"PLANEM FAMILY BLONG IU":
POSTER ART IN THE SOLOMON ISLANDS

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If I have more children, I'll just plant more food to feed them.
There's more land.
>   --A rural respondent, quoted in Gegeo 1987:97

Small family will destroy the Solomon Island way of life. It
[National Population Policy] is a white conspiracy.
>   --Provincial government official, 1988

Already many of our children are unable to attend school
because of the lack of room in existing schools. And not all of
those who are at school will be able to reach higher secondary
standard for the same reason--*there are more children needing
places than what we can afford to provide.*
>   --Prime Minister the Honorable Ezekiel Alebua
>   (1988:3; emphasis added)

Solomon Island government officials estimate that their country's popu-
lation will double to total over six hundred thousand by the year 2006
and that it may exceed one million in less than forty years (see Figure 1).
Recent calculations indicate a 3.7 percent per annum growth rate, one
of the highest in the Pacific (McMurray and Lucas 1990:2). Conse-
quently, health policy makers in the Solomon Islands during the 1980s
pushed hard for a national population policy (SIMHMS:1988). Prior to
1988 legislation there was no clear policy, and on occasion the govern-
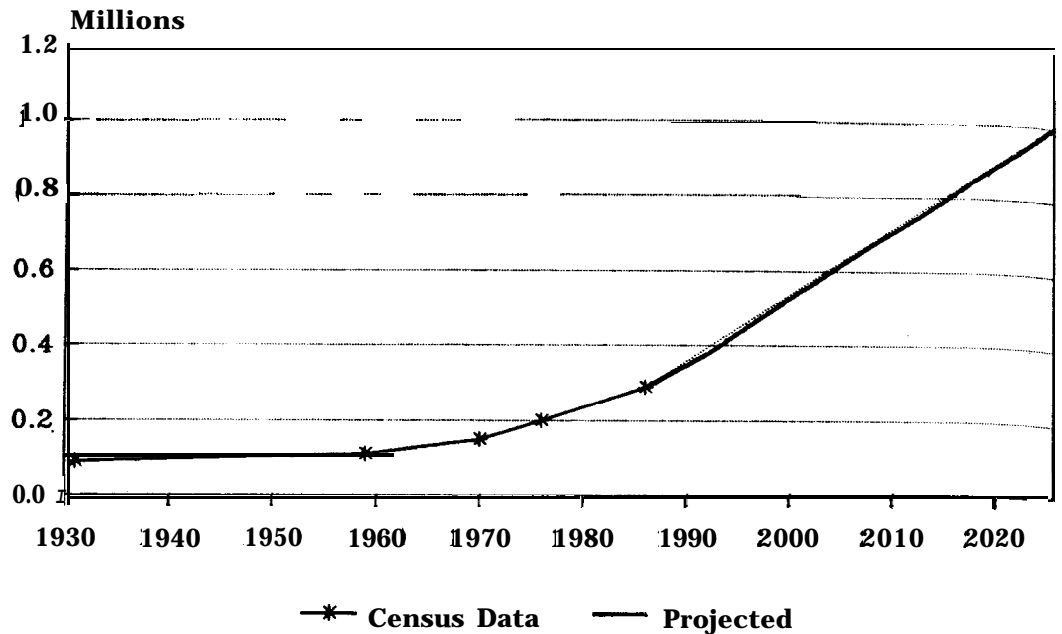
Millions

FIGURE 1. **Population growth for the Solomon Islands. Censuses taken 1931, 1959, 1970, 1976, 1986; projected 1 million people by 2026.** (Source: Data from SICO 1988; compiled by J. Fitzpatrick and S. Forsyth)

ment had firmly opposed family planning (Lloyd and Winn 1985). The lack of an official policy may have been the result of a perceived link between foreign influence and genocide and neocolonialism, as has been insinuated elsewhere (Mazrui and Mugambwa 1986; Warwick 1982).

The political context of population policy and how it influences poster art in the Solomon Islands is the focus of this article. Examples of posters are presented, and their messages are deconstructed. Social marketing suggests that visual images have the potential to promote change in society. In posters about family planning--*Planem Family Blong Iu,* or Plan Your Family--artistic constructions of the ideal "healthy family" predominate in the Solomon Islands (cf. Frederiksen, Solomon, and Brehony 1984). The poster art contains multifarious messages: ethnic hegemony, urban class bias, Western models of scarcity, international donor priorities, and foreign artistic representations.

Artistic productions created to serve as health education messages actively attempt to effectuate change. But what and whose messages do they carry? Are the projected changes related to public health or to a government policy influenced by international models of economic growth and development? And how are these messages perceived by Solomon Islanders?

Population Policy

The implementation of a new population policy for the Solomon Islands is a formidable task in the diverse cultural setting of this fourteen-year-old independent nation-state. The government ratification of a fertility regulation policy and the availability and easy access to Western contraception techniques cannot alone curb the high population growth. Why? Part of the explanation lies in the overwhelming cultural bias toward fertility; as in other parts of the world and the Pacific generally, large families are a prominent cultural ideal (see Frankel 1985; Handwerker 1986; Simmons 1988).

