

## “Shaping the family”:

### Individual’s capabilities to exercise reproductive rights seen through a qualitative survey

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## Abstract

*We analyze here the outcome of focus group discussions and individual interviews conducted in Mali and Ghana. The aim is to identify collective images about family norms and emergence of alternative values, and to examine people’s degree of ambivalence towards norms and their ability to conceive and realize their own family plans. Discourses show that family life plans should not be seen as pre-established. Ability to shape the family appears conjectural both as regards current resources and the position in the family trajectory. In both countries, two types of resources play a key role: schooling and influence/support from the family and network. Results highlight that the least individual freedom is to be found at the start of family life and in gender power relationships; some freedom appears in the timing of fertility; while more room for individual agency characterizes youth and individuals with more personal resources and supportive surroundings.*

**Keywords:** qualitative survey; family plans; family norms; ambivalence: Mali; Ghana.

## Résumé

**“Dessiner sa famille”. Capabilités individuelles à exercer ses droits reproductifs à la lumière d’une enquête qualitative.**

*Nous présentons les résultats de groupes de discussion et d’entretiens individuels réalisés au Mali et au Ghana. Le but est d’identifier les images collectives relatives aux normes familiales et à l’émergence de valeurs alternatives et le degré d’ambivalence des individus face aux normes et leur capacité à concevoir et réaliser leurs projets familiaux. Les discours soulignent que les projets familiaux ne sont pas pré-établis. La capacité à dessiner sa famille apparaît conjecturale selon les ressources individuelles – en particulier la scolarisation et le type d’influence et d’appuis des proches – et la position dans la trajectoire familiale. Les résultats montrent que c’est au début de la vie familiale et dans les relations de genre que l’espace de liberté est le plus restreint, alors qu’une certaine souplesse est associée au calendrier fécond, et qu’une plus grande marge de manœuvre caractérise la jeunesse et les individus dotés de plus de ressources individuelles et bénéficiant de plus d’appui des proches.*

**Mots-clés:** enquête qualitative ; projets familiaux ; normes familiales ; ambivalence ; Mali ; Ghana.

## Introduction: focusing on the person

The 2012 World population report reinforced the ICPD<sup>1</sup> paradigm – actions centered on the wellbeing of individuals born and to be born – by promoting a necessary shift of family planning to a rights-based approach. A major justification is that “A person’s ability to plan the timing and size of his or her family closely determines the realization of other rights” (UNFPA, 2012). A rights-based approach to family planning is seen as a way to “treat individuals as full human beings in their own right, as active agents, not as passive beneficiaries” what is also at the heart of the recent emphasis put on Capacity Development (UNFPA, 2011).

Cultural factors and gender inequality in decision making have been increasingly considered; nonetheless the mainstream approach to family planning still appears to lack a real focus on the person. The effort is oriented on the means, rather than the ends, i.e. contraception rather than family planning, and the approach refers, more or less explicitly, to a vision of the individual as a rational actor. In many instances, however, including in the Western world, the decision of having a child is not fully rational. This is especially illustrated by the KAP-gap<sup>2</sup> in Sub-Saharan Africa, and the loose association between the adoption of modern contraception and birth spacing as shown by our analysis of DHS data in Mali and Ghana (see previous paper in this volume).

As demonstrated already 15 years ago by Emirbayer and Mische (1998), the social and relational dimensions of agency have been ignored by an agency/structure polarity which considers it either as “an abstract voluntarism of rational choice” or a behaviour “bound to structure”. It should be re-conceptualized as a “temporally embedded process of social engagement, informed by the past, but also oriented towards the future and towards the present” (ibid, p. 963). This view entails different ways of experiencing the world, however without explaining how these experiences translate into behaviour and how

novelty emerges. Different promising paths have been explored as distinguishing between agency (efficiency in action) and empowerment (ability to influence value) (Schuler, 2006), or comparison between rates of change in behaviour versus rates of change in values. As shown, for example by Rindfuss et al. (1999) and Retherford et al. (1999), behaviour change appears to predate value change. The old debate about how pioneer behaviours become the rule and influence the norms (Allen and Balaro, 1994) is still open. The diffusion hypothesis developed by Watkins (1991) as for the European demographic transition has been reconsidered for example by Chung and Das Gupta (2007) in reference to the rapid decline in son preference in South Korea, a homogeneous cultural context. Yet, as underlined by Locoh and Ouadah-Bedidi (In Press), value change cannot be explained by a single feature.

Taking in account agency implies that we consider the point of view of the actor. By focusing on the set of Capabilities that enable people to “choose a life one has reason to value” (Sen 1999), the Capability Approach (CA) constitutes a shift of paradigm to the meanings of wellbeing for the person herself, rather than the achieved situation, as measured for example by level of fertility or health. As Nussbaum (2006) stresses, it is a way to “extend justice to all world citizens” by providing “basic entitlement for all” and at the same time respecting “the many ways citizens choose to live”. Therefore the CA implies to take in account the diversity of situations without ignoring norms and values, by focusing on individual agency.

