

**ADDIS ABABA UNIVERSITY**  
**FACULTY OF MEDICINE**  
**DEPARTMENT OF COMMUNITY HEALTH**

**SOCIO-CULTURAL FACTORS IN DECISIONS RELATED TO  
FERTILITY IN REMOTELY LOCATED COMMUNITIES:  
THE CASE OF SURI ETHNIC GROUP**

*A thesis submitted to the School of Graduate Studies of Addis  
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the degree of Master of Public Health, Department of  
Community Health, Faculty of Medicine, Addis Ababa University.*

**BY**

**YETMGETA EYAYOU, MD**

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**Addis Ababa**

## DECLARATION

I, the undersigned, declare that this is my original work, has never been presented in this or any other University and that all the source materials used for the thesis have been duly acknowledged.

Name \_\_\_\_\_

Signature \_\_\_\_\_

Place \_\_\_\_\_

Date of submission \_\_\_\_\_

This thesis has been submitted for examination with my approval as a University advisor:

Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_



DEDICATION

TO SURI WOMEN

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## **ABSTRACT**

A qualitative study was conducted in Surma woreda, Southern Nations, Nationalities, and People's Region (SNNPR) in order to investigate the socio-cultural factors in decisions related to fertility in Suri ethnic group. Key informants were selected by heterogeneous and snowball sample selection techniques. Key informant in – depth interviews using open-ended questions and observations using checklists were the data collection techniques. Data analysis was done manually in the field and using computer software for handling qualitative data. The Suri has an old tradition of child spacing practice. The reason for their child spacing practices are related to child welfare especially related to child feeding practices, maternal well being for fear of maternal depletion as a result of closely spaced births and the violent way of life that the Suri people often find themselves in. The traditional methods used for child spacing include the rhythm method, post – partum sexual abstinence, and prolonged breastfeeding. Traditional sexual norms such as polygamy and extramarital relation in men and the pastoralist way of life support child spacing practice using the traditional methods. In instances of unwanted pregnancy, the Suri try to induce abortion using local materials and plants. Recommendations were given to establish reproductive health services in the area as well as strengthening the already existing traditional family planning method by providing scientific and reliable information.

## **INTRODCTION**

Modern family planning methods are widely believed to influence fertility worldwide <sup>1</sup>. However, traditional methods have also been used in fertility regulation in African societies with their own contributions. The social, cultural and traditional beliefs and practices that are embedded in the social system also have an impact on decisions related to fertility <sup>2</sup>.

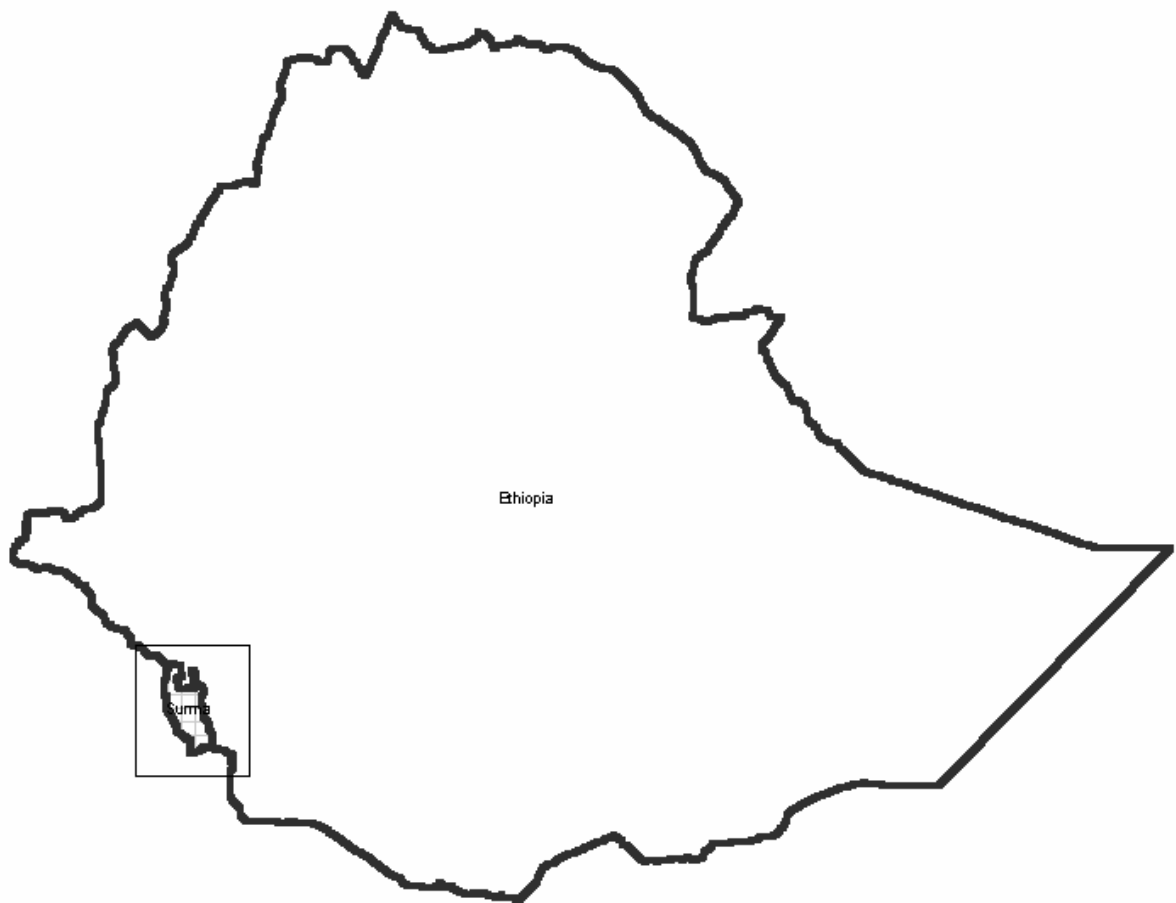
Fertility patterns observed in developing countries in general and in Ethiopia in particular may be attributed to the traditional attitudes and cultural values held by communities and the need for large number of children. In some communities the seemingly small number of children per woman might be due to a widespread polygamous relationship or the presence of other traditional ways of regulating fertility <sup>3</sup>.

Traditional methods were reported to constitute a considerable proportion of all contraceptive methods in both urban and rural Ethiopia. These methods include pre-marital and postpartum sexual abstinences, withdrawal, and the use of herbs. However, very little is understood about the nature of these traditional contraceptive methods. Furthermore, the socio-cultural factors that affect decisions in fertility and fertility regulation as well as perceptions and attitude of the people living in remote rural areas of Ethiopia on fertility regulation are also poorly understood. Such an

endeavor is crucial for establishing reproductive health services, particularly in remote parts of the country <sup>4</sup>.

Ethiopia is a country with a rich diversity of people and cultures. One of the various ethnic groups that reside in the remotest areas in the southwestern of the county on the border with Sudan is the Suri ethnic group.

Map 1: Map of Surma Woreda, SNNPR, Ethiopia



The area inhabited by the Suri is among the least developed in Ethiopia. Owing to lack of roads that connect the woreda to the rest of the country till the last 8 years the Suri ethnic group has been isolated from the rest of the country; and the central government had little control over the area in the past. Surma woreda council was established in 1994 and is still at its infancy. There are no official figures on population size for Suri community. They might be estimated roughly at around 60,000. The last census made by the Ethiopian government did not cover all areas because of the inaccessibility of most of the villages. It is an area where traditional religious practices predominate and traditional forms of rule and social organization endure. Although some exposure to the outside ideas and influences arise from trade and missionaries, the Suri still remain largely isolated and remote. They are not only isolated from modernization influences in general but also do not have privilege of using modern health service. Besides, they do not use modern family planning methods for fertility regulation. The Suri community is an ideal community to investigate the role traditional contraception in fertility regulation as well as the socio-cultural factors in fertility decisions.

Hence, the objective of this study is to investigate the socio-cultural factors involved in decisions related to fertility and the nature of traditional contraception available in Suri society.

## **LITERATURE REVIEW**

The practice of family planning in Africa is believed to be an old tradition. There was a belief that Africa is hostile to family planning in general and modern contraception in particular. It was widely thought that there is a tradition of exalting the need for many children in order to increase family's prestige in the community, to reinforce tribe, to provide source of labor and social security in old age. Africans are believed to desire to have "as many children as God provides," an attitude that translates into a fertility rate of over 6 children per woman. However, deeper insight in to African culture demonstrates that African parents never accept all pregnancies provided "by God" <sup>3</sup>. The reported high fertility rates especially in sub-Saharan Africa might suggest uncontrolled fertility in the area. However, literature to date indicates that women in African society have traditionally practiced fertility regulation – not for the purpose of family-size limitation but rather for birth spacing, with the objective of enhancing the health and thus survival probability of children <sup>5</sup>. The fact that some traditional societies do not welcome all pregnancies is also demonstrated by lower fertility rates than what they should without the practice of modern contraception and hence indicating the practice of traditional contraception <sup>6</sup>.

The average number of live births per African woman is 5.6. The actual number of pregnancies required to produce the 5.6 average number of live births would be higher because not all pregnancies come to term and a number of infants do not survive. Compared to women elsewhere in the world, women in most sub – Saharan countries bear children at younger ages, have larger families and make much less use of modern family planning methods. These countries with the highest rates of fertility also have the highest maternal, infant and child mortality <sup>6,7</sup>.