What forces are causing overpopulation in the Pacific Islands? Is population growth a natural correlate of modernization and economic growth? Will the process slow down once a majority of the population adopts a more Western life-style? These questions are asked repeatedly for developing countries. Publicity about the population explosion in the Third World has drawn attention to the possible economic disadvantages of rapid population growth. International agencies and lending countries often attach population policies to economic growth plans.[1] Debate among demographers and economists, and more recently in conservation and development circles, regarding population explosion, resource depletion, and economic growth fills the journals, but still there is no absolute proof that economic growth proceeds faster with a reduction in the total fertility rate (see Greenhalgh 1990; Handwerker 1986). In fact, it is still not clear exactly what factors are most critical for a reduction in fertility (see Cleland and Hobcraft 1985; Levine and Schrimshaw 1983; Polgar 1971). Culture, however, has an immediate impact on reproductive decisions and without a doubt "impinges on every aspect of population policy, from the initial awareness of population as an issue to client perceptions of the services offered" (Warwick 1982: 106).

Population policies worldwide reflect government recognition of the need to control the number of children born. But programs designed by foreigners with little attention to national culture policy may by definition create opposition (Gordon 1978; Warwick 1982). The situation in the Pacific Islands today mirrors difficulties encountered by early proponents of birth control elsewhere (see Ward 1986). According to Reed, these pioneers "had to work within the value systems of the societies they sought to change because their programs required the support of government and professional elites. . . . The changes required in order to deliver contraceptive- services to everyone were revolutionary"

(1983:370). The role and status of women, the value of children, changes in family structure and sexual mores, and access to equitable medical services and information about modern contraceptives by isolated or rural poor in the Third World are some of the social issues that until very recently have been ignored by international foreign-aid donors in the realm of development and family planning.

The medicalization of family planning removed it from the politically volatile area of changing social values. As overpopulation came to be considered a kind of disease in itself "to be treated by a pill or a coil" (Davis 1967:737), family planning became socially and politically less threatening. Individual human rights, that is, choice by the individual in the voluntary use of family planning services, are a necessary correlate to population policy. Even though apparent success stories in terms of reduction in fertility rates and increasing numbers of acceptors, China and India provide poignant examples of the denial of individual rights in government-sponsored, enforced population policies (see Brown 1984; Gordon 1978; Li 1984). Elsewhere in Asia, according to Hull, in countries as different as the Philippines and Vietnam, "[the] government claims the right to determine the range and accessibility of birth control technologies and de facto the government and not the individual couple is planning the family" (1990:3).

Generally, once population policies have been formulated by a central government, they are channeled through the national health bureaucracy and implemented through vertical programs dependent upon the authority of national administrators. In numerous cases, family planning programs have not been implemented because donor agencies and international advisers have favored centralized decision making and ignored participation by community-level groups (Warwick 1982:38-39). The top-down approach has proven unsatisfactory because knowledge and sensitivity about local issues are masked and general models imported from outside are not applicable.

A typical health bureaucracy, the Solomon Islands Ministry of Health and Medical Services (SIMHMS), located in the capital, Honiara, administers clinic-based health services and public health activities. Its Health Education Division is concerned with modifying behavior and addresses a range of public health matters, including family planning.[2] A goal of this division is the dissemination of health promotion messages utilizing a variety of media.

In the Solomon Islands, posters provide a relatively inexpensive and technologically simple means of communicating to the country's disparate, geographically dispersed, and primarily rural population. A popular medium in a country without television, posters are distributed to all
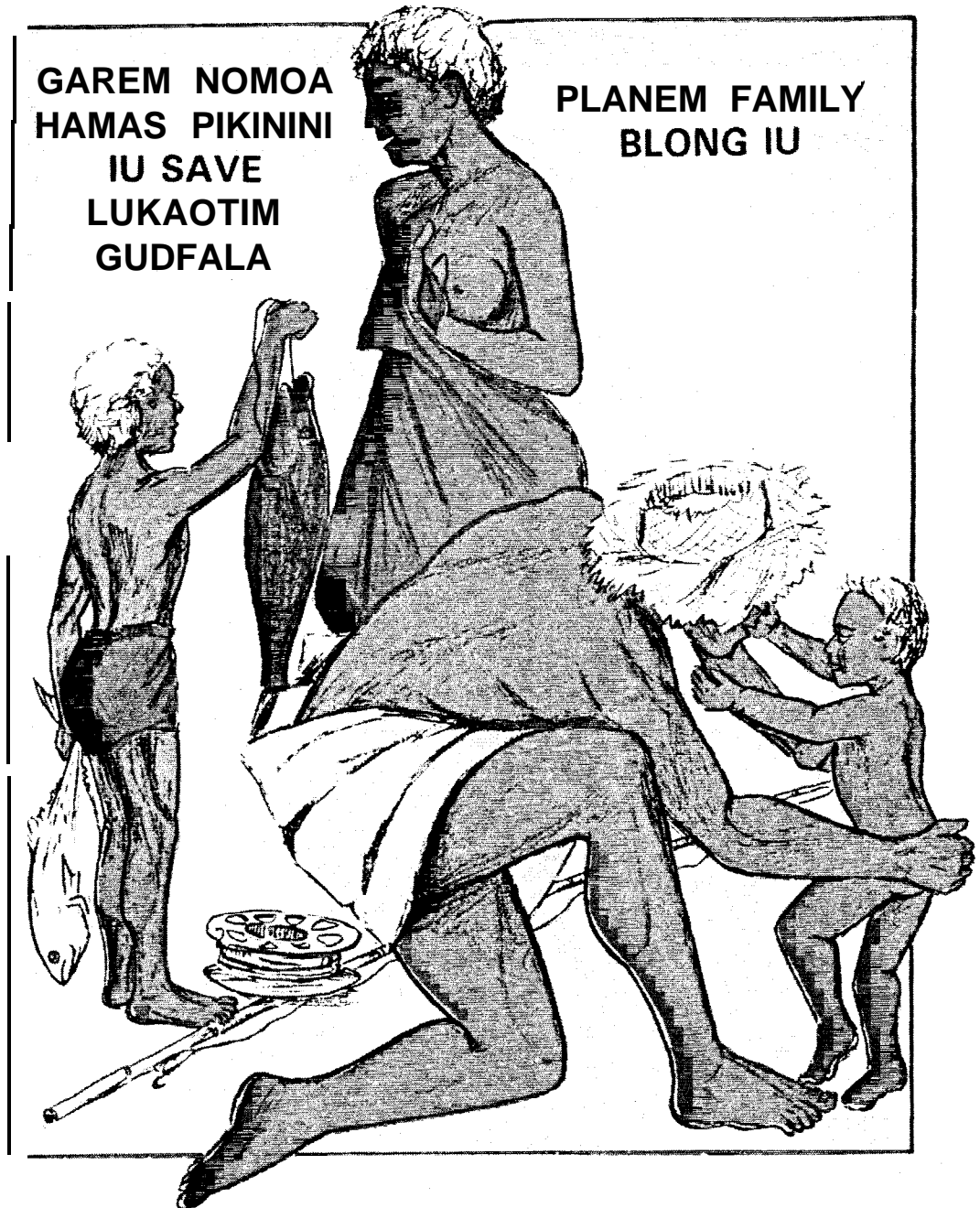
FIGURE 2. **"Plan Your Family": a poster of a mother and father with two children on the beach, 1986.** (*Source:* Health Education Division, SIMHMS, Honiara)