However, the issue still open is what makes people “choose” among the range of possibilities available at a certain moment. In this regards, the notion of ambivalence appears to be a promising concept. Applied by Lüscher and colleagues in the field of intergenerational relationships (see for example Lüscher, 2011; Pillemer & Lüscher, 2004), ambivalence expresses, in its simplest form, the simultaneity

of dualistic notions. This dualism can be viewed in the gap between a person's own life project and prevalent socio-cultural norms. The concept of ambivalence provides a framework for measuring personal preferences against realities and ideal of normality (applied by Sauvain-Dugerdil 2005, as regards fertility in Switzerland). Ambivalence is thus seen as a condition for innovative behaviour. Most traditional sectors of the population do not question the norms; they are not ambivalent and will not be actors for change. Yet, although a necessary condition, ambivalence is not sufficient in itself: new behaviours are carried only by individuals who have the personal resources that enable them to conceive and realize their personal plans.

In the present study, we analyze in two West African countries, how people understand prevailing family norms and in which measure they adhere without questioning them. Sub-Saharan Africa is known to keep still vivid family traditions through family institutions, i.e. norms and values which define family roles with respect to gender and age, as well as rules for exchange of spouses, reproduction and production, access to goods and place of residence of young couples. These rules have long been the expression of a preoccupation to maximize fertility in a low densely populated, mainly rural, continent where children were "among the most important, but fragile, goods" (Locoh, 1995). This was expressed through intense and early nuptiality and early first birth; although long-standing customs of birth spacing were testifying an awareness of its importance for maternal and child health (Bledsoe et al, 1998; Sauvain-Dugerdil, 1980).

African societies are witnessing rapid and complex changes due to external influence and *in situ* modernization, resulting in a large measure from the diversification of subsistence livelihood and the increased mobility up to the most remote area (Sauvain-Dugerdil, 2013), and most of all the process of urbanization. Rather than the convergence towards a new dominant model, present evolutions of the African family (Hertrich, 2007; Adjagbo et Locoh, 2012) reflect the persistence of familialist norms paralleled by a growing diversity. This had been anticipated by Locoh (1995) as "compromises

between ancient norms, outside models and constraints resulting from the economic and political situation".

The objective of this paper is to analyze people's degree of ambivalence towards norms and their ability to conceive and realize their own family plans. More precisely, we examine whether the lifecourse entails periods characterized by more or less freedom for personal plans and whether certain norms are more questioned than others. We also consider what kind of personal resources may enable people, especially women, to have personal family life plans, and finally who are the more progressive sector of the population. The overall aim is therefore to identify the best entry points for action, in other words breaches supportive for change.

## Data and methods

A field survey with focus group discussions (FGD) and individual interviews was conducted in both countries. Through focus group discussions, the aim was to identify collective images about norms, social constraints and possible emergence of alternative values. In turn, the individual interviews were designed to examine the extent to which the real family experience adheres or differs from the standards expressed. The interviewees were selected in order to reduce the intra group heterogeneity as regards the most important features in this respect: gender, level of education, place of residence (urban/rural), economic activity, relevant cultural features on family values and the density of reproductive health facilities in the area (see Annex). These characteristics stand for a complex polarity between more traditional and more modern groups that led us to select key profiles known to influence family behaviour adapted to the situation of each country. We consider the possible influence of professional activity among highly educated women, while the family context is taken in account by distinguishing, in Ghana, between patrilineal and matrilineal traditions among rural women with no schooling and, in Mali, between extended and nuclear households in urban setting of women with intermediate human resources (some

schooling and neither very rich nor very poor). We also added the potential effects of more contacts with reproductive health programs, i.e. women living in urban areas or in a rural area with high density of reproductive health programs. We postulate that for men, religiosity plays a central role, possibly distinct between rural and urban settings, especially among those with more contacts with the outside world (rural working in non agric sector, urban with long schooling). Ten FGDs were conducted in Ghana and eleven in Mali, and in addition, three individual in-depth interviews organised from each endowment group (among which two persons participating in the FGD).

The analysis of the discourse adopts an inductive approach with the aim to identify what makes sense for the people themselves (the *emic* perspective). In the line of the Grounded Theory, the meanings should emerge from the discourse by applying a comparative approach (see founding paper by Glaser and Strauss, 1967; Strauss and Corbin, 1990; and more recent discussions, e.g. Guillemette, 2006). We are in line with the present shift in “the object of cognition”, which puts aside abstract concepts to consider the diversity, the singular, “things themselves” (Serre, 2012). The first step of the analysis consisted of identifying the categories which organize the discourse. This step of open coding allowed to structure the information, on which can be elaborated, the explanatory model based on the identification of the links between the concepts (grouping into family codes and axial coding), and finally put forward interpretative keys. We used the computer software Atlas-Ti.

The objective was to distinguish family norms and people’s degree of freedom for personal family life plans. Who are those that enjoy more freedom and what stages in life are less constraining? In order to enhance comparability between groups, discussions were organized around case stories, what Sacks (cited by Silverman, 2007) describes as “conversational opener”, providing a “token of agreement”. Five vignettes were composed with the field partners as illustration of specific dilemma that people, mainly women, face along the trajectory of family formation. In turn, individual interviews centred on the individual’s own family history.

### **Main arguments raised in the discourses**

We summarize here the main outcomes by distinguishing the stages of family trajectories such as addressed by the vignettes and related information provided in the individual interviews. The aim is to distinguish the collective image given by the FGDs from individual experiences and opinions and further separate what is common to both countries from specificities of each. In the next section, we present a thematic discussion of the issues raised in the discourses.

