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A case study of a rural town

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1976

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Sexual relationships and birthcontrol in Ghana

Wolf Bleek

EERDER VERSCHENEN:

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Rule and Reality. Essays in honour of André J.F. Köbben. 1975
9. Frank Bovenkerk
Wie gaat er terug naar Suriname? Een onderzoek naar de retourmigratie van Surinamers uit Nederland 1972-1973. 1976 (migratieonderzoek Surinamers en Antillianen - Rapport nr. 6)



SEXUAL RELATIONSHIPS AND BIRTHCONTROL IN GHANA A CASE STUDY OF A RURAL TOWN

dissertation
by
WOLF BLEEK



Uitgave 10
Afdeling Culturele Antropologie
Antropologisch-Sociologisch Centrum
Universiteit van Amsterdam
1976

promotor: Prof.Dr. A.J.F. Köbben
co-referent: Dr. D.G. Jongmans



For B.

"What worth were any love without
its secrecy?"

Hermann Hesse: Narziss and Goldmund

FOREWORD

It is a good tradition to begin a book by saying thank you to the many people who have contributed to the achievement of it.

Those to whom I am indebted in the first place are the members of Amo's lineage but unfortunately I cannot mention them by name because I promised to conceal their identity and to use fictitious names for them. I lived for one year in their midst and they treated me as a friend and relative. They entrusted me with their secrets and patiently answered my impertinent questions. I thank them for allowing me to share in their lives and I hope that they will remember me as a friend and not as somebody who "used" them to write a book. I have tried to be their mouth-piece so that their problems of life may be known to those who have the power to help them to solve them. Apart from Amo's relatives I am indebted to all other respondents, both adults at Ayere and pupils at the various schools. I should not forget to state here that the name of Ayere is also fictitious.

A number of people assisted me as interviewers or helped in some other way during the research. They are the six nurses from the Atibie Hospital, the three ward assistants from the Ayere clinic, and the two research assistants.

I received considerable cooperation from Mr. Budu and Mr. Efa, the District Educational Officers at Mpraeso and Accra, from Miss Eurick, the matron of the Atibie Hospital, from the midwife at the Ayere clinic, and from doctors, nurses and midwives of the two hospitals and at various clinics in Kwahu. The teachers of the schools which I visited were always extremely helpful and I must relate here one incident which illustrates the good atmosphere in which the school research took place.

I had finished my work in a certain little town and went together with some teachers to a palmwine bar where we started to treat each other to copious amounts of palmwine. When I finally left and reached the next town I realized that the amount of palmwine had been far too much. I felt an irresistible urge to sleep and I explained my problem to the headteacher of the school. The headteacher proved to be very understanding. He took me to his little office and spread the map of

West Africa on the floor for me to sleep on and gave me a pile of payment vouchers on which to lay my dizzy head. I have seldom slept so well or felt so close to Africa as at that moment.

During the time when I was analyzing the data I benefited from the advice and services of many people, some of whom I shall mention by name. They are my promotor Professor André Köbben, Dr. Douwe Jongmans, and Drs. Wim van Binsbergen who read the first drafts of this study and made valuable comments. Dr. Christine Oppong from the Institute of African Studies at Legon has given me much encouragement by her interest and stimulating remarks. My friend Moi Brat solved many of my problems in his own unique way. Dr. Angela Molnos has inspired me by her study of family planning attitudes among school pupils in East Africa. Mr. S.K. Avumatsodo of the Botany Department at Legon identified numerous herbs for me. Bob Rivett took much trouble to polish up my poor English. The final typing was done by Lica de Nie-Cramer in her usual dedicated manner and the off-set work was done by people of the University Printing Press. The picture on the cover is by Jan Simmers.

I am indebted to Dr. Nketia, director of the Institute of African Studies at Legon and to the late Professor K. Bentsi-Enchill of the Law and Population Programme of Ghana. The former enabled me to share in the funds of his institute to conduct the survey, the latter financed an additional investigation into the incidence of induced abortion. Back in Europe the Netherlands Foundation for the Advancement of Tropical Research (WOTRO) gave me a subsidy which supported me during the writing-up of my data.

I remember a Twi proverb saying Esie ne kagya nni aseda, which means that the "kagya" plant should not try to thank the ant-hill on which it is growing because words like "thank you" are out of place and inadequate when it comes to fundamental things in life. That is the reason why there is one person whom I am not thanking here. That person has been my real "promotor" and I dedicate this work to her.

Amsterdam, January 1976

Wolf Bleek

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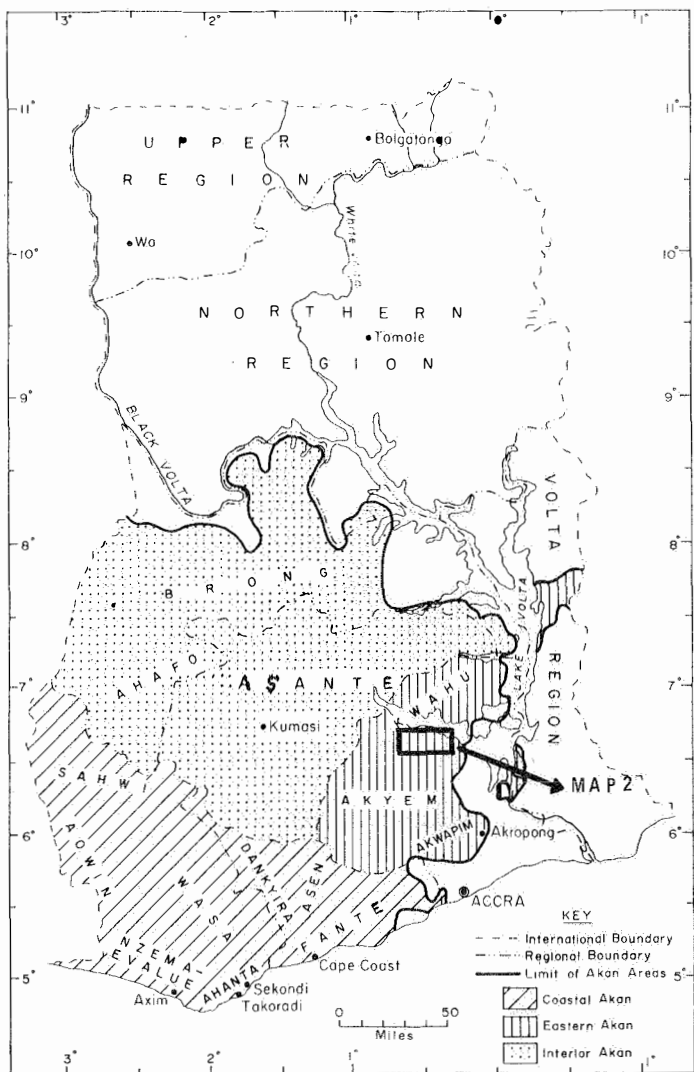
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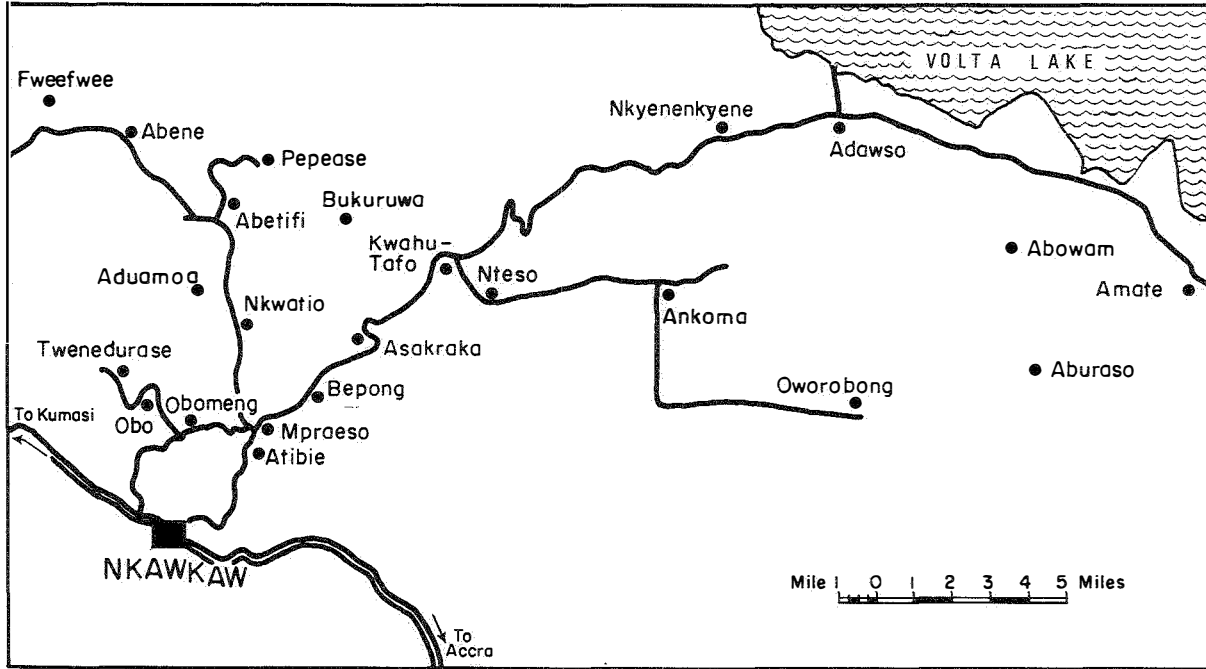
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Map 1. Map of Ghana (derived from Opong 1974a)



Map 2. Nkawkaw and Central Kwahu

ABBREVIATIONS

| | |
|--------|---|
| A | = Accra middle school |
| B | = brother |
| C | = child |
| ¢ | = cedi |
| D | = daughter |
| F | = father |
| f | = female |
| H | = husband |
| IUD | = intra-uterine device |
| K | = Kwahu middle school |
| KAP | = knowledge, attitude and practice |
| LA | = local authority |
| M | = mother |
| m | = male |
| NFFPG | = National Family Planning Programme of Ghana |
| P.E.S. | = Post Enumeration Survey of the 1960 Ghana Population Census |
| Pr. | = presbyterian |
| RC | = roman catholic |
| S | = son |
| s | = secondary school |
| w | = wife |
| Z | = sister |

Chapter 1

INTRODUCTION

"The very acknowledgement that something constitutes a problem is a value judgement." Pradervand (1974b:51)

1.1. Problems

The "population problem" has many different aspects. Some see it as an economic problem. They believe that the rapid population growth in the countries of the third world is a major factor, responsible for their poor economic progress (1). Others consider it in the first place as an ecological problem in the sense that the human increase will result in a deterioration of our resources and our environment, both physically and culturally (2). Others again regard it a political problem; in their opinion Western nations see the growing population of the developing countries as a political threat and promote birthcontrol for that reason, while developing countries suspect the West of exporting family planning to dam their rise to political power (3). For some it is a religious problem, or rather it is no problem at all; the increase of human beings is according to God's will, which should not be interfered with (4). For many it is an ethical problem because it has to do with human rights and fundamental values such as food, health, sexuality and equality (5). For most, however, it is an amalgamation of all these.

The scope of this study does not fit very well into the views of the so-called population problem as expressed above. It does not spring from the conviction that population growth has necessarily disastrous economic and/or ecological consequences, nor does it presume that the human increase is an indispensable prerequisite for the realisation of political aspirations, and least of all does it want to engage in theological speculations about the good or bad of high fertility rates.

Our starting point is, however, not entirely voraussetzungslos; it is related to the view that there is an ethical dimension to

population growth and population control. The ethical dimension lies in the fact that fundamental human rights must be respected when a country decides to apply population politics. These rights are sometimes subtly violated by the use of misleading propaganda for family planning. Misleading propaganda may result from conscious intentions or from ignorance of the conditions under which the people live and of the beliefs and values they hold. This study wants mainly to describe and partly to analyze the situations and human relationships which are crucial to the emergence of population growth and the application of population control in a Ghanaian town. It wants to do this by carefully listening to people and by observing their actions. A family planning programme should not be carried out without a deeper understanding of what Field has called "the troubles and desires of ordinary people". We are not saying that the attitudes and ideas of people may not be changed under many circumstances. Our point is that whoever is engaged in such a delicate matter as family planning cannot do so without a clear insight into what people think and feel about this topic, irrespective of whether these ideas and feelings are right or wrong in the eyes of the family planning agent.

A second objective of this study is more technical. Until recently, the population increase has been mainly the concern of economists, demographers and medical scientists, in industrial as well as in pre-industrial societies. Social anthropologists remained largely passive while demographers and economists toyed with figures and statistics the meaning of which they hardly understood. They know too little about marriage and family life, the notion of sexuality, the attitudes towards pregnancy and having children, and motivations pro and contra family planning, to be able to interpret and analyze their statistical data in a satisfactory way.

Seddon (1972) has rightly pointed out that a social anthropologist whose approach consists of a long and intimate intercourse with the people he studies and some of whose main concerns are phenomena like birth and death, marriage and sex, is pre-eminently qualified to explore the relationship between demography, culture and society. To relate fertility behaviour to general independent variables like age, sex, education and urban experience without analyzing the

intervenient variables can hardly be said to explain fertility behaviour (6). It is believed that whether or not a couple brings forth many children depends on factors like ... "traditionalism, levels of aspiration, modesty, family size ideals, ... concern for virility ... communication between spouses, marital adjustment, and empathy" (Stycos 1955:1022). The social anthropologist is in a good position to study such intervenient variables, particularly through in-depth studies of small groups. These studies do not always lend themselves to generalization, "but insights may be gained that have application to the interpretation of survey data..." (Poffenberger and Poffenberger 1973:137). The contribution of anthropology to the study of population growth is, however, not limited to this. Nag (1973) summarizes three main areas where anthropology has added or may still add to population studies (7) and suggests that the interest of anthropologists in this field is rising.

Ghana numbers about 8.6 million inhabitants on 92,100 square miles, which gives a density of 84 per square mile. Compared to the U.K. with 55.7 million on 94,000 square miles and a density of 593 it is sparsely populated. The crude birth rate is 47 (U.K.:17.5), and the crude death rate 20 (U.K.:11.2); its growth rate is 2.5 (U.K.:0.6). The percentage of population under 15 years of age in Ghana is 45 (U.K.:23) and it has been forecast that Ghana's population will double within 28 years (U.K.:117 years). Table 1.1 gives a comparative view of some economic and demographic data in Ghana and a number of other countries selected from the rest of the world (8).

It is difficult to assess whether this rapid increase in the population alarms Ghanaians. Do they regard it as a problem? If they recognize problems, what are these problems? Ghana has always been considered as a pronatalist country, like most African countries. A great number of children enhanced a man's status and a woman's honour. Children provided help on the land and security in old age. When times changed and children were kept from the land to go to school they became investments. A child who went successfully through the schools and obtained a well-paid job meant carefree days of old

Table 1.1: Comparative economic and demographic data: selected countries

(derived from Ominde and Ejiogu 1972:287)

| Country | Area | | | | Population | | | | | | | | | Per capita GNP U.S. \$ |
|---------------|-----------------------------|---------------------------------|---|---|-------------------------|-----------------------------|-----------------------------|------------------------------|------------------------------|---------------------|--|----------------------------------|----------|------------------------------|
| | Total 1,000 sq. miles | Agric. area as % of total | Area under cultivation as % of land area | Total in millions (mid-1969 estimates) | Density per sq. mile | Birth- rate per 1,000 | Death- rate per 1,000 | Current rate of growth | No. of years to double | % under 15 years | Infant mortality deaths under 1 yr. per 1,000 live births | % popula- tion (in agric.) | Literacy | |
| World | — | — | — | 3,551 | — | 34 | 15 | 1.9 | 37 | 37 | — | — | — | 589 |
| N. Europe | — | — | — | 456 | — | 18 | 10 | 0.8 | 88 | — | — | — | — | 1,830 |
| U.S.S.R. | 8,699 | — | — | 241 | 30 | 18 | 8.0 | 1.0 | 70 | 32 | 26 | — | 98-99 | 890 |
| U.K. | 94 | — | 30.4 | 55.7 | 593 | 17.5 | 11.2 | 0.6 | 117 | 23 | 18.8 | 10 | 98-99 | 1,620 |
| U.S.A. | 3,615 | — | 20.1 | 203.1 | 60 | 17.4 | 9.6 | 1.0 | 70 | 30 | 22.1 | 12 | 98-99 | 3,520 |
| Africa | — | — | — | 344 | — | 46 | 22 | 2.4 | 28 | 43 | — | — | — | 140 |
| Nigeria | 357 | 24 | 23.6 | 65 | 158 | 50 | 25 | 2.5 | 28 | 43 | — | 74 | 10-15 | 80 |
| Kenya | 225 | 10 | 9.7 | 10.6 | 42 | — | — | 3.0 | 23 | 46 | 132 | — | 20-25 | 90 |
| Ethiopia | 400 | 67 | 9.7 | 24.4 | 44 | — | — | 2.0 | 35 | — | — | — | 5 | 60 |
| Ghana | 92 | 23 | 22.3 | 8.6 | 84 | 47 | 20 | 2.5 | 28 | 45 | 156 | 68 | 20-21 | 230 |
| U.A.R. | 386 | 3 | 2.6 | 32.5 | 77 | 43 | 15 | 2.9 | 24 | 43 | 120 | 64 | 20-25 | 160 |
| Tanzania | 362 | 45 | 10.6 | 12.9 | 28 | 45 | 23 | 2.9 | 24 | 42 | 189 | — | 5-10 | 80 |
| Libya | 379 | 6 | — | 1.9 | 2 | — | — | 3.6 | 19 | 44 | — | — | 10-15 | 640 |
| Zaire | 906 | 22 | — | 17.1 | 18 | 43 | 20 | 2.3 | 31 | 39 | 104 | — | 35-40 | 60 |
| Sudan | 1,000 | 12 | — | 15.1 | 14 | 52 | 18-22 | 3.0 | 23 | 47 | — | — | 5-10 | 100 |
| Asia | — | — | — | 1,990 | — | 38 | 18 | 2.0 | 35 | 40 | — | — | — | 184 |
| India | 1,260 | 54 | 49.3 | 536.9 | 389 | 43 | 18.0 | 2.5 | 28 | 41 | 139 | 71 | 20-25 | 90 |
| Japan | 143 | — | — | 102.1 | 714 | 19 | 6.8 | 1.1 | 63 | 25 | 15 | — | 98-99 | 860 |
| Pakistan | 365 | 27 | — | 131.6 | 312 | 52 | 19 | 3.3 | 21 | 45 | 142 | — | 20 | 90 |
| Philippines | 116 | 37 | — | 37.1 | 278 | 50 | 10-15 | 3.5 | 20 | 47 | 73 | — | 72 | 160 |
| Latin America | — | — | — | 276 | — | 39 | 10 | 2.9 | 24 | 43 | — | — | — | 385 |
| Costa Rica | 20 | 20 | — | 1.7 | 70 | 45 | 7 | 3.8 | 18 | 38 | 70 | — | 88 | 400 |
| Mexico | 760 | 48 | — | 49.0 | 54 | 43 | 9 | 3.4 | 21 | 46 | 63 | — | 71 | 470 |
| Cuba | — | — | — | 8.2 | — | 27 | 8 | 2.0 | 35 | 37 | 40 | — | — | 320 |
| Argentina | 1,084 | 52 | 10.8 | 24 | 20 | 23 | 9 | 1.5 | 47 | 29 | 58.0 | 25 | 91 | 780 |

age for the parents.

There are indications that the ideas about optimal fertility are changing at present, particularly among the educated elite (Gaisie 1969:34; Caldwell 1968a:73-95), but not everybody agrees with this change in attitude. Nyarko (1971), for example, doubts the view that a decline in fertility will bring economic benefits to the country. In his opinion this view does not take into account the Ghanaian social structure (1971:166). Nyarko contends on the contrary that the economic development of the country requires a high rate of population growth (1971:162). The hierarchy of the catholic church in Ghana is also of the opinion that no population problem exists in Ghana and that "Organized family planning therefore seems to be uncalled for" (Statement of the Catholic Hierarchy of Ghana on family planning, 15 Nov. 1972). What the ordinary people think about having children has as yet only been investigated by Pool (see Caldwell 1968c).

Meanwhile, in 1966, the Planned Parenthood Association of Ghana (PPAG) was formed and by June 1969 it was reported that more than 3,500 women had made use of its services. The PPAG was followed by the Christian Council which claimed 1,500 acceptors by 1968. In May 1970 the National Family Planning Programme of Ghana (NFPPG) was launched. It is mainly active in the urban centres but has also spread to some hospitals and clinics in rural towns and villages. Moreover, the NFPPG has trained a number of family planning field-workers who mediate between the people living in the villages and the family planning bases. By October 1974 150 hospitals and clinics had reported visits of family planning clients. The total number of all new acceptors between July 1970 and October 1974 was 122,187; the total number of revisits was 334,676 (Monthly Report on Family Planning Acceptors, October 1974).

The programme's identification mark bears the words "better life", and most of its slogans refer to this better life, for example, "Family Planning can help you and your family to a better life", and "It is not a question of economic development or family planning: it is a question of economic development and family planning. The two together can enhance our prospects for progress and a better life".

Asked why the government had launched the Family Planning Programme a representative of the organization answered, "Because available evidence shows that the rapid growth of Ghana's population poses the greatest threat to our economic development and the welfare of the people". In explaining what this threat is the writer mentions the difficulties which the government has in keeping up with the population increase with respect to the building of schools and hospitals, and the creating of new jobs. He further points at the high rate of puerperal death and infant mortality (FP News, Vol. 1, No 1. 1972:7). In a pamphlet the organization confronts parents with the consequences of high fertility: "heavy expenses, too many school fees, greater risk to health, not enough money".

The primary aim of this study is to lay bare the ideas and practices of a sample of people in a rural Ghanaian town. The ideas and practices concern fertility, either directly or indirectly. For a correct understanding of the expressed views and reported actions it will be necessary to first examine phenomena like sexuality and pregnancy, the various types of sexual relationship and the conjugal relationship. Part I will be entirely devoted to these. In part II it is intended to look at fertility, both as an ideal and in reality. Attention will further be paid to knowledge of and attitude towards birthcontrol, and to its practice within and outside marriage.

The sample size has been purposely kept small in order to allow for more qualitative information. Most of the research has been conducted in a small rural town and the focus of attention has been directed onto a single lineage of which 42 members were approached by us on the topic of birthcontrol. The methods of our research are further discussed in section 1.3.

In the next section we give some background information about the town where the research took place, about its inhabitants, and about the Kwahu in general.

1.2. The Kwahu, the town and the lineage

The town where our research was carried out and to which we have

given the fictitious name of Ayere is located on the so-called Kwahu Plateau about 110 miles north of Accra (see Map I). The plateau, which reaches a height of 2478 feet (755 meters) at its highest point, has a cooler climate than other parts of the country, and is rather densely populated. It has, for example, 5 towns with more than 5,000 inhabitants within a radius of 4 miles.

Kwahu is commonly divided into three parts, Southern, Central and Northern Kwahu. In this study we are only concerned with Central Kwahu which is situated on the plateau (see Map II). Southern Kwahu lies at the foot of the plateau and Northern Kwahu across an arm of the Volta Lake. The latter is also called Afram Plains and carries savannah vegetation. Central and Southern Kwahu are largely covered by forest. The above distinct parts of Kwahu do not exactly coincide with its three administrative councils: Nkawkaw, Abetifi and Afram. Mpraeso is the administrative centre of the entire district, but the largest Kwahu town is Nkawkaw with 23,200 inhabitants in 1970. Nkawkaw owes its rapid growth to its location on the main Accra-Kumasi road at the point where the road to the Kwahu Plateau towns joins the trunk road. Nkawkaw can be reached by car in about 2½ hours from Accra and 1½ hours from Kumasi.

The Kwahu people are closely related to the Asante (9). The traditions have it that they emigrated from Asante between 1650 and 1700 (Ameyaw 1966; Rattray 1929:71). Their dialect is still very similar to that of the Asante and so are their social and cultural traditions. The Asante are well-known to students of anthropology because they have been studied by Rattray, Fortes, Busia and many others, and there is no need to give a detailed account of their social systems here. It will suffice to note that their social organization is based on the principle of matrilineality and that matrilineal ties retain their full importance for man and wife in marriage. The composition of localized domestic groups varies considerably. In rural places they can be roughly divided into two types, those characterized by joint residence of husband and wife and those in which the partners live separately (duolocal).

The Asante and the Kwahu belong to a larger ethnic group which is commonly referred to as the Akan. Other groups belonging to the Akan

are the Akyem, Akwapim, Fante, Nzima, Ahanta, Assin, Brong, Denkyira, Etsii, Sefwi, Twifo and Wassaw. All these groups, which together account for more than half of Ghana's population, speak mutually intelligible dialects. Their common language is Twi. Across the border, in Ivory Coast, live the Agni and Bawle, who are also Akan.

Among the Akan the fundamental and most effective unit of social, jural and political organization is the abusua (in Asante-Kwahu terminology), the matrilineage which is reckoned to a depth of about seven generations (cf. Fortes 1970:194). Within the abusua, kinsmen of the same generation are addressed - and to some extent considered - as sibling (nuā), and kinsmen of the ascending generation as mother (ɛna or maame) or as mother's brother (wɔfa). Women call lineage members of the descending generation "my child" (me ba) and men address them with the term for sister's child (wɔfase). It should, however, be taken into account that, naturally, there is a distinction between real and classificatory mothers and real and classificatory siblings (10).

The term abusua can also be used to denote a much wider group than the lineage. In that case it is usually translated as "clan". Members of one clan claim to be descendants of one common ancestress, who lived in the distant past. Genealogical links cannot be traced and the clans have been dispersed among all the various Akan sub-groups. In total there are only seven or eight different clans among the Akan. In Kwahu, however, the term abusua is usually restricted to the lineage, and the wider clan is referred to as ntɔn.

In 1960 the Kwahu numbered almost 132,000 people, 30% of whom were living outside the Kwahu area, 9% in Accra. The present number of Kwahu is estimated at about 190,000. Within their home region most Kwahu are farmers. They grow foodstuffs for private use and - to a limited extent - for marketing purposes. Cashcrops are cocoa, coffee and onions. Most people follow a system of bush fallow rotation. Both men and women work on the farms; men are supposed to take charge of clearing the land, women are more concerned with the growing of vegetables, for the rest there is little differentiation between male and female tasks on the farm.

The Kwahu are best known for their trading qualities. They nearly

monopolize the markets and African trading in the capital of Accra and they are ubiquitous with their little shops in all Ghanaian towns, particularly in the South. Their trading activities date from far back as Garlick (1967) points out and they are commonly identified with cunningness and entrepreneurship.

Ayere is a town of about 4000 inhabitants. By Kwahu standards it is a rather poor town. Many of its houses have collapsed due to erosion and repairs are often postponed because there is no money. Traffic between Ayere and Accra is rather busy. We estimate that on a normal day about 20 people travel from Ayere to Accra and back. Many Ayere people have gone to the capital to try their luck like all the other Kwahu, and they regularly come home for the celebration of funerals and the traditional kwasidae festivals which are held every six weeks. Many of those who are not successful in finding profitable employment keep on shuttling between Ayere and Accra. They may turn to farming, but after some time decide again to settle in Accra. Occupational and geographical mobility in Ayere is impressive.

The town of Ayere has two double stream primary schools and three middle schools. The schools have an estimated total population of about 900 pupils. Several Christian churches have established themselves in the town. The most important among these are the Catholic, the Presbyterian, the Pentecostal and a number of independent churches. There is a maternity clinic where many women go from Ayere and surrounding places for delivery. The town has no electricity but will be connected with the Akosombo electricity supply in one or two years time. The supply of pipe-borne water is also on the way.

The lineage we are concerned with in this study is the "royal family" of Ayere. Such an epithet may give rise to the assumption that we are dealing with a very special group of people but this is not the case. The adjective "royal" (ɔdehyɛ) does not have the connotations it has in Western societies. Among the Akan there is no class of nobles and the term adehyɛ (plural) only denotes a large group of people out of whom a chief (shene) is chosen in a particular community (11). Such a "royal family" may in certain circumstances even comprise one third or one half of the total population of a village. Various aspects of the social dynamics of the lineage have

been extensively described elsewhere (Bleek 1975a), for example political ambitions and tensions, genealogical history, marital behaviour, inheritance and intra-lineage witchcraft suspicions. We do not want to summarize all these again, and shall only mention a few points of special relevance to the topic of this study.

The name of the head of the lineage (abusua panyin) is Amo. He is recognized as abusua panyin by a large number of kinsmen. For many of these no genealogical links could be established between them and Amo. Genealogical investigations produced two coherent groups of kinsmen who considered themselves and one another as one family, but for whom the exact connection could not be established with certainty. These groups, which we have called Konadu's and Saa's sections (after their oldest living members) are reproduced in the genealogies A and B at the end of this study. Others who claimed membership of the lineage and were also recognized as such are not considered in this study. When in the course of this study particular members of the two sections are discussed, they have a number behind their names to indicate their exact position in the genealogical charter. Amo, for example, has the number (A.V,7), which means Genealogy A, fifth generation, number 7.

Interviews with and about lineage members have provided us with information concerning 121 adults, of whom 45 have died and 76 are still alive. Of these 76 about 60 are women of childbearing age or men between 17 and 65 years of age. Only 15 of these 60 members stay permanently at Ayere. Another 15 live in Accra and the rest are either in their farming settlements (akuraa) or in other towns. Their dispersion prevented us from interviewing all 60 on the subject of birthcontrol, although most of them had been interviewed by us previously on other issues. In all, 38 of these 60 were interviewed about sexual life and birthcontrol. Four others who were closely related to the lineage by paternal descent or affinity, were added to the sample making a total of 42.

The sample consists of 23 men and 19 women; 29 of them live in a rural situation and 11 in Accra, the other two stay at Nkawaw and Cape Coast. Despite the fact that a large proportion of them presently live in rural towns and villages, almost all of them have urban

experience: 34 (81%) of them have lived in Accra (for at least three months) and 38 (90.5%) have lived in a town with more than 10,000 inhabitants (Ayeré has 4,000 inhabitants). Only 4 (9.5%) have no urban experience. With regard to education, 13 (31%) have never been to school, 22 (55%) have attended primary and/or middle school, and 6 (14%) are educated beyond middle school. The occupational composition is as follows: 16 (38%) are farmers, 7 (17%) are traders, 6 (14%) report that they have no occupation, and the remainder are teachers, policemen, labourers, drivers, a shoemaker, a clerk and a housewife. With respect to religious affiliation: 32 (76%) profess that they belong to a Christian church, most of them to the Catholic church, and 10 (24%) do not belong to a church. Non-membership of a church does not always imply affiliation to the traditional religion.

The above general information shows that the lineage as a group has a very mixed character. The members form no residential unit and they are not homogeneous with respect to education, occupation or religion. The lineage is further continuously subject to hidden tensions and open conflicts. Nevertheless, the lineage is unmistakably a tight and cohesive group of people who regard commonness of blood as the crucial principle of social ordering. The unity of the lineage is most evidently shown when one of its members is threatened or wronged by someone from outside.

1.3. Field-work techniques

Although the focus of interest has been directed at the lineage, this does not mean that our attention is restricted to this group. Our investigation also includes samples of 100 men and 179 women at Ayeré, and nearly 1000 middle school and secondary school pupils in Central Kwahu. In addition many unstructured interviews were conducted with old people, people in authority, priests and priestesses, doctors and nurses, so-called "dispensers", clerks and policemen, and students at the university.

The actual research was preceded by a stay of six months at Ayeré. This period was entirely devoted to language study, and no attempts whatsoever were made to collect systematic information. Two

years later, during a second period of six months we did anthropological field-work among members of one particular lineage. It was our aim to view social behaviour in the perspective of a whole lineage and to describe and analyze the roles and relationships of the individual members. The three domains which we concentrated on were marriage, inheritance and witchcraft (see Bleek 1975a).

In a third period of field-work, which was a continuation of the second period, it was envisaged to study the same lineage in order to elaborate the information about sexual relationships and to investigate how sexual relationship variables relate to fertility behaviour. A questionnaire was designed and tested (see Appendix 4) which served as a basis for the interviews with lineage members. As has been stated above, 38 members plus four affiliated persons were interviewed. During the second and third period of field-work we rented a room in the house of the lineage head (12).

Because we had no strict guarantee that the lineage was a cross-section of the entire adult population of Ayere we decided to include two larger samples in our research. These two samples consisted of 100 men and 179 women. The selection of the samples was by a non-random principle, largely by quota sampling. The 100 men were partly selected from a group of people waiting for medical treatment at the local clinic and partly in the town, in the street and in compounds. Forty-seven of the 100 interviews were conducted by ourselves, the remaining 53 by two Ghanaian assistants. The questionnaire of the lineage was also used for this sample.

The 179 women were all selected from a group of women who attended the child welfare clinic of Ayere. Every month 300 to 400 mothers with children under 5 years of age visit the clinic. The visits are spread over 4 Wednesdays in each month. The children are weighed and the mothers are advised on nutritional and health problems of their children. A short talk is given about relevant topics, for example hygiene or child-care, and in the end food items such as milkpowder and wheat are distributed among the women. These meetings provide an excellent opportunity to interview women. In ordinary life Kwahu women are always busy or pretend to be busy and we found it difficult to occupy them with a lengthy interview of about 25 minutes. When

they consented to an interview they were often impatient or their attention was divided because they were doing little chores like peeling and cutting yams or cooking food. At the clinic, however, they were doing nothing, just waiting for their turn, and for many an interview would mean a welcome change from the monotony of waiting (cf. Stycos 1954). But was this group representative of all Ayere women with small children?

To answer this question a preliminary survey was conducted. The town was divided into four parts, one of them being the zongo (foreigners quarter). The inhabitants of the zongo used to be mainly strangers but after the Aliens Compliance Order in 1969 most of them had left and their houses had been bought by Kwahu inhabitants. It seems, however, that the average financial status of the zongo inhabitants is lower than that of the other town people. As the three other parts of the town had no distinctive differences, only two of them were selected for the survey. Every fifth house in the zongo and the two other parts of the town was visited by nurses from the clinic and people were asked whether there were any women with children under 5 years of age living in the house. If this was found to be the case, they were asked whether they attended the child welfare clinic. If they did not, reasons were asked and the nurse added her own impressions.

The gatherings at the clinic are always a social event. Mothers dress themselves and their babies up in fanciful ways and the meetings assume the character of a fashionshow. Because of this it was initially hypothesized that the poorer section of the population would hesitate to visit the clinic because of shyness, but this suspicion was not substantiated. It was found that inhabitants of the zongo were the most regular attendants. From a total of 23 mothers with children under 5, only two did not attend the clinic. In the two other parts of the town there were 107 mothers of whom 28 did not attend the clinic. So, in all, the survey showed that out of a sample of 130 women with a young child, 100 (77%) claimed to attend the child welfare clinic, although not always regularly. The preponderance of zongo inhabitants may indicate that the poorer are slightly more attracted by the activities at the clinic, probably because of

the distribution of food which takes place. Another explanation may be that the zongo section of the town is the nearest to the clinic.

Reasons advanced for not attending did not suggest that a particular section of the population absented itself. The most frequent reason given was geographical mobility: a number of mothers were often away from Ayere. Other reasons were lack of time (3 mothers had a little store), recent arrival in town, no interest, and the fact that the baby was afraid of the scale.

The total attendance rate (77%) was fairly high and we may assume that the women attending the child welfare clinic were not atypical of the total female population between 17 and 45 years of age. This assumption proved more or less correct when the interviews were analyzed (see further Appendix 3). For greater security, however, it should be noted that women without children were not represented in this sample.

For these interviews the same questionnaire was used as for the male and lineage samples. The interviewers were six female Ghanaian nurses from a nearby hospital. The nurses had received simple instruction on the techniques of interviewing. They were dressed in uniform and introduced the interviews as a socio-medical project. It was assumed that intimate questions referring to sexual intercourse would meet with less resistance when they were asked in a more medical context. The reason for the preference for female and Ghanaian interviewers was obvious: to increase the affinity between interviewer and interviewee. However, care was taken that this affinity should not become too great. None of the interviewers, therefore, was a native of Ayere. The interviews were fitted into the programme of the child welfare clinic: after the weighing of the child and before the distribution of food. The mothers were called for interview in the order of their arrival. Non-Akan women were excluded.

It is in order to add a note about the quality of the interviews in the three samples. Research into sexual relationships and birth-control implies asking about matters which are extremely intimate and none of the researcher's business. The topic of sex is loaded with feelings of shame and honour and the researcher runs the risk of

being misled by his respondents. Such misleading can be unconscious on the part of the respondent but it may also be done consciously. In the first place, the respondent may feel too shy to reveal certain facts and, secondly, by revealing them he puts his fate in the hands of the researcher who can use the information to disgrace him in front of others. Reliable and valid information, therefore, is most likely to be obtained if the relationship between researcher and respondent is characterized by mutual trust. This ideal was most closely approached in the interviews with lineage members. Our relationship with most of them was cordial and open. We lived for one year in their midst and became a common figure to them, particularly in the house of the lineage head where we had rented a room. We attended their meetings, visited the members in their homes and joined them in conversations, drinking, eating and other activities such as farming and celebrating funerals. We tried to build up good relationships with all members but it must be said that it was not easy to be on good terms with everybody because of the tensions and conflicts between the members themselves (see further Bleek n.d.d). Our relationship with some members was very friendly and we have no doubt that the detailed information given by them was correct. The relationship with most others was fairly good and interviews with them produced generally reliable information. Evasive answers did occur, however, in a few cases but most times (according to us) these could be amplified and corrected from our knowledge through previous interviews and observations. The small size of the lineage sample allowed for rather intensive interviews and a detailed acquaintance with the individual members. There were only a few members with whom we did not establish a relationship.

Even topics concerning illegal matters were discussed during the interviews after we had promised that we would take care that no part of the conversation would leak out. By doing so many interviews assumed the character of gossip. Of course, objective proof that a respondent was speaking the truth could not always be established but anthropologists with field-work experience will agree with us that there are other ways of deciding what is correct and what is not. The interview situation is full of such clues. For example, if an

informant relates certain shameful episodes in his life and then denies to have been involved in another, less shameful, activity, we have no reason to doubt his sincerity. It would be monotonous to repeat this argument whenever, in the course of this study, we base our argument on information which may appear doubtful to some readers. Let it be stated, therefore, that this scrutiny has been carried out whenever we cite any of our respondents without further comments.

One may ask if we, as men, did not encounter problems interviewing female members of the lineage. We do admit that on the whole interviews with men were more open than those with women, but not much. Some of the best interviews were in fact with women. It was only during the interviews with mothers at the child welfare clinic that the impression was formed that women are much more closed on the topic of birthcontrol than men.

It has been said that trust and cordiality between interviewer and respondent promote reliability of data. One may argue that unacquaintedness will have a similar effect, as a respondent will feel less restrained in front of a stranger. Moreover, the personal risks of the respondent are clearly smaller if the interview is conducted in such an anonymous way. This consideration, among others, lay at the basis of the interviews with women at the child welfare clinic, but the outcome of these interviews suggests that in the Kwahu environment familiarity is definitely a better starting point for confidential interviews than anonymity. The quality of the lineage interviews is the best whereas the interviews in the Female Sample have the least quality. The interviews in the Male Sample take an intermediate position.

Additional factors which may explain these differences in quality are many. They can perhaps be attributed to the difference between interviewers (male - female, European - Ghanaian) (13) or to the formal approach used for the Female Sample in contrast to the more casual way of interviewing which was practised in the lineage and (partly) in the Male Sample. It is also possible that the mass-approach in the Female Sample was less effective than the more individual approach in the lineage and Male Sample and, finally,

women may indeed be more reluctant to disclose certain aspects of their lives than men.

Several women gave clearly incorrect answers or concealed certain less laudable facts. We were able to check this because a number of female lineage members, who had been interviewed by us about marriage and sex, were also interviewed during a child welfare visit. Comparison proved some of their answers to be inaccurate and others to be grossly incorrect. Answers to less intimate questions, however, proved quite reliable. Whenever, in the course of this study, we refer to the two larger samples we shall use capital letters and call them Male Sample and Female Sample.

The average age in the lineage sample is about 31.5 years, that in the Male and Female Samples is about 35.5 and 28 years respectively. The three samples represent the present generation of young parents. We thought it relevant, however, to investigate the views and attitudes of the coming generation of parents as well because, as we shall see, the object of this study will lead us to young people in premarital situations. Thus it was decided to set up a survey among school pupils between the ages of 14 and 18.

First it had to be verified whether a population of school pupils would present us with a cross-section of the total population of adolescents. The answer depended primarily on the percentage of the school-age population attending school. In 1960 that percentage was about 75 for all Kwahu males and about 50 for all Kwahu females (Gil et al. 1964:86). The situation has, however, changed considerably in the meantime. Education is becoming universal, and it is only a small proportion that "drop out". A few stop in the first years of primary school, and some girls have to stop before reaching the end of middle school because they become pregnant. It is still true, however, that the proportion of male pupils exceeds that of females. In the Kwahu middle schools where we conducted the survey 59% of the pupils were male and 41% female. Although we cannot produce exact figures we may assume that the male adolescents are fairly well represented in a school sample, but that about one third of the female adolescents are not. No attempts were made to correct this bias in the sampling method. In the course of this study we shall, therefore, not speak of

"male and female adolescents" but of "male and female pupils", although we do not want to exclude the possibility that the ideas of the pupils largely represent those of the total adolescent generation as well.

For a correct understanding of the argument that follows we need to give some information about the Ghanaian educational system. Elementary education consists of 6 years primary school and 4 years middle school. Every child is legally obliged to follow at least these ten years of elementary education. Secondary school can be entered via an entrance examination from the age of 12 onwards. Most pupils take the examination when they are in form 2 or form 3 of the middle school, some only in form 4. Hurd estimates that in 1963 13 or 14% of those who passed through the forms 2 and 3 of middle school went on to secondary school (Hurd 1967:228). Choosing the forms 3 and 4 of the middle school as our survey population meant that the most talented pupils of that age group were missing from the sample, so we included the forms 2 of two secondary schools in our sample to make up for the missing secondary school pupils in the middle school samples.

At the time of the research there were 35 middle schools up to form 4 in the Abetifi Local Council where we conducted our research. However, part of the Central Kwahu with typical Kwahu towns like Obo, Obomeng, Mpraeso, Nkwatia and Bepong, falls under Nkawkaw Urban Council and so, quite arbitrarily, we added Obo and Nkwatia, with their 9 middle schools, to the sample of 35 making a total of 44 middle schools. The three middle schools of Ayere were selected because of our special interest in Ayere. Eight more schools were selected at random from the sample of 44. These schools were: Asakraka RC, Asakraka LA, Aduamoah LA, Suminakese LA, Fweefwee Market LA, Dwerebease LA, Obo LA, and Obo Anglican Girls. In most cases the pupils of form 4 were chosen for the survey but occasionally it had to be form 3. The total number of Kwahu middle school pupils involved in the survey was 372.

As has been stated before, a small number of secondary school pupils was added to the sample. These were 60 form 2 pupils of Mpraeso Secondary School and St. Peter's Secondary School at Nkwatia.

A similar survey was conducted among Accra middle school pupils, but this falls outside the scope of this study.

The questionnaire which was used for the school survey was an association-test or test of incomplete sentences (see Appendix 5). This type of research instrument has been applied quite successfully in East Africa by Molnos (1968) and we gratefully benefitted from her experiences and suggestions. The aim of a test of incomplete sentences is to find out what kind of associations pupils spontaneously make to certain ideas. We chose a wide range of topics but only ideas connected with marriage, sex, fertility and birthcontrol will be looked at in the context of this study. The whole test consisted of 13 initial questions about personal data and 76 incomplete sentences, but the latter were split up in 4 tests of 19 sentences. Each pupil had to complete only one test. The advantages of this method are discussed in Molnos (1968:27-28,31) and boil down to the following:

1. A test of 76 sentences would be too long.
2. The tests could be distributed among the pupils in such a way that no pupil had a chance to copy from his neighbour.
3. By splitting the 76 sentences into 4 smaller tests repetitions or sentences that would be suggestive to others could be avoided within one test. Most sentences were paired or had a counterpart, for example the following 4 sentences:

1. A man with many children....
2. A man without children....
3. A woman without children....
4. A woman with many children....

Sentence 1 can be paired to sentence 2 but also to sentence 4. If these sentences were to occur in the same test the pupil would probably fall into stereotype answers. The association to sentence 1 would be likely to determine the other associations as well. For example:

1. A man with many children is happy
2. A man without children is not happy,

etc.

By dividing the related sentences among the various tests this problem was solved and it was possible to look at different nuances or emphases in the associations to closely related topics.

Another problem which was encountered by Molnos as well as by us was the language. Molnos, who discusses this problem briefly (1968: 34-37), chose a bilingual test in which the pupils were free to use

English or Swahili/Luganda. In Ghana English is hardly spoken, particularly in rural towns, but it is taught from class 1 onwards. However to expect that pupils, after 10 years teaching, are able to freely express themselves in English would be a mistake. Many of them are considerably handicapped when they have to write in English. The use of Twi, however, proved to have even greater disadvantages. Twi is a spoken language, and most are not able to write it without mistakes. This creates some real difficulties. The difference between positive and negative in Twi is clear when it is spoken, because of different emphasis and a different tone. When Twi is written, however, a negative statement is only distinguished from a positive by a single letter n. It was found that many pupils failed to make this distinction so that their associations became extremely equivocal. Another point against the use of Twi is the fact that in Twi there are no separate terms for "he" and "she" or for "his" and "her". Because a number of sentences dealt specifically with relationships between the two sexes, it was not advisable to have the pupils express their views in Twi. As a matter of fact, even in English some pupils failed to distinguish between "he" and "she". A last consideration which favoured the use of English was the risk of incorrect or tendentious translating of the Twi sentences into English. Objectivity would be better safeguarded if the pupils wrote directly in English, however limited their vocabulary might be. During the instruction it was made clear to them that we were not interested in a correct and flawless use of language. The only thing that counted was to write down their very own ideas. If they could not write a certain word they could ask us or write the Twi word in brackets behind the English word. Indeed they made many mistakes. Spelling and other obvious mistakes were corrected by us without affecting the original gist of the contribution.

All the tests were introduced and supervised by us and very few problems arose during the filling in of the forms. While the pupils were completing the sentences we checked the 13 questions referring to personal data and, when necessary, helped the pupil to correct mistakes or to remove inconsistencies. In the middle schools the pupils were allowed an hour or more to complete the test. For many

this was still too short. When a pupil could not finish the test within the given time he was not told to finish it in extra-time, unless he wanted to do so himself. It was thought that forced completion of the test, when the pupil was clearly incapable of doing so, would only be detrimental to the quality of the survey. The proportion of non-response (plus unclear) cases is therefore rather high (about 15% on average). The non-response group are predominantly pupils with mediocre capacities. The means that the school sample tends to be slightly biased towards those pupils who have a reasonable command of English. When sentences are cited in the text they are followed by the number of the respondent. The pupils who completed test I have been numbered from 001 to 127, those who did test II from 201 to 329, those who did test III from 401 to 524, and those who did test IV from 601 to 718. Apart from the number it has also been indicated whether the pupil is male (m) or female (f), and whether he attends a Kwahu (K) middle school, or a secondary school (s). Ethnic origin is given for secondary school pupils.

A last tool which was utilized in our research was the writing of essays by pupils. The initial purpose was to have the pupils write about personal sexual experiences. At first we did not think that it was possible to handle such a delicate topic in a school situation, but after some experimenting there proved to be no problems with such an approach. More details about the methods we applied are given in chapter 3. In total 127 pupils wrote an essay on this topic. In addition 285 pupils wrote essays about a wide range of other topics, most of which were related to the topics of the incomplete sentences test. The aim was to gather more qualitative material which could throw light on the meaning of certain sentences in the test. A complete list of all the essay titles is given in Appendix 6. Quotations from the essays are always followed by sex, type of school, and number of respondent. The pupils who wrote essays have been numbered from 1001 to 1580.

The selection of schools and the distribution of topics among the various schools was entirely non-random. When we visited a school to conduct the association-test, we normally used the opportunity, when sufficient time was left, to visit another class of the same school,

or another school in the same town to let the pupils write an essay about the topics we gave them. Usually they could choose between two or three titles. Only when they were asked to write about their sexual experiences, were they given no alternative topic.

Concluding this chapter on methodology, we want to sound a note of caution with respect to the quantitative aspects of this study. Apparently social anthropology with its emphasis on qualitative data is hard to combine with the use of statistics (cf. Köbben 1967; Mitchell 1967). Mitchell lists some of the difficulties which are encountered when an anthropologist attempts to meet the requirements of statistical analysis. Most anthropologists do not have at their disposal the type of basic material which is indispensable for the selection of a random sample. This is the first and fundamental factor vitiating the use of statistics in anthropological research. Further obstacles are encountered at the stage of interviewing. Respondents in semi-literate societies think little in quantitative terms so that much of the material which is collected from them tends to defy classification for statistical analysis.

Mitchell, therefore, is of the opinion that quantification should be an aid to anthropological research and not the purpose of it. Quantification, he writes, can achieve "a condensation of facts so that the regularities and patterns in them are more easily discernable" (Mitchell 1967:26).

The use of quantitative measures in this study must primarily be seen in that light: they attempt to present, in a more condensed form, the general characteristics of the community we are concerned with. But that is not all. Although the sampling methods of the lineage and the Female Sample leave much to be desired, it would be unjust to deny them representativeness. On the contrary, we have reason to believe that our samples are fairly representative of all Kwahu in their reproductive years, living in Central Kwahu. Ayere is a town like many other Kwahu towns and Amo's lineage seems to have few characteristics which other lineages do not have. However, a comparison of some characteristics of our samples with the results of the Ghana Population Census 1970 suggests that the Ayere respondents are on average more educated than the corresponding men and women of

Kwahu in general. A more elaborate discussion of the representativeness of the samples is given in Appendix 3.

These considerations warrant the use of statistical tests (χ^2 -test and Mann-Whitney U-test). Where there is reason to believe in the representativeness of the samples it would be unwise not to assess to what extent the information found in the sample might be generalized in terms of a wider population. By drawing inferences from the Ayere samples we are certainly not standing on any smaller basis than many an anthropologist who has generalized about the mother's brother or the incest taboo in an African society on the basis of a qualitative analysis of fewer cases than we are looking at here.

Chapter 2

SURVEY OF LITERATURE

"Il est temps de décoloniser les sciences humaines, et plus précisément les recherches anthropologiques." Kashamura (1973:190)

2.1. Sexuality

Bronislaw Malinowski, one of the first anthropologists to carry out extensive field-work, was much interested in sexual behaviour (Malinowski 1927 and 1929). One cannot say, however, that this early interest has infected many second generation field-workers. Particularly in Africa, sexual life has received little serious attention from social scientists despite a general inquisitiveness in Victorian Europe about African sexual customs and a widespread belief in the sexual superiority of the African (cf. Fanon 1967).

The few studies that deal exclusively with sexuality in Africa are mainly mere anthologies of anthropological notes by scientists, missionaries and travellers, and do not attain much depth (for example: Bryk 1939, Pedrals 1950, Rachewiltz 1964). A cross-cultural study is only possible on the basis of solid data at the grass-roots level, but, to our knowledge, very few studies of significance have yet been written about the place of sexuality in the social life of a single African community. One is by Schapera (1970) on married life among the South African Kgatla. Junod who wrote rather extensively about sex among the Thonga considered it prudent to do so in Latin! Some of the early publications (not always anthropological studies) on sexuality in Africa aim to correct perverted ideas about the sexual life of Africans, and tend to paint sex in rather arcadian (almost religious) colours (14). We are not sure, however, that the authors always succeeded in their intention. Social scientists have

always been more interested in the exotic than in the ordinary (15) and it is likely that the examples they presented tended rather to perpetuate the myths about the sexuality of the African which existed in Europe.

One of the few studies that focus on the notion of sexuality in a particular society is by Elam (1973) and deals with the social and sexual roles of Hima women in East Africa. It is to the author's credit that personal observation has comprised such a large part of his research, enabling him to interpret, and sometimes demythologize, the information given to him, and to correct some misconceptions that had crept into anthropological literature through researchers who took their information too literally. Elam looks at sexuality in the light of social norms, and vice versa, and shows that the one cannot be understood without the other. He further attempts to unveil something of the meaning of dreams and sexual symbolism.

Elam's study underlines the problems that arise when an outsider attempts to research into sexual behaviour. Most of it is hidden from observation and participant observation is a difficult matter too. It is true that sex is a favourite topic for conversation, but it lends itself more to boasting and gossiping than to reliable information, and blunt questions about sexual life certainly encounter opposition. There are few areas of research that stress so much the need for research from within. A deeper analysis of the meaning of sex in an African context at the social and - a fortiori - at the psychological level can only be made by an African, although we should not forget that such an approach also has a number of drawbacks.

Kashamura, who wrote an essay about the sexual customs of the interlacustrine societies in East Africa (Kashamura 1973), is an African, but one cannot say that he has contributed much to the scanty literature on sex. His essay is more folkloristic than sociological, based more upon what ought to occur according to the traditions than on what actually takes place. No reference whatsoever is made to systematic inquiries. Moreover, the number of different ethnic groups mentioned is rather large and the author does not give precise information about which group he is speaking.

An important contribution has been made by Molnós, who directed a

survey among social anthropologists in East Africa (Molnos 1972a, 1972b, 1973a). Thirty-seven anthropologists, seven of whom were African, wrote essays about, inter alia, fertility, attitudes to family planning, male and female sexuality and marriage in 28 different ethnic groups. There is considerable coherence between the essays, as they all follow the same questionnaire, and cross-comparisons are possible to some extent. Molnos' initiative is valuable because it surmounts many problems of interpretation and classification which arise in the first phase of any cross-cultural analysis, when data, which have been collected by many different methods, with different objectives and in different eras, are compared with each other even though they may hardly be comparable. It is regrettable, however, that the 37 essays are not followed by a final cross-ethnic analysis, summarizing the essays and presenting the main themes in the form of tabulations. More research on sex has been carried out by Laughlin and Laughlin and by Kisekka (see Molnos 1972a:158 and 162), but the results have not yet been published.

Literature about sexuality in Ghana, and among the Akan in particular, is scanty. Rattray touches on it in the context of law and procedure (1929:304-309, 317-323), but does not deal explicitly with sexual attitudes and practices. Kaye (1962) devotes a few chapters to sexuality in the process of socialization but his survey is only "impressionistic", as he says himself, and encompasses the whole of Ghana.

Some topics related to sexuality have, however, received considerable attention from anthropologists. They are initiation and circumcision rites and the incest taboo. It is probably van Gennep who, with his classical work on rites de passage (1909), has most secured a place of honour for initiation rites in anthropology. Initiation and circumcision rituals constitute the few occasions on which sexual values explicitly appear on the surface and can be observed and recorded by the anthropologist. Some of the best known studies on initiation rituals are by Harries (1944), Richards (1956), and Vansina (1955). Today initiation rites still enjoy the interest of anthropologists (see e.g. Droogers 1974). It is doubtful, however, that the ceremonies provide a fruitful starting-point for

speculations about actual sexual behaviour. Initiation rites, as well as the incest taboo which is discussed below, should be seen as manifestations of the sexual code rather than of the sexual practice.

The incest taboo, which is (was?) believed to be one of the few social rules that applies universally to all cultural groups, has always intrigued social scientists. They either attempt to refute this contention or to explain it. A penetrating paper on incest and adultery in Ghana has been written by J. Goody (1956b), who bases himself largely on Rattray (1929).

Several aspects of sexual behaviour such as premarital sexual relationships, partner choice, betrothal and husband-wife relationship find a place in most ethnographies dealing with marriage and kinship. Usually, however, in these studies too it is norms rather than practices that are presented and discussed. In the majority of cases the authors have no information as to how frequently these rules are broken.

This uncertainty about the relationship between juridical and statistical rule is both cause and result of the fact that little is known about the ethical dimension of sexual norms. Most studies that touch upon morality in African societies deal with religion and witchcraft (16) and, apart from the incest taboo, sexual morality receives little attention. An early attempt to throw some light on specifically sexual ethics in Africa (Mohr 1938) is in fact nothing more than the registration and classification of sexual rules in a number of societies. Reyburn (1967), Krige (1968), Douglas (1970) and Elam (1973) come to a clearer understanding, but here again the need for research by an insider is evident, although more is required from such an insider than mere recitation of the traditions as, for example, Dzobo (1971) and Kashamura (1973:118-122) do.

Another area within sexuality that awaits research is sexual symbolism. The ambiguities of sex and courtship are often hidden behind a curtain of symbolic idioms which require a thorough exposition. Attempts to write the first lines of this account have been undertaken by Beidelman (1964, 1966, 1968, 1972) and Elam (1973: 222-232), but the actual work has still to be started.

Although this review of literature on sex research deals with

Africa alone, it should not end without a reference to the important work of Reiss who wrote numerous articles on sexual standards and sexual behaviour in the United States. Reiss has occupied himself particularly with premarital sex (e.g. Reiss 1960, 1967), an area of human behaviour which will prove of crucial relevance to the object of this study.

2.2. Marriage and other sexual relationships

The number of books on African marriage customs which have appeared since about 1935 would fill a library. In 1950 a first attempt was made to achieve an integration of this work in the classical "African Systems of Kinship and Marriage" (Radcliffe-Brown and Forde 1950). Although the editors were realistic enough to know that "...our knowledge is patchy", they were rather optimistic about the scope of their book, because, with some minor exceptions, as they put it, "the chief varieties of kinship organization occurring in trans-Saharan Africa are illustrated and considered" (1950:vi). A few years later a mammoth work was completed with the publication of "Survey of African Marriage and Family Life" (Phillips 1953), in which Mair summarized the most important findings of social anthropologists concerning African marriage (Mair 1953).

Another notable attempt to bring together several essays on marriage and family life into a common perspective came from Gray and Gulliver (1964), who emphasized the developmental aspect of the family. In contrast to Radcliffe-Brown and Forde their aim was not to present a study of social structures but rather one of social processes.

Narrowing ourselves down to Ghana, the documentation on marriage and family life in the various ethnic groups is impressive. Among the Akan in the southern part of Ghana, Rattray performed a pioneer's work around 1920 when he meticulously noted down all the information received by him. His endeavours resulted in five volumes (1916, 1923, 1927, 1929 and 1930) which are still regarded as the bible of Asante traditions. His notes about marriage and family are spread out over all five volumes (1916:39-43,127-143; 1923:77-85; 1927:76-102;

1929:1-71; 1930:passim).

Before the work of Rattray, whose primary aim was "ethnological", Akan customary law had already been described by two indigenous lawyers, Sarbah (1897) and Danquah (1922 and 1928), both of whom dealt extensively with marriage and family laws.

Two decades later than Rattray, Fortes carried out further research in Asante during which he paid specific attention to kinship, marriage and residence of spouses and children. He was the first to produce figures and tables about marriage in Asante (Fortes 1949, 1950, 1954). Around that same time Busia wrote his report about the Fante town Sekondi-Takoradi, in which he touched upon the impact of urbanization on marriage and family life (Busia 1950), while Amoo (1946) described the incipient influences of westernization on Akan marriage. A few years later Lystad (1959) wrote a comparative paper about changes in marriage and kinship among the Asante and the Agni (in Ivory Coast).

In more recent times two studies have been published about changes in marriage and family life among the elite. Caldwell's study (1968a), which is demographically oriented, neglects ethnicity and, therefore, loses much of its importance for social anthropologists. Oppong's study (1974a), however, deals exclusively with Akan respondents and comes to some remarkable conclusions, some of which will be discussed in the course of this study. A demographic survey by Pool, which extends to the whole of Ghana, pays considerable attention to marriage, but he too fails to distinguish between the various ethnic origins (1968).

Some other recent studies describe marriage among Akan subgroups other than the Asante, for example the Akyem (Field 1948:104-112), the Fante (Christensen 1954, Hagan 1968, Vercrijssse 1973), the Sefwi (Mensah-Brown 1968) and the Kwahu (Bleek 1975a). Finally, various aspects of marriage and family relationships are dealt with in papers that were presented during Family Research Seminars at the Institute of African Studies of the University of Ghana and which are in the process of being published (Oppong 1974b, Hagan n.d., Oppong n.d.b, Engberg n.d.). These papers do not limit themselves to the Akan population but treat a wide range of ethnic groups in Ghana.

Non-Akan groups in Southern Ghana are the patrilineal Ga-Adangme, Krobo and Ewe. Literature on these is much more scanty. Notes on marriage can be found in Field (1940) and Azu (1974) for the Ga, Huber (1963) for the Krobo, and Nukunya (1969:63-122) for the Ewe.

In the North of Ghana the ethnic situation is more variform and relatively few groups have been studied by anthropologists. Here again Rattray was the fore-runner of social research. His stay in Northern Ghana resulted in two volumes full of punctilious notes and observations (Rattray 1932). Not long after Rattray's journeys, Fortes went to stay among the Tallensi where he carried out extensive field-work before coming down to Asante. His data on Tallensi marriage are presented and analysed in Fortes (1937 and 1949c: 78-134). Two other names which should be mentioned in connection with Northern Ghana are Goody and Tait. The latter wrote about marriage among the Konkomba in the North-east (1961:93-113,160-209). J. Goody did most of his research in the North-west among the Lowiili and Lodagaa while his wife Esther Goody devoted her attention to the Gonja. Their contributions to the knowledge of marriage are mainly found in J. Goody (1956a:38-64), J. and E. Goody (1967) and E. Goody (1962, 1973).

This long list of anthropologists describing the Ghanaian scene leaves us with a bulk of literature on marriage as it has been reported by countless informants. Most studies present us with the official version of sexual relations: the institutionalized customary form of marriage. This does not mean that the investigators were not aware that other forms of sexual relation existed, but they only mention them in the margin as exceptions. In their view, even when the exceptions become numerous, they still remain exceptions and do not constitute "the culture" or "the social system" of the given group.

There is nothing new in stating that this over-emphasis of so-called "regular" behaviour distorts social reality. Van Velsen (1967:132) has rightly argued that there is "a variety of mutually contradictory norms" in any society and social scientists should not look for regularity by excluding deviations from the - official - norm, but should rather include the deviations and attempt to find

"regularity in the irregularities" (1967:133).

Van Velsen's view is particularly relevant to this study. When we look at birthcontrol in the Kwahu area, we discover that customary marriage plays a role of minor importance with respect to its practice, but that both attitude towards and practice of birthcontrol are sharply influenced by another type of sexual relationship which hardly appears in the anthropological studies. This other type of sexual relationship proves to be widespread, but it remains to a large extent underground, as do other phenomena which nevertheless shape a great deal of Kwahu society. Such phenomena include, for example, financial transactions, witchcraft accusations and suspicions of slavery descendance. In this study, therefore, we shall attempt to do justice to a wide variety of sexual relationships.