Throughout history, the traditional family planning practices used to space children have been rich and varied. The creative and life-threatening techniques used to limit childbearing show how intensely women and men have tried to control reproduction and sexual practices <sup>8</sup>. Women and men worldwide have tried countless methods to avoid pregnancy without even understanding the process of pregnancy <sup>9</sup>. These traditional methods used to prevent conception and to space births include post partum sexual abstinence, periodic sexual abstinence or the rhythm method, withdrawal, prolonged breastfeeding, herbal contraceptives, wearing amulets, abortifacients and a number of other rituals <sup>10</sup>. Even though both modern and traditional contraceptive methods contribute their share in fertility regulation, family planning programs encourage only the use of modern methods and virtually ignore traditional method use since traditional methods are less reliable, on average, than modern methods <sup>11</sup>.

In a study done in Zaire, 95% of women in rural and urban areas at least heard one traditional method, and three of these traditional methods – abstinence, withdrawal, and the belt – were mentioned more frequently than any modern method. The ever use of traditional methods in ever married women aged 15-49 was 76% and 81% in the urban and rural Zaire, respectively <sup>5</sup>. A study done in Uganda indicated that 34% of all ever-married women have used traditional contraceptive methods before <sup>10</sup>. The percentage of traditional contraceptive method use is also reported to be 39%, 12% and 7% in Sri Lanka, Honduras, and Bangladesh, respectively <sup>12, 11, 13</sup>.

Post-partum sexual abstinence is the most widely practiced method. Couples do not resume sexual relations until the child reaches a certain age <sup>6</sup>. Traditionally, birth spacing was achieved in Africa by means of nearly universal taboo on post partum sexual relations, which varied in length from few weeks after birth to two to three years in different societies <sup>14</sup>. While avoidance of pregnancy has been one motive for abstinence, avoidance of contamination of mother's milk during period of breastfeeding was another. However, there is evidence that the taboo on post partum sexual relations is gradually eroding <sup>5</sup>. In a study done in Pakistan to determine the effectiveness of lactational amenorrhoea method it was found that only 3% of women reported post partum abstinence for >4 months while 80% of the mothers become sexually active by the end of the second month <sup>15</sup>. In Ethiopia, the median duration of post partum abstinence is only 2 months <sup>16</sup>.

Polygamy is shown to facilitate post partum abstinence in Africa <sup>5</sup>. Nearly 14% of currently married women in Ethiopia are in polygynous union. The percentage of currently married women in polygynous union in SNNPR, where the study population resides is 22% <sup>17</sup>.

Periodic abstinence or the rhythm method is another traditional contraception method used widely. In Honduras, 6.7% of women aged 15-45 currently in union use rhythm method for family planning in 1991-1992 and in Philippines 7.6% of married women use the rhythm method for family planning in 1983, while only 5.5% of married women use the pill for family planning <sup>11, 18</sup>.

The practice of coitus interruptus or withdrawal is old tradition in Africa and elsewhere. In Uganda, 9.5% of ever-married women used withdrawal for family planning purpose <sup>10</sup>. In both Sri Lanka and Honduras, 5% of women in union use withdrawal for family planning <sup>12, 11</sup>.

Most traditional African societies also use magic rituals that include wearing amulets, burying the cloth of the child when the child dies to prevent another pregnancy after the death of a child, inserting the newborn's foot into the vagina just after delivery while the person inserting the foot says: "Let the productivity stop here", wearing the umbilical cord of the last-born by the mother around the waist, and putting on the son-in-law's clothes to prevent conception for spacing as well as limiting births <sup>10</sup>.

Herbs and other materials are also used to prevent pregnancy. The study in Uganda indicated that 3.2% of ever-married woman have used herbs that are inserted into the vagina before sexual intercourse to prevent the semen from reaching the womb<sup>10</sup>. Spermicidal materials like lemon juice, vaginal pills made of pastes and gums of honey; douches of alum, white oak bark, red rose leaves, raspberry leaves and roots are also used to prevent conception. Women also place substances, many of which can be harmful, in their vagina before or after sexual intercourse. These substances may contain hot water with salt, vinegar, lemon juice, alum, black pepper or soap<sup>9</sup>,<sup>19</sup>. Pessaries or suppositories that include beeswax, opium balls and stones placed in the uterine cavity; and systemic preparations such as parsley and lavender tea are taken to prevent pregnancy. Mechanical barriers such as spongy substances, linen pads in the vagina, lemon halves shelled out and placed over the cervix, crocodile or elephant dung and condom like materials; and removal of semen from the vagina by mechanical methods such as wiping with a cloth or jumping up and down are also some of the traditional practices used for fertility regulation<sup>9</sup>.

Breastfeeding is widely practiced in most developing countries and it appears to be a primary determinant of the birth interval, and hence the contribution of other methods of contraception to birth spacing and limitation remains low<sup>20</sup>. Fifteen percent of ever-married woman in Uganda use prolonged breastfeeding, breastfeeding for more than 19 months, as family planning method<sup>10</sup>. In Senegal,

the duration of breastfeeding is also 19 months <sup>21</sup>. Breastfeeding is universal and of very long duration in China, particularly in the less developed areas and intensive breastfeeding patterns have contributed to long birth intervals in China, a situation that existed even before fertility started to decline in the 1970s <sup>22</sup>. Breastfeeding is also strongly linked to post partum abstinence in most of sub-Saharan Africa <sup>5</sup>. Ethiopian women are amenorrheic for a median period of 19 months while breastfeeding <sup>16</sup>. The duration of lactational amenorrhoea differ from country to country and in different populations with in a country, with a range varying from 2 to 3 months up to 2 to 3 years <sup>21</sup>.

Unwanted and mistimed pregnancies occur because sexually active women who do not want to have a child are not using an effective contraceptive method, but also because all methods have some risk of failure and methods are not always used correctly. In sub-Saharan Africa as well as Latin America, increasing levels of sexual activity before marriage are likely to lead to greater use of abortion <sup>23</sup>. Worldwide, various methods are used as abortifacients to terminate unwanted pregnancies <sup>6</sup>.

Traditional beliefs and practices that are part of the social system in each society also play a role in regulating fertility <sup>2</sup>. Traditions that may decrease fertility in a society would include traditions encouraging breastfeeding, sexual norms that facilitate abstinence, cultural practices and sexual norms that cause infertility and traditions related to punishment of extramarital & premarital sexual relations <sup>9</sup>.

Despite a wide spread campaign promoting the use of modern contraceptives in the last several decades, people have continued using traditional family planning methods. Many users of modern contraception have even abandoned such methods in favor of traditional approaches such as oral herbs, coitus interruptus, or folk methods such as waistbands. Most women in rural areas do not use modern forms of contraception because they are either unavailable in the clinics or culturally unacceptable. Couples use many traditional methods of contraception though they remain at great risk of unwanted pregnancy, as well as sexually transmitted infections. Hence, users of traditional methods of family planning need to be informed about their risk of unwanted pregnancy and sexually transmitted infections including HIV/AIDS associated with their practice <sup>24</sup>.

Researchers have estimated that during typical use, pregnancy rates for withdrawal and rhythm methods are 19% and 20%, respectively for 12 months use, while those for the pill and the Copper-T IUD are 3% and 1%, respectively <sup>25</sup>. In United States also a failure rate of 19.1% for rhythm method is reported <sup>26</sup>. The 12-month post partum rate of pregnancy while using lactational amenorrhoea method (LAM) is 1%, while it is 7% for only post partum lactation since LAM stands for those women who continue to fully or nearly fully breastfeed their infant and who remains amenorrheic during the first 6 months post partum <sup>15</sup>. In a study done in Senegal only about 5-10% of women become pregnant while in lactational amenorrhoea <sup>21</sup>.

Although pregnancy rates are important, couples choice of a method is not always motivated by the likelihood of failure; it is often a function of personal preference and circumstances. The reasons why couples rely on traditional methods than modern methods are numerous and include a lack of knowledge about modern methods, the greater convenience of traditional methods, fear of actual or perceived side effects, cultural constraints and lack of accessibility <sup>11</sup>.

A number of factors are believed to influence decisions related to fertility in individuals and communities <sup>27</sup>. The socio-cultural environment individuals and communities live is one of the factors that have an impact on decisions related to fertility and their choice of contraception. There are also great variations in the extent to which socio-cultural factors influence decisions related to fertility and its regulation among countries, and communities within a country. The extent of these variations could be wider among isolated communities with distinct socio-cultural environments <sup>28</sup>.

A high level of childhood mortality almost keeps fertility at a high level through both biological and behavioral mechanisms. A study done in Bangladesh showed a substantial and significant adverse impact of child mortality on fertility regulation behavior, which can be explained by replacement and insurance effect <sup>13</sup>. Child health and survival probabilities are also the main reasons for child-spacing practice in Africa <sup>14</sup>.