rural health clinics. Information about malaria control, the expanded program for immunization, nutrition, sexually transmitted diseases, and family planning are conveyed through artistic constructions of health messages (see Figure 2).

There are two major sources for health education posters in the Solo-

mon Islands. The World Health Organization (WHO), which has a country office in Honiara and a regional office in Fiji, produces and distributes health-related posters. Figure 3 characterizes this agency's approach and attempt to impose a culturally neutral style to health topics.[3] One wonders how an illiterate rural farming couple might interpret the WHO-style rendering of infant mortality statistics. The other major source of health education poster art is the SIMHMS Health Education Division (see Figure 2 above).

The point here is not to evaluate the displayed posters or analyze the effectiveness of the posters for health education objectives. Instead, I wish to provide an anthropological commentary on the broad sociopolitical context of artistic representations, in this case focusing on materials utilized for health promotion, especially family planning. This article highlights messages about population issues in view of their diversity of artistic construction and political implications.

It is assumed that artistic productions created to serve as health education messages actively attempt to effect change--whether this means
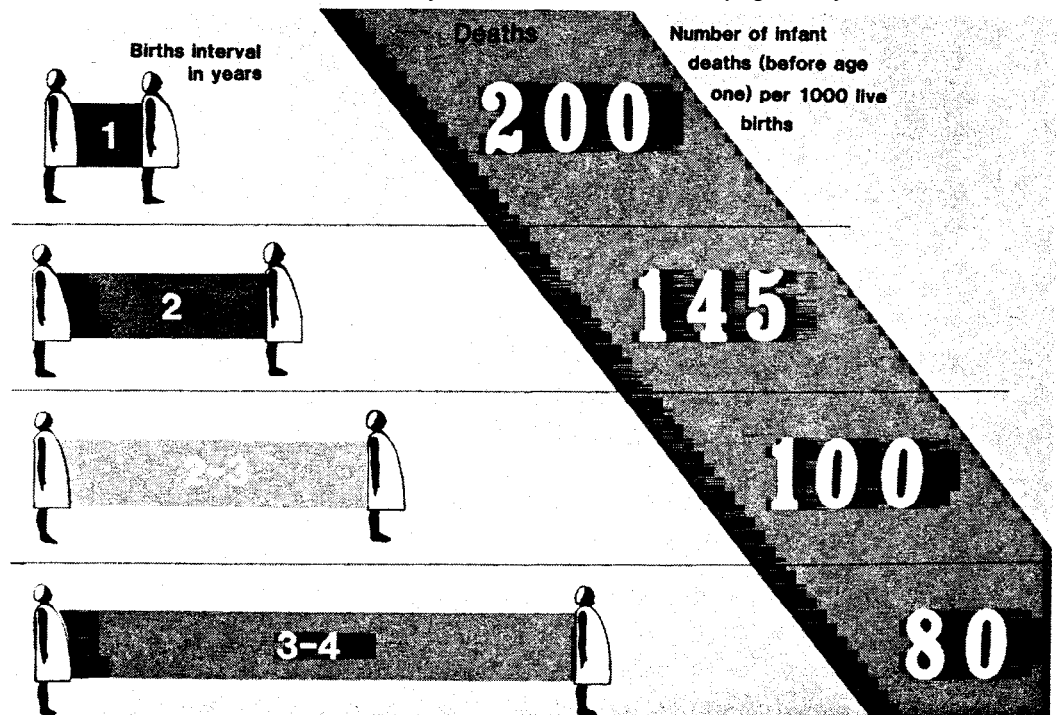

FIGURE 3. **A poster illustrating the relationship between infant mortality and birth spacing, n.d.** (*Source:* WHO)

reducing family size or, in the case of malaria control, using a mosquito bednet. In many cases, however, as the posters demonstrate, the intended message is obscured or misrepresented. We might question whether it is the artistic representation that creates the ambiguity or whether the messages are inherently unclear.