2.3. Position of women

Although several women have taken part in the anthropological explorations of Africa (17), there is no doubt that most studies have been written from the male point of view for which reason anthropology has been called "viricentric" (Schrijvers 1975). This one-sidedness has created a problem with respect to the true position of women in African societies. Ardener (male) believes that "...with rare exceptions, woman anthropologists, of whom so much was hoped, have been among the first to retire from the problem" (1972:135). He seeks for an explanation of the inadequate representation of African women in their "inarticulateness" and the fact "that they cannot be reached so easily as men: they giggle when young, snort when old, reject the question, laugh at the topic and the like" (1972:137). Singer (female), on the other hand, finds fault with the anthropologists themselves, who work too much from their western concepts of sexual inequality and consider anthropology as the study of "man" only. Women, she remarks, are described as "property to be exchanged at the market place" and a scrutiny of Evans-Pritchard's work on the Nuer leads her to the conclusion that the author has overemphasized the importance of males and that "Nuer women are as significant and influential in the social structure as Nuer men"

(Singer 1973:87).

Whether Singer is correct in her critique or not, Evans-Pritchard was certainly aware of the misleading impression of the situation of Nuer women. A few years later he remarked that there was much misunderstanding about female status in preliterate societies and that extreme deference on the part of the wives does not always mean "abject female subservience" or "extreme reserve" (1965:40-42). The fact that there is a sharp demarcation line between the spheres of activities of the sexes is for these women not only a restriction but also a protection (1965:50). Most of the ensuing studies of the position of women in Africa are a continuation of this discussion. Some authors emphasize the subordination and abjection of women, others are struck by their independence and social importance. We should realize, however, that these different accounts complement rather than contradict each other, although it is also true that female status may differ considerably between various societies.

A French analytical bibliography of studies on women in Africa was published in 1960 and became available in English three years later (Perlman and Moal 1963). They present us with an impressive list of publications, some of which describe the status of women in terms akin to slavery, while a number of them recognize their underlying position of power (18). A rather unique book is Baba of Karo (Smith 1954) which is the only "autobiography" of an ordinary African woman.

Most studies of recent years concentrate on the positive aspects of women's status, particularly on their economic role, and try to do away with obsolete ideas of female subjection (19). In a more general paper concerning the place of women in pre-industrial societies van Baal upholds the idea that women are exchanged like objects, but he argues that this is not an indication of their social inferiority; on the contrary, in his view they can afford to make themselves available for this exchange because of the social power they possess; they are rather "behaving as objects" (van Baal 1970:293). Their power, according to van Baal, lies primarily in their contributions to the economic and social system. But economic production is not a sufficient condition for the development of female status, as Singer (1973:1695) points out; an additional condition is that their

products are valued.

Essays on the husband-wife relationship in East Africa (Molnos 1973a) mostly support the view that female subordination is to a large degree only apparent (Brokensha 1973:93; Curley 1973:312-314; Gulliver 1973:383-384), that women have their own sphere of responsibility (Mayer 1973:136; van der Meeren-Veld 1973:210), and that they have considerable power (Lamphear 1973:371-372). Unequivocal subordination is only reported among the Somali (Lewis 1973:435). The Canadian Journal of African Studies has devoted a special issue (1972, No 2) to the roles of African women. Their emancipation as well as their being made scapegoats are discussed. A recent study by Little (1973) summarizes much of the literature on the position of African women in the process of urbanization and reaches the conclusion that independence is a main characteristic of female life, both in the economic and in the marital domain.

A cross-cultural study by Schlegel (1972) on "Male Dominance and Female Autonomy" in matrilineal societies seems to equate deference behaviour with "being dominated" and adds little to the discussion about female status. Finally, Mutiso (1971) testifies that African literature does not portray women as beasts of burden, dominated by men; in the writings of African novelists the image of a much more independent woman arises.

Within Ghana, among the Akan, female status has been much less a point of discussion. Rattray recognized the social importance of women (1923:78-79) and his view has not been disputed by others (Oppong 1974a:116; Fortes 1950:256). The economic role of Akan women is also set out by Hill (1958), Lystad (1959:192) and McCall (1961). J. Goody (1973a) discusses the relationship between polygyny, the economic contribution of women and their social position. In Northern Ghana Esther Goody describes the woman's rights and duties in marriage among the Gonja (1973:102-130) and Fortes analyses the place of women in the Tallensi clan (1945:147-154).

The literature on the position of women has been treated rather haphazardly here, but the focus has been on their position in the domestic domain, i.e. their status vis-à-vis their husbands. Most authors report that formal subordination on the part of the woman is

common, but that women nevertheless wield considerable power. The wife's sphere of responsibility is often segregated from that of her husband. Formal subordination and segregation of conjugal roles reportedly diminish among the young and educated.

FIRST SEXUAL EXPERIENCE

"I became happy because that was my first experience with sex." Kwahu girl, 16 years

3.1. Methodological note

This chapter is almost entirely based on essays written by middle school and secondary school pupils about their own sexual experiences from childhood till the present day. The essays prove to be valuable in so far as they provide us with a wealth of qualitative material, but they are difficult to use for quantification. The situation in which the essays were written was as follows. After a short discussion with the pupils the title and outline for the essay were written on the blackboard:

Title: ABOUT MYSELF.

Write an essay about everything you have learnt about sex and pregnancy from the time you were a little child till today.

1. What did you know about sex and pregnancy when you were in primary school? Who told you? How did you find out?
2. What did you know about sex and pregnancy when you were in middle school (secondary school)? Who told you? How did you find out?
3. Did you ever have sex yourself? How old were you? What happened?
4. What do you know about Family Planning, abortion, herbs?

It was explained to the pupils that they were allowed to make spelling and other mistakes, and that the only thing that counted was whether they wrote the truth. They were allowed to use a dictionary or ask us questions.

It must be stated here that the conditions under which the essays were written varied to some extent. On one occasion, for example, we wrote some "difficult words" on the blackboard; a procedure which may be regarded as highly suggestive. In some middle schools we omitted point 4 of the outline, which meant that three very conspicuous and influential terms disappeared from the instructions. At one school

the class as a whole took the task very calmly and seriously, at another school they reacted very excitedly. At one place the pupils did not allow anyone to look at their paper, at another place we noticed that boys - with some pride - were trying to show their essays to each other.

Furthermore, the perception of the instructions differed between individuals. "Sex" proved to be a vague term; for some it meant actual sexual intercourse, for others the whole context of reproduction, and a few did not even understand the word and took it to mean menstruation or something like "accident". But despite the disadvantages of this lack of precision, it nevertheless offers some valuable advantages, namely, an increase of validity (cf. Köbben 1974:2). The pupils were allowed to express themselves freely and to talk about the topic in the way they perceived it and found it relevant. This situation stands in sharp contrast to the closed-ended questionnaire approach where the respondent has to answer yes or no to questions he may not even grasp let alone consider relevant. In our case the problem of meaning and relevance lies entirely with the researcher. He must try to discern meaning and relevance in what the respondent says and not the other way around. This requires some cross-cultural Einfühlung, but it may be assumed that the anthropologist ex professo is better equipped for this than the Kwahu school pupil.

Essays about sexual experiences were written by 127 pupils. The pupils can be divided into two groups: 78 of them were form 3 or 4 pupils of three middle schools in Kwahu, and 49 were form 2 pupils of two secondary schools in Kwahu. Selection of the schools was non-random. Pupils of the Kwahu middle schools were not asked to give their ethnic origin but it can be assumed that the overwhelming majority of them were Kwahu. The population of the secondary schools was less Kwahu-dominated: 15 were Kwahu, 28 belonged to another Akan group, which was related to the Kwahu, and 6 were either Ewe or Ga. These 6 pupils have been excluded from the sample leaving us with 121 rural Kwahu and other Akan pupils in Kwahu middle schools and secondary schools. Finally, 14 additional essays were written by pupils outside the school situation; 13 of them were Kwahu and 1 was

Akwapim. So in total we are dealing with the essays of 135 pupils (92 males and 43 females). Essays that were written by Accra middle school pupils will occasionally be referred to for the purpose of comparison.

3.2. First awareness of sex

Childhood memories about how they first became aware of sex and pregnancy relate to various incidents or aspects of life. Some mention menstruation. As in most other African societies, menstrual taboos are strong among the Kwahu and it cannot escape the attention of children that their mothers or sisters fail to perform certain domestic duties or act differently on some days of the month.

-When my mother was passing menstruation she did not sleep with my father. fK 1022 (20)

Others noticed the signs of menstruation itself:

-I was in the classroom and saw a girl, with blood on her uniform. mK 1047

It was never stated that a girl only found out about menstruation when she first experienced it for herself; all of them seemed to have been prepared for it.

-My mother told me that when I am about 15 years old I will begin menstruation, so every month blood will come from my vagina. fK 1017

Others recall the sight of a pregnant woman as the first occasion on which they started to ask questions about sex and reproduction:

-When I was in primary four I saw a woman with a big stomach and when I asked my mother about it, she said that it was what she did before I was born. fK 1048

-One day when I was going to farm with my father we met a woman with a very big stomach and I asked my father why it is. mK 1044

A more direct confrontation with sexual reality was experienced by those who watched copulation by their own parents or other people. As a rule girls sleep with their mother in the same room until they leave the house to get married and boys until they are about 8 to 12 years old. The age of the boy varies depending on the domestic situation: whether, for example, another room is available or not. This sleeping arrangement does not mean that girls up until

adolescence and boys up until the age of about ten are present when their parents have sexual intercourse; the mother always leaves her room and joins the husband in his room. She will only take a very small child along, the others staying behind in her room. Only if there are no grown-up children, and there is no one else to look after them, might she take older children along too. It is in such a situation that a child may see his parents copulating. A similar situation can occur in the farming settlement (akuraa) if there is only one room available for all.

-One night, I was sleeping with my parents when I saw that my father was sleeping on my mother. I did not understand this, and on the following morning, I asked my friend about it.
mk 1020

-I was told by a friend that he saw his father fighting with his mother with his father lying on top of his mother, and his mother being a fool allowing the father to bite her lips. We were talking when another boy joined us, and told us that they were not fighting but they were having fun, playing sex.
ms (Kwahu) 1201

A child may also happen to see people other than his parents having intercourse:

-One day when I was going to school I saw a man and a woman naked together but I don't know what they were doing. fK 1011

-I was staying with my elder sister and her husband. And when I returned from school I didn't knock the door and when I entered I saw them sexing themselves. mk 1071

Or they may overhear a conversation on the topic of sex:

-I heard this story from my mother gossiping with her friend. When I came back from school I heard it so I stood at the door. If I had entered she would have stopped. fK 1041

Some pupils wrote that they gained an awareness of sex by asking questions about themselves, about how they came into being.

-When I was a child I usually asked my parents how I was born. But more often she told me "You were coming". That worries me and it is something that I want to know. fK 1074

-I was very surprised when I started my primary school because I did not know how I managed to come to the earth. Because of that I asked my elder brothers and they told me that, my mother and my father slept together. ms (Akwapim) 1171

A surprisingly large proportion seem to suggest that they only learnt about sex when they were officially told about it. They are probably thinking of sex in strictly biological terms. Most of these gained

their knowledge through what they call a "biology class" in school. It is indeed true that teachers play a very important role in sex education nowadays. In the school sex and reproduction are properly explained and dealt with in a scientific way for the first time. The children may already have had some fragmentary knowledge or vague suspicions, but now they come to know, particularly if it can be checked from a book:

-When I got to form 1 in middle school some training teachers taught me about sex and pregnancy. They asked me to refer to the "Tropical Hygiene" page 108, and it has been written in the book that.... mK 1053

3.3. Infant beliefs

This new and more complete insight into sex and pregnancy replaces infant beliefs that children have been told by older people or that they have made up themselves. The following ideas were held by the pupils in their infancy:

-I was thinking that I came from heaven. mK 1002

-I was thinking that if my mother drinks water then she conceives. mK 1059

-I think that when my mother ate fufu then she brought forth. mK 1064

-Before a woman would have a pregnancy she has to take a certain medicine without having any sex with a man. mK 1071

-I think she eats something that she doesn't like. That's why her stomach is big like that. fK 1078

-I thought that people cut the stomach of my mother to bring out the baby. I was then about seven and thought that babies come by themselves when a woman grows up. I have always known that a child comes from the mother and never believed anything else. fK 1215

-I was fully absorbed by the superstition that human beings were brought to the world from the underground. ms (Asante) 1182

-I thought if somebody says sex it means a boy and a girl eating together (21). I thought also in pregnancy that, if you are a girl, there is a stage when you become pregnant and nobody told me anything about it. fs (Asante) 1163

All except two of the above quoted beliefs make direct reference to the physical state of pregnancy, and even these two do not contradict

it. Heaven and underground may very well refer to the first origin of a human being before entering the female womb (22). Most children are probably very much aware of pregnancy from their earliest childhood onwards, but they are not able to explain the cause of pregnancy.

-When I was in primary school I did not know anything about sex and pregnancy, but when I reached middle school form one I began to think in what ways women become pregnant.
ms (Asante) 1186

The belief of overeating was particularly widespread in one of the Kwahu middle schools. Kaye writes that parents tell this story to their children to silence them. It is believed, according to Kaye, that children who persist in asking questions about sex "may grow up into perverted adults" (Kaye 1962:159-160).

3.4. First communications about sex

It is indeed repeatedly reported in the essays that questions on sex are not answered by parents or other relatives.

-When I was a child I didn't know about sex and pregnancy, so I asked my mother about it. The answer she gave to me was that it was not possible for her to tell me. I tried to force her to tell me about it but she didn't mind me. mK 1065

-One day I went to the extent of asking my mother and father. When I asked them they refused to tell me. So I thought of it as something extra-ordinary. ms (Kwahu) 1159

-I first asked my elder brother but he told me that I was too young to know such a thing. ms (Asante) 1186

It is, however, not true that children only get their information from non-relatives; relatives, and particularly parents, are fairly often quoted as sources of information together with friends and teachers. All people who were the first to inform the pupils about sex, at least according to their own perception, have been categorized in the Tables 3.1 and 3.2.

The tables suggest that pupils most frequently get their first information about sex from friends, and further from relatives and teachers. Girls more than boys tend to rely on relatives (especially the mother) for their first "sex-education" while most boys receive this information from - mainly male - friends. The role of teachers is equal in both sex groups. The pupils in secondary school mostly

Table 3.1: "Person who first told me about sex" by sex of respondent.

| | rela- tive* | friend* (either sex) | teach- er* | elder person | by myself | not stated | total |
|--------|----------------|----------------------------|---------------|-----------------|--------------|---------------|-------|
| male | 11 | 27 | 21 | 3 | 5 | 32 | 99 |
| female | 12 | 5 | 7 | - | - | 19 | 43 |
| total | 23 | 32 | 28 | 3 | 5 | 51 | 142** |

df=2 $\chi^2=8.99$ $p<.05$

Table 3.2: "Person who first told me about sex" by type of school
attended by respondent.

| | rela- tive* | friend* (either sex) | teach- er* | elder person | by myself | not stated | total |
|----------------------------|----------------|----------------------------|---------------|-----------------|--------------|---------------|-------|
| Kwahu middle school | 17 | 12 | 22 | 2 | - | 40 | 93 |
| kwahu second. school | 6 | 20 | 6 | 1 | 5 | 11 | 49 |
| total | 23 | 32 | 28 | 3 | 5 | 51 | 142** |

df=2 $\chi^2=12.71$ $p<.01$

*) Categories used for χ^2 -test

***) Multiple responses included

claim that their first knowledge derives from discussions with friends, while the middle school pupils depend more on relatives and teachers (23). Five male secondary school pupils claim that they themselves found out about sex; no female pupils or middle school pupils claim this. All these trends are represented in the quotations below.

(1) Girls instructed by relatives:

-Then I asked my mother and she told me that when you sleep with a boy and have sex you become pregnancy. fK 1075

-When I was a child my grandmother also told me about pregnancy. fK 1049

-My elder sister told me this. fk 1023

(2) Boys / secondary school pupils instructed by friends:

-I asked my friend about it. They laughed and told me that they were having sex. I noticed this for a long time, from the time I was five years. mK 1020

-I one day asked my friend who was older than myself, and he told me that when he was about fifteen years of age he started practicing sex. mK 1033

-At the age of 7 I heard something about sex from my friends who had gathered under a tree. After this gathering I called one of my friends and asked him what they were saying and he told me how to take a girl as your friend. From this I found out that sexual intercourse is very good. Because of this I decided to talk to girl friends about sex. ms (Asante) 1189

-One day in my primary school, our teacher asked us who knew anything about sex. As I was a small boy I feared to ask my sisters and I went to school the next morning without asking about it. One of my friends I asked about it and he told me. So at the primary school I got to know a little about it. ms (Kwahu) 1161

-As the boys in my town didn't have rooms of their own they went to poke their girls in our classrooms and some of my playmates would be spying on them, so in the evenings they would tell us and that would be our topic for the night.... After some time my friend got some of the girls we played with so the boy always told us how he did it. ms (Asante) 1178

(3) Middle school pupils instructed by teachers:

-I was sleeping with the wife and the husband. In the night I suddenly woke and saw something about them. I went to school the next day and asked my teacher, he told me they were playing. When I reached middle school about the age of 12 I was called by a certain man. I went to the room and saw him having sex with a woman. By that time our teacher had taught us about sex and pregnancy; so when I saw the man and the woman I knew it already. mK 1003

-One day my teacher was teaching us biology when I was in primary 6. The teacher said that if you want to have sex and become pregnant you have to sleep with a boy on a bed. The girl will give herself to the boy for about two hours. fk 1049

(4) Secondary school pupils who claim they found out themselves:

-As time went on I began to have a view of sex and pregnancy. No one told me, but from the things which happened daily I was able to recollect it from my own conscience. I found out myself as time went on by moving with some girls who were probably older than me or almost of the same age as me. ms (Asante) 1191

-No one told me about it, I found out myself when I saw my friend and his girl in bed. ms (Asante) 1158

In the passages about friends it is often mentioned that the friend is older. In Kwahu friendship relations sometimes cut through age distinctions, thus resulting in friendships with a considerable difference in age. Such a friendship has something of a master-servant relationship, the younger serving the older and enjoying special protection and favours in return. The younger one may be sent to do errands or call a girl for the other; in return the older one will gradually introduce him into the world of the adults (24). Sometimes the difference can be very large:

-I found this all when I was walking with a certain man who lives near to my house. I walked with this man every day, and I always saw what he did. Sometimes when he was bossing a girl, I stood beside him and listened to what he said.
ms (Akwapim) 1202

In Accra it is sometimes reported that such a friend may also arrange a meeting for his younger and less experienced friend or may even go to the extent of giving a demonstration of how sex is practised. The situation of a girl learning from an older boy or man is very common, for example in the school situation where most teachers are male. Some pupils make mention of books through which they acquired a better understanding of sex:

-In middle school I have read many books about sex, so by this time I knew that before a girl or a woman would get pregnant she should have passed menstruation and have sex too. fK 1023

But quite a few pupils write that when they first heard about sex, they were too young to understand or simply did not believe it.

-I asked my elder sister what the sex organs were used for so she told me. But I did not understand it. fs (Kwahu) 1174

-I was told by a friend that when a man takes a woman her stomach will become big. At that time I was in class one so I believed it to be untrue. mK 1025

3.5. First practices

Children start experimenting with sex at an early age. One secondary school boy claims that he made his first attempt at the age of four, another boy when he was seven. From eight onwards it becomes

more frequent. The first sexual contact may be aroused by, and find place in, children's games.

-When I was young I often played with little girls of my age and during the time of play I would be asking what the vagina was. ms (Kwahu) 1159

-I first knew about sex when I was about 6 years of age. In my house there were many children at that time and we played 'hide and seek' game. Through this, we the boys got the opportunity to embrace the girls. We held our bodies towards them from their backs, especially around the buttocks. One day the oldest boy had some contact with one of the girls. ms (Asante) 1180

Kaye reports that children are punished quite severely when they are caught in such an act, particularly the girls who may get pepper or ginger put in their genitals (Kaye 1962:125) but the pupils hardly mention punishment in their essays. Only four boys write about being spanked and no girl mentions punishment at all. The essays picture sex as something extremely interesting and enjoyable. Though many are aware that it belongs to the world of the adults (those who work and are married) one cannot say that it is laden with taboos and fear of punishment and most children talk about it without inhibition. The mere fact that the topic of personal sexual experiences could be tackled through essays in school proves that sex is not such a forbidden topic. Some write that, as soon as they heard about sex they wanted to "try it" as if it was curiosity rather than sexual feelings which drove them.

-When I was in primary school I learned from one of the teachers called Mr Anthony Mensa that if you want to have sex or get pregnant you have to sleep with your husband. So one day when I was about nine years of age I made up my mind to get a pregnancy but I was too small and nothing came. fK 1045

-When I was in the middle school, my friend told me how sweet it is, so I made up my mind to try it. So one day I called somebody and bossed her, as we call it. mK 1209

In an interview one girl said:

-In middle school form 2 a teacher explained everything about sexual intercourse to us.... He said everything plainly. For me it was the first time, but I think that many others in the class knew it already. After that we had many discussions together with friends, and we said we should try ourselves if it was true what he had said or not. fK 1215

Some lose interest after the first experience:

-I had my first sex experience at the age of 11, but I did not feel anything, the only thing I knew I was doing was that I had inserted my penis in the girls vagina, but nothing happened. It was only last term, that I experienced sex at a man's age, that is sixteen. ms (Kwahu) 1197

But many continue having sex every now and then. Some write about it proudly, giving details about how they arranged the rendez-vous, decorated the room and how they felt during the meeting; others tell the simple facts in plain, almost technical, terms without much feeling or emotion (25).

Some of the pupils are probably boasting about their achievements, and it is not unlikely that they estimate their age at first sexual intercourse lower than is actually true, for example this Akwapim boy:

-I was anxious to hear from the elders that vagina was a sweet feeling when you practise it. I decided to have one with a girl in our house at the age of 4. I found out that it was actually sweet.

Later on in his essay, however, he slightly corrects his first statement:

-As I have stated above I was only 4 years when I had my first one. I felt nothing because by then I had no sperms in my penis. I was very happy to feel the sweet feelings when I grew a while. ms (Akwapim) 1168

Whether or not some of them exaggerate the number of times they had sexual intercourse in their early youth, is difficult to say. The following quotations may contain some exaggerations but are certainly not conscious distortions of facts. The atmosphere in the classrooms during the writing of the essays was always very conducive to sincerity. On no occasion did we notice any sign of anyone taking the topic as a joke and making up a story. Furthermore, personal observations and discussions with young people at Ayere have taught us that the statements below may well be true. The pupils sometimes even prove their expertise in sexual affairs by adding to their account the names of contraceptives and abortifacients (26).

-When (at the age of seven) I saw this I became interested in it so in the night I also went and took a girl and we also sexed ourselves. When I finished I saw that it was very good for me, so from that time, any time that I feel of sexing a girl I try to find one and we sex each other. mK 1071

-I am a copper coloured boy. I have had sex with a girl whose age is about fourteen. I have take(n) six girls when I was in the primary school. At that time I was about nine or eight years of age. mK 1069

It is not only male pupils who speak highly of their sexual prowess. The next story of sex was written by a 15 year old Kwahu girl.

-When I was in primary school, I had no interest in sex. I even felt(annoyed?) to see a girl walking or standing with a boy. For myself, I used to insult a boy who might call me. By walking with some friends who are popular and have interest in this, I started to practise it with the most lovely boy I ever saw. Before we had a sex he used to give me some pills like OVRAL to avoid pregnancy. I went on moving from one boy to another, and even travelling to towns where one may be to amuse myself. Knowing the main point how interesting sex is I think I will never stop it until death. fK 1213

The average age of all Kwahu middle school pupils who wrote an essay is 15.1 years; for the secondary school pupils the age is 16.0 years. The average age of the male pupils is 15.6, of female pupils 15.0 years. Table 3.3 shows how many of these pupils reported having had sex. This "having had sex" may vary from full sexual intercourse to doubtful descriptions like "I could not feel anything". The only criterion is that the pupil him- or herself considers the event as "having had sex". Twenty-one pupils, all middle school pupils, gave no clear answer to the question: Did you ever have sex yourself? Some seem to say yes in very vague terms, others have such a poor command of the English language that they do not express themselves clearly and again others seem not to understand what the whole essay is about. There is, however, no reason to believe that these 21 pupils belong overwhelmingly to one category with respect to sexual experience.

No less than 67% of the pupils claim that "they have had sex" with somebody from the opposite sex. The differences between male and female pupils are significant at the .1% level. Almost twice as many boys as girls claim to have experienced sex and more than twice as many girls as boys deny this experience.

The ages at first "sexual intercourse" differ considerably, viz. from 4 to 17 years. Of those who experienced sex and state their age at the time the average age at first intercourse is 12.4 years. The average age of the girls lies 2 years higher than that of the boys

(average of males: 12.1 years, of females: 14.2 years).

Table 3.3: Sexual experience by sex of pupil (percentages in brackets)

| | with sexual experience | without sexual experience | total | not clear* | final total |
|--------|------------------------------|---------------------------------|-----------|---------------|----------------|
| male | 60 (78) | 17 (22) | 77 (100) | 15 | 92 |
| female | 15 (43) | 20 (57) | 35 (100) | 8 | 43 |
| total | 75 (67) | 37 (33) | 112 (100) | 23 | 135 |

df=1 $\chi^2=13.38$ $p<.001$

*) excluded from χ^2 -test

Pupils in the secondary schools claim to have been 1.4 years younger than middle school pupils when they had sexual intercourse for the first time. Comparing the data with those of the Accra middle schools, we find, contrary to expectation, that the latter report their first sexual intercourse more than one year later than the Kwahu middle school pupils, and 2.5 years later than the secondary school pupils (see Table 3.4).

Table 3.4: Mean age at first sexual intercourse by type of school attended.

| | |
|------------------------|------------|
| Kwahu secondary school | 11.7 years |
| Kwahu middle school | 13.1 years |
| Accra middle school | 14.2 years |

A euphemism for "sex" sometimes used by pupils is "romance". It expresses the way many experience their first intimate contacts with the other sex. It is not only the strictly physical aspect of the meeting that excites the pupils, it is the whole environment of entering the room, talking together, dimming the light, decorating the room, kissing and going to bed.

-In the middle school I have learnt that if you go to your boy's room you first greet him and when you finish the boy will put off the light and after that the girl will remove her pants and they start at the work. fK 1049

-When you enter the room you decorate the room and you shut the door and window. After nine months you give birth. fK 1040

-If somebody wants to take a friend the person goes to call the girl and tells her all about his friendship. when the girl agrees he will first take her to his room for a private talk. When the girl enters the room he will first give her some water to drink and tell her to sleep on his bed. When he goes to bed the man will dim the light in his room and start to take the girl. mK 1025

It is indeed relatively rare that "romance is played" in a very uncomfortable or obscure place as perhaps might be expected with secret love. To have sexual congress in the bush (ahahantwe) has always been a serious offense in Akan society (cf. Rattray 1929:319 and Bowdich 1819:259) and this traditional taboo may still be alive to some extent. Only in a few cases did pupils make mention of a meeting-place outdoors, for example a bathroom, a school building, a place at the river side and a garden (27).

-One night I was going to urinate in the bathroom when I saw the oldest boy on top of his girl friend moving his hips up and down. ms (Asante) 1180

-My first attempt was done in the school, behind the school building, when all my friends had gone home. ms (Asante) 1182

-I sometimes went to play with them on the riverside and I was poking some of them in the water. ms (Asante) 1178

The pupils have a considerable amount of freedom of movement and there is little that can prevent them from meeting their sweethearts in their rooms. A boy of 12 years may have his own room and will find ways of letting his girl friend in, unseen by others. When the parents live separately (about 40% of all marriages), the mother, particularly when she is the only wife, will frequently go to sleep at her husband's house, and leave the children alone or in the company of some related adult who is less attentive. The house next door to the one where we lived contained a room where three young boys were living. The entrance to the room was separate from the entrance to the other rooms and nobody could see anybody entering except some people in the neighbouring house. The room was used by the boys for meeting their girl friends. If one was inside with his friend the two others stayed outside. Similar situations exist in many other houses, so most boys have no difficulty in receiving their

lovers in their rooms.

-She and I went to my room and started playing romance by kissing the breast, the lips, etc. ms (Kwahu) 1159

-I took this girl to my room and we sexed ourselves. ms (Kwahu) 1161

But in Accra, where many houses are crowded, the situation is not so easy, and they must sometimes think of ingenious tricks.

-When I was at the age of fourteen I was able to convince the girls around our house and in our house. Whenever I said I was going to the toilet, I called them and after we had finished we came back to the house. mA (Ga) 1103

It is not unlikely that want of accommodation accounts for the later start of sexual experiments among the Accra pupils.

3.6. Masturbation and homosexuality

In the essays no reference whatsoever is made to masturbation and, although no question in the outline pointed directly in that direction, it is still worth mentioning. Did pupils not mention it because it is not practised, or because it is so utterly condemned and ridiculed that no one dared to reveal it? Rattray reported as early as 1929 that the Asante have a word for masturbation, viz. ɔwɔ ne kɛte afekɔ (he makes a pestle of his penis) (Rattray 1929:13) and according to Kaye (1962:124) informants in several Akan towns reported that masturbation is almost generally practised. An Akan woman says, "Masturbation is approved of at this time (i.e. puberty) to help the girl towards sexual maturity" (McHardy 1968:55). From our own material we cannot add anything to the discussion of this aspect of early sexual experiences (28).

The same applies to homosexuality; no essay mentions it and no word in the outline gives a hint in that direction. However, in the course of our research we were always attentive to its possible occurrence and frequently asked people about it, also people in boarding schools. The few cases we came across were all between a white person and a Ghanaian. Kaye believes that "Early in the period of adolescence intense homosexual friendships are made by boys" but "that confessions of homosexual activity are not easy to obtain" (Kaye 1962:208). It is our impression, however, that true

homosexuality among boys is extremely rare, so rare that they hardly have any idea of it. Boys may walk hand in hand, embrace one another and even dance together in imitation of a couple without any inhibition. If there existed a secret and strongly criticized practice of homosexuality as Kaye believes, this would not be possible and boys would be too embarrassed to behave in such a way. The situation is different for female homosexuality, which is reported to occur between senior and junior secondary school girls in boarding schools. It was explained that homosexual activities are practised by girls who want to release sexual tensions but are afraid to become pregnant when they go with men (29).

3.7. Circumcision and puberty rites

Traditionally neither the Kwahu, nor any other Akan group, practised circumcision. They were against any mutilation of the human body. Tattoos are repulsive to them and the most common situation in which they do practise tattooing confirms this general rule: when a woman after repeated miscarriages or stillbirths gives birth to a live child, the child will receive twelve marks on his face and be given an abusive name, for example Donkor (slave) in order to make him unattractive to the ancestors who until then had taken him back every time he entered this world. This concern about the integrity of the human body is still reflected in the rule that no one who has a scar can be elected a chief. And someone who has been elected a chief will be destooled as soon as it is found out that he has been circumcised or carries any other mark of bodily imperfection.

In spite of this traditional rule, however, circumcision has become very popular nowadays. Girls are believed to dislike uncircumcised boys and boys are shy or ashamed when they have not been circumcised. At public swimming places they are ridiculed and called "kɔtebɔtɔ" (uncircumcised penis). The social pressure is so great that young boys voluntarily go to the circumcisor although this person is considered one of the most fearsome people of the town and his name (wansam) is frequently used by elders to threaten children (30). The lineage head in whose house we were living belongs to the

royals and is not circumcised, nor does he want his children and wɔfasenom (sisters' sons) to be circumcised but when he was away for some days the two boys in his house went to the Moslem circumcisor in the zongo and were circumcised. Their mother and elder sister had given them the money. Nowadays more and more children are circumcised shortly after birth.

Female circumcision has never been practised among the Kwahu or Akan in general, but until recently puberty rites for girls played an important role in Akan social life (Rattray 1927:69-75; Sarpong 1965). This custom, as far as we could gather, does no longer exist in Kwahu, at least not as a public feast. Girls and young women in the lineage denied that they had ever taken part in such a ceremony at the time of their first menstruation, and only once was reference made to a special meal that reportedly had taken place on that occasion. Puberty rites are not mentioned in the essays, although the preoccupation with menstruation seems rather great. The old ritual has however returned to some extent in the protestant confirmation feast. On that day boys and girls go around in the town dressed in new clothes visiting friends and relatives and they receive small gifts or money. It is reported that female puberty rites are still practised in some Akan areas but we have no conclusive evidence about this (31). In Southern Ghana, however, it is still considerably popular among the Krobo, the Ga and the Adangme.

3.8. The role of teachers

It has been stated before that teachers play a prominent role in sex education in Kwahu. They are mentioned as often as relatives as the person "who first told me about sex". Table 3.1 above showed that boys and girls equally frequently name the teacher as the first informer about sex. It is therefore worth while examining the role of teacher and school a little further.

After the arrival of western education in Ghana teachers became the first "new elite". They were highly respected, particularly in the rural communities where they belonged to the very few who could read and write. Parents handed a great deal of their authority over

to them, especially with regard to punishment, and as a result teachers were greatly feared by the children (32). Furthermore, teachers enjoyed many privileges in the community. Children brought foodstuffs for them to school, worked on their farms, collected firewood for them and carried water to their houses.

Although much of the above has remained, the position of the teacher has changed to a great extent. Literacy is no longer a rare commodity in the villages and rural towns. The teacher who makes teaching his life career is disappearing and being succeeded by young people who often have no intention of remaining a teacher for the whole of their life. Some are so-called pupil teachers, school leavers without training who are permitted to teach for a few years, when their own lessons are still fresh in their memory. After a few years they have to leave the teaching field. Others are trained teachers who more often than not study in the evenings (and during school time) for more diplomas, which will help them one day to enter the university or get a job that is better paid.

It is these teachers who are most involved in sex education. Many of them are not married themselves and are likely to have a lover in the town or village where they are teaching. As they are not usually natives of the place, they feel less checked in their ways by social control. It is no wonder that parents nowadays may view teachers with less respect and more suspicion than formerly. Rumours that male teachers have sexual affairs with school girls and female teachers with school boys are common and frequently confirmed.

-Our teachers..... even go to the extent of chasing some of the school children just for sex sake. ms (Akwapim) 1176

Age differences between teachers and pupils are sometimes minimal, and it may be expected that teachers who themselves have liaisons, which may be known to the pupils, will not present the pupils with a Victorian picture of sexuality emphasizing the bonds of marriage. And even if they do so, the pupils will sense that they are only speaking "as a teacher" or perhaps "as a Christian" and not giving their personal opinion. Most pupils, therefore, gather from their sex education in school that sex is interesting and exciting and that they must try it as soon as possible.

-We asked our teacher to tell us how to contact a girl so he told us. If you want to take a girl you must boss her and when the girl agrees you and the girl must go to your room and you all must take off your dress and then he takes the penis to contact the girl and about nine months later the girl will give birth to a baby. mK 1063

-With this knowledge at the age of 12 I started experiencing hairs under my private part and that showed me that I was grown to put into practice the teaching of the teachers. When my girl came to my room she took off her clothes. My penis ejaculated and I kissed her. ms (Brong) 1151

It is difficult to deduce from the essays how extensive the involvement of teachers is in the actual sexual experiences of pupils. Only one pupil mentions a sexual relationship with a teacher. This is not surprising. Although no teacher was present during the writing of the essays and we had no connections with the teachers, they must have considered it too risky to reveal this point in an essay, while sitting in a classroom. They circumvented this dangerous topic by simply not revealing the identity of their sexual partner.

Relying on observations, discussions and interviews at Ayere, however, we can confidently say that teachers play an active role in the early sexual experiences of school girls. A taped interview with a young girl resulted in some important hints in this direction:

-So I also tried it, when I was in form 2. I tried it with a teacher,..... I cannot reveal his name..... I started to enjoy it, so I continued till after about 7 months. It is not so that the teacher forced me to sleep with him. I myself went to him. I left him because he took another girl friend. He did something which I did not like at all..... (after much persuasion)... He took my best friend. fK (Kwahu) 1215

Interviews with lineage members provided us with more detailed information, as we were able to ask them follow-up questions and because we were fairly well acquainted with their social network. It is here that the sexual activities of the teachers come more into the open. The following quotations from the interviews may illustrate this.

-When I reached form 3 I took my first girl friend. She was called Buadiwa..... She was in the same form as I. The friendship lasted one and a half years. The reason of separation was that the master liked the same girl and used to worry me because of that. He would punish me, beat me, etc. So, that's why I stopped with her. Atuobi (A.VI,16)

-When I was about 14, a teacher of Ayere made me pregnant. It was my first intercourse after my first menstruation and that made me pregnant..... The teacher never married me, I cannot say why. Nkwanta (A.VI,16)

-I was in middle school form 2 when I became pregnant by a teacher. The man brought Nhunuanim, but did not perform the rest of the customs after the birth of the child, so my wafa did not allow me to marry him. Yaa Beauty (A.VI,12)

The two following quotations are from young male lineage members who are teachers themselves:

-Another girl friend was Erica from Ayere. I was teaching her in form 2. I was then about 19 and she 14 or 15. I was not afraid of contacting her, because I was working, and if anything would happen I could take care of it. At that time I was still married to Gladys..... I did not want to make her pregnant since she was still a school girl, so I used contraceptives, but I think the pills failed to work and she became pregnant. Ntiri (B.VI,28)

-Another girl with whom I got involved is Fata. She.... was attending form 4 of the middle school. I was at that time teaching in form 3 of the same school. We started and she became pregnant in February 1969. Amoa (B.VI,36)

Four of the six liaisons that have been cited above resulted in a pregnancy. Relationships that do not bring about a pregnancy tend to remain hidden, especially when the relationship is only casual as may be expected from a teacher-pupil relationship. Furthermore, it is likely that teachers are better informed about contraceptives and that extramarital pregnancies will occur less often to them than to other people (33). Taking all these considerations together, we feel able to say that the part played by teachers in the early sexual experiences of school girls is probably considerably more important than might be judged from the outside.

Apart from the private activities of teachers, the school is associated with premarital sex in several other ways. It fills the gap between first menstruation and marriage, a gap which did not exist in the past and which came into existence exactly because of the school. It is therefore no wonder that premarital sexual relations, which tend to coincide with the school years, are often connected with the school.

In the past sexual relations have always commenced after the first menstruation and marriage always followed soon after. Now marriage is

being postponed, but sexual relations are not. The school has not become an institution to check this old tradition, it has rather contributed to early sexual contacts. It has created a social group which could almost be likened to an age-set, outside parental and lineage control. It enables boys and girls to meet freely and build up close relationships. The school covers a lot of activities which pupils may utilize for their sexual contacts, such as sport events in nearby towns, evening studies in the school building and cramming in somebody's room at night. These types of activity are repeatedly mentioned when young people relate their amorous adventures.

ATTITUDE TO SEX

"There is nothing in the earth which is as sweet as that." Kwahu boy, 15 years

This chapter deals predominantly with the attitudes of school pupils towards sex. No systematic enquiries have been made concerning the attitudes of adults, but a few general impressions are presented in the first section. The rest of the chapter is devoted to the pupils.

4.1. In general

Sexual potency is a major concern of every Kwahu man and he is aware of several methods which claim to increase or maintain his potency. Concoctions for this purpose are sold at the market, in stores and along the road side. They are popularly called kote dendeenden (strong penis) and they are made of roots and herbs. Men find roots in the bush and chew on them to augment their potency. Other ingredients which are believed to strengthen the penis are salt, milk, coffee and spirits, provided they are taken with moderation. For that purpose, old people drink two shillings' worth of akpeteshie (locally made gin), mixed with herbs and bitters before retiring to bed every night. Some men reportedly smear shea butter around their penis in order to make it big, because a big penis is believed to give more satisfaction to the female partner. Tigernuts, milk and fresh coconuts are believed to increase a man's sperms and a girl may invite a man to have sex with her by giving him tigernuts. Sweet things, on the other hand, like fanta and sugar, and narcotics, like Indian hemp, are thought to weaken one's potency. The same applies to excessive drinking of alcohol.

Men prefer women with a narrow and dry vagina. A vagina which is wide and watery is associated with uncleanliness and is disliked. Girls keep their sexual organs meticulously clean and some use

certain herbs mixed with ginger to make them tight and dry.

The preoccupation of men with potency is further illustrated by the manner in which impotency is ridiculed. The quotation below is from an old man who described how they treated an impotent fellow man in the past (cf. Rattray 1927:67). This custom is no longer practised.

-They would put a big pan full of water and leaves on your head and march with you out of your house into the town. At the gate of your house they would tell a small child to slap you twice on the face and that child would ask you whether you have ever produced a child and insult you. After this they would let you march through the streets and make a mockery of you while singing "Kate krawaee" (wax penis).

The attitude towards sex is rather straight forward; to use a phrase of Lystad (1968:56) it is considered "neither sacred nor sinful". Sex is a fundamental aspect of life and every normal human being should practise it. Persons who claim to live in celibacy are either disbelieved or else regarded as abnormal. Someone who does not engage in sex must be impotent or a witch.

The view that sex is a normal activity does not, however, result in complete openness about sexual affairs, nor does it mean that there are no rules to regulate sexual behaviour. In fact, the official rules are rather strict. Girls should not indulge in sex before they are married and certainly not before their first menstruation. Old people fondly relate that in the olden days a girl was killed if she had sexual intercourse before her first menses. Rattray's version of this old tradition (1929:298) has found a place in a number of cross-cultural studies which subsequently categorize the Asante as a society where "premarital coitus is forbidden" (e.g. Ford 1945:21; Textor 1967:154). In actual fact, however, none of the old informants could remember a single instance in which such a harsh sanction had been applied and it must be stated that, at least today, there is a considerable amount of permissiveness towards premarital sex. The attitude towards chastity reflects the actual situation: no man expects to find a virgin wife but if he did find one, he would be very pleased.

Men are allowed more leeway with regard to sexual diversions than

women. Sexual trespassing, which has been termed "adultery" by various authors, derives its culpable character only from the married status of the woman. The Twi term for this offence, di obi yere (eating/taking someone's wife) is therefore more precise. The marital status of the male partner does not play a role, so a married man is only inhibited from having sex with another woman when she is married. Under normal circumstances, di obi yere is not regarded as a sin and it has no dangerous metaphysical consequences. The most common sanctions are a reconciliation fee (mpata) and ridicule. Rattray treats "adultery" under "theft" (1929:317-323).

Discussions about sex are common at gatherings of males, for example, in palmwine bars. When a woman serves the drinks she will hold herself aloof, and her presence hardly deters the men from the topic of their conversation. In normal public life, however, it is regarded highly improper to pronounce certain words which refer to sexual intercourse, and people react almost prudishly when this rule is broken. With respect to small children, adults jokingly allude to sex, but not in direct terms.

Sexual behaviour is to a large extent regulated by what the Kwahu term fere or fere adeɛ, the meaning of which varies from "feeling shy" to "respecting" and "being afraid of" (34). The most risky aspect of a sexual relationship is to lose one's face and become embarrassed. Fear of ridicule and shyness are crucial factors in sexual behaviour (cf. van der Geest n.d.).

Fere also relates to nakedness. Parents will not undress in front of their children, particularly when they are approaching puberty. They fear that the children will see their sexual organ and gossip about it or make fun of it in the presence of others (cf. Kaye 1962: 129). Boys past the age of puberty take care to cover their genitals, even at swimming places. When they are not circumcised this feeling of shyness is still stronger and they will start covering their sexual organs much earlier. Most girls start feeling shy about their private parts around the age of ten. Adolescent girls rarely expose their breasts and are reprimanded by the old when they do so, but once they have had a child they freely expose their breasts. Whatever age a woman is, it is always considered very indecent to show the

thighs. Little children may play around naked in the house up to the age of six, but there is a slight awareness that "civilized" people do not let their children walk around that way.

A few male informants who were asked about the bodily attributes of women which attracted them, mentioned: big fleshy bottoms, clean teeth with a little gap in the middle of the front upper teeth, firm breasts and protruding calves (cf. McHardy 1968:59). The attributes at which they look first when meeting a woman are, in order of importance: face, bottoms and thighs, legs, and breasts. Much emphasis is placed on cleanliness.

4.2. The pupils

In the essays a number of pupils describe how they experienced sex or what they think about it. It would be expected that those who have experienced sex would have a more positive attitude towards it than those who have not (see Table 4.1).

Table 4.1: Sexual experience and attitude towards sex.

| | negative attitude | positive attitude | total |
|----------------------|----------------------|----------------------|-------|
| sexual experience | 4 | 27 | 31 |
| no sexual experience | 7 | 2 | 9 |
| total | 11 | 29 | 40* |

*) 95 pupils made no clear remark about sexual experience or attitude.

The majority of those who had experienced sex and expressed themselves in a positive sense were male, as we shall see later on. They mention the feelings they had during sexual intercourse without showing much concern about a possible pregnancy or other complications.

-I saw that it was sweet. fK 1009

-I became intoxicated without taking in a drink and from that day onwards I always sex with a girl. mK 1037

-There is nothing in the earth which is as sweet as that.
mK 1019

-As sweet as a toffee. ms (Asante) 1153

-I think I will never stop it until death. fK 1213

-I experienced something run through my whole body with
romantic sensation. ms (Asante) 1180

A few make mention of the pain they felt initially.

-I was first afraid and it was very painful, so I did not like
it. We met regularly, it was not only once. It was only during
the third time that I started to enjoy it. fK (Kwahu) 1215

All of them are probably aware that the elders do not approve of them
enjoying sex, but for only a few is this a reason to stop.

-I felt very comfortable when playing Roman(ce) and all types
of immoral things. ms (Fante) 1177

-I learnt both from my teachers and parents that sex is a very
dangerous thing which is forbidden to children. All the same,
I realized that although we the children have been warned
about these malpractices, yet our parents do it. Our teachers
also are no exception. They even go to the extent of chasing
some of the school children just for sex sake.... This is a
cheat on our part and so I started learning from them....
When I entered the middle school, I was like a cock. I was
eager to have sex with any girl at all I happened to be free
with. The same thing continues today. I usually waste my
precious time writing love letters to girls.... If sex weren't
good, God would not have created different sexes.
ms (Akwapim) 1176

Three pupils remark that abstinence from sex can make one sick or mad
or that sex is healthy but at least one states his disbelief of this
notion.

-When you always do that you grow very well so everybody who is
16 years of age should do that. mK 1054

-If you did not have sex at the age of 17 you become mad.
fs (Kwahu) 1173

Only three pupils who have experienced sex make a negative remark
about it. They present various reasons for their attitudes. A girl
simply mentions pain:

-I had pains getting to my internal organs. fs (Kwahu) 1174

An Asante boy writes that he was punished by his parents and came to
the understanding that sex is not good, though he does not explain
why he thinks so.

-But sometimes when my parents saw that I was moving with the
girl too much, they called me and advised me on that and if

I refused they beat me. From those days onwards I saw what I was doing was not good, that was why they beat me.... I stopped moving with the girl.... Now I have no interest in sex. ms (Asante) 1179

The results of early sexual activities are sometimes quite serious. Young girls become pregnant and have to stop their education unless they have an abortion. As a matter of fact 17 pupils spontaneously reported that they had caused abortion. Later on we shall deal with abortion in more detail, here we only want to examine whether these prospects have any influence on the attitudes of pupils to previous sexual experience. The essays seem to decline this; only two pupils mention abortion in connection with their negative attitude to sex.

-I remember my sister who was pregnant and because she didn't want to bring forth she tried to cause abortion and unfortunately she died. When I did the sex I felt happy but later I resented. ms (Asante) 1185

-I am afraid I will become pregnant and by causing abortion to get rid of it I may die. fs (Asante) 1150

Surprisingly, of all the 17 pupils who caused abortion or participated none expressed himself in negative terms about sex, 3 made a positive remark and 14 did not express their feelings. The pupils who have been involved in an abortion case give no evidence of having become more critical of sex after the incident. The two quotations below illustrate this.

-When I was in the middle school, I had sex myself and I saw that it was sweet, so I continued to have it till I saw that I was in the family way (pregnant), so I wanted to cause abortion. I started to drink medicine and you know what happened! At 12 o'clock in the afternoon I saw so much blood coming that I did not know what to do. My mother took me to the hospital, where I came to myself. fK 1009

-When I was in middle school I also took sex, by that time I was 14. When I started intercourse, my waist became soft and the type of liquid called juice came from the penis. About a month later the girl conceived. I had already heard that if a girl conceives she can cause abortion. So I gave her Nkran Djedua (Jathropa Curcas) to take it. After three days she came and told me that it had come out. So she is alright. When I took the sex the girl was shaking her eyehairs. mK. 1065

A secondary school boy concludes after an abortion attempt during which his girl friend lost consciousness:

-They must use contraceptives to prevent pregnancy. ms (Asante) 1175

Among those who have no sexual experience and reject sex the most common argument is that they are too young to become pregnant, that they want to finish school, that sex should be reserved for married people or simply that they do not like it.

-Maybe you will become pregnant and you will not get a good education. fs (Asante) 1167

-It is not good for a boy like my type to chase girls.... it is not good for a 15 year old boy to put a girl under pregnancy. mK 1053

-I found out that sex may be something to bring a good feeling but must be done when one is married and may be shared with his wife. ms (Fante) 1193

-I have not done sex myself but I would not like it at all. fK 1041

The idea that premarital sex is sinful is not common among the pupils. Qualifications like "not good" and "bad" are sometimes used by the pupils but they do not necessarily point to a religious attitude. The term "sin" is used by only one pupil, an Asante girl in secondary school but she does not mention any supernatural power who would be judging or punishing young people indulging in sex.

-If you are not married you should not have sex with somebody because it is a sin. fs (Asante) 1167

Two boys refer to their religion when they reject sexual intercourse.

-I have interest in sex but because of some religious beliefs I am forced to withdraw from that attitude. ms (Asante) 1191

-I considered it as a bad thing - that is my idea and the reason is the Christian religion. ms (Kwahu) 1194

The fact that the sinfulness of premarital sex is scarcely mentioned is more remarkable if we take into consideration that the essays were written in a school situation where terms like "sin" and "God's will" are commonly used. On the other hand, it has to be noted that there is no special term for "sin" in Twi. The word bɔne is used for bad, evil and sin equally. This may have influenced the pupils' use of the English term "bad".

One Fante boy, possibly a future psychologist, is thinking of the destructive elements of sex.

-I know sex can hurt. Sex through so many causes can make love between two partners cease to exist. ms (Fante) 1193

Some essays are hard to classify in terms of positive or negative

attitude. They make contradictory statements but nevertheless express some interesting aspects of the pupils' emotional involvement in sex. Two ideas that are worth mentioning here are "sense of shame" and "gifts". Though they are almost classical themes in anthropology, they are mentioned only twice in the essays. Concerning shame two pupils write:

-Having finished the sex I began to feel shy of her. mK 1020

-I played the game for about 40 minutes and the next day I was not able to look at the girl's face. ms (Kwahu) 1154

The Twi word for "to feel shy" is fare or fare adeɛ. Judging from its frequent use in conversation, fare plays a prominent role in Kwahu social life, but little or no attention has yet been paid to it by social scientists. The meaning of fare has been briefly discussed in the previous section.

The two pupils who mention the giving of presents write:

-If I take a boyfriend I get many clothes, dresses and a pair of shoes. fK 1022

-When I went in the night he kissed me and took me as his girl friend and he bought me many clothes. fK 1021

There can be no doubt that gifts play an important role in establishing and breaking off sexual relations in Kwahu and that their role borders on payment for sexual services. Prostitution is known at Ayere. We estimate that more than 20 women from Ayere earn their living as part-time or full-time prostitutes in Accra. Prostitution is also, to a lesser degree, practised at Ayere, particularly at the end of the month when the labourers of the statefarms get their pay. One Ayere boy describes such a transaction in his essay.

-I saw a man and a woman coming near me. I became so quiet that they did not see me. I heard the voice of the man saying to the woman, my wife is not present today, so I wanted you to sleep with me, but the woman did not agree to him. The man had complete love in her so he told her that if she slept with him he would give her twenty cedis so she agreed to him. No sooner had the man given the money to her than she followed him home. mK 1208

There is no evidence of such practices among school pupils in the essays. This probably means that sex at this stage is merely practised for reasons stated above: interest, pleasure, curiosity, and self-affirmation and that commercialization enters at a later

stage. How confident one can be about this conclusion depends on how much importance one attaches to the fact that the pupils do not mention it. In an open interview, not only what the informant says is important, but also what he fails to say. If a girl has no special reason for concealing the fact that she has received gifts then her failure to mention it may be due to the fact that, either it is irrelevant to her, or that no gifts have been given. The giving of gifts and also the payment of money, however, would be very relevant to the female pupils, and there would be no reason to conceal it; on the contrary, they would be proud to mention it (cf. Evans-Pritchard 1974:113; Reyburn 1967:94). A young female member of the lineage, for example, reports with considerable pride and some exaggeration:

-The boy has been giving presents to me. Whenever I need money I can collect it from him.... Sometimes he sends me articles through some people who come from Accra. He has sent me some items such as clothes, dresses and sandals. Grace (A.VI,17)

So far in this chapter most attention has been paid to sexual experience as predicting attitude to sexuality. Another possible approach would be to take the sex of the pupil as the determinant variable. It may be hypothesized that female pupils would have a less positive attitude towards early sexual contacts than male pupils, because the risks of such contacts are greater for them than for male pupils. In the case of pregnancy, it is the girl who has to leave the school, who will be burdened with a child and who has her future career blocked. The risks for the boy are mainly financial. If the parents of the girl want to sue him, he will have to pay a substantial fine which has been imposed for impregnating a school girl. The boy himself, however, will never be able to pay this amount so his parents or maternal relatives will have to shoulder the burden. In the case of induced abortion it is again the girl who runs the greatest risks. Furthermore, the girls are under stricter supervision, slight though that may be, than the boys. They usually have no room of their own and are supposed to visit the boy in his room. All these factors combine to suggest that female pupils will be less interested in having sexual intercourse, will have their first sexual experience at a later age, and that fewer female than male pupils will ever have had sex. The last two suppositions have been supported

in the previous chapter (section 3.5). Sex of pupil and attitude to sexual intercourse are tabulated in Table 4.2. The table shows that male pupils are more positively inclined towards sexual intercourse than female pupils, but the expected values are too low for applying the χ^2 -test.

Table 4.2: Attitude to sexual intercourse by sex of pupil

| | positive attitude | negative attitude | total |
|--------|----------------------|----------------------|-------|
| male | 26 | 7 | 33 |
| female | 4 | 4 | 8 |
| total | 30 | 11 | 41* |

*) 94 pupils excluded because they did not express themselves clearly about attitude to sex or gave an ambivalent response.

An attempt has been made to present the distribution of all attitudinal responses in a quantitative form in Table 4.3. All remarks that have some bearing on how the pupil feels about sex have been entered in the list, including those that are contradicted by others in the same essay. In those cases multiple responses have been entered.

The tabulation of all attitudinal statements shows beyond doubt that the prevailing opinion about sex is that it is "sweet". Considerations of education, unwanted pregnancy, abortion, sin and other objections play a secondary role. Positive attitudes are most frequent among males and those with sexual experience, whereas negative attitudes are more common among females and those who have never experienced sex. It is further noteworthy that pupils who have been involved in pregnancy and subsequent induced abortion give no evidence of being more critical of sex or of having assumed a negative attitude towards it.

Table 4.3: Distribution of all attitudinal statements about sexual intercourse by sex of pupil

| | male | female | total |
|--|-----------|-----------|--------------|
| <u>positive:</u> | | | |
| sweet, good feeling | 26 | 5 | 31 |
| healthy | 1 | 1 | 2 |
| other* | 1 | 2 | 3 |
| <u>qualified:</u> | | | |
| shyness | 2 | - | 2 |
| good provided contraceptives used | 1 | - | 1 |
| <u>negative:</u> | | | |
| risk of pregnancy, too young, education... | 4 | 4 | 8 |
| sin or religion mentioned | 2 | 1 | 3 |
| pain mentioned | 2 | 1 | 3 |
| afraid | 2 | 1 | 3 |
| not interested, don't like it | - | 1 | 1 |
| only for married people | 3 | - | 3 |
| abortion mentioned | 1 | 1 | 2 |
| bad, not specified | 1 | - | 1 |
| other** | 2 | - | 2 |
| <u>total</u> | <u>48</u> | <u>17</u> | <u>65***</u> |

- *) Includes: is natural, receiving of gifts
- **) Includes: can hurt, unpleasant
- ***) Multiple attitudes included

BECOMING PREGNANT

"Two months later the girl told me that she had conceived so I was very sorry about it." Kwahu boy, 17 years

The sexual experience cannot be separated from the reality of pregnancy. The most frequent reason for pupils criticizing the practice of sex at a young age, as we have seen, is the risk of becoming pregnant. In this chapter we shall look at the prevailing theories of conception and pregnancy, the situation in which the first pregnancy tends to occur and attitudes that pupils hold towards the state of pregnancy, both premarital and within marriage.

5.1. Theories of conception and pregnancy

Ethnographic sources make mention of only two societies in the world which reportedly did not know the connection between sexual intercourse and conception, namely the Trobrianders and the Arunta (Ford 1964:34). All other societies made a link in one way or another between sex and pregnancy, although in many cases the details of their theories were far from correct. The same situation in miniature exists among the pupils who wrote essays on sex and pregnancy. Practically all of them indicate that they know that sex can result in pregnancy, but many of them fail to explain exactly how.

Most infant beliefs about the cause of pregnancy are finally discarded when the pupils are in middle school, but the age at which they gain a true understanding of the biological connection differs greatly, between the ages of about 8 and 16 years. It has been noted before that the teacher in particular helps to develop a more scientific insight into the reproductive process. The two quotations below give an idea of the terminology in which the pupils express their understanding of conception and pregnancy.

-There is a liquid in the penis and also a liquid in the woman and when a man and a woman practise sex and it meets it turns into a baby in nine months time. mK 1051

-When my mother and father are sleeping in the same room my father put his blood to my mother. After six months the blood will change into a baby and the mother has a big stomach. After nine months she gives birth to a baby. fK 1034

A number of pupils seem preoccupied with the idea of blood. Mogya (blood) in traditional Akan thinking is the principle of life. Mogya is inherited from the mother and members of the same abusua (lineage or clan) have the same mogya. In the Twi bible "embryo" is sometimes translated as mogya-tɔ, which means clot of blood. This repeated mention of blood further derives from the presence of menstrual blood. The majority of pupils describing the theory of reproduction emphasize that pregnancy is only possible after a girl has menstruated (35). A number of pupils seem to suggest that a woman is fertile during her menstruation or immediately after it, but they are most probably referring to a girl's first menstruation. They mean that there can be no talk of pregnancy before a girl has had her first menstruation.

-Before a woman has a big stomach she has to pass through menstruation. mK 1044

-She would not be pregnant unless she is in her menstruation period. mK 1050

Most pupils are also very definite about the length of the pregnancy, namely 9 months. No pupil gave a longer or shorter period for gestation. Some people, however, believe that, in exceptional cases, a woman can remain pregnant for a longer time because the foetus in her uterus stops growing (36).

There is some awareness among the pupils of fertile and infertile periods, but most do not know exactly when these periods occur. Of the few who ventured to state the exact time some were right, others were wrong. There are no indications that any one erroneous idea is more widespread than others (37).

Respondents in the adult samples (lineage, male and female) were asked whether they knew about fertile and infertile periods in the female cycle and if they said yes, they were asked to describe exactly how it worked. In the lineage 14 (33%) of the 42 members claim they know about it but 8 of them have definitely got wrong ideas about it. In the male sample 36 (36%) claim that they know about it, but again 12 are faulty in their explanation. In the female

sample information pertaining to knowledge of the fertility cycle is incomplete owing to inconsistencies during the interviews.

It is likely that young respondents have more knowledge of the fertile period than older ones. The former have a higher rate of literacy which enables them to acquaint themselves with publications on sex and fertility; more of them have been to school where, as has been pointed out, the process of reproduction has probably been explained to them and also they have more incentive to know the exact time of the safe period as they are likely to be more involved in illegal sexual relations with young women than the old. Table 5.1 corroborates this supposition.

Table 5.1: Age of respondents and knowledge of fertile period in Male Sample

| | correct knowledge | incorrect or no knowledge | total |
|-------------|-------------------|---------------------------|-------|
| age*: 20-24 | 6 | 7 | 13 |
| 25-29 | 10 | 20 | 30 |
| 30-39 | 5 | 20 | 25 |
| 40-49 | 3 | 16 | 19 |
| 50 + | - | 13 | 13 |
| total | 24 | 76 | 100 |

df=1 $\chi^2=7.23$ $p<.01$

*) 20-29 and 30+ used as age categories for χ^2 -test

On the whole we can say, however, that knowledge of the fertility cycle is very fragmentary and, anticipating our argument, cannot be used in any satisfactory way for birth-planning.

Another erroneous idea about conception expressed by school pupils is that sexual intercourse must take place several successive times before conception is possible (38).

-If the boy takes the girl once, she will never conceive unless he takes her a second and third time. fK 1074

If knowledge of the reproduction process is so defective and numerous incorrect ideas are widespread while early sexual experimenting is

common it is hardly surprising that many pregnancies occur at a fairly early age in a premarital situation. In the next section we shall look at the situation in which the first pregnancy tends to take place.

5.2. Context of first pregnancy

The majority of women in the Female Sample (85%) have been pregnant by the time they are 20 years old. The average age at which the first pregnancy occurs is 18.0 years. These and other figures can be obtained from Table 5.2 which presents a distribution of the responses in the Female Sample about age at first pregnancy.

Table 5.2: Age at first pregnancy in Female Sample

| | absolute frequency | relative frequency | cumulative percentage |
|---------|-----------------------|-----------------------|--------------------------|
| 14-16 | 39 | 21.8 | 21.8 |
| 17-18 | 63 | 35.2 | 57.0 |
| 19-20 | 51 | 28.5 | 85.5 |
| 21-22 | 13 | 7.3 | 92.7 |
| 23-24 | 3 | 1.7 | 94.4 |
| 25-27 | 2 | 1.1 | 95.5 |
| unknown | 8 | 4.5 | 100.0 |
| total | 179 | 100.0 | 100.0 |

mean = 18.0 years

We suspect that the ages given are not always very accurate, firstly because age questions always pose difficulties in semi-literate societies, particularly for older respondents, secondly because respondents who induced abortion - and they are probably many - might have given their age at second pregnancy, and thirdly because some women might have forgotten pregnancies that ended in miscarriage. We estimate, therefore, that the real mean age of first pregnancy for women in the sample lies around 17.5 years. On the other hand, only women with at least one child were interviewed, so

the sample is in this respect not representative of the total population of the community. If childless women above 18 years of age, who had not had an abortion, had been included in the sample, the mean age would have risen. To avoid this bias only the responses of women above 29 years of age have been presented in Table 5.3. It may be assumed that every fertile woman will have conceived once before the age of 30. This tabulation produces a mean age of 18.5 years so, applying the above made correction, we may estimate the real mean age at about 18.0 years (39).

