

## KASENA NORMS AND REPRODUCTIVE HEALTH<sup>1</sup>

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### **Abstract**

Kasena reproductive culture is pro-natalist, pro-child and pro-offspring and this is obvious from their norms, sayings, and their institutions. This pro-natalist attitude is inculcated in children at an early age. These are not just glib generalisations. There is in fact evidence for this in almost all aspects of life, but we also encounter practices that appear to contradict this inclination such as the belief in spirits masquerading as babies with congenital deformities which are perceived as threats to the family and society and who should therefore be gotten rid of or the encouragement of social menopause in a pre-menopausal couple. A variety of other ethnographic facts mediate the tendency to place ultimate value in large family sizes.

### **Introduction**

It is widely agreed that a consideration of socio-cultural norms and institutions is a vital component of the discourse on reproductive health. If there is a doubt on this question, one only needs to refer to Heggenhougen and Pedersen's (1997) discussion of the role of anthropology in public health and the need not to miss out on the overall or total context. It is now acknowledged that an understanding of a society, its cultural outlook and its norms hii crucial to the task of development, especially if the objective of development is to be conceived as people and community centred. Nordic researchers at the Dag Hammarskjöld Institute among others have been emphatic on this, see Jatoba (1987). Nevertheless, the tendency has been to go for generalizations that are informed by high profile accounts on a few African societies. Such an approach either belies or takes for granted the importance of intra-cultural variation within countries, regions and districts, not to mention within the African continent. Kunitz (1994) has demonstrated the need not to disregard cases and attention to particular demographic studies. Writing about mortality differences and the tendency to relate mortality to broad economic indicators, he argues that such generalization, however broadly true, prevents one from discovering a variety of particular social, cultural, and agricultural patterns that bear directly on mortality. Similar sentiments are echoed in Heggenhougen and Pedersen's (1997) remark that, "While recognizing the importance of the broad strokes in guiding, planning and implementation, attention to detail and specificity are important precisely for the success of such implementation." Indeed, it can be argued that the more we know about the individual societies and communities, the better are our chances of understanding the types of impact that culture and the total context have on health and what the best options are likely to be in the search for policies that might work. Of course, culture and the "total context" do not remain static, and the changes need also to be taken into account. It is in this respect that the work of the Navrongo Health Research Center as reflected in Adongo, Phillips and Binka (1998) deserves commendation.

The Navrongo Health Research Centre has been hailed for its Vitamin 'A' Supplementation Trials in the late 1980s and more recently for the effort to introduce impregnated bed-nets as a strategy for malaria control. Adongo, Phillips and Binka (1998) can be seen as one more attempt to penetrate a local cultural ideology and belief system in the search for viable options for biomedical intervention. They do so by drawing insights from micro studies focusing on the Kasena-Nankana area of the Upper East Region of Ghana. However there is also the need to consider the work of others where such exists, whether on Kasena-Nankana or neighbouring communities. One may mention in this context, the work of French<sup>2</sup> and German scholars<sup>3</sup> and a number of Ghanaian works<sup>4</sup> on the Kasena-Nankana

which are not even cited by Adongo, Phillips and Binka (1998). This paper aims at capturing the insider perspective and employs the popular sayings and remarks of the Kasena people as illustration of attitudes that may or may not be completely reflective of the attitudes of the people.

Adongo Phillips and Binka (1998) sought for an ally at the heart of Kasena-Nankana culture when they carried out experimentation with the soothsayer's cult. Their opinion seemed to be that given the overarching importance of the soothsayer and his cult in decision taking, a diviner's shrine's position on family planning and population issues would be of some importance. Perhaps a review of whatever literature is available on divination among the Kasena and related people might have persuaded the researchers that decisions emanating from divination ultimately issue from the client who consults the shrine, even if it is made to seem as if the deity discloses the mind of the ancestors and gods on the issues queried. The principle is that questions put to the shrine have to be valid, since an invalid query elicits an invalid answer. While the experimentations of Adongo, Phillips and Binka with divinatory processes may be questioned, they appear correct in seeking answers to population questions through the study of the communities' beliefs, practices and perspectives.

This article in summary attempts to elucidate the discussion on reproductive health by referencing the wider cultural matrix, and to shed light on particular norms that are critical to reproductive health and add to the growing literature on gender, health and reproductive culture. Given the concern demonstrated by successive Ghanaian governments regarding the country's increasing population size, cultural norms and issues such as those discussed here become highly relevant to public policy debates. This is not to say that these concerns are universally upheld. Prof. Amartye Sen, a leading welfare economist and recipient of the 1998 Nobel Prize for economics, locates the problem not so much in population growth as in political mismanagement. Health concerns encompass the well-being of individuals and society and need not be limited to questions of disease or illness or organic malfunction. Cultural norms and practices that are debilitating to the individual and society or enhance well-being qualify therefore as health issues. Moreover, some of the norms discussed here have direct and indirect pathological outcomes.