Adherence to cultural practices for social acceptance that may encourage postpartum abstinence for a variety of reasons including concern about postpartum infection, healing of episiotomy (or tear), or maternal depletion syndrome are the other motives for practicing fertility regulation. Mistaken notions such as that semen pollute breast milk or that sexual intercourse causes malnutrition in the suckling infant promotes fertility regulation through prolonged abstinence <sup>6, 9</sup>. Fertility regulation is also affected by attitudes towards sexuality and sexual act. Some sexual beliefs do not encourage men to have sex frequently and hence decrease coital frequency. Nearly all Tamils in Sri Lanka and Hindus in India believe that the loss of sperm weakens men and undermines their health <sup>12</sup>. The value placed on virginity in many areas prohibits the beginning of sexual activity until a girl is married. In some areas, women are supposed to abstain indefinitely from intercourse once they become grandmother. And hence sexual abstinence shortens a woman's reproductive period at both ends of her reproductive life span by determining when she becomes sexually active as well as when she stops <sup>9</sup>.

The rapid rates of modernization, urbanization, and social change experienced in African countries make it difficult to determine how often traditional methods of fertility regulation are still used. Reports from earlier in the 21<sup>st</sup> century indicate that use of traditional family planning methods was widespread. Most recent reports suggest their use has continued to some degree <sup>6</sup>.

Even though traditional methods constitute a considerable proportion of all contraceptive methods in Ethiopia, very little is understood about the nature and effectiveness of traditional contraceptive methods. In addition, the social and cultural factors that affect decisions in fertility and fertility regulation are not clearly understood in people living in remote rural areas of Ethiopia <sup>4</sup>.

## **OBJECTIVES**

### **GENERAL OBJECTIVES**

To describe the socio-cultural factors in decisions related to fertility.

### **SPECIFIC OBJECTIVES**

- ✦ To investigate the perception of the Suri community on fertility.
- ✦ To describe the fertility regulation methods used in Suri community.
- ✦ To illustrate the socio-cultural reasons in using fertility regulation methods that could be available to the Suri community.

## **METHODS**

### **STUDY DESIGN**

The study is conducted using qualitative methods. Qualitative method was chosen after conducting a pilot study to identify the most suitable method of study that fits the study population and that enables to address the research question best.

Key informant in-depth interviews were chosen to reap the advantage of getting a deeper insight in to the research question and by considering the intimate nature of the questions to be discussed in a group.

Observation was also part of the design of the study to get first hand information on matters related to the research question that can be observed without the need of interviewing the informants.

### **STUDY AREA**

The study population is located in Surma woreda of Benchi – Maji zone of the Southern nations, nationalities and people's regional state. It is geographically located at the southwestern border of the country (See Map 1). The administrative center of the woreda, Anjo, is 752 Km southwest of Addis Ababa. It has a tropical (kola) climate covered with shrubs and acacia trees as well as long grasses.

## **STUDY POPULATION**

The ethnic name "Suri" as used in this study refers to the Tirma, Chai and Baale, all living in the southwestern region of Ethiopia in a geographically contiguous area starting from the Kibish valley and extending westwards towards the Boma plateau in Sudan to the west, and northwards up to the Akobo river. The total population of Suri in the woreda is estimated to be around 60 thousand according to the recent polio eradication campaign estimates where 8500 households (tukules) were included in the campaign. There are 21 kebeles in the woreda. Anjo, Gome, Tulgit and Haru kebeles were included in the study owing to their accessible by transportation and relative security.

## **SAMPLE SIZE**

The sample size for this study was not decided at the beginning of the study, as it is dependent on the degree to which the incoming data answers the research questions. That has made the optimal sample size in this qualitative study less clear at the beginning of the study. This had created some problems during financial as well as time budgeting. Saturation and redundancy of information, though indeterminate measures, were used to limit the questions as well as the number of the respondents. The major focus was to collect information on a range of experiences, perspectives and behaviors.

## **SAMPLE SELECTION TECHNIQUES**

Initially, key informants were recruited in order to get the general overview on the topics selected. These informants were those serving as translators, people who have established a trustworthy relationship with the researcher, outspoken members of the community and who were said to have knowledge and experience on the topic of the study.

A variety of techniques were used to obtain each informant. Heterogeneous sampling technique was used to get informants from different ages, sex and social groups. Once the initial informant was found in a village snowball technique was used to get the next informant until saturation. The heterogeneous as well as the snowball sampling was done in collaboration with the translators and the woreda administrators. Informants were also required to be outspoken on culturally sensitive issues that the research addresses.

Informants were recruited for the study from market places, clinics, from their home and village as well as from *Borde* and *Tej* houses (places for selling local alcoholic beverages) and unplanned encounters. There were some individuals who showed up by themselves because they want to share what they think they know about the issue under study. Few of those individuals were included in the study after critically evaluating their motives and the kind of information they intend to provide. Those individuals who initially started to bargain about the amount of money that would be

paid at the end of the interview were excluded automatically. Local non-Suri residents and community elders who gave strong impression that they wanted to contribute something to the research were included as informants even though they showed up by themselves. The investigator himself after meeting those individuals that showed up by themselves made the selection evaluation. The total number of informants that were included after showing up by themselves was five.

Questions were asked taking into account the informant's age, sex, marital status and social standing. Selection of informants also followed the purpose of filling the gaps observed from each day's report.

The technique of sample selection follows a strategic approach to obtain informants for their ability to provide rich information. This purposive sampling method was carefully used to select informants that typify or shed light on the study question.

## **DATA COLLECTION TECHNIQUES**

There were two major meetings that were organized by the investigator to explain the purpose of the study and the participation required from the community, which helped in establishing a working relationship with the community. In addition to those meetings the investigator used to work at the clinics in Tulgit and Kibish treating patients and giving health education, which helped to establish a more open and trustful relationship.

In-depth interviews and observations were the methods of data collection used in this study. Non-reactive as well as participatory observation techniques were used as appropriate for the situation. The in-depth interview and the observation methods are used simultaneously as opportunities that suit either of them unfolds.

In-depth interviews were conducted to extract information on fertility perception of the Suri community as well as on the general background information on the Suri community. The interview was a one-to-one interview in the presence of translator. Female translator was used for female respondents when possible. When respondents speak Amharic the interview was conducted with out translators. The interviews were interactive; study participants were encouraged to make a more active role in determining the flow of the interview.

Interviews were made to be interactive and the role of the investigator was predominantly listening and allowing the informant to be free to raise all the issues that come to his/her mind with regard to the study questions. The interviews were conducted in the morning when it is possible because the afternoon weather wouldn't allow discussion at ease and also most importantly many Suri men and women will not be often sober in the afternoon after consuming local alcoholic beverages.

Open-ended questions were used to collect relevant information. These questions were tailored to each informant's characteristics with regard to age, sex, marital status and social standing. This technique has helped to clarify points that are relevant and that could be adequately addressed by each informant. Questions that reached saturation were removed every evening after transcribing the day's work and doing preliminary analysis. New questions were added whenever an information gap is identified. The questions include knowledge, experience and opinion questions. All questions were framed in such a way that they include main question, follow up questions and probes. The study begun with general, open-ended question that later moved to greater precision as detailed information emerged.

Sexuality, pregnancy and birth are social phenomenon as they are also biologic phenomenon. A social phenomenon cannot be understood outside of its own context. In order to achieve a holistic way of looking at these social phenomenon relevant profiles of each informant was recorded at the end of the interview and used in the analysis of the information they provided. These includes their place of residence, marital status, age, sex, occupation, adherence to their visible cultural identity, the places they have visited before away from Surma geographically and culturally, and their relations to the translators.

Attempts were also made to conduct a second interview with informants as deemed necessary to clarify some points, to ask the reasons for their claims as well as to look for deeper explanation as the study proceeded.

The interviews were tape recorded whenever possible. A total of 35 interviews were tape-recorded. Unwillingness to be tape-recorded, demanding more money and other rewards and inappropriateness of tape recording were the reasons behind those interviews that were not tape-recorded. Those interview that took place in areas where other people could easily come and join if they see new things like tape recording and photographing were not tape-recorded. These include interviews that were conducted in villages and near public gathering places such as *Borde* and *Tej* houses, and markets. These include 25 of the interviews that were conducted.

Observations are made from both the outsiders and insider's perspective. Attempts were also made to behave and dress like most Suri people to make the insider's observation richer. Observations are made in market places, in *Tej* bets, *Borde* drinking places, clinics and during public meetings. The observation also includes attending social events like the *Sagnie* stick fight, the moon light game, reconciliation ceremonies, funeral ceremonies, and repeated house-to-house visits. These observations contributed in obtaining information related to the study question in a way that makes the study subjects behave, talk and express their way of thinking in a natural way than the formal interviews.

Information from non-reactive as well as participatory observation was recorded immediately after the event and sometimes during the event on a piece of paper in a way that doesn't disturb the natural flow of events. The observations were guided by checklists that were prepared as the research evolved.

The interviews were done using translators of Amharic – Surichen language. The best possible translators were selected for this research. The criteria for selection of translators include their educational background, their fluency in Amharic language, and their willingness to work on an issue that investigates sexual and reproductive life of the Suri community. Attempts were also made to include a female translator for female informants.

Video films and photograph pictures were also taken to make the consumers of the information visualize the general situation in Suri community and their life.

Consent was requested before each interview and during observations when appropriate. Rewards were given by negotiation when applicable and often times per their request to avert violent encounters. As the study progressed many people came by themselves to be interviewed because of the financial rewards. However, the selection method that was set forth at the beginning of the study was followed strictly even at a considerable financial and temporal cost.