The argument developed here is that health is far from a value-free domain. Health messages in poster art are often derived from Western models. They are not apolitical but typically represent special interests and involve proselytizing by a dominant group. The urban elite, often partially assimilated to Western norms, are potentially responsive to the ethos of population planning (Mazrui and Mugambwa 1986:355-356). Poster art pertaining to family planning assessed in this article does not reflect the existing social structure of the majority of Solomon Islanders. Rather it conveys an external morality and offers constructs of the family imported from European demographic ideals, fortified by statistics from epidemiology (see Figures 2 and 3). The experts are defining social policy for the public, and they use the small family "as a model for all people, regardless of other economic and psychologic needs, and without relating family size to overall quality of life" (Gordon 1978:177). In theory, health education materials are meant to communicate information about health issues, but in practice they partake of political discourse through ambiguous messages. Thus, consideration of the language of representation--the artistic constructions in poster art that impart messages about population issues to the public--is essential in interpreting problems of cross-cultural health communication and education.

Social marketing, used increasingly in public health, is based on the assumption that visual images have the potential to promote change in society (see Manoff 1985). The posters reproduced in this article were created with specific health messages in mind; nonetheless the artistic constructions are multidimensional. That is, the posters in question cannot be seen as isolated artistic expressions but must be interpreted within contemporary sociopolitical contexts, particularly with respect to emerging nationalism, population dynamics, cultural identity formations, and Solomon Island family planning programs.

The Solomon Islands Case

The Solomon Islands nation comprise six main islands and a scattering of small islands and atolls with historically distinct cultures and diverse environments. The majority of the population today is still organized in

small, rural-based village economies oriented toward subsistence gardening, fishing, or both. Solomon Islanders prefer large families, often of eight or more children. In the late nineteenth and early twentieth centuries, "blackbirders" plundered the communities and kidnaped laborers for the sugar plantations of Queensland. During World War II, some islands, especially Guadalcanal, were devastated by the Allies and the Japanese (see McMurray and Lucas 1990:13-15). A locally perceived population decline from these events and a high infant mortality rate until quite recently have contributed to the continuing high value on fertility. Postwar public health action programs resulted in the reduction of both maternal and child mortality. Jointly, these reductions in mortality have greatly affected current annual rates of population growth. Although mortality has been reduced, high morbidity from malaria continues to plague the country at a rate that is probably higher than during the nineteenth century. Migration, resulting in part from population growth, has been escalating since the 1950s and is a major factor contributing to the expansion of endemic malaria (N. Kere, pers. com., Honiara, 1990). Wage labor, educational opportunities, and the city lights draw young people, particularly males, in ever-increasing numbers away from the villages, where land is increasingly in short supply, to provincial capitals and to Honiara, the country's modernizing urban enclave and national capital. Yet, in the city the rural life-style is romanticized; the urban elite view their rural homelands as places to return for relaxation, recreational leave, and retirement.

In the Pacific generally, nationalistic public tradition is often defined in artistic terms. Lindstrom points out such a trend in Papua New Guinea where, to stabilize the country as a whole, cultural identity is being unified for nationalistic purposes (1992). In the Solomon Islands, the national government attempts as well to construct a national cultural identity out of diversity. A variety of traditions and customary practices persist--distinguished by geography, language, culture, and phenotype--and are promoted by government, I suggest, as a way of developing unity through diversity (cf. Lindstrom 1992; White 1991). The distinctive art forms expressed in dance performances, handicraft production, and canoe construction for races are encouraged at events such as the Tenth Independence Anniversary Celebrations recently held in Honiara (Fitzpatrick 1988). As in other parts of Oceania a collective identity, comprising pieces of custom from the numerous culture groups, is marketed for tourists and exported by the government (see Linnekin 1990:158). The country's eight provinces,[4] which include at least eighty language and culture groups, are symbolically represented through artistic constructions in the form of logos (see Figure 4).

WESTERN   YSABEL   CENTRAL   GUADALCANAL   MALA'ITA   MAKIRA   TEMOTU

FIGURE 4. **Logos representing each of the provinces of the Solomon Islands. These popularly used symbolic representations of the various island culture traditions were created by graphic artists for *Link* magazine, produced by the nonprofit organization Solomon Island Development Trust (generally referred to by its acronym, SIDT). This publication, distributed throughout the islands, presents information about development issues and promotes grass-roots organizing in the rural sector.** *(Source: Link)*

Regional differences do exist, however, and they present a challenge for national government. Since independence there has been an ongoing debate over provincial versus national formulation of policy and control of finances, resources, and services. Politicians at the national level emphasize unity and working together. Yet on a pragmatic level they cannot ignore the significance of the diversity and the problems inherent in the varying social histories and the vast geographic distances between islands. Indeed, national politicians strongly identify with their home communities and are often accused of having conflicting allegiances. From extensive observation in the Solomons, White is optimistic about emerging nationalistic identity in suggesting that the contemporary social environment "breeds a new kind of cultural pragmatism that values local identity while actively seeking out and incorporating new knowledge" (1991:58).

Variation in population size and density and resource availability creates differences in development potential among the already culturally diverse provinces. For the country as a whole, the population density is ten persons per square kilometer, but some provinces such as Mala'ita have nearly twenty persons per square kilometer (SISO 1989:14). This density difference leads to variation in migration patterns, age structures, and local perceptions about land scarcity. In the Pacific as a whole, available land is restricted, and in the Solomons the capacity for intensification of subsistence and cash cropping is limited by rapid increases in population density, which vary by island and province. Furthermore, customary land and sea ownership continues to be an obstacle, among some culture groups, to large-scale government-initiated development projects (see Gegeo 1991). Yet, in some areas com-

mercial logging and plantation agriculture have put pressure on land and food production.