Table 5.3: Age at first pregnancy among women over 29 years of age (Female Sample)

| | absolute frequency | relative frequency | cumulative percentage |
|---------|--------------------|--------------------|-----------------------|
| 14-16 | 16 | 23.2 | 23.2 |
| 17-18 | 16 | 23.2 | 46.4 |
| 19-20 | 19 | 27.5 | 73.9 |
| 21-22 | 8 | 11.6 | 85.5 |
| 23-24 | 1 | 1.5 | 87.0 |
| 25-27 | 2 | 2.9 | 89.9 |
| unknown | 7 | 10.1 | 100.0 |
| total | 69 | 100.0 | 100.0 |

mean = 18.5 years

The high frequency of early sexual contacts among male pupils, touched upon before, leads us to expect a fairly young age at first conception for men too, but responses in the Male Sample reveal that the average age for men is considerably higher, namely 23.9 years (40) (with exclusion of 10 respondents who never made a woman pregnant). The male and female averages are closer together in the lineage, namely 21.6 and 17.8 years. The ages of the lineage are certainly more accurate, but the limited size of the lineage makes us hesitate in supposing that the lineage represents a better cross-section of Kwahu men than the Male Sample.

However, the figures for the ages of the female respondents, both

in the large sample and in the lineage are strikingly close, and it is mainly about the female side of the first pregnancy that we want to speak here. In the course of our argument we shall draw on chiefly two sources: the essays and intensive interviews with lineage members.

Speaking in terms of ideal behaviour, a woman is only supposed to become pregnant after she has married, but in Kwahu this rule is more often broken than observed. Of the 19 female members in the lineage only three claimed that they were not pregnant when they married, 13 were certainly pregnant or had been pregnant before their first marriage and three cases could not be ascertained. Complementary interviews with other members of the lineage suggest that premarital pregnancy is indeed the unofficial rule and has probably been so ever since infant betrothal was abolished or since marriage ceased to follow immediately after the first menstruation.

Still speaking about ideals, when an unmarried girl becomes pregnant, the man responsible for the pregnancy is required to pay a fee, Kwaseabu sika ("You-have-made-me-a-fool money") which is regarded as the first step towards marriage (41). Further customs are not allowed as long as the woman is pregnant. After childbirth the man is expected to complete the marriage rites and marry her legally (cf. Denteh n.d.).

Here again actual behaviour varies widely from the norm. Of the 13 women who became pregnant before their first marriage only two contracted a fully legal marriage with the father of their first child. One of them said during the interview:

-My first husband was Ababio, a teacher at Asakraka. Before he performed the marriage rites he gave me many presents and money. When he performed the customs I was already pregnant, but nobody detected that. Before I had spoiled one pregnancy with him, so this was my second pregnancy. I was sixteen when he married me. Badu (A.VI,6)

In four cases the man only performed the first rites or else took the woman publicly as his mpena (lover) without performing any customs.

An example of both practices is given below.

-I was in middle school form 2 when I became pregnant by a teacher. The man brought Nhunuanim ("seeing the face"; first marriage proposal), but did not perform the rest of the customs after the birth of the child, so my wafa did

not allow me to marry him. The man paid a charge of \$ 25.00 for not looking after me and the child. Yaa Beauty (A.VI,12)

-We were introduced to one another by a friend of his. We started flirting until I became pregnant. We liked one another so we decided to remain friends (mpena). So he did not officially perform the marriage customs to my relatives but everybody knew that we had this relationship. (Her age at the time: 17 years.) Sirikye (B.VI,38)

But in most cases, namely seven of the thirteen, the relationship was in no way continued after pregnancy or birth (in one case the pregnancy and birth are still too recent to say anything conclusive). As could be expected, four of the six pregnancies were terminated by induced abortion, whereas two resulted in childbirth. Once again an example of both possibilities is given below.

-I was made pregnant by a boy from Ayere. I was then 15 and abortion was caused at the request of the boy with the excuse that he was young and unemployed. The abortion was performed with local herbs.... If I conceive again, whether I like the boy or not, I shall not abort it. I want to give birth early to my 10 children and stop early. Boadua (B.VII,1)

-The first time I became pregnant, it was from a man called NN, from Akyem who was having a drugstore in Nana Kisiwa's house. He was the first man who ever took me. The child is now with his father in Mpraeso. He was much older than I and had about six children. I did not marry him because he had another wife of whom he was very much afraid. I don't like men who are afraid of women, so I did not marry him. Nothing was paid. My nana Ayesu did not say anything and we did not prolong matters because he stayed with us. Kate (B.VI,11)

The picture that arises from the interviews with female lineage members is as follows. A girl starts experimenting with sex at the age of 14 or 15 and becomes pregnant when she is 17 or 18. The man who has made her pregnant may be a school mate (or former school mate) who is (or was) one or two years above her, or he may be someone who is considerably older than her who has been giving her presents and money. In any case, the man is rarely the person she wants to marry, and, as a consequence, the pregnancy is unwelcome both to the man and the girl. In most cases abortion is considered and often attempted, more often nowadays than previously. In about four out of every ten cases abortion is actually obtained. Usually the relationship breaks off at this point, especially when there are complications with the abortion, but when the abortion goes smoothly

the relationship sometimes continues. When no abortion takes place, the man may either shirk his responsibility by leaving the girl or else pay the traditional fee (Kwaseabu sika) and promise to marry her after the child has been born (42). It can also happen that the man is willing to marry the girl but that the girl, or her lineage, refuses him (see above cases: Beauty, Boadua and Kate).

The emotional and financial problems attached to early pregnancy have become more urgent in recent times for both male and female partners. Education and the wider avenues it offers to women make an early pregnancy and subsequent marriage less desirable for the girl. As for the man, premarital pregnancy today means having to pay a fine, which may be very heavy if the girl is still attending school, even if he marries her (43). For both partners, therefore, pregnancy acquires a negative value, and abortion becomes a more attractive alternative in spite of the bad connotations it has.

There is no evidence that girls want to prove their fecundity or are happy with an early pregnancy because it proves that they are fertile. Negative feelings towards the pregnancy are predominant (44).

This picture conjures up memories of the "social context of reproduction" in Jamaica and in other areas of the Caribbean described by Judith Blake (1961) and others, but there are marked differences. It is our impression that a premarital child does not put a woman in such a "poor bargaining position" (Blake 1961:253) as it does in Jamaica. Divorces as well as second and third marriages, are frequent and there is constantly a busy traffic of all sorts of marriage candidates. Men are less reluctant to marry a woman with children, as marriage does not imply responsibility for children who are not their own.

Research in East Africa reveals that in several ethnic groups premarital sex is admissible or even countenanced, whereas premarital pregnancy is strongly disapproved of (45). The situation in Kwahu lies somewhere between these two extremes. One cannot say that premarital sex among the Kwahu is approved of, certainly not at a young age (although it rarely meets with negative sanctions), but pregnancy resulting from premarital sex is not a public disgrace

either. Elders take it as a logical consequence of their laxity in sexual affairs. The prospects of the baby, who will be a member of their lineage, probably temper any bad feelings which the girl's relatives may harbour against the man who has impregnated her (46). Most premarital pregnancies, unless they are hushed up by means of an induced abortion, do provoke long family discussions but this is not because of the shame that the pregnancy would ostensibly bring to the community. Lineage members are perfectly aware that premarital pregnancy is the "rule" rather than the exception; the pregnancy, however, affects the marital career of the girl, and that requires intensive discussions between lineage elders.

Generally speaking, an early pregnancy is appreciated more negatively by the pregnant girl and her partner than by her parents and lineage elders. The initiative to cause abortion, therefore, almost always stems from the girl and/or her partner. Only three times was it reported that parents approved of their daughter causing abortion. As a rule, induced abortion takes place without the knowledge of parents and lineage, not so much to hide the pregnancy, but rather to hide the abortion, for it is known that parents and lineage will almost certainly insist on the girl having the baby. We do not suggest, however, that a young unmarried girl does not experience any pressure at all from parents and lineage to avoid an early pregnancy. As a matter of fact, associations made by pupils between early pregnancy and disobedience to parental authority seem to contradict this (see further on section 5.3). But the strongest pressure on a girl to avoid or terminate a pregnancy comes from a much wider social context than the family. It is the new style of life which has penetrated into the most remote areas: education, employment, greater independence of women and individualization of most aspects of life, both economic and emotional. Early pregnancy threatens to block further education and attractive employment; it means loss of freedom and dependency of the lineage, and it most likely ties the girl to her rural home town and to a style of life from which she is eager to escape.

-Some stopped schooling and stayed in the house. ms (Fante)
1177

The most striking aspect of early pregnancy in the school essays is that pregnancy and abortion are almost invariably jointly mentioned. Induced abortion, it seems, is an automatic sequel to pregnancy and bringing forth is hardly considered as a possibility. Out of six female pupils who reported a pregnancy only one did not report a subsequent abortion. Male as well as female pupils describe their actions regarding pregnancy and abortion in down-to-earth terms as if the matter was self-evident (47).

-About a month later the girl conceived and I had already heard that if a girl conceives she can take abortion. So I gave her Nkran Djedua to take it. After three days she came and told me that it had come out. So she is alright. mK 1065

-I saw that I was in the family way, so I wanted to cause abortion. fK 1009

It should however be noted that the population of pupils is seriously biased towards the practice of abortion. School girls who become pregnant and bring forth have to leave the school, so only those girls who managed to terminate their pregnancy by abortion are still in the sample; those who did not consider abortion or were not successful have left school. Male pupils who are responsible for a pregnancy are not sanctioned in the same way so we would be more likely to find some male pupils with a child in the sample, but there were none, and there was only one case in the essays that were written outside the school. The bias, particularly among female pupils, makes it practically impossible to estimate accurately the frequency with which pregnancies are terminated. However, taking into consideration the fact that all "male pregnancies" were reportedly terminated, we suspect that the great majority of pregnancies in schools end with an induced abortion.

The matter-of-fact style in which most pupils relate their story is indeed puzzling, because the association tests reveal that the pupils have a strong awareness of the dangers involved in abortion and are very critical of abortion on moral grounds (see chapter 9, section 9.6.4). The concern that is expressed in the tests does not come to the surface in the essays. One possible - ad hoc - explanation could be that the pupils are more inclined to emphasize the dangers and other negative aspects of abortion when they are not

involved, but when they themselves cause abortion, they try to solve the inconsistency by glossing over these negative aspects.

As stated before, abortion is presented as something self-evident; this means that the pupils give very few reasons for their action and little is disclosed about the social context of pregnancy. In one essay mention is made of the payment of a fine: the girl's father received money from the boy's father.

-The father came to my father give (and got?) money from my father; about 100 cedi. mK 1057

Concerning the problem of an unwanted pregnancy the factor of education is only brought up three times, once in middle school and twice in secondary school.

-Then he tried his best to buy me some medicine, so that I could get some chance to continue my school. fK 1021

-The girl conceived, but as a student she could not allow it to be there so she caused abortion. ms (Kwahu) 1164

In four cases the pupils suggest that the parents knew about the abortion. One pupil gives no further explanation, one indicates that the parents approved of the abortion and two pupils write that the girl's parents allowed her to have the abortion (it is possible that what actually happened is that the parents sent the girl to hospital after the abortion had taken place and the girl fell sick).

-I take her every weekend and she takes seed. At that time she reports to her parents and they send her to hospital for the removal of the pregnancy. mK 1025

Two other statements which reveal something about how pregnancy is experienced are the following:

-Two months later the girl told me that she had conceived so I was very sorry about it. mK 1070

-After about three to four weeks the child came out and I was free from any danger, and still the girl loved me and I too liked her. ms (Kwahu) 1161

There is some evidence that pregnancy (and subsequent abortion) is most common among pupils in the Kwahu middle schools and least common in the secondary schools. The Accra middle schools take an intermediary position. Before going into the type-of-school factor of early pregnancies, however, we must first sound a note of caution, namely the fact that we are not able to give an accurate figure regarding the incidence of pregnancy among the pupils. There are some

considerations which suggest that the actual incidence of pregnancy is higher than has been indicated by the essays, but on the other hand there is also reason to believe that the occurrence of pregnancy has been exaggerated by the pupils.

A higher incidence than reported is probable because, as has been stated before, girls who become pregnant and get a child have been excluded from the sample. A second reason is that in three schools point 4 of the outline of the essay was omitted, so that the word "abortion" disappeared from the outline. This was done purposely to check the red-herring qualities of the word "abortion". Indeed in two of the three schools no case of abortion - and, by implication, pregnancy - was reported; in the third school four cases were reported.

On the other hand one could also argue that the incidence of pregnancy is lower than has been suggested by the pupils. It is plausible that not all the pregnancies reported were real pregnancies. We have seen that exact knowledge of the reproduction process is scarce and the pupils may not always have correctly understood the indications of pregnancy. Furthermore, a girl who is very anxious not to become pregnant may already consider herself pregnant when her menstruation is one day late. She will apply some abortifacient and when her - delayed - menstruation follows some days later she will erroneously report that she has been pregnant and caused abortion. This also explains why belief in the efficacy of certain abortifacients of doubtful value prevails (cf. Bleek n.d.a). It has not been possible to establish the weight of these factors and it should therefore be taken into account that tables 5.4 and 5.5 have no conclusive value.

Table 5.4: Incidence of pregnancy among pupils by sex of pupil
(percentages in brackets)

| | female | male | total |
|---|---------|---------|----------|
| ever been pregnant/made someone pregnant | 6(14) | 11(12) | 17(13) |
| never been pregnant/made someone pregnant | 20(46) | 17(18) | 37(27) |
| unknown | 17(40) | 64(70) | 81(60) |
| total | 43(100) | 92(100) | 135(100) |

Table 5.4 does not reveal a marked difference between male and female respondents regarding the reporting of pregnancy except that, as was to be expected, the female pupils give a more definite reply as to whether there has been a pregnancy or not. The male pupils, being more remotely involved in pregnancy, often do not express themselves clearly on this point.

Table 5.5: Incidence of pregnancy among pupils by school attended
(percentages in brackets)

| | Kwahu middle school | Accra middle school | Kwahu second. school | total |
|---|---------------------------|---------------------------|----------------------------|----------|
| ever been pregnant/ made someone pregnant | 14(18) | 9(14) | 3(6) | 26(14) |
| never been pregnant/ made someone pregnant | 20(26) | 24(36) | 20(41) | 64(33) |
| unknown | 44(56) | 33(50) | 26(53) | 103(53) |
| total | 78(100) | 66(100) | 49(100) | 193(100) |

However, tabulation of incidence of pregnancy among all pupils by type of school visited, does disclose some interesting variations. Table 5.5 suggests that pupils in the rural Kwahu middle school run a higher risk of becoming pregnant (or making someone pregnant) than pupils in the Accra middle schools and in the secondary schools and that the latter have the least chance of getting involved in an early pregnancy. The correlation is, however, not quite significant in statistical terms.

Explanations for these variations are, for the greater part, found in the essays themselves. The explanation is not that there is a higher coital frequency among the Kwahu middle school pupils for when we omit the unknown cases the proportion of pupils with sexual experience in all three school types is almost identical, varying only between 63 and 66%.

The main cause of a lower incidence of pregnancy with an equal incidence of sexual intercourse is the greater usage of contraceptives among secondary school and Accra middle school pupils. While among the Kwahu middle school pupils the practice of induced abortion

is cognitively linked with the notions of sex and pregnancy, among the other groups the use of contraceptives is increasingly taking this place.

-I was using medicine so nothing happened. fA (Akwapim) 1134

-The man who I had it with was civilized so he took some tablets before he had sex with me because he knew that I was going to school. fA (Kwahu) 1143

-I gave her a contraceptive against pregnancy after our encounter. ms (Asante) 1187

The use of contraceptives is more apparent in the essays of Accra middle school than of secondary school pupils. The latter, especially the males, tend to concentrate on their first sexual experience rather than on more recent ones. However, in the course of their essays they prove to have a fairly wide knowledge of contraceptives. Contraceptive behaviour will be dealt with in more detail in Part II.

Other factors which emerge to some extent from the essays are the following. In the first place, secondary school pupils have a better insight into the working of the female menstrual cycle; it appears plausible that a number of them try to meet their lover during the safe period, by which the risk of a pregnancy is reduced considerably. Secondly, secondary school pupils will be less prone to mistake a delayed menstruation for a pregnancy, and last but not least, secondary school pupils are likely to be more cautious about reporting on abortion than the others; they are more aware of its negative aspects (48), and the fact that revelation of an abortion endangers the continuation of education is more crucial for them than for the middle school pupils.

5.3. Attitude towards pregnancy

It has already been anticipated that the attitude towards an early pregnancy tends to be rather negative. The arrival of the child at such an early stage is considered by the young mother as a burden and a threat to her independence. In this section we take a more general view of the attitudes to pregnancy, both the early pregnancy and the pregnancy of the mature woman. The angle from which we want to look at pregnancy is not through the eyes of the pregnant woman or the

girl herself, but rather the communis opinio as reflected in the ideas of Kwahu middle school and secondary school pupils (49). We shall draw on the associations made by the pupils to two uncompleted sentences: 1. A girl who becomes pregnant

2. A woman who becomes pregnant

There is a current belief that a woman is happy when she becomes pregnant, especially the first time as this proves her fecundity. Kaye writes that "Pregnancy is universally regarded as a joyous event" though he adds that "joyous feelings on the part of the pregnant woman herself may be tempered as time goes on...." (Kaye 1962:40). In a supposedly pronatalist society such as Kwahu one would expect the state of pregnancy to be regarded positively and to be frequently associated with the child to come, but this is not so. In English there are euphemisms for pregnancy which carry this reference: "an expectant mother" and "she is expecting a child". In Dutch one even speaks of "joyful expectation" (blijde verwachting) and "blessed circumstances" (gezegende omstandigheden), but such circumlocutions do not exist in Twi. Becoming pregnant is usually called onyem, onyinsɛn, wafa afuru (she has taken stomach), or ne ho adane (herself has changed).

The same picture arises from the association tests. Only 5 out of 102 answers about a pregnant woman allude to the child she bears (50), and the answers regarding early pregnancy ("A girl who becomes pregnant") are even less directed towards childbirth: only 1 out of 97. Not 1 out of all the 199 answers expresses any idea of happiness about the expected baby.

One might make the suggestion that the failure to mention the unborn child only reflects the fear to display the type of hubris which attracts witchcraft and other evils that are driven by jealousy. In other words, the absence of references to the unborn child does not necessarily mean that the child is not in the centre of people's thoughts; it may well be that people avoid mentioning it precisely because the well-being of the child is felt to be of utmost importance. However, this argument would only apply if pregnant women were to be interviewed. In the case of school pupils writing about pregnancy in general such an avoidance does not seem likely. One

would rather expect the pupils to mention that pregnant women/girls are afraid of evil powers that want to cause harm to their unborn child.

The idea most frequently expressed in association with pregnancy is that the girl/woman is weak and sickly, that she feels sleepy and that there is something wrong with her appetite.

-always likes to sleep and she is lazy in everything. mK 1264

-is always lazy because she cannot work hard, you see her always going to hospital. mK 252

-is always as weak as a dead person. mK 7

-usually vomits. mK 272

-is always very sad and can't eat or sleep and also she vomits. fK 82

Closely connected with weakness and other physical changes is the reference to hospital and doctor. It is the second most commonly expressed idea, but the association is made more in the case of the adult woman than for the girl. Most pupils think of prenatal care, some of the pregnant woman's poor health.

-must always see a doctor for treatment and protecting her against any sickness. mK 223

-always went to hospital for injection so that she becomes well and no sickness will attack her and her child. fK 249

-she has to eat good food and send herself to hospital. mK 44

-is now going to hospital for treatment because she is suffering from her stomach. mK 54

Significantly, the third and fourth most frequent associations are again negative. Many pupils agree that a pregnant woman/girl is irritable and quarrelsome, often neglects her appearance and develops other bad habits such as stealing and insulting people (51). These and other critical remarks have been put together under one category.

-always becomes angry and she wants bad things such as eating dust and always beats her child. mK 240

-is always very angry to hear a boy or a man talking. Also she buys food when she is not hungry and becomes very dirty too. mK 1027

-always goes to people's farms and steals food. mK 263

-always insults people whenever you do any bad thing against her. ms (Kwahu) 317

One idea, expressed only in connection with early pregnancy, is moral

judgement and the association with bad behaviour.

- she does not take the principles given to her by the parents. mK 11
- is a very bad girl because a girl who attends school for instance would lose many things and therefore finds life difficult. mK 62
- is not good because she does not have a husband. fK 15
- always started to be a prostitute. mK 30
- always sins against God and God will punish her after her death. mK 14

It should be noted that moral criticism is the second most common association with early pregnancy, whereas the idea is not brought up at all in connection with an ordinary pregnancy. This shows beyond doubt that there is a strong awareness among pupils that such an early pregnancy ought not to occur. What exactly the moral implications are of this "ought not" is not clear. The answers seem to point to an etiquette, a code which pertains mainly to outwardness. As we have seen (p.63), in the essays the pupils rarely condemn premarital sex on moral or religious grounds, but when premarital sex becomes visible in the form of a pregnancy, they start criticizing it.

Another association which is almost exclusively made in the case of early pregnancy is the reference to induced abortion. Some of the ideas which have been discussed before in this chapter turn up again here: the wish to complete education and make a career, desire for independence, attitude of parents, and lethal outcome of abortion.

- will have an abortion because she wants to finish her school to become a teacher or to go to Accra. fK 33
- and her father and mother didn't want the girl to stay with them and the girl went to a hospital to spoil it and because of all this she died. mK 56
- she was always trying to spoil it to become free and sometimes she died. fK 81

Only one pupil thought of abortion in the case of a mature woman becoming pregnant. This again clearly shows that abortion is mostly believed to take place in a premarital situation.

- should not cause abortion but should give birth. Perhaps her country will be saved through the child she will give birth to. ms (Asante) 328

Three pupils remark that the girl feels shy about her pregnancy while

this idea is not expressed in relation to ordinary pregnancy. This distinction seems to affirm what has been suggested already, that there is an air of secrecy and unlawfulness attached to early pregnancy.

- feels shy when she sees people. fs (Akyim) 115
- is always shy with her boy friends. mK 2

Other associations refer to God, the sexual intercourse that has preceded the pregnancy, the woman's partner, the supposed prepartum taboo on sex and the financial problems facing a pregnant girl. Associations that are unequivocally positive with regard to pregnancy are few and far between, to be exact, four. The first two relate to a pregnant girl, the other two to a pregnant woman.

- she becomes important in future. mK 258
- is the woman who understands the "SELF RELIANCE", FAMILY PLANNING and ECONOMIC WALLS. Is also good to be married by a man. ms (Asante) 324
- can do hard work and she will always be quite and serious. mK 46
- sometimes they help people who are sick. mK 75

A distribution of all responses can be found in Table 5.6. The differences between responses relating to early and mature pregnancy have already been touched upon. In general one can say that pregnancy is primarily associated with problems of ill health and other inconveniences. But when a young girl becomes pregnant two other associations are added: criticism of her conduct and the possibility of induced abortion.

The types of response to sentence 2 (see Table 5.6) are fairly equally divided between male and female pupils, but with regard to sentence 1 there are some striking differences between male and female respondents (see Table 5.7). Male pupils more frequently criticize a pregnant girl on moral grounds and say other unfriendly things about her. Female pupils, on the other hand, think more of abortion and, to a lesser degree, of health problems which accompany pregnancy. The differences are not surprising; the male responses represent more the view of the outsider, the female ones that of the insider.

Table 5.6: Distribution of associations by pupils to:

1. A girl who becomes pregnant
2. A woman who becomes pregnant

| | 1. pregnant girl | 2. pregnant woman | total |
|------------------------------------|------------------------|-------------------------|-------|
| weak, sleepy, no appetite, sick | 22 | 38 | 60 |
| reference to doctor or hospital | 11 | 16 | 27 |
| moral disapproval | 20 | - | 20 |
| other negative: moody, dirty, etc. | 7 | 16 | 23 |
| reference to induced abortion | 9 | 1 | 10 |
| reference to bringing forth, baby | 1 | 5 | 6 |
| reference to sex or sexual partner | 2 | 2 | 4 |
| reference to shyness | 3 | - | 3 |
| reference to God | - | 2 | 2 |
| other: neutral or positive | 6 | 7 | 13 |
| unknown / unclear | 16 | 15 | 31 |
| total | 97 | 102 | 199 |

Table 5.7: Associations to "A girl who becomes pregnant" by sex of respondent

| | male | female | total |
|------------------------------------|------|--------|-------|
| weak, sleepy, no appetite, sick | 12 | 10 | 22 |
| reference to doctor or hospital | 7 | 4 | 11 |
| moral disapproval | 16 | 4 | 20 |
| reference to induced abortion | 3 | 6 | 9 |
| other negative: moody, dirty, etc. | 6 | 1 | 7 |
| reference to bringing forth | - | 1 | 1 |
| reference to sex or sexual partner | 2 | - | 2 |
| reference to shyness | 2 | 1 | 3 |
| other: neutral or positive | 3 | 3 | 6 |
| unknown / unclear | 10 | 6 | 16 |
| total | 61 | 36 | 97 |

In conclusion, the pronatalist attitude which supposedly prevails in rural towns and villages in Ghana does not show itself in the ideas that are spontaneously associated with pregnancy by middle school and secondary school pupils in Kwahu. The word "pregnancy" predominantly conjures up thoughts of rather negative values. Surprisingly, "pregnancy" is rarely associated with the expected child and never with happiness which one might imagine could accompany such an expectation.

TYPES OF SEXUAL RELATIONSHIP *

"A man cannot live without a mpena."
Kwaku Antwi, 39 years

6.1. Matrilineage versus marriage

Marriage has never been held in very high esteem among the Akan of Ghana, and it certainly has not improved its position in the recent past. As in many matrilineal descent systems, conjugal ties are considered of less importance than blood ties, and must be subordinate to them. An Akan proverb says, "Marriage is a bond of friendship, not a bond of blood" (Awadeɛ yɛ yɛnkɔ, ɛnnyɛ abusua), meaning that a marriage can be broken, but membership of the lineage can not. But the same tradition warns, "Marriage is not palmwine that can be tasted (and left alone)" (Awadeɛ nnyɛ nsafuo na yɛasɔ ahwɛ). That the piece of advice implicit in this second proverb is not superfluous may become evident in the course of this chapter.

Rather than asking people the impossible question: whom do you like more, your mother or your wife (husband), your wife or your child, etc.?, we made up a kind of riddle with essentially the same content: "If your mother, your wife (husband) and your child are going to die and you may save one, whom will you save?" We thought that the traditional answer should be "the mother" because, as a proverb says, "If your mother dies, your family is finished" (Wo eni wu a, wo abusua asa). We tried this riddle on 19 members of the lineage to see to what extent community norms are still alive. Nine of them said they would save their mother, five their child, three - wisely - refused to save only one person, and two men said they would save their wives. None of the 11 women was going to save her husband. We can also divide the answers into two categories: those who save a lineage member and those who do not, leaving out the undecided. In

* = note (52)

that case, thirteen chose for a maternal relative (either mother or child) and only three not, namely two men for their wives and one man for his child.

The same question was posed to 79 pupils in the Kwahu middle schools. Here the preference for the mother over spouse and child is even more striking (see Table 6.1).

Table 6.1: Answers to uncompleted sentence IV,12: "If my mother, my wife (husband) and my child are going to die, and I can save one of them, I will save my because", by sex of respondent (Kwahu middle schools only)

| | mother | wife/ husband | child | no answer | total |
|--------|--------|------------------|-------|--------------|-------|
| male | 28 | 6 | 2 | 3 | 39 |
| female | 24 | 4 | 4 | 8 | 40 |
| total | 52 | 10 | 6 | 11 | 79 |

Gluckman quotes an observer who says, "A man seeks companionship with other men, loves his sister and sleeps with his wife" (Gluckman 1955:78). Although perhaps too apodictic a statement, it points out a very fundamental problem in Akan society. A man's loyalty is divided between his wife and his matrilineage, that of a woman between her husband and her matrilineage. It is not surprising that the matrilineal system has been called a conflict-prone system by some students of social science, although it should be noted that these phenomena also occur in some patrilineal societies. Anthropologists have wondered how such a system could ever come into being and continue to function. Audrey Richards described one of its features as "the matrilineal puzzle", a term which has become famous in anthropology (Richards 1950:246). Basehart, speaking of the Asante, uses the word "paradox" when he writes: "Reports on Ashanti society and kinship organization present something of a paradox in that they suggest a combination of seemingly contradictory modes for the ordering of social structure" (Basehart 1961:270). And Mary Douglas, with her usual eloquence, even speaks of a "cumbersome dinosaur" the survival of which "seems to be a matter for wonder" (Douglas 1969: 123).

The fact that conjugal ties have to give way to bonds of descent is the cause of many conflicts in Kwahu, and generally in Akan, society. In another study we have given a detailed account of such a conflict (Bleek 1975a:48-138), and this is summarized in the next case.

Case 1. The rebellious sister

In a quarrel between a man and his classificatory brother-in-law the wife of the man chooses the side of her husband rather than her classificatory brother and lineage head. In doing so she defies traditional norms which stipulate that in case of a conflict a woman should always side with her lineage against her husband and his maternal group (53). Her action causes a rift in the lineage. Some members secretly support her, using this case as an opportunity to rebel against the unpopular lineage head, but most of them disapprove of her because she has broken the traditional laws. It is wrong to love your husband more than your brother; it does not matter which of them is right. Every lineage member should defend his or her lineage at all times.

As in most anthropologists' stories, or stories that reach anthropologists, the wrongdoer is "punished", i.e. she dies. A new conflict arises. During her lifetime the woman had sworn never again to enter the house of her lineage. The lineage head, therefore, concludes that she is no longer his sister, and refuses to bury her, the greatest shame that can fall on anyone. Her husband has to plead on her behalf and pay some fines before she is finally buried.

Even after the funeral the lineage members continue to harass the man, as if they want to take revenge for the fact that he once changed the mind of their sister against them. During a meeting about the inheritance of the woman there is a new clash between the man and his lineage-in-law. His own daughter even witnesses against him, showing that she has learned from her mother's mistake and knows that she belongs to her mother's family.

The man swears that he will not let his six children go to their mother's lineage; he himself will look after them. But a few months later they have all left his house and are staying with their maternal relatives. A stable marriage of 20 years, and with 6 children, has been reduced to nothing.

This case discloses one of the root causes of the marital crisis with which Akan society is faced. A strong marital union is a threat to the lineage, it disrupts the unity of its members. The lineage can only maintain its position so long as marriage remains a weak and fragile institution. As Schneider has said (1961:16): "The institutionalization of very strong, lasting or intense solidarities between husband and wife is not compatible with the maintenance of matrilineal descent groups."

This discussion of the incompatibility of Akan, and in casu Kwahu, kinship ties with strong marital unions gives rise to the supposition that marriage among the Kwahu will be fragile. This supposition is born out by several studies and by our own observations (Bleek 1975a). Instability of marriage is, however, not peculiar to matrilineal societies as Gluckman (1950) was the first to point out. It is rather a result of extreme lineality, whether matrilineal or patrilineal. The crucial factor is the degree to which the lineage of birth "continues to exercise jural control over all its members throughout their lives" (Leach 1957:52). Leach's view is further elaborated by Fallers (1957) and Gibbs (1963).

Another observation made by us is that there is a wide variety of sexual unions which are not marriages in the strict legal sense of the word. Both aspects of marital life (legal and otherwise) are further discussed in the course of this chapter. The latter is particularly relevant because early anthropologists tended to describe the social behaviour in pre-industrial societies in rather stereotype terms which do not take into account existing variations and contradictory norms (cf. van Velsen 1967).

It will be shown in this chapter that it is not sufficient to present a treatise about so-called "customary marriage" when one wants to deal with sexual unions in Kwahu. We shall take a brief look at all the different types of sexual union that occur, starting with customary marriage.

6.2. Customary marriage

One should not expect a clear exposé of the way in which a customary marriage in Kwahu is contracted because marriage rites have little social significance and tend to pass outside the attention of the researcher (54). What is more, most marriage rites differ in details according to local customs, social and financial status of the individuals and their families, and personal idiosyncrasies (55). The form of marriage presented here is to some extent an ideal picture, but many marriages in the lineage are still contracted this way, except that the roles of the father and the lineage tend to

diminish.

According to Amo, the lineage head, a young man who wants to marry will inform his father about the girl of his choice and if his father finds nothing wrong with the girl, or in particular with her lineage, he will inform the girl's father about the intentions of his son (56). The son may already have given presents to the girl and her mother to prepare the ground. If the girl's father agrees (after consultation with the girl) then the boy's father will send a bottle of schnapps, called the "knocking fee" (57) which marks the beginning of the marriage, and will send some people to arrange the marriage further and to fix the payment that has to be made.

Once the knocking fee has been paid the man is free to live with the girl but the legal marriage has not yet been concluded. Sexual rights are not really exclusive until he has performed the second part of the marriage customs.

The second part, which is called Aseda (thanksgiving) or Tiri nsa (head drink), gives the man exclusive domestic and sexual rights over the girl. The informants are not very clear about how the amounts of money they paid were divided over the two stages. The total amounts vary from 8 to 40 cedis (£3 to £15). The average amount paid in 106 marriages that were registered at the Ayere local council was 21.33 cedis (about £8) (58).

The lineage head emphasized the importance of an amount of 80 pesewas, which he regards as necessary for a proper marriage, known as k' ase hy& (putting under the mat). "Whatever the marriage payment may be, these 80 pesewas are necessary to crown the marriage" according to Amo. If the wife later initiates divorce, she has to return double this amount.

The rites and duties in Akan marriage have been extensively documented (59) and require no elaborate discussion here. We only wish to remark that the gulf between theory and practice is considerable, particularly with respect to the role of the father-husband. The popular belief that the father is a marginal figure in the Akan marriage is often refuted by citing - written or unwritten - customary laws. It must be stated here that reference to rules proves nothing about practice, and that actual practice often proves the

popular beliefs to be more correct than the cited rules. It should, however, also be stated that there are tremendous variations depending mostly on the personal interest and the socio-economic status of the father (60).

It has been observed before that the Kwahu lineages do not promote the stability of customary marriage, even though people may voice their support verbally. It is, therefore, no wonder that divorce is common and simple in Kwahu. The divorce ratio (number of marriages ended in divorce, expressed as a percentage of all marriages) in Amo's lineage is 51.3 over the last five generations. This high ratio is probably also due to the fact that only one lineage was interviewed; many cases of divorce that would have been overlooked in a large scale survey were traced after persistent inquiries. The reported incidence of divorce was considerably lower in the larger Male and Female Samples. The divorce ratio in Amo's lineage is, to our knowledge, only surpassed by that of two other matrilineal societies in Africa, the Ndembu (Mitchell 1967:23) and Cewa (Marwick 1965:173) (61). Life-long marriages are exceptions in Amo's lineage and a person is expected to experience one or, more likely, two divorces in his/her lifetime. Both husband and wife can initiate divorce and the practice in the lineage shows that both do so to an equal degree. The ritual that legalizes the divorce is simple and consists of the throwing of white powder before the woman's feet (hyiregu) this being done by the husband or someone acting on his behalf. The ritual must take place early in the morning before breakfast. The most frequent reasons produced to justify a divorce are: bad conduct, neglect of marital duties, interference of the lineage, infertility, absence of love, interference of other partner and desertion.

There is some disagreement as to whether the woman has to return gifts given to her by the husband during the marriage. The regulations concerning this aspect of divorce appear to be flexible, as are most traditional customs and to depend on the situation in which the divorce takes place (62).

In the case below a male member of the lineage briefly relates his two marriages. He is about 33 years old. We quote this case in order to illustrate what has been said about customary marriage so far.

Case 2. Yaw Kwakye's marriages

"Before I married I took about six different women as my friends. My first wife was from Bukuruwa. She came to Ayere to work. That is how I got to know her. I liked her because 'our souls met' (yɛn nyinaa kra abehyia). We stayed about nine years together and had three children.

When I married her she had not yet brought forth and I performed all the customs. Later on we divorced. My mother-in-law wanted me to find a white-collar job for the girl as she had just completed school. I had no money so I wanted her to work with Agric. (farm labour). She told me she wanted to be a seamstress but I still had no money so the mother sought for a divorce.

At the moment she is staying at Bukuruwa together with the three children. I still look after the children. I give them school uniforms, pay school fees and give them gifts at Christmas and on other occasions.

After I left my first wife, I met another girl at Ayere. I liked her and performed all the customs even before she became pregnant. She has one child from me and we are still married." Kwakye (B.VI,12)

Customary marriage, as it has been approximately described above, is by far the most common form of sexual union in Amo's lineage and in the whole town of Ayere. In Table 6.2 we present a breakdown of the marital statuses found in the lineage, the Male Sample and the Female Sample.

Table 6.2: Marital status in three samples (percentages in brackets)

| | lineage | Male Sample | Female Sample |
|--------------------|---------------|-------------|---------------|
| no partner | widowed | - | 1 (.6) |
| | divorced | 8 (20) | 20 (11) |
| | never married | 5 (12) | 6 (3) |
| customary marriage | 19 (46) | 63 (63) | 118 (66) |
| ordinance marriage | - | - | - |
| church marriage* | 2 (5) | 6 (6) | 14 (8) |
| free marriage | 7 (17) | 7 (7) | 19 (11) |
| total | 41(100)** | 100(100) | 178(100) |

*) Church marriage includes customary marriage

***) One case (affine) excluded to avoid double entrance of one union

Customary marriage occurs less often in the lineage than in the

two other samples and deviant statuses such as being divorced and free marriage are more common in the lineage. The probable explanation for this fact is that the more intensive the interviews become, the more "deviant" behaviour will be disclosed. Although the number of respondents in the lineage is too small to draw statistical conclusions, we are confident for other reasons that the figures of the lineage represent a truer picture of reality. Free sexual unions are more widespread than one is inclined to infer from survey data, as we shall see later on.

In the following sections we shall briefly look at Ordinance marriage, church marriage, free marriage and various other types of sexual relationship, but first a short note about the marriage certificate.

6.3. Marriage certificate

When a marriage has been legally contracted according to custom, it can be registered at the local council. This should not be confused with marriage under Ordinance Act, which we shall deal with in the next section. The certificate (AwadeE so nhoma) does not change the legal character of the marriage, it only serves as a written proof that the couple are customarily married. The certificate, which costs ₦ 1.05, is required by some employers and churches instead of the sworn affidavit that was formerly accepted from the lineage.

In Amo's lineage 14% of present customary marriages have been registered at the local council. In the Male and Female Samples these percentages are 12 and 3. When divorce occurs ₦ 2.50 has to be paid to the clerk to cancel the registration. The registration of customary marriage may give some impression of progressiveness or enlightenment, but not much.

6.4. Marriage under the Ordinance Act

Marriage under the Ordinance Act Cap. 127 is a remnant of British colonial policy. It introduces British concepts of legitimacy,

monogamy and inheritance into the Ghanaian context and has caused much ambiguity in Ghanaian marriage laws (Daniels 1974 and Mensah-Brown 1974). The major legal implications of this type of marriage, are that it precludes the husband from the practice of polygyny, that it can only be dissolved through a pronouncement of the court, and that it entitles wife and children to a share of the husband's estate when he dies intestate (Ollennu 1960:46). It should be observed that both regulations contradict Kwahu and general Akan traditions.

Marriage under the Ordinance is only contracted by a minority, about 4% of all Akan and 6% of all Kwahu (Gil et al. 1964:126), and it can be safely assumed that all of these belong to the urban elite.

Oppong, in her study of Akan elites, has pointed out that this type of marriage is indeed "thought to enhance the prestige of the partners and their families" and that the wife in particular is interested in it because it augments her security (Oppong 1974a:45 and 69) (63).

Marriage under the Ordinance does not occur in Amo's lineage nor in the Male or Female Sample (see Table 6.2). Its role in rural Ghana is negligible and, for the purpose of this study, there is no need to deal with it in more detail.

6.5. Church marriage

Church marriage or Awarekronkron ("Holy Marriage") is a blanket term for all marriages that are contracted or blessed in any of the christian churches. Its characteristics, therefore, vary widely. In the catholic church, for example, it entails monogamy and indissolubility but in some of the independent churches it is almost the same as customary marriage, permitting divorce and polygyny. It should further be noted that church marriage laws are only in force within the church community and cannot be enforced by any secular institution (Ollennu 1960:13). This does not mean, however, that the laws have no power or that they cannot apply sanctions. The power they exert depends on the degree to which a person is integrated in the church community.

In elite circles church marriage constitutes part of the pomposity

of a westernlike wedding (Ay&foɔ) with reception (see Little 1973: 138). But church marriages are also contracted in rural areas, mostly by fervent church members. Their motives are likely to be a mixture of prestige and religiousness.

When we take into consideration the percentage of christians in the lineage and the town community we must, however, conclude that church marriage is a rare occurrence. Respondents who profess themselves to be christians make up 74% of the lineage members and 82 and 83% of the Female and Male Sample respectively, but the proportions of respondents who have their marriage blessed in their church are only 5%, 6% and 8%. This means that less than 10% of the christians at Ayere have married in church, which agrees with data referring to the whole of Ghana (64).

The main objections to church marriage, and particularly catholic church marriage, are the impossibility of divorce and the enforcement of monogamy. Many may see it as a laudable ideal but as something inaccessible to themselves (65). For church marriage it is required that customary marriage has already been contracted.

For the sake of completeness we mention here the moslem marriage (Amaria). Few Akan are moslem and the Amaria does not occur in our samples. Where Amaria is practised among Akan it does not replace customary marriage but is added to it.

6.6. Polygyny and polycoity

Before proceeding to the next type of union it is necessary to pay some attention to an aspect of marriage which applies to any type of sexual relationship, both in the legal and illegal sphere, namely polygyny. The term "polygyny" is usually reserved for legal plural marriages and another term, "polycoity" is used for sexual relations that are maintained with more than one partner simultaneously when these relations have not (all) been ratified by legal customs (J.Goody 1973a).

Polygyny (legal) exists only in combination with customary marriage and, in a sense, with church marriage. Most churches do not permit their male members to marry more than one wife, but

disobedience of this church law is not punishable in the secular domain. Polygyny is, however, expressly unlawful and is considered a criminal offence when it concerns a man who is married under the Ordinance. Having two or more partners is by definition not legalized when it occurs in a free marriage or lover relationship.

There are several domestic solutions for a polygynous situation. (a) The husband may live with all his wives in the same house, but such a solution is not very common. People say that it is not advisable to let two co-wives stay together in one house, because tensions that probably exist between them are unnecessarily exacerbated. (b) The most common solution is that one wife resides with the husband and the other - or others - with their own matrikin or in another house belonging to the husband. (c) The third possibility is that all wives live separately from the husband. This usually tends to be the case when polygyny has not been purposely pursued by a well-to-do husband, but has been forced upon him after he got involved in an extramarital pregnancy.

Out of 12 men who reported a polygynous marriage in the Male Sample: 8 had only one wife staying with them, one had both wives with him, and two lived separately from all their wives. One case could not be ascertained.

There is not much known about the frequency of polygynous unions in the past. Fortes noted in 1945 that the percentage of husbands with more than one wife in a rural town of Asante was 29.6 (Fortes 1954:286). According to the population census of 1960, 26.3% of all married men in Ghana had more than one wife. However, for the Akan alone this percentage is probably lower.

The proportion of polygynous marriages at Ayere is below the Ghana average: 17% of the men and 24% of the women reported that they were polygynously married. Respondents who were divorced at the time of interview referred to their last marriage. Old members of the community were not interviewed. Had they been included, the polygyny rate would probably have been higher.

Legal polygyny was found to decrease with higher education and younger age (see Tables A.01 and A.02, Appendix 2), but this does not apply to polycoity. Both Caldwell (1968a:37) and Oppong (1974a:72)

Table 6.3: Number of wives in current or most recent marriage
(in three samples, percentages in brackets)

| | lineage | Male Sample | Female Sample |
|-----------|---------|-------------|---------------|
| 1 wife | 24 (83) | 63 (83) | 115 (76) |
| 2 wives | 4 (14) | 9 (12) | 29 (19) |
| 3 wives | 1 (3) | 3 (4) | 6 (4) |
| 4/5 wives | - | 1 (1) | 1 (1) |
| total | 29(100) | 76(100) | 151(100) |

make mention of polycoity among the monogamous elite. The same can be said of the different types of sexual relationship at Ayere. Extra-marital relationships, as we shall see, are not uncommon, nor are double lover relationships: several members of the lineage, male as well as female, reported having more than one lover. It seems probable that the decrease of legal polygyny is concomitant with a rise in polycoity.

6.7. Free marriage

The term "free marriage" has been taken from Southall and Gutkind's study of two Kampala suburbs (1956) and has been consistently used by us in a previous study (Bleek 1975a). It is a general name for all sexual unions that are not strictly lawful, i.e. not contracted according to the customs, but which enjoy some degree of public recognition (66). Another generally accepted term, which is used in the Caribbean, is "common law marriage".

Indices of public recognition are common residence of the couple, the presence of children springing from that union, having paid the first part of the marriage customs, and daily cooking by the woman for the man (see Bleek 1975a:153-154).

It is tempting to look for a Twi equivalent of the term "free marriage", but there is none. The term mpena (lover) is used in a much wider and looser sense. Denteh (an Asante) distinguishes between (a) mpena awadeɛ (67), (b) mpenapa and (c) mpenafam which mean

(a) marriage of which only the knocking fee has been paid, (b) "concupinage", a relationship that is publicly recognized and not frowned upon and may develop into marriage, and (c) "liaison", a secret love relationship (Denteh n.d.:6-7). In common parlance these terminological distinctions are not made, but for our purpose they are useful.

Denteh's mpena awadeɛ (a) and mpenapa (b) would fall under "free marriage" and mpenafam under "lover relationship" which is the subject of the next section. Free marriage, and particularly lover relationship, are of importance for the topic of this study, which is birthcontrol, and need to be examined more closely.

Old members of the lineage assert that free marriage hardly existed in the past (Bleek 1975a:155-156), but case histories of the same people contradict these claims. Their information must probably be interpreted as "stories of the good old time". Free marriage appears to have a long tradition and a Ghanaian social scientist rightly speaks of it as "an integral part of the system of marriage" (Tetteh 1967:209) (68).

There is also some misunderstanding about the present incidence of free marriage. The Post Enumeration Survey of the 1960 census revealed that in the Eastern Region (in which Kwahu is located) 6% of the males and 8% of the females were living in free marriage (Tetteh 1967:208). Lowy, in Koforidua, comes up with a figure of only one percent (1974:50), but he is convinced that the actual frequency is much higher and he quotes a man as saying, "... no fee, no schnapps, nothing! Fathers nowadays are just happy if you look after the girl" (1974:13). Our own figures for the incidence of free marriage (Table 6.2) are slightly higher than the census data: 7% for males and 11% for females. However, we have already stated that these figures are underestimates and that the 14% of the lineage comes closer to the truth, because it is based on much closer examination. In cursory interviews respondents tend to reply in ideal terms, not because they are shy about their free marriage but because they know that customary marriage is the official form (69). We estimate that at least 15% of the adult men (and women of course) in Kwahu live in free marriage.

Let us now look at free marriage itself. The next three cases present different forms of free marriage and different situations in which they occur.

Case 3. Kwaku Gyekye and his girl friend

"I met my second girl friend in Accra when I was working with S.A.T. She was from Nkawkaw and was a hawker in Accra. We played together at first, and later on I took her as mpena and she came to stay with me for about one year. She became pregnant and had a child.

When we separated she took the child along, but I continued to look after it." (Gyekye was about 24 at that time.) Gyekye (B.VI,37)

Case 4. Kwaku Antwi's third marriage

Antwi is about 40 years old. He tells us about his third marriage, but we must draw attention to the fact that he has not completed the customs yet. He has only paid ₤ 10.00 for Nhunuanim.

"After this divorce I took one girl as my mpena. My mpenanom are usually women who have had children before. A man cannot live without a mpena. Because I do not use any contraceptives I do not like school girls or other young girls.

It was about three years after my divorce that I married again, which was last year. I met the woman at Ayere, but she originates from Bepong.

Because we married only recently she has not yet brought forth with me. Before she married me, however, she already had three children who are all staying with her. Both of us are staying in separate houses.

I give her money to prepare food. Both of us have farms. Sometimes we accompany one another to the farm. I also have traps to get meat. If they fail I give her money to buy meat." Antwi (B.VI,1)

Case 5. Afua Fofie and her mpena

"My fourth husband is Boahene, also from Akyem..... I met him here at Ayere where he was working with the C.M.B. We have one child together, but he never performed any customs. So I am only his mpena.

During the time he was at Ayere I was staying with Kofi Amo and my husband had his own room in town. Later on we moved to Koforidua and finally to his home town in Akyem. There we stay together in one house, and when we visit Ayere he stays with me in my room in Amo's house." Fofie (A.VIII,3)

The three cases are representative of other free marriages in the lineage, and there is little that distinguishes these unions from customary marriage, apart from the fact that the marriage customs have not been performed or completed.

Free marriage may occur in the premarital period and function as a

trial marriage, but the data of the lineage suggest that once a free marriage has been established and is recognized as such by the community there is little chance that it will develop into a customary marriage (see case 3) (70). Men, in particular, are reluctant to ratify something that they feel is already in existence. Moreover, they know that separation may be near, so they do not want to tighten the bonds.

Free marriage can also occur in the "postmarital period", if we may call it that. Several members of the lineage, particularly women, who have had some frustrating experiences in their married lives and have divorced a few times, are no longer interested in going through all the customs when they meet a new partner, and are content with a free marriage (see further Bleek 1975a:162-167).

Another explanation may be that their advanced age has put them in a weaker bargaining position in which they cannot insist on formalities (Tetteh 1967:209). Case 5 illustrates this tendency.

In a sense, however, every customary marriage starts off as a free marriage, unless the first and second part of the marriage ritual are performed at the same time, but there is an essential difference between unions which gain recognition through the traditional channels (for example Case 4), and unions which secure themselves a place without these traditions (Case 3 and 5). The former are more directed towards customary marriage than the latter; in other words, it is more likely that Case 4 will grow into a customary marriage than that Case 5 will do so.

A free marriage which comes into existence without any customary rites is more an alternative to than a preparation for customary marriage (71). We have defined "free marriage" as a union that is publicly recognized but not concluded according to customary usage. This means that free marriage by definition lacks the most important incentive for legalization, namely the need for public recognition. The partners in a free marriage have no reason to act differently from partners in customary marriage. The free character of their union is hardly a reason to limit their number of children, and the insecurity of the union is no reason to arrange their finances in a different way from those who are customarily married. In fact,

customary marriage is about as "free" and insecure as what we - perhaps too exclusively - have termed "free marriage". Only if a free marriage lies on the borderline with lover relationship, as some do, the attitude to having children and sharing economic assets is likely to be different.

6.8. Lover relationship

What distinguishes a lover relationship from a free marriage is essentially its secret character. All other distinctions stem from this basic one. The fact that the partners do not meet in the open and do not stay together, that the woman does not regularly cook for the man, and that the man does not inform the woman's parents and lineage about his intentions must be seen as arising from the fact that they do not want their relationship to become known.

Secrecy is always a matter of degree. The relationship may be known to nobody, especially in the tender beginning, or only to a few very close friends; but there are also secrets which are known to everybody. In a way, they are nevertheless secrets, and they are talked about as secrets.

Secret lover relationships that come to light, willingly or through a pregnancy, may develop into a free marriage or into customary marriage. More often than not, however, they break off before that point. Early sexual contacts, as described in chapter 3, should be considered as lover relationships, provided that they are based on personal affection. Let us first look at some cases of secret sexual relationships in Amo's lineage.

Case 6. Yaw Ofori and Akosua B.

"The second girl I had sex with was Akosua B. from Ayere. One Easter I was in the canteen and Akosua was standing outside. I and my friends invited her to drink beer with us. There were also some of her friends with her. I asked one Adwoa N., Akosua's friend, to speak to Akosua B. about love on my behalf. The reply was favourable and the third day Akosua B. had sex with me. I was then 20 years old and Akosua about 19.

For preventing pregnancy I used the rubber system. The girl used to visit me frequently but she never became pregnant. I was then a driver and used to give her shoes.

My father found out about the relationship between us. He questioned me about it but I told him that we were mere friends. I played a trick on my father. Akosua and her friend used to visit me together and when my father went to bed, Akosua's friend went out and left me and her alone in the room. Akosua's parents never got to know of our friendship, but her brothers and sisters knew it. We flirted for about one year." Ofori (Amo's stepson)

In Ofori's case a number of people know about his affair right from the beginning, since he proposed love to her in the presence of his own and her friends. Her brothers and sisters also get to know about it, but the most crucial relatives are kept outside the secret: the girl's parents and - to a lesser degree - Ofori's father (his mother is dead). Important to note in this case is the giving of gifts and the attempts to avoid conception. Both are requisites of a lover relationship.

In the next case the male partner is younger and - more important - impecunious as he is still in school. This results in a higher degree of secrecy because, as a schoolboy, he is more vulnerable to social sanctions. His inability to give presents to the girl is compensated by his status as a student at secondary school. His lack of sexual experience results in pregnancy, at which point the relationship ends.

Case 7. Kwame Aboa and the Ewe teacher

"During the long vacation between form 3 and 4 I stayed in Ahinase. My father has a village not far from there, but since water was scarce I preferred to stay in Ahinase, with one of my mother's sisters. During day time I stayed with her and I did everything in the house. I took my bath there, ate, and so forth. In the night, however, I slept with a friend who was a teacher.

At that time there was only one female teacher in the town. She was an Ewe girl and very neat, the neatest girl in the town. I liked her, but I felt a bit shy to tell her directly, so I wrote her a letter that I was in love with her. She did not reply, perhaps because of her English, so I sent a young girl to call her. She came and we met in the street. I asked her for her reply to my letter but she did not say anything. I took her silence as consent and visited her in her room. She was independent and stayed alone in the room.

I did not take the trouble to find out whether she had any other friend. I knew that the people in Ahinase were shy to approach a beautiful and neat girl, and would find her too high for them. So I was quite sure that no one had gone into her yet. Moreover I had a brother in that town, who is now dead, and he advised me to try this girl. I was the only secondary school student in the town and I am

sure that, if there were any teacher who was her friend, he would retreat as soon as he saw that I was making advances. All teachers were pupil teachers (72).

She was very good for me and remained my friend for the whole of form 4. She often cooked for me and I had to tell my aunt sometimes that I was satisfied and could not eat again, but I did not tell her that the girl had cooked for me.

I often went to sleep with her - in average perhaps twice a week - but always secretly. My aunt never found out that I slept with her. Sometimes, when she sent somebody in the morning to call me and I was still with the girl, my friend answered that I had gone to toilet and that he would send me as soon as I returned. He then came to the girl's house to call me and I went to see my aunt."

When the girl became pregnant she returned to her hometown in the Volta Region. Her parents, according to Amoa, did not want their daughter to marry him because he was a Kwahu and Kwahu are notorious for their witchcraft and, secondly, he was still a school boy, who could not look after their daughter. They did not even want his name to be mentioned in connection with the pregnancy. Amoa concludes his account by saying:

"I continued to write with her for some time. After the birth of her son I scraped some money together and sent her two pounds. She replied that she had received the money and that was the end of our correspondence, since my name should not be mentioned any more." Amoa (B.VI,36)

The above two cases of lover relationships belong to the category of relationships which are least secret and about which - for that reason - we collected most information, viz. the premarital lover relationships. It was not difficult to interview members of the lineage on this point. Young male respondents in particular enjoyed relating their amorous escapades to us, and few showed regret or shame about them.

There is, however, another category of lover relationship which is harder to document, viz. the extramarital relationship. Married men who carried on secret love affairs were less prepared to tell us about them in detail. Some tried to hide their liaisons from us, others mentioned them only briefly and purposely kept further information vague. It is clear that extramarital relationships are felt to be more illicit than premarital ones.

Whether it may be concluded from this that they are also less common than premarital lover relationships is difficult to say, but we suspect that they are not (73). Male informants assured us that most married men continue to have sexual relationships with women

other than their wives. That a man takes a mpena around the time that his wife gives birth is considered as normal practice because, as Antwi (Case 4) says, "a man cannot live without a mpena".

Most women suspect their men of engaging in secret love affairs but so long as they do not know about them all is well. The next case describes such a lover relationship involving Amo, the head of the lineage. For a man of his position it was extremely important to keep the relationship secret, but he was not successful and was found out by his wife Asantewa. Amo later married the woman he had been courting, he was then about 67 years old. The story was told to us by his classificatory grandchild Agyanka (A.VII,5) and by the tenant involved in the case. We would never have dared to ask Amo personally about the affair.

Case 8. The wooing lineage head

"Before Amo married Theresa, Asantewa was his only wife. She worked very hard with him and did not want anyone else to come in to profit from her labour.

So when Amo got interested in Theresa he brought her to his house in secret. She would come and sit in the room of one of the tenants till Asantewa had gone to sleep. She would then come out and sleep with Amo. This occurred about six times until Asantewa discovered it. She pretended to sleep but watched through the key hole. As soon as she saw Theresa going into Amo's room she came out and asked her what she wanted in her husband's room. Amo asked Theresa not to reply and to go back to the tenant's room.

A quarrel broke out first between the two women and finally between Amo and Asantewa. The husband of Afua Fofie, who was then there, intervened.

Amo went then to sit in the pato and threatened to divorce Asantewa. But people around convinced them to go to bed since it was night.

The case was settled the next day and Amo was asked to pay something to pacify her (mpata). Amo (A.V,7)

Despite its extramarital character, the relationship in Case 8 was also, in a sense, premarital. Like the two previous cases it involved the possibility of marriage and did in fact develop into a marriage. It is beyond us to know whether Amo would have proceeded to marriage if he had not been found out by his wife, but we tend to believe that he would have done so. In this case the lover relationship was indeed the first step towards marriage. Case 8, therefore, demonstrates the role which an extramarital lover relationship may play in a

polygynous society.

Whenever a lover relationship leaks out and becomes publicly known there are three possible courses it can take. It may break off (see Case 7), it may become a customary marriage (Case 8) or it may become a free marriage.

Most lover relationships, however, are probably terminated before they come into the open (see Case 6), normally because the partners lose interest in one another, a rival appears, one partner catches the other with another lover, suspects him/her of infidelity, or one of them moves to another place. This applies particularly to the many extramarital lover relationships that are carried on in complete secrecy.

Case 9. Yaw Ofori revisited

Yaw Ofori, the taxidriver, talks frankly about sex. He is now married and has two children. He says that both times his wife brought forth, they did not sleep together for about six months, three months before and three months after the delivery. During that time, he says, he used to go to a girl friend, and took care that she did not conceive. He assured us that this is a common practice for most men.

Cases 9 and 6 bring up the topic of birthcontrol in the context of lover relationship. Chapter 11, which deals explicitly with extramarital birthcontrol, will take up this thread again. Another important observation in connection with Case 9 and other similar relationships is that the borderline between lover relationship and prostitution is sometimes difficult to draw. This leads us to the next section.

6.9. Prostitution

One might think that prostitution is not based on affection and feelings of personal attraction, but this is not correct. The few observations which were made of lineage members who practise prostitution at Ayere and in Accra strongly suggest that many of these relationships are not purely commercial.

It is exactly this point which defies an easy distinction between

prostitution and lover relationship. In a case study that dealt exclusively with the lineage we suggested that duration of relationship and intensity of emotional response could serve as criteria for this distinction but no reliable information could be collected about these criteria. We then took the mere mentioning of the partner's name as an indication that the relationship was stronger than prostitution, and we called it lover relationship (Bleek 1975:154).

The closeness of prostitution and lover relationship is illustrated by cases 10 and 11. Case 10 shows the viewpoint of a male lineage member who is a "client", and Case 11 is the story of a prostitute in Amo's lineage.

Case 10. Kwasi Ntiri and the "town girls"

"After Erica's case I did not marry anymore, nor did I have a good friend. So, I have been staying without a good friend for about four years now.

If I feel like it, I can call some girl. I think there are about ten girls I have been sleeping with since, but they are not my real friends. I have now experience and will not make the same mistake again. I am not going to spend huge amounts of money on girls I do not want to marry. They are "town girls". If I now decide to make someone my friend, it means that I intend to make her my wife.

Some of the girls stayed for about one or two months, but they are not friends. I go myself to call them, I do not send anyone else. I may give them small gifts like underwear or small money like a cedi, but I am not going to give them big things like a cloth. If I stopped giving them small presents, they would not come back.

These girls are experienced, not school girls. However, they are not prostitutes, because they sleep only with me. If I find out - as has happened - that they go to someone else, I sack them. People know that I sleep with these girls." Ntiri (B.VI,28)

Ntiri's case is certainly a borderline case. He emphasizes that the town girls are not prostitutes and that they sleep only with him. He may be right, but he is probably mistaken, or perhaps he is boasting to keep up his self esteem. Whatever the case may be, he also emphasizes that they are not friends, and, further, that he pays them in money or in kind. It is because of this aspect that we chose to define his sexual relationships as prostitution.

The next case refers to a female lineage member who practises prostitution in Accra and, when she comes to Kwahu, at Ayere. She earns her living by prostitution and by selling food along the road

side. She has one child and lives with her sister, two other female members of the lineage and some other Kwahu women in two rooms in a densely populated suburb of Accra. All of them are prostitutes. A 17 year old boy, a middle school leaver, who slept in the same compound kept a diary of their activities for nearly two months. His notes are based on observation and cursory conversation. Case 11 summarizes some of his notes.

Case 11. The friends of a prostitute

Akoma is about 24 years old. She shuttles between Accra and Ayere, but most of the time she is in Accra where she earns her livelihood by prostitution and selling roasted corn and "ball fruit" (sort of doughnut).

She claims that at the end of the month she charges men four to five cedis for spending the night with her. In the middle of the month the amount is one to two cedis. Sometimes she practises her profession in the room where she stays, but more often than not she goes along with customers who come to call her, and returns home the next morning.

It was observed that it is often the same men who visit her and Akoma asserts that one of them, a driver from North Ghana, is her special boy friend. The driver gives her, among other things, old newspapers which she uses to wrap her "ball fruits". One day Akoma was seen washing her friend's clothes and bed sheets. Akoma (B.VI,29)

There is no need to add much to the above cases, but we want to make some general remarks in conclusion. Prostitution has become a common practice in Ghana, particularly in the urban centres where there is a shortage of women. In the lineage we counted at least 6 professional prostitutes out of a total of 27 adult women below 40. Most of the time they live in Accra, but they frequently come to Ayere and may stay on for several months. They are known in the town as the "Accra girls" and during funerals they try to convince their townsmen of their successes in city life by parading through the town in their best dresses. Most people look somewhat askance at them but they are not outcasts (74).