## **DATA ANALYSIS**

Preliminary manual analysis was an inherent part of the data collection. As more data emerged from each day encounter, the meanings of certain ideas and concepts were made to take shape. It was recorded on a separate analysis notebook, which also helped in the revision and refinement of the questions as the study proceeded.

Each tape-recorded interview was transcribed word for word in Amharic language and then translated to English. Contact summaries were written in English for each interview. The contact summary summarized the output of each contact with respect to the themes that were formulated initially, summarizes the general output of the encounter, indicate other relevant issues that came up during the contact and finally it indicates the issues that are already saturated and those that need further clarification. This ongoing analysis and modification of the questions was vital in following an emergent research design.

During analysis, attempts were made to see how informants' stories and opinions are shaped by their social position, economic opportunities or religious convictions, and how the narratives are situated in the broader physical and socio-cultural environments in which informants live. Exceptions and minority opinions were also identified and tracked to get important insights and better understanding of the research question.

A theoretical framework was not imposed on this research at the beginning of the study to let a theory and conceptual framework that can help to understand the various factors emerge at the end of the analysis.

To understand complex issues from the perspective of informants, numerous questioning, reflecting, rephrasing, analyzing, theorizing and verifying were done in the course of the study. The analysis primarily focused on textual data in the form of expanded field notes and transcripts of recorded interviews. Images and sounds such as facial expressions, promptness or reluctance in responding to questions, emphatic nature of the responses, and frustrations in addressing certain issues were also systematically interpreted and their meanings noted on paper to be incorporated in to the analysis.

The process of analysis started by reading and rereading the texts and notes. Attempts were made to listen the themes identified and as a result of this effort it was possible to attach labels or codes to the chunks of text that represent those themes. The process of reading and rereading the text helped the investigator to remember the situations during the interviews and to internalize the general and specific issues that were raised during those encounters.

The translated text document of the notes and the transcribed information was entered into OpenCode Version 2.1 computer software for handling qualitative data. The software was developed by UMDAC & Epidemiology, Department of Public Health and Clinical Medicine at Umea University, Sweden and released in June 2001. Coding and code sorting was done using this software. Once the text has been coded, each chunk was explored in its own thematic area. First by displaying in detail the information relevant to each category and then reducing this information to essential points. Reading and coding were initiated while the data were being collected in the field manually. Codes that closely match the ideas or language found in the text were chosen. This avoids imposing words or concepts that might prevent the investigator from seeing the data in neutrality. A coding sort, which is a collection of similarly coded blocks of text, was constructed and formed a new data structure.

After developing theme-related files the data was displayed again. The principal themes and sub-themes were identified. Then the investigator returned to the data and examined the evidences that support or negate each theme and sub-theme both quantitatively and qualitatively. Quantitative aspects of a theme include information about frequency or duration, size or quantity of a phenomenon. A qualitative examination of each theme would include attention to specific vocabulary participants used to discuss a topic, which might be difficult to ascertain in studies conducted using translators.

Data reduction was performed to get the overall sense of the data, to distinguish central and secondary themes and to separate the essential from the non-essential. At each step search was made for the core meaning of the thoughts, feelings, and behaviors described in the text; and hence interpretations were made.

Finally an overall interpretation emerged showing how thematic areas relate to one another, explaining how the various related concepts respond to the original study question and suggesting what these findings mean beyond the specific context of the study.

### **ETHICAL CONSIDERATION**

Ethical clearance was obtained from Addis Ababa University, Faculty of Medicine. Permission for this study was also obtained from the Benchi – Maji zone and Surma woreda administration. Individual and group informed consent was obtained for each interview and observation.

### **PILOT SURVEY FINDINGS**

During the pilot survey conducted in early December 2002, it was found that the concept and use of time and numbers is not developed in Suri community. This would make questionnaire-based interview to investigate their fertility pattern and determinants impossible. As a result a qualitative study approach was chosen to study fertility related issues in the Suri community as a feasible method.

## **RESULTS**

### **CHARACTERISTICS OF THE STUDY AREA AND POPULATION**

A total of 60 interviews were conducted in December 2002 and January 2003 in different villages of the woreda. Sixty percent of the interviews were tape-recorded. Out of the 60 interviews, 33 were from Tulgit, 18 from Anjo, 3 from Haru, 4 from Kibish and 2 from Kassi villages. There were a total of 29 female and 31 male informants with age ranges from those in teens to those approximately in their eighties.

Most male informants who were married were in polygamous relationships; while all married women have one sexual partner, as there is no polyandry in Suri for married women. The majority of the respondents were married but single, divorced and widowed informants were also included. Except 7 of the informants who were literate, the remaining 53 informants were illiterate and have never been out of the Suri land. Eight of the interviews were conducted in Amharic with out translation. The remaining interviews were conducted with the help of translators from Amharic to Surichen and back to Amharic. Most interviews were conducted using same sex translators.

Observation was an inherent part of the in-depth interviews. A number of observations were conducted during the interviews as well as separately.

The name "Suri" is a self-name used by all three neighboring tribes in the study area – Tirma, Chai, Baale. The name "Surma" apparently has some derogatory connotations, since it also refers to some type of "black lowland ant". There exists a close and long-term contact among the Tirma, Chai, and Baale that made these groups refer to themselves by the common ethnic name "Suri" or "Surma". There is a strong sense of cultural affinity among the three tribes, which is also manifested, among other things, by the custom of lip-plate insertion practiced by women.

Picture 1: A picture of Suri people, Tulgit



Cattle are the main source of income for the Suri; they also mine gold from the tributaries of the Akobo River. Low-level subsistence farming is also practiced in the area. A major problem for the Suri is their hostile relationship with the neighboring Bume, who are heavily armed because of their connection with the Southern Sudanese People's Liberation Army (SPLA). The Nilotic Bume, who are believed to be fierce fighters, have been increasing their cattle herds in recent times by raiding the Suri; moreover, they are extending the boundary of their grazing areas towards the north and the northwest. The Suri consequently are pushed further into the area inhabited by the Dizi and Me'en. This encroachment of the Suri to the Dizi and Me'en land has also created hostile relationship among these groups. The root cause of the hostilities is cattle raiding, as cattle constitute a means of subsistence for all groups involved, and considered the ultimate store of value and source of prestige.

The Suri have liberal sexual norms and practices that apply for both sexes before marriage and only for men after marriage. Having multiple sexual partners during premarital sexual relations is not a practice publicly denounced in Suri society though girls would be considered "bad" if they have multiple sexual partners publicly. Boys publicly declare the fact that they have multiple sexual partners without any fear of intimidation. Despite the liberal sexual norms before marriage, unwanted pregnancy is said to be very low. Married men are polygamous or have girlfriends that they visit regularly. However, married women are strictly forbidden to have extramarital sexual relations. The consequence of being caught having extramarital affair is socially and

economically disastrous for a woman and her parents. Such an act would usually result in divorce and subsequent stigmatization. Her parents would also be required to return the bride price payment back to the husband in the event of divorce.

## **FERTILITY PERCEPTION**

Children are highly valued in Suri community. Children are welcome irrespective of their sex as both sexes fill a very crucial gap in social, cultural and economic life of a Suri family. Couples with many children are respected in Suri society. A middle aged woman responded in a puzzled way to the question asked about how many children she wanted to have in her life time by saying;

*"If God provides me, I want to have as many children as possible. I want to have even more than 10 children".*

Another middle aged man who is a father of 4 children in polygamous relationship remarked about the number of children he wants to have;

*"I want to have as many children as possible...up to 20 children is acceptable for me".*

Boys are helpers in looking after the cattle, source of security to the family in terms of protecting the family from enemies as well as source of income in terms of mining gold and cattle raiding. Girls are the sources of cattle through bride price. A girl brings up to 30 cattle and one AK-47 rifle to the family through bride price paid by

her would-be husband. Generally, families with many children enjoy having a helping hand in the household chores, watching over the cattle and in gold mining activities.

