

# Perception of fertility regulation in a remote community, South Ethiopia

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**Abstract:** This exploratory study was conducted to describe the traditional methods of contraception and community perception of fertility regulation in a remote rural community of Ethiopia. In-depth interviews were conducted with "key informants" selected from the rural communities of Bensa district, South Ethiopia. Selection of key informants was purposive with the aim of obtaining knowledgeable and articulate individuals. Four categories of individuals were interviewed: elderly men, elderly women, women in reproductive age, and community health workers. The findings are described in three categories: contraception methods, sexual norms and premarital sex, and desired family size. The results showed that, in Bensa Community, postpartum sexual abstinence and prolonged breast-feeding are the main means of fertility regulation. Cultural values regarding sex (postpartum and premarital abstinences) are being disregarded nowadays. On the other hand, the effects of unregulated fertility on population growth and societal resources are well perceived by the community. The community expressed willingness to accept modern family planning methods to regulate fertility. Further studies, however, are recommended for a better understanding of the issues using a mixture of quantitative and qualitative research methods. [*Ethiop. J. Health Dev.* 1999;13(3):217-221]

## Introduction

The population crisis is getting more attention from day to day all over the developing world. According to the official statement, the population of Ethiopia is projected to grow at the rate of 3.1% by the end of the century. This figure was only 0.3% at the beginning of the century(1). The Ethiopian Government, cognizant of the problem, has formulated a population policy(1). A recent study in a southern Ethiopian region has documented a reported total fertility rate(TFR) of 5.46 and lower fertility rates in urban compared to rural communities(2). In spite of the attempts made to create awareness on family planning methods and promote the use of them, the problem of high rate of fertility still remains unresolved. Every tradition has got its own outlook on population growth. In some parts of Ethiopia, the wealth of the family is measured by the number of children it produces. As a result, families tend to have large numbers of children. The total fertility rate for each woman in Ethiopia was estimated to be 6.6 on the average between the years 1990 and 1995 (3). The widespread failure of family planning campaigns in many developing countries may be attributed to the traditional attitudes held by the communities and the need for large numbers of children. Thus, the understanding of a community's perception on fertility regulation is crucial for expanding the use of family planning methods, particularly in remote parts of the country. Traditional methods were reported to constitute a considerable proportion of all contraceptive methods in both rural and urban areas(4-7). These methods include pre-marital and post-partum sexual abstinences, withdrawal, and the use of herbs. However, very little is understood about the nature and effectiveness of traditional contraceptive methods in Ethiopia. Further more, the attitude of the people

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living in the remote rural areas of Ethiopia on fertility regulation is also poorly understood.

The objective of this study is, therefore, to describe the traditional contraception methods as well as community perception on fertility regulation, sexual and family size norms.

## Methods

The study utilized an exploratory qualitative research method to collect relevant information. It was conducted in Sedea-Warea peasant village located in Bensa District, Sidama Zone, Southern Nations and Nationalities Peoples Regional (SNNPR). It is one of the 49 Peasant Associations in the District. According to the 1994 census, the population of the village is estimated to be 5701 with female-to-male ratio of 1:1.04. The average household size was 4.8 individuals(8). The study area is one of the remote sites with poor infrastructure and low health service coverage in the Region. The village is located some 10 kilometers from the district town of Bensa. Modern communication means are lacking and the public transport system is underdeveloped.

Four categories of individuals: (elderly men, elderly women, women in reproductive age, and community health workers) were identified as "key informants". These individuals were selected purposely for the sake of obtaining people who are believed to be knowledgeable about the subject matter as well as capable of expressing themselves well. Two individuals from each category were interviewed. The study was carried out in January 1998.

In-depth interviews were conducted with the "key informants" using a discussion guide in a quiet and private place near their residence. The interviews were intended to generate information on the type of contraception commonly practiced and on the perception of the community on fertility regulation. Each interview took approximately 45 minutes. The researchers served as interviewers and recorders in rotation. With the consent of the interviewees, all the interviews were tape-recorded. The interviews were conducted in the local language with the help of translators from the Zonal Health Department.

Analysis of the study was made based on the tape-recorded materials and field notes taken by the researchers. The findings are described in three categories: contraception methods, sexual norms, and desired family size.

## Results

*Contraception methods:* In Bensa tradition, postpartum sexual abstinence and prolonged breastfeeding are the main methods for fertility regulation. Couples are not allowed to sleep together before the preceding child starts walking or for at least 4-6 months postpartum. This would allow the mother to recover from the burden of the previous pregnancy and give her sufficient time to take care of her new child. The tradition also allows men to have more than one wife. Thus, during the period of postpartum sexual abstinence with the breast-feeding wife the male spends more time with his other wife/wives. This is believed to have contributed to the relatively few number of children born per women. In this community, no traditional medicine is claimed to be used to regulate fertility.