Kasena reproductive culture, perhaps like that of many a Ghanaian people's, is pro-natalist, pro-child and pro-offspring and this is obvious from their norms, sayings, and institutions. In this context, knowledge of birth control methods, other than by sexual abstinence, was non-existent or rudimentary at best and abortion was relatively unknown. These are not just glib generalisations. There is in fact evidence for this in almost all aspects of life, even if we encounter practices that appear to contradict this, such as the belief in *chichuru* children or babies with congenital deformities, who are perceived as threats to the family and society and whose annihilation was therefore socially encouraged. The pro-natalist attitudes are inculcated in children at an early age, such as the case where a baby on sneezing is told, "may you grow to marry a wife and her junior sister" (*n swo kaane de nyaane naa*). Polygyny from this perspective ensures a larger family of procreation and ultimately a large patrilineage.

Children are valued for many reasons: social, political, economic and religious. Prestige attaches to having many children, especially sons. The concept of *tiŋi dɔi* (lit. establish your lineage) captures the prestige that having children represents in Kasena culture. As Adongo, Phillips and Binka (1998: 24) have pointed out, Kasena "religious exchanges are therefore replete with advice to practitioners to have many children, and sons in particular, so that the lineage can grow and prosper and its spirits can survive and flourish". It can be added that offspring advertise an individual's social status as a parent. Kasena may not have a name system in which parent and child have identical surnames, but personal identity nevertheless derives from parentage. In trying to establish a person's identity it is customary

to ask about native community and parentage. Thus it can be said that individuals are not only known by their fathers, the latter i.e. parents are also known by their children. It is not unusual for a mother to be addressed as 'X's mother'. In a society where name is literally equivalent to fame, the more children there are the more frequently a person's name is likely to be mentioned, which increases entitlement to fame. So crucial is paternity to social recognition even public benefaction plays second fiddle, as the following Kasena proverb asserts: *N ná ba jege bu se ba jwa hwoji n yere, ko buga* (If you don't have a child to ensure that your name will be mentioned tomorrow, construct a well). Having many children and grandchildren also means an imposing compound, the envy of the neighbourhood. Economic well-being was determined in the past by the size of the family of procreation and the number of other dependents. In their mode of production, acreage farmed would increase and production would diversify as the nuclear family grew. Wealth and status attached to the man with many children and dependents; he was not only a wealthy man, *nadunu*, his status in the community approximated that of a chief. As ancestral rites were and still are important in this culture, a large offspring group guaranteed and still assures the individual of a viable cult and an enviable ritual congregation after death. Death was not seen to terminate the inter-generational reciprocities; rather it transformed them.

It cannot be denied that to Kasena, sundry benefits accrued to a father and, to some extent, to a mother, where offspring were concerned. A Kasena saying reechoes co-wifely banter in which the mother of many sons mocked the mother of many daughters, saying: *ko wó zege sanyiga naa hirako ga* (from what direction would poverty come, west or east?). This was an innuendo aimed at the mother of daughters. While society does not disagree with the perceived comparative importance of sons, it considers such egotistical comparison shortsighted. In the anecdote in question, perspective is restored when it is recounted that the mother of sons lost them when fighting erupted, resulting in her impoverishment, while the mother of daughters still continued to benefit from the occasional support provided by her married daughters. The high premium placed on having children is consistent in a society that prioritized kin and dependents. Kasena say, *tan jege nna se-n yeim wonnu* ('seek ye people and mind not chattels').

The lot of the childless person was not one to be envied. Infertility still explains marriage instability among Kasena. Kasena do not believe that anybody is born infertile. Infertility is blamed on the couple's "blood" (their blood being "incompatible") or ill-luck due to personal destiny or failure on the part of God to sanction pregnancy and childbirth. On the other hand, to say of a woman that, *o jana wo faye ba lu tega ne* ('her blood has never dropped to the ground') is to depict a miserable person. That is the kind of woman who cannot pick a quarrel with her uncharitable co-wives without being reminded that "you are a male". The term *kadega* summarises all this. There is a little more sympathy for the woman whose children die at childbirth.

While society is generally uncharitable to the infertile woman, the infertile man fares little better. The childless man may not have a decent funeral and some of the rites due to an adult could be withheld at the death of the childless man. These ritual omissions may be interpreted as prophylactic devices meant to "shame" the deceased and to ensure that he either does not return to this world or returns destined to live a normal life, which includes marrying and fathering children. The institution of the *boore*, the ritual which compels a person to cede paternity over his first-borns to a consecutive sibling, comes to the rescue of the childless man while at the same time confirming the social importance of paternity. An impotent husband additionally can claim paternity over issue born by his wife, even if these were not his own biological offspring. The problem of female infertility by contrast cannot be so easily accommodated. The infertile wife can mitigate her plight by bringing in her brother's daughter and marrying her off to the husband to bear the children that she was unable to have.