Despite the presence of a number of cultural and security factors that would force Suri people not to have as many children as they wanted, they try what they could to have as many children as possible. A man who has many children is a respected man who can walk around in pride and confidence. A woman with many children has accomplished her task in the family as well as in the society. The desire to have many children is also demonstrated by the weight given to barrenness and the price paid in investigating it in their own way. The status of barren women in Suri community is low. A marriage with out a child in 2 years time is subject to investigations that threaten the sacred values of marriage to identify which of the two couples is responsible for the failure to have a child. Husbands allow their wives to sleep with their brothers to check whether she could get pregnant from another person or not. As wives are considered as family property and are bound to inheritance when the husband dies, her brother-in-laws would sleep with her, though such a practice has its own emotional and psychological pain. The husband also sleeps with casual girlfriends, his sister-in-laws or marries another wife to check whether he could get a child from another woman. One middle-aged woman from Tulgit explained the consequences of being barren after the investigation as,

*"If she were proved to be barren, he would chase her out of his house or he would get another wife or he would also keep the barren woman at his house; it all depends on his will."*

Barren men and women are sometimes subject to intimidation and insults. One elderly man expressed his reaction to barren men and women as,

*"If you do not have a child you are like a Dog".*

And in Suri society even though they respect and care for their dogs that help them look after the cattle in the ranches, if one insults the other person by saying "You...Dog!" it can easily result in a bloodshed. Such degree of stigmatization of barren men and women indicates their strong desire to have children and the value attached to it. Failure to conceive as well as not to have as many children as one wants is usually interpreted in superstitious ways and it often results in visiting witchcrafts and undergoing certain rituals that would help in conceiving. One young woman who is a mother of only one child after being married for a couple of years now remarked on her failure to have another child;

*"My parents have cursed me because I started to live with my husband before he completely paid the necessary bride price to my family; that is why I am not able to have another child. If my husband pays the amount of cattle left and if my parents perform a certain ritual, I would be able to conceive again".*

Life in Suri land has taught the Suri people that all the children that are born do not live to adult life; most children die due to diseases. Having many children is considered as security to have at least some surviving sons and daughters at old age. The Suri people are very much afraid of the unforeseen catastrophes that rob them of the privilege of having children at old age. An elderly man shared his saddest experience of losing many children due to illness during childhood by saying,

*"I always wanted to have many children. I had 12 children before but now only three of them are alive and all are girls. Nine of my children died due to illnesses during their childhood. I even went to Mizan Hospital with one of my children when he was sick but he didn't survive".*

Though Suri people love to have many children, they also put serious social as well as economic sanctions and punishments for unwanted pregnancies and births when they happen before marriage. These punishments include isolation of the man responsible for the premarital pregnancy, chasing and beating him and forcing him and his family to pay the required compensation or to marry the girl by paying the bride price. However, when children are born mistimed within marriage, they are welcome as any planned children in the family.

The response to pregnancy that occurs as a result of rape of married woman also demonstrates their strong desire to have children. The children conceived due to a rape incident are also usually welcome once compensation for the damage is paid for

the husband whose wife was raped. A male child would be sent to his grandparents but would still be taken care of for some years and returned to his biologic father after the father pays the necessary number of cattle to the child's grandparents. The female child born as a result of the rape incident would be considered as the legitimate child of the man whose wife was raped.

Suri men marry as many wives as their economy allows in order to form large families. Men keep on marrying more wives in order to get more children. However, it is not easy to marry more than one wife in Suri society because of the amount of wealth needed for the bride price. A middle-aged man remarked,

*"I have now six children from two wives. My third wife is not yet pregnant since I paid cattle and married her recently. Three children are born from each of the two wives. I want to have up to 40 children. In order to have many children I would be happy to marry six wives."*

## **REASONS FOR FERTILITY REGULATION**

Even though Suri men and women desire to have "as many children as God provides" or "as many children as a woman could have in her life time", Suri couples always want to space the birth of their children. This is demonstrated by the discrepancy between desired and actual number of children. There are two major factors that limit the number of children a Suri woman can have in her lifetime. One of them is the widespread practice of spacing that is woven in the fabric of the Suri society.

The second one is delayed age of first marriage that shortens the reproductive years of a Suri woman; the age at first marriage is approximately around mid-twenties. The Suri community has understood the risk of having closely spaced children and were practicing traditional way of spacing children for generations. They give space of 2 – 4 years between children in order to raise one child well before the second child is born. The spacing has made the number of children a woman in a household has small than once would expect from traditional societies such as the Suri. A middle-aged woman remarked on spacing of births,

*"In Suri culture, we do not give birth to children one over the other in a row. If I have a child this harvest season, the next child would be after another two harvest seasons. It must be after the previous child starts to walk and play by itself".*

The traditional practices used to widely space the birth of children are not considered as efforts to prevent pregnancy in most of the married informants. People are not willing to give the phrase "prevention of pregnancy" to the practice of child spacing because they do not want to sound like they do not want children. Child spacing has become the normal experience of Suri couples to the extent that they have started to take it for granted. Those informants who practice spacing would say in a puzzled way,

*"We don't do anything to prevent pregnancy within marriage, we want to have as many children as possible and raise them well".*

## **CHILD HEALTH AS A REASON FOR SPACING BIRTH**

The Suri people have long realized that, with the type of feeding utensils they have, it is quite difficult to feed a child. The feeding utensil used as a cup in Suri community is *shorka* that has a very wide circular or oval opening at one side. It can never fit the mouth of an infant or a small child. Suri people do not also practice the traditional suffocating method of feeding children. Thus, they believe that it is literally impossible to feed a child and raise him properly by feeding him food other than breast milk. Breastfeeding is considered as readily available and easy to feed for the child. Their experience tells them that if another child is born before the former one is able to feed on family diet, the child would be weak, starts to crawl again if it has already started to walk, can be affected by disease very easily and finally dies. One middle aged woman replied on the importance of spacing for the well-being of the child as,

*"If I become pregnant while my child is still young, there would not be breast milk for the child and there will be a problem."*

Cow's milk is not readily available in the residential areas of Suri villages. This is also an obstacle for Suri couples to have as many children as they want. As the Suri people move their cattle from place to place for grazing, the place where cattle are kept can't be easily and surely predicted. It depends on the availability of grass and water for the cattle. In most instances cattle are kept 1 or 2 days walk distance from the residential areas where women and children live. Only the young and adult males

live in the ranches where the cattle are kept and it is literally impossible to transport milk from the ranches to the villages daily. Some families try to keep milking cows in the villages if there is a child who needs milk and is not able to get it from his mother. Suri mothers always complain about the uncertainty of getting cow's milk as,

*"There are no enough milking cow in the ranches every time we want them. Even though the family has many cows, it might not be possible to find milking cows all the time whenever the child requires milk".*

In times where milk is available, the Suri report that they do not have suitable feeding utensils to feed the child. There is also a longing for bottles to feed their children in those parents who have seen non-Suri residents using them. A middle-aged man from the highland village of Haru expressed his desire to bottle-feed his children by saying,

*"If bottles were available for us to feed our children the way other people do, we would be glad to have as many children as we could without the need for giving space between."*

## **MATERNAL HEALTH AS A REASON FOR SPACING BIRTHS**

The Suri believe that a mother's abdomen needs good food to calm down and heal after giving birth. In order to treat the damages caused by pregnancy and delivery mothers would be fed meat, milk, blood and porridge by women relatives in the days after the delivery. Child spacing is strongly believed to help mothers regain their

strength after previous pregnancy. A middle aged woman responded on the reasons for spacing the births in a bold way,

*"If a woman gets pregnant frequently, she would be sick because her body needs time to be strong for each pregnancies."*

### **PERCEIVED VIOLENCE AS A REASON FOR SPACING BIRTHS**

The Suri people are known for their violent clashes and bloodshed with neighboring Dizi, Me'en, Anuak and Bume primarily for cattle. These violent clashes and arbitrary killings have made the life of the Suri people insecure and unpredictable. They are under constant watch that an enemy could come take their property, kill their family and burn their house. One of the typical scenes of such an encounter starts by the sudden arrival of the enemy group armed with guns, shovels and spears to the village of opponents. They kill whoever is found in that village, burn the houses and take their property. As women and children are the ones that would be living in the villages in most instances they are the first to be victims of such incidents. If the attack is on the ranches they would kill the men looking after the cattle, destroy the ranch and the houses in the area and finally raid the cattle.

Every member of the family is expected to know the enemy and try at least to save oneself from the attacks by confrontation, hiding or fleeing. If a couple has two or three children who are not able to save themselves by running and hiding in the bush, the damage to such a family would be heavy. If there is only one child who is

dependent in terms of saving itself, the mother could carry him/her as she flees from the sight of the attack. Hence, the Suri believe that they should wait until the former child is able to differentiate friends from enemies, and is able to walk by himself and hide when enemy approaches the village. An elderly man from Tulgit gave his view on the role of violence in child spacing by saying,

*"We space the birth of our children intentionally. If the Bume come to kill us and destroy our property, it would be easier to carry one child and flee to a safer place than to carry two or three children. When children are old enough, they can hide themselves in the bushes when the Bume come".*

## **TRADITIONAL FERTILITY REGULATION METHODS**

### **THE RHYTHM METHOD (PERIODIC SEXUAL ABSTINENCE)**

The rhythm method is the widely practice method of family planning in Suri society. Mothers and elder sisters train younger girls in the family on how to prevent pregnancy by counting the menstrual days and identifying the safe and unsafe days. This is the major method of preventing pregnancy especially in the pre-marital years of girls' life. Though widely practiced by those who are not married, couples also use the rhythm method for child spacing. A young Suri boy reported about girls' knowledge of the menstrual cycle confidently by saying,

*"Women know their menstrual days; they know when they would become pregnant and they also know when they wouldn't become pregnant".*

Women start counting their menstrual days from the time the menstrual bleeding stopped, which is the time they usually go to rivers to wash their body and cloths. They count 10 to 15 days after the first dry days of their cycle to resume sexual relations. Women do not also usually have sexual relations during the 3 – 4 days while they are having menstrual bleeding for various reasons including fear of pregnancy and barrenness, and for sanitary reasons. A woman would abstain for nearly 11 to 15 days in each menstrual cycle. A 17-year-old girl explained the rhythm method of preventing pregnancy as,

*"If a woman starts menstrual bleeding today she would bleed for 4 days or so. On the fifth or sixth day the bleeding would completely stop and she would go to a river to wash her clothes and her body. Then she would wait for 10 days and start sexual relations with her boyfriend in order to avoid pregnancy."*

Suri women count their menstrual days by making reference to the position of the moon on the sky to identify the safe and unsafe times of their menstrual cycle. In addition, young girls prepare a string where they make knots for each days of the cycle after the bleeding stopped. During the subsequent cycle they untie each knot every day until all the knots are untied, which refers to the beginning of the safe period.