## a) Courtship and pre-marital dating

### COLLECTIVE IMAGE (FGD)

#### Case story (situation 5, Ghana<sup>3</sup>)

*Like other young people of his age, Joe, an 18 years old boy, has a girlfriend and has already had many. For the moment, he does not want to establish a stable relationship, despite the fact that this is the wish of his parents. In the midst of his male friends, they brag about their affairs, but, unlike his friends who just think to have fun, Joe is responsible and respects his girlfriend.*

### BOTH COUNTRIES

A reality tolerated, but should lead to marriage.

Two types: socialization and sexual experimentation versus path to marriage (especially for girls), a serious business.

Little family implication: no reference to parents' involvement in choice of boy/girl friend; role of family limited to encourage to get married.

Freedom of young men, but multiple partners condemned.

#### MALI

Considered "illegal" by religious urban men. Tolerated by rural religious FGD participants as usual behaviour of young men (but not with the future bride). Have to stop sexual wandering when looking for a wife.

For girls, bad.

Girls' strategies to make their boyfriends marry them.

Pre-marital relations may result from economic constraints, and financial constraints may impede boys to get married.

Multiple partners, risk STI.

Mention of contraception/protection only in 2 FGDs.

#### GHANA

Rural: should lead to marriage

Urban: more acceptable without plans of marriage, especially when too young to be engaged.

Even without aim to marry, couple should be stable and faithful. For the catholic group, stable & platonic.

Multiple partners bad.

Risk of pregnancy mentioned in 5 FGDs, but need for contraception only in one.

### INDIVIDUAL LIFE TRAJECTORY& OPINIONS

#### BOTH COUNTRIES

Age at first relationship varies considerably, sometime still at school.

<p>Several women report frequentation with boy who did not become their husband. But short duration.</p> <p>One mention of economic aspect of frequentations.</p>	<p>Only a quarter of Ghana interviewees got married with their earlier partner or hoped that their relationships would soon lead to marriage.</p> <p>Joe too young, abnormal to consider marriage.</p> <p>Pre-marital relations for receiving and offering of help, ...to deal with troubles in life.</p> <p>One reference to risk of pregnancy when not ready to enter a relationship (no mention contraception).</p>
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## b) Choice of spouse and marriage

### COLLECTIVE IMAGE (FGD)

#### Two Case Stories refer to marriage:

##### Situation 1.

*Mr Osei is 40 years old. He is a well-respected man in his community. He married Mariama, a 16 years old young girl recently. For him, it is now time to start having children. But Mariama thinks she is very young and wishes to wait.*

##### Situation 2.

*Cynthia is 25 years old. She completed secondary school and now works as an executive assistant in a transport company. She wants to start an additional training in computer, but her family wants her to stop in order to get married. Cynthia would like to finish her training and get more professional experience. Furthermore, she does not want the husband her parents have chosen for her.*

### BOTH COUNTRIES

Marriage a compulsory step in life.

Role of parents omnipresent, but increasingly an individual dimension becoming evident.

Refusal of chosen husband more in Ghana, but in both countries necessity to have parents' support.

Support/care, a quality looked for in the partner.

Husband can prohibit his wife to remain in school, therefore better finish school before marriage.

Education, factor of women autonomy in choice of spouse & within marriage.

### MALI

For all, advantage of family choice: support when problems with husband (more in urban FGDs). Parents' support more important as "today men are bad" and, for the religious FGDs, the Muslim tradition of dialogue between spouses is erased by the laicization of society.

Parents are viewed as understanding, wanting their daughter's happiness.

Forced marriage even less acceptable for very young girls, still in school, not physically mature, or with a large age gap with the husband.

But at 25 years, women do not have to wait more.

In 2 FGDs (urban educated women) young women are "responsible for their life".

Women: educated girls will (have an economic activity) and choose their husband.

### GHANA

Advantage of accepting parental choice only in 4/11 FGDs. Only two FGDs: accepting parental choice consolidates the daughter's relationship with them.

Family may interfere in the choice of spouse, but mainly by offering advice.

Family involvement legitimate, but less with highly educated, older and economic autonomous people (more among urban).

For all, education seen as a means to improve women's life conditions and increased autonomy. For 3 female FGDs, professional activity provides economic independence and therefore the girl can leave her parents if they do not agree with her choice.

All groups disapprove large age gap between spouses: causing misunderstanding, poor sexual

<p>For 5 FGDs (even the rural religious men), when forced into marriage, women will not make their husband happy; although (for two urban women FGDs) the imposed husband will make efforts to please her.</p> <p>Love makes couple life easier, but not a requisite. Dominant viewpoint is that the wife will end up loving the husband chosen by the parents.</p> <p>Single mother less stigmatized. Not rare that husband adopts a child he has not fathered.</p>	<p>life, feeble children, little support from the husband, early widowhood etc. The woman has to refuse, or take the pretext of long studies to avoid the marriage, or divorce.</p> <p>Love as crucial.</p> <p>Premarital pregnancy should lead to marriage</p>
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### INDIVIDUAL LIFE TRAJECTORY & OPINIONS