6.10. Statistics

It would have been ideal if some of the trends which we discerned in the lineage could be tested in the larger Male and Female Samples,

but this was only possible to a very limited extent. Lover relationships and, a fortiori, the practice of prostitution are not apt subjects for the type of interview which is used in ordinary surveys. Only repeated conversations, based on a mixture of familiarity and yet a lack of belonging to the community, can elicit this type of information. It has been stated before that during the Female Sample interviews, for example, free marriages were sometimes presented as customary or church marriages. These obstacles prevent a simple statistical analysis of trends over a larger sample.

The respondents were asked about their marital status. If they said they had no partner, they were asked whether they were widowed, divorced or had never married. If they said they had a partner, they were asked whether they had married according to the customs, and if so, whether they had had their marriage blessed in church and/or registered under the Ordinance. If they said they had not performed all the customs, we asked whether the male partner had informed the woman's family or had just taken her as a lover (mpena).

We assumed that practically all answers falling into the last two categories would refer to free marriages and not to lover relationships. Lover relationships, therefore, remain an unknown factor which may be hidden within each of the categories that we have mentioned above: divorced, widowed, never married, customary marriage and free marriage. Keeping in mind the statement "A man cannot live without a mpena", and - perhaps wrongly - assuming that this statement applies to women as well, we could presume that respondents who indicated that they had no partner are most likely to be involved in a lover relationship or in some kind of prostitution. This likelihood seems slightly less in the case of customary and free marriage.

In the tabulations below we shall relate marital status to age, education and religion. We must sound a warning that responses on marital status in the Female Sample are slightly suspect; correlations between marital status and education and religion will only be tested in the Male Sample.

The Tables 6.4 and 6.5 confirm what was to be logically expected: that younger respondents are less likely to have an official partner than the older ones, although the marriage ratio declines again among

Table 6.4: Age and marital status in the Male Sample
(percentages in brackets)

| | divorced* | never married* | customary marriage** | free marriage** | total |
|-------------|-----------|----------------|----------------------|-----------------|-----------|
| -29 years | 6 (14) | 12 (28) | 21 (49) | 4 (9) | 43 (100) |
| 30-39 years | 5 (20) | - | 19 (76) | 1 (4) | 25 (100) |
| 40 + years | 1 (3) | - | 29 (91) | 2 (6) | 32 (100) |
| total | 12 (12) | 12 | 69 (69) | 7 (7) | 100 (100) |

$z=3.94$ $p<.001$

*) combined for U-test

***) combined for U-test

Table 6.5: Age and marital status in the Female Sample
(percentages in brackets)

| | divorced* | never married* | customary marriage** | free marriage** | total |
|-------------|-----------|----------------|----------------------|-----------------|--------------|
| -19 years | 4 (17) | 3 (12) | 12 (50) | 5 (21) | 24 (100) |
| 20-29 years | 9 (10) | 3 (3) | 66 (77) | 8 (9) | 86 (99) |
| 30-39 years | 4 (8) | - | 43 (86) | 3 (6) | 50 (100) |
| 40 + years | 3 (18) | - | 11 (65) | 3 (18) | 17 (100) |
| total | 20 (11) | 6 | 132 (75) | 19 (11) | 177 (100)*** |

$z=1.64$ $p<.05$

*) combined for U-test

***) combined for U-test

***) excluded: one widowed, one unknown

women over 40 years of age. From this it may be hypothesized that young respondents are more likely to be involved in lover relationships.

Table 6.6 shows a tendency for customary marriage to be more associated with illiteracy than with education. The proportion of respondents who are divorced or have never married is highest among those who have been to school. Lover relationships are also likely to be most frequent in this group.

Table 6.7 shows a tendency for protestants and catholics to be more associated with the absence of a demonstrable partner than those

who adhere to the traditional religion or those who belong to one of the so-called independent churches. Again, lover relationships and prostitution are likely to follow mainly along the same lines.

Table 6.6: Education and marital status in the Male Sample
(percentages in brackets)

| | divorced* | never married | customary marriage** | free marriage** | total |
|--------------------------|-----------|---------------|----------------------|-----------------|-----------|
| illiterate | 1 (4) | - | 20 (87) | 2 (9) | 23 (100) |
| primary/middle school*** | 10 (15) | 10 (15) | 43 (66) | 2 (3) | 65 (99) |
| beyond middle school*** | 1 (8) | 2 (17) | 6 (50) | 3 (25) | 12 (100) |
| total | 12 (12) | 12 (12) | 69 (69) | 7 (7) | 100 (100) |

df=1 $x^2=6.32$ $p<.05$

*) combined for x^2 -test
 **) combined for x^2 -test
 ***) combined for x^2 -test

Table 6.7: Religion and marital status in the Male Sample
(percentages in brackets)

| | (a) divorced | (b) never married | (c) customary marriage | (d) free marriage | total |
|----------------|-----------------|----------------------|---------------------------|----------------------|-----------|
| (1)traditional | 1 (6) | - | 14 (82) | 2 (12) | 17 (100) |
| (2)protestant | 8 (17) | 8 (17) | 29 (63) | 1 (2) | 46 (99) |
| (3)catholic | 2 (7) | 4 (13) | 20 (67) | 4 (13) | 30 (100) |
| (4)sectarian* | 1 (14) | - | 6 (86) | - | 7 (100) |
| total | 12 (12) | 12 (12) | 69 (69) | 7 (7) | 100 (100) |

df=1 $x^2=4.24$ $p<.05$

For x^2 -test the following combinations have been made: (a) with (b), (c) with (d), (1) with (4), and (2) with (3).

*) Includes: "Independent churches", Jehova's Witnesses and S.D.A.

6.11. Conclusion

In this chapter we have attempted to describe and categorize the

different types of sexual relationship which occur in Amo's lineage. We started off by saying that the lineage holds an ambiguous attitude towards marriage. The members may be advised to marry legally but at the same time they experience interference and opposition to their marriage from the side of the lineage when their conjugal ties become stronger and threaten to override kinship ties.

This and other factors account for a kaleidoscope of sexual relationships in the lineage, varying from the indissoluble catholic church marriage to ephemeral lover relationships and prostitution. Special attention was paid to the characteristics of lover relationships and the conditions under which they occur because there are indications that lover relationships in particular are associated with the practice of birthcontrol.

Lover relationships tend to remain concealed and escape perfunctory survey interviews and quantitative analysis. Little could be said, therefore, about the probable incidence of lover relationships in the total rural community.

HUSBAND-WIFE RELATIONSHIP

"What is a man? I have my own money!"
Afikpo woman (Ottenberg 1959:215)

7.1. Status of wife - mother

Militant female anthropologists have argued that it has become an established practice to study societies from a male point of view (e.g. Singer 1973:80). This practice, according to them, has the result that there is insufficient information about women in Africa, and also that studies which do deal with female roles tend to under-value them. Rattray writes that it took him several years before he realized the social importance of women in Asante. When he asked the elders why they had not told him about this, they replied, "The white man never asked us this; you have dealings with and recognize only the men; we supposed the European considered women of no account, and we know you do not recognize them as we have always done" (1923:84).

In 1955 Evans-Pritchard gave a lecture on "The position of women in primitive societies" in which he subtly remarked that anthropological reports about women in these societies often revealed as much about the Victorian society the anthropologists came from as about the society they had set out to describe (1965:38), but this very same accusation was some time later laid at his own door (Singer 1973:80).

This Kwahu study is also liable to Singer's first accusation. It views marriage and sexuality mainly from the male side, but we do not believe that it underestimates the position of women. As a matter of fact, Singer's critique hardly applies at all to the Akan situation. Several students of Akan society have stressed the relative independence of the married woman and warned the casual observer that he (she?) should not be misled by outward servile behaviour of women (75). Women have status primarily as mothers. Proverbs teach us that a mother takes a key position in one's life and that she is

irreplaceable, for example, Wo na di hia a, wunnyae no nkofa obi nye na (When your mother is poor, you do not leave her to make someone else your mother) (76). The same idea is expressed by the replies that were given by lineage members and school pupils about whom they would save if they had to choose between their mother, spouse or child (chapter 6, section 6.1).

A woman's status as a mother cannot be entirely separated from her status as a wife. It is true that generally the outward signs of prestige are only attributed to her by her children and not by her husband, but the roots of the mother-status nevertheless extend to the wife-status.

There is, to start with, the matrilineal principle according to which family membership passes through the woman. Such a principle is likely to elevate the position of women: "They are the keystone of the whole structure", according to Rattray (1923:85). A second point is that a married woman is hardly ever cut off from her lineage. She remains a member of her lineage, and her husband cannot deal with her as an isolated individual. Any offence against her touches the whole lineage and will rebound on the husband. Rattray quotes in this context a proverb, Ako ntakara, se wuhu ne nko a, nto no bo, na ofi dodo mu (If you see a parrot do not throw a stone at it, for there are many others) (Rattray 1923:79). This backing of the matrilineage is not only a moral support; it gives the woman a high degree of independence from her husband because whenever she is tired of marriage she can retreat from it and return to her lineage. This possibility of divorce is an important constituent of female status (cf. Pool 1968:251; Oppong 1974:118). Divorce does not entail loss of status or security. Both, status and security, are ultimately invested in the lineage.

Another important factor contributing to the status of a married woman is an economic one. Although married women in the rural towns and villages are supposed to work on their husbands' farms under their supervision, most of them are, potentially, economically independent from their husbands and all of them keep separate accounts (77). They support themselves, and often their children, from activities such as farming, trading, poultry, baking, and

dressmaking. McCall (1961:291) writes that "there is an expectation that women will support themselves even after marriage, and that they will contribute to the support of the children". The same author reports in his study of market women in Koforidua that 80% of the women interviewed by him received less than 5 shillings (20 p.) per day from their husbands and that by their trading they managed to escape their husbands' supervision (McCall 1961:295-298) (78).

A similar situation exists in Amo's lineage. Women complain that their husbands give them too little "chopmoney" (akɔ̃nhamabɔ) and that they themselves contribute more to the upkeep of the family than the men. In a few cases the woman alone bears all the expenses and has to support the man as well (Bleek 1974a:145). In such cases it is correct to speak not only of matrilineality but also of matrifocality, as Smith does for the Caribbean (Smith 1956).

Outside the conjugal context there are two more indices of female status, namely in the field of politics and religion. Women in the royal family can become the ɔhemma (queen mother), a function that carries real judicial and political power, also over men (Rattray 1923:81-85). One queen mother of Ejisu, Yaa Asantewa, who in 1900 led the Asante in their last war against the British, has become a proverbial example of the power and leadership qualities of women (79). The wisdom of women in judiciary affairs is symbolically referred to when the elders retreat to take a final decision in a court case. This act of retiring is called yɛkɔ̃bisa aberewa (We are going to consult the old woman).

In religious ceremonies women play prominent roles. Besides the chief (ɔhene) the queen mother has important religious functions to perform (Rattray 1923:105-106) and she is not the only one; any woman who is selected by a god can become a priestess (ɔkɔ̃mfɔɔ) and rise to a high social status.

This line of the tradition is continued in the christian churches and in the new so-called "independent churches" where women often take leading positions and freely address the other church members. An impressive number of independent churches have been founded and are headed by prophetesses.

A last point which we hesitatingly bring to the fore as an index

of the relatively high status of women is connected with witchcraft accusations. If the proposition that witchcraft accusations are predominantly launched against relatives of a higher social position is correct, as we have propounded elsewhere (Bleek 1975a:383), then is it certainly significant that the vast majority of people accused of witchcraft are women (80). It may be an indication that women have social power and are objects of fear (cf. Nadel 1952, about Nupe witchcraft). Others see the preponderance of female witches in most societies rather as an indication of the inferior status of women (van Wetering 1973, 1975).

It would, however, be presumptuous to state that there is equality between the sexes among the Akan, and among the Kwahu in particular. Much depends on how one defines concepts like "status" and "power". Sanday has rightly pointed out that, if one defines "status" as "the degree to which a person possesses characteristics valued in a particular society", or as "belonging to a certain category of people", then women in most African societies have a low status. But the situation changes considerably when one removes the elements of prestige and position from the definition and concentrates on economic contribution and political rights (Sanday 1973:1682). By doing this Sanday attempts to remove the terminological confusion around "status" according to which women in Europe and America who are mere "flower-pots" without any economic contribution would be described as having a high status, while African women, who make a solid contribution to the running of the economy, would be described as low-status.

However, it is wrong to throw concepts like "prestige" and "position" overboard, because they do play a crucial role in determining status. Sociological studies of class, caste and political power have demonstrated that economic contribution is not always congruent with social status. The opposite rather tends to be true. The same applies to the status of women in many African societies and, to an extent, to the society we are dealing with, the Kwahu.

There is no denying that Kwahu society is in many respects a male dominated society. The degree of male domination varies in the different social domains and is perhaps the strongest in the domestic

domain. Women owe respect and obedience to the man who heads their lineage, and to their own brothers who bear certain responsibilities with respect to their children. But wives do not show their husbands any less deference than this. Traditional norms stipulate that the wife should not eat with the husband, that she alone carries the foodstuffs from the farm, takes water for him to the bathroom, sweeps the compound, does the cooking, wipes his penis after sexual intercourse, and is submissive in speech. The role expectation of women coincides to a great extent with that of children. A self-respecting Kwahu husband will not carry anything on his head, fetch water, do laundry or assist his wife in any of her many household chores, at least, not openly.

The social forces underlying this code are interesting but intricate. Rattray may be right when he hypothesizes that the ultimately subordinate position of the woman has something to do with the fear of menstrual blood which is believed to pollute and endanger life (Rattray 1923:81). Male Kwahu were referring to menstruation when they pointed out that "a woman is dirty". "A bucket in which a woman has washed her things is taboo for a man and will never be used for carrying water to the barrel." "A sponge or a towel which has been used by a woman will not be used again by her husband." The same ideas probably underly, whether consciously or not, the reluctance of men to eat with their wives (see also Douglas 1970:166-187; Stephens 1967; Young and Bacdayan 1967).

The husband's domineering attitude, which perhaps arises from this sort of fear or from some other obscure sources, meets with subordination on the part of the wife. It is a subtle game of female cunning versus male pride, in which the male partner receives status and prestige from the woman and gives her power in return. The power in her hands only works if she pretends that she does not have it. This applies particularly to conjugal unions where the husband has no socio-economic position of importance. The power structure in elite marriages, where the bulk of the income is brought in by the husband, is quite different (Oppong 1974a:115-143).

In chapter 6 we quoted Basehart when he used the term "paradox" in referring to Akan marriage and kinship. The same term fits the status

of the married woman. Although the woman is the central figure in the conjugal family, official authority lies with the man, who is, however, frequently manoeuvred by his wife. This paradox is indeed only an apparent contradiction.

7.2. Status of the husband - father

The status of husband is a corollary of the status of wife. In anthropological literature dealing with matrilineal descent groups the position of the husband is often minimized or described in rather negative, almost hostile, terms. Lévi-Strauss writes of the common case where matriliney goes along with virilocal residence: "The husband is a stranger, an outsider, even an enemy, and yet the wife goes to live with him" (Lévi-Strauss 1949:149; cited by Douglas 1969: 122), and Schneider (1961:14) postulates that "matrilineal descent groups do not require the statuses of father and husband".

Considering that a Kwahu husband acquires only rights in uxorem and that the rights in genetricem remain with the woman and, more precisely, with her lineage, one would expect a Kwahu man to derive his status more from his quality as a husband than from his paternity. What has been said above about the status of the woman appears to confirm this.

However, express statements by - male - informants emphasize the importance of the father role in Kwahu. They first put forward the existence of the ntɔrɔ, a totemic spirit which is inherited from the father and could be regarded as a counterpart of the mogya (blood), which is passed on in the female line. During intercourse the ntɔrɔ of the man is/was believed to mingle with the mogya of the woman and form the child (Rattray 1923:36). This male principle has led some anthropologists to describe Akan kinship in terms akin to double descent (e.g. Murdock 1940:555), but this is a misinterpretation of Rattray, as Fortes rightly points out (1950:253). There is no need to deal more extensively with ntɔrɔ in this context, because the concept is virtually extinct in Kwahu now. Except for very old people and experts in tradition, informants look puzzled when they are asked to which ntɔrɔ they belong, or else they confuse it with ntɔn (clan)

(cf. Nketia 1955:26-30; Denteh 1967).

Informants who claim that a father in Kwahu has an influential position, mention his role in training and disciplining his children. They say that only the father has the right to beat his children and when their wɔfanom reprimand them, they will say: "You are not my father". Children also easily flout the orders of women; they only fear their fathers. Rattray quotes a proverb in this context: Deɛ wahyɛ wo ti 'sɛn, ɔno ɔbɔ no (He who moulds your head can also break it). Fortes writes, "It is a father's duty as well as his pride to bring up his children worthily and endow them for life". He further remarks that misconduct of children is blamed on their fathers (Fortes 1970:203). Personal observations, however, hardly support the important disciplinary role of the father. In Amo's lineage 38 members were asked whom they feared most at the age of six; only nine of them said: their father, and at the age of 14 this number had even decreased further. Out of 32 members who answered the question only 3 mentioned their father.

Another facet of the father status which is often quoted is his ritual role in traditional ceremonies such as outdoorings (Rattray 1927:63-64) and marriage of his children. A child is named after a paternal - classificatory - "grandfather" (FMB), and it is the father who is supposed to assist his son in choosing a wife and to provide the aseda. The father also receives the knocking fee and aseda for his daughter when she marries. This official role confirms his paternal authority over his children.

There are also economic ties. A son is supposed to work on his father's farm and his father may reward him for this. Amoo remarks that a wɔfa obtains the sanction of the father when he needs his wɔfase (ZS) for work at his farm (1946:229).

More indices of paternal status are reported by Rattray (1929: 8-17), Fortes (1950:265-270; 1970:191-216) and Kaye (1962:133-152), but Rattray makes an additional remark which is crucial for a correct understanding of the above arguments. He notes that the person who gave him the information "was possibly speaking from the point of view of father, and as such it is perhaps rather an ex-parte statement" (1929:10). He then quotes some more informants who clearly

state that the role of a father depends on his financial position: "An uncle can remove his wifase from his father's care should the latter be too poor to bring his child up properly.... On the other hand, an uncle will advise his nephew to stay with his father only if the latter is well-to-do" (Rattray 1929:10).

Statements by our own informants magnifying the parental status of the husband attempted to conceal the often insignificant roles of men regarding their wives and children behind a terminology of ideals and in reality the roles of husbands and fathers in Kwahu are often limited to the paying of school fees for their children. The first reason for this is the poor economic position of men. Additional reasons are the custom of separate conjugal residence and the high divorce rate. The former curtails a man's parental and conjugal roles in terms of locality, the latter in terms of time.

We must again refer to Smith's eminent family study of British Guyana where he proposes that the status of the father-husband is related to some socio-economic factors in society (Smith 1956). If a Kwahu man belongs to a higher class, he can bestow prestige on his wife and children and will be fully recognized as father and husband. If he belongs to a lower class, he has nothing to offer, no "good name" and no "riches", and his wife and children remain oriented towards their own lineage. Findings of Oppong (1974a) support this view at the elite end of the continuum and our own data support it at the poor end (81).

That the poor husband nevertheless assumes an air of authority and status vis-à-vis his children and wife can only be understood as a compensatory mechanism for the lack of real status.

7.3. Conjugal residence

A basic factor in the husband-wife relationship seems to be their type of residence, whether this is joint or segregated. Among the Kwahu, as among the Asante (Fortes 1949a:69), conjugal residence is - ideally - neolocal. Every adult man hopes to have his own house and to accommodate his wife and children. When a man is able to achieve this ideal, there is some guarantee that the conjugal relationship

will be strong. In the first place, the man has proved to be financially solid, and secondly, the nuclear-family type of household is expected to be more conducive to jointness of conjugal rôles.

However, when a man is not able to set up his own household - and most men belong to that category - the wife is supposed to come and stay with her husband's matrikin, which, in most cases, will boil down to virilocal-avunculocal residence. This form of residence attracts few women; it would mean that she must live with "strangers" and be controlled by her in-laws. Moreover, such a residence would conflict with a deep-seated feeling that one should avoid frequent contacts with in-laws.

Most married women in such a position, therefore, choose to stay on with their own family, if the distance between their in-laws' family house and their own is not too big. The problem does not present itself when the husband emigrates to another place and rents a room. In that case the wife has less objections and will come and live with him. Table 7.01 shows how common it is for husband and wife to actually stay together.

Table 7.01: Type of conjugal residence in lineage, Male and Female Sample (percentages in brackets) *

| | lineage | Male Sample | Female Sample |
|----------------------|----------|-------------|---------------|
| joint residence | 20 (56) | 50 (66) | 93 (56) |
| segregated residence | 16 (44) | 26 (34) | 74 (44) |
| total | 36 (100) | 76 (100) | 167 (100) |

*) Excluded are male polygynous unions, unmarried respondents and unknown cases (lineage: 6; Male Sample: 24; Female Sample: 12)

These figures show a remarkable agreement with data of the Post Enumeration Survey for Asante, where 58% of the married women and 66% of the married men reported joint conjugal residence. Fifteen years earlier Fortes had found that in Agogo (Asante) not less than 80% of the married women were living with their matrikin (82). There is reason to believe that the rate of joint residence is indeed increasing due to various factors (Fortes 1949; Bleek 1972).

The rather widespread incidence of segregated conjugal residence is, however, not in line with the desires of the bulk of the respondents. There is a general agreement that husband and wife should reside together, although this desire is less strong among female respondents ($p < .01$). The exact proportions are given in Table 7.02, which is taken from the Male and Female Samples only.

Table 7.02: Preferred type of conjugal residence by sex of respondent (percentages in brackets)

| | male | female | total |
|--------------------------------|----------|-----------|-----------|
| joint residence preferred | 95 (97) | 154 (86) | 249 (90) |
| segregated residence preferred | 3 (3) | 25 (14) | 28 (10) |
| total | 98 (100) | 179 (100) | 277 (100) |

$df=1$ $\chi^2=8.28$ $p < .01$
 missing observations: 2

The most common reason why male respondents (females did not reveal their reasons) prefer joint conjugal residence is that they can take better care of their wives and children. Other reasons, in order of importance, are that joint residence promotes understanding between the spouses, that there is less interference by relatives, and that it saves money. The last reason is to be understood as follows: When a man's wife stays with her lineage, her relatives will see how much "chopmoney" her husband gives her for buying food, and what she cooks, so the man feels obliged to give her a rather high amount of money. These problems would not arise if the wife stayed with him.

Twenty-two school pupils wrote essays about the residence topic. They also see the main advantage of joint residence as being that the husband can look after his wife better, the wife can look after the husband better and both can look after their children better. They refer to situations in which the presence of both spouses is particularly important, for example, when a child or one of the spouses is sick, when one of them has to travel or go to work, and when thieves come to the house. Other reasons why it is better for a

wife to stay with her husband refer to "chopmoney", to the education of the children, to the fact that the wife can keep an eye on her husband's contacts with other women, and vice versa, and to the idea that marriage simply ought to be lived in joint residence. Husband and wife can then be happy, they can discuss their problems and make plans together, they can comfort one another in difficulties, they can eat together and be one family. Finally, one pupil thinks that living together is the christian way and another one thinks that a man is not respected when he stays without a wife. A few passages from the essays are cited below. The girls in particular mention what the wife can do for her husband.

-It is good for a woman to stay with her husband in the same house in order to look after their children. When the woman is with her husband he will not allow her to sleep somewhere else. If the food has been cooked both of them will eat from the same plate without carrying it to the husband's house. If it happens that the husband is seriously ill in the night, the woman will take him to the hospital. fK 1468

-She will help him to make their house tidy. She will also help him on his farm. When the man is unhappy the woman will comfort him and when he is not well, she will look after him. It is not good for a woman to stay in another house because their children will not have a good treatment. She will prepare food for her husband when he is back from his work. The woman will help the husband in looking after their children when attending school. fK 1465

-Every day he gives his wife money to go to the market and buy some food and she prepares it for her husband. When she sees that her husband's dress is dirty she washes and irons it. fK 1464

The boys emphasize both the husband's and the wife's tasks in a joint household.

-It is good for a woman to stay with her husband in the same house because maybe the woman's house will be far from the man's house and if somebody wants the man, and the person knows the woman's house and goes there, the woman has to stop what she is doing and direct the person to her husband's house. Again, the woman has to carry her husband's food a long distance before she reaches her husband's house. As for thieves also they are afraid of going to a house in which there is a man, so if the woman alone is in the house, thieves can go there easily. Maybe the man and the woman have a baby, and the baby is with

the woman. If the baby is attacked by a certain serious illness, the woman alone cannot do anything unless she shouts for help. mK 1472

-If one of them is doing something bad, one of them will tell him or her to stop it. When the woman wakes up in the morning she will fetch some water for her husband to bathe. When her husband is bathing, she will start to prepare some food for her husband. As soon as her husband has finished bathing, the food is ready. The woman will not carry it anywhere and waste her time.

If one of them wants to take a concubine they can't do it because they are in the same house. mK 1473

-If the husband and wife stay in one house everything will be easy for them. mK 1484

The most striking aspect of these essays is that the role of lineage members is totally eclipsed. It appears that the pupils do not even take into consideration the fact that a married woman who does not live with her husband is most likely to stay with her matrikin, from whom she may expect much help. The pupils assume that there will be no man in the house if thieves come in the night, that there will be nobody to take one of the spouses to hospital in the case of sickness and that there is no person to look after the children if one of them has to travel or goes to work. In actual fact, however, these tasks are frequently performed by relatives.

The residence issue, therefore, brings to the fore two major discrepancies between people's desires or expectations and reality. In the first place, respondents overwhelmingly prefer joint residence to segregated residence whereas no less than about 40% of the marriages are still characterized by the latter. The second discrepancy is that school pupils expect a high degree of companionship and mutual help from spouses residing together while actual companionship and mutual help are often met on the kinship level rather than on the basis of marriage. The fact that the essays were written in a school context which bears a rather "christian" and westernlike character may have contributed to the pupils' view of conjugal relationships.

The above quotations should not be taken to mean that pupils have no objections at all to common residence in marriage. They do have some, but, strangely enough, only one of them brings up the argument which one would expect to be made more frequently, namely that a

woman belongs to her mother's family and is better taken care of in her lineage house. The drawbacks of joint residence, according to some pupils, are that the marriage will be more explosive and will degenerate more easily into quarrels and wife beating because the spouses will see one another's faults more clearly, and the wife will be very suspicious of other women coming to their compound.

-It is not good for a woman to stay with her husband in the same house because if the woman stays with her husband they always fight.

For example if her husband is a teacher and he always sends the school girls to do something for him the woman will think that the school girls are his friends and so the woman will be jealous.

Secondly if the woman conceives and her husband asks her something she will not give him a good answer and so they always fight. fK 1486

-One day a woman will make a mistake and if her husband is intoxicated he starts to beat her, but if a woman stays with her own parents that foolish husband will never beat her. mK 1483

In the association-test 83 Kwahu middle school pupils completed the sentence "If a wife stays with her husband in the same house...". The

Table 7.03: Distribution of associations by Kwahu middle school pupils to the sentence "If a wife stays with her husband in the same house...", by sex of respondent (percentages in brackets)

| | male | female | total |
|-------------------------------------|----------|----------|----------|
| positive association* | 33 (62) | 17 (53) | 50 (59) |
| negative: reference to fighting | 11 (21) | 4 (12) | 15 (18) |
| reference to sex/ high fertility | 2 (4) | 5 (16) | 7 (8) |
| unknown / unclear | 7 (13) | 6 (19) | 13 (15) |
| total | 53 (100) | 32 (100) | 85 (100) |

*) Includes: happiness, love, looking after children, co-operation between husband and wife and social control

items presented in this way were largely the same as appear in the Male Sample and in the essays, but one additional idea emerged. That

is that partners living together will practise more sex and subsequently have a higher fertility.

-they always sex at any time. mK 45

-she sleeps with her husband in the same room. fK 67

-they have many children because the wife cannot leave her husband and go out. So if they finish eating both of them go and sleep. fK 8

The distribution of positive and negative associations with joint conjugal residence largely supports the impression that common residence of the spouses is widely preferred (see Table 7.03).

7.4. Some aspects of jointness and segregation in marriage

A number of sociologists have demonstrated the usefulness of the concepts "jointness" and "segregation" of conjugal roles in classifying marital unions. The concepts proved to be particularly fruitful in predicting the type of wider social network to which the marriage partners belong (Bott 1957, Oppong 1974), marital adjustment and sexual gratification (Blood and Wolfe 1960:227-228; Rainwater 1965), attitude to family size (Hill et al. 1959, Westoff et al. 1961, Rainwater 1965, Rosen and Simmons 1971, Oppong n.d.a), and actual fertility (Rainwater 1965, DeHoyos and DeHoyos 1966, Stycos 1968, Back and Hass 1973, Fawcett and Bornstein 1973). In this study we have attempted to measure some aspects of conjugal role-relationships in the lineage and in the two larger samples.

Rainwater defines "role-relationships" of husband and wife as "their typical ways of organizing the performance of tasks, their reciprocal expectations, their characteristic ways of communicating and the kind of solidarity that exists between them" (Rainwater 1965: 29). For the purpose of this study we have occupied ourselves mainly with the performance of tasks. The first step was to select a few everyday activities that, according to Kwahu informants, would be useful pointers to more egalitarian relationships in marriage. Such activities would indeed prove valuable criteria for the conceptualization of two types of union, one more traditional, husband-dominated, and one more modern, egalitarian. The former is

characterized by segregation, the latter by jointness of conjugal roles (as is suggested by the answers of schoolpupils, further below).

The discussion on jointness and segregation and their various associations has mainly been carried on in the urban and/or western environment while rural marriages have been largely classified as having segregated conjugal roles. An attempt to distinguish more and less segregated roles within the totality of rural marriages, such as we wish to undertake here, has few precedents.

The vast difference between rural Akan marriage and elite Akan marriage is vividly illustrated when one regards the list of 17 household tasks used by Opong for establishing jointness and segregation in elite marriage (1974a:164). The list is totally inadequate for the average rural Akan marriage and some of the chores sound absurd in the rural context of Ayere, for example, "washing up, making beds, store-shopping, mixing food for baby, changing nappies and setting the table", not to mention "mending fuses and washing car". Some of the activities do not even exist in rural life and where they do exist they have a different social content. Only one of the activities on the list was considered useful for our purpose but even this was later on found to be misleading and had to be abandoned, namely washing shirts.

Four activities were selected which, according to Kwahu men and women, clearly typify a marriage as either joint or segregated. The activities are here presented in the form of questions.

1. Do you eat together with your wife (husband) ?
2. Do you (does your husband) sometimes help with pounding fufu? (83)
3. Do you (does your husband) sometimes carry foodstuffs from the farm?
4. Do you (does your husband) sometimes wash your (his) own things?

It was suggested that these questions refer to activities which a husband was not supposed to perform in traditional society, but which some men with more advanced and egalitarian views do perform today. So "yes" would indicate a joint relationship and "no" a segregated one.

The activities 1, 2 and 4 were tested for their suitability in the

association-test. The first two activities proved to be generally associated with equality and empathy but the last one was found to be more ambivalent and not suitable for our purposes; a husband washing his own clothes can be a sign of both jointness and segregation. Activity 3 was accepted without further testing.

The three remaining activities should not be simply understood as tokens of "modern" marriage. It was pointed out that, with respect to these activities, a husband and wife who act according to traditional norms in their home town may carry out the same tasks jointly when they stay in their "village" (akuraa; isolate farming settlement) or in a more urban environment. In both cases, there are no relatives or other relevant others who can observe them. Statements of jointly performed activities may, therefore, refer to both overt and covert egalitarianism. This ambivalence is strikingly expressed by the following two sentences.

-A man who eats together with his wife although it is good it is not good because when you and your wife are eating and your friend comes in and sees you he will laugh at you.
mK 239

-loves her but people outside may think he is a fool. ms
(Asante) 322

The associations made by pupils with the statement "A man who eats together with his wife..." show that female pupils in particular approve of husband and wife eating together.

-is because he loves her. fK 219

-is a good husband and also takes good care of his wife.
fK 210

-is always happy to discuss their matters quietly. fK 253

-if you do not eat together with your wife the food is not sweet. fK 278

Even when their knowledge of English is limited, they manage to express this approval:

-is a good man. fK 216

-is good for me. fK 225

But large numbers of male pupils also agree with the practice.

-is a good man because that will help them to be one always.
mK 209

-is love. mK 236

- eat gently. mK 247
- always wants peace between himself and his wife. mK 260
- always plays with his wife in their free time. mK 266
- converses with her or sometimes the wife will sit beside him telling him the home news. mK 276

Both male and female pupils associate eating together with peacefulness, companionship, love and - some say it explicitly - communication ("discuss their matters", "telling the home news", "converses with her", etc.).

Some pupils, however, base their approval on suspicion: the husband may suspect his wife of cheating him or, worse, of poisoning him, if she does not eat with him.

- is a bad man because he knows that if the wife alone eats she will take all the meat and give him little. mK 230
- is quite sensible, because it may happen that she has put poison in it. ms (Asante) 324

With one exception the few pupils who react in negative terms to eating together are all male. They believe that the man degrades himself, that the woman will take advantage of him or that others will ridicule him.

- is foolish because a man who eats together with his wife will let the wife not obey him. mK 213
- is not an important man, because when anyone comes to his house he or she would never be respectful to him. mK 217
- is always found buying food or asking his wife for more food because women know how to eat (eat faster) than men. mK 223
- likes his wife too much so if he doesn't eat with her she will stop their marriage. mK 248

The distribution of all responses by Kwahu middle school pupils is given in Table 7.04. Noteworthy is the fact that practically all female pupils are in favour of husband and wife eating together, while a small minority of the males have objections. Comparison with Accra middle school and secondary school pupils (not tabulated here) reveals that their disapproval of eating together is equally rare if not even more so.

The associations with the sentence "A man who helps his wife to pound the fufu..." show a similar picture. All pupils praise the

Table 7.04: Distribution of associations by Kwahu middle school pupils to the sentence "A man who eats together with his wife...", by sex of respondent (percentages in brackets)

| | male | female | total |
|-----------------------------|----------|---------|----------|
| expression of love | 21 (38) | 13 (43) | 34 (40) |
| reference to happiness | 3 (5) | 4 (13) | 7 (8) |
| husband is a good man | 6 (11) | 6 (20) | 12 (14) |
| other positive | 7 (12) | 2 (7) | 9 (10) |
| reference to social control | 2 (4) | 1 (3) | 3 (3) |
| negative association | 10 (18) | 1 (3) | 11 (13) |
| unknown / unclear | 7 (12) | 3 (10) | 10 (12) |
| total | 56 (100) | 30 (99) | 86 (100) |

husband for his helpfulness and the love he has for his wife.

-is a very good man because not all men help their wife in pounding fufu. mK 659

-is a good husband and his wife always loves him. fK 652

Some pupils suppose that such a thing can only happen if the couple have no children, because pounding fufu is traditionally the work of women and children.

-because they don't have children. mK 633

The five pupils who criticize a husband pounding fufu are again all male apart from one. They think that the man acts below his status.

-is condescending himself. mK 616

-is not good because the wife will be very proud and will not respect you. mK 626

The distribution of all responses is given in Table 7.05.

Let us now look at jointness and segregation in the lineage and the two larger samples. We shall tabulate the answers to the questions about the three activities discussed above. Further, we shall examine some characteristics of those who claim jointness in their conjugal relationships. Respondents who have divorced and are currently without a partner refer to their previous marriage.

Table 7.05: Distribution of associations by Kwahu middle school pupils to the sentence "A man who helps his wife to pound the fufu...", by sex of respondent (percentages in brackets)

| | male | female | total |
|----------------------|----------|----------|----------|
| positive association | 23 (70) | 27 (90) | 50 (79) |
| neutral: no children | 6 (18) | 2 (7) | 8 (13) |
| negative association | 4 (12) | 1 (3) | 5 (8) |
| total | 33 (100) | 30 (100) | 63 (100) |
| unknown / unclear | 6 | 10 | 16 |
| final total | 39 | 40 | 79 |

Table 7.06: Jointness and segregation in taking meals by spouses (three samples; percentages in brackets)

| | lineage* | Male Sample | Female Sample |
|-------------------------|----------|-------------|---------------|
| joint | 15 (44) | 38 (44) | 51 (31) |
| segregated | 19 (56) | 48 (56) | 113 (69) |
| total | 34 (100) | 86 (100) | 164 (100) |
| other/not apply/unknown | 8 | 14 | 15 |
| final total | 42 | 100 | 179 |

df=1 $x^2=3.66$ $p=.0556$

*) Excluded from x^2 -test

Table 7.07: Participation by husband in pounding fufu (three samples; percentages in brackets)

| | lineage* | Male Sample | Female Sample |
|------------------------------|----------|-------------|---------------|
| joint: participation | 20 (65) | 59 (71) | 81 (51) |
| segregated: no participation | 11 (35) | 24 (29) | 78 (49) |
| total | 31 (100) | 83 (100) | 159 (100) |
| other/not apply/unknown | 11 | 17 | 20 |
| final total | 42 | 100 | 179 |

df=1 $x^2=8.26$ $p<.01$

*) Excluded from x^2 -test

received a one-score, bigamous ones a two-score, marriages involving three wives a three-score, etc. The range of the JS scale is from one (for monogamous marriages with three joint variables) to five (for bigamous marriages with three segregated variables). Marriages with three or more wives could even reach a higher score than five. A total score of one points to maximal jointness, a total score of five or more to a maximum degree of segregation. Tabulations are presented in Table 7.09.

Table 7.09: Jointness-segregation scale in three samples
(percentages in brackets)

| | score* | lineage** | Male Sample | Female Sample |
|-----------------------|--------|-------------|--------------|---------------|
| joint | 1 | 4 (17)} | 21 (27)} | 15 (10)} |
| moderately joint | 2 | 9 (37)}(54) | 31 (40)}(67) | 49 (34)}(44) |
| moderately segregated | 3 | 4 (17)} | 11 (14)} | 31 (22)} |
| segregated | 4 | 6 (25)}(46) | 12 (16)}(33) | 36 (25)}(56) |
| strongly segregated | 5-6 | 1 (4)} | 2 (3)} | 13 (9)} |
| total | | 24 (100) | 77 (100) | 144 (100) |

df=1 $x^2=10.76$ $p<.01$

missing observations: lineage: 18; Male Sample: 23; Female Sample: 35

*) scores 1-2 and 3-6 have been combined for x^2 -test

**) excluded from test

Table 7.09 shows that the modal score for all three samples is 2, which we have termed "moderately joint". Only 10% of the women report that their marriage is "joint", i.e. a monogamous marriage in which the husband - at least sometimes - eats with his wife, helps her pounding the fufu and carries head loads, but 27% of the men claim that they live in such a union. The lineage, with its mixed population of men and women, lies between these extremes. The JS scale demonstrates a significant relationship between sex and the reporting of conjugal jointness ($p<.01$).

There is a general opinion that the old norms of husband domination and conjugal segregation are breaking down among the young and those who have been to school. This popular belief is supported,

particularly with respect to education, by a number of studies (e.g. Caldwell 1968a, Oppong 1974a), and by our personal observations. In our immediate environment we never observed older members sharing their meals with their wives or assisting them in the preparation of food, whereas it was not uncommon to see young husbands performing these activities. The difference was less sharp in the case of carrying foodstuffs.

It was further theorized that common residence and monogamy would also have a positive influence on jointness of conjugal roles. The rationale behind this presupposition needs no further explanation. The following four hypotheses could be formulated:

1. Younger respondents will have more joint conjugal relationships than older ones.
2. Educated respondents will have more joint conjugal relationships than those who have not been to school.
3. Respondents who live together with their sexual partner will have more joint conjugal relationships than those who live separately.
4. Respondents in monogamous unions will have more joint conjugal relationships than those who live in polygynous unions.

The degree of jointness could be measured by three variables: taking meals, pounding fufu and carrying loads, which altogether resulted in a total of 12 tests. The tests were applied to the combined Male and Female Samples and most of the relevant tables are presented in Appendix 2.

With regard to age the hypothesis is not upheld. Younger respondents do not report significantly more jointness in their marriages than older respondents. Only with respect to taking meals is the relationship clearly in the expected direction, and even then it is not significant (Table A.03). The tabulations disclose that 45% of the married men below 30 years of age never eat with their wives, 23% of them do not help their wives pounding fufu, and 13% say that they never carry head loads. The corresponding figures for men above 39 years of age are 66%, 35% and 28%. Among the married women below the age of 30 64% report that their husbands never eat with them, 46% that their husbands never give help when they pound the fufu and 48% that their husbands never carry loads on their heads. The percentages

of women of 30 years of age and above who make these claims are 77, 53 and 37 respectively.

Education presents us with a similar picture. There is no statistically significant influence of education on the participation of husbands in preparing fufu or carrying loads. There are, on the contrary, vague indications that a man who has been educated above middle school will tend not to perform certain domestic tasks, for example carrying loads. His scorn for such activities does not so much derive from his status as a husband but rather from his educational status. In view of this one may even wonder whether the introduction of education has not worsened the position of women versus men since, until recently, considerably more men than women went to school, particularly beyond the elementary level. Eating together seems to be the only activity positively influenced by the fact that one of the spouses has been to school (Table A.04; $p < .01$). The answers of respondents regarding education and jointness/ segregation have been summarized in Table 7.10 below.

Table 7.10: Percentages of respondents who reported segregated activities with regard to eating, pounding fufu and carrying loads, by sex and education of respondent

| | | taking meals | pounding fufu | carrying loads |
|----------|----------------------|-----------------|------------------|-------------------|
| MALES: | ever been to school | 46 | 28 | 24 |
| | never been to school | 83 | 32 | 22 |
| FEMALES: | ever been to school | 59 | 45 | 43 |
| | never been to school | 79 | 53 | 43 |

One might think that the hypothesis that spouses who live in the same house are more likely to take their meals together than spouses who reside separately, borders on tautology. It would, therefore, be no wonder that the relationship between type of residence and jointness in eating is statistically significant (Table 7.11). However, the relationship is not as self-evident as might be expected. No less than 26% of the husbands who reside separately from their wives are reported to eat - at least sometimes - with their wives,

whereas 58% of the men who do stay with their wives reportedly never eat with them. These facts support the view that common residence in marriage depends less on the type of husband-wife relationship than on other, more extrinsic, factors (cf. Bleek 1972).

This view is further strengthened by the two other statistical analyses concerning common residence. Husbands who reside together with their wives do not display a more egalitarian relationship by assisting their wives in pounding fufu or carrying foodstuffs.

Table 7.11: Type of conjugal residence and jointness/segregation in taking meals by spouses (Male and Female Sample combined; percentages in brackets)

| | jointness in eating | segregation in eating | total |
|-----------------------------|------------------------|--------------------------|-----------|
| joint conjugal residence | 61 (42) | 83 (58) | 144 (100) |
| separate conjugal residence | 24 (26) | 68 (74) | 92 (100) |
| total | 85 (36) | 151 (64) | 236 (100) |

df=1 $\chi^2=5.76$ $p<.05$
 missing observations: 43 (32 not apply; 11 unknown)

The last independent variable we wish to examine, namely, the number of wives, proves to be the most rewarding one. Husbands in polygynous unions are clearly more prone to assume the traditional role of husband dominance than men in monogamous unions. The probability is significant at the 1% level for pounding fufu (Table A.06), at the 5% level for eating (Table A.05), and is in the expected direction for carrying loads (Table A.07).

7.5. Openness and closure of the conjugal family

Social scientists have used various types of dual classification to describe family systems, for example, nuclear - extended, and western - traditional. These and most of the others were never well defined and often contained tacit presuppositions, which differed with each author. This slapdash usage of classification terminology crippled the possibility of intra-cultural and a fortiori.

cross-cultural comparative analysis. A new type of classification, closure - openness of the family relationships, was introduced by Bott (1957) and Farber (1966) although the terms date back to Weber and Redfield. Openness and closure refer to the conjugal family unit. A family is open when social rights and obligations extend across the boundaries of the conjugal family, for example, when a wife continues to reside with her lineage, when a husband supports his kinsmen financially, or when parental and filial roles are substituted by non-members of the conjugal family. In Ghana the closure-openness classification has been applied to urban elite couples and university students by Oppong (1972, 1974a, n.d.d).

A number of studies have suggested that closure of the conjugal family is associated with jointness of marital roles (Bott 1957; Farber 1966:80; or at least at the attitudinal level: Kerckhoff 1965: 96; Oppong n.d.d:8), although we should not treat the two as necessary associates (cf. Oppong 1971). Changes in family structure, when viewed in this model, are then seen as transitions from the openness and segregation pattern to closure and jointness.

Compared with urban elite families, conjugal families at Ayere are rather open. Four aspects of openness-closure of family organization were measured by us in the three samples at Ayere.

One aspect is attitudinal, three are factual and all of them are residence variables, namely, (1) preferred conjugal residence (joint or separate), (2) actual conjugal residence (joint or separate), (3) number of own children of respondent who are staying with someone else, and (4) number of children who are staying with respondent and who are not his(her) own. We are aware that we are only dealing here with some aspects of family organization, and that openness or closure depend on various additional factors such as allocation of finances, division of labour, authority roles and child care. On the other hand the residence variables are by no means negligible. Residence tends to be one of the key factors regulating other aspects of family life. Separate conjugal residence, for example, will involve a higher frequency of social contacts with matrikin and is likely to involve a more kinship- and less marriage-based division of labour and financial spending. Residence of children with non-parents

usually means a transfer of parental roles and, to some extent, of social and financial responsibility over the child. Thus conjugal and filial residence, are crucial indices of openness - closure of the conjugal family.

With regard to desired and actual conjugal residence we have seen (Section 7.3) that only about 60% of couples at Ayere live together although approximately 90% of them would favour common residence. The residence issue becomes still more complex when we include the residence of children in our discussion.

Residence of the respondents' own children with someone other than themselves is common. In the Female Sample 31% of the women have at least one of their own children staying with someone else and in the Male Sample this percentage is 44 (see Table 7.12). The percentages of respondents who have other people's children staying with them are 24 in the Female Sample and 41 in the Male Sample (see Table 7.13).

Table 7.12: Number of own children who are staying with someone else, per respondent, in 3 samples (percentages in brackets)

| | lineage | Male Sample | Female Sample |
|---|-----------------|-------------|---------------|
| number of children staying with someone else: | | | |
| 0 | 13 (34) | 51 (56) | 119 (69) |
| 1 | 9 (24) | 15 (17) | 53 (31) |
| 2 | 9 (24) | 13 (14) | - |
| 3 | 2 (5) | 3 (3) | 1 (.6) |
| 4 | 4 (11) | 1 (1) | - |
| 5 | 1 (2) | 2 (2) | - |
| 6 | - | 5 (6) | - |
| 14 | - | 1 (1) | - |
| total | 38 (100) | 91 (100) | 173 (100) |
| missing observations: | lineage 4 | | |
| | Male Sample 9 | | |
| | Female Sample 6 | | |

Table 7.13: Number of respondents who have children who are not their own staying with them, in 3 samples (percentages in brackets)

| | lineage | Male Sample | Female Sample |
|---|-----------|---------------|-----------------|
| number of other people's children who are staying with ego: | | | |
| 0 | 29 (74) | 56 (59) | 130 (75) |
| 1 | 7 (18) | 27 (28) | 39 (23) |
| 2 | 1 (3) | 5 (5) | 3 (2) |
| 3 | - | 3 (3) | - |
| 4 | 2 (5) | 2 (2) | - |
| 5 | - | - | - |
| 6 | - | 2 (2) | - |
| total | 39 (100) | 95 (99) | 172 (100) |
| missing observations: | lineage 3 | Male Sample 5 | Female Sample 7 |

Table 7.12 needs some clarification. When ego's children are staying with someone else, it does not always imply that the child is staying with someone who is not his parent. Many men report that their child is staying with his (the child's) mother. In such a case the man and the woman are usually divorced and the woman has taken the children along. When the two are still married but living separately the man as a rule does not regard his children as living "with someone else" although they are in fact staying with his wife in a different house. Only 5 men report in such a case that their child is living with somebody else whereas the number of men staying separately from their wives is 26. It is possible that these 5 men are more separated from their own child, or experience more separation, than those who feel that their child is staying with them although this is not strictly true. After all, the term "staying" (in Twi: te) is rather ambiguous. Does it mean sleeping, eating, spending the day or what? Children who are sleeping in their mother's house may in fact be spending some part of the day in the father's home. It should be clear, however, that a child's staying away from his parent

(the respondent) is usually not a case of fostering but rather a result of the instability of marriage or duolocal residence. The chance that a child can reside with both his parents decreases as he grows older because each marriage is likely to end in divorce at sometime (cf. Bleek n.d.b). Among the Ayere school pupils between the ages of 14 and 18 only 30% were staying with both parents.

A different situation exists with the child who is staying with the respondent but who is not his(her) own child. Such a child is usually a relative of the husband or the wife and sometimes, when the respondent is a male, his wife's child from a previous marriage or sexual relationship. Some examples of "open" filial residence are given in the case below.

Case 12. Residence of children in Yaw Manu's life

Yaw Manu (A.VI,11), 37 years old, is a teacher in a Kwahu town. When he was a child he stayed with many different people at many different places. Between the ages of 8 and 17 he stayed with his nana (MMB) Ayesu (A.IV,2), his mother, his wofa (MB) Siaw (A.V,3), his nana (MMM/S) Joseph (A.IV,9), again with nana Ayesu, and finally with a more remote relative at Nkawkaw. The reason for this high rate of residence with non-parents and the frequent shifts in residence was the early death of his father and the fact that he was sent to school. His mother was staying in a farming village most of the time with no school in the vicinity.

When Manu completed his training and became a teacher the history was repeated. He claims that 10 children of his two sisters and other relatives have been staying with him. Some stayed several years, others only a few months. They are typical examples of fostering. Manu as a teacher was believed to be a good educator and the children in return cooked his food, kept his room clean and performed the many chores in the house, particularly during the time that Manu was without a wife.

Manu also has 4 children of his own but, ironically enough, none of them is staying with him. The first child was born from Manu's relationship with a woman whom he never married. The second was born a few months later from a relationship with another woman. He married her legally but divorced her after a short time. The first child, who is now 15 years old, is staying with the mother, the second child, of the same age, is with the mother's mother. The two other children were born of Manu's second marriage. When the marriage broke down his wife took them along. At the moment one child lives with a remote relative of Manu's former wife and the other child stays with Manu's younger sister Beauty (A.VI,12). Manu has been living without a formal wife for about 6 years.

The fact that his own children are not living with him and have hardly ever done so in the past must be attributed to a number of

factors: he never married the mother of his first child, he never stayed with the mother of his second child, the mother of his two other children ran away from him and he has no wife at present. So premarital sex and the instability of marriage must be regarded as the chief reasons why he saw so little of his children.

Manu's case is no doubt an extreme one, and we do not present it here as a typical example of filial residence in a person's life. However, the case serves to present the various forms of children's residence with non-parents in their ordinary context. Children are sent to stay with relatives and sometimes friends to help that person in the household, to be trained and disciplined, or to enable the child to attend school. The last reason is less relevant nowadays. Further reasons for children not staying with their parents are often a result of marital breakdown or premarital sex. Women or men who have to care for a child alone may give the child to a close relative who is in a better position to do so.

A closure-openness scale (CO scale) was devised from the 4 aspects discussed above: the higher the score, the more open the conjugal family. Preferred and actual joint conjugal residence both received a 1-score and separate residence a 2-score. Respondents who had no children of their own staying with other people scored 0 and likewise did those who did not look after any children who were not their own. When the opposite was true, i.e. when respondents had children of their own staying with other people or when they themselves were looking after children who were not their own, they received in both cases a 1-score (84). It should however be noted that cases of filial residence with a non-parent did not receive a 1-score when it was the result of duolocal conjugal residence by the parents. The range of the CO scale is from 2 to 5, the former being maximal closure, the latter maximal openness.

The CO scale was cross-tabulated with all four jointness-segregation variables and with the JS scale. The tests corroborated two of the five hypothesized correlations between jointness-closure or segregation-openness. Polygynous unions tend to be more open than monogamous ones (Table 7.14) and spouses who take their meals jointly

have their conjugal unit more closed off than spouses who eat separately (Table 7.15). The tests fail to bear out the association between closure and assistance by husband in pounding fufu and carrying headloads and between closure and the JS scale.

Table 7.14: Closure/openness of conjugal unit and monogamy/polygyny in combined Male and Female Samples (percentages in brackets).

| | monogamy | polygyny | total |
|---------------------|-----------|----------|----------|
| score on CO scale: | | | |
| closed 2 | 57 (34) | 8 (21) | 65 (32) |
| moderately closed 3 | 75 (45) | 12 (32) | 87 (42) |
| moderately open 4* | 31 (19) | 17 (45) | 48 (23) |
| open 5* | 4 (2) | 1 (3) | 5 (2) |
| total | 167 (100) | 38 (100) | 205 (99) |

$z=2.56$ $p<.01$ missing observations (not married, not applying): 74
*) combined for U-test

Table 7.15: Closure/openness of conjugal unit and jointness/segregation of spouses taking meals in combined Male and Female Samples (percentages in brackets)

| | jointness in taking meals | segregation in taking meals | total |
|---------------------|---------------------------|-----------------------------|-----------|
| score on CO scale: | | | |
| closed 2 | 31 (46) | 37 (54) | 68 (100) |
| moderately closed 3 | 34 (35) | 62 (65) | 96 (100) |
| moderately open 4* | 11 (23) | 37 (77) | 48 (100) |
| open 5* | 1 (20) | 4 (80) | 5 (100) |
| total | 77 (35.5) | 140 (64.5) | 217 (100) |

$z=2.60$ $p<.01$ missing observations (not married, not applying): 62
*) combined for U-test

The degree of closure of the conjugal unit does not increase with younger age and higher education as might have been expected. Openness and closure of the family are useful tools to distinguish

between ideal types of family organization, for example, between the urban elite family studied by Caldwell and Oppong and the rural Kwahu family at Ayere. Openness and closure have also proved to be useful for classification of conjugal units within the elite population (see Oppong 1974a:110-112), but they still seem rather unwieldy for making distinctions between various types of family life within a rural community. Our application of the closure/openness typology, admittedly, was crude and exploratory but has shown sufficiently that additional research needs to be conducted into the determinant factors and the crucial indices of openness and closure of conjugal units before a model can be developed which fits the rural family and lends itself to comparative analysis.

7.6. Summary

Summarizing this chapter, we first looked at the ambiguous statuses of wife-mother versus husband-father. It was pointed out that most marriages are characterized by overt deference behaviour on the part of the woman, but that underneath this appearance of subordination most women hold a considerable amount of power. This power is chiefly located in her genealogical and economic position. The former is always and the latter often independent of the husband. Only when the husband has a socio-economic status above the average, has he the conjugal power which Kwahu traditions seem to have originally allotted to the husband-father.

The residence issue proved to contain fundamental discrepancies between what people like to do and what they actually do. It was found that the vast majority of both adult respondents and school pupils favour common residence for spouses, but that only about 60% of all couples do in fact reside together. It was noticed that almost all pupils thought about the performance of domestic tasks in conjugal terms while in reality these tasks are often still taken care of by matrikin.

In section 7.4 we selected three activities in the domestic domain and used them as indices of jointness or segregation in conjugal role-relationships. With respect to these activities men claimed a

higher degree of jointness than women were prepared to admit. Some statistical tests were applied to reveal characteristics of those who reported joint conjugal roles. The best predictor proved to be monogamy; other factors which were statistically associated with some aspect of jointness were: having been to school, and common residence in marriage. However, the tests failed to demonstrate a clear relationship between younger age and jointness in conjugal roles.

A final aspect of Kwahu marriage and family life is the relatively high degree of openness of the conjugal unit. Residential separation and frequent divorce of marriage partners result in children often living with only the mother and her relatives or her new husband. Residence with non-parents is also common but little could yet be said about the determinant factors of this aspect of "open" family life.

PART II: BIRTHCONTROL

Chapter 8

FERTILITY: IDEALS AND REALITY

"Many children means poverty."
Twi proverb

8.1. Demography in Africa

The problems opposing demographic work in the developing countries of Africa are manifold. The delimitation of the survey area, for example, often proves difficult because of inadequate maps. Other serious problems are met in designing the questionnaires and conducting the interviews. The topics that are crucial to the demographer may be unintelligible or irrelevant to the respondent, and classifications that have been devised by the demographer may prove seriously inadequate. Age is a case in point. There is hardly anything more important to a student of demography than to know the age of his informants, yet there is hardly anything more difficult than to determine the age of some people. Another crucial variable is marital status; students of African society know how many pitfalls lie in the definition of marriage (cf. chapter 6). Or what could be more simple than to ask how many children a person has had? And yet the answer may be widely off the mark; a man may not include the children he has had with women other than his present wife, or, conversely, may include his wife's children who are not his own. A woman may not count those children who have died, because the memory grieves her, or because they were not yet considered human beings when they died, or because she may think that the interviewer will suspect her of witchcraft when he hears about her dead children, or simply because she has forgotten about them. Even names pose insurmountable problems because of their inconsistent use and the

existence of several names of the same person.

Thus demographic research is littered with problems (cf. Hawthorn 1970:67-69; Pool 1969 and Pausewang 1973) and it is not unfair to say that the best demographic studies of African developing countries are no more than competent estimates, for example Brass et al. (1968), Caldwell and Okonjo (1968), and Ominde and Ejiogu (1972). Most demographic publications are based on census data, but the quality of these data is sometimes liable to serious doubts. In Ghana the Post Enumeration Survey (P.E.S.) showed that only 28% of the people were given (or gave?) the same age as in the population census of 1960. In Liberia the P.E.S. of the 1962 census had to be abandoned entirely mainly because of the multiplicity of names (Blacker 1971:278).

For Ghana the 1960 census and P.E.S. data have been ably elaborated and analyzed with respect to population growth by Gaisie (1969) to whom we shall refer again below. The birth registers in Ghana are entirely useless for demographic research because of the high rate of under-registration of live births as has been pointed out by Kpedekpo (1968) and as we also found ourselves. A large demographic survey was conducted by Pool in the years 1965-66. In contrast to Gaisie, Pool's data are based on his own research rather than on census data.

It is evident that the demographic concepts must be adjusted to African perceptions of society, fertility, marriage, and life in general in order to become comprehensible and relevant to African respondents. It is hoped that anthropological research can contribute towards this ideal.

A second aim which anthropology has set itself is a refinement of the analytical techniques. Demography remains a rather superfluous occupation so long as it cannot trace the causes of certain developments in population dynamics. The anthropologist with his intense interest in the role of man within the societal processes and with his wide experience of field-work is in a favourable position to interpret and criticize the largely quantitative information of demography. The need for such an explanatory contribution is obvious because, as Hawthorn (1970:85) has pointed out, "simple socio-economic status - fertility associations (to mention only an example)

can only specify questions and not provide answers".

8.2. Fertility in the past

Old informants at Ayere are almost unanimously of the opinion that in the past women wanted as many children as possible, but it must be stated that most of the informants are male. It is not unlikely that women would express a less pronatalist view. As explanation for this attitude the old people suggest that in the past life was cheap. "There was no scarcity; food, meat, everything was plentiful." Other reasons which they mention are the fact that children helped in the house and on the farm, that there were no schools and that a large number of children gave status to both husband and wife but, as a proverb says, "You cannot boast with your many children" (Wontumi mfa awo dodo nhoahoa wo ho). A number of informants emphasize that the question: How many children do you want?, did not make sense in the past. The number of children was a gift of God or depended on the fertility of the woman. These motivations and explanations are nothing new and they have been recited at length in various studies of African attitudes towards fertility. As factors of a pronatalist attitude in the past one might also mention the high infant mortality and the social security that is implied by a large number of children.

The informants disagree upon the desired spacing of children. At present a woman who brings forth quickly in succession is ridiculed as being "primitive" and having no self-control. The rationale behind the disapproval of this type of prolific childbearing is clearly the idea that a woman will find it difficult to care for two small children simultaneously, and that the first-born will suffer. This idea is backed up by certain beliefs, for example that the pregnancy will poison the milk of the mother or that the child will become a cripple (Ampofo 1971:5). It was suggested to us that spacing has always existed in Kwahu and similar customs have indeed been reported from other societies in Africa (85). Most of the old people, however, deny such a custom. One says:

-Some women give birth to children with intervals of 2 to 3

years, others after only one year. We call this ɔbɔ mpɔwa.

In our time when you gave birth to many children, it was very good, because we were able to look after them.

One or two, however, seem to suggest that in the past people also disapproved of many childbirths in rapid succession, but they may be confusing past and present feelings. The fact that there is no substantial postpartum taboo supports the view that spacing was not intentionally pursued in the past. Actual spacing was largely the result of the long period of postpartum amenorrhea due to prolonged lactation (cf. Bleek n.d.c). The informants have hardly ever heard of cases in which people consciously attempted to reduce fertility in the past. Infanticide was only practised on deformed children who were believed to bear a curse, particularly on children with six fingers on one hand (nsa wansia). The motives for such action were however mainly religious and had nothing to do with birth limitation.

Certain traditions in Akan culture also indicate that a numerous progeny was widely appreciated in the past. A woman who gave birth to her tenth child (Badu) was specially honoured with a public ceremony during which a sheep was slaughtered, and Rattray (1927:73) quotes a prayer at the old puberty rites saying: "May the elephant give you her womb that you may bear ten children". Twins have always been welcome and considered as a sign of luck (86). It was further regarded as favourable to have yet another child (Tawia) following the twins, however many children one might have already. The exact meaning of this wish could not be explained to us but it was generally felt that a Tawia made it "complete". Several authors have further suggested that the lineage system has also contributed to high fertility because "the influence of a lineage in public affairs is proportional to its numbers" (Fortes 1954:266).

Conversely, infertility was regarded as one of the greatest misfortunes that could befall someone. A barren woman (obonini) and a childless man (ɔkrawa or kukuba) were both viewed with a mixture of pity, contempt and suspicion. According to Rattray (1927:67), "Not so very many years ago the childless man or woman after death had great thorns... driven into the soles of the feet... At the same time the corpse was addressed with these words, Wonwɔ ba, mma sa bio (You have not begotten (or born) a child; do not return again like that)." The

ridicule to which a childless man was exposed has been described in chapter 4 (4.1).