## **POST – PARTUM SEXUAL ABSTINENCE**

One of the methods of family planning in Suri society is post partum sexual abstinence. The sexual abstinence actually starts when a woman is pregnant and continues till the child is able to walk and on family diet. Sexual abstinence for up to 3 years or until the child reaches a certain age is acceptable in Suri society. A middle-aged man explained the practice of post – partum sexual abstinence by saying,

*"To avoid another pregnancy, I would not sleep with my wife until the youngest child starts to walk alone, obeys simple commands and is able to do what we ask him to do".*

Post – partum sexual abstinence only concerns women. Men are allowed to have other wives as well as extramarital sexual contacts when the need arises. Polygamy and multiple sexual partners facilitate post – partum abstinence. One young married man responded,

*"When it is my first child I am still young and hot; and I will have other girlfriends to play with when my wife gives birth. But when I get older I might not need another girlfriend when my wife gives birth".*

Men also spend most of their time looking after the cattle away from home. This also facilitates sexual abstinence. The other technique that supports the idea of couples spending fewer days together in bed is the fact that couples do not usually share beds or sleeping quarter in Suri culture. In addition to not sharing beds and sleeping

quarters, men and women usually have houses that only serve one of the sexes. Such an arrangement also helps couples to exercise sexual abstinence for child spacing.

The traditional belief that men and women who have had sex in the past 10 days are not allowed to drink milk and blood, and to visit the ranches for fear of barrenness in cattle, death of the cows and the calves as well as death of the whole cattle herd also contributes to the length of time couples spend together as milk and blood are most easily and widely available staple foods for the Suri. And hence, the Suri people wouldn't risk their livelihood and their easiest source of nutritious food.

## **ABORTIFICIENTS**

The Suri people have always tried to abort unwanted pregnancy using plants and local materials. It is a common practice to abort unwanted pregnancy during the premarital years of a woman, as premarital pregnancy has serious social, cultural and economic implications for the pregnant girl, the man who made her pregnant and for the girl's family. Pregnancies within marriage are not subject to abortion even though they are mistimed. A 17-year-old girl expressed the situation a girl would find herself if she got pregnant before marriage,

*"If a girl like me gets pregnant, she better consider herself dead".*

A number of “abortifacients” are used in Suri community to induce abortion in instances of unwanted pregnancy. These methods of abortion include drinking *tego* that is a local name for the black soot formed on the roof of the tukules as a result of indoor cooking. The soot would be collected from the roof and a pregnant woman would drink the soot dissolved in water. The second “abortifacient” commonly used to induce abortion is the juice of olive tree bark that is extracted by smashing the bark and dissolving it in water. The roots of banana tree as well as the roots of sorghum are also believed to induce abortion in the form of drinks prepared after smashing the roots and dissolving it in water. The leaves of a tree locally named *dokay* are also believed to induce abortion. One young woman expresses her view on the locally available “abortifacients” as,

*"There is no sure way to abort unwanted pregnancy. But since girls would be very distressed when they get pregnancy, they try all sorts of things. Some of them succeed and others do not succeed. Some girls even try taking Tetracycline and Araki to abort the child. Many girls die after trying to abort and only very few aborted successfully".*

A very young single mother, who had a one-year-old child out of wedlock, recounts the story of her friend who became pregnant before marriage and got the chance to go to a clinic and get abortion service safely as,

*"If I had the chance to get abortion like my friend from the clinic, I wouldn't have been in a problem now. I would have had the chance to choose the kind of man I would marry."*

Suri people believe that if attempts are made to terminate pregnancies that are more than 2 months old, it could result in the death of the mother. All of the methods practiced are believed to cause abortion safely if the pregnancy is not more than 2 months long.

## **BREASTFEEDING**

Suri mothers breastfeed their children for more than two years primarily because they believe that the breastfeeding is reliable, readily available, economical in terms of time, energy and money, and easy to feed. The advantage of breastfeeding for prevention of pregnancy is not perceived well in Suri community. Breast milk is the only right food for the child. If a child hasn't got enough breast milk due to the birth of another child or maternal death, they know that the child would have compromised growth, repeated episodes of malaria and finally die. It is very common to see Suri children feeding on their mothers breast milk almost all the time as it is customary for Suri mothers to carry the youngest child in the family on their side wherever they go; be it to market, *Borde* or *Tej* houses, clinics, or church. A young woman who is a mother of one and married to an ex-soldier remarked,

*"We give our children only breast milk for up to 4 years. Then the child starts drinking cow's milk and porridge. It is only when there is no breast milk that we give cow's milk instead".*

## **HERBS AND PLANTS USED FOR FAMILY PLANNING**

The Suri people have no plants, roots and herbs used for prevention of pregnancy during their premarital as well as married sexual relations. Non-Suri informants have repeatedly mentioned the presence of traditional plants that are chewed or applied as contraceptives. However, they were not able to mention the names of the plants as well as names of people who have used such methods for contraception. Many of the non-Suri residents believe that the Suri have given a promise to each other not to tell about their secret contraceptive plants to any non-Suri people. Suri informants reported in an honest and confident way that they do not have herbs, plants or any kind of roots used as contraceptives in the community. They consistently reported about this issue by saying,

*"Many people say that we have plants to prevent pregnancy. Some people have come to ask Suri people about these plants before. But there are no such plants the Suri people are using for contraception. There are no such things here".*

## **SEXUALITY**

Suri men complain that women do not allow them to have sex whenever they want to have sex. Almost all sexual intercourses are accompanied by struggling to achieve penetration. The struggling and fighting is taken as foreplay when it is of short duration. However, in most instances it takes very long time and is considered prohibitive sexual behavior. There are often instances of sustaining minor physical injuries and teeth bites after spending a night with a woman in Suri community. Married woman would also discourage their husbands when they approach them at night by saying,

*"Why are you coming to me?"*

However, if the women are under the influence of alcohol or if they are planning to be pregnant, the resistance is short lasting and minor in intensity, and could be overcome easily. Premarital sexual experiences are considered a joy and the willful decision of both the young boy and the young girl, and hence, the intensity and duration of the struggle is so short that it could be considered as foreplay. Men reported that resistance in marital sexual relations to be a serious obstacle for their sexual life. One young man from Tulgit remarked sadly,

*"Because our women do not want to have sex with us we do not sleep with them often times. I do not know why they are behaving like that. Even my wife, for whom I paid many cattle doesn't allow me to have sex with her as much as I desired. For instance, I usually sleep with my wife only twice in a month if I succeed. If not, it can only be once in a month".*

Another man also remarked about the sexual behavior of Suri women by trying to compare it with other ethnic groups as,

*" Our women do not have the feeling to have sex with us. They just want to live like that. Do your women behave the same way?"*

On the other hand, men are also discouraged from frequently having sexual intercourse with women, as sexual act is believed to weaken men's strength especially during the Sagnie stick fight.

## **DISCUSSION**

Suri couples desire to have as many children as possible. Children are source of respect, security and wealth in Suri society. There is a tradition of child spacing practice in Suri community because they believe that closely spaced children would be easily predisposed to diseases and death; and that closely spaced births would cause deterioration of maternal health. Children closely spaced with each other are also believed to pose a problem during fleeing away from violent areas. There is no practice of limiting the number of births in Suri society. They use traditional family planning methods to space the birth of children. These methods include the rhythm method, post – partum sexual abstinence and prolonged breastfeeding. Their sexual behavior as well as polygamy strengths their traditional family planning methods.

The fact that Suri people value children highly is also common in most African societies<sup>6, 7</sup>. Children are considered as extra hands for household chores as well as in cattle herding, and as a source of security and wealth through bride price payment. The desire to have many children in Suri society is related to the benefits children bring to the family, as is the case elsewhere in Africa<sup>3</sup>. The Suri welcome children irrespective of their sex unlike widely observed son preference in many societies<sup>29</sup>. This is because both sexes fill an important socioeconomic gap in every family especially in terms of security and wealth.

Traditionally the Suri women practice child spacing in the way other women in tropical Africa do to reduce marital fertility <sup>30</sup>. This study has identified various factors that restrict the Suri couples from having the number of children they always desired. These factors include concern for child welfare especially related to child feeding practices, deterioration of maternal health due to repeated closely spaced births and the constant threat of violence and bloodshed in the area. Effective child spacing is identified as an important factor in both maternal and child health, particularly in developing countries <sup>31</sup>.

Child welfare is identified as a major reason for practicing child spacing in Suri community. Both Suri mothers and fathers showed keen interest in the well being of their children since closely spaced children are believed to be vulnerable for diseases and have higher chance of dying. This has also been the case in Zaire and elsewhere in developing countries <sup>5, 31</sup>. Mothers concern for their own and their newborn child's health and well being in the period after childbirth is identified as the primary reason for the initiation of post – partum contraceptive practices in Bangladeshi women. Child feeding practice in terms of supplementation of the child's diet is also shown to be an important factor determining the timing of post – partum contraceptive practices <sup>32</sup>.