Given the significance of children to marriage, an infertile couple is often compelled to break up their marriage and there is usually sympathy for such a rupture. Infertility accounts to a considerable extent for conjugal instability. Though we do not have statistical data to prove it, it would seem that women who have difficulties having children often have a checkered marital history marked by frequent separation and remarriage. It is for this reason that from the onset, Kasena-Nankana see every new marriage as nothing more than a trial arrangement. The trial period can be said to last till the birth of the first child. In effect a marriage begins to feel like a marriage only when a wife becomes pregnant and hope increases with the birth of the first child. The *gonna* rites that give legal backing to a marriage contract are usually conducted after the birth of the first child. The feeling of conjugal security is reflected in the jokes that the husband's agnates exchange with the wife. It is not uncommon to hear husband's relatives allude to a wife's maternal status in jocular encounters by asking her, "where can you go now, have we not broken your legs!". It does not seem to bother Kasena very much when a wife who has borne children with her husband leaves the matrimonial home. People assume that whatever the errant wife does with her life, she would some day return to her children. This is supported by actual case experiences. It is also a fact that parents who oppose their daughter's choice of husband (elopement was common in the past) and would not give their blessings, become resigned to the relationship as soon as a child is born to the couple. The names that Kasena first-borns bear often allude to this. Kasena names provide us with considerable clues to their reproductive lives.

Attitudes and associated behaviours such as these must have repercussions for reproductive health in the short term and in the long run. Serial polygyny is encouraged. Men wishing to increase their family sizes marry more than one wife. As a wife passes her menopause her husband might go in for a younger wife. In some cases, polygyny is the strategy adopted by the husband who is incapable of begetting children with his only wife or cannot beget one or more sons by the first wife. While culturally there is no active opposition to polygyny, conjugal friction exacerbated by unequal conjugal attention from the husband may compel some wives to seek separation and enter into concubinage with other men. It seems that in recent times the refuge of the young wife who cannot for whatever reason endure conjugal life is the Burkina Faso city of Ouagadougou, where she might work for a few years. Some of these estranged wives have succeeded economically but many are those who after several years at "Ouaga" have returned with HIV infections only to die.

### **Gender Concerns Relating to Conjugal Practices**

The significance of procreativity sheds light on some conjugal practices that in the contemporary context may not be perceived favorably. One of these is the unequal sexual access rights of spouses. A wife should not without justifiable excuse refuse to sleep with her husband when he demands it. The wife who persistently rejects her husband's advances is not seen in any good light and should her refusal result in a domestic quarrel, even her own kin will demonstrate no sympathy for her behaviour. Her refusal can only be justified where the marriage has broken down, she is deemed too unwell, or in situations where custom disallows sexual intercourse. In the latter case the husband would be considered unreasonable to insist on sexual intercourse. The right to demand sexual satisfaction is not however, symmetrical. The young wife can complain that her husband does not sleep with her, and might leave him with the argument that she did not marry the man just for his food. There seems to be little sympathy for an older wife who is denied sexual attention.

The centrality of procreativity explains unwillingness in both sexes to accede to the fact that intercourse should be desired for sexual gratification. Paradoxically, some married men have been known to prefer the company of widows, and this cannot be for reasons of procreation. Women in their

utterances suggest that it is men who insist on intercourse for pleasure sake, which implies that men crave the pleasure of sexual intercourse while women remain passive or engage in it for reproductive reasons. Men on the other hand say that women are sexually weak and easily succumb to male advances.

Whatever the real reasons for coitus, procreation is often used as its justification. It therefore accounts for other norms, such as when and where a couple may perform the conjugal act or desist from it, and how widows and widowers should be treated. For the couple who have passed their reproductive ages, and often this is meaningful only to the woman, sexual intercourse is not considered an essential ingredient to conjugal life.

### Attitudes to Extra-marital Sex

A pro-natalist orientation might at first sight suggest that society would relax restriction on sexual activities given the desire to maximize on children, the means to enhance family and descent group size. Vagabondage was not a serious issue among Kasena until recently; the language does not seem to have had a word for 'bastard' and the word *tampiri*, which many would consider as a translation equivalent, derives from the Moshie term *tampiiri*. In Kasem, *tampiri* refers more to a kinless or stateless person than to an illegitimate child. Traditionally, the recognised husband claimed paternity over his wife's children, including those he did not beget biologically. Although any issues born prior to the marriage could not be claimed, children born after the marriage, including those conceived before the marriage, could be claimed. Such children have more or less full inheritance rights, although they continue to suffer the slight stigma for not being their father's biological product. Paternity also extends to the estranged wife's children born during the period of separation. All this might seem to confirm what Cardinall (1921) labels permissive and promiscuous. That conclusion however, lacks credibility when Kasena-Nankana marriage and conjugal norms are taken fully into account. Kasena practice lineage and clan exogamy, incest was prohibited, infidelity was sanctioned punitively and ritually, coitus in the open was disallowed and on specific occasions abstinence was enjoined. What is not fully clear, however, is the effect of these social and religious norms and beliefs on fertility and population dynamics.