<p>"Our parents give us to whom they want". "Personal choice will make the marriage happier".</p> <p>"By respect of my parents I have accepted him and got to like him"</p> <p>If the relationship is due to the parents, when they die, "the happiness of the couple will have gone".</p>	<p>As their premarital relationship were early in life, it translated into marriage only for some.</p> <p>Two interviewees married the father of child born before marriage.</p> <p>One man and one woman reported marrying for economic support.</p> <p>Only one interviewee declared husband chosen by parents (rural Moslem woman). Several refused parental choice.</p> <p>Women spoke proudly about their role in choice-making, but in fact mean that the man proposed and they accepted.</p>
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### c) First birth

<p><b>COLLECTIVE IMAGE (FGD)</b>  <b>Case Story, see situation I (see above in reference to marriage)</b></p>	
<p><b>BOTH COUNTRIES</b>  First birth should follow the marriage.  Better postpone marriage if don't want a child quick.  Only reason to postpone the first birth: health risk for too young mothers.</p>	
<p><b>MALI</b></p> <p>Woman has to obey husband if he wants a child (2 FGD women no schooling).</p> <p>Older husband wishes to see children grow before he dies; also a way to keep a young wife at home.</p> <p>Delay means problem: sterility, problem in the couple.</p> <p>May lead husband to divorce or take a second wife</p> <p>Alternative: divorce.</p>	<p><b>GHANA</b></p> <p>Norm is to give birth rapidly, but postponement may be negotiated in the couple.</p> <p>Best have a first birth and then wait before others.</p> <p>Health risk, a justified reason to postpone the first birth.</p> <p>Also if pregnancy may compromise schooling, conciliation of motherhood and</p>

<p>For one group of men, husband has to adapt.</p> <p>Health risk of young mothers and for women FGD also for the baby. Point that can be discussed with the husband (more educated FGD) or through the doctor. But still possibility husband takes second wife; but also opposite opinion that young woman is stronger.</p> <p>Schooling not sufficient to postpone the birth; rather find way to conciliate maternity and school, if economic obstacle or lack of support, shall abandon school, or delay marriage.</p> <p>Among urban groups, the view is that husband should help and share the responsibilities.</p> <p>But, most of all, conciliating maternity and studies would imply « courage » from the young woman. For 2 FGDs, the school system has to offer friendly environment for young mothers.</p>	<p>studies is also an option.</p>
<p><b>INDIVIDUAL LIFE TRAJECTORY &amp; OPINIONS</b></p>	
<p>Strong link marriage - fatherhood: becoming the father of the wife's children.</p>	

#### d) Subsequent births and family planning

<p><b>COLLECTIVE IMAGE (FGD)</b></p> <p><b>Case Stories</b></p> <p><b>Situation 3</b></p> <p><i>Awonye is 50 years old. She has never been to school. She had 12 pregnancies, and 8 children are still alive. She had to struggle to raise her children and has worked hard her whole life. She is very tired now. Her 18 years old daughter, Mariam, was married last year and she quickly had her first child. Awonye is worried for her.</i></p> <p><b>Situation 4</b></p> <p><i>We are again with Mariam, Awonye's daughter. A few years later, she is pregnant with her fourth child. Her husband has lost his job and Mariam is working hard to support her family. Thanks to her, the children are well nourished and in good health. Mariam is not losing hope and is still considering ways to improve her life.</i></p>	
<p><b>BOTH COUNTRIES</b></p> <p>Burden of children falls on the wife: too many children, a pain for women.</p> <p>Links economic resources and number of children only by 2 FGDs in each country.</p> <p>Contraception for birth spacing and, in Ghana, for stopping.</p> <p>Side effects of contraception.</p>	
<p><b>MALI</b></p> <p>Mission of women is to « give » children and grand-children.</p>	<p><b>GHANA<sup>4</sup></b></p> <p>Too many children is a source</p>



<p>Only one FGD about communication with the spouse, or free choice.</p> <p>Needs children to compensate for mortality (2 FGDs), for old age security (2 FGDs).</p> <p>But 4 FGDs mention costs of children, economic problems when too short birth intervals.</p> <p>For women, work load of too many children prevent good hygiene and to realize own economic activities.</p> <p>Urban, too many children a problem, while farmers need children labour force.</p> <p>Family Planning (FP) to alleviate women's burden and let children grow well.</p> <p>But longer intervals will extend maternal life span.</p> <p>FP for stopping only in 2 FGDs.</p> <p>In 4 urban FGDs, should be a consensus in the couple, but for all, FP is a female responsibility.</p> <p>In 6 FGDs, husband may forbid and for 2 female FGDs, wife can take FP secretly.</p> <p>Urban female FGD with schooling: "Husbands do not know any limit", "men consider FP as set by white people".</p> <p>5 FGD mention side effects of FP and unexpected pregnancies, but because of bad use, inadequate method, lack of medical advice.</p> <p>Advice given by friends, elder sister, mother, religious leaders, radio forecasts.</p> <p>Use of traditional methods mentioned in one FGD.</p> <p>All FGDs except two consider that women should go to doctor or health services, but 2 FGDs mention cases of inappropriate advices by medical staff. Problem of cost only mentioned once.</p>	<p>of suffering.</p> <p>Planning the family respective of circumstances [means], including time for your children.</p> <p>Gap rural/urban:</p> <p>Urban: more important because of economic exigencies, including for schooling.</p> <p>Rural: God takes care</p> <p>FP also for stopping but refer to story 4, i.e. already 4 children.</p> <p>Also mention male contraception, vasectomy in 3 urban FGDs (female FGDs comment on absence of side effects).</p> <p>Rural: FP responsibility of women, men as support, but can forbid. For male rural FGDs, than the wife could use secretly.</p> <p>Urban: More investment of men, common decision of the couple.</p>
<b>INDIVIDUAL LIFE TRAJECTORY &amp; OPINIONS</b>	
<p>Answer to a question about FP services: "They assure confidentiality and are adapted to our culture. They make good job". But later on, the same person spontaneously declares that: "The lack of information on family planning methods led us to give birth without spacing".</p> <p>Urban man: « Most women use contraception and even don't know what it is. Were told by a friend who is taken"</p> <p>Several mentions of difficulties to conciliate contraception with their life style: too many other tasks and preoccupations.</p> <p>Contraception as an instigation to sexual delinquency and exposure to STIs (urban man, long schooling, religious)</p> <p>-</p>	<p>Clear divide between fertility wishes of rural and urban persons.</p> <p>One rural interviewee recognized that she had life problems because the children came too quickly.</p> <p>Urban men and women mostly knew the kind of contraception they were using, while rural interviewees used it without knowing what it was, except that it is for birth spacing.</p>