Whether the pronatalist attitude of the past in fact resulted in high fertility is difficult to ascertain. Respondents in the Female Sample were asked how many children their mothers had given birth to, and how many of these had grown up. The reply to the former question cannot give a very accurate picture of fertility in the previous generation. On the one hand respondents may not know about siblings who died shortly after birth, and on the other hand the childless women of that generation are not included in this investigation as will be clear from the method we followed. The two factors may counterbalance one another to some extent. The mean number of live births to mothers of the ascending generation according to the female respondents was 7.8. Gaisie, who calculated and adjusted fertility rates from the 1960 population census and the P.E.S., arrived at a fertility rate of 6.6 for the Kwahu as well as for the Akan in general (Gaisie 1969:40). It will be evident, however, that Gaisie's figures and ours are not comparable. The mean number of children who were born to women of the ascending generation and reached adulthood was 5.7, which implies that in the generation of those who are now grandparents a mother lost on average 2.1 children before they were grown up. The average of 5.7 children who survived is rather close to the mean number of children which mothers of the present generation desire, viz. 5.3. It was not possible to compare actual reproductive performance between women of the present and the previous generation, as the former were still in their reproductive period.

The difference between the mean number of children which the members of the Male Sample would like to have and the mean number of children their fathers begot is much more pronounced. The average male fertility in the previous generation was almost double that of women due to polygyny and to the fact that men remain fertile much longer than women. It was (and still is) not uncommon for an elderly man to marry a young woman (either polygynously or monogamously) and beget children by her. The reported fertility of men in the previous generation is consistently high; 20% of the male respondents say that their fathers had 20 or more children, one says his father had

(about) 80 children. The average is 14.5 children of whom 10.4 attained adulthood. Their sons, however, considered 5.6 children an ideal family size. This wide gap between two successive generations is hardly surprising when we take into account the fact that polygyny has declined sharply. At any rate figures about the number of children per man do not say very much; a decrease in "male fertility" may well go along with an increase in overall fertility. What the figures do show, however, is a considerable change in the male outlook towards having children.

Table 8.01: Completed fertility of women in Konadu's section of Amo's lineage from 1860 until 1970 (cf. Genealogy A)

| generation number | III | IV | V | VI |
|---|--------------------------------------|---|--|---|
| time in which women bore children | 1860-1890 | 1890-1920 | 1920-1955 | 1935-1970 |
| number of women who reached the age of 40 | 3 | 4 | 5 | 4* |
| names of the women (in brackets: number of live births) | Kyenku(10) Owusuwa(5) Biama(5) | Oye(9) Konadu(2) Kisiwa(8) Amanua(2) | Darkoa(12) Mmobrowa(8) Aframea(4) Kumaa(9) Boahemaa(1) | Deda(2) Anan(7) Aso(2) Addae(11) |
| total number of live births | 20 | 21 | 34 | 22 |
| total number of children who reached adulthood | 13 | 13 | 17 | 14 |
| number of females among these | 4 | 5 | 12 | 9 |
| mean number of live births per woman | 6.7 | 5.2 | 6.8 | 5.5 |
| mean number of grown-up children per woman | 4.3 | 3.2 | 3.4 | 3.5 |

*) Of the remaining 8 women, 7 have not yet reached the age of 40 and, possibly, not yet completed childbearing, and one died after her first child.

It may be interesting to look at fertility performance in Amo's lineage from the oldest generations up to the present day. It was

possible to reconstruct the puerperal histories of women in the lineage as far back as around 1860 with a rather high degree of certainty. Only abortions and stillbirths were not traced for the oldest members. In Table 8.01 we present the information about fertility in Konadu's section (Genealogy A). In none of the generations is an average number of 7 live births per woman achieved. The highest number of live births per woman is 12, the lowest is one. Average child mortality is around 2 or 3 per woman in all generations.

8.3. Present attitudes to fertility

When we speak about attitudes to fertility and desired family size we must beware of expecting consistency between attitude and behaviour. Particularly in the field of family planning the discrepancy between so-called "attitudes" and actual practices has been enormous. KAP-studies in India found that 75% of couples wanted to learn about family planning but when family planning was introduced only 1% of the rural and 6% of the urban couples started to make use of their services (Figa-Talamanca 1972:337; cf. Mamdani 1972). Similar reports have been received from Puerto Rico (Hill et al. 1959:76), Philippines (Concepcion and Flieger 1968) and Jamaica (Stycos and Back 1964).

Yinger has pointed out that an attitude is anchored on a situation and that it will lead to behaviour only when that particular situation continues to exist, or, in Yinger's terminology, when there are "structural supports" in the socio-cultural environment which propel the attitude to realization. So attitudes which are expressed during interviews may be very poor predictors of actual behaviour. For the respondent, the interview situation is not the every day situation in which he arranges his life and carries out a thousand-and-one activities. The interview situation is certainly very different from the situations in which he has to decide whether or not he will take precautions against a possible conception! The more an interview situation differs from the daily life and the more an interviewer differs from the usual people surrounding the respondent,

the less likely will the attitude expressed by the respondent be an attitude that effectuates activity.

A respondent may even go to the extent of pretending an attitude and do his best to comply to the views of the interviewer. When the interviewer is a representative of schools the respondent will try to speak favourably about schools and show an interest in their activities, when he is a representative of the family planning programme the respondent will act likewise. This is the reason why so many respondents who were classified by KAP-study reports as supporters of family planning were only "fair-weather" supporters who relapsed when they were back in their normal environment, as Figu-Talamanca writes.

The same methodological problems arose in our own research when we tried to unravel the ideas and preferences towards fertility in the various samples. We largely followed two different procedures. In the lineage and the Male Sample it was attempted to integrate the interview as much as possible into the every day situation. In the Female Sample and a part of the Male Sample, we experimented in creating a kind of zero-situation, a situation which was so abstract to the respondent that he would not have any clear point of reference to conform to. We hoped that a medical interview would provide such a situation. Moreover, the medical environment is a place where people are used to personal questions and are more likely to answer them. We believe, however, that this second approach has been the least successful, mainly for two reasons. Firstly, because doctors and nurses are no longer abstract personalities about whom people have no preconceived ideas, and secondly because the interview contained so many socially relevant topics that it lost its "antiseptic" character.

During the interviews it became clear to us that answers about interest in family planning were usually given in a rather disengaged way. For many it was the first time that such a thought had occurred to them, so they answered in the affirmative, because it is always more pleasant for an interviewer to hear "yes" than to hear "no". We shall therefore not pay attention to this category of answers.

Questions about the ideal number of children, however, were a

problem to a good many respondents; some had to think seriously for some time before they gave their reply, others found it a funny question because, as they said, it all depended on God, and yet they still found it an interesting question and mentioned some number. People who already had a large number of children usually shrunk from answering but one man with 13 children volunteered: "If I were young I would only want two children." Several respondents knew already how many children they wanted. They answered very resolutely and it may be expected that their attitudes to ideal family size would be most likely to result in effective behaviour. Unfortunately the manner in which the answer was given has not been consistently recorded, otherwise it would have been useful information for family planning agents.

The discussion on attitudes and ideals that follows below must, therefore, not be read in the perspective of contraceptive practices. It is merely an attempt to disclose cognitive and affective realities in the rural community under study, and to investigate with what variables these realities can be associated.

Let us first look at how the respondents in four different samples expressed themselves about ideal family size.

Table 8.02: Ideal family size in 4 samples (percentages in brackets)

| | lineage | Male Sample | Female Sample | school pupils |
|--------------------------------|----------|----------------|------------------|------------------|
| number of desired children: | | | | |
| 2 | - | - | 1 (1) | 2 (2) |
| 3 | - | 3 (3) | 8 (4) | 1 (1) |
| 4 | 19 (45) | 26 (26) | 48 (27) | 26 (27) |
| 5 | 2 (5) | 4 (4) | 7 (4) | 11 (12) |
| 6 | 10 (24) | 30 (30) | 69 (38) | 23 (24) |
| 7+ | 8 (19) | 17 (17) | 14 (8) | 9 (9) |
| unknown | 3 (7) | 20 (20) | 32 (18) | 24 (25) |
| total | 42 (100) | 100 (100) | 179 (100) | 96 (100) |
| mean | 5.4 | 5.6 | 5.3 | 5.2 |

Table 8.02 shows that there is an almost universal opinion that one should have at least 4 children. Respondents who consider 2 or 3 children as ideal are exceptions, and nobody chooses one child or none at all. The modal values are 4 children in the lineage and the pupils sample, and 6 children in the Male and Female Samples. People generally prefer an even number of children which then implies an equal number of boys and girls as was shown by their answers. It is further interesting to note that the average number of children which respondents want hardly differs from the average among urban elite groups a decade ago, when male respondents opted for an average family size of 5.7 children and females of 5.3 children (Caldwell 1968a:86-87) (87).

Table 8.03: Percentages of respondents who want less than 5 children in 3 samples at Ayere, and four other Ghanaian samples (derived from Caldwell 1968c:601)

| | | |
|--------------------------------------|---|----|
| Ayere (rural): Amo's lineage | : | 45 |
| Female Sample | : | 32 |
| Male Sample | : | 29 |
| <hr/> | | |
| Ghana urban elite females (Caldwell) | : | 44 |
| Ghana urban elite males (Caldwell) | : | 33 |
| Ghana urban females (Pool) | : | 32 |
| Ghana rural females (Pool) | : | 17 |

Further comparison with other surveys in Ghana is made possible by Table 8.03 in which data from Caldwell on the elite and from Pool on an urban and a rural sample of females have been included. It is interesting to note that the proportion of respondents wanting less than 5 children is almost twice as big in the Ayere Female Sample as in the other rural sample of females and is equal to that of the urban sample of females. The proportion in the Female Sample even comes close to that of the urban elite. One explanation for this striking difference may be the factor of time. Ten years have passed since Caldwell and Pool conducted their surveys, and it is not unlikely that attitudes towards fertility have undergone a drastic change. It should further be observed that urban experience is fairly

common at Ayere and may have been considerably less in Pool's rural sample which included Northern Ghana.

The highest proportion of respondents wanting less than 5 children is found in Amo's lineage, although the mean ideal family size in the lineage is not the lowest. It should also be taken into account that the lineage is not entirely rural since 11 members (26%) are presently staying in one of the four biggest towns of Ghana.

From the beginning of our research we formed the impression that an individual's attitude to fertility depends on his age and that most other correlations can be reduced to the age variable. In the Male and Female Samples about half of the young people (under 30 years of age) see themselves in the future with 4 children or less, which is a sharp break with the past when, as we have seen, 10 children was considered the ideal for a woman. The relationship between age and desired family size is extremely significant (see Table 8.04).

Table 8.04: Desired family size by age of respondent in combined Male and Female Samples (percentages in brackets)

| desired number of children: | less than 5 | 5 and more | total |
|-----------------------------|-------------|------------|-----------|
| age: below 30 | 74 (50) | 73 (50) | 147 (100) |
| 30 - 39 | 8 (14) | 49 (86) | 57 (100) |
| 40 and over | 4 (17) | 19 (83) | 23 (100) |
| total | 86 (38) | 141 (62) | 227 (100) |

df=2 $\chi^2=27.57$ p=.000

missing observations (unknown): 52 (20 males; 32 females)

What exactly are the intervening variables that make younger respondents want fewer children? In the first place the traditional values attached to children are less relevant to younger respondents. These values are, among others, economic values such as help on the farm and in the house, social security in old age, and socio-psychological values such as personal satisfaction. Among the younger respondents the proportion of farmers is low and for young people it

is less denigrating to perform certain household tasks which are otherwise carried out by children than it is for older people. It is further evident that the old-age argument appeals less to young than to old respondents. With regard to the socio-psychological value of children, it is true that a young man or woman gains respect once he/she has got children, but children are also experienced as a hindrance at that age. Most youngsters, particularly the men, want to remain sexually free for some time and do not yet want children. Conversely, the negative aspect of getting children, their economic burden, is felt more at a younger age than later when one is economically settled.

These explanations do not necessarily imply that the differences between the ideals of the old and the young are the result of a process of change. It may well be that we are dealing here with a developmental cycle in that young people tend to prefer smaller families and that they change their mind at an older age when their total outlook on life has changed and, in addition, they realize that their actual number of children has already surpassed their former "ideal number".

The relationship between ideal number of children and sexual behaviour is tested in Table 8.05, which shows that people in a customary and legal marriage opt for more children and that those who are sexually more independent prefer fewer children (cf. Pool 1968: 242-243). However, this relationship need not have a causal character as a great deal of it can be explained by the preponderance of young people among the sexually unattached.

Another factor which may explain why younger respondents want fewer children than older respondents could be described as "modernity". Individual modernity is a shorthand term from social psychology and denotes a complex number of personal characteristics such as education, urban experience and occupation (Fawcett and Bornstein 1973:125). Several studies have focussed on the impact of individual modernity on reproductive motivation (e.g. Berelson 1969, Blake 1968, Spengler 1969). It is hypothesized by most of these studies that modernity gives a greater exposure to antinatalist influences resulting in a less pronatalist attitude. Young

Table 8.05: Marital status and ideal family size in combined Male and Female Samples (percentages in brackets)

| desired number of children: | less than 5 | 5 and more | total |
|---------------------------------|-------------|------------|-----------|
| marital status: legally married | 48 (31) | 108 (69) | 156 (100) |
| divorced* | 12 (43) | 16 (57) | 28 (100) |
| free marriage or never married | 25 (60) | 17 (40) | 42 (100) |
| total | 85 (38) | 141 (62) | 226 (100) |

df=2 $x^2=12.03$ $p<.01$

missing observations (unknown): 53 (20 males; 33 females)

*) one widowed

respondents tend to be more educated and have more urban experience, so individual modernity will be more pronounced in the younger age category. Table 8.06 supports the idea that respondents with more urban experience prefer smaller families, and Table 8.07 shows that women who have been to school are significantly less pronatalist than those who have never been to school. The association between education and ideal family size could, however, not be established in the Male Sample.

Table 8.06: Urban experience and ideal family size in combined Male and Female Samples (percentages in brackets)

| desired number of children: | less than 5 | 5 and more | total |
|---|-------------|------------|-----------|
| urban experience: having lived in Accra, Tema, Kumasi or Takoradi | 61 (44) | 77 (56) | 138 (100) |
| other | 25 (28) | 64 (72) | 89 (100) |
| total | 86 (38) | 141 (62) | 227 (100) |

df=1 $x^2=6.0$ $.02>p>.01$

missing observations (unknown): 52 (20 males; 32 females)

Table 8.07: Education and ideal family size in Female Sample
(percentages in brackets)

| desired number of children: | less than 5 | 5 and more | total |
|--------------------------------|-------------|------------|-----------|
| never been to school | 16 (28) | 41 (72) | 57 (100) |
| ever been to school | 41 (46) | 49 (54) | 90 (100) |
| total | 57 (39) | 90 (61) | 147 (100) |

df=1 $\chi^2=4.49$.05>p>.02
missing observations (unknown): 32

That a large family is more associated with the traditional outlook of life is further suggested by the fact that respondents in polygynous unions want significantly more children than those in monogamous unions ($p < .05$; see Table A.08, Appendix 2).

A final important explanation for the fact that younger respondents overwhelmingly say that they prefer smaller families must be sought in their present number of children. Various KAP-studies have pointed out that a major determinant of the attitude to fertility is the number of children who are already there (Berelson 1966:661). People tend to give the number they actually have as the number they want. Freedman et al. (1965) mention the case where people were interviewed at two different points in time. Those who experienced additional births between the first and second interview also gave a larger number as their preferred family size.

A similar but slightly different attitude is observed at Ayere. Respondents who are still in their fertile years rarely indicate that the number of children they have is exactly the number they want. In other words, very few of them report that they want to stop. It is usually women approaching 40, who may reasonably expect that they will not bring forth again, and older men, who give their actual number of children as the number they want. The other respondents usually add one or two children to their present number, because they know that these are sure to come anyway. By doing so they adjust the number which they prefer in accordance with the number they expect. Another reason why many respondents add one or two children to their

present number is the imbalance of sexes in their present family. The next case illustrates these two points.

Case 13. "If they come, it is good"

Yaa Beauty is a woman of about 32 years. When she was 16 years old and still attending school she became pregnant and gave birth to a boy. The father of the child never married her. A short while later she became another man's mpena and became pregnant a second time. This time the man took her as his wife and she is still married to him. In all she has borne him 9 children but three of them died in their infancy. At present she has 5 boys and 2 girls. When we ask her how many children she would like to have she laughs and says, "If they come it is good. I have only two girls so I would like one girl more". Beauty (A.VI,12)

That there is a positive correlation between actual and preferred number of children is also born out by Table 8.08, but the causal implications are equivocal. To some extent the present number of children will be the reason why people mention a high number as ideal, but it is likely that in most cases the determinant variable is the age of the respondent: those with few children are usually younger.

Table 8.08: Present number of children and ideal family size in combined Male and Female Samples (percentages in brackets)

| desired number of children: | less than 5 | 5 and more | total |
|--------------------------------|-------------|------------|-----------|
| present number of children: | | | |
| 0 | 10 (62.5) | 6 (37.5) | 16 (100) |
| 1 | 38 (62) | 23 (38) | 61 (100) |
| 2-3 | 32 (44) | 41 (56) | 73 (100) |
| 4-5 | 3 (6) | 48 (94) | 51 (100) |
| 6+ | 3 (12) | 23 (88) | 26 (100) |
| total | 86 (38) | 141 (62) | 227 (100) |

df=4 $\chi^2=50.53$ p=.0000

missing observations (unknown): 52 (20 males; 32 females)

The percentages of respondents who want less than 5 children (Table 8.02) agrees roughly with the proportion of respondents who

judge it as generally better that a woman should not bring forth so many children. Question 48 in the survey asked, "Whom do you praise more: a woman with only 3 children or a woman with 8 children?" It should be observed that both numbers 3 and 8 lay at the same distance from 5.5 which is about the average desired number of children in the Male and Female Samples. For nearly all respondents, therefore, 3 children is too few and 8 is too many. Most respondents, however, answer consistently with their own desires and choose the woman with the number of children which is closest to their own ideal family size. People who praise the woman with 8 children motivate their choice by saying that she has done well (waye adef), and that she has proved to be a real woman. Those who praise the woman with 3 children give as a reason that she is wise because she will be able to look after them. Only in the lineage sample does there seem to be some inconsistency. Although 45% of the respondents state that they want 4 children, only 29% of them give more credit to a woman with 3 children than to one with 8. They explain their ambivalence by saying that although they would never like to have 8 children themselves, they admire any woman who brings forth so many. They do however assume that such a woman can also look after them. This economic condition is crucial in all thinking about fertility, as we shall see. Let us now present the distribution of answers concerning this issue.

Table 8.09: Distribution of answers to question 48: "Whom do you praise more: a woman with only 3 or a woman with 8 children?" in 3 samples (percentages in brackets)

| | lineage | Male Sample | Female Sample |
|-----------------|----------|-------------|---------------|
| a woman with 3 | 12 (29) | 35 (35) | 68 (38) |
| a woman with 8 | 30 (71) | 60 (60) | 107 (60) |
| unclear answers | - | 5 (5) | 4 (2) |
| total | 42 (100) | 100 (100) | 179 (100) |

As is to be expected, the appreciation for a woman with 8 children increases with the age of the respondents. Table 8.10 shows that the correlation between age and appreciation for high fertility is

statistically significant at the 1% level.

Table 8.10: Age and appreciation of fertility in combined Male and Female Samples (percentages in brackets)

| | most appreciation for woman: | | total |
|-------------|------------------------------|-----------------|-----------|
| | with 3 children | with 8 children | |
| below 30 | 69 (46) | 18 (54) | 150 (100) |
| 30 - 39 | 25 (33) | 50 (67) | 75 (100) |
| 40 and over | 9 (20) | 36 (80) | 45 (100) |
| total | 103 (38) | 167 (62) | 270 (100) |

$$df=2 \quad x^2=10.94 \quad p=.0042$$

An interesting point to note is that the husband-wife relationship in conjugal unions (joint or segregate) has little or no impact on ideal family size and attitude to fertility in general. Studies elsewhere (Hill et al. 1959, Westoff et al. 1961, Rainwater 1965, Rosen and Simmons 1971) have found that jointness is associated with a more antinatalist attitude, but at Ayere this hypothesis had to be rejected. Couples who eat together and assist one another in household chores are not noticeably more antinatalist than others.

How do school pupils stand on fertility? Table 8.02 has shown that their ideal family size is 5.2 children on average which is approximately equal to the mean number of children wanted by adult respondents. In two incomplete sentences it was tested how pupils view high fertility and what consequences they think it has for the father and the mother. The two sentences are:

I, 2. A woman with many children.....

III, 11. A man with many children.....

These sentences are almost identical to two sentences used by Molnos in her East African survey and the results make for an interesting comparison. A distribution of all the answers is given in Table 8.11.

Let us first look at how they regard the father of many children. A large majority of pupils (75%) associate having many children with

Table 8.11: Distribution of associations by Kwahu middle school and secondary school pupils to "A man with many children..." and "A woman with many children..." (percentages in brackets)

| | a man with many children | a woman with many children |
|---|-----------------------------|-------------------------------|
| must work very hard to get money, food, clothes, to send them to school, etc. | 68 (75) | 45 (55) |
| generally worries about upbringing | 5 (6) | 13 (16) |
| other negative answer | - - | 2 (2) |
| ambivalent / neutral answer | 8 (9) | 5 (6) |
| children will help / support | 4 (4) | 5 (6) |
| other positive answer | 5 (6) | 12 (15) |
| total | 90 (100) | 82 (100) |
| no clear answer | 7 | 13 |
| final total | 97 | 96 |

financial troubles. Most of the pupils refer to food, clothes, hospital and schooling.

- is always as poor as a churchmouse. fK 12
- always found it difficult to live because food is scarce in Ghana. mK 16
- always think about the children how they will get food to feed them and to get money to buy dresses for them. mK 34
- always works hard so that his children will always get what they want and if they are sick he will get money to send them to hospital. fK 59
- can not do anything because when they are attending school he can not pay school fees for them all. mK 7

A number of them make an ambivalent association. They mention the positive aspects of having a large family but are at the same time aware of the many problems it entails.

- sometimes becomes happy and sometimes becomes sad, because some will be bad enough to go for many troubles and some will comfort him. mK 1
- becomes happy when the children are with him. But when it comes to occasion days he suffers and wish some of them are dead. fs 115

-suffers a great deal because of the money he uses on the children. He also benefits when the children help him on the farm or at any kind of work. ms 121

In Molnos's East Africa survey 50% of the pupils associated many children with hard work and financial problems for the father while 6% mentioned that the man received help from his children or would do so in the future. The difference between these two categories is still larger in the Kwahu Sample. while 75% of the pupils think of hard work etc. of the father only 4% believe that he will receive help from his children in return.

-is always happy when they are on the farm working for him.
mK 19

-because when I need help they will help me in fetching water.
mK 37

-can get much money. mK 64

Other positive remarks (only 6%) refer to the financial status of the father, to the national good of many children, and to a good spirit in the house.

-is very rich because he has money to look after his children.
fK 24

-must take great care of them. In future they are coming to stand for our country. mK 58

-they feel happy in the house when at night they tell a story.
fK 67

It is remarkable that not one pupil associates many children directly with social status for a man, i.e. no pupil suggests that a man is socially important because he has many children. Two pupils think that a father of many children must be rich for the same reason as many others think that such a man is poor, namely because children are expensive. If they attribute social status to such a person it is because of his financial position and not because of his numerous offspring, although it is not impossible that a large family may become a mark of financial well-being. In Molnos' East Africa survey most pupils who related a man's numerous progeny to social status also thought in terms of financial position rather than of progeniture.

A more general comparison with Molnos' data in East Africa (see

Table 8.12) reveals that the pupils in Kwahu are considerably more critical of large families. Only 10% of them make an unequivocally positive association, against 30% in East Africa. While in Kwahu 57% of the pupils think of some negative value in connection with a man who has many children, this percentage is only 38 in East Africa (Molnos 1968:144). For the East African tabulation as well as for our own the meaning of the whole answer was taken into consideration. This means that certain answers which have been classified under a rather negative heading, for example, "must work very hard..." were not classified as negative in the general classification, if the individual tone of the sentence was not really negative. The following example explains this point:

-should work hard to get money for the children and look after them very well. mK 4

This sentence was classified as neutral.

Table 8.12: General classification of associations to "A man with many children..." and "A woman with many children..." in Kwahu and East Africa (in percentages only)

| | "a man with many children" | | "a woman with many children" | |
|--------------------|-------------------------------|------------------------|---------------------------------|------------------------|
| | Kwahu (N=97) | East Africa (N=648) | Kwahu (N=96) | East Africa (N=671) |
| negative | 57 | 38 | 53 | 21 |
| ambivalent/neutral | 26 | 28 | 14 | 22 |
| positive | 10 | 30 | 19 | 49 |
| unclear | 7 | 4 | 14 | 8 |
| total | 100 | 100 | 100 | 100 |

We now turn to the image of a mother of a large family. The associations to "A woman with many children" do not differ substantially from those to "A man with many children" (see Table 8.11). The majority of pupils again think of financial troubles but their percentage is lower than in the case of a man with many children. The tone of the associations is also slightly different in that the worries of the mother express more emotional involvement. The relatively high percentage of pupils referring to economic

difficulties for a mother of many children, ties up with the economic independence of women (see chapter 7:7.1).

- always works hard to look after them because if she did not get any food they would die. mK 455
- works hard to feed them, but if she says something to them, they don't mind her. mK 447
- is a poor woman. fK 474

Some pupils think especially of the common situation when a woman has to care for her children alone.

- and with no husband will always be in heavy debts, since she has no one to depend on. mK 418
- suffers a lot. Perhaps the children have lost their father, and only the woman has to care for all the children. ms 520

The fact that considerably more pupils mention general worries of having many children for a woman than for a man underlines the argument in chapter 7 that a mother is much more engaged in the upbringing of the children than a father. For a man it is easier to keep a distance from the many petty problems that arise in a large family. A woman is always surrounded by her offspring.

- is always worried by her children. mK 408
- always finds it very difficult when the children are staying with her. mK 431
- she will talk and talk and sometimes become sick. Her children will not obey to what their mother says. mK 451
- she is always shouting and beating the children. mK 461

A few pupils also mention both good and bad points of a large family.

- sometimes finds it difficult to look after them, but when they grow up and become rich people then the mother begins to enjoy. ms 511
- suffers in the beginning but ends with happiness. fs 512

The proportion of pupils who believe that a woman with many children profits from their help is rather small, as it is in the case of a man with many children, namely 6%. In the East Africa survey this proportion was 15%.

- will never work hard. mK 433
- becomes free when they are grown. mK 411

Other positive remarks about a woman with many children state that such a woman is always happy, that she loves children, that she is a good woman and that she has experience. No pupil associates high

female fertility with social esteem (in East Africa 4% do). Several tendencies which were noticed by Molnos in East Africa also show themselves in the Kwahu survey, some profoundly, others vaguely. The awareness, for example, that a large family faces economic difficulties, is very widespread among Kwahu pupils. Another important trend observed by Molnos is that the pupils were more negatively inclined towards a man than towards a woman with many children; the same trend seems to be present in the Kwahu survey but only slightly.

Concluding, we can say that high male and high female fertility are both negatively valued by an overwhelming majority of pupils. We may add to this that there are no significant differences in the appreciations by male and female pupils. Another remarkable observation is that traditional beliefs about the advantages of a large number of children are hardly mentioned by the pupils. The idea that numerous offspring enhance a man's or woman's status is virtually extinct and the opinion that a man or woman with many children receives considerable help from them and need not work so hard is disappearing rapidly. The overriding view of pupils is that ordinary human beings can no longer afford to have large families. This view fits in with the strong conviction among adult respondents that it is more praise-worthy to have only a few children and to be able to look after them than merely to have a large family. The data agree with findings by Pool who reports that 62% of rural respondents in the Akan regions of Asante and Brong Ahafo regard the economic burden as the greatest disadvantage of a large family (cited by Caldwell 1968c: 603). Awo dodo yɛ ohia (many children means poverty) said someone quoting a proverb which seems to suggest that even in the past people had some ambivalence with regard to a large family.

8.4. The values of children

Tetteh (1967:204) writes that children are "the raison d'être of marriage in Ghanaian society". He might as well have written that they are the raison d'être of life. Without children life becomes meaningless. Because the bringing forth of children is so essential

to life, it is extremely difficult to explicitly indicate what values children have. Questions like "Why do you want a child?" or "What does your child mean to you?" are inadequate because they require a level of abstraction which most respondents do not reach.

In this section we shall attempt to study what values children have by analyzing the ideas of school pupils about how people experience the absence of children. This analysis is necessarily very defective because school pupils have not yet got children of their own. In the next section we shall, therefore, study the reactions of adults to childlessness. However, we should not have too low an opinion of the maturity of the pupils. Almost all of them take an active part in the economic life of the community and a majority have considerable experience in sexual and emotional relationships. Molnos is probably right when she states that "In relation to all spheres of family life and practical problems, they must definitely be considered far more mature than a statistically comparable sample of youths would be in an industrialised high income country" (Molnos 1968:39).

The pupils were presented with two incomplete sentences about childlessness, both of which allow for comparison with Molnos' data from East Africa. The sentences are the following:

II, 16. A woman without children.....

IV, 7. A man without children.....

We shall first concentrate on the value of children to a woman as seen by the pupils. A breakdown of all the associations to sentence II, 16 is given in Table 8.13.

The most frequently expressed idea is that children enhance a woman's happiness and her fulfilment of life. Children bring companionship, and a woman without children can never become happy, she always remains lonely and sad and becomes envious of others.

-would never be happy in her life. mK 259

-is always sad. mK 235

-feels sad all the time and remains lonely. mK 217

-she became unhappy at all ways, because she will (not) get any child and talk with him or her. fK 246

-is always unhappy when she saw her friends playing with their children. fK 253

Table 8.13: Distribution of associations by Kwahu middle school and secondary school pupils to "A woman without children..." by sex of respondent, compared with East African data (Molnos 1968:129-130). (percentages in brackets)

| | Kwahu male | Kwahu female | Kwahu total | East Africa total |
|-------------------------------|---------------|-----------------|----------------|----------------------|
| A woman without children..... | | | | |
| is unhappy/lonely/sad | 18 | 10 | 28 (36) | (31) |
| has no one to help her | 18 | 5 | 23 (30) | (11) |
| is under social pressure | 9 | - | 9 (12) | (20) |
| is incomplete | 4 | 2 | 6 (8) | (?) |
| the idea of God | 5 | - | 5 (6) | (8) |
| other association* | - | - | - - | (25) |
| some positive idea | 4 | 2 | 6 (8) | (4) |
| total | 58 | 19 | 77 (100) | |
| tautological | 12 | 13 | 25 | (1) |
| final total | 70 | 32 | 102 | (100) |

*) Molnos does not specify

Closely connected with this is the idea that the child is a help in the house. It would not be entirely correct to speak here of economic utility. The help children offer in the house has as much personal as economic value, it is a kind of active companionship. Children do innumerable small errands each day. A frequently occurring clause in this context is "she sends me" (soma me). Children are sent to buy kerosine, to collect water, to call a relative, to bring food to the father, to buy onions at the market, to inform someone about something, etc. Unless she has been given a child by someone, a woman without children is in a difficult position. She has no one to send and is forced to do everything herself because other children will not listen to her. It is an economic handicap but it first and foremost marks her loneliness and personal grief. It is no wonder that 15 of the 23 references to lack of help mention in addition that the woman is sad or unhappy.

-always becomes sad because she does not have any child to play with or to send. fK 208

-is always trying to get some because when they send their friends' children they do not want to go. mK 207

-is not happy at all because if she is sick and wants to send a child she has to beg the child before he will go. mK 209

A third category of associations has been grouped under the title "social pressure". It is felt that children are the sign of a woman's normality, femininity and healthiness. A woman who has no children is open to various suspicions. The two most common suspicions are that she is a witch and has killed her own children, or that she leads a morally despicable life. The connection between infertility and moral misbehaviour is laid in various ways. Some see barrenness as a supernatural sanction by God, others think of a venereal disease. The association is not so far-fetched when we consider that many infertile women do in fact go in for prostitution, since their chances of marriage are reduced considerably. The opposite may be true as well: promiscuity leads to venereal disease and infertility.

-is a very bad woman because God has given her some but she has killed all of them. mK 239

-likes killing some women's children and she fights with the boy or girl's mother. mK 260

-is known as a barren woman and always threatens the children of other people. mK 260

-is said to have been flirting with men during her early days and may have gonorrhoea so that she cannot bring forth. ms 327

-does not go to one person. mK 205

-is a prostitute. mK 221

One interesting aspect of these associations is that they are exclusively made by male pupils (although several female pupils in the Accra Sample do make similar remarks). It might lead one to the supposition that an infertile woman tends to be socially condemned by men rather than by women. Such a trend was not noticed by Molnos (1968:128) in East Africa.

A fourth value of children is again so much linked up with previous ones that it is difficult to define it clearly as a separate one. It is most akin to the first value (children constitute a woman's fulfilment of life). The first value emphasized the personal feelings connected with the essential importance of getting children. Here we look at it from a more objective, perhaps philosophical,

point of view. If children are the completion of a woman's life, then her life is incomplete and useless if she remains without children. Six pupils expressed this view in rather proverbial ways which may well derive from common stereotypes in social parlance.

- is a pen without ink. fK 245
- is like a tree without fruits. fK 215
- is like tea without sugar. mK 204

Five pupils indicate that children come from God. They stress the religious value of children, that they are a blessing of God and that human beings must pray to God for children.

- should pray to God so that she may have some. ms 318
- always goes to the fetish priest for medicine to get a child.
mK 264
- is a spinster and it is in that way that God brought her to the earth. mK 261

A small minority associate the absence of children with a positive idea. Most refer to the widespread conviction that children are a cause of worry and cost much money, as has been set out in the previous section.

- she is always getting more money. fK 225
- are rich. fK 216
- always looks like a young girl and she looks smart too. mK 220

The type of answers in the Kwahu survey bears some resemblance to those from East Africa. Some associations are almost identical. The general trends also agree to a large extent: an overwhelming majority think that a childless woman is in a very unfortunate state and only a small minority can see any advantages in such a state.

The image of a childless man is not so much different from that of a childless woman but there are some shifts in emphasis. Let us first examine the general distribution of associations (see Table 8.14).

The most frequent association which is made by the pupils with reference to a man without children is that he has no one to help him. This same association scores second for a childless woman but it should be taken into account that the frequencies are exactly equal (30%). This leads to the suggestion that the value of children in the domestic domain is about equal to men and to women. Yet there is some male preoccupation about it. Relatively twice as many male as female

Table 8.14: Distribution of associations by Kwahu middle school and secondary school pupils to "A man without children..." by sex of respondent, compared with East African data (Molnos 1968:129-131). (percentages in brackets)

| | Kwahu male | Kwahu female | Kwahu total | East Africa total |
|-----------------------------|---------------|-----------------|----------------|----------------------|
| A man without children..... | | | | |
| has no one to help him | 20 | 4 | 24 (30) | (11) |
| is incomplete/useless | 10 | 8 | 18 (22) | (?) |
| is unhappy/sad/lonely | 7 | 9 | 16 (20) | (22) |
| is under social pressure | 6 | 2 | 8 (10) | (12) |
| the idea of death | 1 | 2 | 3 (4) | (6) |
| other negative | 3 | 5 | 8 (10) | (32) |
| some positive idea | 2 | 2 | 4 (5) | (16) |
| total | 49 | 32 | 81 (101) | - |
| unclear | 3 | 8 | 11 | (1) |
| final total | 52 | 40 | 92 | (100) |

pupils describe the value of children in terms of helping and being sent for errands. An explanation of this may be that a man is more upset by the idea of having no one to send than a woman because it would seriously impair his social esteem if he had to do all those petty jobs himself. For a woman there is nothing shameful in lining up for water or buying food along the road side, but an adult man will be very reluctant to perform such chores because they do not agree with his social status. A grown-up man, and certainly a middle-aged man, who has no wife to perform these tasks (or whose wife stays at another place) and who has no children either is in a rather awkward position. His position is comparable to that of labourers from the North living at Ayere who are treated disparagingly by many a Kwahu (88). The formulation of the sentences resembles that of the sentences about a childless woman as the quotations below illustrate. A slight difference is that the tone of the sentences is more economic and less personal-emotional, and that work on the farm is mentioned a few times. It is further remarkable that only one pupil refers to future help by children and that this association was

entirely absent in the sentences about a childless woman.

- does all the little little works in the house. mK 678
- it is very bad because you can't call somebody's child to send him or her. mK 650
- always went to farm alone. mK 616
- always cries when he sends some children and they refuse to go. He does everything by himself and spends all what he earns in entertaining himself as he knows there is no one to succeed him. ms 718

The second most frequent association is incompleteness. Only 8% of the pupils mention it in relation to a woman but 22% of them bring it up in connection with a childless man. The difference of 14% is made up by the greater number of pupils who associate female infertility with unhappiness and loneliness. This is the only relevant association between male and female childlessness in the views of the pupils. This difference in emphasis seems to suggest that for a woman children have more emotional value, they mean companionship to her. The bond between a father and his child is less intimate. Often they do not live together in the same house and genealogically the father-child bond has less significance. This does not mean, however, that having no children is more acceptable to a man than to a woman. There is some machismo in male ideals about offspring. To have no children is generally regarded as a sure indication that one is sexually impotent. A woman without children is pitied because of her misfortune, or ostracized because of her witchcraft or moral misbehaviour. A man without children is rather ridiculed (see chapter 4) and may even become the simpleton of the community. A child gives a man an adult status and a social identity (cf. Hoffman and Hoffman 1973:46). A man without a child is not a man, he is incomplete.

- looks like a boy and he is always free because he is not looking after any child. mK 619
- is like a soup without salt, and also is like a mango that nobody plucks. fK 607
- is like river without fish because everyone must have about four children. fK 628
- is like a farmer without a cutlass. ms 709
- is like drawing Africa without Madagascar and he is not regarded by anybody. ms 710
- is a useless man. mK 671

The proportion of pupils writing that a man without children is unhappy, sad or lonely is considerably lower than the proportion of those writing this about a woman without children. The latter constitute 36% of all pupils, making a clear association; the former only 20%. A hypothetical explanation for this phenomenon has been given above. The quotations below resemble those referring to a childless woman.

- looks very melancholic because he has no one to amuse him, nor has he a child to send for errands. mK 623
- I saw a man without children that man every day he is angry and every day he is crying. fK 638
- never became happy. mK 669

Social pressure weighs heavily on a man without children. He is impotent or he cannot get a wife because he is wicked. He is selfish and lazy and disrespected by the community.

- is because the man's penis is dead and he cannot have sex with a woman. mK 631
- is not a good man that is why he hasn't got a wife and child. fK 674
- is a foolish man because a man without children is not a human being or he is a wicked man. mK 604
- is not really respected. ms 705

One idea which is not expressed in connection with a childless woman is the idea of death but this idea is mentioned three times with reference to a man without children. Two express their concern about who is going to bury the man after his death, the third is more cryptic. We would not pay any attention to this type of association were it not that Molnos found some evidence that the idea of death is more associated with a man than with a woman without children. We do not venture, however, to look for an explanation as the statistical margin is too small.

- is bad because when he dies it will be difficult to bury him. fK 612
- will suffer in the future because when he dies he won't get children to celebrate his funeral celebration. fK 635

The positive associations refer to the financial advantages of having no children.

- is a rich man because he will never spend his money to buy books or uniforms or cloth. fK 643

A comparison with the East African data (Table 8.15) shows that there is much resemblance between the general trends in both samples. Both strongly disapprove of the state of infertility, and pupils who make favourable remarks about it are few and far between. The only striking difference is that four times as many pupils in the East African sample as in the Kwahu sample come up with a positive association for a man who has no children.

Table 8.15: General classification of associations to "A man without children..." and "A woman without children..." in Kwahu and East Africa (Molnos 1968:130-131). (percentages only)

| | "a man without children" | | "a woman without children" | |
|--------------------|-----------------------------|------------------------|-------------------------------|------------------------|
| | Kwahu (N=92) | East Africa (N=671) | Kwahu (N=102) | East Africa (N=648) |
| negative | 77 | 69 | 64 | 88 |
| ambivalent/neutral | 2 | 5 | 6 | 2 |
| positive | 4 | 16 | 6 | 4 |
| unclear | 16 | 9 | 24 | 6 |
| total | 99 | 99 | 100 | 100 |

In conclusion, most values of children mentioned by pupils are closely interrelated and it is difficult to fit them into distinctly separate categories. Children signify self-fulfilment, companionship, enjoyment, social acceptability and domestic utility. For men they are living proof of their virility, for women they are God's gift.

It has to be taken into account that we are talking about the values of children and not about the values of many children. One should not mistakenly conclude from this very positive appreciation of children that people want as many children as possible. On the contrary, children retain their positive values, but only as long as they are small in number. When they become numerous they devalue, and their negative values, especially economic costs, begin to increase. As we have seen in the previous section, the state of high fertility is almost as widely condemned as the state of infertility.

This also applies to the social-status value of children. The fact that a man with children enjoys higher prestige than one without does

not mean that one's prestige increases with one's number of offspring. The myth that high fertility means high status is no longer supported by contemporary evidence from either the adult samples or the school samples. Social prestige nowadays hinges on whether one is able to look after one's children. A person who does not have the means to care for his many children is as miserable as the one who has no children at all. As a girl in Accra said:

-A man without children is like a woman with many children without money to take care of them. fA 702

8.5. The spectre of childlessness

Fortes writing about the Asante remarked some time ago that "childlessness is felt by both men and women as the greatest of all tragedies and humiliations" (1950:262). Ten years later Field wrote, "Barren women, childless couples and infertile men leave no stone unturned in their earnest search for the cause and cure of their privation and often go from shrine to shrine offering extravagant gifts in exchange for a child" (1960:121). The previous section has already made clear how strongly people in Kwahu disfavour childlessness. In this section we want to indicate briefly how people try to escape what we have termed the "spectre of childlessness".

Discussions with several medical officers in Ghana and Kwahu in particular have convinced us that one of the chief causes of infertility is gonorrhoea (cf. Meuwissen 1965:59; Romaniuk 1968), which causes secondary sterility. Nag (1962:120-125) found that the prevalence of venereal diseases in a number of selected societies was positively associated with the incidence of sterility and negatively with the fertility level. The hypothesis is not supported for the societies of Africa alone, probably due to the small size of his sample. An example of secondary sterility in Amo's lineage is Amma Nkwanta.

Case 14. Only once pregnant

Nkwanta is 24 years of age. She says that she was made pregnant when she was 14 years old which seems to be correct because her child is now about 10. Nkwanta has had many different friends since she gave birth to her child but she never became pregnant again.

At the time of our first period of field-work she practised prostitution in Accra but she often came to Ayere where she had a special friend named Botwe. In an interview about their relationship she said, "If his mother would agree I would have had a child with him by now.... I do not use any contraceptives when I sleep with Botwe, but I do not become pregnant. Maybe our blood does not agree, maybe also Botwe fears his mother and is afraid when he has sex with me. That could be the reason that he cannot make me pregnant."

In reaction to her infertility Nkwanta has become one of the most pronatalist respondents in the lineage. She is one of the few respondents who find that six children is not enough for a couple and disapproves of any form of contraception. It seems evident that Nkwanta has become infertile because of venereal disease. Nkwanta (A.VI,16)

Some of the pathological causes of infertility in an Akan community are further discussed by Meuwissen (1965), but strangely enough gonorrhoea, which he himself recognizes as probably the most important one, is excluded from his research.

Other alleged causes have been touched upon in section 8.4. Infertility is believed to result from moral misbehaviour, the breaking of sexual taboos (cf. for the Ewe: Dzobo 1971:21-22), or failure to observe the husband's ntoro taboos (Kaye 1962:31) but more often it is attributed to witchcraft (Ward 1956:53; Debrunner 1959:42-44; Field 1960:121 and passim). Below are three quotations of witchcraft accusations in Amo's lineage (cited from Bleek 1975a). They are all connected with the problem of low fertility or childlessness. The first accuses a childless woman of having killed her own children. In the second accusation a man blames his own relatives for the fact that he has so few children and in the last one a man accuses his own wife of making him impotent (89).

-I have heard that Yaa Aso (A.VI,4) is a witch... She confessed that she gave birth to three children. The first one was a girl and she took her as a meal. The second one was taken by her to her mates to feast on, because she herself had also feasted on other witches' meat. They threatened to kill her if she refused to bring her child. The third child was used as a horse to ride on. When she was riding this human horse something went into the eyes making the child totally blind. Yaa Grace (A.VI,17)

-Although I have married 5 times I have only 3 children. I went to a certain place to find out why I have not been able to produce more children. I was told that it is witches in my house who do not want me to have many children so that the money I will get will be used on them. That is the reason I

divorced so many wives: the witches spoilt my marriages.
Yaw Berko (B.V,14)

-My wife Yaa Ansa (B.V,10) has confessed having killed many people. She only preferred the bones of the victims. She said she could, however, not allow her own children to be used as meat by other witches or to be killed. That is why all her children (9 in number) are still alive. She extended her witchcraft even to me, her husband. Whenever I went to sleep with my other wife, my penis could not go into the vagina of the woman. Because of this she was caught by Tigare (a witch-hunting cult). Ansa's husband

The remedies which are believed to cure sterility are manifold. Their wide variety illustrates the high degree of concern about childlessness. Kaye quotes a researcher in Asante who sums up a number of remedies according to the causes of sterility:

- (1) When sterility is attributed to a disease, a herbalist (odunsini) is consulted.
- (2) When the cause is promiscuity, there is no treatment.
- (3) When misconduct to parents is the cause, the spirits of the parents must be propitiated.
- (4) When sterility is the result of failure to observe the husband's ntɔrɔ taboos, propitiation must be made.
- (5) For sterility caused by witchcraft, a witch doctor is usually consulted (Kaye 1962:31).

In actual fact causes and treatments are not so easily distinguished. Sterility is usually attributed to a number of different causes and a wide range of remedies is tried to remove the evil. One of the most common cures for a barren woman (at least in the past) was to bury a placenta and urinate over it (Manoukian 1950: 89). The practice of carrying a fertility doll (akuaba) on the back to guarantee a speedy pregnancy and to protect the woman against evil wishers is virtually extinct. The akuaba doll is now very popular among tourists and collectors of African art. Another traditional remedy of sexual impotence (kɔte krawa) has been quoted in chapter 4. At present shrines and prophets play a prominent role in the struggle against infertility.

Field, who carried out research at a shrine in Asante around 1956, listed and classified 2,537 requests and complaints about sickness, material well-being, pregnancy, psychological problems and many other

troubles. She found that 588 (23%) of these requests had a direct bearing on fertility. These requests are the following:

Table 8.16: Complaints and requests about fertility at an Asante obosom shrine (Field 1960:105-106)

| | |
|---|---------------------------|
| requests for the birth of a child | 112 |
| requests from pregnant women for safe delivery | 110 |
| thanks for the birth of a child | 107 |
| complaints of long childlessness | 100 |
| complaints that children born always die | 51 |
| complaints of impotence | 28 |
| complaints of miscarriage or threatened miscarriage | 28 |
| pregnant women in fear of maliciously caused abortion | 24 |
| complaints of venereal disease | 19 |
| complaints that the "pregnancy does not grow" | 9 |
| | <hr/> |
| | total 588 (23%) |
| | other requests 1949 (77%) |
| | <hr/> |
| | final total 2537 (100%) |

The remedy which is recommended by the priest (obosomfoɔ) or herbalist (odunsini) depends on his diagnosis. He may prescribe a concoction of herbs or tell the patient to make a sacrifice to a certain deity. In most cases the remedy is a combination of the two.

At Ayere there is a well-known shrine to which people come from the whole of Kwahu and from Accra to find a solution to their troubles. The priest (okɔmfɔɔ) can be consulted three days a week. It is estimated that an average of about 30 patients visit him on such a day. The okɔmfɔɔ is in trance when he sits for consultation and he diagnoses the problem by reading the hand of his client. In 1973 we counted a total of 183 complaints on 6 consecutive days of consultation. Of these complaints 50 (27%) referred to barrenness or suppressed fertility. The okɔmfɔɔ usually asks the woman how much she will pay if she gets a child. It is up to the woman and her partner to fix the amount. A woman seeking advice should be accompanied by her husband or friend because, as someone put it, "She can never

bring forth without a man". Either of them may be asked to take medicine because the fault may come from both. When a man is impotent, he is first given a chewing stick against kate awu (dead penis). When a child is born the parents may call it after the ɔbosom (deity) and when the child becomes sick they must bring it to the ɔkomfoɔ. The secretary of the ɔkomfoɔ claimed that 75% of all clients complaining about lack of children were helped by the priest.

The contribution of independent churches and prophets to the cure of infertility is illustrated by a case study of a church in Accra (Meerts 1974). The church is headed by an Asante prophet and the author estimates that almost 70% of the members are Akan (1974:120). From a non-random sample of 384 members 6% reported that they had joined the church in order to achieve pregnancy (1974:132) and 34% of those who approached the prophet with gynaecological complaints claimed that they had been cured (1974:137). Six percent does not seem to be such a large proportion but from a year report which the prophet delivered at the end of 1971 Meerts concludes that the church's primary concern lies in the field of fertility. The church is specialized in fertility rituals (1974:175). Children who are born through the intervention of the prophet often receive his name and enjoy special privileges in the church. Specific remedies which are applied by the prophet to cure barrenness are a red-coloured liquid, the bark of a tree and a special bible (1974:226-227).

There are some indications that people only visit a doctor or hospital for treatment against sterility when all other possibilities (see page 179) have been exhausted. This would support the view that sterility is not in the first place regarded as a physical evil. In certain cases akomfoɔ and prophets may expressly stipulate that the client should not visit a doctor or hospital (cf. Meerts 1974:226).

8.6. Fertility now

The present increase of Ghana's population has been calculated and estimated by various demographers (Caldwell 1967d, Gaisie 1969, Pool 1971) and fertility has been related to numerous variables such as rural-urban, education, type of union, age and religion.

Gaisie points out that in the whole of Ghana rural fertility exceeds urban by about 15% (Gaisie 1969:29); in the Eastern Region, where Kwahu is located, the difference is 11%. At the rural level the Akan have the highest total fertility rate (7.1) while the lowest rates are found among the Northern groups (Gaisie 1969:39). These data suggest that Ayere is situated in an area where the fertility rates belong to the highest of the country.

Information about fertility in the Male and Female Samples at Ayere is presented in the Tables 8.17 and 8.18. The fact that the Female Sample has been selected from a group of women who have at least one child under 5 years of age explains the typical structure of the fertility composition. Women without children are automatically not present, and women with secondary sterility in the age group of 30 and above are absent as well because although they may have one or two children they have no child below 5 years. In this respect, therefore, the Female Sample is not representative of the total female population of Ayere where childless women and women over 30 with only one or two children are no exception.

Table 8.17: Number of children alive by age group of mother in Female Sample (percentages in brackets)

| | number of children: | | | | | total |
|-----------|---------------------|--------|--------|--------|--------|----------|
| | 0 | 1 | 2-3 | 4-5 | 6+ | |
| age group | | | | | | |
| -29 | - | 45(41) | 46(42) | 16(14) | 3(3) | 110(100) |
| 30-39 | - | - | 6(12) | 23(44) | 23(44) | 52(100) |
| 40+ | - | - | 2(12) | 3(18) | 12(71) | 17(100) |
| total | - | 45(25) | 54(30) | 42(24) | 38(21) | 179(100) |

The average number of children alive in the Female Sample is 3.6, in the Male Sample it is 4.5. The data on fertility in the two samples do not lend themselves to further statistical analysis. Statistical relationships which may be found will prove spurious because the age factor is the real determinant factor and overrides all other correlations. For example, one may hypothesize that

Table 8.18: Number of children alive by age group of father in Male Sample (percentages in brackets)

| age group | number of children: | | | | | total |
|-----------|---------------------|--------|--------|--------|--------|----------|
| | 0 | 1 | 2-3 | 4-5 | 6+ | |
| -29 | 15(35) | 12(28) | 15(35) | 1(2) | - | 43(100) |
| 30-39 | 1(4) | 13(12) | 8(32) | 9(36) | 4(16) | 25(100) |
| 40+ | - | 1(3) | 1(3) | 6(19) | 24(75) | 32(100) |
| total | 16(16) | 16(16) | 24(24) | 16(16) | 28(28) | 100(100) |

fertility will be negatively related to urban experience, and education. The hypothesis is upheld by a statistical index of correlations, but closer examination shows that urban experience and education are significantly more widespread among the young, who are only just beginning their reproductive career. So it would be premature to conclude that there is a causal relationship between education or urban experience and fertility. Such a conclusion is only acceptable when the age variable is held constant.

Figures about fertility in Amo's lineage are presented in Table 8.19. Percentages of the Male and Female Samples have been included for comparative purposes. The average fertility in the lineage is lower than in the two other samples. For the females in the lineage this difference is explained by the fact that childless and secondarily sterile women have been included. The differences in fertility between the male lineage members and the respondents of the Male Sample are due to the lower average age of the lineage members and to the fact that there are no males in the lineage with extraordinarily large (polygynous) households as there are in the Male Sample.

A final point of interest in connection with fertility is pregnancy wastage and child mortality. Information on pregnancy wastage is likely to be unreliable. Respondents tend to forget or to suppress cases of abortion in the past, particularly when they were induced abortions. How much this kind of information depends on the quality of the interview can be read from Table 8.20. The lineage,

Table 8.19: Male and female fertility in Amo's lineage compared with fertility in the Male and Female Samples (percentages in brackets)

| number of children alive: | m a l e s | | f e m a l e s | |
|---------------------------|-----------|-------------|---------------|---------------|
| | lineage | Male Sample | lineage | Female Sample |
| 0 | 3 (13) | (16) | 2 (11) | - |
| 1 | 6 (26) | (16) | 5 (26) | (25) |
| 2-3 | 3 (13) | (24) | 4 (21) | (30) |
| 4-5 | 7 (30) | (16) | 4 (21) | (24) |
| 6+ | 4 (17) | (28) | 4 (21) | (21) |
| total | 23 (100) | (100) | 19 (100) | (100) |
| mean | 3.3 | 4.5 | 3.1 | 3.6 |

from which the most reliable information was obtained, shows the highest percentage of pregnancy wastage and the Female Sample, for which the interviews were the least reliable, has the lowest percentage.

Table 8.20: Pregnancy wastage and child mortality in three samples at Ayere and in an Asante community (Fortes 1954)

| | Ayere lineage | Ayere Male Sample | Ayere Fem.Sample | Agogo Females |
|---|---------------|-------------------|------------------|---------------|
| mean number of pregnancies | 4.6 | 5.7 | 4.1 | 4.3* |
| mean number of live births | 3.6 | 5.2 | 3.9 | 4.0* |
| mean number of children still alive | 3.2 | 4.5 | 3.6 | ? |
| pregnancy wastage (per 1,000 pregnancies) | 216 | 98 | 44 | 75 |
| child mortality (per 1,000 live births) | 105 | 122 | 94 | 279** |

*) Excluded women under 20 years of age

***) Children who died before the age of 15

The figure for frequency of pregnancy wastage in the lineage (216) is probably the most accurate. In 1945 in Asante (Agogo) Fortes found a pregnancy wastage rate of 75 per 1,000 pregnancies, but he thought that in reality it was higher and assumed a rate of 100 to be correct (Fortes 1954:306). How do these rates compare with pregnancy wastage in other parts of the world? Nag points out that data on pregnancy wastage in Western countries differ widely depending on whether they have been collected in large scale surveys or in intensive surveys. The latter produce rates which are 4 to 5 times higher than the former. The rates vary from 22 to 160 (Nag 1962:138-139). Bourgeois-Pichat's (1965) estimate is still higher; he believes that approximately 30% of all pregnancies result in foetal death. Useful comparison can only be made when better data have been collected.

More problems arise when we start to investigate how much is due to induced abortion and how much is natural wastage due to miscarriage and stillbirth. According to the information of lineage members 149 pro mille are the result of induced abortion, leaving only 67 for natural wastage. In the Male and Female Samples the reported wastages due to induced abortion are 37 and 13 leaving natural wastage rates of 61 and 31 respectively. The figures are rather incoherent and should be handled with the utmost care.

The figures on child mortality are of little use for demographic study. The respondents were asked how many of their children were still alive. No difference was made between, for example, children of 5 months and children of 15 years of age. Only when they had died after reaching adulthood were they not included in the child mortality rate. It is evident that such a method will give very conservative results, and child mortality rates will be considerably higher when we restrict ourselves to children who have reached, or would have reached, the age of 15. This accounts for the much higher mortality rate (297) found by Fortes in Asante, because Fortes' sample consisted also of women past their child bearing age who had much older children.

The term "infant mortality rate" is usually restricted to deaths under one year per 1,000 live births. In a recent publication Gaisie estimates that in the late 1960's the infant mortality rate of the

whole of Ghana was 133 per 1,000 live births, ranging from 56 in the Accra Capital District to 192 in the Upper Region. Rural and male mortality rates are consistently higher than urban and female rates (Gaisie 1975:29). In two neighbouring countries, Togo and Upper Volta, the infant mortality rates are 127 and 182 respectively (Pradervand 1970:32).

BIRTHCONTROL: KNOWLEDGE, ATTITUDE AND PRACTICE

"It is sometimes better to lie, it stops you from hurting people, does you no harm, and even might help them."
Indian respondent (Mamdani 1972:32)

In this chapter we shall present general, mostly quantitative, data on birthcontrol to see "How the land lies". In chapters 10 and 11 we shall narrow our scope and hope to come to an analysis of the determinant factors of birthcontrol knowledge and attitude and especially of the practice of birthcontrol. The motto of this chapter serves as a warning that it is dangerous for a researcher to mistake reported information for facts, particularly if the researcher has no opportunity to observe the behaviour of his informants. The latter is largely the case with birthcontrol, the subject of chapter 9.

9.1. Traditional methods of birthcontrol

Several authors have argued that birthcontrol is not a new phenomenon. Himes (1936) has collected a wide variety of contraceptive methods from about 200 pre-industrial societies all over the world. A famous case in point is the island Tikopia where according to Firth (1936) and Borrie et al. (1957) a conscious population policy was carried out by means of coitus interruptus, induced abortion and infanticide. However, Hawthorn (1970:35) remarks that the Tikopia seem to have been the exception rather than the rule in pre-industrial societies. A number of authors have suggested that contraception was also practised in Europe before the rise of technology (Hollingsworth 1964-65, Meuvret 1965, Carlsson 1966, Wrigley 1966). Some conjectural thinking is unavoidable in order to reach such conclusions, but even if they are right, it cannot be doubted that contraception has never been of such importance as it is today.

Evidence of regular and deliberate birth limitation in African

societies in the past is meagre (Nag 1962:214-215,219-220; Molnos 1973a). The most common practice of birth prevention in a large number of societies was post-partum abstinence, but abstinence was probably not consciously pursued as a means of family limitation, as has been pointed out by various authors (e.g. Freedman 1963:224-225; Polgar 1972:208). Post-partum abstinence was practised to increase the birth interval because it was believed that sexual intercourse or pregnancy would endanger a suckling child or would meet with public disapproval or ridicule. Abstinence also served religious, ceremonial and aesthetic ends, but it rarely depended on the number of children that had already been born.

Incomplete sexual intercourse is reported to occur during the post-partum period among the Kgatla (Schapera 1971), Nupe (Nadel 1942:8), Tonga (Colson 1958:156-157), Kaguru (Beidelman 1973:262) and Nyakyusa (Wilson 1973:249). In general, however, coitus interruptus was not so much practised within marriage as in premarital or extra-marital encounters, for example among the Ganda (Richards and Reining 1954:390), Kgatla (Schapera 1971), Masai (Leakey 1930:193), Yakö (Forde 1941:14), Chaga (Raum 1973:28), Sukuma (Varkevisser 1973:237), Nyakyusa (Wilson 1973:249), Lugbara (Middleton 1973:289), Turkana (Gulliver 1973:373) and Nandi (Huntingford 1973:408). Coitus inter femora occurs among the Xhosa (Mayer 1961:253-255).

Semen is (was?) reportedly expelled after intercourse among the Kavirondo (Wagner 1949:296) and the Kgatla (Schapera 1971). Herbs are said to be used for contraceptive purposes among the Maragoli (Lukalo 1973:139), Kaguru (Beidelman 1973:262) and Tuken (Kettel and Kettel 1973:415). The Lugbara (Middleton 1973:289) and Chaga (Molnos ed. 1973a:22) achieve contraception by introducing a rag or grass into the vagina. The Nkole (Mushanga 1973:174) and Tuken (Kettel and Kettel 1973:415) use magical means to prevent pregnancy.

Induced abortion is reported from so many societies (see Pedrals 1950, Devereux 1955, Molnos ed. 1973a) that we shrink from the task of summing them up. Infanticide was practised long ago in many societies but most informants deny its present existence. Among the Kikuyu, Sukuma and Luo twins were killed (Molnos 1968:187). Among the Luo it was believed that a child which was born with the feet first,

albino or deformed came from an incestuous meeting, and was thus eliminated. Among the Ganda when the first child of a chief was a boy he was killed because it was believed that he would otherwise kill his father. A child born feet first was also killed to prevent it from becoming a thief or a murderer (Roscoe 1911:54).

One should recall, however, what has been said with reference to abstinence. According to most ethnographers the same argument applies to the other traditional methods of birthcontrol: contraception, induced abortion and infanticide were rarely applied to consciously limit fertility. A deformed child, for example, was considered as a bad omen endangering the safety of the group. Polgar writes:

Practices that stop short of complete coitus.... among the unmarried,.... serve to prevent pregnancy among those not considered socially (or physiologically) ready to be parents. Abortion or infanticide when the pregnancy resulted from some kind of "illicit" union also serves to prevent an unsanctioned couple from becoming parents to a child, not to prevent the birth of too many children. (Polgar 1972:208)

Interviews with old informants suggest that among the Kwahu of the past fertility was not limited in any way. Even post-partum abstinence was relatively short, about 4 months. There are indications that some women who "were tired of bringing forth" attempted to prolong the period by travelling to their home town and staying there for a longer time. However, this practice was not as general as some would have us believe. We feel quite confident in saying that formerly there was not such strong social censorship against childbirth within a short interval, as there is today.

People had little knowledge about fertile and infertile periods, let alone being interested in utilizing their knowledge to reduce fertility. An old man says:

Some women pass menstruation after two weeks, others after a month and it is, let us say, 6 days after menstruation that the man goes in for her.

When your wife's menstruation comes, you (the husband) do not know anything about it unless you are told by the wife. Normally the wife will, for example, be pounding fufu and tell one of the children to hold the pestle for her so that she can go to urinate, when she keeps long the man suspects that she is in her period. The woman will shout that the children should pound the fufu and that she will not eat because she cannot come home

unless she is clean. Only God knows when the woman will bring forth... I just go in for the woman any time I like and when she becomes pregnant she tells me and I thank God.

Coitus interruptus, which was the most widespread method of contraception in the pre-industrial societies discussed by Nag (1962: 130-131), seems to have been practised rarely by Kwahu of previous generations. An old informant says, probably with considerable exaggeration:

I have heard of it but I have never done it. If you did it and you were caught you were punished severely because you had committed a crime (di aboro) since you did not want to bring forth a child. In Asante you would be killed for it.