Many politicians, as noted earlier, are aware that health and education services are not keeping pace with current population growth. Even though the majority of Solomon Islanders, rural village residents, still perceive their local environment to be expansive and not more densely populated than in the past, they too notice current pressure on government services. They speak out about the need for school seats for their children and good quality, accessible local health facilities. A recent editorial in a local magazine expressed the view that "beyond certain limits our human resources cease to be an asset and are a liability" (SIDT 1989:8). In actuality, the more remote populations are receiving fewer services; and out-migration by young people, particularly to Honiara, is accelerating (SICB 1988). In this situation, it is understandable that the national government would use rapid population growth as an explanation for a lack of adequate health and education services, a shortage of pharmaceuticals, and deficiencies in other basic services : "The fundamental problem confronting the Solomon Islands in the 1990s is that population growth is outrunning both the formal monetary economy's ability to provide employment and the government's capacity to provide social and administrative services" (PIM 1989:32). Warwick makes the point that in the Third World, however, "it does not necessarily follow that a reduction in the birth rate will spur more economic growth or increase public services" (1982:34).

Actual population size and ethnic composition by province is presented in Table 1. Not surprisingly, there are representatives from all provinces and distinct ethnic groups resident in Honiara, which more than doubled its population between 1976 and 1986 (SISO 1989:9). Even with recent trends in rural-urban migration (Connell 1983), the Solomon Island population remains predominantly rural with barely 15 percent resident in urban areas including provincial capitals such as Gizo, Auki, and Kira Kira (SISO 1989:10).

By far the majority of Solomon Islanders (94 percent) are Melanesian (see Table 1). For census purposes, ethnic divisions are broadly defined: Melanesian, Polynesian, Kiribati (or Gilbertese), and "Other" (a catch-all category used here to include Chinese, Europeans, other Asians, and other Pacific Islanders whose citizenship is enumerated on the 1986 census). Locally, however, social identity is defined much more discretely through identification with a particular place, language group, or social and cultural community. For instance, people from Anuta, Tikopia, or Ontong Java- (on their home islands as well as in Honiara) see

TABLE 1. **Solomon Island Population by Province and Ethnic Groups, 1986**

	Melanesian		Polynesian		Kiribati		Other		Total	
	No.	%	No.	%	No.	%	No.	%	No.	%
Mala'ita	78,240	97.74	1,672	2.09	22	0.03	98	0.15	80,032	28.07
Western	52,106	94.31	220	0.40	2,554	4.62	370	0.67	55,250	19.37
Guadalcanal	49,086	98.50	325	0.65	242	0.49	178	0.36	49,831	17.47
Honiara[a]	26,255	86.33	2,032	6.68	871	2.86	1,255	4.13	30,413	10.66
Makira	21,243	97.50	506	2.32	14	0.06	25	0.11	21,788	7.64
Central	15,304	82.92	2,897	15.70	157	0.85	99	0.54	18,457	6.47
Isabel	14,450	98.86	91	0.62	62	0.42	13	0.09	14,616	5.13
Temotu	11,847	80.15	2,918	19.74	7	0.05	9	0.06	14,781	5.18
Total	268,531	94.16	10,661	3.74	3,929	1.38	2,047	0.72	285,168	99.99

Source: Data from SISO 1988; compiled by J. Fitzpatrick and S. Forsyth.

[a]Honiara is treated here as a unit comparable to Solomon Island provinces.

themselves as belonging to distinct groups even though they are offi-cially enumerated within the category "Polynesian." Similarly, "Melanesian" as a census category incorporates diverse population groups from Makira, Mala'ita, Isabel, Choiseul, and Guadalcanal. Each of these major islands is subdivided into numerous culture or lan-guage groups, such as the Kwaio, Kwara'ae, Lau, and 'Are'Are on Mala'ita. Developing these categorizations along geographic, political, and cultural lines involves many overlapping criteria. The extreme eth-nic variability common in contemporary Melanesia inhibits political consensus in defining national priorities and discourages the develop-ment of a common language of presentation for health promotion and health education messages.

Identity markers, especially within the urban context, also include phenotype, language, place of birth or residence, religious affiliation, and dress. In Honiara, small peri-urban enclaves have developed com-prising individuals from specific rural areas, cultural communities, or language groups. Many of Honiara's thirty thousand inhabitants reside in these ethnically defined neighborhoods, Place of employment and church attendance cut across these urban groupings, creating opportu-nities for other social categories of identity.

Historically, religious denominations were associated with particular regions as a result of missionization. Today, for the country as a whole,

they are spread more evenly across ethnic and geographic boundaries. Five major Christian churches encompass 91 percent of the population, suggesting the high social value placed on church membership. In the past, education and health services were provided by the various missions, resulting in uneven distribution of these services and the formation of new settlements near particular churches. Today, church-run schools and hospitals funded by foreign sources work together with government-run institutions to provide communities with services. As one would expect, health education, particularly application of the new population policy, has been greatly influenced by the philosophies and practices of individual churches in communities. Dominant church affiliation, which varies at the community and provincial levels, also affects present-day social and political organization at the village level. Some denominations exert a strong political voice and control local attitudes about population policy in the rural areas. Nevertheless, national church leaders agreed that the population problem needs to be addressed by the SIMHMS (Fitzpatrick 1990). This development is a lucid example of how the medicalization of family planning allows the social and cultural issues to be sidestepped within the public arena.