Discussion

First of all we should be reminded that we are dealing here, not with observed facts, but discourses reflecting the viewpoints of individuals and groups of individuals. Discourses are excellent markers of the position towards

dominant norms; they can also point to differing views that call for critical reflections on what seems to be 'the dominant' norm, or even a complete denunciation of such norm. Moreover, the terms used may refer to different notions, especially between men and

women. Such is the implicit sexual dimension of premarital relationships in the male statements, whereas it is much less the case among girls. Such is also the gender differences in their real role in the choice of the partner or as referred to their view on parental support. The same is true as regards the parallel between the two countries, because differences reflect the interaction between individual perceptions and the life context which differ in its history and in many social characteristics. Therefore, beyond differences in practice, meanings can also vary. For example the meanings of schooling differs between both countries. In Mali a large share of women has never been to school and only a minority has finished junior secondary school, whereas in Ghana low education means not having finished primary school.

Family Planning does not appear as an important resource for shaping the family. Contraception is not spontaneously cited in reference to pre-marital relationships or to delay first birth, but emerges as an option to space subsequent births and thus alleviate the women's suffering and promote better care to the children. This confirms, as concluded in the quantitative analysis (paper 9 in this volume), that contraception practice is not to be seen as a Capability but rather a means when it becomes a possible option. This is also illustrated by the fact that education is not mentioned as a way to access contraception, but rather to enhance broader competence. Respondents' comments highlight a very poor understanding of what it is about beyond a superficial notion of going to the health centre to get something to avoid pregnancies, what explains the apparent paradox of the gap between knowledge and practice. These problems in the quality of the information received are certainly also at the root of the persistent prejudice about side effects of contraception. Medical staff is therefore seen as playing an important role.

### **Personal resources for 'Shaping the Family'**

Such as expressed in the discourses, the family trajectory appears impregnated by fatalism and traditions. However, this does not exclude reference to personal plans. In Mali,

even the very religious male group mentions that "the girl has to make efforts to reach her objectives". In both countries, two factors appear to play a key role in the capacity to "Shape the family". On the one side, schooling makes the woman "not passively endure her fate" (Mali FGD male urban with long schooling) and, on the other side, her trajectory will rely on the type of influence and support she receives from her family and network.

#### **a) Schooling**

Beyond the mere impact of schooling on the adoption of a contraception culture, such as seen in the quantitative analysis, in both countries, schooling is considered as a fundamental resource and the lack of education the root of problems in their lives<sup>5</sup>. In Mali, all FGDs except those of very religious men, spontaneously mention personal resources acquired, thanks to schooling. An educated woman will be able to choose her husband, will not depend on him, be responsible and able to support her family, help her husband and her parents. Education will give her knowledge and competence: she will thus be able to break the vicious circle of the mother-daughter transmission such as described in case story 3 and 4. In Ghana, lack of education and schooling, but also of some specific skills and capacities are pointed out by interviewees. A longer schooling is considered as a way to postpone marriage without jeopardizing it. In Mali, the increasing marriage pressure when getting older and the handicap of an older age on the marriage market are alleviated by a high level of education. It will also empower the woman and enable her to conciliate more easily, studies and family life. In Ghana, where being older is seen as a sort of gain in decision power, empowerment due to education/training appears as adding to the older age advantage.

Most of all, schooling is seen in its economic implications. In Mali, it is presented as the women's access to paid job and economic activities: a "high diploma" will open the door to high responsibilities. In Ghana, female groups clearly state that it is rather the economic independence, seen as a consequence of

education/training, that makes the difference. The woman can leave her parents if they don't agree with her choice; thanks to her income, she can support herself and will not have to depend on anybody.

### **b) The central role of the relational network**

Individual trajectory can further be understood in the light of the bonds with the family and other close persons. Consequently, the level of education of husband and parents also play a central role.

