntary organisations.⁸⁵ It appears that the other administering powers concurred and the recommendation was put on hold with the suggestion that women's organisations should advise and finance each other.⁸⁶

The only recommendation that the SPC successfully passed before 1957 was to create a part-time post for a woman to run a clearing-house, and even it was assigned low priority. In the 1955 budget, it received £200 of the £26,910 spent on Social Development that year, equivalent to the amount spent on preparing photographic records and reports for a single conference on co-operatives.⁸⁷ Moreover it was not until 1956 that a candidate was hired. Although the SPC had provided women with a forum to promote education it was hampered by the conservatism of administering powers. Reading between the lines the administrations were simultaneously nervous that women's education might be unpopular with non-elite indigenous men, concerned that the project might draw attention to a lack of existing provision, and considered that it came below other social development priorities in importance. These administrations, whilst applauding voluntary efforts, were willing to deny indigenous requests for assistance to them.

Catalysis: Women's Associations and the Women's Interests Project, 1957-1959

In the absence of open hostility or definitive advocacy the women's interests project might have remained in limbo had not Edna Barr (b. 1920), an employee of the United

⁸⁴ South Pacific Commission, Progress Report on Resolutions of the Second South Pacific Conference, Nouméa, New Caledonia, 15 - 17 April 1953, (Nouméa, New Caledonia: SPC, 1955), 80-82.

⁸⁵ College Park: RG 43, Records of International Conferences, Commissions and Expositions, Records Relating to the South Pacific Commission, Research Council Projects File, 1948-1961, Entry 1145, Box no. 28. Folder S.23 (A) 1959-1960, The South Pacific Commission, 'A Proposal for a Women's Interest Project in the South Pacific,' undated.

⁸⁶ College Park: RG 43, Records of International Conferences, Commissions and Expositions, Records Relating to the South Pacific Commission, Research Council Projects File, 1948-1961, Entry 1145, Box no. 28. Folder S.23 (A) 1959-1960, The South Pacific Commission 'A Proposal for a Women's Interest Project in the South Pacific,' undated.

⁸⁷ South Pacific Commission, Thirteenth Session Draft Budget for the 1955 Fiscal Year 1 January 1955 - 31 December 1955, (South Pacific Commission, 1954), 12.

States Department of State's Official Development Assistance Department, decided to take matters into her own hands. By 1957 she had attended eleven SPC meetings, two South Pacific Conferences, and one Technical Assistance meeting, and had concluded that the Women's Interests project was fated to remain unattended to.⁸⁸ She decided that, if the SPC was not going to act, then she would. She wrote to a variety of American women's organisations asking for support. Of these, the United Church Women of America responded. They were so enthused that they offered the SPC \$30,000 to cover two years' salary and travel for a full-time women's interests officer for the South Pacific.⁸⁹ The relationship between the SPC and the UCW was vital in overcoming constraints and apathy. For the UCW, the request ticked a lot of ideological boxes. The association was the female branch of the American National Council of Churches. Established during the war, it did not have a missionary background and the model of their organisation was more structured towards creating social networks around existing mainline Protestant communities than proselytization.⁹⁰ Over the previous half century, mainline Protestant communities had begun to de-emphasize overtly evangelical activities. Instead they promoted the 'Social Gospel' – that there was inherent moral value to Christian service in alleviating poverty and preventing war – in response to secularisation, the widespread social deprivation caused by the Great Depression, and the rise of totalitarianism. This outlook also placed responsibility on Christians to support the state in delivering secular services and to value and contribute to democratic institutions.⁹¹ Within America, the UCW were further inspired by an interventionist American Cold War patriotism based in an understanding of America as the exemplar of democracy and ex-colonial nationhood. It was also enthused by the early civil rights movement and opposed racial segregation. These values led the UCW to believe that they should and could help women in other nations to achieve a fully formed sense of, and

⁸⁸ College Park: RG 43, Records of International Conferences, Commissions and Expositions, Records Relating to the South Pacific Commission, Research Council Projects File, 1948-1961, Entry 1145, Box no. 28. Folder S.23 Women's Interest Project 1953-1958, Biographic Sketch of Edna H. Barr, and Edna Barr, Department of State, to Mrs Wedel, President of the United Church Women of America, 11 September 1957.

⁸⁹ College Park: RG 43, Records of International Conferences, Commissions and Expositions, Records Relating to the South Pacific Commission, Research Council Projects File, 1948-1961, Entry 1145, Box no. 28. Folder S.23 Women's Interest Project 1953-1958, Edna Barr, "Women's Interests Project", (undated).

⁹⁰ Namely: the United Methodist Church, the Evangelical Lutheran Church in America, the Presbyterian Church (USA), the Episcopal Church, the American Baptist Churches, the United Church of Christ, and the Disciples of Christ. Quakers, Orthodox, Evangelicals and Catholics were accepted as members but formed a minority, having their own women's associations.

⁹¹ Kallaway, "Education, Health and Social Welfare in the Late Colonial Context", 217-46.

access to, citizenship.⁹² For these reasons, in 1957, they decided to focus their international work on 'emerging and dependent peoples.'⁹³ Consequently, women of all faiths from recently independent nations were invited to their 1958 annual assembly to speak about the challenges of decolonisation.⁹⁴ The UCW decided to fundraise for projects in the developing world but on the premise that democratic and Christian principles of equality decreed that 'mutual decision making' was important in spending aid money, for 'it is neither our task nor our right to impose on others what we think they ought to want.'⁹⁵

Alerted to Sisa's 1953 conference speech, the UCW decided that the SPC's project was a perfect opportunity to put these ideals into action, to aid colonised people 'in learning to become citizens' at their own request.⁹⁶ The UCW used the phrase 'citizens' without mentioning independence, but the political empowerment of women was important to them. When Edna Barr contacted their Director of Christian World Relations, Esther Hymer, she was writing an advisory document for the National Council of Churches on how to turn decolonisation into an opportunity for women in newly independent countries.⁹⁷ Hymer, a veteran suffragist, who had represented the National Federation of Business and Professional Women's Organizations at the United Nations, was a passionate advocate of women's political rights.⁹⁸ Her document stated that all women should have the right to a democratic vote, be encouraged to participate in political leadership at all levels, and take 'civic responsibility' for delivering government programmes and starting community

⁹² College Park: RG 43, Records of International Conferences, Commissions and Expositions, Records Relating to the South Pacific Commission, Research Council Projects File, 1948-1961, Entry 1145, Box no. 28. Folder S.23 Women's Interest Project 1953-1958, Edna Barr, "Women's Interests Project", (undated).

⁹³ College Park: RG 43, Records of International Conferences, Commissions and Expositions, Records Relating to the South Pacific Commission, Research Council Projects File, 1948-1961, Entry 1145, Box no. 28. Folder S.23 Women's Interest Project 1953-1958, Edna Barr, "Women's Interests Project", (undated).

⁹⁴ College Park: RG 43, Records of International Conferences, Commissions and Expositions, Records Relating to the South Pacific Commission, Research Council Projects File, 1948-1961, Entry 1145, Box no. 28. Folder S.23 Women's Interest Project 1953-1958, Edna Barr, "Women's Interests Project", (undated), and "A Global Vision of Tomorrow", and "Churchwomen Study Responsibility to World's People at Denver Assembly", *National Council Outlook, Journal of Interdenominational Cooperation*, VIII, 10, (December 1958), 5,

⁹⁵ Esther Hymer and David Owen, *the New Nations, Women and the Church*, (New York: National Council of the Churches of Christ, 1960), 25, 27.

⁹⁶ Bruce Roberts, "Wider Interests for Pacific Women", *South Pacific Commission Bulletin*, (April 1959) 24-25; College Park: RG 43, Records of International Conferences, Commissions and Expositions, Records Relating to the South Pacific Commission, Research Council Projects file, 1948-1961, Entry 1145, Box no. 28. Folder S.23 Women's Interest Project 1953-1958, Gladys Gilkey Calkins, "UCW and the South Pacific Conference", *The Church Woman* 24, 7, (August-September 1958), 6, 22-3.

⁹⁷ Esther Hymer and David Owen, *the New Nations, Women and the Church*, (New York: National Council of the Churches of Christ, 1960).

⁹⁸ Los Angeles Times, "Esther Hymer; Peace Activist, Feminist Served at UN", obituaries, *Los Angeles Times*, 1 June 2001, accessed 7 September 2017, <http://articles.latimes.com/2001/jun/01/local/me-5152>.

initiatives at a local level. Education was the key to women and girls' democratic participation, and the Church's mission was to provide it.⁹⁹ The UCW members had experienced women's organisations as vehicles for collective female political participation in a world where their voices were often ignored. They were politically active at all levels within the USA – from running local discussions on issues, to community action groups, to collectively lobbying the White House in favour of desegregation.¹⁰⁰ They linked their political work to social and community volunteering projects. Their international work was based on a similar premise. They lobbied for peace efforts such as nuclear disarmament while raising money for development projects through the 2,300 state and local council groups on World Community Day, when women prayed for peace.¹⁰¹ This was one example of how the UCW tried to link the spiritual, social, and activist aspects of their work.¹⁰²

From the beginning of the project, the UCW prioritised the civic education of indigenous women. This was somewhat at odds with Richard Seddon at the SPC who envisioned that the women's officer would be primarily trained in maternal and child health, nutrition, or home economics rather than civics.¹⁰³ The SPC agreed to the UCW's offer, recognising that the project could be launched at minimal cost and that the SPC would receive a free publicity campaign in the USA through the women's fundraising activities.¹⁰⁴ However, the UCW held the purse strings, which allowed them to make the programme

⁹⁹ Esther Hymer and David Owen, National Council of the Churches of Christ, *the New Nations, Women and the Church*, (New York: National Council of the Churches of Christ, 1960), 17-22.

¹⁰⁰ College Park: RG 43, Records of International Conferences, Commissions and Expositions, Records Relating to the South Pacific Commission, Research Council Projects File, 1948-1961, Entry 1145, Box no. 28. Folder S.23 Women's Interest Project 1953-1958, Edna Barr, "Women's Interests Project" (undated), and Cynthia Wedel "the Courage of our Convictions", *The Church Woman* 24, 7 (August-September 1958), 7, and "A Global Vision of Tomorrow", "Churchwomen Study Responsibility to World's People at Denver Assembly", and Geraldine Sartain "Christian Responsibility on a Changing Planet", *National Council Outlook, Journal of Interdenominational Cooperation*, VIII, 10, (December 1958), 5, 24.

¹⁰¹ College Park: RG 43, Records of International Conferences, Commissions and Expositions, Records Relating to the South Pacific Commission, Research Council Projects File, 1948-1961, Entry 1145, Box no. 28. Folder S.23 Women's Interest Project 1953-1958. Edna Barr, "Women's Interests Project", (undated).

¹⁰² College Park: RG 43, Records of International Conferences, Commissions and Expositions, Records Relating to the South Pacific Commission, Research Council Projects File, 1948-1961, Entry 1145, Box no. 28. Folder S.23 Women's Interest Project 1953-1958, "Churchwomen Study Responsibility to World's People at Denver Assembly", *National Council Outlook, Journal of Interdenominational Cooperation*, VIII, 10, (December 1958), 5.

¹⁰³ College Park: RG 43, Records of International Conferences, Commissions and Expositions, Records Relating to the South Pacific Commission, Research Council Projects file, 1948-1961, Entry 1145, Box no. 28. Folder S.23 women's interest project 1953-1958, Richard Seddon, South Pacific Commission, to Mrs Esther Hymer, Director of Christian World Relations UCW, 7 January 1958.

¹⁰⁴ College Park: RG 43, Records of International Conferences, Commissions and Expositions, Records Relating to the South Pacific Commission, Research Council Projects File, 1948-1961, Entry 1145, Box no. 28. Folder S.23 Women's Interest Project 1953-1958, Edna Barr, "Women's Interests Project", (undated).

largely in their own image. They requested that the remit of the programme should expand to include a pilot project that actively tried to build up women's groups in one or more territories and sub-regional leadership training courses should be offered to select indigenous women.¹⁰⁵ The 1958 meeting of the SPC agreed to contribute \$2,000 to cover travel costs to the new officer's courses, so that women's groups could bid for funding to attend international women's conferences, and to provide the Women's Interests Officer with research and technical papers, facilities, and equipment.¹⁰⁶

Moreover, the UCW stipulated that they wanted to appoint the woman whose salary they would be paying, although they accepted that she should be approved by the SPC.¹⁰⁷ Their ideal candidate would be an adult education specialist with experience working with women's organisations, a Christian but not a missionary, and have some familiarity with the region. Thus, she would speak the same ideological language as church women's groups in this Christian majority region, but provide 'service' without proselytization to non-Christian women's organisations.¹⁰⁸ Seddon recommended Sheila Malcolm, the SPC's nutrition researcher from 1950-1955, who was then working in the area with the FAO.¹⁰⁹ Hymer retorted that her membership did not want a specialist on health and food but on '*all* of the areas you have listed under social development' (emphasis mine).¹¹⁰ The UCW politely but firmly responded that Malcolm was not 'unacceptable' but that they did, 'wish that if

¹⁰⁵ College Park: RG 43, Records of International Conferences, Commissions and Expositions, Records Relating to the South Pacific Commission, Research Council Projects File, 1948-1961, Entry 1145, Box no. 28. Folder S.23 Women's Interest Project 1953-1958, Edna Barr, "Women's Interests Project", (undated).

¹⁰⁶ South Pacific Commission, Proceedings, South Pacific Commission Eighteenth Session: 26 September - 12 October 1958: Nouméa, New Caledonia, (Nouméa, New Caledonia: SPC, 1958), 16-17; College Park: RG 43, Records of International Conferences, Commissions and Expositions, Records Relating to the South Pacific Commission, Research Council Projects File, 1948-1961, Entry 1145, Box no. 28. Folder S.23 Women's Interest Project 1953-1958, Draft Agreement between SPC and UCW.

¹⁰⁷ College Park: RG 43, Records of International Conferences, Commissions and Expositions, Records Relating to the South Pacific Commission, Research Council Projects File, 1948-1961, Entry 1145, Box no. 28. Folder S.23 Women's Interest Project 1953-1958, Edna Barr, "Women's Interests Project", (undated).