In Honiara and the provincial capitals, language is a common marker of identity. Speakers of the same language community are referred to as *wontok*. Because most Solomon Islanders use a local vernacular as their first language, communication between language groups takes place in Pijin (Solomon Island Pidgin) or standard English. The national radio station, Solomon Island Broadcasting Company (SIBC), broadcasts in Pijin and English, repeating messages, often switching language in midsentence for clarity. Bureaucrats report that there are low literacy rates for the rural areas of the country; the 1986 census found that almost 40 percent of the population over ten years of age had no formal education (SISO 1989:v). "Females clearly did not have the same opportunities to be trained as males," according to the census report. "The number of uneducated females greatly exceeds the males" (SISO 1989:165). Thus, many people, but particularly rural females, are unable to read either English or Pijin. Television programing, which could serve as a means of broader language acquisition in either Pijin or English, is unavailable in the Solomon Islands, although video cassette players are becoming more common in urban households.

Health education materials are generally written in English or Pijin; rarely, if at all, are they written in local vernaculars (the posters reproduced here are quite ordinary with respect to language and format). Consequently, the effectiveness of the written language used in poster

art in the Solomon Islands is problematic, whether it is Pijin as depicted in Figure 2 or standard English as shown in Figure 5.

Fertility Regulation

> Not too Soon
> Not too Late
> Not too Close
> Not too Many
>   --Planned Parenthood jingle, 1989

Prior to the newly instituted national policy on population (SIMHMS 1988), a small but determined group of individuals promoted fertility regulation as members of the Solomon Islands Planned Parenthood Association (SIPPA). The radio jingle quoted above emphasizes not birth control but birth spacing, which was part of a health promotion strategy that existed prior to the passage of the new policy. Western methods of contraception, in particular the condom, have been available at least since World War II, and traditional methods of contraception, still not well documented, have existed for centuries (see Gegeo and Watson-Gegeo 1985).

The 1960s and 1970s were active years for international population planning campaigns in some Pacific Island nations. The Solomon Islands, however, did not appear to exhibit rapid population growth rates, and the postindependence government was extremely pronatalist (McMurray and Lucas 1990). Therefore, donors remained indifferent to large-scale population control programs in the Solomons. Gegeo (1987) has studied the role of mass communication in the promotion of family planning in the Solomon Islands and examined in detail the operations of SIPPA, which commenced in 1973.[5] Until 1986, operational funding was derived primarily from the International Planned Parenthood Federation; later funding was sought through the United Nations. Planned Parenthood "long clung to a policy of offering birth control services only to married women" (Gordon 1978:177), and this policy is extant in the Solomon Islands today.

SIPPA, based in Honiara, provided a broad spectrum of services, from advising to sterilization, and depended upon the Medical Department at Number Nine, the national central hospital, for referrals of gynecological complications (Gegeo 1987). Nonetheless, from all indications during its first ten years in operation the impact of SIPPA activities on total fertility rates was minimal. Some researchers suggest that

FIGURE 5. **A poster of a family using Papua New Guinea-style cartoon characters, n.d.** (*Source:* Health Education Division, SIMHMS, Honiara)

"its success was limited owing to the unfavourable government stand on family planning" (McMurray and Lucas 1990:14).
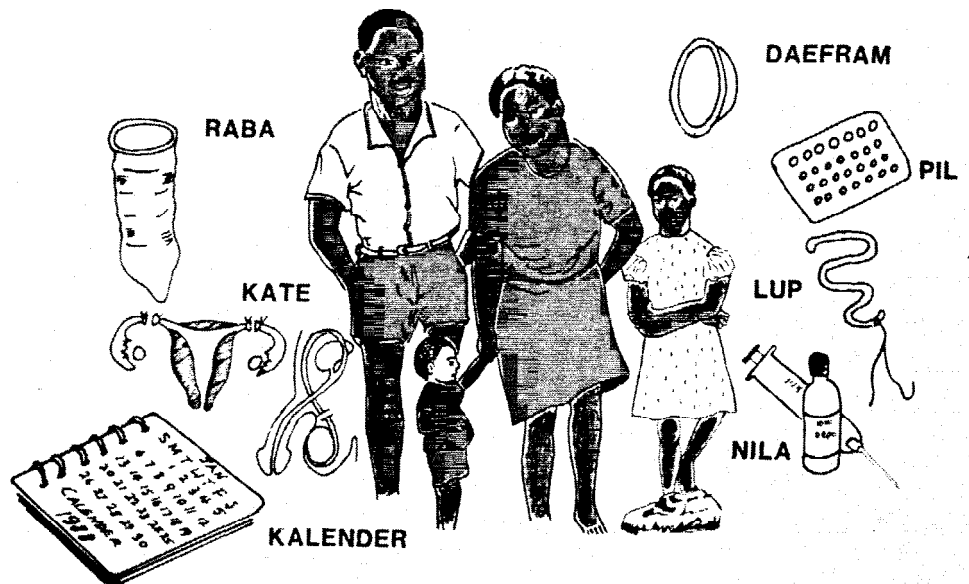
It continues to be difficult to document the effectiveness of SIPPA, now part of the newly formed intersectoral standing committee, SIMHMS Family Planning Monitoring and Evaluating Committee.[6] According to the new National Population Policy (SIMHMS:1988; SIMHMS 1990), this committee's functions include overseeing the implementation of the new policy; developing teaching and educational materials (a new curriculum in the Honiara-based nurses' training course is being created during 1991-1992); and developing and implementing closer ties among all of the various committees, nongovernment organizations, and government offices.[7] No specific mention is made in the text of the policy with regard to continuing production and distribution of health promotion posters.