### Adultery

The adulterous wife is said to have spoilt herself (*o choge o tete*). Adultery was abhorred because it infringed conjugal rights, but even more importantly it was considered to endanger life, i.e the life of the cuckolded husband, the woman herself; the adulterer if he was a kinsman, and any child conceived after the act. If an unrelated person were caught in the act he might have been attacked and possibly killed, in the past. The least harm that a wife's infidelity could do was difficult childbirth. When a woman experienced difficulty in childbirth or when the process took longer than was expected, adultery was suspected and it was customary to elicit a confession to ease the pains. Rites were and still are performed to remove the ritual dangers associated with a wife's infidelity. If the male adulterer is a kinsman, he committed a serious ritual offence, *bwoŋa*, and he would be summoned and the elders would have to perform "degrading" rituals on the adulterous couple. Accounts suggest that the disgrace stemming from the expiatory rites was such that guilty men went on self-exile from the community and disgraced women sometimes left the marital home. The dangers of extra-marital sex have led to the assertion in the Kasena proverb that says that 'a sex maniac does not journey abroad without his wife' (*Mɔnjɔr-gɔgɔ vei de ko kaane mo*).

Two closely related individuals are believed to risk contracting disease if they had sexual intercourse with the same woman. A wife endangered her husband's health if she indulged in extra-marital intercourse. Unfaithfulness is believed to account for difficult labour and the unfaithful wife might have to confess her indiscretions if the child is to come out. Men risk getting a disease, *gaba* or *sakua*, if they have sex with a widow prior to the performance of her late husband's final funeral rites.

Furthermore, sexual intercourse outside the home is a serious ritual breach that can only be expiated by leaving a pile of leaves on the spot. Whoever comes around would have to drop leaves at the spot if he or she is to escape the ritual dangers associated with sexual intercourse in the open. Because of the dangers that illicit intercourse posed, Kasena insisted on sexual discipline.

As norms and taboos dictate whom one can sleep with, when and where legitimate intercourse can take place, sexual gratification compels people to marry. Thus society expects that the sexually weak man should take a wife. Even then, a wife is not available all the time for sex; sexual intercourse declines for the woman who is pregnant. The mother of an unweaned child abstained from sexual intercourse for fear that intercourse might affect the quality of breast milk and endanger the health of the child or result in stunted growth. A wife who allows herself to become pregnant too soon is considered as a weak and reckless woman. There are also certain undertakings for which sexual abstinence is necessary for both sexes. Thus not only should the individual who is incapable of controlling his sexual desires have a wife, he is expected, where necessary, to have several, so that his urge can be requited as fully as possible. People were not expected to sleep around and those who did were not respected.

### The Exogamy Factor

Kasena marriage practices enshrined lineage exogamy. Coitus involving a couple from the same lineage was and still is frowned upon. It was described as *veesa*, dirt, as well as indiscipline and lack of continence. No ritual or punitive sanctions however applied. Intercourse between members of the immediate family or with close agnates was unimaginable and no sanctions seem to apply here either. Marriage was forbidden between members of the same lineage or lineage group constituting a clan-settlement. Kin marriages including all forms of cross-cousin marriage were and still are scorned. The following Kasena riddle captures the prohibition on intercourse with and marriage to kin of the opposite sex: 'Fancy such a beautiful flower, yet I cannot adorn myself with it' (*Ni voo ŋa lana ye am bua ligi ko.*). The riddle implies that a kinswoman is like a forbidden flower whose beauty can be admired but cannot be appropriated for enjoyment. Many a relative who has fallen in love has not been accepted in marriage. However given a reasonable distance between the kin, the respective corporate families or lineages might reluctantly accede to a marriage by performing the 'tearing of the calabash' rite, which symbolises the integrity of kinship and its subsequent demolition by marriage.

While the marriage of distantly connected kin might be allowed, marriage with any member of the mother's lineage in this patrilineal society was automatically forbidden, since the mother's female agnates are classificatory mothers. Even the children of the mother's female agnates were regarded as kin – cousins—and therefore ruled out for marriage purposes. While this may be so, Kasena recognize that an unrestricted application of kinship could bind the entire community and make intra-community marriages impossible. Allowances are therefore made which find support in the saying 'you wed your kin to ensure that tomorrow she will put enough broth in your sauce bowl'; *N swo n choro se o jwa ke dwoa n kabeila ne*. The saying extols the advantage of certain kinds of kin marriages by arguing that the existence of a kinship bond strengthens conjugal ties. What are described as kin here are of course

distantly related persons, non-lineal kin several degrees removed.

In addition to lineage exogamy, clanship exogamy is found. The concept of "clan" in this connection is based on putative ancestral ties or quasi-clanship ties (*kwobiu* lit. paternal sibling ties) binding sets of autonomous lineages. Intermarriage may be prohibited between members of such allied groups. The component lineage settlements involved are bound by custom to respect members' marriages and should not interfere in their affinal affairs. It works in such a way that once a woman has been taken as a wife to anyone belonging to the clan or its allied and associated lineages she will forever be forbidden to remarry anyone else from the group. If lineages A, B, C were so allied by clanship or quasi-clanship ties, once a man from A proclaimed his marriage to a woman, henceforth no man from A, B or C could ever woo her let alone marry her, even if a divorce took place.