¹⁰⁸ College Park: RG 43, Records of international conferences, commissions and expositions, Records relating to the South Pacific Commission, Research Council Projects File, 1948-1961, Entry 1145, Box no. 28. Folder S.23 Women's Interest Project 1953-1958, Esther W. Hymer, Director of Christian World Relations UCW, to Dr Ralph Clarion Bedell, Secretary-General of the SPC, 6 October 1957.

¹⁰⁹ College Park: RG 43, Records of international conferences, commissions and expositions, Records relating to the South Pacific Commission, Research Council Projects File, 1948-1961, Entry 1145, Box no. 28. Folder S.23 Women's Interest Project 1953-1958, Richard Seddon, South Pacific Commission, to Mrs Esther Hymer, Director of Christian World Relations UCW, 7 January 1958.

¹¹⁰ College Park: RG 43, Records of International Conferences, Commissions and Expositions, Records Relating to the South Pacific Commission, Research Council Projects file, 1948-1961, Entry 1145, Box no. 28. Folder S.23 Women's Interest Project 1953-1958, Esther W. Hymer, Christian World Relations to Richard Seddon SPC, 5 March 1958.

possible a new person be brought in whose interests were more broadly based.’¹¹¹ Seddon dug in, asserting that such a scheme would be ‘doomed to failure’ if it did not speak directly to ‘ordinary affairs’— for him ‘domestic-type skills’ trumped ‘community organisation’ on a candidate’s CV.¹¹² At this point the UCW received outside support from Freda Gwilliam (1907-1987), the British Colonial Office’s specialist in women’s education. She had heard about the project through the SPC and made her own recommendation for the position, Marjorie E. T. Stewart (b. 1900). Stewart had worked as a field supervisor in Jamaican welfare programmes and was then working at of the Young Women’s Christian Association (YWCA) Tropical Community Training Centre in London. Her work involved providing the wives of visiting colonial elites with leadership training, an introduction to the work of WHO, FAO, and UNESCO, and discussing how volunteering could meet gaps in government resources.¹¹³ She proved a good fit for the UCW, and her knowledge of infant and maternal welfare made her acceptable to the SPC.

This was not an end to differences in vision for the project. The brief that the SPC gave Stewart was to, ‘begin with maternity and child welfare, continue into family health and nutrition, with education and citizenship to follow.’¹¹⁴ Meanwhile, the American National Council of Churches reported that her work was to help women gain an equal share in social, economic, and political development, whilst wiping out the ‘ravages’ that killed children.¹¹⁵ Stewart concurred with the emphasis of the Council of Churches. Writing a few months into her work, she expressed the opinion that a women’s club should not be a

¹¹¹ College Park: RG 43, Records of International Conferences, Commissions and Expositions, Records relating to the South Pacific Commission, Research Council Projects File, 1948-1961, Entry 1145, Box no. 28. Folder S.23 Women’s Interest Project 1953-1958, Esther W. Hymer, Christian World Relations to Richard Seddon SPC, 5 March 1958.

¹¹² College Park: RG 43, Records of International Conferences, Commissions and Expositions, Records relating to the South Pacific Commission, Research Council Projects File, 1948-1961, Entry 1145, Box no. 28. Folder S.23 Women’s Interest Project 1953-1958, Richard Seddon, Executive Officer for Social Development, South Pacific Commission to Mrs Esther W. Hymer, Christian World Relations, United Church Women, 16 April 1958.

¹¹³ College Park: RG 43, Records of International Conferences, Commissions and Expositions, Records relating to the South Pacific Commission, Research Council Projects File, 1948-1961, Entry 1145, Box no. 28. Folder S.23 Women’s Interest Project 1953-1958, Marjorie E. T. Stewart CV; TNA: CO 1009/758, Social Development Projects, Community Education General, 1958-1968, South Pacific Commission to Commissioners and Routine Distribution, 5 September 1958.

¹¹⁴ College Park: RG 43, Records of International Conferences, Commissions and Expositions, Records Relating to the South Pacific Commission, Research Council Projects File, 1948-1961, Entry 1145, Box no. 28. Folder S.23 Women’s Interest Project 1953-1958, Edna Barr, ODA, to Mrs Nason, OES, 17 June 1958.

¹¹⁵ College Park: RG 43, Records of International Conferences, Commissions and Expositions, Records Relating to the South Pacific Commission, Research Council Projects File, 1948-1961, Entry 1145, Box no. 28. Folder S.23 Women’s Interest Project 1953-1958, J. Arthur Lazell, “Old Cultures Will Study New Patterns of Woman’s Role”, *National Council Outlook, Journal of Interdenominational Cooperation*, VIII, 10 (December 1958), 19.

‘mere homecraft or health or childcare class’, but instil a wider sense of the privileges and responsibilities that women could command. She admitted to being, ‘quite hopeless on the domestic side’ and was grateful for the dress-making skills of her translator, Ina, to whom she delegated sewing classes.¹¹⁶ She was however, willing to let her recommendations be shaped by experience. During her first posting to Aitutaki in the Cook Islands, she observed women’s activities and consulted with local women leaders on what they felt their greatest needs were. From talking to these women, she concluded that their needs and skills would be best supplemented by training a local, ‘practical and imaginative home economist’ who would be qualified to provide both leadership training and child welfare advice.¹¹⁷ None of the key women involved in the early stages of the project were uninterested in child health and welfare but, unlike the SPC, they did not see it as women’s only role in community development and they were able to shape the programme to reflect that.

Combining the Reactants: Building the Groundwork for the Home Economics Training Centre in Fiji, 1958-1961

The selection of the charismatic and ambitious Stewart as Women’s Officer changed the course of the project. Based on her experience in the Cook Islands, she formulated a plan for a regional training centre where women could study to become community development leaders under an experienced home economist. For the SPC to adopt the project Stewart needed to prove that women’s organisations were an effective tool for community development. To do this, she had to appeal to existing women’s organisations, kindle the efforts of new ones, and demonstrate that she had the support of territorial governments. The home economist’s salary alone could come to £16,800, which represented between twenty-three and sixty-two percent of the Social Development

¹¹⁶ College Park: RG 43, Records of International Conferences, Commissions and Expositions, Records relating to the South Pacific Commission, Research Council Projects File, 1948-1961, Entry 1145, Box no. 28. Folder S.23 Women’s Interest Project 1953-1958, South Pacific Commission, Report of Women’s Interests Officer, Marjorie E. T. Stewart, 3 June 1959.

¹¹⁷ Marjorie Stewart, “Women’s Interests in the Pacific”, *SPC Bulletin*, (April 1960), 43; College Park: RG 43, Records of International Conferences, Commissions and Expositions, Records Relating to the South Pacific Commission, Research Council Projects File, 1948-1961, Entry 1145, Box no. 28. Folder S.23 Women’s Interest Project 1953-1958, South Pacific Commission, Report of Women’s Interests Officer, Marjorie E. T. Stewart, 3 June 1959.

Section's annual budget between 1959 and 1963.¹¹⁸ To make the project possible, she would need to convince other potential funders such as NSGT governments, the FAO, and voluntary organisations to support the project. Fiji was an important colony to test the viability of the centre because it was one of the largest groups of islands, with good transport links to other territories, and had among the most developed health and education services in the region.

The first challenge would be getting the colonial state in Fiji to become interested in the project. It was an inauspicious start for Stewart, whose original posting in the Cook Islands had in fact come about because of the colonial state's lacklustre response to the UCW's suggestion that Fiji host her.¹¹⁹ However, Fiji eventually accepted a six-month visit from Stewart in 1960, and she travelled across the islands teaching leadership courses. Stewart had to show that Pacific Islanders wanted and needed the regional centre. Fortunately for her, she was supported by women working for the Colonial Office and influential ex-pat and indigenous women in the colony who were eager to expand women's education. She arrived at a time when women's groups in Fiji were already prepped to seek new connections, as Gwilliam had prepared the way when she inspected education programmes in the islands in 1958. Known for her fierce reprimands to Directors of Education who were not actively promoting women's education, and having personally recommended Stewart for the role, Gwilliam was determined the project would be a success.¹²⁰ She emphasised the need for women's groups to coordinate at both a territorial and an international level and encouraged the colonial state to appoint a Women's Interest Officer, Ruth Robertson, who started around when Stewart arrived. They worked together on ideas to continue the project in Fiji.¹²¹ Gwilliam also stimulated support from existing

¹¹⁸ See Appendix 3 for annual expenditures; South Pacific Commission, Project for Extension of Educational Facilities, Submitted by the South Pacific Commission to the Freedom from Hunger Campaign, RC12, Research Council Twelfth Meeting, 10 - 21 May 1962: Nouméa, New Caledonia, RC12/4 Appendix 1 (Nouméa, New Caledonia: SPC, 1962), 3.

¹¹⁹ College Park: RG 43, Records of International Conferences, Commissions and Expositions, Records Relating to the South Pacific Commission, Research Council Projects File, 1948-1961, Entry 1145, Box no. 28. Folder S.23 Women's Interest Project 1953-1958, Miss F. Gwilliam, woman educational adviser, Colonial Office to Miss Edna Barr United States Department of State Office for Dependent Areas, 4 December 1958.

¹²⁰ Clive Whitehead, "Gwilliam, Freda Howitt (1907-1987)", *Oxford Dictionary of National Biography*, (Oxford University Press, 2004; online edn, January 2008) Accessed 15 June 2017, <http://www.oxforddnb.com/view/article/64198>.

¹²¹ TNA: CO 1009/760, Social Development Project, South Pacific Commission, Women's Interests, 1958-1960, J. A. C. Hill (for Colonial Secretary) to Secretary for Fijian Affairs and Commissioners of Divisions and District Officers, 10 February 1960.

women's groups. When she met with women's organisations in Suva, she expressed sadness that they were not sending anyone to an upcoming meeting of the internationalist Pan Pacific and Southeast Asia Women's Association (PPSEAWA) in Tokyo. They wrote to PPSEAWA to ask for a last-minute place and voted to send, now elderly, Lolohea Waqairawai, as Fiji's delegate. Women of all races in Fiji fundraised for her plane ticket and Waqairawai's departing speech acknowledged their interracial efforts, 'saying that she represented not only Fijians but all the women of Fiji.'¹²² She came back so enthused that she organised a party of 27 to accompany her to the next conference.¹²³ This demonstrated that women in Fiji were capable and eager to engage both in local affairs and international gatherings. Within the colony, the ears of influential white women were opened to Fijian women leaders. Cecile Lamont, the wife of the Director of Agriculture and one-time journalist, met with Waqairawai and was so struck by her 'sane, wise counsel' for the future of women in Fiji, that she decided that all Fijian women lacked was experience of coordinating their work at a territorial and regional level. Lamont decided to use her influence to build links between women's organisations in Fiji and the SPC, writing articles and broadcasts to promote them to one another.¹²⁴

The enthusiasm Stewart's work was greeted with by women's groups in Fiji provided her with evidence that Pacific Island women welcomed the SPC's project. Over the next six months Stewart ran eight short courses on 'Women in the Community: training for leadership in Fiji', and longer courses teaching sewing and cooking.¹²⁵ They were well attended – she claimed that six hundred women had joined leadership training sessions alone.¹²⁶ The Secretary General of the SPC soon reported back to the board that the project

¹²² College Park: RG 43, Records of International Conferences, Commissions and Expositions, Records Relating to the South Pacific Commission, Research Council Projects File, 1948-1961, Entry 1145, Box no. 28. Folder S.23 Women's Interest Project 1953-1958, Cecile Lamont, 'Her First Long Flight, A Fijian Grandmother Looks at the World', undated.

¹²³ *The Canberra Times (ACT: 1926 - 1995)*, "Women's Leaders from 19 Nations Coming to A.C.T.", Article, 5 January 1961, 7, Accessed 8 September 2017,

<http://trove.nla.gov.au/newspaper/article/133925143?searchTerm=Lolohea%20Waqairawai&searchLimits=>

¹²⁴ Cecile Lamont, "Fiji Women Eager for Progress", *South Pacific Commission Bulletin*, (October 1959), 24; College Park: RG 43, Records of International Conferences, Commissions and Expositions, Records Relating to the South Pacific Commission, Research Council Projects File, 1948-1961, Entry 1145, Box no. 28. Folder S.23 Women's Interest Project 1953-1958, Cecile Lamont, Department of Agriculture Fiji, to Edna Barr, United States Department of State, 8 March 1960, and Lamont to Barr, 3 October 1958.

¹²⁵ TNA: CO 1009/760, Social Development Project, South Pacific Commission, Women's Interests, 1959-1960, Secretary General to the South Pacific Commissioners, 25 February 1960.

¹²⁶ Marjorie Stewart, "Fiji Women Enthusiastic About Club Work," *South Pacific Commission Bulletin*, (October 1960), 54-55.

was achieving key aims. Attendees had been inspired to create or strengthen club activities in their localities, which they used as a medium to identify and tackle community problems.¹²⁷ Adi Cakobau Girl's High School set up a girls' club and a mothers' club. These tried to mitigate the local, related problems of poor soil, high food prices, and infant malnutrition, through gardening activities and lessons on making nutritious meals from local produce. The mothers' club raised their own funds by selling afternoon tea to the men, while the girls made jam to fund their own domestic science lessons. Such clubs went beyond domestic skills as the women also formed a group to practice English so they could read international reports and newspapers.¹²⁸ Meanwhile, multiracial clubs were established by women in the towns of Labasa, Ba, and Nadi.¹²⁹

Stewart collected opinions on what information and support women's village committees most wanted from the SPC, so that these could shape an implementable future policy. This was also important because both the UCW, with their ideals of fellowship, and the SPC, with their ideals of trusteeship, wanted evidence of consultation. She met with leaders of the larger voluntary associations in Fiji such as the Girl Guides, *Soqosoqo Vakamarama*, and the United Church Guild, sending out a survey to smaller organisations. The response from village committees was that advice on domestic matters such as nutrition, growing and cooking a balanced diet for children, and demonstrations of sewing patterns were in demand, but that they also wanted information on village affairs such as improving water supplies, sanitation and rubbish disposal, and on how to organise a social club.¹³⁰ Answers from the few Indo-Fijian dominated groups in the cities were not dissimilar, with one Suva-based club asking for lessons in cooking, sewing and home decorating, but also for games and dance lessons.¹³¹ Their response strengthened the case for employing a home economist, who would have some basic training in most of these areas.