Poster Messages

Overall, posters produced prior to the implementation of the new population policy contain ambiguous and mixed messages. Artistic constructions of the nuclear family--specifically, the two-child family--and ethnic identity both figure strongly in the poster art. Figure 6 provides yet another view of the imported image of the two-child family. The dominant ethnic group is represented here rather than an ambiguous phenotypic family, as illustrated in Figure 2, or a cartoon characterization of a family, as depicted in Figure 5. Furthermore, from their dress this family appears more urban as compared to the families in Figures 2 and 5.

Posters such as Figure 6 also impart technical knowledge to the viewer. The facts are encapsulated in the Pijin words and the illustrations. Promotion of the medicalization of family planning is a predominant theme. The illustrations of various Western contraception methods have no information about who should use which method, how to use any of the methods, or, in general, how they work. Self-help is not part of the message; instead, the message emphasizes the medical aspect of using contraception by directing the viewer to "go to the nurse who knows how to help you" *(go stori long nes, hem save helpim iu).* "Space your children, plan your family, stop having children, and do not give birth every year" are other messages written in Pijin on the poster displayed in Figure 6. We might speculate that these people represent an urban family who are "masters" of the complex medicalization presented around them and who apparently have been successful in having only two children.
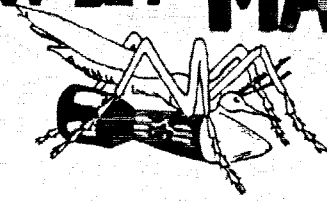
FIGURE 6. **A poster of a two-child family with modem contraception devices, 1986.** (*Source:* Health Education Division, SIMHMS, Honiara)

FIGURE 7. **A poster illustrating steps to take control of malaria, 1986.**
(*Source:* Health Education Division, SIMHMS, Honiara)

Figure 7 provides a contrasting approach to the dissemination of technical information in poster art. Self-help is combined with professional assistance; demystification of a public health problem is promoted. In this case, the topic of health promotion is not population control but malaria control. Written information about the procedures to join in the campaign to control malaria is presented in story form rather than in an abstract, multifarious pictorial presentation as typified by Figure 6. Instead, in Figure 7 each boxed illustration pictorializes the written Pijin words. True, social and cultural sensitivities surrounding malaria control are different from population control concerns. I suggest, however, that the contrast with the family planning poster design reflects ambiguity in past policy directives on population.

Poster Art as Visual Discourse

Health promotion posters in the Solomon Islands are a form of visual discourse. Produced mostly at the national level, they advance relevant public health issues for both rural and urban populations. The posters do not target particular audiences but instead assume a notion of collective identity. However, it is difficult to discern a Solomon Islander national identity within the diverse images and mixed messages presented in the posters, and I question whether there is such a thing at this time in the Solomon Islands. Although the central government promotes such an identity from among the diversity, a collective identity remains something idealized. And it is certainly not realized in the posters examined here.

Yet there are commonalities to all the posters. Single women or men apparently do not have children--only couples are targeted for family planning. It is necessary to be literate to some degree, either in Pijin or in English, to fully understand the poster messages. This dependence on literacy is a selective process that favors the urban dwellers (15 percent of the population) who reside in Honiara and other provincial capitals. There is debate among media experts regarding the relevance of literacy and the use of the written word and pictures in health promotion posters and print media, especially in Third World countries. The notion that illiterate populations can be communicated to entirely through pictures may be a myth. "Words, in the end, are the sine qua non of communication. Pictures also require their own form of literacy--graphics literacy, if you will--the ability to translate the picture into the reality it is meant to symbolize" (Manoff 1985:213).

Figure 5 is an example of a poster with a set of mixed messages need-

ing both literacy and "graphics literacy" for interpretation. The man, apparently the father, is depicted holding cash in one hand and a basket of food in the other. What does this mean? Is it "less of everything" as the poster claims? Are the children supposed to be hungry? The role of the woman, presumably the mother, is also unclear. One wonders whom these people are supposed to represent anyway. To me, an outside observer, the poster appears condescending. In sum, it is difficult to ascertain what the messages are in this poster. They are ambiguous not only in the text but also visually, and they ultimately create more questions than they can answer.

Phenotype in the Solomon Islands is an overt identity marker, whereas in the posters it is often covert and deliberately left uncertain. Is the family in Figure 5 representative of a Solomon Island phenotypic national identity? In fact, the cartoon characterizations are from Papua New Guinea. Solomon Islanders undertake art training at the University of Papua New Guinea Art School in Port Moresby and apparently incorporate the PNG-style characters in illustrations for health promotion at home. These characterizations may be appropriate stereotypic portrayals of in-group features for Papua New Guineans but not for Solomon Islanders (see also Graburn 1976:29).

Figure 2 romanticizes rural life; a two-child family is fishing on the beach. Their phenotype is obscure, perhaps Polynesian, even Caucasian. What is the target population for this poster? Polynesians, who make up less than 4 percent of the total population (see Table 1), are a minority. It is true that the atolls of Tikopia and Ontong Java are severely overcrowded and many individuals have had to migrate to Honiara, but the poster in Figure 2 is distributed throughout rural health units in all provinces, even those without resident Polynesians.

The model of the two-child family, readily adopted by the creators of these materials, contradicts all other public discourses about the family in the Solomon Islands. Politicians, such as the past prime minister Alebua, who has seven children, have large families. In the urban centers some young couples, who are starting to have smaller families, are pitied, not admired. Large families are idealized and considered by many to be Solomon Island custom.