The discourses highlight the importance of the counseling and go-between of the family or close persons, especially as regards conjugal conflicts. Advices given by friends, radio broadcasts, elders, including mothers, religious leaders, etc... are considered important, particularly for Malian respondents, as may be the result of unheeded advice. In Ghana, some respondents, both rural and urban, observed that the cause(s) of problems they encountered after marriage emanated from their own refusal to heed to advice. For young people, elder brothers and sisters are important, as well as friends although, such as underlined in the FGDs with urban very religious men, peers may have a bad influence on single men.

The key actors are however from the family. Mali groups underline the natural support given by the extended family, although "the share of the family burden within the extended family is disappearing; nowadays everyone has to care for him/herself". In Ghana, interviewees highlighted the lack of support received from the family, how their families neglected them in their growing days and refused to send them to school.

#### *The parents*

The father appears as the central character, but rather in negative terms. In Mali, his decision power is well expressed by testimonies such as "It is my father who impinged me to have this [good] life because he gave me a husband when very young". In Ghana, interviewees mentioned their fathers, as the family member they did not get support from. Discourses in Mali confirm our previous studies

about the role of the mother (Roulin and Sauvain-Dugerdil, 2009). She provides material help, but most of all is the counselor; she can intercede to her husband, but not to her son-in-law who is rather listening to his own mother. The girls' mother-in-law plays an important role underpinning her son's decisions, for instance as regards his wife's schooling.

#### *The husband*

In the Mali survey, the husband appears as a central person. He should support his wife and children. Some women refer to the importance of having a rich husband, although it is usually not considered as sufficient. The husband should also share the family tasks; he should back his wife's wish to go on studying and to use family planning. Many women give however the impression that they rely more on their own resources than their husband's. Most groups recognize that, in reality, the husband may prohibit his wife to go on studying or take contraception. This may reflect less concern for family planning such as expressed in one FGD commenting that "husbands do not know any limit" and in the quantitative analysis by the poorer contraception knowledge and practice of men when they are head of the household.

In Ghana interviews, the lack of help from the partner is cited as one major problem in life and all FGDs recognize the risk that the husband may prohibit his wife to continue her studies. Nonetheless, the possibility for the wife to negotiate, for example as regards the postponement of the first birth, appears as an option more frequent than in Mali.

Although communication and negotiation within the couple is described in Mali as Western view, "sometimes the laundry has to be washed inside". Communication with the husband is also cited in a way or another by a few groups, even the most religious ones. However for many groups, the negotiation is not possible, especially when there is a wide age gap. A large age gap and/or co-wives, or husband's affair are cited as important dimensions of the conjugal situation. In Mali, an old husband will mount pressure to have children quickly, but he may also make efforts to please his young wife. In turn in Ghana, the

view is rather that women should not accept to marry an old man.

In Mali, the discourses refer often to polygamy, especially as regards pressure to give children; one group also underlines that “many women don’t like to have co-wives” because of increased risks of STI. Among Ghana interviewees, no case of polygamy is reported, however, four women (3 rural and 1 urban) were quick to indicate that their partners had been playing with other girls; two mentioned that when they complained about this kind of behaviour, it led to serious brawl. Three other women who were asked what they would do if their husband has an affair, declare that they will ask him to make a choice between the two of them or will leave him.

### **Varying space of freedom to ‘Shaping the Family’.**

In this paper, we have explored the ability to shaping the family through the degree of ambivalence to the norms, considered as an indicator of the range of individual freedom for planning the family, and the resources and obstacles that enhance or prohibit the realization of personal family plans. The FGDs provides insight into understanding the norms, whereas individual interviews open ways to visualise the obstacle met in their real life history, for example the role of key persons or the cumulative handicap of the lack of schooling. The ambivalence to the prevailing values is expressed in the discourses through the way the norm is defined - its nature (precise or ambiguous, unique or manifold) and appraised (valued as more or less fair and indisputable by all, by some) - and, on the other hand, how it fits with the real life of the persons. We propose on this basis a rough grading from clearly defined and homogeneously accepted rules, which leave little room for individual preference (point a), to elusive manifold ones widely questioned (point c), and an intermediate state (point b).

- a) The least individual freedom is to be found at the start of family life and in gender power relationships, although at

a stronger degree in Mali than in Ghana.

- *Unavoidable steps: marriage and the prompt arrival of the first child.*

In opposition to some studies that show an increase in celibacy in urban Africa since late 1980s (Antoine and Nanitelamio, 1990), the discourses homogeneously refer to marriage as an inescapable passage. Observations in Mali corroborate Spencer (2005) that marriage represents a depression in women’s life trajectory - a loss of independency and a new start in a new surroundings -, whereas it gives a new status to young men. Most discussions converge on the ‘necessary’ connection with the first pregnancy, which is in line with the quantitative results about the lack of effects of personal resources on the duration of the interval between marriage and first birth. The latter clearly marks the end of youth, such as expressed by stating that “for an old husband his young wife’s pregnancy may be conceived as a way to prevent her roaming with her friends”.