### **Pre-Marital Chastity**

Traditionally girls went into their first marriage as virgins. Children were not expected to have carnal knowledge, but although adults did not discuss sex with children and nothing existed that approximated to sex education, children learnt about sex through folktales and the other genres like riddles that alluded to sex and sexual activity. Men who courted pubescent girls avoided sexual contact with them, contrary to present day behaviours and expectations. It was generally believed that the suitor who slept with his girlfriend did not get her to marry. Although not much significance was attached to virginity and neither husbands nor their families were interested in knowing whether a newly married girl was virgin or not, nevertheless, at the clitoridectomy rites the surgeon could demand an extra fee if it was discovered that a girl's hymen had ruptured. Even married girls being initiated post-nuptially were not exempted from the payment of additional fees.

While it can be argued that clitoridectomy had some effect on chastity for girls, its reproductive health effects cannot be ignored. These have been described exhaustively in the literature; see for example, Santow (1995) and Althaus (1997). Kasena female circumcision seemed to have been the mild type, i.e. it can be described as clitoridectomy proper (the cutting of a portion of the clitoris) and not excision (removal of both clitoris and labia minora) or infibulation (removal of clitoris and labia minora plus the cutting or scraping of the majora followed by almost complete closure of the vaginal opening) if we take the definitions advanced by Althaus (1997:131) and Olenick (1998: 47). It was performed on teenage girls and although the surgeon could be male or female, it was often a man who was paid to perform it. Girls were not forcibly operated upon, but the moral pressure was such that most pubescent girls would of their own accord have gone for it, sometimes without the prior knowledge of their parents. A girl who shied away was regarded as lacking courage. She was told that she would be ineligible to perform some of the funeral rites due a mother from her daughter. There were certain indirect ways of coercing girls on the issue. For example, people rebuked a recalcitrant or mischievous child by remarking thus: 'your eye is so strong, are you a product of the unexcised clitoris', *n yi damma konto n ye manchwebu mo na*.

### **Sexual Abstinence**

There are several occasions when sexual abstinence is enjoined. Among these are postpartum abstinence, economic and ritual abstinence.

#### *Postpartum Abstinence*

It is not clear if there are rules about when sexual relations with a pregnant woman should cease. However, a nursing mother is forbidden to have sexual intercourse until she has weaned the child. This means that traditionally until the infant has reached three years of age the parents should not sleep together. The reason, as explained above, lies in the fear that intercourse could affect the quality of breast milk and thus endanger the health of the child. It is believed that growth becomes stunted and the child is malnourished as a result. The worst scenario is when the mother becomes pregnant before the child has been properly weaned. To ensure that an "undisciplined" husband does not put his wife in the family way, the woman might take her child along with her to go and live with her mother; this was most likely to happen with the first childbirth when the mother is deemed to lack maternal experience. Alternatively, she might move in with her mother-in-law for sometime. The wife who allows herself to become pregnant too soon is considered as a weak and reckless woman who is not above being equated to a witch.

### *Economic and Ritual Abstinence*

There was the general belief that for ritual performances to be efficacious and achieve their objectives, those involved should abstain from sexual intercourse the night before the rites were conducted; not everybody complies with this these days. The same can be said for important economic ventures. The abstinence applied to both sexes. The requirement was particularly necessary for those rites and activities that were uni-sex. The requirement can be said to apply more especially to men since most rituals and associated activities fell to men. Warfare which was a male activity necessitating ritual performances demanded such abstinence. Hunters had to abstain from sex since sexual intercourse, it was believed, made them ineffective on the hunt or worse still, endangered their lives. Hunting in whatever form was regarded on ritual and physical grounds as a dangerous activity, as it opposed man and the forces of the wild. Though necessary for procreation, sexual intercourse was also perceived as an activity that was potentially polluting to those who indulged themselves. It can be argued on anthropological grounds that sexual contact mixes the male and female principles, thereby engendering ambivalences and ambiguities, the source of danger for the vulnerable. It seemed to be expected that the pollution should be reduced or allowed to wear off so that it did not undermine the individual's luck in undertakings. Contact with others immediately after sexual intercourse was not advised and couples had to have their baths before they associated with others, especially with those of tender age and the infirm. These types of sexual rules are less strictly adhered to these days.

### *Social Menopause*

Abstinence can be due to menopause. The perceived symptom of biological menopause is the cessation of menstruation (Kasena say the woman 'no longer suffers stomachache') and the realization that a woman can no longer produce children. Traditional couples do not usually discuss these biological facts and although sexual intercourse does not usually take place when a wife is menstruating, there is no ritual avoidance relationship between menstruating women and men. A husband will be acquainted with the fact when he approaches his menstruating wife. Thus, it can take some time before a husband becomes aware that his wife has ceased menstruating.