Stewart worked hard to get the administration onside, as support from territorial governments was crucial, as was agreeing a place to host the project, if the SPC were to

¹²⁷ TNA: CO 1009/760, Social Development Project, South Pacific Commission, Women's Interests, 1959-1960, Secretary General to the South Pacific Commissioners, 25 February 1960.

¹²⁸ Marjorie Stewart, "Fiji Women Enthusiastic About Club Work," *South Pacific Commission Bulletin*, (October 1960), 54-55.

¹²⁹ TNA: CO 1009/760, Social Development Project, South Pacific Commission, Women's Interests, 1959-1960, Secretary General to the South Pacific Commissioners, 25 February 1960.

¹³⁰ Marjorie Stewart, "Fiji Women Enthusiastic About Club Work," *South Pacific Commission Bulletin*, (October 1960), 54-55.

¹³¹ Susan Parkinson, "Girls' Club Formed in Suva", *South Pacific Commission Bulletin*, (April 1961), 60.

consider launching it. She and Robertson made the case that ‘women’s interests’ were not niche projects but instead could tackle a range of problems across government departments.¹³² Significantly, given the previous bad blood between the SPC and the SPHS, they managed to get nutritionist Susan Parkinson (née Holmes), and other members of the health service’s support. Rather than call in SPC Health specialists the SPHS was deferred to and ran all the cooking and nutrition sessions at Stewart’s training days. The involvement of Health and Agricultural Officers was also encouraged, for example they provided sessions on ‘Food and the Family’, parasites, and hygiene.¹³³ Colonial officials handed out information leaflets on diet and sanitation, and sold infant feeding and recipe books.¹³⁴ Stewart employed the opportunity to demonstrate how she could contribute to their efforts, using activities such as drama to explore health issues.¹³⁵ Parkinson was so inspired by the sessions she started a club in Suva for recent school leavers run by volunteer mothers, nurses, home science teachers, and dieticians.¹³⁶ They also spoke to prominent figures in civil society about starting and supporting clubs, meeting with A. D. Patel, as well as church leaders, and Fijian chiefs.¹³⁷ At a lower administrative level Stewart and Robertson consulted with nurses and teachers on how they could collaborate with the project.

Stewart and Robertson’s efforts at bringing voluntary workers and the administration together impressed the United Kingdom’s SPC Commissioner, a key intermediary between the SPC and the Colonial Office. He was surprised and impressed by the way that women’s clubs promoted practical development and inter-racial friendships. He was also relieved that there was not male disapproval of the project, writing cheerfully that Fijian men were, ‘pleased with improvement to home and village’ and he thought the women were bringing about ‘new realisation of racial interchange.’ However, he admitted that he had observed more Fijian than Indo-Fijian women at the courses. He blamed Indo-

¹³² TNA: CO 1009/761, South Pacific Commission, Women’s Interests 1960-1961, Marjorie E. T. Stewart, Women’s Interests Officer South Pacific Commission to Colonial Office, 7 November 1960.

¹³³ TNA: CO 1009/758, Social Development Projects, Community Education General, 1958-1968, suggested Outline of Programme for Proposed Workshop to be Held at Adi Cakobau School 28 August to 1 September 1959.

¹³⁴ TNA: CO 1009/760, Social Development Project, South Pacific Commission, Women’s Interests, 1959-1960, Secretary General to the South Pacific Commissioners, 25 February 1960.

¹³⁵ Marjorie Stewart, “Training Women for Leadership in Fiji”, *South Pacific Commission Bulletin*, (July 1960), 44-45.

¹³⁶ Susan Parkinson, “Girls’ Club Formed in Suva”, *South Pacific Commission Bulletin*, (April 1961), 60-61.

¹³⁷ TNA: CO 1009/761, South Pacific Commission, Women’s Interests 1960- 1961, Marjorie E. T. Stewart, Women’s Interests Officer South Pacific Commission to Colonial Office, 7 November 1960.

Fijian men for the disparity, as he thought they were 'suspicious' of the purpose of courses that took women outside of the home.¹³⁸ The fact that this form of social organisation was more familiar to the Fijian Christian population as it drew on the model of existing women's church groups was not discussed. From the perspective of the colonial state, the project seemed to be an uncontroversial way of tackling obstinate problems such as racial division, limited rural education, and poor nutrition. The commissioner advocated for a further programme within Fiji, suggesting Robertson chair a consultative body attended by representatives of the council of social services, the departments of education, health, and agriculture as well as women's groups, churches, and a representative of the co-operative movement. These could regularly co-ordinate women's activities with other community development schemes.¹³⁹

Next Steps: Taking the Project back to the Inter-Imperial, and into the International, Sphere, 1961-1964

Having convinced the colonial state that the project was relevant, Stewart looked to support from across the South Pacific and even international sphere, to ensure that it would be financially viable and reach Pacific Islanders beyond Fiji. The Women's Interests Training Seminar held at Papauta Girls' School, Apia, in Western Samoa, in 1961, also part-funded by the UCW, was the culmination of the first stage of the project and demonstrated that it had gained significant momentum. It offered forty-four women active in women's work from fifteen different South Pacific territories the opportunity to review the project and make recommendations. Fiji's new-found enthusiasm was demonstrated by the fact it was well represented by a multi-racial delegation at the conference. Ruth Robertson and her assistant Lusiana Daucakacaka, Mereula Guivalu and Mrs Hussein from the Fiji branch of PPSEAWA, an observer from the Fiji branch of the Red Cross, and Mr E. Macu Salato (an assistant medical practitioner), attended.¹⁴⁰ The attendees took the opportunity to recommend that the SPC, participating governments, and existing women's groups

¹³⁸ TNA: CO 1009/760, Social Development Project, South Pacific Commission, Women's Interests, 1959-1960, Commissioner South Pacific Office to Director General South Pacific Commission, 1 June 1960.

¹³⁹ TNA: CO 1009/761, South Pacific Commission, Women's Interests 1960-1961, Commissioner South Pacific Office to Director General South Pacific Commission, 1 June 1960; CO 1009/760, Social Development Project, South Pacific Commission, Women's Interests, 1959-1960, Marjorie E. T. Stewart, Women's Interests Officer South Pacific Commission, to Colonial Office, 7 November 1960.

¹⁴⁰ TNA: CO 1009/761, South Pacific Commission Women's Interests, 1960-1961, Richard Seddon South Pacific Commission to Routine Distribution, 4 August 1961.

consolidate and expand on their work.¹⁴¹ They asked administering governments to prioritise community education, especially for women, in their annual budgets, and to employ more, better trained, locally-born women's officers and home economists. The women reiterated the call to send more women delegates to international conferences, especially the South Pacific Conference. They exhorted women's groups to form territorial associations to lobby their governments on women's issues and approach international Non-Governmental Organisations for resources. They wholeheartedly supported Stewart's plan for a regional training centre to train women professionals in community development to support these other activities.¹⁴² Gwilliam, who had been loaned as a consultant to the SPC for the duration of the seminar, supported her, reiterating that the women's programme had not intended to 'isolate' women but to allow them to be 'drawn in as effective partners' in development by levelling the playing field.¹⁴³ Stewart managed to present the SPC with clear consensus between local leaders and internationally recognised colonial experts on the next steps forward.

The success of the Women's Interest Project, which depended on collaboration between different sectors, came at the right moment for the SPC. The overlap between home economics, health education, and nutrition were all in the project's favour. Members of the Research Council, including the SPC's nutritionist, H.A.P.C. Oomen, had been proposing from the late 1950s that the distinction between the health, social, and economic sections were meaningless when trying to tackle multifaceted problems like nutrition at a theoretical level.¹⁴⁴ There were also institutionally strategic reasons for the SPC to support the project. The SPC was undergoing a period of review by the administrative powers during which it had to justify continued funding by demonstrating that it provided a unique service

¹⁴¹ South Pacific Commission, Report on the Women's Interests Project of the South Pacific Commission / [prepared by M.E.T. Stewart, Women's Interests Officer], RC12, Research Council Twelfth Meeting 10 - 21 May 1962: Nouméa, New Caledonia, RC12/4 Appendix 3 (Nouméa, New Caledonia: SPC, 1962), 6.

¹⁴² South Pacific Commission, Report on the Women's Interests Project of the South Pacific Commission / [prepared by M.E.T. Stewart, Women's Interests Officer], RC12, Research Council Twelfth Meeting 10 - 21 May 1962: Nouméa, New Caledonia, RC12/4 Appendix 3 (Nouméa, New Caledonia: SPC, 1962), 1-3.

¹⁴³ TNA: CO 1009/761, South Pacific Commission Women's interests, 1960-1961, Reid Cowell to his Excellency Secretary of State, 9 February 1961; South Pacific Commission, Comments on the Women's Interests Programme and Developments Arising from it. / [prepared by Freda H. Gwilliam]. Secretariat, South Pacific Commission Twenty-Second Session 12 - 24 October 1961: Nouméa, New Caledonia, SPC 22/Sec 6 Add 1 annex (Nouméa, New Caledonia: SPC, 1961), 1.

¹⁴⁴ College Park: RG 43, Records of International Conferences, Commissions and Expositions, Records Relating to the South Pacific Commission, Research Council Projects File, Entry 1145, Box no. 19, 1948-1961, South Pacific Commission, Research Council, Eighth Meeting, Comments by H. A. P. C. Oomen, 30 May 1957.

to the NSGTs in comparison to colonial governments and the UN agencies. The permanent staff of the SPC sought to emphasise the virtues of their wider geographical remit than colonial administrations and distinguished themselves from the UN specialised agencies by stressing that the social, economic, and health sections of the SPC worked more closely together thereby taking a more holistic approach to solving problems.¹⁴⁵ Thus, the SPC decided to focus on programmes that involved cooperation between these sections.

The Home Economics project could be categorised under 'education', and therefore Social Development, while overlapping with the Health Section's work in health education. Not everyone in the SPC saw this as an advantage. From 1957, the Health Section persistently received less funding in proportion to the Social Development section. While in 1957, it got about a quarter of the funding available for work programmes, around the same as Social Development, it received closer to a fifth from then on. In contrast, the Social Development Section received about forty percent of the available funding by 1963.¹⁴⁶ The Head of the Health Section decided the best tactic for survival was to establish the section as an authority in one or two areas that might become part of permanent projects. He struck upon health education because it was a new area of interest to governments in the South Pacific and he thought they would be keen to make use of regionally appropriate training.¹⁴⁷ Health educators would convey the 'essentials' required for healthy living, adequate nourishment, and hygienic living conditions, all areas that could easily be linked to Social and Economic Development, whilst falling within the Health Section's domain.¹⁴⁸ This work clearly overlapped with the women's interests project, and Stewart's recommendation to employ a home economist. However, the Executive Officer for Health opposed her, raising financial concerns and arguing that the territories had not called for the SPC to hire a home economist, perhaps concerned that funding would be redirected from health

¹⁴⁵ South Pacific Commission, Memorandum on the Health Programme. Secretariat, South Pacific Commission Twenty-First Session: 13 - 25 October 1960: Nouméa, New Caledonia, SPC21/Sec 16 Nouméa, (New Caledonia: SPC, 1960), 2.

¹⁴⁶ See Appendix 3 for annual expenditure.

¹⁴⁷ South Pacific Commission, Policy and Budget of the Health Section. / [prepared by T.K. Abbott, Executive Officer for Health]. Secretariat, South Pacific Commission Twenty-First Session, 13 - 25 October 1960: Nouméa, New Caledonia, SPC21/Sec 4 Add.1 (Nouméa, New Caledonia, SPC), 1960.

¹⁴⁸ College Park: RG 43, Records of International Conferences, Commissions and Expositions, Records Relating to the South Pacific Commission, Research Council Projects File, Entry 1145, Box no. 19 1948-1961, South Pacific Commission, Twenty-First Session, a Memorandum on the Health Programme, 11 October 1960; South Pacific Commission, Memorandum on the Health Programme. Secretariat, South Pacific Commission Twenty-First Session: 13 - 25 October 1960: Nouméa, New Caledonia, SPC21/Sec 16 Nouméa, (New Caledonia: SPC, 1960), 2.

education.¹⁴⁹ While health continued to be used as an argument in favour of women's education, women's education had become a competitor with health in the SPC's budget. However, unlike before, the administering governments were convinced of the value of the women's interests project. The Colonial Office had always been sceptical of the Health Section and seized on the opportunity to combine health education, women's interests, maternal and child welfare, nutrition and home economics under Social Development.¹⁵⁰ Stewart was invited back to Fiji so that she could talk with the colonial state about establishing the Homecraft Training Centre. Suva offered old army huts to house it, and envisioned the project as the first stage of creating a Community Education Training Centre.¹⁵¹

Most significantly, the SPC had given the project's advocates personal contact with representatives of international organisations through which they could access the extra funding required. In 1960, the FAO launched the International Freedom from Hunger Campaign to raise awareness of the scale of world hunger and to galvanise citizens to act to alleviate it worldwide. Spurred on by a range of motivations, from combating communism to humanitarian concern, and everything in between, participating nations, voluntary groups, and faith organisations raised money to support FAO projects in the developing world.¹⁵² Most of these projects had an educational focus that aimed at teaching small farmers how to grow more, or more nutritious, food and to store it for their own consumption and for market. Through these, the FAO hoped to create experts among local populations who would teach others improved farming techniques and lobby their governments for the resources they needed to carry them out. Women's organisations, such as the United Country Women of the World, played an active part in fundraising for the

¹⁴⁹ College Park: RG 43, Records of International Conferences, Commissions and Expositions, Records Relating to the South Pacific Commission, Research Council Projects File, Entry 1145, Box no. 19, 1948-1961, South Pacific Commission, Eighteenth Session, Nutrition and Diet, Budget Head VI, 28 July 1958.

¹⁵⁰ TNA: CO 1009/158, Health Education, 1958-1960, Brief on Health Education Project, Health Education Budget Head VI-I SPC20/See3.