- *Male decision power: from the father to the husband.*

It became apparent that during childhood and youth, the decision power of the father could rarely be questioned. Despite the rather good image of parents given in the FGDs, and in-depth interviews, the father is often seen as the cause of problems in life such as lack of education or of arranged marriage. This rather negative image corroborates the results of a survey among young Malian about the role of the close persons, using verbal associations, in which the father is described as “bad”, especially by the poorest girls (Sauvain-Dugerdil and Dieng, 2006). Parents, but in fact the father, are still central actors for the choice of spouse yet, increasingly, a kind of compromise is found: parents are not excluded but only consulted for advice and approval. In Ghana, forced marriage and large age gaps between spouses are more clearly rejected. In Mali, opinions about personal choice and the role of parents are more diverse and are consistent with the reality of the persistence of large age gaps between

spouses, typically resulting from arranged marriage

The wife's duty of obedience to the husband appears as a widely accepted rule. This is especially the case in Mali, which corroborates well with the street demonstrations which occurred in August 2010 against the revision of the family code, especially the shift from obedience to mutual agreement. It came out clearly that the husband can forbid his wife to keep studying or take contraception. However, as already shown by Preiswerk (2005), the clearer the rule is, the easier it is to react with avoidance strategies. In the case of contraception the norm is not questioned but it seems justified to get around, i.e. use contraception without informing the husband, because it is the woman who is suffering from the children's burden. In turn, an unambiguous norm, but not clearly stated, may be internalized and expressed as a choice, a so-called adaptive preference. This is the case of female narratives about their personal choice of partners, when in fact their option is only to accept or not the available suitor.

b) Some freedom in the timing of fertility.

➤ *In Mali, different norms about premarital pregnancies.*

While strongly reproved by some, other interviewees are more tolerant and see it as not handicapping the young woman on the marriage market, sometime even the opposite, i.e. as a proof of her fecundity. This duality, undoubtedly expresses the concomitance of different norms. The more tolerant position rejoins what we observed in our rural field work where the pregnancy, even with another man than the promised one, is not a stigma when some rules are respected, e.g. delay the marriage after the birth (Sauvain-Dugerdil, 2013). Such tolerance has not been expressed among Ghana interviewees.

➤ *Birth spacing, a compromise to alleviate women's burden but still respecting the fertility norms.*

Birth spacing has been a long lasting tradition in many African cultures and is associated with a

widely spread awareness of importance for the health of the mother and the child. Apparently, with the decline of long duration breastfeeding and customs of separation of spouses after the baby's birth, it has lost its intensity. However, spacing clearly appears in the discourses as a compromise with the norm, i.e. a way for the woman to have time for her own occupations while fulfilling the fertility duty. This is consistent with the quantitative results that highlight the persistence of birth spacing among more traditional sectors, but also, apparently a more individualistic motivation expressed by longer intervals among women with higher human resources. In turn, birth stopping does not appear as a real option in Mali, and in Ghana it is mainly referred to in larger families. However comments of Mali women about the fact that spacing will lengthen maternal life span are consistent with quantitative results about emergent behaviour of concentration of the births at the start of the family life among less traditional sectors.

c) More room for individual agency during youth and among individuals with more personal resources and supportive surroundings.

➤ *Elusive and manifold norms leave room to personal freedom in premarital relationships.*

Premarital relationships are not clearly condemned except when implying sexual vagrancy. They appear to be tolerated and the choice of the partner is not really controlled. This expresses a loosening of parental control and influences of external values, mainly in urban settings, but also the persistence of freedom of youth, such as was the customs in many Mali populations. Our 2002 survey in non-privileged areas of Bamako showed that the increased pre-marital relationships observed worldwide (Bozon and Hertrich 2004), as the result of changing values and of lessening of parental control, is clear among young men but just emerging among women (Sauvain-Dugerdil et al, 2008). Nonetheless, new more radical religious movements increasingly introduce less acceptance of premarital relationships. Most of

all, youth is also the path to marriage, a serious business. This is especially the case for girls who, in spite of a slight postponement of marriage, and increasing habit of pre-marital sex, have to make their way rapidly to marriage and therefore rarely enjoy a real youth.

➤ *Personal resources enhancing individual agency.*

Age, education and economic resources appear to be factors of empowerment. Advancement in age allows more autonomy, more so when associated with a higher level of education and own income. However, pressure to get married also increases with age, especially in Mali. This was mentioned by Locoh (1995) as a reason for a woman to enter into a polygamous union, thus complying with the obligation of getting married but keeping a certain degree of autonomy, especially in case of separate residence. In the discourses, education is closely associated with economic opportunities. The economic dependency of women is seen as a major weakness well illustrated by a reference in Mali FGDs to the fact that a woman marrying an old man "cannot have his money without accepting to do what he wishes". For women, the importance of being economically autonomous appears closely associated with their widely expressed mistrust in men.

The importance of personal resources has also been highlighted in the quantitative analysis although mitigated by the persistence of norms. Whereas personal resources enhance the ability to space births, in Ghana, the adhesion to familialist sectors diminish this effect. More so human resources do not modify the quick arrival of the first child.

➤ *Supportive persons.*

The discourses have emphasized the role of go-between and therefore of the network of relatives and friends. Mothers appear to play a particular role of connivance with their daughters, in particular as regards the men's position (the daughter's father and husband), and support of her son's attitude towards his wife. For women, the husband is a key person but whose role appears very variable, rarely

really supportive. As concluded by Locoh (In Press), in her analysis of a series of DHS questions in four West Africa countries, her previous hypothesis of new couples more sympathetic does not seem to be confirmed by recent opinions of women.

Finally, other persons may be key actors, such as religious leaders and friends mentioned in a few instance. As regards family plans, new actors appear to be the medical staff and media. In turn, school teachers have never been cited, what is consistent with rumours about risks of sexual harassment.