Traditionally, a person is expected to cease reproductive activity when the children have attained adulthood and have begun to marry. It is considered unacceptable that the reproductive histories of child and parent should overlap. Perhaps this is to prevent the situation where the biological child and its niece or nephew (the grandchild) are of the same chronological age bracket or generation. This requirement is binding on women but rarely on men. For the monogamously married man social menopause applied also, given that the sexual code did not allow easy access to sexual gratification outside the confines of marital life. However, this was itself an unexpressed reason for polygyny. The



polygynous character of the society has resulted in situations where the third or fourth wife is one or more generations younger than her husband and co-wives and her children are of the same chronological generation as the nephews and nieces who may even be older in age.

Socially prescribed menopause, which implies abstention from sexual intercourse, comes to mothers with the marriage of the senior-most child, particularly the eldest son. It was the means to ensuring that, in the absence of overt contraceptive knowledge, undesired pregnancies did not result. In most cases, social menopause comes long before biological menopause has set in, so that long before a woman has attained her biological menopause she would have ceased to share her husband's bed. It can be argued that since social menopause is to curb fertility in a woman who is still potentially fertile, the advent of biological menopause could imply the resumption of sexual activity on the assurance that pregnancy would then be unlikely.

Today, social menopause is becoming redundant due to education and knowledge of effective contraception and its availability. It can be argued that traditionally, contraceptive knowledge was rudimentary, if not non-existent, in view of the craving for issues to augment lineages and kin-groups. There were no unwanted children, and pre-marital pregnancy per se, though unexpected, did not prevent or lower marriage chances. The child conceived prior to marriage was named 'Gift of God' by its *pater*, its mother's husband.

#### *Abstinence and Widowhood*

Just as it is taboo for a wife to have sex with any other man, a widow should remain celibate until the performance of the deceased husband's final funeral rites. The ideal is to perform the final rites in the dry season following the death, but in practice the observances can be postponed for a considerable number of years. The widow who committed "adultery" between the time of death and the commencement of the final funeral rites must disclose the fact at the time of the final funeral rites to allow her to be purified. There is a strong belief that if the defiled widow should perform the widowhood rites without the purification she would die. Similarly, men who sleep with such a widow are guilty of ritual offences known as *gaba* and *sakua*. If the offence is not expiated the guilty person could, it is believed, become sick and die eventually. It appears that guilty kin cannot, for their own safety, participate in the deceased husband's funeral rites. From the gender perspective, it needs to be remarked that the abstention applies to the widow and not to the widower. The latter is not forbidden to marry another wife and does not need to wait till the deceased wife's final funeral rites were conducted before taking another wife. Kasena accept that it is not easy for women to remain celibate for long, especially young widows. For this reason, there is pressure on the family of the deceased man who left behind young widows to celebrate the final funeral rites early in order to allow the widows to remarry or conduct their lives as they see fit.

#### **Dietary Norms for the Expectant and Nursing Mother**

Dietary prohibitions applied traditionally to both men and women and these impacted on reproductive health. The main dietary regimes of the Kasena-Nankana were based as they still are to a considerable extent on grains and legumes; and the sauce that accompanied the main grain meal is made from leafy vegetables mixed with peanut powder, locust bean (*parkia filicoidea*) seasoner, salt or potash and occasionally bits of dried meat. The main grains were varieties of guinea corn (*sorghum spp*), millet (*pennisetum spp*), late and early millet. They keep animals and poultry (domestic and guinea fowl), which provide the occasional source of meat and protein. Some amount of milk is

available when cows lactate. Adult women traditionally did not eat domestic fowl, although guinea fowl was considered the ideal meat for women and gifts of it were made to women. Contrary to the perception that children were forbidden to eat eggs, Kasena-Nankana occasionally gave children eggs to eat. However, it can be argued that men ate more meat than women. The expectant and the nursing mother had to abide by certain dietary norms, which were rationalized in terms baby health and parturition difficulties. Meat consumption was not prohibited but should be reduced, so that the foetus did not become too big and pose problems at birth. It was accepted that the nursing mother should be fed well since the infant depended on her for its nourishment. A woman who has just given birth is advised to take stew made from baobab leaves, which also happens to be rich in vitamin A. Consumption of certain foods were believed to enhance the quality and quantity of milk that a lactating mother would produce, however certain foods eaten by the mother could harm the dependent child's health. It was considered unwise for a mother to eat raw groundnuts or bovine milk in quantity, as this might induce diarrhoea in the infant, or paradoxically to take mucilaginous or okro-based broth, since this too might cause dysentery in the dependent child. These Kasena-Nankana perceptions are reflected in the table, which presents statistics collected from some Bulsa communities in the neighbourhood of Sandema.