¹⁵¹ South Pacific Commission, Report 1 October 1961 - 30 September 1962, prepared by the Executive Officer for Social Development, Progress Report, South Pacific Commission Twenty-Fourth Session, 15 - 25 October 1962: Nouméa, New Caledonia, SPC24/Progress Report 21 Nouméa, (New Caledonia: SPC, 1962), 7.

¹⁵² Anna Bocking-Welch, "Imperial Legacies and Internationalist Discourses: British Involvement in the United Nations Freedom from Hunger Campaign, 1960-70," *The Journal of Imperial and Commonwealth History* 40, no. 5 (2012), 879-96.

campaign and placed pressure on the FAO at its annual conference to better include women in the projects.¹⁵³

The FAO attended the Women's Interests training seminar at Apia, as an observer, and was impressed. Stewart followed up on the contacts she made there, visiting the Home Economics Branch of the FAO as well as the UCW in New York while she was on leave.¹⁵⁴ The FAO were trustees of the money raised by the Australian Freedom from Hunger Campaign, and while most of this money went to South East Asia, which was already the focus of Australian foreign aid through the Colombo plan as a way of projecting diplomatic influence, Stewart managed to make the case that Australia should provide support to its nearest neighbours and dependencies in the Pacific.¹⁵⁵ The SPC put together a proposal for the Community Training Centre that addressed many of the priorities of the Freedom from Hunger Campaign – the curriculum would tackle nutrition problems in the Pacific by teaching nutrition, how to improve home and community living conditions, methods of adult education, and advice on coordinating government field services in delivering programmes. They approached the FAO for a substantial grant of £265,000, over three years, to cover hiring an expert in home economics, three fellowships for indigenous women to pursue degrees, sixteen one year international fellowships, twelve bursaries to attend the centre in Fiji, and equipment, reports, and servicing.¹⁵⁶ In return the SPC offered £8,560 to employ the director of the centre, an assistant for the home economics expert, some visits by specialists, and to supplement training grants. This represented a little over fifteen percent of the Social Development Section's spending in 1964, a significant bet on the success of the campaign.¹⁵⁷ Health education and nutrition remained the main route to

¹⁵³ Amy L. S. Staples, *The Birth of Development: How the World Bank, Food and Agriculture Organization, and World Health Organization Changed the World 1945-1965*, (Ohio, Kent State University Press, 2006), 105-18.

¹⁵⁴ South Pacific Commission, Report 1 October 1961 - 30 September 1962, prepared by the Executive Officer for Social Development, Progress Report, South Pacific Commission Twenty-Fourth Session, 15 - 25 October 1962: Nouméa, New Caledonia, SPC24/Progress Report 21 Nouméa, (New Caledonia: SPC, 1962), 7.

¹⁵⁵ Nicholas Ferns, "'a New Hope for Asia'? Australia, the United States and the Promotion of Economic Development in Southeast Asia," *Australian Journal of Politics & History* (2018), 33-47; David Lowe, "Journalists and the Stirring of Australian Public Diplomacy: The Colombo Plan towards the 1960s," *Journal of Contemporary History* 48, no. 1 (2013), 175-90.

¹⁵⁶ South Pacific Commission, Project for Extension of Educational Facilities, Submitted by the South Pacific Commission to the Freedom from Hunger Campaign, RC12, Research Council Twelfth Meeting, 10 - 21 May 1962: Nouméa, New Caledonia, RC12/4 Appendix 1 (Nouméa, New Caledonia: SPC, 1962).

¹⁵⁷ See Appendix 3 for annual expenditure; South Pacific Commission, Proposals Relating to the Social Development Programme. Secretariat, South Pacific Commission Twenty-Fifth Session, 10 - 22 October 1963: Nouméa, New Caledonia, SPC25/Sec 6 (Nouméa, New Caledonia: SPC, 1963), 9.

achieve funding and support, but by using it, civil society had nudged colonial, inter-imperial, and international organisations into action.

Results: The Home Economics Training Course, 1964-1972

When the Home Economics Centre opened its doors in 1964 its various stakeholders were hoping for a wide range of outcomes. These included that it would improve maternal and child health education, create professional opportunities for women, promote civil society and its links with government, foster racial equality, and stimulate leadership from Pacific Island women. Many of these aims were approached, although not entirely met. The content of the curriculum was largely domestic and health based. By the end of training most women attendees held three certificates: their main award was 'home economics for community work', and they gained supplementary awards in first aid and home nursing and child care.¹⁵⁸ Tackling malnutrition was a priority as students received lectures on the basic principles and methods of nutrition, and how to apply them to through growing, buying, preparing, and serving, healthy Pacific Island foods at a low cost.¹⁵⁹ Other aspects of maternal and child health were covered in lectures on sex education, child psychology, and family planning and students learned to plan lessons on these issues.¹⁶⁰ The women received lessons in how to perform basic carpentry, make baskets, and even build an oil drum stove to store and cook food more hygienically.¹⁶¹ Students completed weekly fieldwork in leadership training and programme planning at local children's holiday clubs, YWCA clubs, the Girl Guides, and at churches to hone their leadership, teaching, and presentation skills.¹⁶²

However, the curriculum also included some economic and civic instruction and feedback mechanisms by which the Pacific Islander students could air their views. Students

¹⁵⁸ TNA: CO 1009/762, Social Development Projects, Community Education, Community Education Training Centre, 1963-1967, South Pacific Commission Community Education Training Centre, Report on Year's Work, 1965.

¹⁵⁹ TNA: CO 1009/762, Social Development Projects, Community Education, Community Education Training Centre, 1963-1967, South Pacific Commission Community Education Training Centre, Report on Year's Work, 1965.

¹⁶⁰ TNA: CO 1009/762, Social Development Projects, Community Education, Community Education Training Centre, 1963-1967, South Pacific Commission Community Education Training Centre, Report on Year's Work, 1965, and South Pacific Commission, Community Education Training Centre, Report on Year's Work 1966.

¹⁶¹ Joan Cobb, "Oil Drums and Practical Miracles in the SPC School," *PIM*, (April 1976), 29.

¹⁶² TNA: CO 1009/762, Social Development Projects, Community Education, Community Education Training Centre, 1963-1967, South Pacific Commission Community Education Training Centre, Report on Year's Work, 1965.

were taught budgeting skills and how to make clothes and other home-crafts for sale.¹⁶³ They were taken to observe meetings of the Legislative Council and of the Supreme-Court, and were visited by speakers on topics such as ‘the Ups and Downs of a Woman Politician.’¹⁶⁴ Students were given the opportunity to evaluate their experience at the end of each course and, in 1965 at least, most were happy with the emphasis of the curriculum, recommending that future students receive slightly more instruction on sex education, family relationships, and prenatal care. Their only complaint was the large volume of material and many wanted the course length to be extended, and to attend refresher courses after they had returned to their posts at home.¹⁶⁵

In terms of creating professional roles for women in their home territories the course was a mixed success. In 1965 the home economists working at the centre complained that while their current students had a ‘ready understanding of the purpose of the course’; several were worried that they would be given standard teaching positions when they returned home.¹⁶⁶ They cautioned that ‘all too many’ alumnae of the prior two years had failed to find full-time employment appropriate to their community training.¹⁶⁷ By 1971, this situation was beginning to change – of the first 102 women alumnae around half had full time community work placements and a further eight had part-time work in a related field. Of the remainder, the SPC reported that thirty had married. Although the centre in Suva employed married women, dropping out of the workforce at this stage was not seen as unusual and, as many alumnae were mothers married to male community workers, the SPC assumed they were putting their training to practical use as homemakers and volunteers, a model of life familiar to many of the UCW members in America.¹⁶⁸

¹⁶³ Joan Cobb, “Oil Drums and Practical Miracles in the SPC School,” *PIM*, (April 1976), 29.

¹⁶⁴ TNA: CO 1009/762, Social Development Projects, Community Education, Community Education Training Centre, 1963-1967, South Pacific Commission Community Education Training Centre, Report on Year’s Work, 1965, and South Pacific Commission, Community Education Training Centre, Report on Year’s Work 1966.

¹⁶⁵ TNA: CO 1009/762, Social Development Projects, Community Education, Community Education Training Centre, 1963-1967, South Pacific Commission Community Education Training Centre, Report on Year’s Work, 1965.

¹⁶⁶ TNA: CO 1009/762, Social Development Projects, Community Education, Community Education Training Centre, 1963-1967, South Pacific Commission Community Education Training Centre, Report on Year’s Work, 1965.

¹⁶⁷ TNA: CO 1009/762, Social Development Projects, Community Education, Community Education Training Centre, 1963-1967, South Pacific Commission Community Education Training centre, Progress Report January to June 1967.

¹⁶⁸ T. R. Smith, *South Pacific Commission: An Analysis after Twenty-Five Years*, (Wellington [N.Z.]: Price Milburn for the New Zealand Institute of International Affairs, 1972), 184-86.

Of alumnae engaged in community work, the majority focused their efforts on the health aspects of what they had been taught. Two Fijian nuns returned to their Catholic missions to teach a 'better kitchen' programme at Moturiki. Other Fijian alumnae started a similar programme in Suvavou, and a home-making course at Wainibu.¹⁶⁹ Alumnae from the Gilbert Islands started a home-makers club teaching nutrition and child care, which was so popular that it had 130 branches by 1970. Others worked for the YWCA, local government or the Methodist Church, in roles such as home management instructors or training volunteers.¹⁷⁰ The centre's home economists claimed that most of the alumnae they had spoken to 'were working with great energy and enthusiasm', and had been welcomed by women in their home territories, who had filled them with 'confidence and encouragement.'¹⁷¹ Territorial administrations and missions that had sponsored students were also happy with their training and wrote to the SPC to express their satisfaction.¹⁷²

In terms of building relationships between civil society, government, and international organisations the programme had some success. The Suva branches of the St John's Ambulance and British Red Cross societies supplemented lessons in family health by running practical sessions on home nursing, first aid, and child care. The SPHS and Fiji School of Medicine took sessions teaching environmental sanitation and village hygiene, while the SPC supplemented these efforts with a visit from the Health Education Officer and a Public Health Engineer.¹⁷³ Moreover, visitors from all walks of life came to observe and sometimes speak at the centre. These included prominent local figures such as the Catholic Bishop and A.D. Patel, now head of the department for Social Services, demonstrating ecumenical, multi-racial, and state support for the centre. Representatives of international organisations such as WHO, the FAO, and the World Bank also passed through when stopping off in Fiji on long haul journeys. Links with international Christian organisations were maintained by visits

¹⁶⁹ TNA: CO 1009/762, Social Development Projects, Community Education, Community Education Training Centre, 1963-1967, South Pacific Commission, Community Education Training Centre, Report on Year's Work 1966.

¹⁷⁰ Sue Wendt, "Learning a Better Village Life," *PIM*, (March 1970), 56.

¹⁷¹ TNA: CO 1009/762, Social Development Projects, Community Education, Community Education Training Centre, 1963-1967, South Pacific Commission Community Education Training Centre, Report on Year's Work, 1965.

¹⁷² TNA: CO 1009/762, Social Development Projects, Community Education, Community Education Training Centre, 1963-1967, Richard Seddon, Executive Officer for Social Development, South Pacific Commission, The Community Education Training Centre, Report on the Future of the Centre, 16 February 1966.

¹⁷³ TNA: CO 1009/762, Social Development Projects, Community Education, Community Education Training Centre, 1963-1967, South Pacific Commission, Community Education Training Centre, Report on Year's Work 1966.

from members of the World Council of Churches and the YWCA.¹⁷⁴ This broad base of support is best demonstrated by the fact representatives of the international Freedom from Hunger Campaign, the colonial state, and the civil society run Red Cross and St John's Ambulance were all present at graduations from the course.

These connections not only provided students with a broader education but ensured the survival of the centre. The participation of local volunteer groups relieved the centre of the financial burden of having to fund additional staff in its early years. Demonstrations of state support were important because, if the centre was to become permanent, then the administrations of territories would eventually be expected to contribute directly to its running costs and maintenance.¹⁷⁵ When funding ran low and one of the travelling home economic officers was withdrawn in 1967, leaving the centre without a means to follow up with students or provide refresher courses, outside contacts stepped in to mitigate the problem. The wife of a late UN worker donated enough money in his memory to send the women follow-up literature so that they were kept up to date on methods until funds could be found to replenish the staff. Meanwhile the East-West Centre of the University of Hawaii offered fellowships for further study and for short refresher courses.¹⁷⁶ International contacts also helped the project expand, offering more scholarships for students to attend. The Freedom from Hunger Campaign remained the largest sponsor of students in the 1960s and early 1970s but organisations such as the Canadian British Columbia Aid to Developing Countries, the Country Women's Association of New South Wales, PPSEAWA, the New Zealand Council of Organizations for Relief Services Overseas, the Foundation for the Peoples of the South Pacific, and many different Christian denominations, also covered

¹⁷⁴ TNA: CO 1009/762, Social Development Projects, Community Education, Community Education Training Centre, 1963-1967, South Pacific Commission Community Education Training Centre, Report on Year's Work, 1965.

¹⁷⁵ TNA: CO 1009/762, Social Development Projects, Community Education, Community Education Training Centre, 1963-1967, Richard Seddon, Executive Officer for Social Development, South Pacific Commission, The Community Education Training centre, Report on the Future of the Centre, 16 February 1966.

¹⁷⁶ TNA: CO 1009/762, Social Development Projects, Community Education, Community Education Training Centre, 1963-1967, South Pacific Commission Community Education Training centre, Progress Report January to June 1967.

some students' fees and living expenses.¹⁷⁷ This allowed the course to expand to take thirty-four students by 1971, roughly ten more than early annual intakes.¹⁷⁸

The UCW's ideals of community building and racial equality appear to have had a long legacy for the project, within the student body at least. Although the structure of the women's interests project had drawn most on pre-existing women's Protestant clubs, the centre was able to attract students from a range of other religious backgrounds – from Hindus to Catholics to Seventh Day Adventists.¹⁷⁹ Students were racially and culturally diverse, coming from across the South Pacific. Going by the names of attendees, although most students from Fiji were Fijians, it appears there was at least one Indo-Fijian student every year, and occasional attendees from the very small Chinese minority community. Plans for the centre to be taken over by Pacific Island women were enacted from the beginning. Although the original senior staff consisted of white expatriates – Stewart (Irish), Margaret Crowley (Irish) and Elizabeth Eden (Scottish) – they trained local successors. Their first assistant, Fijian Losalini Gucake, shadowed them before being sent to England to get a certificate in home economics so that she could teach it at Fiji's teacher training college.¹⁸⁰ After her, two more Fiji-based assistant home economists were employed – Selai Nakanacagi, who went on to Nasinu Training college and then completed a one year course in home science, and Pritam Prasad, who attended Sydney technical college and had a teacher's certificate in women's handicraft.¹⁸¹ The fellowships offered by territorial governments and the FAO ultimately led to the replacement of the expatriate staff.¹⁸² One recipient, Mereseini Vulaca, returned to Fiji in the late 1960s and took over from Eden as

¹⁷⁷ Secretariat of the Pacific Community, *Changing Women, Communities, the Pacific: Five Decades of SPC's Community Education Training Centre* (2013), 48.