> It is useless to ask people to "stop at two" for the sake of national development. . . . As long as . . . any form of population education conflicts with dictates of self-interest, then it is obvious that the latter will prevail. People will only start to want small families when the costs of rearing more than two or

> three children begin to exceed the benefits. The overall process
> of development acts as a contraceptive by pushing up the costs
> and reducing the benefits. (Warwick 1982:200)

We might ask, however, whether the process of development will in fact
act as a contraceptive over the long run in the Solomon Islands. The
assumptions underlying Warwick's perspective may in the Solomons
case prove faulty.

What is communicated in health education materials--what I refer
to as visual discourse and what Lindstrom calls "public tradition"
(1992)--is very often based on political priorities and assumptions that
may not always be pertinent to individuals' health. And even where the
messages are relevant to health goals, they may not be culturally appro-
priate for individual communities. Information is being exchanged
through artistic representations, and like art in contexts outside of
health, it often has a political agenda.

In the Solomon Islands there is a push by the central government to
reduce the population growth rate and to create a national identity
within a diverse population. Combining these two agendas in the pro-
motion of family planning may prove a formidable task. Perhaps- it is
not feasible. Even though health education materials have been pro-
duced locally, it is questionable whether indigenous etiologies are being
recognized. In particular, inappropriate models from the West are
being utilized in communication about the family and identity (Harri-
son 1983). Bunnag, a consultant for the U.N. Fund for Population
Activities (UNFPA), in a general discussion of the appropriateness of
Western media models, states that "the major difficulties have arisen
from the indiscriminate borrowing of western (mass) media models for
family planning communication programmes. . . . These media mod-
els have not typically been concerned to establish a dialogue with the
audience--without which communication cannot take place"
(1986:216).

Conclusions

The Solomon Islands were overlooked during the heyday of interna-
tional promotion in family planning. Nonetheless, some health-trained
Solomon Islanders--influenced by literature from the local family plan-
ning association, WHO, UNFPA and other U.N. agencies or educated
abroad in Western biomedicine and epidemiology--along with occa-
sional consultants succeeded in stimulating local concern about popula-

tion issues. Prior to advocating an official policy, the government was not ready to sanction promotion of family planning. There was resistance by the churches, the politicians, and the urban elite, who continued to idealize the large family and to associate family size with customary practice and national identity. After independence, pressure to adopt a population policy accelerated as the need for international aid increased. Warwick, an analyst of numerous national population programs, points out that international aid donors "have had an incalculable effect on the origins, shape and direction of population programs in the developing countries." He continues: "Of all the spheres of national development, population has been the most donor driven. Governments do not usually have to be prodded hard to grow more food or to build more roads, but many had to be persuaded to act on population control" (Warwick 1982:44).

The poster art displayed here, developed for the most part prior to adoption of the 1988 National Population Policy, communicates borrowed concepts about family planning. The posters do not constitute a construction of Solomon Island social identity. They are of interest nonetheless for two reasons: their contradictory nature and their representation of Solomon Island artistic constructions. Foreign ideas are transformed into local models for use in the promotion of family planning. The posters express stereotypes about rural, illiterate people and represent their idealization by urban, educated residents. Not traditional or folk art, the posters reflect modern and contemporary conceptualizations of society. As purposeful, constructed productions, the posters are a medium of instruction. Their messages are not always clear, but the political context within which population issues have evolved goes a long way toward explaining their ambiguities.

NOTES

  1. In the 1960s, as a result of a growing realization that foreign aid for economic development may be wasted in the absence of population control, USAID was sanctioned by the U.S. Congress to investigate problems of population growth. In 1965, President Johnson

directly confronted the issue of the world population explosion and the growing scarcity in world resources in his State of the Union Message (Reed 1983:378). This speech cleared the way for major donors, primarily from the United States, to openly support family plan. ning services in developing countries. Recent debate surrounding abortion in federally funded clinics and foreign projects in the 1990s has made problematic a commitment to population issues by U.S. foreign aid donors.

2. Since 1990 the Health Education Division, as coordinator of media materials on public health topics, has started to work closely with the newly created unit Maternal Child Health and Family Planning (MCH/FP) within the SIMHMS. All of the posters from the division that are described in this article were developed prior to the institutionalization of the National Population Policy (1988) and the newly organized coordinated approach within the SIMHMS.

3. Individuals working within WHO are aware of the shortcomings of their health education materials. This agency contributes scholarships for Solomon Islanders in health promotion training and in the development of an infrastructure to support the production of materials locally.

4. Choiseul, located in Western Province, recently became a separate province, the eighth in the Solomon Islands.

5. SIPPA was founded by a group of urban Solomon Island nurses and mothers. A New Zealand consultant supplied management and organizational support. At the onset, membership fees were very low--less than US$1; services were provided to a tiny proportion of the Honiara population (Gegeo 1987).

6. Standards for record keeping made estimates of acceptor rates difficult (Gegeo 1987). Continued investigation by Fitzpatrick is planned for 1992-1993 to document community-based distribution programs and other activities of SIPPA and other nongovernment organizations working in the population field.

7. As part of the fieldwork component of the Master in Tropical Health degree, students from the Tropical Health Program, University of Queensland Medical School, Australia, recently completed a study that examined attitudes about contraception and patterns of contraceptive use in Honiara (Bage, Foliaki, and Healy 1992). The MCH/FP Unit of the SIMHMS requested the survey, provided assistance and support, and requested future studies on family planning issues.