

# Socio-cultural factors in decisions related to fertility in remotely located communities: The case of the Suri ethnic group

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## Abstract

**Background:** Fertility decisions and factors related to fertility decisions in remotely situated communities of Ethiopia are not known.

**Objective:** This study is aimed at describing the socio-cultural factors affecting decisions related to fertility in the Suri ethnic group.

**Methods:** The study applied the qualitative research method. In-depth interviews and observations were used as data collection methods. Analysis was done manually in the field and using computer software.

**Results:** The Suri have an old tradition of practicing child spacing. The reasons for child spacing are related to child welfare, maternal well-being, and the violent way of life in Suri society. Methods of child spacing practiced include the rhythm method, post-partum abstinence, and prolonged breastfeeding. Traditional sexual norms support child spacing practices in Suri community. These traditional fertility norms are likely to be eroded with changes in lifestyle.

**Conclusion:** Trends in fertility need to be monitored regularly and appropriate measures should be taken to introduce and promote family planning and child health services to ensure a healthier life for isolated communities during their integration into the general public. [*Ethiop.J.Health Dev.* 2004;18(3):171-174]

## Introduction

Modern family planning methods are widely believed to influence fertility worldwide (1). However, traditional methods are still used as the main method of fertility regulation in African societies. The social, cultural and traditional beliefs and practices that are embedded in the social system have an impact on decisions related to fertility (2). Fertility patterns observed in developing countries in general, and in Ethiopia in particular, can be attributed to the traditional attitudes and cultural values held by communities and tradition of communities that favours having a larger number of children (3).

Traditional family planning methods constitute a considerable proportion of the contraceptive methods used in both urban and rural Ethiopia. The socio-cultural factors that affect decisions regarding fertility and fertility regulation in remote areas of Ethiopia are poorly understood (4). This study was conducted in order to get some insight about fertility related issues in remote areas with special focus in Surma district in Southern Ethiopia.

The total population of the Suri is estimated roughly at around 60,000. They live in isolation with little exposure to ideas and influences outside their villages.

It can be taken as an ideal community to investigate the traditional norms that affect in fertility related decisions. Hence, the objective of this study is to investigate the socio-cultural factors that are involved in making decisions related to fertility and the nature of traditional contraception available in Suri society.

## Methods

A qualitative study using key informant in-depth interviews and observation was conducted from December 2002 to Jan 2003 in Surma woreda of Bench – Maji zone of the Southern Nations, Nationalities and People's Regional State, which is located 752 Km southwest of Addis Ababa along the Ethio – Sudanese border. The study population is the Suri ethnic group that includes the Tirma, Chai and Baale tribes, all living closely in the southwestern region of Ethiopia starting from the Kibish valley and extending westwards towards the Boma plateau in Sudan to the west, and northwards up to the Akobo river. There are 21 kebeles in the woreda. Anjo, Gome, Tulgit and Haru kebeles were included in the study owing to their accessibility by road transport and relative security. Saturation and redundancy of information were used to determine sample size. Key informants were recruited using heterogeneous and snowball sampling techniques.

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Interviews were tape-recorded when appropriate and possible. Translators were used when informants did not speak Amharic.

The researcher sought social acceptance by Suri garments, by working in the local clinics, and by giving health education. Each interview and field note was translated into English. Tape-recorded interviews were transcribed word for word. A contact summary note was written for each interview to summarize each encounter and to look for saturation and gaps. The transcribed and translated text document was entered into the OpenCode Version 2.1 computer software for handling qualitative data and for coding and code sorting. Neutrality was maintained during coding. Codes were categorized according to the major themes of the research question. Data were reduced to get the overall sense of the data following the main themes of the study. Ethical clearance was obtained from Addis Ababa University, Faculty of Medicine.

## Results

### Characteristics of the study area and population

A total of 60 interviews were conducted; 33 of the respondents were from Tulgit, 18 from Anjo, 3 from Haru, 4 from Kibish and 2 from Kassi villages. Male to female ratio was 1:1. Most male informants were polygamous. There is no polyandry in Suri for married women. Only 7 of the informants were literate. A number of observations were made during the interviews as well as separately.

### The Fertility Culture: perceptions and the need to regulate

Children are highly valued and desired irrespective of their sex as both sexes fill a very crucial gap in the social, cultural and economic life of a Suri family. Couples with many children are respected. A middle-aged woman expressed her desire to have many children by saying, *“God willing, I want to have as many children as possible, even more than 10 children”*. Another middle-aged man who is the father of 4 children said, *“I want to have as many children as possible...up to 20 children is acceptable for me”*.

Boys are shepherds, providers of security, and extra hands in mining gold and cattle raiding. A girl fetches up to 30 cattle and one AK-47 rifle through dowry. Having many children is considered as insurance against high child mortality that is highly prevalent in the area. The Suri people are very much afraid of the unforeseen catastrophes that rob them of the privilege of having children at an old age. An elderly man said, *“Only three of my 12 children survived. Nine of them died due to illnesses during their childhood”*.