¹⁷⁸ SPC, "The Work of the South Pacific Commission, January- June 1971", *South Pacific Commission Bulletin*, (Third Quarter 1971), 41.

¹⁷⁹ TNA: CO 1009/762, Social Development Projects, Community Education, Community Education Training Centre, 1963-1967, South Pacific Commission, Community Education Training Centre, Report on Year's Work, 1965.

¹⁸⁰ TNA: CO 1009/762, Social Development Projects, Community Education, Community Education Training Centre, 1963-1967, South Pacific Commission Community Education Training Centre, Report on Year's Work, 1965.

¹⁸¹ TNA: CO 1009/762, Social Development Projects, Community Education, Community Education Training Centre, 1963-1967, South Pacific Commission, Project for Extension of Educational Facilities in the South Pacific Region, 17 December 1965, Request for further FFHC assistance, 1967-1970.

¹⁸² TNA: CO 1009/762, Social Development Projects, Community Education, Community Education Training Centre, 1963-1967, South Pacific Commission, Community Education Training Centre, Report on Year's Work 1966.

Home Economist in 1972.¹⁸³ Meanwhile, Mee Kwain Sue, who was Fiji-born Chinese, studied a full degree in home economics, nutrition, and teacher training, at the Domestic Arts College, Larnock, Australia, where she passed with distinction.¹⁸⁴ After two years working at the centre, she took over as director, and, still in her twenties, became the first Pacific Island born woman to run the course.¹⁸⁵ After consolidating the home economics training course, she shifted the curriculum to include training women to run small businesses.¹⁸⁶

It is ultimately not possible to measure the impact of the centre on maternal and child health in the region in a quantitative sense as new medical procedures, expanding health services, agricultural policy, food imports, political coups, and climate change all had a part to play for better or worse. What can be measured is the impact the centre had on women's educational and leadership opportunities. In the fifty years that the Community Education Training Centre (as it became known) was open before being absorbed by the University of the South Pacific in 2013 it trained over 1,700 women.¹⁸⁷ Of these the majority went into welfare work in either the government or voluntary sector and many progressed to senior roles. A few illustrative examples of alumnae who went on into leadership include the Principal Assistant Secretary in the Fiji Ministry of Women, Social Welfare and Poverty Alleviation, the Director of the Department of Women's Affairs in Tuvalu, the Director of the Gender and Development Division in the Ministry of Internal Affairs for the Cook Islands, and the first female mayor of the Marshall Islands.¹⁸⁸ With some irony, a project that the SPC had filed under 'other' became one of its most long-lasting endeavours.

¹⁸³ Secretariat of the Pacific Community, *Changing Women Communities the Pacific: Five Decades of SPC's Community Education Training Centre*, (2013), 16.

¹⁸⁴ TNA: CO 1009/762, Social Development Projects, Community Education, Community Education Training Centre, 1963-1967, South Pacific Commission, Community Education Training Centre, Report on Year's Work 1966.

¹⁸⁵ Joan Cobb, "Oil Drums and Practical Miracles in the SPC School," *PIM*, (April 1976), 29; Secretariat of the Pacific Community, *Changing Women, Communities, the Pacific: Five Decades of SPC's Community Education Training Centre*, (2013), 16.

¹⁸⁶ Secretariat of the Pacific Community, *Changing Women, Communities, the Pacific: Five Decades of SPC's Community Education Training Centre*, (2013), 6-8.

¹⁸⁷ Secretariat of the Pacific Community, *Changing Women, Communities, the Pacific: Five Decades of SPC's Community Education Training Centre*, (2013), 1.

¹⁸⁸ Secretariat of the Pacific Community, *Changing Women, Communities, the Pacific: Five Decades of SPC's Community Education Training Centre* (2013), 55-61.

Conclusion: Civil Society an Imperfect Catalyst in Decolonising Health

The process of developing the women's interests programme was not a linear one. It was inspired by an early experiment in Fiji, but was germinated by the SPC, nurtured and shaped by the UCW and women volunteers in the territories, before taking root in the Home Economics Centre in Suva. In this scenario, rather than acting as a handmaiden of the state to bypass policy deadlocks, civil society organisations used both inter-imperial and colonial structures to pick up and run with a neglected project. One consequence of civil society involvement was that it convinced the SPC and the colonial state to collaborate. Hymer might have concluded that in this instance the project had succeeded, 'in spite of', official associations.¹⁸⁹ These had shown some interest in women's education prior to the launch of the women's project, including an experiment in club work at Moturiki and facilitating Wedgwood's work. The SPC had also provided fora to amplify indigenous women's voices, such as Sisa, in calling for greater attention to women's education, and engage well-positioned women in administering countries, such as Barr and Gwilliam, in the cause. However, it was these women, and not the SPC, who were able to marshal the impetus to overcome financial and political constraints and gender bias to start the project. The project demonstrates that closer attention should be paid to the efforts of women in the voluntary sector and in fields adjacent to health, such as education, when measuring women's contributions to international health programmes.

Barr's intervention, the UCW's donation and ideological input, Stewart's ambition, and the efforts of many Pacific Island women to grow the movement, were the keys to the launch, direction, and growth of the project. Their contributions allowed the SPC to function as the more idealistic of its founders had envisioned by testing and demonstrating a new approach to a project that would contribute to social, economic, and health development with the support of both the colonial administrations and colonised peoples. In territories such as Fiji the women involved in the project demonstrated that it was workable, popular, and politically safe, and that the role of colonial, inter-imperial and international organisations could be demarcated in collaboration. Within colonial parameters and gender expectations, women professionals and volunteers acted as imperfect catalysts, leaving traces of their own priorities in the final product including:

¹⁸⁹ Esther Hymer and David Owen, National Council of the Churches of Christ, *the New Nations, Women and the Church*, (New York: National Council of the Churches of Christ, 1960), 16.

harnessing civil society, linking women's groups to international organisations, giving Pacific Island women the opportunity to meet, knowledge and opportunity for democratic and economic engagement, and the chance to take on leadership roles. As well as tackling health, these women tried to accelerate the localisation of staff, the improvement of race relationships, and encourage Pacific Island women to speak on local, territory wide and international stages, all subtle moves towards decolonisation.

The relationship between women, health, education, and colonialism was quietly contested throughout the project. Both the colonial administrations and the SPC primarily saw the project as a way of delivering health education. For the Colonial Office and colonial state in Fiji, educating women to improve children's health was a means to expand education while channelling it to shore up the social and political *status quo*. The SPC's original ideas for the project were a variation of this educational philosophy, placing women's role in development squarely in the health sphere. Labelling the programme as Social Development allowed the SPC to gain acceptance for it with administrations in territories such as Fiji, where experts in community development or women's interests were not seen to monitor or duplicate the work of existing health services, whilst providing a related service. On the other hand, the UCW, Gwilliam, and Stewart wanted to deliver leadership education and envisioned improved health as one desirable outcome among many. When surveyed, Pacific Island women's groups appear to have been most interested in the health and nutrition aspects of the women's interests programme. Similarly, students in the early years of the home economics training centre initially emphasised these priorities when asked about curriculum. The key difference between this and colonial state led policy was that, in this scenario, Pacific Island women had some, albeit limited, choice in the matter.

Chapter 8. Conclusion: The Role of Maternal and Child Health Policy During the Decolonisation of Fiji 1945-1970

Contribution

This thesis argues that maternal and child health was used as part of Britain strategy to manage decolonisation in both Fiji and the wider South Pacific. Through studying the administrative history of public health, it adds to historical understanding of this period of Fijian and Pacific history in several ways. At a territorial level the sub-case studies of nutrition, family planning and population control, and women's health education, highlight the intra-colonial differences between colonial state and Colonial Office strategies for managing the ethno-political and economic situation in Fiji in the lead up to independence. The family planning programme first problematized Indo-Fijian fertility and then Fijian fertility as political attention shifted from trying to balance the relative sizes of each community as a strategy to maintain political equilibrium to looking to economic development as the panacea to ethnic tensions. Nutrition programmes and women's health education were utilised as part of colonial attempts to increase Fijian participation in the economy and reduce that community's infant mortality rate, by making indigenous women the focus of these campaigns. Indo-Fijian and Fijian leaders championed or challenged these policies in attempts to secure their communities' political and economic representation. Institutionalisation of colonial racial categories through public health interventions thus continued beyond the Second World War. Knowing this adds to the existing scholarship by demonstrating that these debates influenced the services received by the peoples of Fiji as well as their political representation and economic participation.

By examining the process of health policy creation this thesis also illuminates the shifting ways in which London and Suva interacted with inter-imperial and international health and development institutions in the South Pacific, thereby contributing to the history of international health and decolonisation in the region. From negotiating the constitutions of the SPC and WPRO, to the details of specific health programmes, London tried to justify continued sovereignty over the decolonisation process. This was mirrored at a territorial level, where the health services sought to demarcate against perceived interference by these organisations on professional as well as ideological grounds. Analysing debates

between colonial, inter-imperial and international actors over health policy and demonstrating how they related to decolonisation provides a fuller account of the forces shaping decolonisation in Fiji, beyond territorial politics. It also adds to the history of international health by showing how British colonial officials attempted to circumvent, shape, and cooperate with it according to developing policy priorities. It highlights that health diplomacy was woven into the details of individual programmes as well as the more theatrical discussions at meetings of WPRO's Executive Committee.

Finally, this thesis presents internationally networked civil society organisations as playing an integral role in creating collaborative health policy and facilitating internationalisation. It argues that they were often quiet but important brokers between colonial and international health, challenging accounts that over-emphasise the power of WHO or colonial officials to shape policy alone. They did not necessarily self-identify as agents for health policy, instead they focused on issues such as improved access to family planning, and health, hygiene, and nutritional education as part of efforts to achieve economic and/or civic development. Evidence of their role should encourage historians to be careful in too clearly drawing a line between health and development policy.

The Impact on Women and Children

Before further summarising the contributions of this thesis it is important to pause and consider the human consequences of the policies discussed herein. In 2017, the SPC, now governed by Pacific Island governments and known as the Secretariat of the Pacific Community, turned 70. To celebrate this anniversary and to build up to the Thirteenth Triennial Conference of Pacific Women, and sixth Meeting of Ministers for Women, the SPC collected and shared the profiles of inspiring Pacific women who had made a significant contribution to the social, economic, cultural, and political development of the Pacific Islands.¹ This was a belated acknowledgement of women's efforts to improve their own and others' lives within their region, territories, and communities, and the strength of women's networks and organisations, which have also taken a central role in peacekeeping in a

¹Audrey Aumua, "About the Campaign," 70 Inspiring Pacific Women, *Pacific Community*, Accessed 4 June 2018, <http://www.spc.int/70-inspiring-pacific-women/about-the-campaign/>.

politically unstable region of the world.² It also recognises the need for further efforts at gender mainstreaming in a region where violence against women and girls is twice the global average, and where structures of militarism, ethno-nationalism, and political insecurity encourage hyper-masculinity and compound gender inequality.³ Many of the women honoured were born under colonial rule and will have experienced changing development efforts too often as a double-sided coin throughout their lives.

Histories of maternal and child health programmes and women's organisations in Fiji in the nineteenth and early twentieth century have painted a picture of colonisation through increasing surveillance of Fijian women and their children. This, combined with the neglect of Indo-Fijian women and children, contributed to the development of structural racism.⁴ As decolonisation approached debates over how to improve the health of women and their children became part of the politics of institution and nation building and was thereby subordinated to these goals. A mixture of the extension of medical services, improved sanitary infrastructure, and economic and educational development did reduce the infant mortality rate and improve women's access to pre- and post-natal care. Moreover, existing opportunities for adult women to socialise, access certain forms of education, and organise were strengthened and expanded. This gave women increased opportunities to network across the South Pacific region and, to some extent, the world. Some women also gained more decision-making power over their reproductive lives.

However, the colonial state's tendency to link maternal and child health policy with efforts to achieve racial balance, economic development, and Fijian economic participation also reinforced ethnic divides and gender hierarchies. Meanwhile bureaucratic barriers

² Audrey Aumua, "About the Campaign,"; Nicole George, *Situating Women: Gender Politics and Circumstance in Fiji*, (ANU Press, 2013); Nicole George, "'Starting with a Prayer': Women, Faith, and Security in Fiji," *Oceania* 85, no. 1 (2015), 119-31; Margaret Mishra, "A History of Fijian Women's Activism (1900–2010)," *Journal of Women's History* 24, no. 2 (2012): 115-43; Bronwen Douglas, "Christian Citizens: Women and Negotiations of Modernity in Vanuatu," *The Contemporary Pacific* 14, no. 1 (2002), 1-38; Bronwen Douglas, "Christianity, Tradition, and Everyday Modernity: Towards an Anatomy of Women's Groupings in Melanesia," *Oceania* 74, no. 1-2 (2003), 6-23.

³ "New Pacific Partnership Addresses Gender Equality and Violence against Women", News, *Pacific Community*, 8 March 2018, <http://rrrt.spc.int/news/item/771-new-pacific-partnership-addresses-gender-equality-and-violence-against-women>; Ronni Alexander, "Confronting Militarization: Intersections of Gender(ed) Violence, Militarization and Resistance in the Pacific" in *Gender, War and Militarism: Feminist Perspectives*, ed. Laura Sjoberg and Sandra Via, (Praeger/ ABC-CLIO, 2010), 69-79.