Another old man explained that he had heard elderly people talking about coitus interruptus but that he did not think that it was a common practice. When we asked an elderly woman whether she had ever heard of people practising it in the past she replied with a rhetorical question, "Can you do it?", indicating that such a practice is beyond human possibilities. The fact that there is no specific term or circumlocution for coitus interruptus in Twi also supports the opinion that it was not commonly practised.

The use of herbs or other traditional devices for contraceptive purposes does not seem to have existed in the past. One elderly informant recalls that a long time ago some of the "advanced" people bought "French letters" in the French stores of Accra and Kumasi. They were condoms, which cannot be regarded as traditional devices.

Apart from some exceptions induced abortion did not occur formerly. The same impression was formed by Fortes (1954:265) 30 years ago. One informant remembers a few cases all of which concerned school girls. They happened as long as 40 to 50 years ago. These cases should however be seen as the first signs of cultural transition due to education and the postponement of marriage. One old man states very categorically:

I never heard or saw anything like (induced) abortion. They never told me that some one had obtained an abortion.

Infanticide, however, did exist according to all informants. A deformed child was killed immediately after birth by drowning him in a bucket of water. The matter would not become known to outsiders and

people would refer to it with euphemisms such as wasan awoye (he has been born and returned), ne ba no anye yie (her child did not become well) or wawu nsuo no mu (he has died in the water). The informants do not all agree on the type of deformities which prompted infanticide. All mention the case of a child with six fingers on one hand (nsa wansia); such a child was believed to bring misfortune on the community. Opinions are split concerning other deformities such as harelip (n'ano apae) and two hands on one arm (ɔbɔka). It is likely that the practices varied to some extent. At Ayere there is at present an old lady with a cleft palate. Hermaphrodites (busufɔɔ) were buried alive (Rattray 1927:66). Rattray writes further about infanticide:

There are traditions of women having given birth to children half human half monkey, half man half fish, children with three or more breasts, six or more toes. All such would, of course, be destroyed as also hermaphrodites (Rattray 1927:56).

A man at Ayere who has a mongoloid child told us:

When he was born we did not see anything, but when he was about 6 months a swelling started protruding from his head. We treated it with native medicine and it went away. When the baby started to walk he could still not talk and we realised that he was going to be dumb. My other sons proposed that the boy should be killed because he was not going to be of any use to the family. I told my eldest son that if he was able to do it himself.... but we, the father and the mother, could not do it.... Of course he could not do it because as long as I am alive I will report him to the police. Even if I had known it at the birth of the child, I would not have allowed the midwife to kill him. You see, people may tell you that the child will not be normal in future but I may not believe it, so I could never allow it. The boy is now 27 years old.

Among the present generation about half¹ have heard about the practice of infanticide in the past: 41% in the Female Sample, 46% in the Male Sample and 52% in the lineage. It is clear from the above discussion that infanticide was practised for religious and eugenic reasons and not for limiting fertility.

9.2. Birthcontrol in present-day Ghana

Changes in the socio-economic situation and the introduction of

modern contraceptives have not failed to alter the traditional situation in Ghana. Caldwell has published a number of studies about attitudes and practices concerning family planning mainly in elitist groups. This survey which took place in 1963, reveals that over half of his respondents both male and female, know of at least one method of preventing pregnancy and that one third of his respondents report having used a method of preventing pregnancy (Caldwell 1968a:131). If induced abortion were to be included the percentage would probably be higher. Caldwell further reports that 43% of his male respondents and 37% of females consider contraception to be morally right (1968c: 611).

Pool has conducted a KAP-survey both at the urban and the rural level. His data have been presented in various articles (1968, 1970a, 1970b, 1971). Only 11% of the urban females and 4% of the rural females in Pool's survey reported knowledge of a specific method of birthcontrol. Later on we shall return to these very low percentages. With regard to attitudes, only 22% of the urban females and 8% of the rural females believed that contraception was right. A comparative essay of Pool's and Caldwell's data and a number of other African family planning studies has been written by Caldwell (1968c).

The question as to what methods are known, and which are being used by Ghanaians who practise birthcontrol is not adequately answered by Caldwell and Pool. Moreover, we may assume that considerable changes have occurred since the period that these surveys took place. Neither are the monthly reports by the Ministry of Health about family planning acceptance of much help because they refer only to registered users of birthcontrol while the majority of people probably practise it outside any family planning organization. A nation-wide KAP-survey is now being carried out but the results of it are not yet known.

This brief survey of literature on birthcontrol in Ghana shows that there are considerable gaps in our knowledge of this crucial aspect of modern life and in-depth studies, which could reveal more detailed information, have not yet been conducted.

Today no one can inform us how widely birthcontrol is practised in Ghana, what the people's attitudes towards it are, and what they know

about it. It will be even less possible to present variables or situational factors which help us to explain knowledge and attitudes and the incidence of certain practices.

This study cannot fulfil these needs either but it may be able to present a few insights which may encourage further research and wider testing.

9.3. Knowledge of birthcontrol at Ayere

During experimental interviews about knowledge of birthcontrol methods the respondents were asked to name all the methods which people use to limit their number of childbirths. It was found that the replies did not adequately reflect their actual knowledge. To give an example, only a few mentioned induced abortion, but when they were asked whether they had ever heard of induced abortion nearly all said they had. To avoid an underestimate of the actual knowledge we therefore decided to list 12 methods of birthcontrol and to read these during the interview. The respondent answered whether or not he knew the method and if he did he was requested to explain exactly how the method worked. This after-check prevented "yes-people" from being included. Respondents were then asked whether they knew another method which had not yet been mentioned. The 12 methods were:

- | | |
|----------------|-------------------------|
| 1. abstinence | 7. tubectomy |
| 2. pills | 8. vasectomy |
| 3. Emko (foam) | 9. withdrawal |
| 4. condom | 10. rhythm method |
| 5. loop (IUD) | 11. induced abortion |
| 6. diaphragm | 12. contraceptive herbs |

At the analysis of the data abstinence was omitted from the list because it was not clear whether it had been mentioned as a method of birthcontrol or simply as a sexual custom. The reported knowledge of birthcontrol methods is presented in Table 9.01. The table suggests that women know of considerably fewer methods than men but the actual difference is much smaller. We have evidence that the information from the Female Sample is not complete with regard to birthcontrol

Table 9.01: Knowledge of birthcontrol methods in three samples
(percentages in brackets)

| | lineage | Male Sample | Female Sample |
|--------------------------|---------|-------------|---------------|
| number of methods known: | | | |
| 0 | 1 (2) | 1 (1) | 23 (13) |
| 1- 2 | 5 (12) | 12 (12) | 58 (32) |
| 3- 4 | 5 (12) | 22 (22) | 72 (40) |
| 5- 6 | 11 (26) | 33 (33) | 24 (13) |
| 7-11 | 20 (48) | 32 (32) | 2 (1) |
| total | 42(100) | 100(100) | 179 (99) |
| mean | 5.8 | 5.2 | 2.6 |

knowledge. This incompleteness must be attributed both to the respondents who were rather secretive on these more intimate topics and to the interviewers who did not systematically read all 12 methods for the respondents to reply. Respondents of the Male Sample reported on average twice as many methods. Within the lineage the difference between male and female respondents was only 1.5; women reported knowing 4.7 methods on average and men 6.2. The lineage averages are probably closer to the actual situation.

Table 9.02: Age and knowledge of birthcontrol methods in Male Sample
(percentages in brackets)

| number of methods known:* | 0 - 2 | 3 - 4 | 5 - 6 | 7 - 10 | total |
|---------------------------|---------|---------|---------|---------|-----------|
| age: below 30 | 3 (7) | 5 (11) | 14 (33) | 21 (49) | 43 (100) |
| 30 - 39 | 2 (8) | 7 (28) | 8 (32) | 8 (32) | 25 (100) |
| 40 and over | 8 (25) | 10 (31) | 11 (35) | 3 (9) | 32 (100) |
| total | 13 (13) | 22 (22) | 33 (33) | 32 (32) | 100 (100) |

$z=3.35$ $p<.01$ *) 0-4 and 5-10 have been combined for U-test

The knowledge of birthcontrol methods is inversely related to age. Young respondents know significantly more methods than old ones. A causal explanation for this will be given in chapter 11. The

hypothesis is only tested in the Male Sample (see Table 9.02), since the Female Sample data are incomplete and the lineage sample is too small.

Birthcontrol knowledge also seems to be a function of modernization; it increases with education, with urban experience and christian affiliation (see Tables A.09, A.10 and A.11, Appendix 2). However, we should reckon with the possibility that factors like education and urban experience also cause a greater openness on certain topics. In other words, the relationship between modernity variables and knowledge of birthcontrol may be less pronounced than is suggested by the above mentioned tabulations. The fact that birthcontrol was almost unknown in the not too distant past and that respondents now know an average of 5 methods of birthcontrol indicates the rapid changes which have taken place in this area of life.

An important question is: which methods are known and by whom? Table 9.03 gives a general list of all the methods that were mentioned and compares the data with those of Caldwell's urban elite survey in 1963.

Before dealing with the various methods in detail we must express our surprise about Caldwell's data on contraceptive knowledge among the urban elite. We are so bold as to say that his percentages cannot be an adequate reflection of what was actually known by the elite respondents. A similar comment must be passed on Pool's data regarding contraceptive knowledge. Pool writes that only 11% of urban females and 4% of rural females reported knowledge of a specific method of birthcontrol. We seriously question this information and find it hard to believe that within 10 years the percentage of respondents who know of a specific method has risen from 4 to nearly 100 (90).

Concentrating on the lineage and Male Sample the best known methods of birthcontrol are: induced abortion, tubectomy and pills. They are followed by condom and withdrawal. All these 5 methods are known by more than half of the respondents. Foam, IUD and rhythm method are also known by a fairly high percentage of respondents. All the other methods are known by less than 10%.

Table 9.03: Specification of all birthcontrol methods known by respondents in 3 samples compared with data of the urban elite (percentages only)

| | Lineage (N=42) | Male Sample (N=100) | Female Sample (N=179) | Urban male (N=296) | Elite* female (N=331) |
|-------------------|-------------------|---------------------------|-----------------------------|--------------------------|-----------------------------|
| pills (general)** | 90 | 81 | 75 | 2 | 2 |
| foam | 40 | 52 | 18 | 1 | - |
| condom | 76 | 66 | 28 | 2 | 4 |
| IUD | 50 | 23 | 55 | - | - |
| tubectomy | 83 | 91 | 65 | 3 | - |
| vasectomy | 7 | 2 | - | | |
| withdrawal | 64 | 56 | 8 | 11 | 7 |
| rhythm | 14 | 24 | 3 | | |
| induced abortion | 95 | 96 | 11 | 2 | - |
| "the pill" | 9 | 7 | 0.5 | ? | ? |
| diaphragm | 9 | 7 | - | - | - |
| herbs | 5 | 3 | 0.5 | - | - |
| other | 2 | 3 | 1 | - | 1 |
| ----- | | | | | |
| total respondents | 100 | 100 | 100 | 100 | 100 |

*) Derived from Caldwell 1968c:609

***) The ordinary contraceptive pill (composed of progestogen plus estrogen) is little known. Most people refer to pills which are taken before or after intercourse and are of doubtful quality. Respondents who refer to "the pill" have been classified separately.

Induced abortion, which almost certainly did not exist in the recent past, has now become one of the chief methods of birthcontrol and there is hardly anyone who has not heard about it. Its sudden rise in "popularity" is mainly due to the postponement of marriage which is not accompanied by a later start of sexual relationships. The postponement of marriage is a consequence of the modernization process in which education plays a major role. Induced abortion is applied in many different ways (see section 9.6). It is illegal in Ghana and punishable with a maximum of 10 years imprisonment.

Tubectomy (twa awo) is considered the most honourable method of birthcontrol because it is identified with the medical profession and not with illicit and secret sexual relationships. Tubectomy is usually resorted to after a number of difficult childbirths. It owes its popularity to the nearby hospital at Atibie which performs the operation. In the named hospital 40 tubectomies were carried out during 7 consecutive months in 1972 and 1973, slightly less than 6 every month. Several male respondents explained that they would like their wives to be sterilized after they had had a certain number of children and several women expressed the same wish but we doubt whether tubectomy is carried out as a purely contraceptive operation.

There is some lack of clarity about pills. Few respondents know of the ordinary contraceptive pill which is composed of progestogen and estrogen and which must be taken daily. When respondents said that they knew about pills which prevented pregnancy they were asked to give the name of the pills and to explain how the pills should be taken. Most of those who remembered a name mentioned "Alophen", "Apiol and Steel", "Special Female Pills" and "Stone cracker". We were not able to trace the constituents of the last two, but the first two contain the following components:

| | |
|--|-----------------|
| Alophen: Aloin B.P.C. |15 mg. |
| Phenolphthalein B.P. |30 mg. |
| Prepared Ipecacuanha B.P. | 4 mg. |
| Strychnine B.P.C. 1959 | 0.25 mg. |
| Extract of Belladonna | |
| Green B.P.C. 1959 | 5 mg. |
| Apiol and Steel: Pil. Aloes et Ferr. B.P.C. 1949 |4 gr. |
| Apiol - min. |0.0625 gr. |

According to respondents these pills have to be taken before or after sexual intercourse. The contraceptive value of these pills is however nil. Alophen is a purgative and possibly a stimulant. It is not a contraceptive. Nevertheless it is the most common oral "contraceptive" in use at Ayere. Apiol and Steel, a "corrective of femal menstrual irregularities", may be a light abortifacient but not a contraceptive.

The pills are for sale in local drugstores, where most people go

when they need contraceptives. If the pills "fail to work", as frequently happens, respondents often resort to induced abortion. The failure is usually explained by stating that the pills were taken at the wrong moment or in the wrong quantity. The high proportion of respondents reporting knowledge of contraceptive pills (even in the Female Sample) may be due to the fact that pills in general are regarded as panaceas. It is not unlikely that for a number of them "pill" is just a synonym for medicine.

The condom is mentioned by a good many people who call it rubber in Twi. It is not very popular and frequently associated with venereal disease and prostitution. Several respondents further comment that condoms easily burst; some say, because they have been made for whites who have a smaller penis.

Withdrawal or coitus interruptus is one of the methods which causes most embarrassment. It is thought to be a clumsy and condemnable method. It took some pains to make people admit to having heard of it or a fortiori to having practised it. Informants speaking in general believe that it is not a common practice in spite of the fact that it is the only method which can be used when contraceptives are not available and precise knowledge of the rhythm method is absent.

The foam (Emko) is rather well known at Ayere because some years ago foams were distributed by the Family Planning Programme and sold for 50 pesewas (20 p.) or more in drugstores all over Ghana. We saw foams in most drugstores and in several respondents' rooms. Young people sometimes borrow foams from each other.

The IUD or loop, also called rubber in Twi, is the only method which is mentioned by a higher percentage of respondents in the Female Sample than in the two other samples. The explanation is simple: it is a typical female device of which men have little knowledge. The IUD is distributed by the Family Planning Programme. In 1970-1971 49% of its acceptors received the IUD but that percentage had fallen to only 9% by the beginning of 1974 (GNFPP, monthly reports). The IUD is undoubtedly losing popularity. Rumours about the bad effects of the IUD are eagerly discussed and blown up by women. The same is reported from other places, e.g. Tunisia

(Jongmans 1972:34-36) and India (Poffenberger 1968:765). Medical officers are also discontented with it. One explained to us that he had removed more IUDs than he had inserted.

The rhythm method is vaguely known. Older respondents in particular are not well informed about it. In the lineage the majority of those who claimed to know the rhythm method gave a wrong explanation of it; in the Male Sample that proportion was one third. Those who gave a wrong description of it have not been recorded as knowing the method.

The remaining methods do not play a significant role; they hardly exist for people at Ayere. The ordinary contraceptive pill is distributed by the National Family Planning Programme and it is reported that in the beginning of 1974 about 60% of all acceptors were using the pill. Between June 1973 and June 1974 18,335 new acceptors adopted the pill (GNFPP reports). Clients who want the pill pay 1 cedi (40 p.) registration fee and 20 pesewas (8 p.) monthly for the pill. The pill is also available in some private drugstores but not at Ayere. At Mpraeso, the district centre, a store keeper had two packets in stock. One packet cost 2 cedis (80 p.) which is 10 times as high as the GNFPP price. It is to be expected that the pill will soon become better known in the rural towns.

Vasectomy is practically unknown at Ayere whereas the knowledge of tubectomy is widespread. The reason that vasectomy is not known in Kwahu and probably nowhere in (rural) Ghana is that it is not practised or publicized. The medical director of a Kwahu hospital explained to us that the operation is culturally ill-advised because of the high divorce rate in Kwahu: every male is likely to contract a new marriage at some point in his life and should his new wife fail to become pregnant, she and not he will be blamed for it. This argument makes sense but one wonders why it is not also used to disapprove of tubectomy. Another reason which could account for the absence of vasectomy is the crucial importance of sexual potency among males (see chapter 4). First, it may be difficult to convince men that vasectomy does not affect their sexual potency and secondly, it is doubtful that the ability to impregnate can be entirely isolated from the idea of sexual potency. These constitute some of

the obstacles which policy makers are likely to meet whenever they want to introduce vasectomy. Such obstacles need not be unsurmountable, however, provided propaganda and information are well-planned: in Kenya (Nairobi) vasectomy has been the most common method of contraception for some years (Dow 1967).

The diaphragm is mentioned by some respondents who know it from hearsay or confuse it with the IUD (both are called rubber in Twi). One lineage member comments that it is used by prostitutes.

Herbs are hardly ever mentioned as contraceptives but nearly always as abortifacients. There are indications that the few respondents who report knowledge of herbs with contraceptive power do not clearly distinguish between abortion and contraception.

Among the other methods which people mention, two men report that a woman can prevent pregnancy by going out to urinate immediately after intercourse. One male respondent states that a pregnancy will not occur when the weather is cold, so lovers who want to avoid pregnancy should meet when it is cold. Another respondent says that the opposite is true: that conception will not take place when the weather is hot.

9.4. Attitudes and beliefs

There is hardly any interview question which has been more misused and misinterpreted than the question, "Are you interested in family planning?" (or some equivalent). This question, which has featured in most of the 400 KAP-surveys that have been conducted in the past 20 years, is not the subject of this section. In this section we shall look at how people perceive and assess the various methods of birth-control. It is not our belief that such attitudes are necessarily predictive of the practice of birthcontrol, but they do give us a broad idea of which methods are more likely to catch on and which will encounter most resistance. Some explanatory remarks will be added where necessary. We shall further examine whether certain views on birthcontrol methods are correlated with particular characteristics of the people who hold them.

The respondents in all three samples were asked which method they

considered the best and which the worst. It should be taken into account that the respondents could only judge the methods known to them. The distribution of all the answers is given in the Tables 9.04 and 9.05.

Table 9.04: Distribution of responses to the question: "Which of the birthcontrol methods you know is the best?", in 3 samples (percentages in brackets)

| | lineage | Male Sample | Female Sample |
|----------------------|---------|-------------|---------------|
| pills | 14 (33) | 12 (12) | 64 (36) |
| tubectomy | 10 (24) | 42 (42) | 48 (27) |
| foam | 1 (2) | 6 (6) | 3 (2) |
| condom | 3 (7) | 6 (6) | 3 (2) |
| IUD | 3 (7) | 1 (1) | 8 (4) |
| rhythm | 1 (2) | - | 1 (.6) |
| "the pill" | 2 (5) | 1 (1) | 1 (.6) |
| induced abortion | 2 (5) | 4 (4) | - |
| withdrawal | - | - | 1 (.6) |
| anything from doctor | 1 (2) | 3 (3) | 1 (.6) |
| other | - | 2 (2) | - |
| abstinence | 2 (5) | 5 (5) | 4 (2) |
| none | 2 (5) | 12 (12) | 2 (1) |
| no information | 1 (2) | 6 (6) | 44 (25) |
| total | 42 (99) | 100 (100) | 179 (101) |

The only two methods which receive a high score of approval are pills and tubectomy. Pills, as has been remarked already, is a rather general name for modern medicine. People at Ayere have an almost unlimited confidence in western medicine. The pills which are sold as contraceptives in the various drugstores are included in that confidence although, as said, they are totally unreliable as contraceptives. One reason why pills are so popular is that they do not interfere with the sexual act. The positive image of pills which has played a rather deceptive role to date, may well become a positive factor in the future introduction of a reliable contraceptive pill. The statistical reports of the GNFPF, which show a sharp rise in the

use of the pill, point into the same direction.

The two reasons which have been advanced for the prevailing positive attitude towards pills hold true for tubectomy as well: namely, confidence in western medical science and a minimum of interference in the sexual act. Two negative points are, however, the irreversibility of the method and the deterrent of an operation. These two drawbacks of tubectomy affect only the female partner which accounts for the fact that tubectomy is significantly more popular among male than among female respondents (91). The strength of tubectomy (its permanent character) is also its weakness, particularly in a society where the incidence of divorce is high and a childless marriage is considered useless. Women are deterred from undergoing sterilization by the idea that a new marriage will remain childless. In spite of its general popularity tubectomy is not likely to be adopted by people who want to limit their fertility as long as the instability of marriage continues to exist concomitantly with the opinion that every marriage should produce offspring.

In the lineage supporters of tubectomy tend to be older and more pronatalist and to have less contraceptive experience than respondents who prefer other methods. These aggregate correlations seem to suggest that the conservative part of the population is more in favour of tubectomy while the others prefer pills and other methods. This suggestion is not quite statistically supported in the Male and Female Sample but the tests do show a tendency in that direction. The explanation is that tubectomy is only considered as useful by those people who already have a number of children, that is by older people, whereas younger people with few or no children prefer pills and other contraceptives.

A brief look at the remaining methods in Table 9.04 reveals that they receive little favour. They are felt to be awkward and embarrassing when having sexual intercourse. Three traditional methods which are reported to have been practised in a number of African societies, viz. abstinence, withdrawal and induced abortion are not considered very good methods by the respondents. Birthcontrol is something new which has to be practised in a modern way. The fact that some respondents refuse to choose one specific method and

approve of any method which is recommended by a doctor underlines the high esteem in which the medical practitioners are held.

Answers to the question: Which method of birthcontrol is the worst?, centre on induced abortion (Table 9.05). Only in the Female Sample, where respondents avoided speaking about induced abortion and pretended not to know about it, are the answers spread over various other methods. Induced abortion is condemned as a method of birth-control because it causes sickness, death and permanent infecundity.

Table 9.05: Distribution of responses to the question: "Which of the birthcontrol methods you know is the worst?", in 3 samples (percentages in brackets)

| | lineage | Male Sample | Female Sample |
|----------------------|----------|-------------|---------------|
| induced abortion | 32 (76) | 75 (75) | 14 (8) |
| IUD | 2 (5) | 1 (1) | 43 (24) |
| pills | 1 (2) | 3 (3) | 32 (18) |
| tubectomy | 1 (2) | 2 (2) | 18 (10) |
| abstinence | - | 1 (1) | 4 (2) |
| foam | 3 (7) | 3 (3) | 3 (2) |
| condom | - | 2 (2) | 5 (3) |
| withdrawal | - | 4 (4) | 4 (2) |
| diaphragm | 1 (2) | 1 (1) | 1 (1) |
| rhythm | - | - | - |
| anything from doctor | - | 2 (2) | - |
| other | - | 1 (1) | - |
| all are bad | - | 3 (3) | - |
| all are good | 1 (2) | - | 4 (2) |
| no information | 1 (2) | 2 (2) | 51 (28) |
| total | 42 (100) | 100 (100) | 179 (100) |

The condemnation of induced abortion is so overwhelming that it precludes a further profile of additional methods which are negatively appreciated. Such a profile is however found in the Female Sample. There the IUD is the most criticized method, representing a typical female concern. Men are less aware of the existence of the IUD. The second and third most criticized method are pills and

tubectomy. Both have also been recorded as the most liked methods. It clearly shows that approval and disapproval are functions of acquaintance. All three, IUD, pills and tubectomy are well known methods in the Female Sample. These are likely to be pinpointed as good or bad, methods that are vaguely known less so. It is relevant to notice, however, that although the IUD is the least known of the three methods it is the most condemned.

A final point of interest in connection with attitude is communication about birthcontrol. The respondents were asked whether they had ever discussed birthcontrol with their partner. It was not specified whether the question meant birthcontrol in general or birthcontrol practised by themselves. Table 9.06 shows that the majority of couples have never discussed birthcontrol with their partner. Birthcontrol is probably discussed more among friends of the same sex. In chapter 11 we shall see that birthcontrol is more likely to be discussed with a partner when that partner is a lover than when he/she is a legal spouse.

Table 9.06: Communication on birthcontrol between partners in three samples (percentages in brackets)

| | lineage | Male Sample | Female Sample |
|-------------------|----------|-------------|---------------|
| communication: no | 21 (57) | 49 (53) | 91 (62) |
| yes | 16 (43) | 44 (47) | 55 (38) |
| total | 37 (100) | 93 (100) | 146 (100) |

9.5. The practice of birthcontrol

Most KAP-surveys which have been conducted in developing countries reveal more about knowledge and (alleged?) attitudes than about behaviour. It is true that they attempt to predict future contraceptive behaviour on the basis of the reported attitudes but history has shown that their predictions were far too optimistic (cf. Figa-Talamanca 1972, Mamdani 1972, Vierstra 1974) (92). In this section we present some general information about the present practice of

birthcontrol at Ayere without delving into its social context. Situations in which birthcontrol is likely to be practised and situations which are opposed to the use of birthcontrol are the object of the next two chapters.

In Table 9.07 it is shown how many different methods have been used by the respondents of the three samples. We are aware that this criterion of measuring birthcontrol practice is rather defective, because the table fails to register the frequency with which the methods have been used. Thus a respondents who regularly uses, for example, a condom and no other method will receive a lower score than someone who has used two different methods only once. Our criterion, therefore, starts from the assumption that diversity of birthcontrol practices increases with frequency, a questionable assumption indeed. A second obstacle is the "honour and shame" factor. The delicate character of questions about birthcontrol has resulted in a serious understatement of birthcontrol practice in the Female Sample. Abstinence has not been included as a method of birthcontrol in Table 9.07 and following.

Table 9.07: Number of birthcontrol methods used by respondents in 3 samples (percentages in brackets)

| | | lineage | Male Sample | Female Sample |
|-------------------------|------|----------|-------------|---------------|
| number of methods used: | 0 | 15 (36) | 44 (44) | 153 (85) |
| | 1 | 10 (24) | 26 (26) | 21 (12) |
| | 2 | 5 (12) | 12 (12) | 4 (2) |
| | 3 | 7 (17) | 10 (10) | 1 (1) |
| | 4 | 1 (2) | 5 (5) | - |
| | 5 | 3 (7) | 3 (3) | - |
| | 6 | 1 (2) | - | - |
| total | | 42 (100) | 100 (100) | 179 (100) |
| | mean | 1.6 | 1.1 | 0.2 |

Respondents with the most experience of birthcontrol tend to be younger than others, they have had more education and are working in

modern professions like teaching, driving, police and clerical jobs. All these characteristics confirm that birthcontrol is an innovation which is first accepted by the more modernized groups of the community.

The role of the age factor is borne out in the lineage and the Male Sample. The defectiveness of these data in the Female Sample does not allow for the use of probability measures in that sample. Table 9.08 presents us with information from the Male Sample.

Table 9.08: Age and practice of birthcontrol in the Male Sample
(percentages in brackets)

| number of methods ever used: | 0 | 1 | 2 | 3-5 | total |
|---------------------------------|---------|---------|--------|---------|----------|
| age below 30 | 10 (23) | 13 (30) | 9 (21) | 11 (26) | 43 (99) |
| 30 - 39 | 11 (44) | 7 (28) | 1 (4) | 6 (24) | 25 (100) |
| 40 and over | 23 (72) | 6 (19) | 2 (6) | 1 (3) | 32 (100) |
| total | 44 | 26 | 12 | 18 | 100 |

df=6 $\chi^2=21.62$ $p<.01$

Level of education is positively related to the experience of birthcontrol in all samples. The data of the Female Sample also conforms to the general trend, which is probably due to a greater openness about sex and birthcontrol among women who have been to school. The educated respondents are less inhibited by feelings of shyness (fere) than the others. This factor which also applies to male respondents may well have made the correlation between education and birthcontrol practice (see Table 9.09) look more pronounced than it is in actual fact.

Users of birthcontrol methods also tend to have a more modern occupation than the others. The statistical correlation is presented in Table A.12 (Appendix 2). The trend of modernity among users of birthcontrol is further supported by the fact that men in polygynous unions (who are more traditionally oriented) tend to have less experience of birthcontrol than men in monogamous unions (see Table 9.10).

Table 9.09: Education and practice of birthcontrol in Male Sample
(percentages in brackets)

| number of methods ever used: | 0 | 1* | 2-5* | total |
|---------------------------------|---------|---------|---------|-----------|
| no education | 15 (65) | 6 (26) | 2 (9) | 23 (100) |
| primary school** | 4 (100) | - | - | 4 (100) |
| middle school** | 23 (38) | 16 (26) | 22 (36) | 61 (100) |
| beyond middle school | 2 (17) | 4 (33) | 6 (50) | 12 (100) |
| total | 44 (44) | 26 (26) | 30 (30) | 100 (100) |

df=2 $\chi^2=8.00$ $p<.05$

*) combined for χ^2 -test

***) combined for χ^2 -test

Table 9.10: Polygyny and practice of birthcontrol in Male Sample
(percentages in brackets)

| number of methods ever used: | 0 | 1 | 2 | 3-5 | total |
|------------------------------------|---------|---------|---------|--------|----------|
| respondents in monogamous union | 31 (49) | 15 (24) | 10 (16) | 7 (11) | 63 (100) |
| respondents in polygynous union | 7 (54) | 6 (46) | - | - | 13 (100) |
| total | 38 (50) | 21 (28) | 10 (13) | 7 (9) | 76 (100) |

expected values too small for χ^2 -test

missing observations (not married): 24

Another explanation of the correlation between polygyny and paucity of contraceptive experience seems to be that partners in a polygynous union do not need to rely on contraception as they can more easily practise post-partum abstinence: the husband can find sexual release with his other wife. The real reason, however, is slightly different: men with only one wife are more likely to engage in extramarital affairs during the period preceeding and following childbirth, and it is in extramarital relationships that birthcontrol tends to be practised.

The incompleteness of the Female Sample data precludes a

comparison of knowledge, attitudes and practices between males and females. Pool writes that "in general Ghanaian men have more 'liberal' attitudes towards family limitation than the Ghanaian women" (Pool 1970b:16). The fact that many women concealed information about birthcontrol seems to indicate that at Ayere also women are less "liberal" than men, but the question remains whether this is an effective attitude; in other words, whether they are in fact less inclined to practise birthcontrol than men.

Table 9.11: Number of respondents who ever used a specific method of birthcontrol (3 samples; percentages in brackets)

| | lineage | Male Sample | Female Sample |
|-------------------|----------|-------------|---------------|
| pills | 17 (40) | 23 (23) | 6 (3) |
| foam | 8 (19) | 27 (27) | 6 (3) |
| condom | 7 (17) | 17 (17) | 3 (2) |
| withdrawal | 10 (24) | 10 (10) | 2 (1) |
| tubectomy | - | 7 (7) | 2 (1) |
| rhythm | 6 (14) | 9 (9) | 2 (1) |
| induced abortion | 15 (36) | 13 (13) | 7 (4) |
| "the pill" | 3 (7) | 3 (3) | 1 (1) |
| IUD | - | 1 (1) | 1 (1) |
| diaphragm | 1 (2) | - | - |
| other | - | 4 (4) | 2 (1) |
| ----- | | | |
| total respondents | 42 (100) | 100 (100) | 179 (100) |

Use of pills, which reportedly is the most frequent method in the lineage and the Female Sample and the most frequent but one in the Male Sample, is ironically also the least reliable method. Methods which are most practised are approximately also the best known, except for tubectomy and induced abortion. The latter is probably more commonly used than has been reported. Tubectomy has been carried out upon the wives of 7% of the male respondents, but only 1% of the females admit that they have undergone the operation.

Relying on the lineage and the Male Sample we conclude that

tubectomy is more approved of as a method (see Table 9.06) than it is practised (see Table 9.11). The opposite can be said of induced abortion, the foam, the condom and withdrawal which are quite often practised but hardly ever commended. Induced abortion is even unanimously branded as the worst method. Withdrawal is admitted by 10 (24%) lineage members; 8 of them are men below 30, one man is 31 and the remaining one is a woman of 34. This seems an indication that withdrawal has only recently come into use, but we should not exclude the possibility that older men refuse to divulge it because it is considered an embarrassing and obnoxious method. It is, moreover, offensive to women who, therefore, hardly ever mention it. The IUD which is known by a good number of respondents, is hardly used at Ayere. Together with tubectomy it is the only method which is applied by a doctor or other medical personnel. Such a formal application, however, does not conform with the secrecy in which birthcontrol is usually practised, as we shall see in chapter 11.

This leads us to a final question: where do people at Ayere obtain their contraceptives? The bulk of (so called) contraceptives are provided by drugstores which sometimes ask exorbitant prices. Three drugstores where contraceptives are sold can be found at Ayere, but most respondents buy contraceptives when they go to Nkawkaw or Accra. Official family planning agencies play almost no role at all in providing contraceptives at Ayere. Most family planning studies report extensively about the characteristics of family planning acceptors in the formal sense of the word but very little is yet known about persons who obtain their contraceptives from commercial sources or from dispensers and other people who do not belong to the family planning programme (cf. Ross et al. 1972:11). This case study at Ayere reveals more about that category of persons, and, what is more, it suggests that these obscure "family planners" outnumber the registered acceptors of family planning by far. This means that the conclusions of family planning studies based on registration records probably need considerable modification. Another aspect to obtaining contraceptives is that friends play a substantial role in the spreading of birthcontrol practice. Foams are borrowed from each other and condoms and pills go from hand to hand.

9.6. Induced abortion

9.6.1. Performers

The question about the origin of birthcontrol methods is particularly intricate with respect to induced abortion. We have explained already that data on induced abortion are incomplete and vague, especially in the Female Sample. The scanty information (see Table 9.12) about who induced the abortion should therefore be handled with caution.

Table 9.12: Reported performers of induced abortion in 3 samples

| | lineage | Male Sample | Female Sample |
|-----------------------------|---------|-------------|---------------|
| doctor | - | 1 | 5 |
| dispenser/midwife | 6 | 3 | - |
| herbalist | - | - | 2 |
| self (with help of friends) | 14 | 16 | 3 |
| unknown | 7 | 1 | - |
| total of abortions | 27 | 21 | 10 |

The available data suggest that abortion is usually induced by people themselves rather than by real or supposed experts. The usual pattern is that as soon as a woman thinks she is pregnant and she does not want it, she or the man responsible for the pregnancy start making careful inquiries among intimate friends. The friends mention some pills, or herbs which they have heard to be effective and the man or woman goes to get them. The woman takes the pills or prepares the herbs and uses them in the way that has been explained to her.

Sometimes friends advise the pregnant woman to visit a certain "dispenser" or a midwife who is known to be an abortionist. At Ayere we traced at least 7 men who are known as "dispenser" and who induce abortions. Two of them have a drugstore. They work with pills and injections. One is a teacher, who gives injections too. Two others are an employee of the bank, and a farmer, and the occupation of the last two could not be ascertained. A young woman of the lineage who

obtained an abortion says about one of them:

His real work is in the bank. He does the abortions only as a side-issue. The man knows how to cause abortion because he himself once impregnated a girl and it cost him about 20 cedis to get rid of it. The man who charged him 20 cedis taught him how to cause abortion.

It is remarkable that the herbalist (odunsini) is hardly mentioned as abortionist although half of all reported abortions were induced with herbs. The knowledge of abortive herbs is not the privilege of expert herbalists but it is widespread among the people at Ayere, particularly among the younger generation. Respondents mention 28 different herbs and vegetable medicines which, they claim, are abortifacients. Such a wide knowledge of vegetable abortifacients appears remarkable when we take into consideration that it must date from recent times, because abortion was not pursued in the past.

Qualified doctors, the only group who are able to safely and effectively induce abortion, are seldom approached for that purpose. One reason is rather unique for Kwahu: there are no doctors in Kwahu who will perform abortions. An additional reason is that induced abortion is strongly experienced as an illicit act whereas doctors are still felt to belong to the area of lawfulness and public morality. Finally, the people who want an abortion often do not have the financial means to pay a doctor's fee and are forced to rely on cheaper methods.

9.6.2. Knowledge of methods

The knowledge of alleged abortifacients is amazing and many different theories about how an abortion is provoked circulate at Ayere. These theories are considerably more numerous than theories about contraception, which may be an indication that people at Ayere are more concerned with terminating than with preventing a pregnancy. Prevention is something elusive and ethereal; it has no real object, because the object is something which has not yet happened. It requires foresight and the ability to plan if one wants to prevent a pregnancy. Induced abortion is much more concrete. The object is there, it is real and there is no need to fight an invisible enemy.

The same problem presents itself in the field of public health. People spontaneously come for curing of their diseases but it takes considerable pains to persuade them to prevent diseases by changing their hygienic and dietary habits. Primary reliance on abortion, therefore, seems a characteristic of less educated and less modernized people. Those who are more advanced in knowledge tend to rely more on contraceptives. Abortion, at least attempted abortion, seems to be more common in middle schools than in secondary schools; more common in rural towns than in big cities. Caldwell's suggestion that induced abortion is more common in urban than in rural areas does no longer apply today (Caldwell 1968a:162). Pupils of rural middle schools proved to be more concerned with abortion than pupils in Accra middle schools (see chapter 5).

Theories about inducing abortion are already common among Kwahu of school going age. The following quotation is from a 16 year old Kwahu boy.

When the girl conceived again I gave her more medicine which is called nkrangyedua. I told her to put it on a flat stone and grind it. When it becomes soft she must add water and then put it into a chamber-pot and take it to the latrine. She must take an enema to put the medicine in. She must put it into her anus and then pump it until the medicine will go into her stomach. That same day the abortion came on. mK 1065

A list of 53 different methods of inducing abortion is presented below. The methods were mentioned by members of the lineage and respondents of the Male Sample. We have maintained the terminology of the informants as far as possible and added our own explanation between brackets.

A. "Modern" methods

1. D. and C. by doctor (dilatation and curettage).
2. Instruments by midwives and "dispensers" (bougie?, needle?).
3. Menstrogen pills or injection, obtainable in drugstores.
4. Mensicol capsules, to be taken with alcoholic drink.
(constituents: Apiol, Ergotin and Pennyroyal)
5. Alophen pills, obtainable in drugstores. (constituents:
Aloin BPC=15 mg / Phenolphtalein BP=30 mg /
Prepared Ipecacuanha BP=4 mg / Strychnine BPC=0.25 mg /
Extract of Belladonna Green BPC 1959=5 mg)

6. "Stone cracker" pills (?) taken preferably with alcohol.
7. Apiol and Steel, in drugstores. (constituents:
Pil. Aloes et Ferr. BPC 1949=gr.4 / Apiol-min.=0.0625)
8. Dr Bongean's pills, from drugstores. (const.
Ergot, Apiol and Ferrous Sulphate)
9. Quinine ampuls (injection).
10. Ergometrine (causes uterine contractions; it is often used
after childbirth to aid expulsion of placenta and to
reduce bleeding).
11. Primodos Forte (injection; const.: progesteron =50 mg /
Oestradiol=3 mg); also: Primodos Oral, pills (the numbers
9, 10 and 11 were mentioned by a farmer-dispenser). (93)
12. APC tablets, take about 20.
13. Dr. Monrose Iodised Blood purifier with certain (?) pills added
to it.
14. Gynavion pills (?)

B. Herbs

15. Nkrangyedua (Jathropa Curcas):
 - a. The twig inserted into the uterus.
 - b. The leaves, ground, mixed with pepper and ginger, and
applied as an enema.
16. Nyanya (Passiflora Foetida): the seeds, ground, mixed with wisa
(see 41 and 42), made into a ball, inserted deeply (herbal
pessary); others add gunpowder and castor oil.
17. Menyenemenyeme or "Milkbush" (Thevetia Peruviana): the twig
inserted into the uterus.
18. Mango (Magnifera Indica): the leaves, ground, mixed with warm
water, applied as an enema.
19. Pawpaw (Carica Papaya):
 - a. The roots, ground, boiled in water, applied as an
enema; some add epsom salt.
 - b. The leaves, ground, mixed with unripe pineapple and
sugar, taken as a drink.
20. Pineapple (Ananas Sativus):
 - a. The unripe fruit, cut into small pieces, boiled,
sieved, sugar added and taken as a drink.
 - b. The leaves, ground, mixed with the unripe fruit, etc.
See a.
21. Aberewa sekan (?) (with oblong leaf of about 8 inches, similar
to fern, climbing plant): the leaves, boiled, mixed with
cooked palmtree, ground, prepared as a soup and taken as a
drink.
22. Dubrafo (Grossera Vignei): the leaves.

23. Cotton (Gossypium):
 - a. The leaves, ground, mixed with pepper, applied as an enema; some add lime juice.
 - b. The roots, add Kawu (see 43), boiled and taken as a drink.
24. ɔpo (?): the leaves, prepared as an enema.
25. Sugar cane (Sacharium Officinale).
26. Ogyamma (Alchornea Cordifolia): the leaves, ground, mixed with milk and sugar and taken as a drink.
27. Ankwaadoa, lemon (Citrus Acida): the juice, mixed with alcoholic drink, taken as a drink; it is also mixed with soft drinks, cotton leaves and other herbs.
28. Onyankyere (Ficus Asperifolia): the roots, ground, mixed with water, Wisa (see 41 and 42) and pepper, applied as an enema.
29. Coffee (Coffea):
 - a. Taken as a drink with plenty of sugar.
 - b. The roots, boiled and taken as a drink.
30. Coconut (Cocos Nucifera): drink the juice with much sugar added.
31. Tigernuts (Cyperus Esculentus): eat plenty of them.
32. Odum (Chlorophora Excelsa): used as a chewing stick.
33. Nunum (Ocimum Americanum): ibidem.
34. Cassava (Manihot Utilissima): the leaves.
35. Twoantwene (?): the leaves.
36. Ogawa (?): the leaves.
37. Onyina (Ceiba Pentandra): the leaves.
38. Nnukurewa (?): the roots, applied as an enema.
39. Seantie (?): the leaves, ibidem.
40. Kompepe (?): the leaves, ibidem.
41. Sorowisa (Piper Guineense): the seeds are added to several other herbs (e.g. 16 and 28).
42. Famwisa (Aframomum Melegneta): ibidem.

C. Other

43. Kawu or ɛkaw (Na_2CO_3 ; Natron-Native with Carbonate of Sodium): is added to some of the herbs (e.g. 23); also mixed with APC and Pito.
44. Epsom salt: dissolved in boiled water, taken as a drink; is also added to other ingredients.
45. Kontokoli samina (type of indigenous soap): mixed with water, applied as an enema.

46. Blue (washing blue): mixed with water, taken as a drink (is considered extremely dangerous by most informants).
47. Fanta, Cola, Portella and other soft drinks with much sugar added.
48. Beer: boiled and cooled down, taken as a drink.
49. Sugar: excess of sugar added to other ingredients. (There is a general belief that sweet things cause abortion.)
50. Gunpowder: mixed with water and taken as a drink; also with other mixtures (see 16).
51. Tobacco: let it soak in akpeteshie (see 52) for some time, remove the tobacco and drink the akpeteshie.
52. Akpeteshie (locally distilled gin) or any other strong spirit: it is believed that intoxication is a favourable condition for abortion (cf. 51).
53. Severe beating or strong sexual intercourse: extreme tiredness is conducive to abortion.

This list of 53 different methods of inducing abortion can still be extended considerably by combining two or three methods, as informants explained to us. Physicians are rather sceptical about this motley collection of abortive techniques. They are convinced that an ordinary pregnancy can only be terminated by instrumental intervention or by other means which kill the foetus in the uterus. They accept numbers 1, 2, 15a and 17 as real techniques of inducing abortion and largely attribute the remaining 49 methods to the imagination of the informants. It is true that medicines containing Apiol and Ergotin are abortifacients (numbers 4, 7, 8, 10) but they are not able to release a foetus which is well settled in the uterus, they rather make a person sick. Primodos Forte (number 11) sustains rather than interrupts a pregnancy. An overdose of APC may kill a person but has no abortive effect. The 28 herbs are largely unknown to doctors but their scepticism remains. Only the two herbs which are used as instruments are regarded as genuine. Ampofo (1971) discusses more widely the effects of the nkrangyedua twig. An exception may also be made for the application of nyanya (number 16), a herbal pessary which is introduced into the uterus. All other methods which consist mainly of taking the medicine orally or as an enema are highly suspect. Physicians believe that they may cause sickness and death (death cases were reported from numbers 26 and 46) but not

abortion. Their scepticism, however, is not based on acquaintance with herbs because the medicinal effects of herbs have hardly been investigated. On the other hand, it is also true that a number of other methods are clearly not abortifacient.

The fact that people continue to believe in abortifacients which in fact have no abortifacient action is due to two factors. First, women who have a delayed menstruation may consider themselves pregnant and start taking the alleged abortifacients. When the menstruation finally comes after a few days they conclude that the abortifacient has worked. A second reason is connected with the incidence of threatened abortion. It is estimated that about 20% of all pregnancies threaten to develop into a spontaneous abortion. About 10% are prevented if the women take special rest and follow the directions of doctors. It is likely, however, that a threatened abortion will become an actual abortion if no attempts are made to maintain the pregnancy but rather herbs and other "medicines" are taken which worsen the general condition of the pregnant woman. In both cases the myth about the efficacy of the "abortifacient" is sustained.

However, there is another point which we must take into account. As yet very little research has been conducted into the therapeutic and abortive values of herbs. It would be precipitate to reject as pure imagination that which has not been properly investigated. The widespread use of herbs and other ingredients for the purpose of inducing abortion and the serious risks which are involved in these practices demand thorough research into this field. Such research is in fact long overdue (94). -

9.6.3. Frequency

The reported incidence of induced abortion has been presented above in Table 9.11. 36% of the lineage members, 13% of the Male Sample and 4% of the Female Sample, admit to having obtained or participated in an induced abortion. To be more correct, only 26% of the lineage admitted having induced an abortion while the others were "found out". The distinction between "admitted" and "suspected" indicates that inquiries about the practice of induced abortion are

bound to meet with pitfalls and obstacles. Induced abortion is a criminal offence and is disapproved of by public opinion. It is clear, therefore, that the answers referring to induced abortion do not always reflect the real situation.

In general we can say that the actual incidence of induced abortion is considerably higher than has been reported by the respondents, particularly in the Female Sample, but also in the Male Sample and perhaps even in the lineage. On the other hand we must recall that not all induced abortions that were reported were genuine abortions, because it is likely that in a number of cases the woman had never been pregnant. These two biases, under-reportage on account of fear and shame and over-reportage on account of ingenuine pregnancies, may counterbalance one another and we venture to assume that the reported incidence of induced abortion in the lineage (see Table 9.13) is approximately correct.

Table 9.13: Apparent induced abortion rates in Amo's lineage, by sex of respondent

| | number of (wo)men ever ex- pecting a child | number of preg- nancies | particip- ants in induced abortion | induced abortions | particip- ants in induced abortion per 100 (wo)men ever ex- pecting a child | induced abortions per 100 preg- nancies |
|-------|--|-------------------------------|---|----------------------|---|---|
| men | 21 | 103 | 5 | 13* | 23.8 | 12.6 |
| women | 19 | 91 | 10 | 16** | 52.6 | 17.6 |
| total | 40 | 194 | 15 | 29 | 37.5 | 14.9 |

*) Two without knowledge of men and two not admitted

***) Eight not admitted

Table 9.13 refers to pregnancies of women and of men. What is meant by the latter are those pregnancies initiated by male lineage members. Men are considered as participants in induced abortion when

they have actively taken part in interrupting a pregnancy of their own, for example by persuading the partner or by providing the means. The percentage of female participants in abortion is likely to be larger than that of male participants and can never be smaller, because a woman may induce an abortion without the knowledge of the man who is responsible for the pregnancy, but a man cannot cause interruption of the pregnancy without the knowledge and cooperation of the woman.

How do abortion rates in Amo's lineage compare with those in other countries and societies? There are no statistics available for other communities in Africa, and most ethnographers who deal with induced abortion speak in rather general terms such as "rare", "common" and "quite frequent". Nag divides his selected societies into two groups, one with a "low frequency" of abortion and one with a "high frequency" (Nag 1962:219-221). Another handicap is that most of Nag's sources date from research in the 1940s or earlier, although it is likely that in the meantime enormous changes have occurred in the outlook on induced abortion and the practice of it (95). A comparison of those old data and our own, which were collected in 1973, is therefore irrelevant and misleading.

In Table 9.14 we compare the incidence of induced abortion in Amo's lineage with the incidence in a number of arbitrarily selected countries and cities for which statistics, however crude, are available. Statistics of abortion rates are usually based on female respondents only, so we present the female abortion rates of Amo's lineage. The abortion rates of countries where abortion is illegal (and punishable) are probably very inaccurate so we should not attach too much importance to Table 9.14.

Table 9.14 suggests that the frequency of induced abortion in Amo's lineage is low compared to that in some western countries and countries where it has been legalized, but that it is equal to, or even higher than, that in some other pre-industrial and non-western countries. In all these countries abortion is illegal and in some of them its practice has been called epidemic because of the many victims it claims. Induced abortion in Amo's lineage too can be considered as epidemic. Although the efficacy of the (attempted)

abortion may be low, the consequences to the health of those who indulge in it are sometimes serious.

Table 9.14: Incidence of induced abortion in Amo's lineage and in some selected countries and cities

| | abortion per 100 ever pregnant women | induced abortion per 100 pregnancies | induced abortion per 100 live births |
|--------------------------|---|---|---|
| <u>abortion illegal:</u> | | | |
| 1.Kwahu lineage | 52.6 | 17.6 | 23.5 |
| 2.Columbia,urban | 16-20.1 | ? | ? |
| 3.Columbia,rural | 8.0 | ? | ? |
| 4.Santiago,Chile(1964) | 26.2 | 16.6 | ? |
| 5.South Korea(1971) | 24.0 | ? | ? |
| 6.France(1967) | ? | ? | 50-150 |
| 7.Italy(1967) | ? | ? | 70-100 |
| <u>abortion legal:</u> | | | |
| 8.Japan(1967) | ? | ? | 38.7 |
| 9.Bulgaria(1966) | ? | ? | 98.0 |
| 10.Hungary(1965) | ? | ? | 140.0 |

Sources: 2 and 3. Requena 1968:792; 4. Armijo and Monreal 1965:265; 5. Watson and Worth 1972; 6 and 7. Klinger 1971:1161; 8. Muramatsu 1971:1167; 9 and 10. Klinger 1971:1157.

9.6.4. Moral attitudes

It has been observed before (chapters 2 and 4) that the study of sexual morality is still in its infancy. It is, therefore, with hesitation that we add "moral" to the title of this sub-section, but there is no better term to distinguish the particular facet of attitude which we want to discuss here.

We have seen that an overwhelming majority of respondents regard induced abortion as the worst method of birthcontrol (see Table 9.05 above). What reasons do they advance for this general condemnation?

In the lineage 32 members (76%) condemn abortion as a bad method of birthcontrol; 6 of them do not give a reason, 2 consider it as murder of the child, and 24 remark that induced abortion is a dangerous method because it can kill the woman or make her sick or sterile. The same arguments are found in the Male Sample: of the 75 men who condemn abortion, 67 do so because it may cause sterility, sickness or death to the pregnant woman. Only 4 men say explicitly, "It is murder", referring to the death of the foetus, and 3 make other remarks which show that they are thinking of the unborn child, for example:

- The child might otherwise have become a good person.
- Perhaps the baby would have been a big man.

These data strongly suggest that opposition to induced abortion is predominantly based upon the risks it involves for the health of the woman who undergoes the abortion. Only a minority put forward the idea that the foetus is a human being who has the right to live. This preoccupation with the morbidity aspect of induced abortion derives from the general belief that numerous girls die or are taken to hospital because of inexpertly induced abortions. It is likely, but not certain, that the data also indicate that the opposition to induced abortion will decline when induced abortions are carried out without risk to life, health and fecundity. The traditional idea that a child is not a human being until the eighth day and the high degree of confidence people have in whatever a doctor does, further support this expectation (96).

The above conclusion that the objections to abortion are directed against the way in which it is practised rather than against abortion itself seems to be contradicted by the views of school pupils. In the association-tests two sentences referred to induced abortion:

III, 4. A girl who goes to have an abortion....

IV, 18. A woman who goes to have an abortion....

It was envisaged that the former sentence would be associated with the common practice of premarital abortion and the latter with abortion by a married woman. In both cases a fairly high proportion of pupils (31%) condemn abortion in moral and moralistic terms (see Table 9.17). About a woman who causes abortion they write:

- is a bad woman because she has killed her own child. mK 670
- is a murderer because by doing that she pours out blood which is against God's commandments. ms 717
- is a wicked woman, maybe the child whom you caused abortion to will be a good person in that family so if you do that you have killed a person. mK 650

Similar judgements are passed on a girl who has an abortion:

- is a murderer. ms 523
- does a great sin. fK 423
- is very wicked because that child may save her in some way. mK 431
- has committed a sin and when the time comes that she wants to have a child she may have none. mK 457
- will never go to heaven. mK 471

Some pupils go to the extent of writing that such a person must be punished by imprisonment or be sentenced to death. Interestingly enough such a punishment is more often demanded of a woman than of a girl who causes abortion.

- must be put in prison. mK 417
- is a wicked girl and must be given strong lashes. ms 513
- must be put to death because it is a sin to do that. mK 619

It should be recalled that induced abortion is indeed punishable by a maximum of 10 years, and that between 1962 and 1969 it was even a capital offence. At the same time, however, we must draw attention to the fact that abortion cases rarely reach the police station and the court. Most cases are hushed up and are at most discussed in family palavers. For the rest they become the topic of lively gossip. No abortion case had reached the Ayere police station in the 6 months preceding our research, although several serious cases had occurred during that time.

A final category of morally disapproving associations which do not make direct reference to sin, murder or punishment have been grouped under the general title "is bad/is not good" (see Table 9.15). These associations are made with the same frequency about both a woman and a girl who has an abortion. Some of the most representative ones are cited below:

- is a bad woman. fK 606
- is a very cruel person. fK 678
- is a very bad girl to do such a dangerous thing and even if she dies no one will mind her. mK 418

- is disrespected in the Akan home. She is considered as the first-class villain in the family. ms 521
- is something which is not good but today, if you look around in Ghana you will find that this abortion is a new star. fK 479

The rejection of abortion by the pupils on moral grounds stands in sharp contrast to the data of the adult samples and also to the content of the essays which were written by their fellow pupils. In the essays pupils relate their personal experience with induced abortion without the slightest sense of disapproval or remorse. We hypothesized in chapter 5 that there is some kind of ambivalence in the attitudes of the pupils. In the sentences abortion is more abstract and remote from them, so they repeat the official and christian norms (which may also be remote from them). In the essays they write about themselves, they express their personal views. In other words, they are more permissive with respect to themselves than to others. This explanation may look too easy, but there is another factor which points towards the same direction: those pupils who condemn abortion as murder and sin against God prove to be predominantly male pupils; 30% of the male pupils against 8% of the females. Moreover, the suggestion of punishment is made twice as

Table 9.15: Distribution of associations by the pupils of Kwahu middle schools and secondary schools to two sentences: 1. A girl who goes to have an abortion...; 2. A woman who goes to have an abortion... (combined), by sex of respondents (percentages in brackets)

| | | male | female | total |
|---------------------------|----------------------------------|---------|---------|----------|
| moral dis- approval | will die/become sick/sterile | 26 (28) | 21 (36) | 47 (31) |
| | {has committed sin/is a murderer | 28 (30) | 5 (8) | 33 (22) |
| | {deserves punishment | 9 (10) | 3 (5) | 12 (8) |
| | {is bad/is not good | 18 (19) | 13 (22) | 31 (20) |
| | other negative | 7 (7) | 3 (5) | 10 (7) |
| | reference to place/method | 4 (4) | 9 (15) | 13 (8) |
| | excusing the person | 2 (2) | 5 (8) | 7 (5) |
| total | | 94(100) | 59 (99) | 153(101) |
| | unclassifiable/unclear | 14 | 21 | 35 |
| | final total | 108 | 80 | 188 |

often by male as by female pupils. Only in the last category of moral disapproval do the female pupils score a slightly higher percentage (see Table 9.15).

Conversely, answers that do not criticize the woman or girl who undergoes an abortion come more often from female than from male pupils. Female pupils are more likely to make a neutral remark about where or how the abortion takes place or find some excuse for the abortion:

- is the one who wants to continue her education or has not finished her education. fs 514
- is having a work before her and wants to complete the work before she gives birth. fK 609
- I am not ready for the child. fK 640
- is not always having that idea in her mind. She may not have a permanent boy to be responsible for her pregnancy, yet she may be so interested in the bodily love. ms 518

Leaving aside the answers which associate abortion with sickness and death we have grouped the answers which condemn abortion as a moral act and those which do not, by sex of respondent (see Table 9.16).

Table 9.16: Moral disapproval of induced abortion by sex of responding pupil (percentages in brackets)

| | male | female | total |
|----------------------|----------|----------|----------|
| moral disapproval | 56 (90) | 23 (62) | 78 (81) |
| no moral disapproval | 6 (10) | 14 (38) | 18 (29) |
| total | 62 (100) | 37 (100) | 96 (100) |

df=1 $\chi^2=12.30$ $p<.01$

The table supports the idea that remoteness increases moral condemnation: female pupils, who must feel closer to a girl or a woman who has an abortion than male pupils, are less likely to condemn abortion ($p<.01$).

The largest category of answers refers to the physical consequences of abortion: sickness, sterility and death. Female pupils think of these risks slightly more often than male pupils.

- must go to a hospital. fK 428

- always dies or she becomes very lean. mK 411
- will never have children in her life time. mK 465
- will get a time when the woman will pay huge amounts of money to fetish priests for children but will not get them because the womb will be rotten. ms 719
- may die while the relatives may not understand her death. So it will be better for her to have family planning. ms 710

Sometimes the idea of sickness and death is causally linked to sin and punishment, for example:

- has sinned against God and she will never get any child on the earth. mK 613
- will one day die because it is a great sin against God. fK 610

A last point which we must examine is whether there are any significant differences between the pupil's associations to a woman and to a girl who goes to have an abortion. The answer is no. The only difference which strikes the eye is that three times as many pupils demand punishment for a woman who has an abortion as for a girl. For the rest there is remarkable similarity between the two (see Table 9.17).

Table 9.17: Distribution of associations by pupils to: 1. A girl who goes to have an abortion.... and 2. A woman who goes to have an abortion.... (percentages in brackets)

| | a girl who goes to have an abortion.. | a woman who goes to have an abortion.. | total |
|---------------------------------|---------------------------------------|--|----------|
| will die/become sick/sterile | 28 (34) | 19 (27) | 47 (31) |
| has committed sin/is a murderer | 28 (34) | 19 (27) | 47 (31) |
| deserves punishment | 3 (4) | 9 (13) | 12 (8) |
| is bad/is not good | 17 (20) | 14 (20) | 31 (20) |
| other negative | 6 (7) | 4 (6) | 10 (7) |
| reference to place/method | 6 (7) | 7 (10) | 13 (8) |
| excusing the person | 5 (6) | 2 (3) | 7 (5) |
| total | 83(100) | 70(100) | 153(100) |
| unclassifiable/unclear | 13 | 22 | 35 |
| final total | 96 | 92 | 188 |

The fact that school pupils oppose induced abortion on moral grounds, may have been influenced by a number of extraneous factors such as compliance to school norms and Janus-faced attitudes, but it cannot be totally explained away. It prevents us from drawing hasty conclusions about moral indifference towards induced abortion. The contradictory evidence which we found only underline the need for extensive research into the moral attitudes of Ghanaians to this important and widespread phenomenon.

BIRTHCONTROL WITHIN MARRIAGE

"If you don't want to become pregnant, then why did you marry?" Kwahu man, 23 years old

10.1. Family planning or birthcontrol?

There is a tendency among students of birth limitation to restrict themselves to the married section of the population. This orientation probably stems from the tacit assumption that marriage is the only social context in which the need for birthcontrol arises. It is further clear that the western concept of the nuclear family lies at the basis of a considerable number of fertility studies, although such will not be explicitly admitted. The widespread use of the term "family planning" is an obvious indication. The term "family planning" consists of two concepts: planning within a (nuclear) family. It suggests that husband and wife have a plan, an ideal, about how many children they would like to have together and that they act in accordance with that plan; that they take measures or precautions in such a way that their plan will materialize.

Apart from the fact that such a view is highly speculative even in western societies, it seems unrealistic for a country like Ghana, and in casu for the population of Ayere where the nuclear family takes a subordinate position and marriage gives no exclusive rights to sexual relationships and the bearing of children. Moreover the composition of effective and domestically based "families" is too varied and inconstant and the incidence of divorce and separation, which bring about continuous changes in the family situation, is too frequent to allow for reasonable family planning. As a matter of fact life in general, particularly in the urban but also in the rural areas, is highly unstable. The lack of a new social security system now that old structures of security are crumbling, the total dependence on external factors such as world prices of raw materials and - for the farmers - the weather, the high rate of unemployment among school

leavers, the poor health of many and the relatively high death rates among children, all these bring about a climate in which people become fatalistic rather than being encouraged to plan ahead.

Pradervand points out that

an individual in a developing country will hardly be able to "plan" his family when the rest of his life is unplanned, chaotic.... (Pradervand 1970:10).

It is little wonder that family planning programmes have only been successful in countries where significant social and economic development has occurred, as has been pointed out by a large number of authors (e.g. Freedman 1965; Pradervand 1971:49-54; Davis 1967; Kocher 1973; van Ginneken 1974). It will therefore, be justified that we prefer to speak of "birthcontrol" rather than "family planning" in the course of this study.

10.2. Jointness of conjugal roles and birthcontrol

Let us for a moment leave aside the question marks which we put behind the concepts of family and planning in the Kwahu context and start from the assumption that marriage will be at least one of the environments in which birthcontrol occurs. If contraceptives and other means of fertility limitation are used by partners in a marriage, it is logical to expect that good communications between the spouses will favour a more frequent and more effective practice of birthcontrol. The ability to communicate, however, depends again on the total relationship between the spouses. It is to be expected that spouses who have a more egalitarian relationship and who jointly carry out certain tasks in the home, will find it easier to communicate than spouses whose relationship is characterized by segregation. The correlation between spouse communication and jointness in conjugal relationships on the one hand and the practice of birthcontrol on the other has been corroborated by numerous studies, in urban North America (Rainwater 1965, Misra 1967, Stokes and Dudley 1972), in France (Michel 1967), in the Caribbean (Hill et al. 1959, Stycos 1968), in Hongkong (Mitchell 1972) and to some extent also in Africa (Caldwell 1968c). The flood of studies supporting this

correlation has led Hawthorn to believe that

the inverse association between the segregation of marital roles and contraceptive effectiveness is a truly cross-cultural one, and given the amount of variance that several workers have found it to account for, an important one (Hawthorn 1970:94).