Mothers are considered vulnerable during the post – partum period. The perceived period of vulnerability ranges from few months to three years. Especially the mother's

abdomen is perceived in a raw state, which is vulnerable to damage and sickness. The culture of giving blood and milk in the immediate post – partum days is intended to replenish the damage. This has also been the case in Bangladeshi women <sup>32</sup>. However, the maternal health and well being reasons to practice child spacing didn't come up in majority of the interviews conducted. This might be due to the fact that nearly half of the informants were men of different age groups and some of the women informants didn't have children yet and hence might not focus on the damages caused by pregnancy on women's health and well being. However, women who have already given birth have stressed the importance of the maternal health reasons for child spacing practice in Suri community.

The constant threat of violence the Suri find themselves with each other and with neighboring ethnic groups is another reason for the practice of child spacing. Violence has always been part of the community to such an extent that it has dictated a considerable part of their daily life <sup>33, 34</sup>. Fertility decisions are also influenced by this violent way of life. A typical violent incident often involves fleeing from one area to another in search of protection from attack. Having three or four children who could not support themselves during these emergency movements usually exposes the family to sever losses in property and human life. When law and order are fully established in Suri land with mechanisms to manage the violent incidents, one can predict an increase in the number of closely spaced births. The space between the births is also expected to decrease with the introduction of bottle-feeding practices

and establishment of permanent settlements. Suri people have shown willingness to have as many children as possible in closely spaced manner if they have access to bottle-feeding practice and a settled lifestyle with out violent encounters. This, in the future, would make maternal and child health problems worse than what is observed now.

The age at first marriage for most Suri women is in their mid twenties. The men also marry at a later age. This is by far a later age of marriage when compared with the national median age of marriage, which is around 17.2 years for woman and 23.2 years for men age 25-29 <sup>35</sup>. The reasons behind later age of first marriage are the time required for men to collect the required number of cattle for bride price payment that takes years of cattle herding as well as cattle raiding and the fact that the responsibilities of married life is feared by most girls. Suri boys and girls enjoy their premarital life very much. Most women consider married life as a bondage they do not want to rush in to. The wedding rituals of the Suri community, which is marked by spitting of an offensive smelling plant juice on the bride and groom in addition to the beating and pinching, is aimed at reminding that married life is painful likewise and needs a lot of patience. The practice of early sexual initiation with liberal sexual norms before marriage makes the urgency to marry lesser especially with regard to considering marriage as accepted way to getting sexual pleasure. In most instances, marriage serves the most important purpose of having children, as children are only welcome within marriage without unfavorable consequences.

Pregnancy is often planned in Suri community when it occurs within marriage. There is a culture of discussing the appropriate time to have another child between couples, male and female friends and family members. There is no intention of limiting the number of children in Suri community, as it is also true in other parts of Africa <sup>5</sup>. Suri couples practice only child spacing. This has also been shown in fertility studies in sub-Saharan Africa in 1980s and 1990s <sup>1</sup>. Only few young Suri women expressed plans to limit their family size. These women are those who have seen the world outside the Suri land and those who have close contact with missionaries at Tulgit where there are better chances of getting access to family planning and reproductive health information.

Suri couples widely practice traditional contraception methods to prevent pregnancy in ways similar to the tribal societies of India <sup>29</sup>. These traditional contraception methods include prolonged post-partum abstinence that could go as long as 3 to 4 years, the use of the rhythm method and prolonged breastfeeding practice. Prolonged breastfeeding and strong taboos that prescribe long periods of post partum sexual abstinence are the factors for long birth intervals in tropical Africa too with post partum sexual abstinence of 16.7 months for those women who never used contraceptives before <sup>30</sup>. Even though prolonged lactational amenorrhoea up to 19 months is reported in Ethiopia, the period of post partum sexual abstinence is only 2 months nationally <sup>16</sup>. An earlier anthropological study on Suri culture also indicated that the Suri girls make use of the rhythm method to avoid pregnancy during the

premarital stage <sup>36</sup>. The number of days that are considered unsafe in Suri community while practicing the rhythm method are much longer than the scientifically proven biologically unsafe days <sup>37</sup>. This could be a reason for the effectiveness and wide use of the method. Contrary to it benefits in increasing effectiveness, longer days of sexual abstinence in each cycle would definitely put pressure on the sexual life of the Suri women.

Various social and cultural factors strengthen the use of the traditional contraception methods. These factors include decreased coital frequency due to the belief that frequent sexual intercourse causes loss of strength during Sagnie fight, food taboos after sexual intercourse, separate sleeping quarters for men and women, and the pastoralists way of life that usually forces couples not to be together most of the time. Frequent sexual intercourse is also believed to decrease men's strength in Sri Lanka <sup>12</sup>. The sexual behavior of married couples has prohibitive nature since every sexual intercourse demands time taking negotiation with women that often include struggling physically.

Polygamy and multiple sexual partners in men facilitates sexual abstinence of women in the post – partum period. Suri men have a strong tendency to have many wives when their resources permit. Most married men informants were in polygamous unions though it is not representative. In Ethiopia, 14.3% of married women are in polygynous unions <sup>38</sup>. The percentage of currently married women who are in

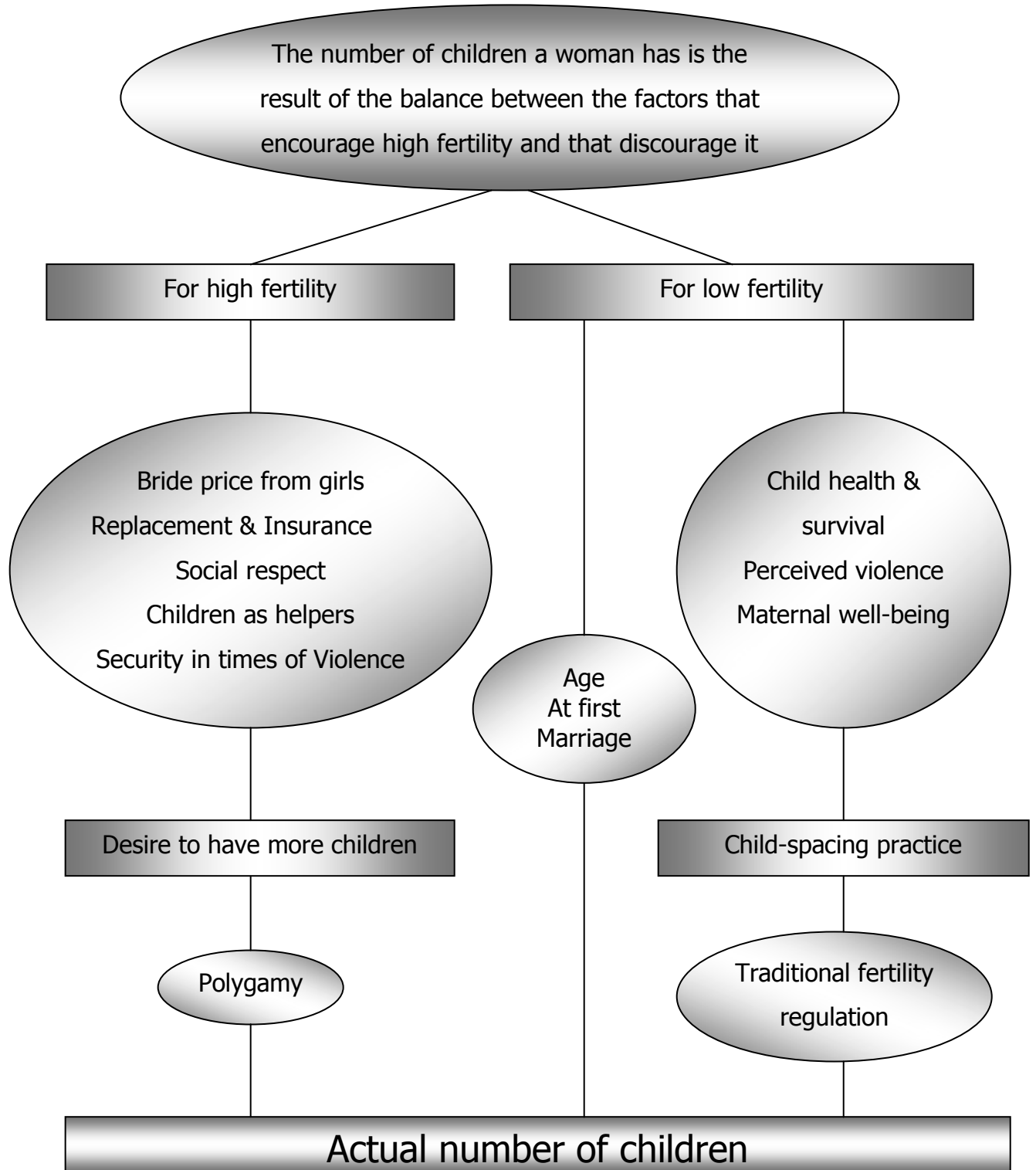
polygynous unions is higher than the national average in SNNPR, the region where the Suri people reside at 22%. An earlier studies in Suri culture indicated that most Suri men are predominantly monogamous combined with polygyny when economic resources allow <sup>34, 36</sup>. However, those Suri men who are not in polygamous relationships would usually have extramarital sexual relations. This has grave consequences in terms of sexually transmitted disease transmission in the area.