Suri men marry as many wives as their economy allows in order to form large families. A middle-aged man remarked, *“I have now six children from two wives. In*

*order to have up to 40 children I have to marry up to six wives.”*

The desire to have many children is not directly translated to welcoming all births in close succession. Widespread practice of spacing and delayed age of first marriage do not allow women to have as many children as they want. The age at first marriage is approximately around the mid-twenties. The Suri give a space of 2 – 4 years between children in order to properly raise one child before the second child is born. A middle-aged woman said, *“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. I give birth only after the last child starts to walk and play by itself”*.

The Suri believe that the “cup” they use for feeding children normal the *shorka*, has a very wide circular or oval opening, which cannot fit in to the mouth of an infant or a small child. Breastfeeding is considered as readily available and easy to feed for children. 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, and can be affected by diseases very easily and could even finally die. In addition, cow’s milk is not readily available in the residential areas of Suri people because cattle are kept in far away grazing areas. Only adolescents and adult males live in the ranches where the cattle are kept and the distance is too long to transport milk from the ranches daily. Some families do keep milking cows in the villages if there is a child who needs milk and is not able to get it from his mother. There is also a desire to introduce bottles to feed their babies to solve the problem related to child feeding. A middle-aged man said, *“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 in between.”*

The Suri believe that a mother 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 in postpartum days. Child spacing is strongly believed to help mothers regain their strength.

The Suri people frequently encounter violent clashes and bloodshed with neighboring Dizi, Me’en, Anuak and Bume tribes primarily for cattle. A typical violent incident starts with the unexpected arrival of armed groups carrying guns, shovels and spears to a village. They kill whoever they find, burn the houses and loot property. As women and children are the ones that mostly live in the villages they are the first victims of such incidents. Every member of the family is expected to know the enemy’s arrival and try at least to save himself from the attacks by confrontation, hiding or

fleeing. If a couple have two or three children who can't run or hide by themselves, the damage to such a family would be heavy. Hence, the Suri believe that they should wait until the former child is able to differentiate between friends and enemies, and is able to walk by him/herself and hide when enemy approaches the village. An elderly man said, "*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 carrying 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 is widely practiced in Suri society. Mothers and elder sisters train younger girls on ways of preventing pregnancy using the rhythm method. Though widely practiced during pre-marital years, couples also use the rhythm method for child spacing. Suri women calculate their menstrual days by making reference to the position of the moon to identify the "safe and unsafe" in times their menstrual cycles. Young girls prepare a string on which they draw knots that represent each day of the menstrual cycle in order to remember their safe days. These knotted strings are used as calendars.

Sexual abstinence starts when a woman is pregnant and continues until the child is able to walk and on family diet. This might continue for up to 3 years. Post – partum sexual abstinence only concerns women. Men are allowed to have other wives as well as extramarital sexual contacts as they wish. Polygamy and multiple sexual partners are believed to facilitate post – partum abstinence. Men also spend most of their time looking after the cattle and away from home, and whenever they are at home the couple do not usually share beds or sleeping quarters. The traditional belief that men and women who have had sex in the past 10 days are not allowed to drink milk and blood, widely available and nutritious foodstuffs, also facilitates sexual abstinence.

Suri mothers breastfeed their children for more than two years primarily because breastfeeding is reliable, and economical. The advantage of breastfeeding for the prevention of pregnancy is not perceived well in Suri community. Lack of breastfeeding is believed to cause compromised child growth, repeated episodes of malaria and eventually death but no association is made with fertility.

#### **Discussion**

The fact that Suri people value children highly is also common in most African societies (5-6). Children are considered as extra hands for household chores as well as in cattle herding, and as a source of security and wealth through dawries. 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 (3). The Suri welcome children irrespective of their sex unlike the widely observed son preference in many societies (7). Traditionally the Suri women practice child spacing in the way other women in tropical Africa do to reduce marital fertility (8). 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 as it has been the case in Zaire and Bangladesh (9-11), concern about the deterioration of maternal health due to closely spaced births as in Bangladesh (11), and the constant threat of violence and bloodshed in the area. Violence has always been part of the community to such an extent that it has dictated a considerable part of their daily life (12-13).