⁴ Victoria Lukere, "Mothers of the Taukei: Fijian Women and 'the Decrease of the Race,'" PhD Dissertation, the Australian National University 1997; 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), 357-74.

created by British suspicion of international and inter-imperial organisations, and consequent demarcation disputes between them, often delayed collaborative initiatives to implement policies aimed at improving the health of women and children.

The expansion of nutrition programmes was tied to concerns about the ethnic makeup of the colony. They focused on explaining high child and infant mortality within the Fijian community, which was blamed on poor feeding practices, while high anaemia in the Indo-Fijian community was put down to their high birth rate – both simplistic conclusions. Cooperation between Fiji's medical authorities and inter-imperial and international organisations was prevented by suspicion and competition. Family planning was initially introduced as an attempt to reduce fertility differentials between Indo-Fijian and Fijian communities. It was then developed into an effort to speed demographic transition and economic development. The consequences of this were that first Indo-Fijian, and then Fijian women, were characterised as reproducing irresponsibly and that ethnic stereotypes were perpetuated by colonial, and reinforced by international, interpretations of what constituted desirable family planning behaviours. As a result, the programme was not tailored to the wants and needs of women in Fiji. Many avoided using medical methods of family planning despite wishing to have fewer or less closely spaced children. Meanwhile, women's education was placed somewhat accidentally on the agenda of the colonial state and the SPC through an early experiment in community development to increase Fijian participation in the economy and plug skills gaps. Picked up by an internationally networked women's organisation it grew into a movement that went beyond improving health education to include encouraging civic participation. This strengthened the presence of female spaces and gave women a route to involvement in decision making. It also reinforced gendered labour patterns, and, whilst not intending to exclude Indo-Fijians, was more designed to fit with Christian Fijian models of social organisation. Finally, maternal and child health was emphasised because of the ways the various organisations linked it to ethnic composition and economic participation. This meant that sex specific health problems for women and girls outside the reproductive age bracket received little attention – a situation that was not unique to Fiji in this era.⁵ The human consequences of the entanglement of

⁵ Anne-Emanuelle Birn, "Skirting the Issue: Women and International Health in Historical Perspective," *American Journal of Public Health* 89, no. 3 (1999), 399-407.

maternal and child health policy decisions with other colonial, inter-imperial, and international political priorities should act as a cautionary tale.

Objectives and Methodology

The objectives of this thesis were two-fold. Its first task was to contribute to a growing number of studies of decolonisation in the Pacific by relating maternal and child health policy to political histories of this period. It argues that health policy is an understudied area that reveals much about the internal dynamics of colonial governance during the period of decolonisation that are missed in histories that focus on the politics of constitution making. Secondly, by considering how Britain and the colonial state in Fiji related to WPRO, it adds to the increasing number of studies of WHO regionalisation and the regional offices as sites of health diplomacy between newly independent nations and surviving colonial powers. Britain's role and reaction to regionalisation has received little attention and this study provides some insight into it, highlighting the importance of regional context and strategy in the creation of health policy. It took a different angle from studies which focus on health diplomacy at the regional headquarters, by considering where WHO and WPRO fitted into the colonial state's health policies. Thereby it highlighted the importance of Commissions – a little known colonial response to the creation of the UN agencies, including WHO and its regional offices that nonetheless shaped the development of international health. In the process of examining these two questions a third story emerged, that interventions of internationally networked civil society organisations were important in the creation of health policy in Fiji. Exploring their role in the decolonisation of Fiji and the internationalisation of public health, thus became the third prong in this investigation.

To explore these lines of enquiry this thesis brought together rich but underexplored files on the SPC and WPRO at the WHO Geneva archive, the British and US National Archives, and the SPC's online resource centre. In addition, the Rockefeller Archive Center, SOAS, and Cambridge University special collections were mined for the scattered publications of civil society organisations that were involved in the policy making process, which would otherwise have been underrepresented in this history for lack of centralised archives. Histories which rely on the official reports of individual organisations such as the South Pacific Community's recent publication on the Community Education centre, which

presents it as primarily an SPC led project, focus on organisational achievements without exploring the role of collaborators such as the UCW because they are not given equal attention in that source base.⁶ However the UCW were, as demonstrated by chapter seven, central to the creation of the programme. Likewise, consulting national archives potentially over emphasises role of the government to which they belong in development programmes due to the absence of correspondence between non-governmental organisations. Archives such as the Rockefeller Archive Center hold files relating to a whole host of other organisations that looked to the Rockefeller Foundation for funding. Therefore, they are not simply useful for tracing the power and wider influence of this philanthropic organisation, but should be used to investigate the aims and efforts of many national and international voluntary associations, such as Fiji's FFPA. The extensive holdings of Cambridge University Archive and Special Collections, as well as the SOAS, Wellcome, and British Libraries, include official magazines and published reports that do not appear in the other archives. Similarly, online newspaper repositories, can help to reveal the significance of some actors and pressures in policy making. It is only through painstaking cross-referencing the files of different governments, inter-imperial, and international organisations that the extent and importance of their contributions and those from civil society organisations can be traced.

Summary

This thesis finds there was little consensus between different layers of colonial government on the future of Fiji and that had consequences for health policy design. Although independence was initially considered a far-removed prospect at the end of the Second World War, greater self-governance was placed on the cards. For the colonial authorities managing ethnic tension in this context became an increasing concern as Indo-Fijian leaders called for independence and a Westminster style democracy, while Fijian chiefs resisted change, fearing that it would lead to an erosion of their way of life. The Colonial Office and colonial state sought an elusive compromise fearing that denying either community rights would spark ethnic violence in Fiji, and disapproval from the international community. Although there was some overlap between Colonial Office and colonial state opinions on what needed to be done, each emphasised slightly different approaches. The

⁶ Secretariat of the Pacific Community, *Changing Women, Communities, the Pacific: Five Decades of SPC's Community Education Training Centre*, (Secretariat of the Pacific Community 2013).

Colonial Office favoured land reform and the economic inclusion of Fijians, in line with a colonial policy aimed at closing the dollar gap and avoiding controversial policies such as population control. However, it was largely preoccupied with decolonisation in larger colonies until the late 1960s, to the frustration of the colonial state, onto which the Colonial Office pushed responsibility for managing the situation. The colonial state became preoccupied with differential fertility rates, especially the higher birth-rate of Indo-Fijians in the 1950s, which it saw as a threat to racial harmony, and then with total population growth in the 1960s, which it saw as a threat to state capacity and consequently to race relations. Health policies such as improving nutrition and health education aimed not only to balance the ethnic distribution of the population but also to integrate (rural) Fijian women into the cash economy. Thus, health policy, particularly that relating to reproduction and child survival, was linked by the state to tackling overpopulation and underdevelopment and their impacts on race relations, as they perceived these to be the main barriers to successful statehood.

In relation to international health the picture that emerges is that WHO headquarters and WPRO were peripheral figures in the development of maternal and child health projects in Fiji due to a mixture of colonial suspicion of the organization, WPRO's focus on larger countries, and its reluctance to get involved in health programmes of special importance to the colonial state, such as family planning and population control. WPRO provided advice on infectious disease control in the colony but maternal and child health programmes were the more politically charged as they related to the colonial state's other priorities. Therefore, the colonial state was selective in how it engaged with WPRO on maternal and child health policy. WPRO's influence was largely indirect, and is perceived through how the colonial state attempted to work around rather than through it. Programmes such as the Fiji-SPC collaboration for a women's interests project were developed partly with an eye to WPRO's efforts in maternal and child health, but also as an alternative to them. Direct attendance by colonial health administrators at WPRO was often in areas where Fiji had already developed projects ahead of other nations in the region and could project expertise on an issue, such as family planning. The SPC was an indirect outgrowth of antipathy towards WPRO, which more directly impacted health policy negotiations by while facilitating inter-imperial exchanges of ideas. The Colonial Office

discouraged official links between Fiji and WPRO, and between the SPC and WPRO, for political rather than health policy reasons.

Disputes over nutrition, and to a lesser extent other maternal and child health issues, in the 1950s epitomise that the priorities of colonial administrators in Fiji differed from those of the Colonial Office, the SPC and WPRO to the point that co-operation was unlikely to be fruitful. The SPHS and the SPC both placed importance on improving nutrition in the 1950s. The colonial health services, believed that their territorial knowledge and facilities made them the authority on nutrition policy in Fiji. With the help of the colonial state they jealously guarded their role in providing health programmes and in advising the Colonial Office on what these should be. Colonial nutrition research in Fiji, although not overtly racist in aims, often unconsciously disclosed a preoccupation with race and racial politics through the problems investigated, questions asked, and recommendations made. Meanwhile the SPC was more interested in what region-wide conclusions could be drawn about nutritional needs, partially for the purposes of institution building. The colonial health service did not see this as a complementary approach. The colonial authorities in Fiji attempted to convince London that SPC efforts in nutrition were inappropriate to the Fijian context, superfluous, and intrusive. Visiting experts to Fiji were met with passive resistance unless they had been engaged by the health service. Collaborative projects between the SPC and WPRO in maternal and child health were treated similarly.

It is here that civil society organisations make an entrance. Civil society organisations were in the position of king makers, partially because they often presented themselves as single-issue organisations so their involvement did not create the same amount of inter-institutional competition or suspicion. The result was that voluntary organisations shaped policy in unpredicted ways. They opened alliances between like-minded individuals in the Colonial Office, the colonial state, the SPC, and to some degree WPRO, despite institutional barriers. The colonial state used IPPF as an ally in a dispute with the Colonial Office over introducing population control in Fiji in the late 1940s and 1950s. The colonial state saw in family planning the opportunity to address differential fertility between racial groups, whilst also fulfilling demands for the better standards of living small families from the Indo-Fijian community. However, they were afraid of being accused of racial engineering, and initially looked to the Colonial Office, as somewhat removed from territorial politics, for support. The Colonial Office was more anxious that Catholic influence on international, wider

colonial, and British, public opinion would lead to protests. They especially feared that if the policy could be interpreted as racially motivated it would add fuel to these objections, and was reluctant to endorse such a move. WHO Headquarters and WPRO were also nervous of the issue, meaning that the colonial state could not turn to them. This led the colonial state to look to IPPF to help them test run a family planning programme. IPPF advised the colonial state to set up a voluntary body with close links to the state to elude objections to state involvement in the territory and thereby placate Colonial Office fears.

Civil society organisations were not only key in providing the colonial state with a strategy to navigate delicate territorial and Colonial Office politics, but in delivering and further developing the family planning programme in the 1960s in the run up to independence. The resulting voluntary-health service partnership allowed the colonial state in Fiji to initiate one of only two official 'national' family planning campaigns run in a British colony. As Fiji was pushed by the colonial authorities towards increasing self-government, government circles began to perceive state capacity rather than differential fertility as a greater barrier to the creation of a racially harmonious and increasingly autonomous state. Transnationally campaigners for family planning were publicising their belief that the world was facing a population crisis and promoting demographic transition theory as the surest route to development. The voluntary FFPA could promote the rhetoric of transnational advocates for population control without stirring up racial antagonism within Fiji. This movement intersected with colonial state worries about state capacity in relation to total fertility, and supported political rhetoric that portrayed fertility control as essential to nation building. Through combined government and voluntary efforts family planning became linked both to the logistics of decolonisation and ideas of modern citizenship. However, this new rhetoric did not completely decolonise or deracialise maternal and infant health. International development rhetoric combined with colonial stereotypes portraying communities, such as rural Fijians, amongst whom take-up of family planning services was lower, as superstitious and irresponsible. Neither the state nor international nor voluntary agencies questioned whether differences in contraceptive behaviour were due to uneven access to health services and/or Fijians weighing up the advantages and disadvantages of small families differently from the state. The involvement of a civil society organisation helped to both internationalise a perceived territorial problem and nationalise an international one at the level of political rhetoric and public discourse.

Civil society organisations were not only essential to facilitating and developing state policy but also to inspiring it. This is evidenced by the way women's civil society organisations used the existing colonial, inter-imperial, and international health and development bureaucracies to promote the women's interests programme. The involvement of a network of (mostly Protestant) women from within and beyond Fiji, brought about a women's interests project in the 1950s and then developed it into a Home Economics Centre that was handed over to leadership by Pacific Islanders at independence. These women began by acting through the SPC, but also garnered support from the Colonial Office and the colonial state in Fiji that the SPC had previously struggled to win. They worked around cultures of caution about spending limited resources and fear of causing social disruption that had prevented each from acting. For the Colonial Office and the colonial state educating women to improve their children's health was a means to expand education in preparation for economic and social development, but also of restricting it to socially and politically conservative curriculum. The SPC's interest was based on a similar educational philosophy, which also placed women's role in development squarely in the sphere of health. It was women linked through civil society organisations that stepped into a gap in both colonial and the SPC's budgets, and brokered a deal that circumnavigated further demarcation disputes. They offered their services to develop networks of women's associations where Pacific Island women would be taught cooking, nutrition and child welfare. However, they also pushed for a more broadly based programme. Improved maternal and child health was only one of several outcomes envisioned by this network of women, who also imagined their efforts would result in greater racial cooperation and participation of women in public life, both arguably decolonising projects. Although somewhat socially conservative and maternalist in outlook, these organisations made some effort to include Pacific Island women in cultivating the project themselves, a move that the colonial state, eager to stage-manage development and somewhat blind to all women's, let alone colonised women's, skills and motivations, was unlikely to have made alone.

Conclusions and Further Lines for Enquiry

These findings demonstrate that health policy was as much part of the British colonial strategies of decolonisation as it was of colonisation, thereby contributing to the history of decolonisation and international health in the South Pacific. For the colonial state

health became part of strategies to develop the economy, educate citizens, and bring about ethnic harmony whilst keeping a tight reign over the speed and direction of these processes. This study also contributes to a limited literature on how late-colonial development policies promoted the continuation of structural and institutional racism in Fiji by including an analysis of health policy.⁷ In contrast to earlier studies, it reveals that colonial conceptions of race continued to be an important factor in maternal and child health decisions after the Second World War, they simply became more implicit as they were incorporated with changing development and political priorities.⁸ Examining the details of health policy decisions also confirms that the process of decolonisation was in Fiji was highly contested, agreeing with existing scholarship that demonstrates division between the Colonial Office and colonial state. However, it also adds to these studies by placing them in the context of British colonial relationships with inter-imperial and international organisations. This adds depth to historical understanding of the pressures and influences on health and development and, more broadly, of decolonisation policies. It explores but goes beyond the internal politics of the colony and the narrative of exclusive colonial control.