Traditions with regard to marriage are changing with the expansion of Christianity these days. The religion discourages polygamy which is most welcomed by women who are not happy about traditional marriages involving polygamy. However, this has its own disadvantages, one of which is a reduced postpartum sexual abstinence period leading to short pregnancy intervals which, in turn, are believed to have resulted in the increased number of children per women.

Recently, education on family planning methods has been started in these communities in relation with outreach immunization services. As a result, a few women in the village have started taking modern contraceptives despite the myths and prejudices about it. However, these women are already noticed complaining about the side-effects and ineffectiveness of the methods. The key informants, particularly the community health workers, emphasized the importance of continuing public education on a regular basis to achieve success in introducing modern family planning methods in the area.

*Sexual norms:* The tradition strictly forbids premarital sexual affairs. Girls identified having premarital sex or giving birth before marriage face the risk of being outcasts from the community. They do not get any assistance from the family and the community at large.

Changes in the pattern of sexual practice are occurring among the youth. Irresponsible sexual affairs are increasing and virginity seems to have lost its value for them. The breakdown of the traditional sexual norms is believed to result in unwanted pregnancy with its complications.

*Family size desire:* Large numbers of children are no more desired by the community as the resources are getting scarce for large families. This idea was shared by all categories of key informants. The elder men described it by saying "We don't want many children any more, the land is getting too small and the coffee plant is not as productive as it used to be. Since the land can no longer support our children, they have no job here and are forced to migrate to towns".

Though all categories of respondents expressed that there is a desire to limit the number of children in the community, knowledge about the means to regulate fertility is observed to be lacking. Both female and male informants attributed that to low health service coverage that is not readily accessible to them. On the other hand, male and female respondents blame one another for being the reason for large family size. Female informants reported that, because of the male dominance in the culture, women would be forced to bear large numbers of children. This is reported to be a major obstacle in the fertility regulation decisions by women.

Polygamy is also believed to be one of the major causes for the increased population size as reported by all categories of informants. It is not a pleasant experience for women, while men seem to enjoy it because of the comfort they get from their competing wives. Further more, there is no open discussion between the couples to decide on the number of children.

## **Discussion**

This study was exploratory in nature and a statistically representative sample was not the aim. Hence, the findings may not be generalizable for the community at large. However, as the selected key informants are considered to be knowledgeable about the tradition and to represent different age groups and genders, it is believed that the study gives a fairly realistic impression on the issues studied. Because of the sensitivity of the issue, the youth category was excluded from interviews for fear of cultural taboos. However, the reproductive age informants and particularly the community health workers were relatively young and are believed to have reflected the thoughts of the youth. Nonetheless it is desirable to conduct a large scale study with a mixture of quantitative and qualitative methods in order to fully understand the issues.

Both postpartum sexual abstinence and prolonged breast-feeding are known to be effective natural methods of fertility regulation and widely practiced among a considerable proportion of married couples(1). These methods are to be encouraged in rural communities since they are affordable and acceptable by the majority. Furthermore, this helps promote the health of both the mother and the child. However, postpartum sexual abstinence has to be adhered to by both partners. Failure to be committed to it by husbands has been shown to expose the couple to sexually transmitted diseases, including HIV infection(9). As the old tradition of having more than one wife is discouraged by the expanding Christianity in the area, husbands may find it difficult to abstain for a long period which could result in an increased fertility rate per woman and/or to an extra-marital sexual relationship. Public education to promote a faithful relationship and on the use of alternative contraceptive methods needs to be expanded in order to prevent the potentially dangerous behaviour of extra-marital sexual affair.

The breakdown of traditional sexual norms deserves due attention and action. Besides its contribution to the increasing fertility rate, it will cause unwanted pregnancy and expose the young, productive generation to sexually transmitted diseases, including HIV/AIDS.

Though the community members claimed to have realized the disadvantages of unregulated fertility, the couples have not yet taken appropriate action. It seems that there is a projection of the blame to each other. Such spousal disagreement on the desired number of children has been reported elsewhere(10,11). This is an area for appropriate interventions by the local health workers. The involvement of the couples in the decision to adopt family planning methods was shown to be effective in an urban study(12).

This study also hinted that there is a desire to use modern contraceptive methods among the population in remote rural areas. Hence, providers of family planning services have to be very active in expanding their services in those areas. Effective client education is invaluable to help women overcome the prejudices against modern contraceptive methods and make a well informed choice of the methods(13).

In conclusion, this study indicates that the effect of unregulated fertility is well understood and that there is a positive attitude to fertility regulation, in general, using either traditional or modern methods. The complexity of the issues tried to be addressed in this study warrant further studies using a mixture of qualitative and quantitative methods.

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