The fact that the Suri community has a name and rituals for children conceived unplanned in the face of nearly universal use of traditional contraception indicates the degree of effectiveness of these methods. The unplanned child would not be considered the child of its own mother but "the child of God". Analysis of the rhythm method clinical studies found a typical failure rate estimate of about 20% <sup>25, 26, 37</sup>. Though Suri girls claim that they are effectively using the rhythm method as also reported in earlier study in the area <sup>34</sup>, there are unwanted pregnancies occasionally. There are a number of plants and locally available materials Suri girls use to abort unwanted pregnancies. These plants and materials are said to have doubtful effectiveness by the Suri people themselves. Pregnancies less than 2 months of gestational age are believed to be amenable to those abortifacients. The fact that Suri girls sometimes visit local health facilities in search of abortion services indicate their perception towards the locally available abortifacients with regard to safety and effectiveness.

Breastfeeding practice is not primarily related to child spacing in Suri. Even though breastfeeding mothers have an additional advantage of preventing pregnancy as a result of lactational amenorrhoea, the Suri women don't appear to form this link very well unlike in other communities where breastfeeding is practiced as one of the major traditional family planning method <sup>7, 10, 20, 22</sup>. However, prolonged breastfeeding practice for up to 4 years even without any supplementation as seen in Suri society needs further study on its effects on child welfare.

With increase government control and communication with the outside world, the Suri practice of post – partum abstinence is showing signs of abandonment as also observed in other African countries <sup>5</sup>. Those Suri people who are not polygamous due to lack of cattle and those who do not want to have multiple sexual partners for religious reasons do not seem to practice post – partum abstinence and have closely spaced children. One Suri family would illustrate this point. The family is a typical traditional Suri family except for the fact that the husband is a government employee who is busy with his responsibilities and also a devout Christian for the last few years. His position did not allow him to have polygamous relationships and/or multiple sexual partners. The closely spaced 4 children and the fact that his wife is pregnant with the 5<sup>th</sup> one exemplify the role of changing social structure in fertility pattern of families and communities. Couples that are monogamous for economic or religious reasons usually use the rhythm method for child spacing even during the post – partum period after the return of menses.

# SOCIO-CULTURAL FACTORS IN FERTILITY DECISION



When we see the socio-cultural factors that affect fertility in Suri society, we can categorize them in to those factors that encourage high fertility and those factors that stand for low fertility. The actual number of children a woman has depends on the balance between the factors that encourage having many children and those that discourage it.

The need for higher number of children is fueled by the benefit of accumulating cattle from the bride price payments to the girls in the family when they get married, replacement and insurance effect as all children born would not live to adulthood due to childhood illnesses and deaths, social respect earned in having larger family size, the benefit of children as helpers in the farm as well as in household chores, and the advantage of having boys in the family for security reasons in times of violence.

The factors that push the balance to low fertility include concern for child and maternal welfare, perceived threat of violence that dictates lesser number of children to flee or hide, and delayed age of first marriage for woman that shortens her reproductive years. To safeguard maternal and child well-being and to minimize the damage to the family during violent incidents Suri couples practice child spacing using traditional fertility regulation methods. However, to have many children and not to lose the benefits of having many children Suri men marry as many wives as their economy allows without compromising the child-spacing practice.

## **STRENGTH AND LIMITATION**

The study design is appropriate to answer the study question, as socio-cultural factors related to reproductive health issues can't be investigated thoroughly using survey methods. The involvement of the investigator in preventive and curative health care activities helped to establish trustworthy relationship with the community that is crucial in qualitative studies. Flexibility in the use of tape-recording, choice of place of interview as well as length of the interview made the informants comfortable during the data collection, which greatly helps the informants to be themselves and express their views on different issues the way they liked. The investigator also tries to dress the way the Suri men dress, eat and play with them to establish a trustworthy relationship.

One of the limitations of the study is the language barrier between the informants and the investigator. Despite attempts to recruit the best possible translators available in the area, valuable information and expression might have been lost because the informant's response was relayed through translators to the investigator. The Amharic fluency of these translators was not adequate. There were instances where same sex translators were not used because of the Amharic language fluency of the female translator, which was even worse than the male translators. This might put pressure for those married woman to express their views to translators who are Suri, males and single because married women are not even allowed to shake hands

with men who are not in-laws let alone talk about issues related to sexuality and reproduction.

Another limitation of the study is the shortage of time. The investigator spent a total of 2 months in the area for data collection. All the two months were not spent on data collection and understanding the community closely, as there were other responsibilities of transcription and writing that takes a major share of the investigator's stay with the Suri people. Since the objective of the study requires spending more time with the community to understand their life and way of thinking, more time would have probably lead to identification of additional socio-cultural factors that might have an influence in fertility decisions in the community.

The third limitation of the study is the risk of reaching premature saturation of information while using the snowball technique of sampling due to contamination of information among the informants as well as due to the chance of selecting acquaintances with similar life experience. The effort of coupling snowball technique with heterogeneous sampling from different villages and the generous amount of time given before declaring saturation on an issue have certainly minimized the issue of premature saturation. However, these efforts wouldn't eliminate "snowball bias" completely.

## **CONCLUSION**

The Suri community desire to have as many children as possible. Children are welcome in whatever number as long as the timing of their birth goes with the traditional beliefs on child spacing that benefits the child, the mother, the family and the society.

The Suri community has an old tradition of child spacing for reasons related to child well being, maternal health and the constant violent way of their life. Even though the traditional ways of child spacing practice appear to have a stable foundation in Suri community, deeper insight on the reasons why they consider child spacing seriously reveals that their reasons are subject to change as the pressure from the outside world increases in few years time. Due to establishment of roads, schools and local governments it is obvious that shops that provide child feeding bottles would be available for Suri people soon. In addition, with the strengthening of local government, the police force and establishments of courthouses the intensity and frequency of violence would decrease tremendously at least to the level it has reached in other parts of the country. This would remove two of the most important reasons for them to pursue their tradition of child spacing, namely the lack of techniques to feed young children and the constant threat of violence that claims the life of their family.

The Suri use traditional methods of contraception for child spacing and to prevent unwanted pregnancy. These methods include:

- ✦ The rhythm method
- ✦ Post – partum sexual abstinence
- ✦ Prolonged breastfeeding

These practices are supported by various social and cultural factors that are embedded in the life of the Suri community such as:

- ✦ Polygamy and extramarital sexual relations for men
- ✦ Separate sleeping quarters/ houses for the husband and the wife
- ✦ Sexual practices that would require serious physical strength and patience from the male side to have intercourse with their women

In instances where unwanted pregnancy occurs during the premarital years of a girl, Suri people have been trying abortifacients of uncertain effectiveness for many years now. These include the roots of a banana tree, the roots of a sorghum plant, the bark of 'woyera' tree, the leaves of 'dokay' tree and soot recovered from the roof of their tukules. There are no Suri people who are currently using any type of modern contraceptives. There are also no herbs, plants and materials used as contraceptives in Suri community.

## **RECOMMENDATION**

The following recommendations are forwarded based on the finding of the study:

1. Provision of information on effective and safe use of traditional contraceptive methods to decrease the failure rate and also to introduce modern family planning methods gradually as there are signs that the traditional methods are not the most reliable method of preventing pregnancy.
2. The local materials and plants used as abortifacients need to be further studied with regard to their effectiveness and safety in order to make recommendations accordingly.
3. The effect of breastfeeding practice for up to 4 years without supplementary feeding needs further investigation with respect to child health and survival in Suri society.
4. This study has identified the need for establishing reproductive health services that include strengthening the traditional fertility regulation methods by providing reliable and scientific information, introduction of reliable modern family planning methods to decrease the rate of unwanted pregnancies, and possibly establishment of abortion care in the area.

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## **ANNEX – Interview question guide & observation checklist**

### **Interview question guide**

#### **A. SEXUAL INITIATION**

1. When do you say that boys and girls have reached adolescence?
2. Do girls start sexual intercourse before menarche? Or before marriage?

#### **B. MENSTRUAL CYCLE**

3. At what age do girls start menstruating?
4. What does it mean when a girl starts menstruating and from where does she get advise?
5. Could you tell me how you count the menstrual cycle days and where the safe and unsafe period lies?

#### **C. MARRIAGE**

6. What is the main advantage of marriage in Suri community?
7. How many wives would a Suri man have?
8. Is extramarital sexual intercourse common in husbands and wives of the Suri community?
9. What will happen if a woman gets pregnant out of wedlock?
10. Is there a specific time or reason men start extramarital affair?

#### **D. REPRODUCTIVE INTENTIONS**

11. How many children have you had? How many children do you want to have?
12. What is the importance of having many children?
13. What will a woman do if she doesn't get pregnant?
14. What happens to barren men and women?

#### **E. UNWANTED PREGNANCY**

15. Is there unwanted pregnancy in Suri community? What is the response to it?

#### **F. FRERTILITY REGULATION**

16. How do Suri people prevent pregnancy?

#### **Observation checklist**

1. The number of children per woman in a household.
2. The amount of time between the births in a household.
3. The number of wives a man has.
4. Child feeding practices in the community.
5. Response to the violent incidents that occurred in the area.
6. The place of residence for the men, women and children with respect to availability of food; especially milk and milk products.
7. The role men and women, boys and girls play in Suri society.