## Conclusion

In conclusion, the ability to shape the family, as expressed in the discourses, does not equal conceiving a pre-established life plan, in particular as regard family size. As well described by Johnson-Hanks (2005) for Cameroon, women rather react to the prevailing situation as a way to cope with uncertainty. However, as highlighted in the present study, their lives are wrapped not only by uncertainty but also by constraints. Shaping the family appears therefore conjectural both as regards their current resources but also their position in the family trajectory. Moments in family life or specific situations are opening breaches for more individual agency. These breaches constitute best suited entry points for policies and programmes to enhancing individual capacity to improve their life conditions and to promoting a supportive environment. The results of this survey confirm that priority should be given to empowerment through youth education and life skills, to postponing marriage, birth spacing and support to women's economic activities. Efforts should also be made to raise men's awareness about effects of early marriage on girls' schooling and women's everyday burden brought by large families.

The central importance of the capacity to react to specific situations and exploit opportunities of the specific context - more than the agency per se - implies that different qualities may prevail in different situations. This is for example illustrated by the advancement in age which may be a factor of empowerment but

also a handicap. This probably explains why this study has not clearly identified more or less progressive groups of people. This is well exemplified by the complex positions expressed in the Mali group of urban very religious men. Religious arguments clearly support their condemnation of pre-marital relationships, their description of the dramatic consequence of single motherhood and the pre-eminence given to the couple over the extended family, but such positions are not shared by the rural very religious men. Other factors such as their urban residence and higher education appear however to influence their points of view, for example about the importance of communication between spouses or to free a wife from an unsuccessful marriage. This confirms well that the focus has to be given more to situations at risks than to groups at risks.

A major lesson of this study is to recall that the person is embedded in her context, both as regards rules and relational network. This means to recognize that it is useless to confront inescapable rules, and therefore rather start with situations allowing more individual freedom. This implies also to account for important others, i.e. what has been described as 'linked lives' or 'significant others'. Actions should therefore associate the persons who count in a way or another. Important efforts have been done in the domain of reproductive health to associate the husband, but our results show that there is still way ahead to a real share of responsibility and tasks. More so, the role of parents and other close persons are usually neglected. Another central breach to be used in action is the credit given to health and schooling arguments, and therefore the necessity to give to the medical staff and the teachers the appropriate resources to play their key role and capacity to "go to the people".

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## **ANNEX. Selection of subjects (Endowment Groups)**

### **GHANA**

- **Density of RH programmes and patri/matrilineal culture (women with no schooling but an economic activity)**
  - Gr1** – Women, rural, no schooling, economic activity, zone with high density RH programmes, patrilineal
  - Gr2** – Women, rural, no schooling, economic activity, zone with high density RH programmes, matrilineal
  - Gr 3** – Women, rural, no schooling, economic activity, zone with low density RH programmes, patrilineal
  - Gr 4** – Women, rural, no schooling, with economic activity, zone with low density RH programmes, matrilineal
- **Occupation (urban women with high education level)**
  - Gr5** – Women, urban, high education (secondary plus), with professional activity
  - Gr6** – Women, urban, high education, without professional activity
- **Religion (men rural with contact with outside & urban educated)**
  - Gr7 – 9** Men, rural, non agric activities, religious
  - Gr10** - Men, urban, middle-high education (secondary plus), charismatic
  - Gr11** – Men, urban, middle-high education, other evangelist
  - Gr12** – Men, urban, middle-high education, catholic

### **MALI**

- **Densité des programmes SR (femmes non scolarisées mais actives économiquement)**
  - Gr 1** – Femmes, rural, non scolarisées, activité économique, zone avec forte densité activités SR
  - Gr 2** – Femmes, rural, non scolarisées, activité économique, zone avec faible densité activités SR
  - Gr 3** - Femmes, urbain, non scolarisées, activité économique
- **Activité professionnelle (femmes urbaines, longues études)**
  - Gr 4** – Femmes, urbain, longues études (>DEF), activité professionnelle
  - Gr 5** – Femmes, urbain, longues études, sans activité professionnelle
- **Contexte familial (femmes urbaines, classes moyennes, scolarisation moyenne)**
  - Gr 6** – Femmes, urbain, famille nucléaire, socio-économique moyen, scolarité primaire terminée
  - Gr 7** – Femmes, urbain, famille étendue, socio-économique moyen, scolarité primaire terminée
- **Religiosité chez des hommes ayant contact monde global :**
  - Gr 8** - Hommes rural, activité non agricole, très pratiquant
  - Gr 9** - Hommes rural, activité non agricole, peu pratiquant
  - Gr 10** - Hommes urbain, longue scolarisation, très pratiquant
  - Gr 11** - Hommes urbain, longue scolarisation, peu pratiquant

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<sup>1</sup> International Conference on Population and Development, Cairo 1994.

<sup>2</sup> Gap between knowledge and practice  
(Mauldin, 1965)

<sup>3</sup> The stories are identical in Mali, except the names changed for local ones.

<sup>4</sup> Specific questions on FP asked in Mali, not in Ghana

<sup>5</sup> Discourses mainly refer to schooling and not to a broader concept of education which would have to also account for knowledge and skills transmitted by family, friends, other key persons and radio forecast.