There is, however, also contradictory evidence. Polgar and Rothstein (1970) report little variation in contraceptive practice by jointness/segregation of conjugal roles in a poverty area of New York. Poffenberger (1968) came to the conclusion that the lack of effective communication between spouses in an Indian village has little impact on the adoption of birthcontrol since this decision belongs to the joint family rather than to the husband and wife themselves. Jongmans (1972:36; 1974) reports a similar situation in Tunisia. The relationship and communication between spouses is of secondary importance. The crucial factors determining use or non-use of contraceptives are found in the relationships between women at the village level and in honour, shame and prestige values that circulate among them.

Students of fertility behaviour not only hypothesized and found correlations between conjugal jointness and contraceptive practice, but also between jointness and attitudes towards desired fertility (Hill et al. 1959, Westhoff et al. 1961, Rainwater 1965, Rosen and Simmons 1971). In Ghana, Oppong has carried out an attitude-survey among university students from which she reports that students who favour joint conjugal roles want significantly less children than those who favour segregated roles (Oppong n.d.a). Oppong, as well as Caldwell, conducted her surveys among urban elite groups where more western ideas about marriage and family prevail, but how do the variables of spouse communication and jointness of conjugal roles influence attitudes and contraceptive practices in a rural and more traditional environment like Ayere? This question is examined in this section.

Three activities in the domestic domain were selected to measure jointness/segregation in the conjugal role relationship (see section 7.4). They were: eating, pounding fufu and carrying headloads. When husbands ate separately from their wives, and did not assist them in

pounding fufu and carrying headloads, their marital relationship was defined as "segregated". Marriages in which the spouses took their meals together and the husbands shared in pounding fufu and carrying headloads were classified as "joint". A jointness-segregation scale (JS scale) consisting of the above three variables plus the monogamy/polygyny variable was devised to achieve a more general index of degree of jointness in conjugal relationships (see section 7.4). The lower the score the more joint the relationship is.

Table 10.1: List of 20 cross-tabulations between conjugal jointness and fertility/birthcontrol variables in Male Sample

| independent variable | dependent variable | correlation |
|-------------------------|-------------------------------|-------------|
| 1. eating together | desired family size | none |
| 2. -- | knowledge of birthcontrol | p<.05 |
| 3. -- | communication with partner | none |
| 4. -- | attitude towards birthcontrol | none |
| 5. -- | practice of birthcontrol | none |
| ----- | | |
| 6. pounding fufu | desired family size | none |
| 7. -- | knowledge of birthcontrol | none |
| 8. -- | communication with partner | none |
| 9. -- | attitude towards birthcontrol | none |
| 10. -- | practice of birthcontrol | none |
| ----- | | |
| 11. carrying head loads | desired family size | none |
| 12. -- | knowledge of birthcontrol | none |
| 13. -- | communication with partner | none |
| 14. -- | attitude towards birthcontrol | none |
| 15. -- | practice of birthcontrol | none |
| ----- | | |
| 16. JS scale | desired family size | none |
| 17. -- | knowledge of birthcontrol | p<.01 |
| 18. -- | communication with partner | none |
| 19. -- | attitude towards birthcontrol | none |
| 20. -- | practice of birthcontrol | none |

In this section we shall explore whether spouses who have joint conjugal relationships tend to favour smaller families, have more knowledge of birthcontrol, have discussed it together more often, have a more positive attitude towards it and have practised it more frequently. All four jointness/segregation variables were for that purpose cross-tabulated with 5 dependent variables which refer to birthcontrol. The χ^2 -test and U-test were applied to them.

The results are extremely disappointing. They show that jointness in conjugal relationships has almost no impact on knowledge, attitudes and practices concerning birthcontrol. A complete list of all cross-tabulations in the Male Sample is given in Table 10.1 above. The Female Sample, as we have seen, does not really lend itself to statistics on birthcontrol variables.

Only two cross-tabulations significantly support the thesis that jointness promotes knowledge of contraceptives (see Tables 10.2 and 10.3) but the fact that none of the other 18 correlations is significant gravely vitiates the hypothesis. It is true that a number of the above cross-tabulations show a slight trend in the expected direction, but these are so slight that we cannot attach significance to them.

Table 10.2: Jointness/segregation in taking meals by spouses, by knowledge of birthcontrol in Male Sample (percentages in brackets)

| number of methods known: | 0 - 4 | 5 - 10 | total |
|--------------------------|---------|---------|----------|
| jointness | 9 (24) | 29 (67) | 38 (100) |
| segregation | 23 (48) | 25 (52) | 48 (100) |
| total | 32 (37) | 54 (63) | 86 (100) |

df=1 $\chi^2=5.24$ $p<.05$
 missing observations: 4 (unmarried)

If we take the Female Sample apart, keeping in mind the deficiency of its data, we find only one correlation supporting the hypothesis: [5] eating together - practice of birthcontrol ($p<.05$, Table A.13). This correlation says more about the openness about birthcontrol than about the real use of birthcontrol by that particular group of women.

Table 10.3: JS scale and knowledge of birthcontrol in Male Sample
(percentages in brackets)

| number of methods known: | 0 - 4 | 5 - 6* | 7 - 10* | total |
|--------------------------|---------|---------|---------|----------|
| score on JS scale: | | | | |
| joint (1) | 3 (14) | 8 (38) | 10 (48) | 21 (100) |
| moderately joint (2) | 12 (39) | 9 (29) | 10 (32) | 31 (100) |
| segregated(3-5) | 13 (52) | 7 (28) | 5 (20) | 25 (100) |
| total | 28 (36) | 24 (31) | 25 (33) | 77 (100) |

$z=2.61$ $p<.01$

missing observations: 23 (unmarried/not apply)

*) combined for U-test

The inconsistency of correlations is well illustrated by the fact that another cross-tabulation in the Female Sample contradicts the hypothesis, namely: [15] carrying head loads - practice of birth-control ($p<.05$, Table A.14).

The JS scale was further cross-tabulated with 12 other attitude variables in the Male Sample but none of these showed a significant correlation: spouses who have joint conjugal relationships are no more critical of high fertility and do not express themselves more favourably about birthcontrol than those spouses who live a more segregated life. Most amazing is the fact that jointness even has no impact on communication, although such a correlation would appear almost axiomatic.

What inferences can be drawn from this exercise? The most obvious one is that desired family size and birthcontrol are not functions of the type of relationship between spouses. But how must we explain that a correlation which is so widespread that Hawthorn (1970:94) ventured to call it a cross-culturally valid one is virtually absent in the rural town of Ayere? The explanation is that birthcontrol is predominantly an extramarital phenomenon. Birthcontrol is not so much known, thought about, talked about, and practised within marriage as it is outside marriage. So the character of the relationship between husband and wife has hardly anything to do with it. The character of the relationship between a man and his lover probably does have

influence on birthcontrol issues but that relationship was rarely recorded.

There is one other factor which further complicates the issue. Men who are presently married may have a secret girl friend, or they may visit a prostitute during the time that their wife brings forth, or they may have had a girl friend in the past before they married. It is likely that because of that lover or prostitute they have collected information on birthcontrol and formed an opinion about it or even practised some method or other. So what appears to be the most decisive factor with regard to birthcontrol knowledge, attitude and practice is whether or not a person has ever had a secret lover relationship. But that factor is in no way connected with the type of relationship he has with his present legal wife, at least we found no evidence suggesting that tradition-oriented husbands, who do not eat with their wives and do not assist them in domestic activities which are regarded unmanly, indulge in extramarital affairs any more often than others, or vice versa.

So, when married men and women report knowledge or practice of birthcontrol, this knowledge and practice most likely do not concern their present legal partner, but rather someone else to whom they are (or were) not married, and with whom they are hardly able to share domestic tasks, because of the secret nature of their relationship. When, therefore, any birthcontrol variable is statistically correlated with jointness or segregation in the present (legal) conjugal relationship, it is probably spurious and has no causal implications. The inconsistency of the outcomes of the statistical tests confirms this.

In Ghana a researcher who collects information about marriage and about birthcontrol should be aware that he is probably delving into two different areas of life which he must continue to distinguish when he starts analysing his data. Also, a researcher who wants to find out what people think and know about birthcontrol, and whether they have ever practised it themselves, should confine himself neither to married people nor to the intramarital activities of the married. We believe that Caldwell has made that mistake in his study of urban elite couples (1968a). It is clear that male elite

respondents (and females too) are speaking mainly "as legal husbands (wives)" when only 55% of them reply that they know of a specific method of birthcontrol and only 27% report that they have ever bought a contraceptive. These percentages would probably have been higher if more of them had included their pre- and extramarital affairs. The high incidence of extramarital relationships, particularly among the elite, has been indicated by various authors including Caldwell himself (1968a:37).

This discussion will be continued and supported by corroborative evidence in the next chapter. There is however one aspect of the outcome of the statistical tests which has not yet been accounted for in the above explanation: why does jointness of conjugal roles have no impact on desired family size? One might hypothesize that jointness in marriage and desired small family size are both the outcome of greater individual modernity, but such a thesis is not supported by statistical evidence. The reason is that jointness of conjugal roles hardly seems to be an index of individual modernity. Jointness is never significantly related to younger age and urban experience and only once to education (see section 7.4). The only convincing correlation is between monogamy and jointness, but, although one may to some extent identify polygyny with traditionalism, it would not be correct to equate monogamy with individual modernity.

Unless our operational definition of jointness is wrong, we may conclude that jointness in conjugal roles has no predictive quality with regard to knowledge, attitude and practice of birthcontrol, or with regard to desired family size and communication between spouses on birthcontrol. The first and foremost reason is that birthcontrol simply has little or nothing to do with marriage and conjugal roles since it is practised with non-conjugal partners and is associated with secret and illicit affairs.

10.3. Closure and openness of the family and birthcontrol

Some aspects of closure/openness of the conjugal unit have been discussed in section 7.5. They were desired and actual conjugal

residence and filial residence. A scale was developed to indicate the general trend of residence in the conjugal family: closure or openness. Closure has been found to be associated with joint conjugal roles in a number of studies, and indications of a similar trend were discovered in the Ayere samples.

If it is true that changes in Kwahu marriage consist of a transition from the open-segregated to the closed-joint type of union, then closure of the conjugal unit may have some impact on ideas and practices concerning birthcontrol. It is in this context of change and "modernization" that closure has been linked to attitudes to family size (Oppong n.d.d): respondents whose conjugal family is relatively shut off from the wider kin group are believed to favour a smaller number of children than respondents who continue to be closely connected with other lineage members after marriage and keep on sharing socio-financial rights and obligations with them. Such a hypothesis seems to fit in with its corollary that corporate unilinear descent groups are conducive to higher fertility (cf. Lorimer 1954:247; Pradervand 1971:81-82). The desire for large families is supposed to decrease when children are no more regarded as reinforcing the ranks of the lineage, but become a burden which has to be born by the conjugal partners alone.

In this highly conceptual framework of family organization and attitude to fertility it would further be logical to expect that, if respondents in closed families want less children, they will also be better informed about birthcontrol and be more interested in it. They may perhaps discuss it with their partners and proceed to the practice of it.

In section 10.2 we have pointed out that birthcontrol at Ayere cannot be explained by variables from the marriage sector, because it is largely practised outside marriage. The same argument holds true with respect to variables which describe the type of family organization. Why relate birthcontrol to family characteristics if they have nothing to do with it? We nevertheless want to discuss briefly some cross-tabulations of closure/openness of the conjugal family with birthcontrol lest we too hastily reject what has not yet been tested.

The degree of closure (CO scale) was cross-tabulated with 15 fertility and birthcontrol variables. It will surprise no one by now that the results were extremely meagre. In only one case was there an almost significant correlation between closure and birthcontrol attitude. Respondents were asked whether they approved of married people using contraceptives. Disapproval becomes stronger with the increase of openness of the respondent's family (Table 10.4). All the other cross-tabulations fail to produce any clear trend. To mention a few examples, closure of the conjugal unit is not associated with a smaller desired number of children, nor with a more favourable attitude towards birth limitation or with spouse communication on birthcontrol.

Table 10.4: Closure/openness of the conjugal unit and attitude towards contraceptive practice by married people (in combined Male and Female Samples; percentages in brackets)

| | approval | disapproval | total |
|----------------------|----------|-------------|-----------|
| score on CO scale: | | | |
| closed(2) | 21 (32) | 44 (68) | 65 (100) |
| moderately closed(3) | 20 (20) | 78 (80) | 98 (100) |
| moderately open (4)* | 7 (15) | 40 (85) | 47 (100) |
| open (5)* | - | 5 (100) | 5 (100) |
| total | 48 (22) | 167 (78) | 215 (100) |

$z=1.37$ $p<.10$ missing observations: 64

*) combined for U-test

The relationship between conjugal residence and attitudes towards fertility and birthcontrol fits even less into the model which associates openness with pronatalism and closure with antinatalism. Only once was separate conjugal residence significantly related to an - apparently - more pronatalist attitude: men who live separately from their wives disapprove more of married people using contraceptives than men who live together with their wives ($p<.05$; see Table A.15, Appendix 2). A closer examination of the data reveals however that the answers of these men have little or nothing to do

with their real attitudes towards birthcontrol. On the contrary, men who live apart from their wives tend to have a more positive attitude towards birthcontrol than their counterparts. They know of more methods and the practice of birthcontrol is more common among them. They also approve more of school pupils using contraceptives (although this is not statistically significant: $p=.35$). But why are the roles reversed in this case? The explanation must probably be sought in the fact that the question was too "close to their bed". If their own wife started using contraceptives this could open the way for her to indulge in extramarital relationships since the husband does not stay with her and his control over her is limited. Moreover, several men know from personal experience that birthcontrol and segregated residence facilitate the possibility of extramarital sex. The seemingly pronatalist responses must therefore be interpreted as expressions of male jealousy and suspiciousness. Husbands want to prevent their wives from practising that which they allow themselves to do.

For the rest, separate conjugal residence tends to be constantly associated with more knowledge, higher appreciation and more practice of birthcontrol, although the correlations are significant only twice. Men who do not live with their wives know of more methods of birthcontrol (Table 10.5) and the proportion of men who have never practised birthcontrol is smaller among them (but not significantly so; Table 10.6).

Table 10.5: Present conjugal residence and knowledge of birthcontrol in the Male Sample (percentages in brackets)

| number of methods known: | 0* | 1 - 2* | 3 - 4 | 5 - 6 | 7 - 10 | total |
|--------------------------|-------|---------|---------|---------|---------|----------|
| joint residence | 1 (2) | 10 (20) | 13 (25) | 11 (22) | 16 (31) | 51 (100) |
| separate residence | - | 1 (4) | 3 (11) | 13 (48) | 10 (37) | 27 (100) |
| total | 1 (1) | 11 (14) | 16 (21) | 24 (31) | 26 (33) | 78 (100) |

df=3 $\chi^2=9.63$ $p<.05$ missing observations (not married): 22

*) combined for χ^2 -test

Table 10.6: Present conjugal residence and practice of birthcontrol in Male Sample (percentages in brackets)

| | never practised birthcontrol | has ever practised birthcontrol | total |
|--------------------|------------------------------|---------------------------------|----------|
| joint residence | 29 (57) | 22 (43) | 51 (100) |
| separate residence | 10 (37) | 17 (63) | 27 (100) |
| total | 39 (50) | 39 (50) | 78 (100) |

df=2 $\chi^2=2.78$ $p < .10$
 missing observations (not married): 22

The second significant correlation is between separate residence and approval of use of birthcontrol by school pupils (Table 10.7).

Table 10.7: Conjugal residence and approval of birthcontrol practice among the school going (combined Male and Female Samples; percentages in brackets)

| | approval | disapproval | total |
|--------------------|----------|-------------|-----------|
| joint residence | 40 (28) | 102 (72) | 142 (100) |
| separate residence | 43 (43) | 57 (57) | 100 (100) |
| total | 83 (34) | 159 (66) | 242 (100) |

df=1 $\chi^2=5.09$ $p < .05$
 missing observations (not married): 37

Our exercise has not been altogether in vain. We did not find tangible support for the proposed thesis that closure of the conjugal unit correlates with a rise in antinatalist attitudes and practices, but we did find some contradictory evidence. One of the aspects of closure, joint residence of the spouses, showed a consistent trend towards more pronatalist views and actions, although rarely to a significant degree.

A number of intermediate factors account for this rather unexpected development. Spouses who live together in one house tend to be generally older and less educated. More of them are legally married than of those who stay apart. One could say, with considerable

simplification, that spouses who reside together constitute the more traditional part of the population. In view of this we cannot endorse the idea that jointness of residence in marriage can be regarded as an aspect of "modernization".

Concluding this chapter, aspects of marriage and family organization have little influence on birthcontrol issues because birthcontrol is mainly an extramarital and extra-familial practice. It is no wonder, therefore, that positive relations between jointness of spousal roles and closure of the conjugal family on the one hand and birthcontrol knowledge, attitude and practice on the other, which have been reported in great numbers from elsewhere, cannot be established for the respondents of Ayere.

Taking conjugal residence alone the statistical tests not only fail to support the hypothesis but even suggest that the opposite is true: "open" conjugal residence is consistently associated, though rarely significantly, with approval and practice of birthcontrol. This tendency may indicate that birthcontrol is more likely to be considered and practised at the fringes of marriage; in situations where the conjugal relationship is fragile and superficial and still more in situations where marriage is absent altogether.

BIRTHCONTROL OUTSIDE MARRIAGE

"Dear Dolly, My girl and I are of the same age, 18. We love each other very dearly and we will like to have sex. The problem is that we do not know when is the best time to have it so as not to have an unwanted pregnancy. Please advise us. We are both students." G.A. Kenya (letter to Dolly; Drum September 1974)

11.1. Contradiction of attitude and behaviour

The discrepancy between (reported) attitude and actual behaviour in the field of birthcontrol is increasingly becoming a point of discussion. So-called "favourable attitudes" have been reported from countries all over the world but results failed to materialize. The growing spate of family planning studies has recently been referred to as "a catalogue of unsuccessful attempts to diminish fertility in developing countries" (Vierstra 1974:12).

It is not germane for this study to start a discussion about the definition of "attitude"; such has been done by others (Yinger 1965, Rokeach 1966, Vierstra 1974). It will suffice here to briefly indicate that students of family planning have held a too naïve concept of attitude in the past, and have overlooked its contingent character. Two problems in particular were not sufficiently recognized by scientists who investigated attitudes to birthcontrol. First, whether an expressed attitude was a real attitude. Vierstra points out that family planning is a controversial topic in many developing countries, so questions about the respondents' attitude to it may well lead to, what he calls, "mental evasions" (1974:13). A second problem which was often neglected is, whether an attitude, supposing it was an authentic one, would ever be able to result in corresponding behaviour and would not be blocked by situational impediments, for example disapproval by relevant others.

The vagueness of the attitude concept and the gap between attitude and practice is also indicated by a number of "inconsistencies" in

the answers obtained during our own survey. Respondents who reportedly want fewer children do not opt for longer intervals between births, are not more approving of birthcontrol in marriage and have not used more methods of birthcontrol. But such statistical indices cannot reveal the critical factors which are at work in fertility behaviour.

In chapters 8 to 10 we have sometimes talked about attitudes to fertility and attitudes to birthcontrol in much the same way as has been done in numerous KAP-studies: with the assumption that attitude is automatically linked to behaviour. We have now come to the point where we must evaluate our findings so far. What have the data in the foregoing chapters shown? Have the quantitative representations and the statistical calculations been able to illuminate the dark corners of our knowledge and insights concerning birthcontrol at the town of Ayere? The answer cannot be an unconditional yes. It is true, however, that the correlations have pointed to some general trends of approval and disapproval of birthcontrol, both among users and non-users of contraceptives. We found that birthcontrol is better known and more practised by people who are young and educated, who work in a more modern occupation and who are not polygynously married. But such findings can hardly be called satisfactory. They have been reported ad infinitum and perhaps ad nauseam by innumerable family planning studies from every country in the world. We knew this already before we started our research and it would be rather unsatisfactory if that was the whole outcome of one year of field-work. It would only add weight to the view, which one sometimes hears, that sociologists are people who need huge amounts of money and long periods of time to arrive at conclusions which everybody else knows already (97).

A merely quantitative approach does not reveal the intervening variables because it cannot give an interpretation of its own information. Statistical analysis which has not been preceded by personal observation and direct interviewing may lead to nonsensical conclusions, whereas enigmatic outcomes of statistical tests are often elucidated as soon as one looks away from the figures to the respondents themselves (cf. Hawthorn 1970:69). In this chapter,

therefore, we shall mainly draw on observation and other, unquantifiable, material.

We have now come to the core of our study. All the other themes which have been discussed in the preceding chapters are brought together in the phenomenon of birthcontrol. Early sexual experiences, the attitude to sex, the appreciation of an early pregnancy, the instability of marriage, the existence of secret lover relationships, the role of schools, the husband-wife relationship and the permissive attitude to the extramarital affairs of men, all these play a role of importance if we want to understand why birthcontrol is practised in the one situation and not in the other.

Chapters 8 and 9 have further presented a considerable amount of information which is, at first glance, unintelligible and contradictory. How does one explain, for example, that tubectomy is one of the best liked methods of birthcontrol but one of the least used, and, conversely, that induced abortion is the most condemned method but perhaps the most commonly used? Other questions which arise are: why do respondents rely on highly dubious and dangerous methods while reliable contraceptives are available from nearby family planning centres? Why do some respondents disapprove of birthcontrol and yet practise it, and why do others favour contraception without ever using it? The nub of the issue lies in the perception of birthcontrol. How is birthcontrol perceived by people at Ayere? What does it mean to them? What role, if any, does it play in their lives? The answer is: birthcontrol is predominantly practised outside marriage, between lovers and partners in secret liaisons. It does not belong to the world of public morality and lawfulness but rather to a stealthy sphere of life. It belongs to an area which itself has become the summit of human ambiguity all over the world: sex. There is no other aspect of life which has been so utterly condemned and vilified and yet so faithfully and passionately practised as sex. Ambiguity towards sex is the root cause of all the other ambiguities and inconsistencies which appear in the study of attitudes and behaviour concerning birthcontrol.

11.2. Incidence of extramarital birthcontrol

Vague pointers to the non-marital character of birthcontrol practice are a number of studies from various societies which report a lower fertility, a more favourable attitude towards smaller families, and sometimes a higher contraceptive knowledge and use in unions which are not legal marriages. Such conclusions have been reported among others from the Caribbean (Blake 1955:28; Roberts 1955:216-217; Roberts et al. 1967; Higman 1973), from Africa (Ardener 1962:54) and from Ghana itself (Pool 1968:242-243). Van de Walle, however, points out that "it is difficult to disentangle the influence of marital status on fertility from the influence of fertility on marital status" (1965:308). It is indeed a well-known fact that women who have proved to be infertile tend to enter illegitimate unions after one or more broken marriages or go into prostitution (cf. Southall and Gutkind 1956). Ardener rightly puts forward this very factor as an explanation for the fact that among the Bakweri the annual fertility in legal marriages of women between the ages of 30-40 is ten times or more as great as in consensual unions (1962:54), but such an explanation does not exclude the possibility that, particularly in the younger age groups, the causal factor may be reversed as well: i.e. some who are not legally married do not (yet) want to bring forth.

The idea that birthcontrol may play a substantial role in the non-marital, in casu premarital, situation presents itself also in ethnographic notes from societies all over Africa, which report a high degree of permissiveness towards premarital sex but strong disapproval and sometimes penalization of premarital pregnancy. In West Africa such a situation exists (existed?) for example among the Yakö (Forde 1951), the Ibo (Basden 1966), the Hausa (Meek 1925, Smith 1965), some non-Islamic ethnic groups of Northern Nigeria (Meek 1931), in the Nuba Hills (Nadel 1942) and to some extent also in Ghana, among the Asante (Rattray 1929:298) and the ethnic groups in the North (Rattray 1932:155-156; Fortes 1949c:101). General information about East, Central and Southern Africa can be found in Mair (1953) and Molnos (1973a; East Africa only).

Most ethnographers who mention that premarital sex is condoned,

but premarital pregnancy not, believe that full sexual intercourse was not allowed and in fact not practised. Such a belief sounds rather implausible to us, but whatever may be done to prevent pregnancy, if anything is done at all, in present day Kwahu young people who engage in premarital sex do certainly not refrain from full sexual intercourse.

In the course of our research it became clear to us that married people who report that they prefer a small family are very unlikely to proceed to the use of contraceptives even when they express themselves favourably about birthcontrol in general. The aversion to specific methods and the fear of public disapproval are too much of a deterrent. On the other hand, people who are not married and who may not even have particular ideas about desired family size overcome the same deterrent easily when they have sex with their lovers; and if they fail to do so and the female partner becomes pregnant, they will overcome the even greater deterrent against induced abortion, which is universally branded as an evil and dangerous practice. The essence of the situation is perhaps most sharply represented by the example of a married man who will reject the use of any type of contraception in his marriage but who eagerly practises birthcontrol in his affair with a girl friend.

One explanation which suggests itself is the negative appreciation of a non-marital pregnancy and of a child born out of wedlock. We purposely avoid speaking of an "illegitimate" child. It is repeatedly emphasized by informants that nothing like illegitimacy exists among the Akan. This may be true in the judicial sense of the word, and also in the sense that there is no stigma attached to the child himself, but it would be going too far to claim that an unmarried woman who is pregnant does not experience feelings of shame (fre) and disappointment. This shame exists particularly when there is no man to claim fatherhood of the child. In that case the shame even extends to the child when he grows up. To have no father is a pitiful state to be in. The negative appreciation of an extramarital pregnancy has been discussed extensively in chapter 3 (3.2) so we need not go into details here but we should recall that it is not only shame which plays a role. Other crucial factors are the economic

problems which a girl expects to face when she brings forth a baby without a father or with a father who may abscond at any time, and the fact that she has to stop her schooling. The termination of education is really both an economic and a social status problem.

How frequently birthcontrol is practised within marriage and how frequently outside marriage was investigated in the lineage sample. It is not sufficient to measure birthcontrol practice according to present marital status, because someone's present marital status is not intrinsically related to the sexual relationship in which he practises birthcontrol. Someone who is presently married and reports the use of a contraceptive may have used that contraceptive before his marriage or during his marriage in his relationship with another woman. Conversely, someone who is presently unmarried (divorced) and reports birthcontrol practice may be referring to use of birthcontrol in his previous marriage.

Statistical calculations do show significant associations between marital status and desired family size (Table A.16), birthcontrol practice (Table A.17) and some attitude variables (Table A.18 and A.19; all in Appendix 2), but in reality the correlations are even more significant. When, during the lineage interviews, someone reported the use of a birthcontrol method, he or she was usually asked whether the method had been practised with a marital partner or someone else. Sometimes this was clear from the context or was mentioned spontaneously by the respondent. In two cases the identity of the partner has been guessed with a high degree of certainty. Results have been set out in Table 11.1.

Not one person has practised birthcontrol exclusively within marriage; but no less than 21 out of 27 users (78%) practised birthcontrol only outside marriage. Moreover, when we examine the marriages in which birthcontrol was practised, we see that some of those marriages were about to break down at the time when birthcontrol was practised. There is no absolute guarantee that the high incidence of extramarital and the low incidence of intramarital birthcontrol in the lineage are a general phenomenon at Ayere or in the whole of Kwahu, but neither have we any special reason for regarding the lineage as an exceptional group, and impressions based

Table 11.1: Number of lineage members who have ever used a method of birthcontrol (abortion included) in or outside marriage, by sex (percentages in brackets)

| number of people who: | males | females | total |
|---|---------|---------|---------|
| used method(s) in marriage | 3 (20) | 3 (25) | 6 (22) |
| used method(s) outside marriage | 15(100) | 12(100) | 27(100) |
| ----- | | | |
| total of those who have ever used a method | 15(100) | 12(100) | 27(100) |
| used no method | 8 | 7 | 15 |
| ----- | | | |
| final total | 23 | 19 | 42 |

on statements by various informants suggest that the situation in the lineage applies widely in Kwahu and other parts of Ghana.

11.3. Structural supports for birthcontrol

The situation which pre-eminently supports the practice of birth-control is premarital and extramarital sex. Attitudes towards fertility and contraception have a limited predictive value with regard to behaviour. It is first and foremost situational factors which figure as the decisive forces in use or non-use of birthcontrol. Such situational factors are termed "structural supports" by Yinger. In this section we want to further analyse the nature of structural supports for birthcontrol in Amo's lineage by looking at the situational context of premarital and extramarital sex. Our starting point is a number of case histories. We shall first deal with the premarital situation.

11.3.1. Premarital

Case 15. The secondary school pupil

Amoa, who is now a teacher and 28 years old has had about 10 girl friends in the past 10 years. Twice he performed the initial rituals for marriage but he did not complete them, so he never married in the fully legal sense and is still unmarried.

He met his first girl friend when he was still in secondary school (see Case 7, chapter 6). She became pregnant and returned to her home town where she had her child. Amoa was given to understand that

he should not regard himself as the father of the child. He never saw the girl or his child again.

This case taught him a lesson. If the parents of the girl had pressed him to marry her, it would have been the end of his education. From that time onwards Amoa started to take precautions in his contacts with girls. He used condom, foam, various types of pills (Special Female Pills, Alophen, Gardener), withdrawal and the rhythm method. In spite of these precautions, however, it happened three times that a friend of his became pregnant against her wish. All of them induced an abortion.

One of them, Comfort, was a student in a secondary school in Accra. Amoa relates, "Comfort became pregnant. I was in school and did not have any money. She did not want to put me into trouble and used part of her school fees to get an abortion. She got it through medical help (D. and C.) in Accra." Amoa (B.VI,36)

Case 16. The middle school girl

Yaa Grace reports, "I was in middle school form 3 when I became pregnant from H., who is slightly older than me. He was working in Accra. I knew at that time that there were pills called "Alophen" to prevent pregnancy, and I took them, but I did not take them in the right way. I only took one every time; I should have taken two. My friend gave them to me.

"When I knew I was pregnant, I did not tell my mother, but I told my friend. I was not happy at all, because I was still in school. My friend gave me Alophen pills and for about two months I took every day two pills, but the abortion never came.

"I told my sister in Accra and she said that I should come to her in Accra to have an abortion. (According to Grace, her sister has had several abortions herself, but the sister admitted only one.) My friend said the same. A week before vacation started my sister became sick and I told my mother that I was going to Accra to visit her. I travelled to Accra and my friend and I went to a certain midwife, not far from Lagos Town. I have forgotten the name of the place. The midwife had a kind of maternity clinic in her house; people came for sickness, delivery and abortion, but she had no beds. You could not stay there. The woman goes to Korle Bu every time to get the medicines.

"When we arrived, the woman said that we should pay her ₦ 10.00 (£ 4.00). We begged her and she reduced it to ₦ 8.00 (£ 3.20). We paid and she gave me some pills. After that she took a long iron instrument and inserted it. I was very afraid. She said I must go home because the thing will come. I went home and immediately when I arrived it happened. I took the pills which she had given and that was it. I never became sick. I stayed about two weeks with my sister in Accra and returned to Kwahu.

"I was very happy when the thing came. I was in my third month. If I become pregnant again, and I don't want it, for example, I don't want a child from that particular man, I shall again cause abortion."

The girl, who is now 18, became pregnant again from the same friend, and delivered the child. She says the friend has informed her family that he wants to marry her. Grace (A.VI,17)

The above two cases present the most critical situational factor encouraging the practice of birthcontrol: completion of education. Forced termination of education is experienced as a great misfortune and a deadly blow to future prospects. So school pupils are keen on contraceptives and when they become pregnant they are prepared to take considerable risks to get rid of the pregnancy.

Some school pupils claim that they refrain from sexual contacts because they do not want to endanger their education (see section 4.2), but there are also indications that premarital sexual activities are increased among the school going. The school has become an institution promoting early sexual contacts (see section 3.8), and secondary school pupils in particular are favourite sexual partners (cf. Case 7, chapter 6). If it is true that premarital sex is more frequent among the school going, then we can speak of a contradictory situation because it means that the increase of premarital sex coincides with a decrease of the valuation of (premarital) pregnancy. Such a situation is bound to lead to conflicts and crises.

Another common aspect of premarital birthcontrol which shows itself in Cases 15 and 16, namely contraceptive failure and final resort to induced abortion, will be dealt with in section 11.4.

When a premarital relationship results in the birth of a child the lineage of the girl usually exerts pressure on the male partner to marry her, unless they do not want him as a son-in-law. The birth of a child is, therefore, regarded as a development towards marriage, or, when the partners are married already, as a reinforcement of the marital bond. When one of the two partners is not interested in marriage, or wants to terminate the marital union he/she will attempt to prevent the birth of a child, either by contraception or by induced abortion.

Case 17. Amoa and Fata

Fata, an orphan, is a middle school girl at the school where Amoa is teaching. She was made pregnant by him and the girl's relatives forced Amoa to pay an amount of 260.00 cedis (about £ 104.00) as a fine for seducing her (the legal fine for seducing a school girl is much higher than for impregnating an "ordinary" girl). In addition they used the pregnancy as a pretext to chase her out of the house.

Fata had no other place to stay so she settled with Amoa who soon became tired of her and tried in all possible ways to get rid of her. Amoa was particularly concerned to prevent their relationship from being prolonged by the birth of a child. Fata's pregnancy was terminated by an induced abortion and after that Amoa used various contraceptives in order not to make her pregnant again.

When Amoa had almost shaken her off his back she returned to him with the message that she was pregnant again. Amoa who believed that it was a trick to stay with him, replied that he was not responsible for her because the precautions he took made it impossible that she was pregnant by him. A few days later the relationship broke off entirely. Amoa (B.VI,36)

Conversely, a pregnancy can be used as a fait accompli to persuade the elders of the lineage to agree to the legal ratification of a "forbidden love". This type of "inverted birthcontrol" is not common but it is cited here because it clearly shows that aspect of premarital sex which is circumvented in the ordinary cases of premarital birthcontrol: to be tied to a marriage by the birth of a child.

Case 18. Forbidden love

Kwaku Gyekye, Amoa's younger brother is in love with a girl from Ayere. He says, "I would like to marry her but our elders have raised objections because we belong to the same clan and have common funeral debts (98). So if we marry it is not good and it will worry us. I am confused now; I love the girl very much. She is balanced and has common sense and I like to marry her, but the elders make trouble. I have been thinking, if she would become pregnant it would be good. The elders would possibly say, 'Now that she is pregnant let them go ahead; it is nothing...'. But she is not pregnant and I don't know what to do." Gyekye (B.VI,37)

There are a few examples in the lineage where the elders consented to a marriage which they would otherwise have prohibited, because a child was already on the way. On the other hand, there are also examples of marriages which were broken, irrespective of children, because of the too close matrilineal relationship between the spouses (see Bleek 1975a:147-150).

A slightly different case of "inverted birthcontrol" is presented in Case 19 in which Amoa is again the leading character. Amoa narrates his relationship with a woman who was about 5 years older than he. Although he did not want to marry her he wanted to have a child with her "to express his love". In this case a child would not

endanger his educational career because the woman was mature and knew how to take care of a child without being a burden to Amoa. Amoa's story reveals another aspect or consequence of becoming pregnant. To have a child from someone means "to have a memory" of that person. For many young girls their first child is a bitter reminder of someone they would rather forget. The first sexual encounters are based on short-lived and superficial relationships which are unduly weighted when they lead to the birth of a child. A young woman would rather get a child from someone who she feels loves her and is willing to take care of her and the child. When separation comes, the child will remain a memory of something good. Love and affection are usually tied up with financial security and the promise of marriage but in Case 19 financial security and marriage do not play a role because the woman is independent. The factor of affection remains, however, and seems to be sufficiently important to motivate the desire for a child.

Case 19. A child as a memory

Amoa: "When I went for the first time to Asakraka to teach I met a woman, the wife of the primary school head teacher, and asked her to get me a woman who could cook for me and from whom 'I could profit' at the same time. She found a woman who was very very good. As soon as she got the information she came to me, and she really 'had it'. She was satisfied. So from the second day she told me she was old and it would not be nice for her carrying food to me. She said I should come to her house also for lunch during the break.

"I stayed many days with this woman. She was about 30 and I 25. She had 4 children but had divorced her husband. I felt the difference in age was too big so that I could not marry her. In fact I gave the woman very little, about 6 cedis (£ 2.40) for the whole month, including food and making love. She was happy to have some company and someone to care for. Initially I was staying in my own house but later on, when the love grew, I spent whole days in her house. I had my meals there and slept there sometimes. Most often I also took my bath in her house.

"The woman was aware of the fact that I was not going to marry her, but she was interested in having a child from me, because she was interested in me. She wanted to have a memory of me. I did not want to offend her by refusing and said I would be very happy to express my love to her in this way. She got pregnant but very unfortunately it got spoiled after three months. She was very disturbed about it.

"There came a time I wanted to do away with this woman. Message reached my town that I had put up with a woman who was too old for me to marry. I did not want a scandal so I tried to get away from her,

but she was not going to take this. The only solution I saw was to find love somewhere else which would annoy this woman, so I could depart from her." Amoa (B.VI,36)

Amoa's story relates some typical characteristics of a lover relationship. The combination of cooking and lover role is common in situations such as has been sketched above. Men who move out of their home town and settle in another place often look for a sexual partner under the pretext of seeking a woman who can cook for them. The Twi expression ɔba me kankyema (she cooks for me) has indeed a double meaning. The case shows further that a man is relatively free in his movements when he is away from his home town. Amoa's relationship with the woman became rather publicly known in the end and it seems that it did not affect his status as a teacher in the town. Only when the lineage at home got wind of his relationship did he feel that he had to put an end to it. It should be observed, however, that the lineage was not against his having a lover but against the idea that he might marry a woman who was 5 years older.

The cases of premarital sexual relations which we have cited suggest that a premarital pregnancy is viewed differently by the female partner and the male partner. Unless a man is bent on marrying his lover (see Case 18) or is in a rather special situation as in Case 19, he will be very negatively disposed to a possible pregnancy. Some of the negative values which a child represents for him are the following. The birth of a child will put an end to an otherwise advantageous sexual relationship. He will be forced (persuaded) to marry the woman (or, at least, have a more formal relationship with her) or else he will leave her in order not to be saddled with the woman and the child. At any rate it will be impossible for him to continue the more or less secret relationship he had before because the birth of a child brings the whole affair into the open. The financial consequences may be considerable if his partner is still attending school and he is not able to shirk the responsibility of the pregnancy. There have been cases in which parents of a pregnant schoolgirl claimed exorbitant payments as indemnification for the loss of the girl's future because she had been forced to terminate her education (cf. Case 17). A man, therefore, has every reason to

avoid a pregnancy and he will enquire among his friends which methods are the most effective to prevent pregnancy and he is likely to use these methods. If something goes wrong and his girl friend conceives he will probably persuade her to get rid of the pregnancy however much aware he is of the dangers of an abortion. It seems probable that the chance that he will make use of contraceptives increases with the rise of his educational level, but we should not forget that there is hardly anyone among the young male generation who has not been to school and has no knowledge of birthcontrol (see Tables 9.02 and A.09).

For a young woman a premarital pregnancy has different consequences. She cannot run away from the child, at least not in the first year. For her a child almost certainly means the end of her education, if she is still in school, while for a man it is more easy to find a way out. From that point of view it is likely that the female partner will be even more determined to prevent a pregnancy than the male.

On the other hand a girl who has finished her education may be less worried about a possible pregnancy. After all she wants a few children. For her the important point is to get a child from someone who is willing to marry her and/or able to look after her. It should be taken into consideration that the premarital relationship of a girl may be with a man who is married or who has been married before (in contrast to a man's premarital relationship which is usually also premarital for his partner). So her partner may be someone who is in easy circumstances and would be an attractive marriage candidate for her. In such a situation a girl will be less anxious to prevent a pregnancy, and may even be interested in having a child because a child may help her to persuade her lover to marry her. With some generalization we may say that, provided schooling has been completed, women are more eager to marry than men. Quite a few men attempt to avoid marriage as long as possible (cf. Bleek n.d.b). Attitude and practice of birthcontrol must be seen in that light.

11.3.2. Extramarital

The term "extramarital" may lead to confusion. In the first place

we mean by it a non-marital sexual relationship which is carried on by someone who is simultaneously married. Our data on extramarital relations in this sense is almost wholly restricted to men's relationships. We know that some married women of the lineage also had their love affairs but more detailed information was difficult to obtain (except for the usual type of gossip), because such affairs were considered very shameful. An extramarital relationship by a married woman is regarded as adultery (di obi yere) and both the male and the female partner are liable to punishment and ridicule. The case below relates what happened to a male lineage member who had an affair with a married woman. Punishment in this case was extraordinary because the victim had a number of enemies who used the case as a pretext for venting their rage on him.

Case 20. Manu's beating

Yaw Manu who was a teacher in a small Kwahu town, was beaten up by four people from that town because they suspected him of having an affair with somebody's wife. It happened a few weeks before we started our research. Manu was admitted to the hospital and reportedly stayed there for two weeks. The four people were put in preventive custody and the case was brought before the court.

Manu's version of the story is that the woman was going to the toilet in the night (the public toilet is at the edge of the town) when her kerosine lamp went out. She went to Manu's house to ask for matches. Manu gave her some but when she came out of his house she was accosted by four men who questioned her and started to beat Manu up. Manu (A.VI,11)

"Extramarital" can also be taken in a much wider sense: it can mean all those relationships which are non-marital except those which are premarital. Extramarital relationships in this second sense would include lover relationships of people who are divorced or widowed and are presently unmarried. In this subsection we are concerned with both forms of extramarital sex and birthcontrol.

Secret love affairs by married men have existed in Kwahu for as long as people can remember. Particularly after a woman had given birth and her husband was supposed to stay away from her for about 5 months a man looked for another - unmarried - woman as a substitute for his wife. When such a relationship resulted in the birth of a child this was not considered to be a very serious problem. Children

were always welcome. The man could marry the woman in addition to his present wife or he could simply recognize paternity and the child would then grow up in the lineage house of the woman. With the rising cost of living it has become less desirable to have an extramarital child. Moreover, polygyny is becoming less popular. So it has become more and more important to keep the relationship with a lover as loose as possible and to take care that no pregnancy occurs. Another reason for taking precautions is that the relationship may not become known to the man's legal wife. Women generally suspect their husbands of having lovers and they are not too much concerned about it because they know that it is a common practice. It is however a tacit rule of the game that the identity of the lover remains hidden from them, otherwise they will make a scene. Such a situation would be embarrassing both for the husband and for the wife.

Married men who engage in sexual affairs are therefore strongly motivated to use some means of avoiding a pregnancy even if they say that they are opposed to birthcontrol. A man will feel especially responsible when his extramarital partner has the features of a friend or a lover. His concern will become less when the relationship is more businesslike and tends towards prostitution. In that case it is expected that the woman "can take care of it" herself. Another factor is whether the partner is a young girl or an experienced and mature woman. A man will be more careful in his relationship to the former than to the latter, particularly if the girl is still at school.

Case 21 relates the history of a young woman who had a relationship with an older man. It is not clear from her account whether the man was married or not. The woman is not a member of Amo's lineage.

Case 21. Georgina and the bank employee

Georgina had her first lover when she was 15 and attending form 2 of middle school. The man was a married teacher at the school. When the relationship ended she befriended a secondary school student of her own age. Their friendship lasted one year. Both the teacher and the student gave her Alophen Pills. The pills "never failed".

Georgina: "My next friend was working at the bank. One day he called me and we talked together. We became friends. The man used to give me pills but I did not take them. I was afraid that I would become sick. I had seen that someone had become sick because of these pills so I took the risk.

"A short time later the man left the town and it was only after he had left that I discovered that I was pregnant. I wrote to him and he replied that he would come."

In Georgina's case the male partner was the more experienced and supplied the "contraceptives". When the relationship assumes more the character of prostitution it becomes less clear whether it is the man or the woman who feels responsible for the prevention of pregnancy. Case 22 is an example.

Case 22. Boama's friends

Boama, 30 years old, is a policeman in Accra. He has four children, one from a friend, two from his second wife and one from his present wife. He says he has had three wives in total but very many friends (bebree kwa). When his present wife had her baby she went to her mother in Asakraka and stayed there until 7 months after the delivery. During that time Boama stayed alone in Accra. He had two girl friends who came to visit him regularly but they did not cook for him. Boama cooked his own meals and payed the women for their sexual services. It is not clear whether Boama used any contraceptives for his contacts with these two friends. All we know is that he has used pills as contraceptives and that he has never used them with his wives, but only with girl friends. Boama (B.VI,35)

Two examples in which it is clearly the female partner who took the initiative are presented in the next two cases.

Case 23. Manu's friends

Manu: "Since my marriage broke down I did not marry again but I have had sexual relationships with about 6 women during the 6 years which passed since then. None of them became a close friend, none of them came to stay with me and the relationships lasted at the longest 2 or 3 weeks. After that I decided again to live according to my principles and never to go to women again, but I am a human being.

"I know about contraceptives (Manu owns a drugstore at Ayere which sells Alophen, Apiol and Steel, and foam; he himself has a foam in his room), but surprisingly enough the women I slept with refused them. I do not understand why. Sometimes they tell me they have their own medicine. So far no one has conceived, so I have been very lucky." Manu (A.VI,11)

Case 24. "Not my concern"

Yaw Kwakye has never practised birthcontrol in marriage nor in his love affairs. He says: "When my wife is away and I call somebody else, I give her one cedi. I sleep with her and let her go. I never see her again. If she conceives it is not my concern." Kwakye (B.VI,12)

The above cases show that there is a general feeling that extramarital sexual relationships should not produce children and that, therefore, something should be done to prevent pregnancy. Whose task it is to take the precautions depends on the type of relationship. If the female partner is a young girl the man is likely to buy the contraceptives for her, if she is a mature woman men generally assume that she can take care of it herself. This is explicitly stated by one man who remarked, "Because I do not use any contraceptives I do not like schoolgirls or other young girls" (see Case 4, chapter 6). It is not unlikely that many women "who can take care of it" are sterile.

In contrast, married people who feel that they have enough children rarely hit upon the idea of using contraceptives. Some women of the lineage who were tired of bringing forth children said that they would rather stop having sexual intercourse.

Case 25. Yaa Kate

Yaa Kate, 35 years old, is pregnant. Her first pregnancy was from a much older man who was married and had 6 children. She did not like him and they did not marry. Her second pregnancy also came from a married man who was 15 years older than she. This time they married and the man took her as his second wife. She bore him 5 children and had one miscarriage, so this is her eighth pregnancy. When we asked her how many children she would like to have she answered, "Four, but I have already 6 and number 7 is coming". Kate says she is tired of always having children but she does not want to use contraceptives, because she fears that they will make her sick. For her there is only one solution: "I hope that he will stop sleeping with me after this child. He may agree when he gets another wife to marry." Kate also believes that tubectomy is a good method because what a doctor does is good, but she does not want it for herself. Yaa Kate (B.VI,11)

11.4. Unreliable methods and their consequences

The fact that birthcontrol is predominantly practised in secret has its consequences in the type of methods which are used. Methods which are most publicized and also distributed by the Ghanaian family planning agents are not the most common methods in use by the people of Ayere. Reports of the Ministry of Health show that in 1973 85% of all family planning acceptors who were registered received the pill, almost 12% an IUD and the remaining 3% used some other method,

probably condom or foam.

In the lineage, however, the methods which are most common are not distributed by official family planning organizations. Table 9.11 above has shown that 40% of the lineage has used "contraceptive" pills which probably have no contraceptive effect. The next most common method was induced abortion, the dubiousness and dangers of which we have already discussed in section 9.6. Withdrawal, which is not publicized by the NFPPG either, scores third. Only the fourth and fifth most common methods - foam and condom - are also distributed by the NFPPG and other organizations, but their use is primarily due to the fact that they are also for sale in drugstores. The reliable contraceptive pill had only been used by 7% of the lineage members. The situation, although less clear cut, is similar in the Male Sample.

The explanation for this contradictory situation will be clear from the foregoing information. It is the secret character of premarital and extramarital relationships that prevents lineage members from applying formally for contraceptives from family planning centres. Moreover, the NFPPG and other agencies address themselves expressly to those who are legally married, so lovers are even discouraged from asking for their help and advice. There are two family planning clinics within a distance of 15 miles from Ayere but they are hardly ever visited by Ayere people. Those who need contraceptives prefer to go to stores where there is no registration of names and where no questions need to be answered. The fact that they have to pay much higher prices does not deter them and they have not yet realized that many of the contraceptives and/or abortifacients are totally ineffective.

The fact that people continue to believe in the effectiveness of valueless contraceptives is one of the most shocking findings of our research. It can only be understood in the light of the above discussions about secret sexual relationships. The secrecy of the love affairs prevents an open discussion of the values of contraceptives which are used, and family planning organizations fail to attack the problem by launching a sex education campaign. The faith in Alophen as a contraceptive extends even to university

students.

The restriction of family planning services to the married is less strict for men than for women. During a visit to a family planning clinic in Kwahu it was explained to us that women applying for help must bring their husband along, but men who come for condoms need not bring their wives.

The orientation of the family planning movement towards the married and the need for birthcontrol among the unmarried has given rise to a situation in which contraceptives are offered to those who do not ask for them and those who need contraceptives resort to unreliable and dangerous methods. We need not be surprised to learn that the resulting problems are manifold.

The two most outstanding problems are the birth of unwanted children and the high rate of induced abortions. The birth of an unwanted child often entails termination of education and subsequent loss of status of the woman. It is further likely to weaken her bargaining position on the marriage market if the father of the child refuses to marry her (or if she refuses him). It is not true that a young woman becomes a more attractive partner when she has a child because her fertility is proved as is asserted by some writers. Only at an older age does the absence of children make a woman liable to suspicions of infertility.

The risks of an inexpertly induced abortion are sufficiently well known and have been spelled out for the Ghanaian situation by Ampofo (1971). The most serious complications are severe haemorrhage, sepsis, tetanus and perforation of the uterus (Ampofo 1971:84). In how far induced abortion frequently results in sickness, hospitalization or death is difficult to check. In the first place it is unknown how often abortion is attempted, and in the second place women who fall sick and are admitted to a hospital deny any suggestion of induced abortion. From the limited information on the lineage, however, it seems that induced abortion results in death less often than people generally claim. Of the 29 induced abortions in which lineage members were involved, none ended in the death of the female partner although in at least 7 cases she became quite seriously ill (there are 11 abortions for which we have no information). An example

is given in Case 26 below.

Case 26. Nina's troubles

Nina (19 years) daughter of Amo's wife became pregnant when she was 17 years old. She was still in school and did not like the man for marriage, so she decided to have an abortion. She went to Kumasi to a relative who worked in the Central Hospital and asked him to help her, but the man refused. Nina came back to Ayere and swallowed some white pills which someone gave to her, but nothing happened. She then went to a certain man who gave her a herbal pessary made of nyanya (see section 9.6.2). Nina started to bleed 3 days after her second attempt and probably lost the foetus. The bleeding continued for several days and Nina became very weak. She sat on hot water every morning and every evening to get the wound healed.

She also had severe pains in the stomach so she went to a relative who gave her an injection against the pain. The injection was so badly given that the site became seriously infected. Nina went to Kumasi hospital where they incised the abscess infection. When she came back to Ayere she went to the local clinic but she was told to go to a hospital. According to Nina and her mother the nurse at the clinic had discovered the real cause of the trouble, so they became very afraid that the case would become publicly known and that the relative who had given the injection would get into trouble with the police. They decided not to go to the hospital but to another clinic in a nearby town. Nina was all right again after about three weeks. Nina (Amoa's stepdaughter)

The case is a good example of the aftermath which an induced abortion may have. When complications appear it often happens that the people hesitate to apply for competent medical assistance. The most important reason is, as has been shown in the above case, fear of public disgrace and, perhaps, the police. Another reason is often a financial one. Young people who get into trouble may not be able to pay a doctor's fees (in 1973 both Kwahu hospitals were mission hospitals where people had to pay for services) and so try to get cheaper treatment elsewhere.

It is difficult to collect more substantial information about the consequences of contraceptive failures, but this brief indication sufficiently highlights the grave problems that result when people continue to rely on totally unreliable methods of contraception.

11.5. Emotional context of birthcontrol

The fact that birthcontrol is overwhelmingly practised outside

marriage is not reflected in the expressed attitudes towards it. Probably 5 times more people apply birthcontrol outside marriage than within marriage (see above Table 11.1) but the proportion of respondents who approve of birthcontrol for school pupils (outside marriage) is not quite twice as large as that of those who approve of birthcontrol for married people (see Table 11.2). With regard to induced abortion the attitudes are only slightly in accordance with practice. Over twice as many respondents approve of induced abortion for school pupils as for married people, but when we take into consideration the fact that abortion is almost exclusively induced outside marriage (88% of all abortions; see Bleek n.d.a:19) (99), we must conclude that the congruence between attitude and behaviour is very limited (see Table 11.3).

Table 11.2: Attitudes towards school pupils and married people using birthcontrol (Male and Female Samples combined; percentages in brackets)

| | (a) birthcontrol by school pupils | (b) birthcontrol by married people |
|--------------|---|--|
| approving | 100 (36) | 71 (26) |
| disapproving | 176 (64) | 199 (74) |
| total | 276 (100) | 270 (100) |

missing observations: a=3; b=9

Table 11.3: Attitudes towards school pupils and married people inducing abortion (Male and Female Samples combined; percentages in brackets)

| | (a) induced abortion by school pupils | (b) induced abortion by married people |
|--------------|---|--|
| approving | 18 (7) | 7 (3) |
| disapproving | 257 (93) | 269 (97) |
| total | 275 (100) | 276 (100) |

missing observations: a=4; b=3

This slight tendency to be more approving of extramarital than of intramarital birthcontrol is even absent in the lineage and the Male Sample. So, we can almost say that although the attitude towards the practice of birthcontrol within marriage and outside marriage is roughly the same, in actual fact people are 5 times more likely to practise birthcontrol outside marriage than within it.

A striking example of the inconsistency between attitude and practice is provided by the lineage which is the most intensively interviewed and observed sample and provided the most detailed information. It was found that considerably more people approve of birthcontrol in marriage than practise it, and the reverse applies to birthcontrol outside marriage: the number of people who approve of non-marital birthcontrol (in casu by school pupils) is much lower than the number of people who actually practise birthcontrol themselves in a non-marital situation. A similar situation exists with induced abortion. Only 12% of the lineage members approve of induced abortion by school pupils but in reality 31% of them have at some time practised induced abortion in an extramarital situation (see Table 11.4). This higher score for practice than for approval is quite unique for family planning research data. We cannot think of any other explanation than that most studies have restricted themselves to birthcontrol among the married only.

Table 11.4: Attitude and practice as regards birthcontrol and induced abortion, by marital situation in the lineage (percentages only; N=42)

| | birthcontrol in general | | induced abortion | |
|-----------------|-------------------------|-------------------|------------------|-------------------|
| | within marriage | outside marriage* | within marriage | outside marriage* |
| approving | 43 | 42 | 7 | 12 |
| ever practised | 14 | 64 | 7 | 31 |
| disapproving | 57 | 58 | 93 | 88 |
| never practised | 86 | 36 | 93 | 69 |

*) The attitude questions referred to a specific situation outside marriage: namely the school situation.

The figures of Table 11.4 confirm our foregoing suggestion that the incongruence between attitude and behaviour can only be understood from the viewpoint of structural supports. Looking for causal links, however elusive they may be, we have no grounds for postulating that an (expressed) attitude has any effectual impact on behaviour. In the first place attitude to birthcontrol may precede birthcontrol action, but it may also be the outcome of it. In the second place attitude is difficult to handle as an independent variable because of its evasive character. The premarital situation, however, is quite another case. Associations between the practice of birthcontrol and premarital sex are much less equivocal with respect to causal implications. It is difficult to view premarital sex as a consequence of birthcontrol but the reverse, premarital sex as a condition for birthcontrol, appears very plausible. What is needed is to give an account of the intervenient variables responsible for the fact that pre- and extramarital sex tends to lead to birthcontrol practice. This has been attempted in section 11.3.

We are left with some brief remarks about the emotional context of birthcontrol. There are indications that birthcontrol is widely associated and identified with secret sex and that it shares its ambiguous position. Sex outside the bounds of marriage is at the same time criticized and practised. The question as to which forces are at work in making people both openly attack and secretly embrace sex, lies beyond the scope of this study.

Similarly birthcontrol is criticized and yet practised (outside marriage) or approved of and yet not practised (within marriage). Marriage is still very much associated with producing children, and secret sex with birthcontrol. The idea of a married woman practising birthcontrol caused several respondents to remark: "Why should she be married if she does not want children?" Birthcontrol is still thought of as something which is not quite moral and should not be openly practised. The emotions concerning birthcontrol are well expressed by someone who praised a woman with 8 children saying, "She has no bad ideas, she is good and holy and has not committed sin".

The practice of birthcontrol is less the result of a conscious attitude than the outcome of a situation. It does not take place

because the person concerned has "planned his family" that way, but because that person is forced to do so by the circumstances in which he has fallen. What lessons can be drawn from this for the study of birth limitation in general?

11.6. Lessons for birthcontrol research

One of the most obvious conclusions for further research on birthcontrol seems to be that the study of attitudes has limited relevance since birthcontrol depends so much more on structural conditions than on attitudes. Ideas about ideal family size and values of children (economic utility, security, social status, etc.), held by the respondents at Ayere, and which provide exciting material on which to philosophize, play little or no role in the decision processes of people who opt for birthcontrol or reject it.

In connection herewith it deserves to be recommended that researchers should not restrict themselves to the legally married part of the population, nor to the legal sexual activities of those legally married, but should include all varieties of sexual relationships into their survey. Information about non-marital relationship may hold important clues to the understanding of birthcontrol practice at large, as this study has attempted to show.

A crucial question for Kwahu and other places where similar conditions prevail, is whether the image of secret love which is now attached to birthcontrol will be a hindrance to a possible future acceptance of "family planning". The question has only been touched upon in the course of this study. It seems that the identification of birthcontrol with unregulated sex is indeed a negative factor in the present acceptance of "family planning" by those who are married. On the other hand, there are also a few indications that people who used contraceptives before they got married are likely to continue to do so after their marriage. In both cases it is of considerable importance to be well informed about the practice of birthcontrol outside the strictly legal sector of marriage.

The example of Amo's stepson who continued to use contraceptives after he got married is given in the last case history of this study.

Case 27. The taxi driver

Yaw Ofori, 27 years old, is in his first marriage. His wife is 22 and has two children by him. They are presently living in Accra where Ofori is a taxi driver. He claims that he slept with about 15 to 20 different girls before he married his present wife. Three of them were more permanent friends. At first he did not take any precautions and his first girl friend became pregnant. They caused abortion with herbs. He became more careful and used pills, "Apiol and Steel", condom, foam and withdrawal. Nevertheless his third friend also became pregnant and they again caused abortion. Afterwards Ofori made up his mind to marry this girl and when she became pregnant a second time, they did not terminate it.

Ofori says he and his wife want only 4 children and because they have two already they have decided to stop for a while. His wife takes a pill every time before they have intercourse; he does not know the name of the pill.

Ofori's case is both a promising and a discouraging example with which to close this chapter. His case shows that premarital birthcontrol can be continued within marriage, but his knowledge of contraceptives is so defective that it is not likely to have any effect.

Chapter 12

CONCLUSION

"What is now proved was once only imagined."
William Blake

12.1. Summary

The first chapter presents some background information about the population with which we are concerned and gives an account of the research techniques. For the purpose of this study 42 members of one matrilineage (Amo's lineage), and 100 male and 179 female inhabitants of Ayere, a rural town in Kwahu, were interviewed. In addition about 800 school pupils in a number of Kwahu towns made association-tests or wrote essays about topics related to marriage, sex and family planning.

Part one, which deals with sexual relations, begins with a brief review of the literature on sexuality and sexual relationships in African societies. This literature seems to be largely based on normative information rather than on observation, which has led to an overemphasis of the legal aspects of sexual behaviour. The incidence of non-legalized sexual unions, which proved of crucial importance for the subject of this study, often remains an unknown factor.

In chapter 3 it is attempted to throw some light on early sexual experiences of Kwahu children and youngsters. The starting point is 135 essays which have been written by school pupils in Kwahu. The essays, which describe their personal experiences, suggest that male children come to their awareness of sex by personal discoveries, by discussions with friends, and by statements of teachers rather than by formal instruction on the part of parents or relatives. Females, however, are most likely to have first been told about sex by a relative, in casu their mother.

Some pupils report the practice of sexual intercourse from the age of 8 onwards but others have still not experienced it at the age

of 16. More male than female pupils claim sexual experience: 79% of the males and 41% of the females (the average age of all pupils is about 15). Among these pupils the average age at which they experienced sex for the first time is 12.1 years for the males and 14.2 years for the females. It should further be mentioned that secondary school pupils claim a younger age at first sexual intercourse than middle school pupils. The data also suggest that pupils in Kwahu experience sex at an earlier age than pupils in the city of Accra.

A final point of interest is the role of teachers and the school in the context of early sexual experiences. There are indications that teachers not only supply information about sex but also take part in actual sexual relations with pupils. Moreover, the school as an institution enables youngsters to meet their sexual partners outside the control of parents and lineage members.

With regard to attitude to sex (chapter 4) most male pupils express themselves very positively: sex is sweet, it gives a good feeling. Female pupils have more reservations. They think of the risks of becoming pregnant and the interruption of education. Considering the serious consequences caused by early sexual practices it is surprising that so few male pupils express anxiety about the negative aspects of early sex and pregnancy.

None the less, becoming pregnant (chapter 5) is appreciated rather negatively by the pupils, particularly in a premarital situation but also within marriage. Association-tests among school pupils reveal that the pupils associate pregnancy with physical weakness, sickness, moral misbehaviour, induced abortion, a slovenly appearance and emotional instability. Only 3% make a reference to the expectation of the child. The classical image of "the African woman rejoicing over her pregnancy" is certainly not upheld in the views of the pupils.

Knowledge of the biology of conception and pregnancy is very defective and this inhibits the practice of effective birthcontrol. Women are on average 17 or 18 years old when they become pregnant for the first time, and only 15% of them have not been pregnant by the age of 20. A close examination of marriage histories of women in the lineage teaches us that at least 13 out of 19 women (68%) were not

married when they became pregnant for the first time, and that only 2 of these 13 contracted a fully legal marriage with the father of their first child. Such data are difficult to check on a wider scale as informants are more reticent in ordinary surveys, but, unless the lineage is an atypical group of people, the information clearly suggests that premarital sex rather than marriage is the most common situation in which the first pregnancy occurs.