### Most Important Mother's Foods that Cause Child's Diarrhoea

#### BULSA DATA SET

Item of Diet	1	2	3	Total
Sweet Foods	63	2	0	65
Raw Groundnut	15	5	1	21
Fruit	7	9	2	18
Okro Stew	7	0	0	7
Cold Saap	6	0	1	7
Cow Milk	3	1	0	4
Much Meat	1	0	0	1
Millet Beer	1	0	0	1
Total	103	17	4	124

### Kasena-Nankana Perceptions of Certain Categories of Children

The discussion so far has centered on sexual norms and expectations because these impinge directly on reproductive health. The assumption has been that children are the ultimate value, as they represent the investment that yields high socio-economic, religious and political dividends concurrently. Thus the question of how many children a couple would wish to have would seem from the traditional point of view to be irrelevant, since the more the better. A successful marriage is one that is blessed with many children and the person who has no sibling is said to be a *chuchuru* (masquerading bush spirit). Though this characterization of the individual is jocular rather than in earnest, it is nevertheless a fact that until an under-five infant has had a succeeding sibling, on its death normal burial and mortuary rites would be withheld, thus suggesting that the child's humanity was questionable. Invariably, every prayer to the ancestors and the gods enshrines a request for more children, more wives, health and prosperity. The pro-natalist orientation of the society masks other types or realities. It is necessary however to point out that not all children are considered equally desirable and that discrimination is possible. Children are classifiable not only along sex lines but also on a scale of humanness and this reflects desirability and mode of treatment of children and persons.

## Sexual Distinctions and Gender Considerations

Sexual distinctions sometimes lead to unequal weight being assigned to offspring. Sons are likely to be valued more than daughters where recruitment into descent groups or corporate kin-groups is through males and where a person's citizenship, belonging and the quality of rights and obligations are determined largely by filial ties traceable through men rather than women (Garg and Morduch 1998). With a residential pattern that favours the relocation of a married woman in her husband's lineage and a relatively low level of bride wealth that does not enrich the estate of the bride's natal family and which is moreover deferrable once the symbolic prestatory rites have been gone through, Kasena-Nankana show a preference for sons over daughters. The argument seems to be that sons will remain by their aged parents and fend for them; they will marry and have children to augment the kin-group. Daughters on the other hand are said to be 'another person's house thing' (*nɔn-sɔŋ wɔŋɔ*) and will be more or less lost to their natal kin-group when they marry. Fathers in particular worry when they have not been able to have sons, and although mothers love to have at least one daughter among their children they too feel insecure when no son has been born.

## The Belief in Masquerading Bush Spirit

Another form of discrimination between offspring is manifest in the concept of wild spirits masquerading as children. To Kasena, certain births are unusual, if not unnatural, and the children born are liable to be labeled as *chuchuru* or mischievous bush spirits. Essentially, the *chuchuru* are bush spirits that occasionally enter a woman to be born as human children. In this guise they are able to infiltrate society to wreak havoc. They masquerade as normal children and sometimes can maintain the deception so well that they gain acceptance as humans. However, certain signs may suggest that a particular baby is not normal. The baby's unusual appearance or unusual behaviour may serve as one such sign. Babies born with congenital defects are potential masqueraders. (See also the Bariba notion of witch children for similar types of birth characteristics, Sargent 1988). Anecdotal accounts are full of the perceived exploits of the *chuchuru* children. Informants say they demand more care than parents can provide. They fall ill more frequently and keep their parents awake at night because they cry incessantly. Such children are believed to be up to no good. They endanger the lives of their parents and immediate family and undermine the domestic economy. The belief is that even if they were allowed to live, they would eventually abandon the community, 're-entering the bush', as Kasena see it. Two categories of *chuchuru* children are distinguished: the harmless and the dangerous. There is no question in the Kasena mind that the dangerous *chuchuru* must be returned to the bush where it truly belongs, as it is dangerous to the community. Traditionally a specialist was invited to deal with the *chuchuru* child. It appears from some accounts that the specialist might administer a strong potion, the draught of which should kill the child, if it were a *chuchuru*; in some cases the specialist attacked the child with a ritual object, beating it to death. The wild *chuchuru* spirits are believed to hate human company. To say jokingly of a person that he or she is like a *chuchuru* is to imply that he or she has anti-social habits or has no living siblings.

## Attitudes to Twins

Multiple births are not a common phenomenon among Kasena. Twins are known but triplets are unheard of. Twins, also referred to as *je silei* 'two arms', are perceived as kinds of *chuchuru*. They are not however destroyed as other *chuchuru* children might be. However, they imply a burden on the family, the parents' kin. Additional support is required to care for twins, hence application of the

phrase 'two hands' in labeling twins. Childcare in the past placed considerable hardship on families, particularly mothers, who could not be excused from their normal routine on the grounds that they had an unweaned child. The birth of twins in the past could have meant great hardship. The mother of twins had a double burden; moreover the twin babies would have been depended on her breast milk for several years. If there was no lactating cow in the vicinity to provide milk supplement, the survival of the twins was in question. If they happened to be born in the season of plenty i.e. July to December, all might have augured well for their survival.

It can be concluded that categorizing and discriminating between types of children has implications, for reproductive health among the Kasena-Nankana. Firstly, the question of a "balanced family" comes into play. A couple may be content to have say, three children, so long as they are healthy children and both sexes are represented. On the other hand, a couple who have three boys or girls may feel that they do not have a balanced family and will continue to long for that missing son or daughter. It will be difficult to sell the modern concept of family planning to such a couple. A man may be persuaded to take a second wife if his only wife is not seen to be producing the son and heir.