In turn this should further inform histories of the relationship between colonialism and international health. This study builds on Pearson-Patel and Saavedra's work in highlighting the importance of health diplomacy at the WHO regional offices, counteracting centralised or universalising narratives of the WHO and its regional offices.⁹ It highlights that the creation of commissions as an alternative to UN agency involvement in the colonies was not a unique strategy pursued by the European colonial powers in Africa. The 'new world' powers of the USA, Australia, and New Zealand also supported them. Commissions sat alongside the new UN international framework of specialised agencies with an uneasy mixture of collaboration and opposition to them. Moreover, the existence of these commissions suggests that historians should exercise caution not to overstate the power

⁷ Steven Ratuva, "Proto-Affirmative Action: Indigenous Fijian Development from Cession to Independence," *The Politics of Preferential Development: Trans-Global Study of Affirmative Action and Ethnic Conflict in Fiji, Malaysia and South Africa*, (ANU Press, 2013),

<http://press.anu.edu.au/apps/bookworm/view/Politics+of+preferential+development/10661/cover.xhtml>; Helen Goodwill Tavola, "Secondary Education in Fiji: An Investigation into School Effectiveness in a Changing Society," PhD dissertation, London School of Economics and Political Science, United Kingdom, 1990.

⁸ Luker, "A Tale of Two Mothers", 357-74.

⁹ Monica Saavedra, "Politics and Health at the WHO Regional Office for South East Asia: The Case of Portuguese India, 1949–61," *Medical History* 61, no. 3 (2017), 380-400; Jessica Pearson-Patel, "French Colonialism and the Battle against the WHO Regional Office for Africa," *Hygiea Internationalis* 13, no. 1 (2016), 65-80.

and importance of WHO or the regional offices, such as WPRO, on the colonies in their early years. The fact of WPRO's existence changed the landscape of health policy creation in South Pacific NSGTs but, at least in the case of maternal and child health policy, indirectly, through the colonial state's selective engagement with it and the reactive development of the SPC.

By examining the details of health policy this work expands on that of Pearson-Patel, who argues of France's relationship with the newly formed UN agencies that, 'discussions about industry, schools, hospitals and social services ultimately became discussions about colonial politics and the fate of empire.'¹⁰ It argues that these discussions were not only happening in international fora but within the colonies themselves. For the Colonial Office and the colonial state in Fiji, differences with the UN agencies were largely about the means and pace of decolonisation rather than the ends. It was not a story of international idealism or nationalist assertion versus colonial retrenchment but rather a dispute over who got to stage-manage the decolonisation of health in the South Pacific.¹¹ By looking at this relationship from the colonial perspective this thesis highlights that, at least in British Fiji and the wider South Pacific, these debates at times caused blockages to policy innovation which impacted the details of the design and delivery of programmes in the territories as well as divisions over voting in executive boardrooms.

Disharmonies between different layers of colonial governance, and multilateral organisations created the need for the involvement of internationally networked civil society organisations as bridges and catalysts to policy creation. This writes the importance of the local lawyer, as much as the Colonial Office demographer, and the women's association, as much as the UN expert, back into the history of colonial and international health.¹² These organisations made small but decisive interventions in health policy creation that often went further than initial appearances. They encouraged governments, inter-

¹⁰ Jessica Lynne Pearson-Patel, "from the Civilizing Mission to International Development: France, the United Nations, and the Politics of Family Health in Post-war Africa, 1940–1960," PhD dissertation, New York University, 2013, 24.

¹¹ Sunil S. Amrith, *Decolonizing International Health; India and Southeast Asia, 1930-65*, (Basingstoke: Palgrave Macmillan, 2006); Elizabeth Fee, Marcos Cueto, and Theodore M. Brown, "At the Roots of The World Health Organization's Challenges: Politics and Regionalization," *American Journal of Public Health* 106, no. 11 (2016): 1912-17.

¹² Karl Ittmann, *A Problem of Great Importance: Population, Race, and Power in the British Empire, 1918-1973*, (Berkeley; London: Global, Area, and International Archive: University of California Press, 2013); Randall M. Packard, *A History of Global Health Interventions into the Lives of Other Peoples* (Baltimore: Johns Hopkins University Press, 2016).

imperial, and international organisations to act on issues and diffused tensions between them by reducing disputes over political motivation and funding. Through their input into the models, staffing, and rhetoric of health and development campaigns they shaped health policy and its relationship to decolonisation.

The involvement of IPPF in designing the family planning campaign and FFPA in delivering it circumvented both governmental and perceived public intellectual barriers to carrying out the campaign. It also internationalised the rationale and rhetoric of the programme through the promotion of demographic transition theory. The UCW bridged institutional divisions and overcame apathy to women's adult education first through providing staffing and funding, and then by drawing on existing civil society organisations to promote the project. These women's organisations managed to deliver civic education and provide a platform for indigenous women to speak publicly, albeit on gendered issues. It could be said then, that civil society organisations subtly influenced decolonisation as well as health policy. That the involvement of civil society blurred lines between health and development policy in other national contexts is known through the history of family planning but the existence of the women's interests campaign suggests that the post-war relationship between government, international organisations, and civil society, and what it reveals about the relationship between development and health policy should be further explored.

By stepping back from examining the relationship between national and international health bureaucracies alone, this study complicates how we understand the way that international health operates. The colonial structures of governance, inter-imperial, and international organisations were influenced by unelected but civic focused organisations which could be more responsive to territorial and even local needs and desires, whilst on the other hand being less easy to hold politically accountable for their actions.

A further line of enquiry could be how these organisations influenced the reception and adaptation of health and development policy on the ground, and if and how those delivering or receiving the programmes related them to racial politics or decolonisation. Some work has been done along these lines on the legacy of the family planning campaign, but further work on the experience and legacy of maternal and child health programmes in both largest ethnic communities of Fiji could be carried out. As Dewar and Chung have

demonstrated, these might expose hidden legacies that still affect health behaviours and outcomes in Fiji today.¹³ To do this, women's diaries, letters, and/or oral accounts of past and current experiences of health campaigns would need to be collected and consulted, as would relevant articles in the local vernacular press.

A second line of enquiry, which has been touched upon, but is largely outside the scope of this work, would be further investigation into how the other administering powers in the South Pacific engaged in health diplomacy in this region. Both Australia and New Zealand showed a reticence to become involved in WPRO and pushed hard for the creation of the SPC. France was involved in the creation of at least three commissions alongside Britain – the Caribbean, the CCTA, and the SPC. During the research for this thesis extensive but almost untouched files on the relationship between the US and the SPC were found in the Department of State archives. These nations are known to have had significant security and military interests in the Pacific, as well as administering NSGTs, and the story of whether and how they attempted to exert soft power through health programmes would likely contribute to understanding of both the history of the South Pacific and of international health.

¹³ 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; Margaret Chung, "Politics, Tradition and Structural Change: Fijian Fertility in the Twentieth Century," PhD thesis, Australian National University, 1991.

Appendix 1: Demographic Data for Fiji

Table 1. Population Totals 1936-1970

| Year | Total population | Fijian | Indo-Fijian |
|------|------------------|---------|-------------|
| 1936 | 198,379 | 97,651 | 85,002 |
| 1946 | 260,468 | 118,083 | 120,414 |
| 1948 | 277,372 | 129,995 | 129,761 |
| 1949 | 284,955 | 126,650 | 133,941 |
| 1950 | 293,764 | 129,896 | 138,425 |
| 1951 | 301,959 | 132,889 | 143,332 |
| 1952 | 312,678 | 135,877 | 148,802 |
| 1953 | 320,801 | 139,373 | 154,803 |
| 1954 | 333,389 | 143,100 | 160,303 |
| 1955 | 345,164 | 146,842 | 166,262 |
| 1956 | 345,737 | 148,134 | 169,403 |
| 1957 | 361,038 | 153,356 | 177,247 |
| 1958 | 374,284 | 157,808 | 184,090 |
| 1959 | 387,646 | 162,483 | 191,328 |
| 1960 | 401,018 | 167,473 | 197,952 |
| 1961 | 413,872 | 172,455 | 195,068 |
| 1962 | 427,851 | 177,770 | 212,829 |
| 1963 | 441,301 | 183,383 | 220,175 |
| 1964 | 456,390 | 189,169 | 228,176 |
| 1965 | 469,934 | 194,998 | 235,338 |
| 1966 | 478,355 | 200,934 | 242,224 |
| 1967 | 490,716 | 208,468 | 250,513 |
| 1968 | 502,035 | 214,948 | 256,152 |
| 1969 | 513,717 | 219,893 | 262,947 |
| 1970 | -- | 225,102 | 266,189 |

Source: Great Britain, *Fiji: Report of the Colonial Office*, (London: HMSO, 1936-1970), various pages.

Table 2. Indo-Fijian and Fijian Percentages of Population 1936-1969

| Year | Fijian | Indo-Fijian |
|------|--------|-------------|
| 1936 | 49.2 | 42.9 |
| 1946 | 45.3 | 46.2 |
| 1948 | 46.9 | 46.8 |
| 1949 | 44.5 | 47.0 |
| 1950 | 44.2 | 47.1 |
| 1951 | 44.0 | 47.5 |
| 1952 | 43.5 | 47.6 |
| 1953 | 43.5 | 48.3 |
| 1954 | 42.9 | 48.1 |
| 1955 | 42.5 | 48.2 |
| 1956 | 42.9 | 49.0 |
| 1957 | 42.9 | 49.1 |
| 1958 | 42.2 | 49.2 |
| 1959 | 41.9 | 49.4 |
| 1960 | 41.8 | 49.4 |
| 1961 | 41.7 | 47.1 |
| 1962 | 41.6 | 49.7 |
| 1963 | 41.6 | 49.9 |
| 1964 | 41.5 | 50.0 |
| 1965 | 41.5 | 50.1 |
| 1966 | 42.0 | 50.6 |
| 1967 | 42.5 | 51.1 |
| 1968 | 42.8 | 51.0 |
| 1969 | 42.8 | 51.2 |

Source: Great Britain, *Fiji: Report of the Colonial Office*, (London: HMSO, 1936-1970), various pages.

Table 3. Crude Death Rate per 1000 Population by Ethnic Group 1948-1970*

| Year | CDR/ 1000 Fijian | CDR/1000 Indo-Fijian |
|------|------------------|----------------------|
| 1948 | 14.5 | 9.0 |
| 1949 | 15.0 | 10.2 |
| 1950 | 12.3 | 10.0 |
| 1951 | 12.5 | 8.7 |
| 1952 | 14.8 | 8.9 |
| 1953 | 10.7 | 8.1 |
| 1954 | -- | -- |
| 1955 | 9.7 | -- |
| 1956 | 8.0 | -- |
| 1957 | 8.0 | 6.0 |
| 1958 | 8.0 | 7.0 |
| 1959 | 8.0 | 8.0 |
| 1960 | -- | 6.0 |
| 1961 | 7.0 | 6.0 |
| 1962 | 7.0 | 5.0 |
| 1963 | 5.0 | -- |
| 1964 | 7.0 | 6.0 |
| 1965 | 5.5 | 5.1 |
| 1966 | 5.0 | 5.4 |
| 1967 | 5.2 | 4.9 |
| 1968 | 5.5 | 5.1 |
| 1969 | 4.7 | 4.8 |
| 1970 | 4.2 | 5.1 |
| 1971 | 5.5 | 6.0 |
| 1972 | 4.8 | 5.0 |
| 1973 | 4.5 | 5.3 |

Source: Great Britain, *Fiji: Report of the Colonial Office*, (London: HMSO, 1936-1970), various pages.

*Data not available for some years, denoted by --

Table 4. Crude Infant Mortality per 1000 aged 0-12 Months by Ethnicity 1925-1970

| Year | Fijian | Indo Fijian |
|------|--------|-------------|
| 1925 | 172.5 | 46.5 |
| 1931 | 113.3 | 76.8 |
| 1935 | 126.5 | 63.2 |
| 1940 | 69.7 | 52.3 |
| 1945 | 68.1 | 43.4 |
| 1946 | 80.5 | 51.0 |
| 1947 | 84.4 | 36.6 |
| 1948 | 91.1 | 53.6 |
| 1949 | 70.0 | 56.0 |
| 1950 | 68.1 | 57.8 |
| 1951 | 79.7 | 49.5 |
| 1952 | 74.9 | 51.3 |
| 1953 | 59.8 | 47.8 |
| 1954 | 70.0 | 49.1 |
| 1955 | 60.4 | 43.8 |
| 1956 | 67.5 | 44.5 |
| 1957 | 42.3 | 35.6 |
| 1958 | 37.8 | 42.1 |
| 1959 | 38.2 | 46.7 |
| 1960 | 31.6 | 40.4 |
| 1961 | 30.3 | 36.6 |
| 1962 | 36.7 | 25.5 |
| 1963 | 25.4 | 29.5 |
| 1964 | 27.9 | 32.7 |
| 1965 | 19.2 | 29.7 |
| 1966 | 16.4 | 39.7 |
| 1967 | 21.7 | 27.6 |
| 1968 | 20.7 | 29.1 |
| 1969 | 21.5 | 22.3 |
| 1970 | 18.2 | 27.6 |

Source: A. A. J. Jansen, S. Parkinson, A. F. S. Robertson, *Food and Nutrition in Fiji a Historical View, Food Production, Composition and Intake* (Suva, Fiji: Pasifika Press, 1990), Table 11.11, 20.