The age at first marriage for most Suri women is their mid twenties. The men also marry at a later age. This is by far a late age of marriage compared with the national median age of marriage, which is around 17.2 years for women and 23.2 years for men aged 25-29 (14). The reasons behind higher age of first marriage are the time required for men to collect the required number of cattle for dawning that takes years of cattle herding as well as cattle raiding. The fact that the responsibilities of married life are feared by most girls also delays marriage. Suri boys and girls enjoy their premarital life very much. Most women consider married life as a bondage they do not want to rush into. The practice of early sexual initiation with liberal sexual norms before marriage makes the urgency to marry less. Suri couples widely practice traditional contraception methods to prevent pregnancy in ways similar to the tribal societies of India (7). Prolonged breastfeeding and post partum sexual abstinence are factors that account for long birth intervals in tropical Africa too, which has a post partum sexual abstinence of 16.7 months (10). Even though prolonged lactational amenorrhoea of up to 19 months is reported in Ethiopia, the period of post partum sexual abstinence is only 2 months nationally (15). An earlier anthropological study on Suri culture also indicated that Suri girls make use of the rhythm method to avoid pregnancy during the premarital stage (16). The effect, of on child welfare, of prolonged, exclusive breastfeeding practice for up to 4 years even without any supplementation as seen in Suri society needs further. The desire by the community to use feeding bottles in place of breastfeeding could potentially exacerbate the poor child survival situation.

The fertility culture observed in the isolated communities in this study would soon be very difficult to sustain as land size for pasturing large numbers of animals becomes less and less available due to increasing population and labor migration to urban areas, that often occurs with diminishing resources in places of origin, require adaptation in fertility

regulation methods. With increased integration of the communities into the larger population of Ethiopia the handling of women can not continue the same way. The status of women and the treatment they receive in the isolated communities is very pathetic. The routine use of abortion as a means of ending unwanted pregnancy from a desired conception test is largely unacceptable in many aspects but at least from the woman's health aspect, in the contemporary society. There are various initiatives to raise the status of women as a whole in the country that can help them to get relatively better conditions to make choices in marriage and in fertility decisions. Thus, it is very important for policy makers to get insight into such trends to make the transition from isolation to integration fairly smooth in terms of population dynamics. A well designed population policy and appropriate services are needed to balance the population growth with the resources available locally.

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#### **References**

1. Kirk D, Pillet B. Fertility levels, trends, and differentials in sub-Saharan Africa in the 1980s and 1990s. *Studies in Family Planning*. 1998 Mar;29(1):1-22.
2. Philip B. Adongo, James F. Phillips, and Fred N. Binka. The influence of traditional religion on fertility regulation among the Kassena – Nankana of Northern Ghana. *Studies in Family Planning* 1998;29(1):23-40.
3. Miatudila M. Traditional family planning methods in sub-Saharan Africa. In: *Rapport final de la conference sur le bien-etre familial au Tchad: N'Djamena, 15 – 21 October 1988*, edited by Leslie Leila Brandon. N'Djamena, Chad, Republique du Tchad, Ministere de la Sante Publique, Secretariat d'Etat, Director Generale, Unite, Travail Progress, (1988 December):1-8, 1988 [Translation].
4. Berhane Y, Mekonnen E, Zerihun L, Asefa G. Perception of fertility regulation in a remote community, South Ethiopia. *Ethiop J of Hlth Dev*. 1999;13(3):217-221.
5. Robey B, Rutstein SO, Morris L. The reproductive revolution: New survey findings. *Population Reports* December 1992; XX(4).
6. CDC – Family planning methods and practice: Africa. 1999 edition – Special Section on AIDS. Page 14.
7. Sharma V; Sharma A. The status of women, fertility and family planning among tribes of South Rajasthan. *The Journal of Family Welfare* December 1993;39(4):20-25.
8. Gbolhan A. Oni, James Mc McCarthy. Use of contraceptives for birth spacing in a Nigeria city. *Studies in Family Planning* July/August 1986;17(4):165-171.
9. Jane T. B, Nlandu M, Matondo M, Evelyn G. L. Factors Influencing the Use of Traditional versus Modern Family Planning Methods in Bas Zaire. *Studies in Family Planning*, November/December 1985;16(6):332-341.
10. Peter W. H. A natural method of child spacing. *American Journal of Obstetrics and Gynecology*, December 1991 (part 2);165(6):1990-1991.
11. Sarah S, Sufia N. Post – partum Contraceptive Use in Bangladesh: Understanding user's perspectives. *Studies in Family Planning* March 1998;29(1):41-57.
12. Jon A. Violence and political discourse among the Chai Suri. In – Dimmendaal, G.J. & Last M, eds. (1998) *Surmic Languages and Cultures*. Cologne: Rudiger Koppe Verlag. Page 321-344.
13. Serge A. T. More chances on the fringe of the state? The growing power of the Nyangatom: a border people of the Lower Omo Valley, Ethiopia (1970 – 1991).
14. CSA, Demographic and Health Survey of Ethiopia 2000, A. A. pp. 76.
15. CSA, Demographic and Health Survey of Ethiopia 2000, A. A. pp. 83.
16. Moges Y. Women in society and female speech among the Suri. In – Dimmendaal, G.J. & Last M, eds. (1998) *Surmic languages and cultures: Rudiger Koppe Verlag Cognem, Germeany*. Page 83-101.