### **Discussion and Conclusions**

The beliefs, attitudes and practices discussed above are not insulated from change. The Kasena-Nankana is an example of one society that has learnt to cope with change rather than oppose it automatically. Their religion, which centres on the belief in ancestors and powerful gods objectified in vegetal and geographical features in the immediate environment, like rivers, is an accommodating one. Since the beginning of the 20<sup>th</sup> century they have been exposed to European influence. From 1906 to Independence, the British maintained an administrative post in Navrongo, which has since been the administrative center of the Kasena-Nankana District. The Roman Catholic missionaries set up in the same area in about 1906. They evangelized and established the first schools in the North. A century of exposure to other cultures accounts for accommodation and co-existence of the local and the cosmopolitan and of tradition on the one hand and modernization and westernization on the other. In the process a form of syncretism has resulted. Catholics, the predominant Christian denomination, go to church and pray all right, but most are not averse to the performance of traditional rites or consultation of soothsayers. They still believe in the power of witches, the malevolence of spirits and the intervention of the ancestors in the shaping of personal and collective destinies.

It is not, however, everybody who holds firmly to the beliefs and practices discussed above. For those who claim they do or do not, it is still a question of degree, situation and context. There have been moments when a traditionalist was persuaded that a visit to the prayer camp would confirm the identity of the witches pursuing him or her and help to check them. Similarly, there have been many cases of staunch Catholics who on becoming lineage head accept to visit the soothsayers in pursuit of arcane knowledge and the means of redemption for self or family. The traditional ways are not necessarily history yet. For this reason they need to be taken seriously by policy makers in designing interventions.

The question that the ethnographic issues discussed above provoke is about the extent to which they influence population dynamics and reproductive health. The simplest answer to this question is that they must influence population cumulatively, but how much and in what directions, since pro-natalist culture is counter balanced by a set of practices that limit sexual expression and thus

constrain fertility. It is not surprising perhaps that a pro-natalist stance has not accounted for large family sizes. Rarely do we come across in these communities nuclear families or compound families of procreation where the offspring number more than four adult children, even today with improved bio-medical facilities.

It should be remarked that pro-natalism is not now upheld by all, even if the general inclination towards it still persists among older folks. Equally worrying is the breakdown in sexual morality and the tendency to seek maximization of sexual pleasure without any regard for consequences, such as unwanted pregnancies and births and sexually transmitted diseases. Educated youth in particular who have been caught in the middle of the centrifugal forces of tradition and modernity no longer can reconcile pro-natalism and their images of a globalized carefree "good life". Marriage and conjugal stability become anathema to youth. Against this background, it can only be hoped that people who lacked a tradition of contraceptive practice will be amenable to persuasion on the dangers of HIV transmission and take more seriously protective measures during extra-marital sexual intercourse. It can also be expected that the message of family planning should find acceptance, even in a pro-natalist society such as that of the Kasena-Nankana. This is because the idea of family planning is not as foreign as it might at first sight appear. The discussion has aimed at showing how society defined and imposed limits on the expression of sexuality and therefore fertility. The rejection of certain births on religious or social grounds is also a pointer. Thus the acceptance of family planning will depend on the nature of the messages and how these are packaged. The pro-natalist segment might even accept the use of certain contraceptive devices if they are not seen as emasculating. Contraceptives such as the condom might seem more acceptable to women at a certain stage in life than to men, in view of society's expectation that men can continue to indulge themselves while women engaged in sex for reasons of procreation. Until men have been persuaded, a female condom stands the chance of being more effective than a male condom; it would appear that the latter can best be marketed as a protection against disease transmission.

When African cultures and ways of life and their impact on development come up for discussion, glib generalisations often become substituted for empirical reality. The result of glib generalisation is polarisation in terms of culture bashers, who see everything about (traditional) culture as negative, and the opposite camp of the idealists, who perceive (traditional) culture as the solution to all our problems. Not only do we have inter- and intra-cultural variations, we have apparent contradictions within the same culture, which furthermore remains non-fossilized, even dynamic. Finally, it can be argued from the perspective of the Kasena-Nankana that the family planning argument will become acceptable when linked to quality offspring and spacing of births, since these are concerns that are by no means new to them.

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## Notes

<sup>1</sup> The article is informed by the writer's insider knowledge of the Kasena as well as research and data collection dating back to the 1970s. Endogenous documents in the form of popular utterances are used as illustration and to confirm conclusions. We are here concerned with actual behaviours and ideal norms. It is accepted that the popular ideal may not be identical with actual behaviours, or with what Kasena would say they actually do.

<sup>2</sup> See the work of Liberski on funerals, and Lombard on women.

<sup>3</sup> See Zwernemann, who has several articles on the Kasena peoples, and Dittmer (1961).

<sup>4</sup> See Awedoba, DPhil dissertation (copy at Bodleian Library, Oxford). This discusses several aspects of Kasena society and culture, particularly economic issues. In addition, he has several items, some pending publication, on marriage, proverbs and riddles in which Kasena social and religious institutions and ideas receive detailed coverage, as well as his unpublished clan histories and traditions of Navrongo.