Table 5. Crude Child Mortality Rate per 1000 Aged 1-4 Years by Ethnicity 1925-1970

| Year | Fijian | Indo-Fijian |
|------|--------|-------------|
| 1925 | 30.5 | 5.5 |
| 1931 | 26.1 | 4.7 |
| 1935 | 32.3 | 3.9 |
| 1940 | 17.6 | 2.6 |
| 1945 | 17.2 | 3.7 |
| 1946 | 23.7 | 2.0 |
| 1947 | 18.2 | 3.7 |
| 1948 | 15.3 | 2.6 |
| 1949 | 20.6 | 2.0 |
| 1950 | 16.3 | 3.4 |
| 1951 | 16.4 | 4.3 |
| 1952 | 21.5 | 2.7 |
| 1953 | 11.6 | 2.1 |
| 1954 | 11.0 | 3.3 |
| 1955 | 6.8 | 2.1 |
| 1956 | 6.6 | 2.2 |
| 1957 | 10.0 | 2.4 |
| 1958 | 6.6 | 1.4 |
| 1959 | 5.9 | 2.5 |
| 1960 | 5.8 | 2.2 |
| 1961 | 5.6 | 2.2 |
| 1962 | 5.1 | 1.5 |
| 1963 | 4.1 | 1.5 |
| 1964 | 5.5 | 1.9 |
| 1965 | 2.9 | 1.3 |
| 1966 | 2.3 | 2.0 |
| 1967 | 4.3 | 1.4 |
| 1968 | 3.9 | 1.8 |
| 1969 | 2.3 | 1.3 |
| 1970 | 2.1 | 1.3 |

Source: A. A. J. Jansen, S. Parkinson, A. F. S. Robertson, *Food and Nutrition in Fiji a Historical View, Food production, composition and intake* (Suva, Fiji: Pasifika Press, 1990), Table 11.24, 30.

Table 6. Crude Birth Rate per 1000 Population by Ethnicity 1946-1970

| Year | Fijian CBR /1000 | Indo-Fijian CBR/1000 |
|------|------------------|----------------------|
| 1946 | 39.2 | 42.8 |
| 1947 | 38.1 | 41.7 |
| 1948 | 36.8 | 47.0 |
| 1949 | 35.5 | 41.9 |
| 1950 | 37.1 | 42.5 |
| 1951 | 34.4 | 42.3 |
| 1952 | 36.7 | 44.7 |
| 1953 | 35.6 | 46.9 |
| 1954 | 37.0 | 43.2 |
| 1955 | 34.6 | 43.0 |
| 1956 | 36.0 | 45.3 |
| 1957 | 39.0 | 44.7 |
| 1958 | 36.0 | 45.0 |
| 1959 | 36.0 | 46.0 |
| 1960 | 37.0 | 43.0 |
| 1961 | 37.0 | 46.0 |
| 1962 | 37.0 | 43.0 |
| 1963 | 38.0 | 40.0 |
| 1964 | 37.0 | 39.0 |
| 1965 | 36.0 | 37.3 |
| 1966 | 36.9 | 34.6 |
| 1967 | 37.2 | 32.5 |
| 1968 | 32.1 | 29.8 |
| 1969 | 27.0 | 31.9 |
| 1970 | 28.9 | 30.8 |

Source: Great Britain, *Fiji: Report of the Colonial Office*, (London: HMSO, 1948-1970), various pages.

Table 7. Fertility Rates per 1,000 Women Aged 15-45 by Ethnicity, 1948-1970

| Year | Fijian fertility rate | Indo-Fijian fertility rate |
|------|-----------------------|----------------------------|
| 1948 | 165 | 255 |
| 1949 | 163 | 232 |
| 1950 | 167 | 226 |
| 1951 | 154 | 221 |
| 1952 | 164 | 231 |
| 1953 | 173 | 194 |
| 1954 | 166 | 219 |
| 1955 | 154 | 216 |
| 1956 | 159 | 221 |
| 1957 | 180 | 231 |
| 1958 | 165 | 230 |
| 1959 | 170 | 235 |
| 1960 | 160 | 214 |
| 1961 | 173 | 221 |
| 1962 | 175 | 205 |
| 1963 | 175 | 205 |
| 1964 | 175 | 191 |
| 1965 | 165 | 173 |
| 1966 | 170 | 159 |
| 1967 | 172 | 147 |
| 1968 | 149 | 135 |
| 1969 | 124 | 142 |
| 1970 | -- | -- |
| 1971 | 133 | 132 |
| 1972 | 125 | 117 |
| 1973 | 118 | 120 |

Source: Great Britain, *Fiji: Report of the Colonial Office*, (London: HMSO, 1948-1970), various pages.

Appendix 2: Economic Data for Fiji

Table 8. Gross Production Value of Fiji's Major Agricultural Products (constant 2004-2006 1000 \$i) * 1961-1970**

| Product | 1961 | 1962 | 1963 | 1964 | 1965 | 1966 | 1967 | 1968 | 1969 | 1970 |
|-----------------------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|
| Sugar cane | 38287.9 | 60846.0 | 77968.2 | 77377.4 | 72426.9 | 73145.6 | 72153.9 | 94291.3 | 78051.0 | 94767.0 |
| Coconuts | 35274.4 | 34612.3 | 36104.7 | 36181.7 | 28749.0 | 24541.9 | 24143.1 | 27094.9 | 31144.5 | 27495.6 |
| Meat, indigenous | 8667.5 | 8885.9 | 93670.0 | 9644.4 | 8915.0 | 9921.8 | 11039.1 | 13499.9 | 15566.9 | 14738.0 |
| Taro (cocoyam) | 9331.8 | 9968.1 | 9968.1 | 9331.8 | 10392.3 | 9543.9 | 8059.3 | 8907.7 | 9543.9 | 7423.0 |
| Cassava | 7521.3 | 7521.3 | 7312.4 | 7312.4 | 7207.9 | 7312.4 | 7521.3 | 7625.8 | 7312.4 | 7834.7 |
| Rice, paddy | 6342.3 | 6257.3 | 6115.8 | 5011.4 | 3992.1 | 3992.1 | 4105.5 | 4904.4 | 4813.3 | 5684.7 |
| Milk, whole fresh cow | 6241.2 | 6865.3 | 7489.5 | 12066.8 | 12066.8 | 12076.8 | 12089.2 | 9602.1 | 10922.1 | 12823.8 |
| Bananas | 2478.4 | 1999.6 | 2562.8 | 1774.3 | 1126.5 | 1830.6 | 1182.9 | 1746.1 | 1633.5 | 1549.0 |
| Eggs, hen, in shell | 580.6 | 663.5 | 746.5 | 796.2 | 846.0 | 767.2 | 787.9 | 658.5 | 694.2 | 734.8 |
| Fruit, fresh | 231.7 | 406.2 | 406.2 | 476.5 | 476.1 | 480.1 | 492.4 | 498.7 | 540.4 | 673.2 |
| Cocoa, beans | 15.6 | 15.6 | 20.8 | 41.5 | 36.3 | 46.7 | 37.4 | 83.1 | 62.3 | 61.2 |
| Coffee, green | -- | 1.1 | 1.1 | 1.1 | 1.1 | 2.2 | 5.4 | 8.6 | 11.8 | 11.8 |

Source: Value of Agricultural Production, FAOSTAT, *UN Food and Agriculture Organization*, Accessed 6 June 2018, <http://www.fao.org/faostat/en/#data/QV>.

*Products arranged in approximate order of value.

**available data starts in 1961.

Table 9. Tax Revenue and Colonial State Expenditure 1945-1970, £Sterling

| Year | Revenue £ | Expenditure £ |
|------|------------|---------------|
| 1945 | 1,692,518 | 1,797,069 |
| 1946 | 2,157,356 | 1,981,629 |
| 1947 | 2,728,270 | 1,962,934 |
| 1948 | 2,847,519 | 2,504,542 |
| 1949 | 3,042,595 | 2,715,282 |
| 1950 | 3,781,628 | 3,662,144 |
| 1951 | 3,533,225 | 3,695,162 |
| 1952 | 4,036,322 | 4,129,223 |
| 1953 | 3,613,167 | 3,573,918 |
| 1954 | 5,030,943 | 4,615,678 |
| 1955 | 6,229,745 | 5,832,426 |
| 1956 | 5,897,126 | 6,351,768 |
| 1957 | 5,738,974 | 6,609,989 |
| 1958 | 6,775,404 | 6,734,739 |
| 1959 | 7,160,202 | 6,516,687 |
| 1960 | 6,741,116 | 7,052,874 |
| 1961 | 7,445,265 | 7,413,694 |
| 1962 | 8,069,923 | 8,110,910 |
| 1963 | 8,956,875 | 8,872,400 |
| 1964 | 11,300,323 | 10,209,760 |
| 1965 | 12,134,112 | 11,815,179 |
| 1966 | 11,854,655 | 12,872,375 |
| 1967 | 14,151,614 | 14,584,860 |
| 1968 | 15,230,946 | 15,130,755 |
| 1969 | 33,927,620 | 33,118,631 |
| 1970 | 39,449,145 | 39,359,985 |

Source: Great Britain, *Fiji: Report of the Colonial Office*, (London: HMSO, 1948-1970), various pages.

Table 10. Total Export and Import Figures 1948-1962 £Sterling

| Year | Total Exports | Imports |
|------|---------------|------------|
| 1948 | 7,789,512 | 5,944,834 |
| 1949 | 6,843,866 | 6,990,977 |
| 1950 | 7,811,879 | 6,960,622 |
| 1951 | 7,312,990 | 9,368,137 |
| 1952 | 10,998,050 | 12,008,620 |
| 1953 | 13,180,698 | 10,548,627 |
| 1954 | 11,239,985 | 11,642,801 |
| 1955 | 12,542,064 | 14,373,951 |
| 1956 | 11,264,481 | 16,430,673 |
| 1957 | 14,988,486 | 15,216,006 |
| 1958 | 14,551,957 | 17,602,727 |
| 1959 | 13,822,232 | 16,856,088 |
| 1960 | 15,515,679 | 16,404,292 |
| 1961 | 13,126,662 | 17,186,548 |
| 1962 | 15,596,090 | 17,358,318 |

Source: Great Britain, *Fiji: Report of the Colonial Office*, (London: HMSO, 1948-1970), various pages.

Table 11. Total Export and Import Figures 1963-1966 £Fijian

| Year | Total Exports | Total Imports |
|------|---------------|---------------|
| 1963 | 21,547,328 | 20,103,593 |
| 1964 | 18,522,431 | 19,753,384 |
| 1965 | 21,016,861 | 29,074,677 |
| 1966 | 19,109,487 | 25,287,729 |

Source: Great Britain, *Fiji: Report of the Colonial Office*, (London: HMSO, 1948-1970), various pages.

Table 12. Total Export and Import Figures 1966-1969 \$Fijian

| Year | Total Exports | Total Imports |
|------|---------------|---------------|
| 1967 | 42,662 | 56,291 |
| 1968 | 52,230 | 68,402 |
| 1969 | 52,190 | 77,886 |

Source: Great Britain, *Fiji: Report of the Colonial Office*, (London: HMSO, 1948-1970), various pages.

Appendix 3: The South Pacific Commission Expenditure

Table 13. South Pacific Commission Expenditure Categorised by Section, £Sterling, 1950-1967*

| Year | Total Expenditure | Total Work Programme | Health | Social Development | Economic Development |
|------------|-------------------|----------------------|--------|--------------------|----------------------|
| 1950 | 92,805 | 14,588 | 7,360 | 3,058 | 3,670 |
| 1951 | 149,165 | 55,605 | 17,000 | 15,995 | 21,000 |
| 1952 | 176,709 | 57,700 | 15,000 | 19,500 | 22,500 |
| 1953 | 218,015 | 71,865 | 19,460 | 23,900 | 19,103 |
| 1954 | 198,940 | 69,990 | 17,425 | 19,120 | 25,045 |
| 1955 | -- | 89,850 | 27,910 | 26,915 | 35,025 |
| 1956 | 213,265 | -- | 24,810 | 19,900 | 20,505 |
| 1957 | 257,640 | 141,695 | 36,100 | 36,210 | 48,000 |
| 1958 | 225,885 | 118,395 | 21,170 | 24,245 | 26,025 |
| 1959 | 240,851 | 127,460 | 26,885 | 26,935 | 27,585 |
| 1960 | 231,520 | 114,719 | 18,165 | 26,415 | 21,390 |
| 1961 | 288,970 | 166,475 | 23,495 | 48,795 | 41,020 |
| 1962 | 323,473 | 190,725 | 28,665 | 69,500 | 36,125 |
| 1963 ** | 293,764 | 179,849 | 36,310 | 70,119 | 56,240 |
| 1964 | 315,928 | 198,480 | 45,532 | 54,799 | 74,031 |
| 1965 | 345,083 | 195,056 | 48,612 | 51,995 | 68,957 |
| 1966 ** | 333,862 | -- | 59,085 | 60,042 | 81,929 |
| 1967 | 362,793 | 261,736 | 56,561 | 63,566 | 97,050 |

Sources: South Pacific Commission, Proceedings of the Secretariat, (1949-1953, 1956-1961, 1963, 1965-1966), various pages; South Pacific Commission, Report on Research Council Meeting (1954-1955), various pages; South Pacific Commission, Draft/Proposed annual budget (1963, 1966), various pages.

*Some data was not available, denoted by --. The format of the budget after 1967 changed to remove the ability to categorise spending by section.

** Information on expenditure for these years is based on proposed figures and therefore represents an approximation rather than the final amount.

Abbreviations

| | |
|--------|---|
| AFRO | African Regional Office |
| CCTA | The Commission de Coopération Technique en Afrique au Sud du Sahara |
| CO | Colonial Office |
| CSR | Colonial Sugar Refining Company |
| FAO | Food and Agriculture Organization |
| FCO | Foreign and Commonwealth Office |
| FFPA | Fiji Family Planning Association |
| IPPF | International Planned Parenthood Federation |
| IUD | Intrauterine Device |
| LSHTM | London School of Hygiene and Tropical Medicine |
| NSGTs | Non-Self-Governing-Territories |
| PIM | Pacific Islands Monthly |
| RAC | Rockefeller Archive Center |
| SEARO | South East Asian Regional Office |
| SPC | South Pacific Commission |
| SPHS | South Pacific Health Service |
| TNA | The British National Archives, Kew |
| UCW | United Church Women of America |
| UN | United Nations |
| UNESCO | United Nations Educational, Scientific and Cultural Organisation |
| UNFPA | United Fund for Population Activities |
| WHA | World Health Assembly |
| WHO | World Health Organization |
| WPRO | Western Pacific Regional Office |

YWCA Young Women's Christian Association

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