Sexual unions in Kwahu take many different forms and the customary form of legal marriage is by no means the only matrix in which sexual relationships take shape. Particularly at the beginning of their marital career people tend to maintain more or less clandestine sexual relationships and women not infrequently return to informal sexual unions when they approach the menopause. In chapter 6 an attempt is made to classify the various types of sexual relationship. Most common is customary marriage followed, reportedly, by free marriage and church marriage. Marriage under the Ordinance does not occur in the rural town of Ayere. Formal interviews overlook, however, the existence of two other types of sexual relationship, namely lover relationships and prostitution. Although substantial quantitative information is lacking there is abundant evidence that both forms are very common in the rural community under study. Lover relationships and prostitution are probably most frequent among those who have no partner at present but they are also common among the married. Qualitative information about the conditions under which these forms of secret sex are practised is presented through a number of case histories.

In addition chapter 6 pays some attention to the weak position of the conjugal unit vis-à-vis the matrilineage, to the high divorce rate and to the fact that (legalized) polygyny is declining but (non-legalized) polycoity continues to exist.

The conjugal role relationship is the subject of chapter 7. Conjugal life at Ayere is to a large extent characterized by segregation and outward female submission. In reality, however, women wield considerable power. They constitute the genealogical link with the ancestors and enjoy a high degree of financial independence. It is suggested that there is an intrinsic relationship between outward

subservience and actual independence of women. Women are allowed to possess social power as long as they do not make use of it too openly or as long as they pretend to have no power. Conversely, men have considerably less control over their wives and children than they openly pretend or than is claimed by cultural traditions. In particular husbands who fail to contribute in any appreciable way to the upkeep of their family have little say over the lives of their wives and children.

Conjugal segregation is most clearly seen in separate residence. About 40% of all couples at Ayere do not live together but stay in their respective lineage houses. The practice of separate residence, however, is not in accordance with the desires of the respondents: 95% of the males and 86% of the females consider it better for spouses to live together. Among school pupils too joint residence is favourite, although a number of the pupils believe that joint residence will lead more easily to fighting between husband and wife.

Evidence of jointness and segregation in marriage is further studied in the performance of three domestic activities: eating, preparing food and carrying loads. It is found that husbands claim a higher degree of jointness than wives are prepared to admit. Four hypotheses are launched saying that conjugal jointness will increase with younger age, education, common residence and monogamous union. Three of the hypotheses are partly supported by statistical evidence, whereas younger age, very surprisingly, does not coincide with more jointness in marriage, at least not to a significant degree.

In a final section we study the extent to which domestic units at Ayere are "nuclear families" in the sense of well-defined closed units of parents and children. Openness and closure are measured for conjugal and filial residence. It is found that families have a high degree of openness with respect to residence. Both spouses and children frequently reside with people who do not belong to the conjugal family. The open character of the residence pattern of children is, among other things, the result of premarital and extra-marital sex and frequent divorce in the parental generation.

This completes the picture of the social setting in which sexual relationships and pregnancies occur and in which the need for

birthcontrol may arise.

Part two, which is devoted to birthcontrol, opens with a chapter on fertility (chapter 8). According to old informants prolific child-bearing was valued highly in the past but the high child mortality probably prevented most women from having a large family. This shows itself clearly in the past generations of the lineage under study where the mean number of grown-up children per woman nearly always remained under 4. Data of the larger Female Sample gives an average of 5.7 grown-up children per woman in the last generation, but these data are less reliable. Male fertility in the past was considerably higher than today due to the then common practice of polygyny.

Expressed attitudes towards fertility and birth limitation should be treated with some suspicion. In any case they should not be regarded as necessary correlates of behaviour. With this reservation in mind we present some information about attitudes. In all 4 samples which are interviewed the respondents give approximately the same average number of children as the ideal family size, namely between 5.2 and 5.6. Tabulation of age categories shows that young respondents want considerably less children than old ones. A more antinatalist attitude also tends to coincide with the absence of customary marriage, with urban experience, education, monogamy and present low fertility.

Analysis of one attitude response in the adult samples and 4 association-test sentences in the school samples clearly shows that high fertility is no longer regarded as a desirable ideal. To have some children is indispensable for happiness in life but to have many children is a threat to happiness: it brings financial problems and emotional stresses. The oft-heard advantages of high fertility in the past, social status and economic security, are virtually extinct. Social esteem is allotted primarily to those who are able to look after their children well, whether they are few or many.

The appreciation of many children may have declined but the value of children per se has not. Children constitute a person's happiness and fulfilment of life, they are companions, they prove that one is normal (not barren, not impotent and not a witch) and they perform chores in the house. A woman or man without children is considered as

a very pitiful person who is, moreover, liable to ridicule and suspicion of evil practices.

Childlessness or secondary sterility are, therefore, regarded as great misfortunes and people who are affected by them move heaven and earth to find a remedy against their trouble. Their need for help is met by a large number of agents who claim to have power to cure sterility: herbalists, traditional priests and priestesses, prophets and prophetesses, "dispensers", and, perhaps as a last resort, medical doctors.

In chapter 9 we take a general view of knowledge, attitude and practice concerning birthcontrol. In the past birth limitation was rarely practised in Kwahu. Actual spacing of births was not the result of conscious techniques or long post-partum abstinence but must be regarded as an adventitious result of prolonged lactation. Infanticide was practised only on deformed children.

Today the situation is radically different. At Ayere the knowledge of birthcontrol is widespread and there is hardly anyone who does not know of at least one method. Birthcontrol methods which are best known in the lineage under study are here listed in order of the frequency with which they were mentioned: induced abortion, pills, tubectomy, condom, withdrawal, IUD and foam. Knowledge increases with, among other things, younger age, education, urban experience and christian affiliation.

Asked which method of birthcontrol they consider the best, people concentrate on two methods: pills and tubectomy. Ironically, a closer examination of the situation reveals that tubectomy has hardly been applied at all in the Ayere samples and that the pills they are acquainted with have no contraceptive function. Asked which method they regard the worst, respondents almost unanimously mention induced abortion. Here again the contradiction between attitude and practice shows itself because induced abortion is one of the most commonly used methods of birthcontrol.

Birthcontrol practice is measured by the number of different methods ever used by the respondents. In the lineage under study respondents report that they have used 1.6 methods on average, in the Male Sample the average is 1.1 methods and in the Female Sample 0.2

methods. The last figure is an understatement. Birthcontrol practice increases with younger age, education, monogamy, and modernity of occupation. Methods that have been used by more than 10% of members of the lineage are in order of frequency: pills, induced abortion, withdrawal, foam, condom, and rhythm method.

A special note must be made about "contraceptive" pills which are used at Ayere. According to medical doctors whom we consulted these pills have no contraceptive action. None the less these pills are the most common method of birthcontrol in the lineage and the most common but one in the Male Sample. The pills are obtained from private drugstores and so-called "dispensers" who can be found in every Kwahu town.

The ineffectiveness of these pills and some other methods results in a high frequency of contraceptive failure. Contraceptive failure is often followed by an attempt to induce abortion. However, abortion is usually not performed by a qualified person but by the pregnant women themselves. Sometimes they receive help from friends or supposed "dispensers". Here the same problem arises which we mentioned in connection with contraception: ineffectiveness. Respondents know a great number of abortive techniques but only a few of them are likely to have real abortive action. Most of the others are either harmless or extremely dangerous. Only a minority report that they obtained an abortion through a medical doctor.

The frequency of induced abortion is difficult to ascertain because it belongs to the most concealed areas of human behaviour and people are reluctant to admit it. If we take the information in the lineage as the most reliable and representative, it means that over half of all women have induced an abortion at least once and almost a quarter of all men have participated in terminating a pregnancy for which they were responsible.

Responses that express a moral pronouncement on abortion are contradictory. School pupils who describe their own experiences with pregnancy and abortion seem to regard induced abortion as a normal sequel to an unwanted pregnancy. But other pupils, those who made the association-test, identify induced abortion with a number of extremely negative values: death, sickness, sterility, and moral

misbehaviour. Responses of the adult samples take an intermediate position. They also condemn induced abortion but not so much on moral grounds. Most of them advance the risks for the woman's health as the reason why abortion should be avoided. Only a minority say that abortion is bad because it is a sin or murder. The general impression given by this kaleidoscope of answers is that induced abortion is vigorously condemned for reasons of morbidity and not on the basis of strictly moral disapproval.

In chapter 10 we investigate which factors in marriage and family life are conducive to the acceptance of family planning. Aspects of conjugal relationships and family organization which have been found to be correlated with family planning in other parts of the world are cross-tabulated with knowledge, attitude and practice variables concerning birthcontrol. The outcome of the tests is extremely meagre. Jointness of conjugal roles and closure of the conjugal family prove not to be noticeably correlated with a higher knowledge or practice or a more favourable attitude towards birthcontrol. On the contrary, separate conjugal residence tends to be consistently associated with more knowledge, higher appreciation, and more practice of birthcontrol. The explanation is that in the community under study birthcontrol is not a marital activity. Birthcontrol is overwhelmingly practised outside marriage and aspects of marital life have, therefore, little or nothing to do with use or non-use of birthcontrol.

This clue is followed up in chapter 11 which views birthcontrol in its proper context: outside marriage. In the lineage we studied birthcontrol is practised 5 times more often outside marriage than within marriage. The information further suggests that actual practices are often inconsistent with expressed attitudes towards family planning or fertility and depend predominantly on the situation in which sexual intercourse takes place: within or outside marriage. In the former case birthcontrol tends to be regarded as unsuitable or does not even come into the question, in the latter case it tends to be seen as a necessity. This information highlights the limited value of surveys about "family planning attitudes", particularly when these are directed towards the married only, and it

pleads for more study of structural obstacles and supports for birthcontrol.

For the Kwahu situation these supports and obstacles are laid bare by analysing a number of cases. One of the strongest motives for practising birthcontrol is completion of education by the female partner. Forced termination of education is experienced as a serious misfortune because it puts an end to prospects of upward social mobility and marriage to a well-to-do husband. So premarital sex by schoolgirls is very likely to be accompanied by use of techniques of birthcontrol.

Another factor which conditions the use of birthcontrol during sexual intercourse outside marriage is the avoidance of marriage and/or the continuation of the secret nature of a love affair. A pregnancy brings a secret relationship into the open, so partners who prefer to continue a lover relationship which is advantageous to them are very positively inclined towards the prevention of pregnancy. Men in particular tend to favour such secret relationships because they enable them to enjoy sexual pleasures and feminine companionship without being tied down by all kind of social and financial obligations. It is further felt that a pregnancy ought to take place within marriage and becoming pregnant is experienced by many as a step towards marriage, although frequently this does not happen. So men who are reluctant to enter a legal marriage and women who do not like their present partner as a husband are motivated towards contraception. The fear of induced abortion with its dangerous consequences contributes towards this motivation, but when contraception fails the woman is still likely to prefer the risks of induced abortion to the birth of an unwanted child. These structural supports for birthcontrol apply to the premarital as well as to the extramarital situation.

The responsibility for applying birthcontrol tends to lie with the male partner when there is question of a real love affair and/or when the female partner is young and inexperienced. The likelihood of the woman taking the responsibility for preventing pregnancy increases when the sexual encounter tends towards prostitution and/or when the woman is more mature and experienced.

The fact that birthcontrol is practised under such stealthy circumstances has an effect on the techniques which are used. People at Ayere do not visit official family planning centres to obtain contraceptives for their extramarital or premarital affairs. The family planning clinics are felt to be meant for real "family planning", i.e. within marriage, but Ayere people are little interested in intramarital birthcontrol. People obtain their contraceptives from stores and other agencies outside the family planning programme and, as a result, the contraceptives which they use are often highly unreliable. Similarly, abortions are induced by unqualified people with all the well-known consequences. There is a general consensus in present-day Ghana that many young girls die unnecessarily from the results of induced abortion.

12.2. Some practical conclusions

This study presents a number of problems concerning the introduction of family planning into rural communities. Some of the points which will be raised in this concluding section have been previously discussed in a separate paper (Bleek 1975b). It goes without saying that the practical suggestions and recommendations in this section represent our personal views and do no longer fall in the realm of empirical science.

(1) There seems to be a considerable gap between the objectives of family planning agents in Ghana and the social reality. The term "family planning" suggests, and actual policy confirms, that the family planning movement in Ghana addresses itself to nuclear families. This study has, however, sufficiently pointed out that, at least in a rural community like Ayere, the nuclear family is by no means the only form of family organization. A large number of households are headed by women (cf. Fortes 1949a:65-67) and men are often absent altogether due to duolocal residence or divorce. It would be advisable if family planning agents took account of this common type of family and paid more attention to the matrifocal family in which the mother alone bears the brunt of the financial and emotional burden of looking after a large number of children.

(2) The second conclusion is closely connected with the previous one. The concentration on the small nuclear family in propagating birthcontrol evokes the impression that the family planning movement is something for the higher classes who do live in nuclear families. Pictures of "a happy family" in a setting of comfortable furniture, magazines and TV-set add to this impression. Propaganda posters that are found in rural areas are always in the English language and so are the pamphlets which are distributed. This fact suggests that family planning is for those who have been to school and can read English. However, the urban elites who now seem the focal point of family planning advertisements are those who least need to be motivated towards birthcontrol; it is rather the rural part of the population which is responsible for the rapid growth of Ghana's population. It would, therefore, deserve consideration to make use of an image of the family that is closer to the actual situation in rural towns and villages and to conduct family planning propaganda more often in the local languages.

(3) The contradiction between family planning policy and reality is, however, most incisive when we consider the fact that those who are most in need of contraception profit least from the family planning services. Family planning agencies address themselves to those who are not interested in birthcontrol, namely married couples, and neglect those who are ready for it, the unmarried. This situation has contributed to the fact that those who practise birthcontrol most receive the least advice and assistance. Young people in premarital sexual relationships, therefore, use "contraceptives" which have no contraceptive action and attempt to induce abortion by ineffective and/or highly dangerous means.

It would be more realistic if Ghanaian family planning programmes considered the possibility of addressing themselves also to the unmarried. Such a change in policy would almost certainly encounter serious opposition from the christian churches and other institutions which formally disapprove of premarital sex. One may hope, however, that the Ghanaian churches in their process of rediscovering authentic values may gradually give up their Victorian-like attitude to sex and view the practice of premarital sex in its own moral and

traditional perspective. It is clear that the extension of "family planning" help to the unmarried should be undertaken with great care and tact because, if the churches and other institutions which now support the family planning case should turn against it, this would seriously damage the image of the family planning movement and affect its present activities. It may be a useful suggestion, therefore, to consider the strategic advantages of basing future policy on the principle of "responsible parenthood" rather than on "family planning".

(4) The search for an effective and acceptable method of contraception should be intensified. When contraception has been removed from the sphere of secretive and illicit practices the figure of the medical doctor, who seems to be widely trusted, may be able to play an influential role in spreading knowledge and use of reliable contraception.

Medical experts should consider the acceptability of a 3-monthly injection of medroxyprogesterone acetate (MPA) which has produced encouraging results in other countries, for example Thailand. The advantages of the MPA injection are its reliability (almost 100%), the fact that the injection needs to be given only once in 3 months, and the absence of estrogen, which tends to cause unfavourable side effects. The method would seem to be particularly useful in the Kwahu situation because of the great confidence which people place on injections and because of the fact that the daily taking of a pill appears impractical for many people. In places where a child welfare service functions satisfactorily the administration of the MPA injection could be fitted in with the existing programme. A negative aspect of this method is, however, the persistent incidence of bleeding in the first 3 to 6 months. It is likely that this will discourage many women since the irregular occurrence of menstrual blood deranges their domestic and sexual life because of the taboos placed on it. Bleeding can, however, be reduced by giving the second injection after 6 weeks and, if necessary, the third again after 6 weeks (Linthorst et al. 1972). In places where no regular visits to a doctor or nurse occur the use of MPA injections appears less practical.

Another method which may prove useful in the Kwahu situation is the post-coitus or "instant pill". Extensive research and experiments have given rise to optimistic expectations concerning the acceptability of such a contraceptive composed of D-norgestrel (Kesserü et al. 1973). The advantage is that the pill need not to be taken daily but only after sexual intercourse has taken place. This manner of applying contraception evidently appeals to Kwahu people because it is the way in which unreliable contraceptives are taken at present. One unfavourable side effect is menstrual disorder, which tends to occur when the pill is taken more often than three times a week. Menstrual irregularity, as we have seen, would constitute a rather serious problem in Kwahu society and in Ghana as a whole, so further research is needed to reduce this negative side effect. As the post-coitum pill is not advised for women with a coital frequency of more than three times per week, the pill appears particularly useful to women who have no regular sexual contacts, such as secret lovers and school pupils.

(5) The most delicate problem from the political point of view is that of induced abortion. The high rate of induced abortions and the apparent high number of deaths and cases of sterility resulting from induced abortion demand prompt action. The question whether medically induced abortion should be legalized can no longer be circumvented. Any action in this field should, however, be preceded by a penetrating analysis of the authentic moral attitudes towards sex, pregnancy and abortion.

(6) The ineffectiveness of "contraceptives" which are presently used should be exposed by publications in the daily papers and by pamphlets and radio broadcasting in the local language. The same should be done for useless and/or harmful methods of inducing abortion.

(7) Advocates of population policy should, however, not enforce "family planning" by coercion or misleading propaganda. They must always be led by "the real needs of the people" concerned. We hope that this study has helped towards a deeper understanding of these needs.

NOTES

Chapter 1

- 1) See for example Coale and Hoover (1958) who state that saving rates, investment and improvements in per capita income and production will be greater if fertility declines at an early point in the development process. A similar view is held by Lorimer (1967), Ohlin (1967), and by most organizations which propagate family planning in developing countries (cf. Ominde and Ejiogu 1972:passim). This argument is disputed by several economists, for example by Raulet (1970) who contends that there is no empirical evidence that fertility reduction is in fact associated with economic development, and by Kelley (1973) who argues that "the dependency rate may be positively associated with aggregate rate of saving" (see also Clark 1970; Pradervand 1971:103-132).
- 2) One of their spokesmen, Julian Huxley, writes, "If man fails to control his rate of increase, he may well cease having any right to call himself the lord of creation and may become the cancer of the whole planet devouring its resources and exterminating himself..." (1963:66). The list of publications on the ecological consequences of unchecked population (and economic growth) has become almost infinite. The following are only an arbitrary choice: Arvill (1969:189-201), Zelinsky et al. (1970), Ehrlich and Ehrlich (1970), Ehrlich and Holdren (1971) and Meadows et al. (1972).
- 3) Hardin's parabolic treatise of population growth as a political problem is well-known. He pleads for "mutual coercion, mutually agreed upon" (Hardin 1968). De Jonge (1972) suspects that the population policy of African countries is one of the ways in which Western powers and African elites attempt to maintain their position and to check radical changes. Similar views are expressed by Gans et al. (1974) and Pradervand (1971:106-109; 1974a), and by anthropologists who quote their respondents, for example Hoffman and Hoffman (1973:50-51): "Black people need more power and you can't have power without people: birthcontrol for blacks is legalized genocide." An Indian respondent says, "... you win fights not with contraceptives but with men" (Mamdani 1972:135). Stycos (1968b) has collected a number of anti-family planning statements in Latin America some of which advance political reasons, e.g. "individuals most interested in birthcontrol are the large landowners and proprietors, and the most backward capitalists..." (1968b:847). See also Molnos 1968:203, Newman 1970:835.
- 4) This notion is particularly alive in religious circles, both christian and non-christian. It is well typified by the following Puerto Rican proverb, "For every mouth God provides a pair of hands" (cited by Hill et al. 1959:69).

- 5) This view is among others held by van Ussel (1974) who argues that the fundamental ethical character of the population problem derives from its political implications. The ethical problem is related to the inequality between individuals and groups of people.
- 6) Cf. Hoffman and Hoffman (1973:39): "There are some sure-fire independent variables like social class or education, religion, sex, and rural-urban background. These relate to many different social behaviors such as fertility, child rearing practices, maternal employment rates, and juvenile delinquency, but they are too far removed in the chain of causality to explain them.... To understand empirical relationships of this sort one often needs to examine psychological factors that are involved."
- 7) These areas are: (1) long-term history and population dynamics, (2) demographic processes in pre-industrial societies, and (3) the relationship between culture and population growth (Nag 1973: 59).
- 8) Estimates for Ghana by Gaisie (1969:19) differ slightly from these figures.
- 9) Up until now their name has been spelled "Ashanti" in most English publications although it is pronounced as "Asante" in Twi. It is to be expected that the Anglicized spelling will soon be abandoned. We shall therefore stick to the Twi spelling.
- 10) Rattray cites the following proverb: Abusua ye dɔm na wo na oba ne wo nua (The lineage is like an army but your mother's child is your true sibling).
- 11) A proverb goes Obiara ye ɔdehyɛ wɔ ne fie (Everyone is a royal in his own house).
- 12) The letting of rooms is a common practice in rural towns. People who rent a room are strangers who have employment in the town, for example, teachers, clerks and labourers in government service.
- 13) Marwick (1956:152) reports considerable differences between the information collected by himself and by two Rhodesian interviewers.

Chapter 2

- 14) For example, "L'acte sexuel n'est pas pour lui (l'Africain) seulement 'oeuvre du chair', il est oeuvre des dieux aussi bien que des hommes, des animaux, des plantes, il est l'oeuvre de l'univers" (Pedrals 1950:183).
- 15) Cf. Schapera (1938:27): "I found it difficult, when actually in the field, not to feel disappointed at having to study the

religion of the Kgatla by sitting through an ordinary Dutch Reformed Church service, instead of watching a heathen sacrifice to the ancestral spirits..."

- 16) For example: Evans-Pritchard 1937 and 1956, Middleton 1960, Middleton and Winter 1963.
- 17) For example: Audrey Richards, Elisabeth Colson, Lucy Mair, Monica Wilson, Laura Bohannan, Mary Douglas, Margareth Field, Denise Paulme, Phyllis Kaberry and Esther Goody.
- 18) For example: Harris 1940; Labouret 1940; Driberg 1932; Macvicar 1934; Schapera 1971:89-95; Nadel 1942:147-156, 252-256; Little 1948; Helmann 1948; Kaberry 1952; Paulme 1952.
- 19) For example: D'Andrade 1966, Boserup 1970, Brown 1970, Uzoma 1971, Allen 1972, MacCormack 1975, Harrell-Bond and Rijnsdorp n.d.

Chapter 3

- 20) For abbreviations see page 21. As a rule, sex, school, ethnic origin (sometimes) and number of respondent will be given after each quotation.
- 21) One of the most common, but vulgar, Twi terms for sexual intercourse is di obaa, which literally means: to eat a woman.
- 22) Cf. this observation in Asante: "Once a new baby has been born... its sibling may be told that it has come out of the mother's stomach, though it will be said that God put it there" (Kaye 1962:160).
- 23) The high number of teachers involved in sex education in Kwahu is striking, and later on we shall deal with this point in more detail. Here we only want to draw attention to the fact that the essays were written in a school situation which may well have influenced the number of references to school and teacher.
- 24) A similar situation exists in boarding schools where young pupils become protégés of older ones and do little jobs for them like washing their clothes (cf. "fags" in the English boarding school system).
- 25) It is in order here to add a short note about the language used in many of the essays. It is complex rules which mark an expression as obscene on one occasion and as permitted or even praiseworthy on another (cf. Evans-Pritchard 1965:76-101 and Malinowski 1929:402-410). Elders are applauded when they recite rather obscene proverbs in official gatherings, although the same terms are considered extremely improper in ordinary conversation. Discussions of men in palm wine bars and at other places tend to be rather obscene too, but Kaye reports that children may be

reprimanded for using the same terms and that circumlocutions are used (1962:122). The licence which the pupils take in describing their sexual experiences may be mainly due to three reasons. First, the words, being English, do not carry the emotional connotations which they have in Twi. Secondly, they were used in the aseptic context of an essay. One even wrote "Biology" on top of his essay. Thirdly, the pupils were encouraged to write freely about sex. For attitudes towards sex see chapter 4.

- 26) Not quoted here. Practice and knowledge of birthcontrol is dealt with in chapter 9.
- 27) Another possible explanation is that some pupils kept outdoor sex to themselves because of the taboo.
- 28) Other African societies, where masturbation is said to exist, but not necessarily to be permitted, are - inter alia - the Azande (Evans-Pritchard 1974:114), the Chaga (Raum 1973:35), the Plateau Thonga (Colson 1967:272), the So (Laughlin and Laughlin 1973:355), the Iteso (Karp 1973:392), the Barue, Nandi and Sabey (Rachewiltz 1964:151), the Basuto, Ababua, Baluba and Nkundo (Pedrals 1950:21-22).
- 29) Further information about the incidence of homosexuality in tropical Africa is scarce. Iona Mayer writes that it occurs occasionally among the Gusii in Western Kenya ("learnt in the army or away at work"; I.Mayer 1973:134) and Beidelman noticed the same in Central Tanzania among the Kaguru who had worked on the coast or had been employed by Arabs or Europeans (Beidelman 1973:269). That homosexuality is a European import is also suggested by an African novelist, Omotoso (1971:39). Beidelman further remarks that Kaguru men suspect their women of practising lesbian activities during female initiation when demonstrating sexual intercourse to the novices (Beidelman 1973:266). Homosexuality is also said to occur among the Azande (Evans-Pritchard 1974:36,123-125), Tswana (Ford and Beach 1965:137), Dahomey, Ila, Lango, Nama, Thonga, Wolof, Fulani, Maragoli, Nandi, and Mbundu (Rachewiltz 1964:280-282), Nyakyusa (Wilson 1963:87-88,196-197), Ovimbundu, Basuto, Nkundo, and Nuba (Pedrals 1950:21-22). Whether or not homosexuality is reported in a society does not say so much, because it depends to a large extent on the attention of the ethnographer. One could theorize that homosexuality is more likely to occur in societies where the sexes have little or no access to one another outside marriage, but, to our knowledge, such hypotheses have not yet been tested in tropical Africa.
- 30) The experiences of young boys who want to be circumcised are well described by Duodu in his novel "The Gab Boys" (1967:104-106).
- 31) Tetteh (1967:204) writes, "In Ashanti, for example, puberty rites are now performed in very few cases, even in the rural areas".
- 32) A striking picture of the traditional teacher is drawn by Sellormey in his novel "The Narrow Path".

33) For involvement of teachers in induced abortion, see Bleek n.d.a.

Chapter 4

34) Christaller's dictionary gives the following meanings: 1.to respect, revere; 2.to be cautious, wary, careful, heedful; 3.to be ashamed (of); 4.to be shy, bashful, timid, afraid (of); 5.to be disgraced; 6.to feel embarrassed, under restraint; 7.to be conscientious, strict, correct, dutious, moral, religious, superstitious (Christaller 1933:123).

Chapter 5

- 35) For the role of blood in theories about gestation see also Ford (1964:44-46).
- 36) Similar beliefs have been reported from East Africa among the Nkole (Mushanga 1973:176) and the Baganda (Kisekka 1973:157). Of the latter is said that they can make a pregnancy last longer by magical practices. Most Nyakyusa women do not know the length of pregnancy according to Hautvast-Mertens (1973:254).
- 37) Incorrect ideas about the fertile period are also reported from the Nkole, the Luo, the So and the Maasai who believe that conception takes place immediately after menstruation (Mushanga 1973:176; Swartz 1969:78; Molnos 1972a:160; Ford 1964:35). Ford finds this belief to be widespread in more pre-industrial societies and suggests that it "results from the belief that menstrual blood plays a functional part in the formation of a new human being" (Ford 1964:35).
- 38) Ford again found the same theory in some other societies, none of them African; he considers it as "another way of explaining why intercourse often fails to result in conception" (Ford 1964:35). Schapera reports a similar idea among the Kgatla: "At least three or four successive nights of intercourse are required" (Schapera 1971:193).
- 39) Twenty-five years ago Fortes found the average age at first pregnancy in the Asante community of Agogo to be 17.6 to 18 years (Fortes 1954:299).
- 40) In this study no satisfactory explanation can be offered for the fact that males report an earlier age at first sexual intercourse and a later age at first pregnancy than females.
- 41) The term Kwaseabu sika discloses the traditional norm: premarital pregnancy makes a woman lose her face. It should be noted that the term kwasea (fool) is a serious insult in Kwahu.
- 42) It should be noted in passing that none of the unions which developed from a premarital pregnancy is still in existence

whereas two of the three marriages that were not preceded by pregnancy are still intact. Both marriages are polygynous and over 10 years old.

- 43) The amount varies between ₤ 300 and ₤ 600 (£ 112-£ 225). How out of proportion this amount is can be illustrated by the fact that it is believed that some parents encourage their school-going daughters to have sexual contacts with men, hoping that they will become pregnant and thus earn a huge amount of money.
- 44) This contradicts observations by Lowy in Koforidua (1971:312).
- 45) For example among the Kamba (Mbiti 1973:102), the Kikuyu (Kershaw 1973:48), the Lugbara (Middleton 1973:295), the Nandi (Huntingford 1973:408) and the Meru (Njeru 1973:75). Young boys and girls are sometimes instructed in how to prevent pregnancy, for example among the Chaga (Raum 1973:35).
- 46) The relationship between kinship system and attitude to premarital pregnancy is worthy of examination at cross-cultural level.
- 47) Kisseka reports from Uganda that 61% of the male and 63% of the female pupils in her sample find that abortion is justifiable in the case of premarital pregnancy (Molnos 1972a:164).
- 48) In the association test abortion was most resolutely condemned by the secondary school pupils, but in popular beliefs induced abortion is most generally associated with secondary school girls (cf. Caldwell 1968a:162).
- 49) Non-Akan secondary school pupils excluded.
- 50) When two or more ideas are expressed in one answer only the first idea is taken.
- 51) Assael et al. (1970) found a high percentage (26%) of rural pregnant women in East Africa to be "notably ill in a psychiatric sense". "Unfavourable social, economic and domestic patterns" appeared to be the main causes of these mental disorders of which depression was the most common one.

Chapter 6

- 52) Types of sexual relationships have been discussed already in Bleek (1974a and 1975a), but it was felt that a brief treatment should not be omitted from this study. Parts of this chapter draw heavily on the two above publications, particularly the former.
- 53) This does not mean of course that the traditional norms are unequivocally followed in other circumstances; they are frequently manipulated to serve the interests of the people concerned. "Cognitive dissonance" is still an almost untrodden area of

research in Africa (cf. Bleek 1975a:293-296; Köbben 1971:193-205).

- 54) Although we were staying in the house of the lineage head and were present at many marriage palavers, we never managed to attend an actual marriage ceremony. Half a century ago Rattray already observed that "...the legal union of the sexes appeared to be looked upon as such a natural step from the preceding state as not to have required as many new rites as we might expect" (1927:76), and "...the rite is in itself of the utmost simplicity" (1927:94).
- 55) Writing on traditional Akan marriage Denteh warns the researcher "that he should not expect to witness in a second custom of marriage precisely the same things observed in a previous one" (n.d.:1).
- 56) In Asante the lineage head usually performs this part of the marriage negotiations.
- 57) Ɔkɔbɔɔ ɔpon no (he went to knock on the door). Another common term for this first step is Nhunuanim (seeing the face). See further Rattray 1927:76-102; Denteh n.d.; Bleek 1975a:168-172.
- 58) This amount may lie above the average as it is likely that marriages which are registered are slightly more formal and involve higher payments.
- 59) Sarbah 1897; Danquah 1922; Rattray 1929:1-61; Ollennu 1966.
- 60) This topic is examined more closely in the next chapter.
- 61) Divorce in Kwahu is discussed in more detail in Bleek (1975a:188-224). See also Fortes (1948:34; 1950:283 and 1954:262) about divorce in Asante.
- 62) Nana Okumnipa, Banmuhene of Obo commented on a divorce case in which the husband collected all his gifts back from the woman, and said that this had been done because of the offensive manner in which the woman had initiated divorce (overt adultery). "Had she taken the normal course to seek the divorce, the man would not have collected the things back from her." Lowy reports from Koforidua (Asante), "In marriage, if a divorce occurs and the woman is at fault, all gifts which a man has made her throughout the life of the marriage must be returned" (Lowy 1974:29).
- 63) For the high costs of marriage under the Ordinance see Busia (1950:4) and Tetteh (1967:203).
- 64) The Post Enumeration Survey of the 1960 Ghana Population Census revealed that only 9.6% of all married christians were married in church. The frequency of church marriage in the catholic church alone is discussed in Hulsén and Mertens (n.d.:10-17). Church marriage is least practised in the Akan areas.

- 65) See also Bleek 1975a:172-175; Hulsén and Mertens n.d.:1-10.
- 66) The term "temporary union" which is also used by Southall and Gutkind does not fit Kwahu free marriage. Most marriages are "temporary" and a free marriage may in actual fact outlast a customary marriage.
- 67) This same term is used by Rattray (1929:30).
- 68) Rattray writes about free marriage (i.e. mpena awadeɛ): "...I think that in the older times it constituted a more or less recognized form of union" (1929:30).
- 69) Some striking examples of "ideal" answers are quoted by Köbben (1974:1-3).
- 70) But Fortes observed in Asante that "a marriage may begin with a period of cohabitation approved by the parents of the couple" (1950:279; emphasis ours).
- 71) A comparison of Kwahu free marriage with the Caribbean common-law union brings out a basic difference between the two. Judith Blake writes that common-law unions in Jamaica do not lead so easily to legal marriage as people tend to believe; 60% are simply dissolved. "...because the common-law union has such a low status in the Jamaican's mind and entails so few acknowledged obligations, it is a poor lever to marriage" (1961:143-144). So, both free marriage and common-law union may be "poor levers to marriage", but for very different reasons. In Jamaica common-law unions are so much out of tune with legal marriage that legalization often proves impracticable. In Kwahu free marriage is so much equal to legal marriage that legalization seems superfluous. The explanation for this basic difference must probably be sought in the higher status and greater stability of the Jamaican legal marriage, and in the more Victorian attitude towards sex and marriage in which Jamaican girls are brought up.
- 72) "Pupil teachers" are untrained teachers, usually school leavers, who have less status than trained teachers.
- 73) Tetteh shares this belief: "...extramarital sexual affairs have been very common traditionally and today are still practised by married adults of both sexes and by members of all socio-economic groups" (1967:210).
- 74) Molnos made a similar remark about prostitutes in East Africa (1968:79).

Chapter 7

- 75) For example Oppong: "The customary independence or relative autonomy of Akan wives is widely recognized as the outcome of three factors, their work outside the home, their matrilineage

membership and their freedom as women to marry husbands of their own choosing" (1974:116), and Fortes: "...there is a very high degree of equality between male and female members of the lineage" (1950:256). See also Rattray 1923:78-79; Danquah 1928: 155-156; McCall 1961:298.

- 76) Two other proverbs say, Abusua yɛ dɔm, na wo na ba ne wo nua (There are many relatives, but your mother's child is your real brother) and Wo na wu a wo abusua asa (When your mother dies your family is finished). See also Fortes: "The most critical feature, Ashanti say, is the bond between mother and child. They look upon it as an absolutely binding moral relationship" (1950:263).
- 77) That most of them do however get money from their husbands is, for example, pointed out by Caldwell (1967c:72): "Nine wives out of ten claimed that they could have continued to support themselves had they not married. Although only 6% stated that they were fully supporting themselves.... over half claimed to be providing some financial support." Caldwell's data apply to the whole of Ghana. Female economic contribution is certainly more substantial in Kwahu. Fortes reports from Asante that in 1945 one in four women who were currently married "was in fact carrying on her life and bringing up her children with little or no regular support from her husband at that date" (Fortes 1970:206).
- 78) The important economic role of Akan women is also referred to by Hill (1958) and Addo (1971). McCall notes that in more African studies economic activities on the part of women have been related to their sexual independence, for example Nadel 1942:168, 334 and Little 1948.
- 79) The political role of women in Ghana also shows itself clearly in Kwame Nkrumah's rise to power. Nkrumah was aware of their importance and admitted that much of his success was due to the efforts of women (cf. Omari 1970:passim; James 1971:128).
- 80) In a brief article on witchcraft among the Effutu in a Ghanaian coastal town, Wyllie starts from the witchcraft confession and not, as most anthropologists do, from the accusation. He argues that the witchcraft confession is "...an appeal for recognition and respect by people in subordinate social positions" (1973:78). This does not apply to Kwahu witchcraft. There witchcraft as a social phenomenon takes the form of malicious gossip and suspicions. Formal accusations are scarce and confessions even more scarce. They are not spontaneous appeals, as Wyllie postulates among the Effutu, because the supposed witches are rather forced to confession by their relatives (Bleek n.d.e).
- 81) Izzett (1961:307) writes that some Yoruba women in Lagos "prefer their daughters to have temporary liaisons with well-to-do men rather than accept men of lower social status as sons-in-law" (cited by Little 1973:121). A similar situation is reported from Sierra Leone: "Unmarried girls, particularly those who have little hope of getting married to any high-ranking man in the

community are often quite willing to become their mistresses or outside wives, rather than to marry men of their own social position (Harrell-Bond 1974:8).

- 82) In a study of domestic organization in 6 Fante villages compared with the Asante situation, Vercrujisse (1972:8) presents the following figures with regard to the composition of households (percentages in brackets):

| | Asante | Fante |
|------------------------------|-----------|-----------|
| single kin groups | 81 (66) | 88 (69) |
| wives residing with husbands | 41 (34) | 39 (31) |
| total | 122 (100) | 127 (100) |

- 83) Fufu is a staple food in Southern Ghana. It is made from yam, cocoyam, plantain, cassava or a mixture of these, which is boiled and then pounded into a sticky paste. The pounding is heavy and tedious work.
- 84) It would have been more logical if all closure variables had received a 0-score and all openness variables a 1-score. This, however, proved impracticable because the initial coding of the answers had been done in a different way.

Chapter 8

- 85) For example from the Chaga (Raum 1973:27), Meru (Mwambia 1973:61), Mbeere (Brokensha 1973:82), Kaguru (Beidelman 1973:262), Giriama (Parkin and Parkin 1973:274), Lugbara (Middleton 1973:293), Lango (Curley 1973:352) and Somali (Messing 1973:440).
- 86) "The parents of large families and mothers of twins or triplets are held in special esteem, so does the converse hold good, not only in life, but after death" (Rattray 1927:66-67).
- 87) By way of comparison, around 1965 the average "ideal family size" in Japan was 2.8; in France 2.7; in the United States 3.3.
- 88) Sanjek, who studied social networks and inter-ethnic relations in Accra, notes that the scarcity of social contacts between Southerners and Northerners is not so much due to ethnic differences as to class segregation. Northerners who have migrated to the South usually belong to the lowest class and the urban proletariat because they lack education and professional skills rather than because of their ethnic origin (Sanjek n.d.). Sanjek's view may be correct but it does not deny that people from the North are de facto belittled and sometimes despised.
- 89) Witchcraft is believed to be particularly dangerous to pregnant women. Rattray (1927:67) writes, "...No sooner does a woman become aware that she is pregnant, than a doctor is called in to give her charms against witchcraft and evil practices, to which her state is supposed to render her particularly susceptible".

Chapter 9

- 90) Pool attributes the difference between his and our data to (a) changes over time, (b) the fact that the less modernized North of Ghana was included in his sample, and (c) methodological differences (private correspondence, June 1975).
- 91) Among the urban elite, where vasectomy is known, the same problem arises. Caldwell reports that there is "a struggle between a desire to limit family size and an unwillingness to lose one's personal fecundity". Men favour female sterilization and women male sterilization! Caldwell further writes that 31% of the females and 35% of the males think that Ghanaians would like sterilization (Caldwell 1968a:163).
- 92) The same optimism occurs in Africa. Dow, who has carried out a KAP-survey in Kenya (Nairobi), reports that 75% of the men and 90% of the women are interested in family planning. In spite of their general interest, however, only 13% of the men and 2% of the women have ever practised family planning. From this rather ambiguous situation Dow concludes somewhat prematurely that his findings suggest "that knowledge, interest and approval generally precede use" (Dow 1967:780; emphasis ours).
- 93) Primodos (elsewhere called Duogynon) was until recently used as a hormonal pregnancy test in western countries. Doctors have stopped prescribing it since a discussion in medical journals arguing that the use of Primodos may cause congenital malformations (Janerich et al. 1974).
- 94) Recently a short study has appeared dealing with 82 medicinal herbs among an Akan group in Ivory Coast (Visser 1975). The author mentions only two abortifacients.
- 95) Nag (1962:219) classifies the Asante as having a low frequency of induced abortion and he bases his classification on Fortes' (1954:265) remark that people are horrified when they hear about it and that even in the case of a premarital pregnancy it is not practised. Our study shows how outdated Fortes' information is at the present time. Our finding that induced abortion is frequently practised nowadays is further supported by the views of Caldwell's elite respondents: 45% of the men and 35% of the women believed abortion "to be very common" (Caldwell 1968a:170). An official statement of the Ministry of Health in 1970 disclosed that in three years (1967-1969) 18,955 cases of abortion were handled by hospitals in the country, resulting in the death of 111 women. The spokesman did not know the exact proportion of induced abortions, but he admitted "that there was a high rate of illegal abortion in the country" (Daily Graphic, 17 November 1970). The actual incidence of induced abortion is however considerably higher. In the Nkawkaw hospital, which stands for a population of about 100,000, 350 cases of abortion were admitted between July 1972 and May 1973 (11 months). It was estimated that about 150-250 of these were illegal induced abortions. Moreover,

only a small proportion of all women who provoke an abortion are admitted to a hospital.

- 96) The debate for decriminalization of abortion in Ghana has started already. Opong (n.d.c), who conducted an enquiry among the Ghanaian medical practitioners, concludes that the majority of them feel that the law ought to be changed. Ampofo (1971:101), a gynaecologist, believes that "a significant proportion of Ghanaians have no serious objection against legalized abortion", and the late Bentsi-Enchill (n.d.:17-18), a jurist, gives as his personal view: "I can find no justification for compulsory pregnancy; ...instead of blame and punishment, every encouragement should be given for the use of the best medical facilities in situations of unwanted pregnancy; ...the termination of pregnancy upon request should be permitted unless it is medically contraindicated". A conference on the medical and social aspects of abortion was held in Accra in December 1973.

Chapter 11

- 97) The French mathematician Poincaré (1854-1912) has referred to sociology as "the science with the most methods and the fewest results" (cited by Bottomore 1971:48).
- 98) Sharing of funeral debts is done by members of the same lineage (abusua), not by members of the same clan (ntɔn) (cf. section 1.2). The phrase "we share funeral debts" is frequently used to indicate that two individuals are closely related. Marriage between members of the same abusua is strictly forbidden. Marriage between members of the same ntɔn, although officially against the rule of exogamy, is frequently condoned.
- 99) Only 3 out of 26 induced abortions (12%) in Amo's lineage terminated an intramarital pregnancy. In at least 2 of the 3 cases the women had premarital experience of abortion.

APPENDIX 1. GLOSSARY OF TWI TERMS

In this glossary the letter ɛ follows after e, and the letter ɔ after o.

| | |
|-----------------------|--|
| <u>abusua</u> | clan, lineage; the term sometimes refers to a large category of (putatively) matrilineally related people (see <u>ntɔn</u>), but usually to a fairly small subgroup of these: a matrilineal kin group with a depth of about 7 generations |
| <u>abusua panyin</u> | head of a lineage (<u>abusua</u>) |
| <u>adeɛ</u> | thing |
| <u>akɔnhamabɔ</u> | "chopmoney", money given by a man to a woman to cook for him |
| <u>akpeteshie</u> | locally made gin |
| <u>akuaba</u> | fertility doll |
| <u>akuraa</u> | isolated farming settlement |
| <u>amaria</u> | moslem marriage |
| <u>aseda</u> | "thanks-giving", concluding part of the marriage payment |
| <u>awadeɛ</u> | marriage |
| <u>aware kronkron</u> | "holy marriage", christian marriage |
| <u>awo</u> | bringing forth, childbirth |
| <u>ayɛfoɔ</u> | wedding |
| <u>ba</u> | child (also in classificatory sense) |
| <u>Badu</u> | name of a tenth born child |
| <u>di obi yere</u> | "to eat someone's wife", to commit adultery |
| <u>ɛna</u> | mother (also in classificatory sense) |
| <u>fɛre</u> | to feel shy, to be ashamed, etc. (see 4.1) |
| <u>hyiregu</u> | the throwing of <u>hyire</u> (white powder); a divorce ritual |
| <u>kɛtɛasehyɛ</u> | "putting under the mat"; an amount of 80 pesewas paid during the marriage ritual |
| <u>kɔte</u> | penis |
| <u>kwasea</u> | fool (abuse) |
| <u>kwasebu sika</u> | "you-have-made-me-a-fool money"; fine paid by a man for impregnating an unmarried girl |
| <u>maame</u> | mother (also in classificatory sense) |
| <u>mogya</u> | blood; principle of matrilineal descent |
| <u>mpata</u> | reconciliation fee |
| <u>mpena</u> | sexual partner who is not a marriage partner |

mpena awadeɛ sexual union which is rather constant and which is publicly known, but for which the legal rites have not (yet) been performed; "free marriage"

nana grandparent or grandchild; in classificatory sense for both matrilineal and patrilineal relatives; also a term expressing respect for an elder

ne ho adane "her self has changed", she is pregnant

nhunuanim "seeing the face", first part of marriage ritual

ntɔn clan; dispersed group of people who claim common descent from a distant and unknown ancestress

ntɔrɔ male spirit; principle of patrilineal descent (see 7.2)

nua (pl. nuanom) sibling; in classificatory sense: (1) member of the same abusua belonging to the same generation; (2) paternal parallel cousin

obonini barren woman

odunsini herbalist

onyinsɛn she is pregnant

ɔbosomfoɔ priest/priestess of a traditional deity

ɔdehyɛ (pl. adehyɛ) member of the royal lineage

ɔhemmaa queenmother; female relative of the ɔhene (not his mother) who is a member of the chief's council

ɔhene chief of a town or village

ɔkɔmfɔɔ (pl. akɔmfɔɔ) traditional priest or priestess

ɔkrawa impotent man

ɔnyem she is pregnant

Tawia name of a child born after twins

tiri nsa "head drink"; concluding part of marriage payment

rubber condom, IUD or diaphragm

twa awo "cutting childbirth", female sterilization

wafa afuru "she has taken stomach", she is pregnant

wafa (pl. wafanom) mother's brother; in classificatory sense: any male member of the same abusua belonging to the first ascending generation; also term of respect

wafase (pl. wafasenom) reciprocal of wafa: a man's sister's child; in classificatory sense: a man's matrilineal relative of the first descending generation

APPENDIX 2. TABULATIONS

Table A.01: Monogamy/polygyny by education of respondent (Male and Female Sample combined; percentages in brackets)

| | no school and primary school | middle school and higher | total |
|------------------|---------------------------------|-----------------------------|-----------|
| monogamous union | 92 (49) | 94 (51) | 186 (100) |
| polygynous union | 35 (67) | 17 (33) | 52 (100) |
| total | 127 (53) | 111 (47) | 238 (100) |

df=1 $\chi^2=5.20$ $p<.05$

missing observations: 41 (40 unmarried; 1 unknown)

Table A.02: Monogamy/polygyny by age of respondent (Male and Female Sample combined; percentages in brackets)

| | -29 years | 30+ years | total |
|------------------|-----------|-----------|-----------|
| monogamous union | 104 (56) | 82 (44) | 186 (100) |
| polygynous union | 18 (35) | 34 (65) | 52 (100) |
| total | 122 (51) | 116 (49) | 238 (100) |

df=1 $\chi^2=7.39$ $p<.01$

missing observations: 41 (40 unmarried; 1 unknown)

Table A.03: Age of respondent by jointness/segregation in taking meals by spouses (Male and Female Sample combined; percentages in brackets)

| | joint | segregated | total |
|-------------|---------|------------|-----------|
| below 30 | 53 (41) | 77 (59) | 130 (100) |
| 30 - 39 | 21 (29) | 52 (71) | 73 (100) |
| 40 and over | 15 (32) | 32 (68) | 47 (100) |
| total | 89 (36) | 161 (64) | 250 (100) |

z=1.58 $p<.058$

missing observations (no partner): 29

Table A.04: Education of respondent by jointness/segregation in taking meals by spouses (Male and Female Sample combined; percentages in brackets)

| | joint | segregated | total |
|----------------------|---------|------------|-----------|
| no education | 20 (20) | 81 (80) | 101 (100) |
| primary school | 15 (50) | 15 (50) | 30 (100) |
| middle school | 46 (44) | 59 (56) | 105 (100) |
| beyond middle school | 8 (57) | 6 (43) | 14 (100) |
| total | 89 (36) | 161 (64) | 250 (100) |

$z=3.96$ $p<.01$

missing observations (no partner): 29

Table A.05: Monogamy/polygyny and jointness/segregation in taking meals by spouses (Male and Female Sample combined; percentages in brackets)

| | jointness | segregation | total |
|------------------|-----------|-------------|-----------|
| monogamous union | 71 (39) | 113 (61) | 184 (100) |
| polygynous union | 11 (22) | 40 (78) | 51 (100) |
| total | 82 (35) | 153 (65) | 235 (100) |

$df=1$ $\chi^2=4.37$ $p<.05$

missing observations: 44 (40 unmarried; 4 unknown)

Table A.06: Monogamy/polygyny and assistance in pounding fufu by husband (Male and Female Sample combined; percentages in brackets)

| | assistance | no assistance | total |
|------------------|------------|---------------|-----------|
| monogamous union | 112 (63) | 67 (37) | 179 (100) |
| polygynous union | 18 (37) | 31 (63) | 49 (100) |
| total | 130 (57) | 98 (43) | 228 (100) |

$df=1$ $\chi^2=9.45$ $p<.01$

missing observations: 51 (40 unmarried; 11 unknown)

Table A.07: Monogamy/polygyny and assistance in carrying headloads by husband (Male and Female Sample combined; percentages in brackets)

| | assistance | no assistance | total |
|------------------|------------|---------------|-----------|
| monogamous union | 111 (65) | 59 (35) | 170 (100) |
| polygynous union | 27 (55) | 22 (45) | 49 (100) |
| total | 138 (63) | 81 (37) | 119 (100) |

df=1 $\chi^2=1.29$ p=.26

missing observations: 60 (40 unmarried; 20 unknown/not apply)

Table A.08: Monogamy/polygyny and desired family size in combined Male and Female Samples (percentages in brackets)

| desired number of children: | less than 5 | 5 and more | total |
|-----------------------------|-------------|------------|-----------|
| monogamous union | 60 (38) | 96 (62) | 156 (100) |
| polygynous union | 5 (15) | 28 (85) | 33 (100) |
| total | 65 (34) | 124 (66) | 189 (100) |

df=1 $\chi^2=5.57$ p<.05

missing observations: 90 (40 unmarried; 50 unknown/not apply)

Table A.09: Education and knowledge of birthcontrol methods in Male Sample (percentages in brackets)

| number of methods known: | 0 - 4 | 5 - 6* | 7 - 10* | total |
|--------------------------|---------|---------|---------|-----------|
| education: none | 14 (61) | 8 (35) | 1 (4) | 23 (100) |
| primary / middle | 19 (29) | 21 (32) | 25 (39) | 65 (100) |
| beyond middle | 2 (17) | 4 (33) | 6 (50) | 12 (100) |
| total | 35 (35) | 33 (33) | 32 (32) | 100 (100) |

z=3.58 p<.01

*) combined for U-test

Table A.10: Urban experience and knowledge of birthcontrol methods in Male Sample (percentages in brackets)

| number of methods known: | 0 - 4 | 5 - 6 | 7 - 11 | total |
|---|---------|---------|---------|-----------|
| having lived at Accra, Tema, Kumasi or Takoradi | 19 (28) | 21 (31) | 27 (40) | 67 (99) |
| other | 16 (49) | 12 (36) | 5 (15) | 33 (100) |
| total | 35 (35) | 33 (33) | 32 (32) | 100 (100) |

$z=2.58$ $p<.01$

Table A.11: Religious affiliation and knowledge of birthcontrol methods in Male Sample (percentages in brackets)

| number of methods known: | 0 - 4 | 5 - 6 | 7 - 11 | total |
|---------------------------|---------|---------|---------|-----------|
| christian church | 24 (29) | 27 (32) | 32 (39) | 83 (100) |
| traditional / no religion | 11 (65) | 6 (35) | 0 (-) | 17 (100) |
| total | 35 (35) | 33 (33) | 32 (32) | 100 (100) |

$df=2$ $\chi^2=11.72$ $p<.01$

Table A.12: Occupation and practice of birthcontrol in Male Sample (percentages in brackets)

| number of methods ever used: | 0 | 1 | 2 - 5 | total |
|---|---------|---------|---------|-----------|
| profession: | | | | |
| modern: teacher, clerical, driver, police, soldier | 9 (27) | 10 (30) | 14 (43) | 33 (100) |
| traditional: farmer, hunter, trader, housewife, craftsman | 35 (52) | 16 (24) | 16 (24) | 67 (100) |
| total | 44 (44) | 26 (26) | 30 (30) | 100 (100) |

$df=2$ $\chi^2=6.02$ $p<.05$

Table A.13: Jointness/segregation in taking meals by spouses, by (reported) practice of birthcontrol in Female Sample (percentages in brackets)

| number of methods ever used: | 0 | 1 - 3 | total |
|------------------------------|----------|---------|-----------|
| jointness | 38 (75) | 13 (25) | 51 (100) |
| segregation | 103 (91) | 10 (9) | 113 (100) |
| total | 141 (86) | 23 (14) | 164 (100) |

df=1 $\chi^2=8.08$ $p<.01$
 missing observations (not married): 15

Table A.14: Assistance by carrying headloads by husband and practice of birthcontrol in Female Sample (percentages in brackets)

| number of methods ever used: | 0 | 1 - 3 | total |
|------------------------------|----------|---------|-----------|
| assistance | 78 (92) | 7 (8) | 85 (100) |
| no assistance | 52 (80) | 13 (20) | 65 (100) |
| total | 130 (87) | 20 (13) | 150 (100) |

df=1 $\chi^2=4.35$ $p<.05$ (significant in opposite direction)
 missing observations: 29 (not married/not apply)

Table A.15: Conjugal residence and attitude towards birthcontrol practised by married people, in Male Sample (percentages in brackets)

| | approval | disapproval | total |
|---------------------|-----------|-------------|----------|
| joint residence | 24 (47) | 27 (53) | 51 (100) |
| separated residence | 6 (22) | 21 (78) | 21 (100) |
| total | 30 (38.5) | 48 (61.5) | 78 (100) |

df=1 $\chi^2=14.64$ $p<.05$
 missing observations (unmarried): 22

Table A.16: Marital status and desired family size in combined Male and Female Samples (percentages in brackets)

| desired family size: | less than 5 | 5 and more | total |
|---------------------------------|-------------|------------|-----------|
| divorced* | 12 (43) | 16 (57) | 28 (100) |
| never married/ free marriage | 25 (60) | 17 (40) | 42 (100) |
| legally married | 48 (31) | 108 (69) | 156 (100) |
| total | 85 (38) | 141 (62) | 266 (100) |

df=2 $\chi^2=12.03$ $p<.01$
 missing observations (unknown): 53

*) one widowed included

Table A.17: Marital status and practice of birthcontrol in Male Sample (percentages in brackets)

| number of methods ever used: | 0 | 1 or more | total |
|---------------------------------|---------|-----------|-----------|
| divorced* | 5 (42) | 7 (58) | 12 (100) |
| never married/ free marriage | 5 (26) | 14 (74) | 19 (100) |
| legally married* | 34 (49) | 35 (51) | 69 (100) |
| total | 44 (44) | 56 (56) | 100 (100) |

df=1 $\chi^2=4.61$ $p<.05$

*) combined for χ^2 -test

Table A.18: Marital status and attitude towards use of birthcontrol by school pupils, in Male Sample (percentages in brackets)

| | approval | disapproval | total |
|---------------------------------|----------|-------------|-----------|
| divorced | 6 (50) | 6 (50) | 12 (100) |
| never married/ free marriage | 14 (74) | 5 (26) | 19 (100) |
| legally married | 18 (26) | 51 (74) | 69 (100) |
| total | 38 (38) | 62 (62) | 100 (100) |

df=2 $\chi^2=15.16$ $p<.01$

Table A.19: Marital status and attitude towards the statement: "Some people want many children" (Male Sample; percentages in brackets)

| | antinatalist: "is not good" | pronatalist: "is good" | total |
|---------------------------------|--------------------------------|---------------------------|----------|
| divorced | 5 (45) | 6 (55) | 11 (100) |
| never married/ free marriage | 17 (94) | 1 (6) | 18 (100) |
| legally married | 39 (58) | 28 (42) | 67 (100) |
| total | 61 (63.5) | 35 (36.5) | 96 (100) |

df=2 $\chi^2=9.80$ $p<.01$
 missing observations (unknown): 4

APPENDIX 3. NOTE ON REPRESENTATIVENESS OF SAMPLES

We have attempted to use the results of the Ghana Population Census 1970 in order to check the representativeness of the Ayere samples. For that purpose we concentrated on the census for Nkawkaw urban council and Abetifi local council. A third enumeration area of Kwahu, Afram local council, was excluded for two reasons: (a) a high proportion of the inhabitants are Ewe, and (b) the area is characterized by much more isolation and primitive conditions of life than the rest of Kwahu, including the area under study here.

A major difficulty in using the census results as a control of our samples lies in the fact that the set of people studied in the Ayere research do not appear as a separate category in the census reports. That set is the people who are in their procreative years or, to be more precise, women with children under 5 years of age and men between the ages of 17 and 60 years. This may form the major explanation for the fact that the age composition of our samples differs considerably from the age composition of the total Kwahu population over 15 years of age (see Table A.20). For male

Table A.20: Age compositions of the Ayere samples and the total 15+ population of two Kwahu councils (percentages in brackets)

| | | Ayere samples | total population of 2 Kwahu councils |
|---------|------------|---------------|---|
| MALES | age: 15-24 | 10 (10) | 12673 (36) |
| | 25-44 | 73 (73) | 13101 (38) |
| | 45+ | 17 (17) | 9023 (26) |
| | total | 100 (100) | 34797 (100) |
| FEMALES | age: 15-24 | 79 (44) | 12310 (32) |
| | 25-44 | 95 (53) | 15346 (40) |
| | 45+ | 5 (3) | 11041 (28) |
| | total | 179 (100) | 38697 (100) |

respondents there is a strong concentration in the age group 25-44,

because it is in that period that men beget most of their children. Most women start having children around the age of 18 and enter the menopause when they are about 40. So in the Female Sample almost all women fall into the age groups 15-24 or 25-44.

As we have said, the target population of the Ayere research is all men and women of Central Kwahu in their childbearing years, while the census has the total population as a target. As a result, comparisons between our samples and the census population must be undertaken with the greatest caution, and it is for this reason that we do not present statistical tests on this matter. It is to be expected that the age differences noted in Table A.20 will also cause differences in education, marital status and other variables.

Nevertheless, we compare the Ayere samples with the census results on two points, namely occupation and education. The comparison may at least give us a rough indication whether or not the samples are likely to represent the target populations.

With regard to occupation the census does not provide the type of information which enables us to differentiate between various age groups, so we are not able to check whether the samples are really representative of the target population as far as occupation is concerned. We can only check the occupational representativeness with respect to the total population. The limited information of the census shows a reasonable degree of congruence between the samples and the total population over 15 years of age (see Table A.21).

Table A.21: Employment in agriculture in the Ayere samples and in the total 15+ population of 2 Kwahu councils (percentages in brackets)

| | | employed in agriculture | not employed in agriculture | total |
|---------|------------------|----------------------------|--------------------------------|-------------|
| MALES | Ayere sample | 46 (46) | 54 (54) | 100 (100) |
| | total population | 14463 (42) | 20334 (58) | 34797 (100) |
| FEMALES | Ayere sample | 58 (32) | 121 (68) | 179 (100) |
| | total population | 15189 (39) | 23508 (61) | 38697 (100) |

The census provides more specific information on age and education

although not specific enough to allow for an adequate comparison. The difficulty is that in the census all people over 24 years of age are taken together. It also means that the very old have been included although they are not represented in the Ayere samples. It might, therefore, be expected that education would be more common in the Ayere samples than in the total population. How much more common it should be is difficult to assess. In line with this expectation, Tables A.22 and A.23 do show that education occurs almost twice as much in the Male Sample and more than twice as much in the Female Sample. Problems arise, however, if we examine the 15-24 age group in

Table A.22: Education and age in the Male Sample and in the total male 15+ population of 2 Kwahu councils (percentages in brackets)

| | ever been to school | never been to school | total |
|------------------------|------------------------|-------------------------|-------------|
| age: 15-24 Male Sample | 10 (100) | - | 10 (100) |
| 15-24 total pop. | 11087 (87) | 1586 (13) | 12673 (100) |
| 25+ Male Sample | 67 (74) | 23 (26) | 90 (100) |
| 25+ total pop. | 8680 (39) | 13444 (61) | 22124 (100) |
| total Male Sample | 77 (77) | 23 (23) | 100 (100) |
| total population | 19767 (57) | 15030 (43) | 34797 (100) |

Table A.23: Education and age in the Female Sample and in the total female 15+ population in 2 Kwahu councils (percentages in brackets)

| | ever been to school | never been to school | total |
|--------------------------|------------------------|-------------------------|-------------|
| age: 15-24 Female Sample | 63 (80) | 16 (20) | 79 (100) |
| 15-24 total pop. | 8028 (65) | 4282 (35) | 12310 (100) |
| 25+ Female Sample | 35 (35) | 65 (65) | 100 (100) |
| 25+ total pop. | 3589 (14) | 22797 (86) | 26386 (100) |
| total Female Sample | 98 (55) | 81 (45) | 179 (100) |
| total population | 11617 (30) | 27079 (70) | 38696 (100) |

both samples. There is no reason to expect much difference in

education between the samples and the census population in this age group, but Tables A.22 and A.23 show some marked differences which we find hard to account for. In both the Male and Female Samples the proportion of people in the 15-24 age group who have been to school is notably higher than among all people of that age group in the two Kwahu councils. This leads us to suspect that education is over-represented in the Ayere samples in spite of sampling methods which attempted to prevent such a bias.

From our experiences living in Kwahu we would not expect that 35% of the women between 15 and 24 years of age have never been to school, as the census report shows. We must, however, give the official census the benefit of the doubt and acknowledge, for lack of other evidence, that illiteracy in Kwahu may be more widespread than we had concluded on the basis of our own data. As a consequence, we must draw attention to the fact that our samples represent a rural population of men and women in their reproductive years amongst whom the educated are overrepresented.

APPENDIX 4. QUESTIONNAIRE FOR FEMALE ADULTS

- NB.1. This questionnaire has been used for female lineage members and the Female Sample.
NB.2. The questionnaire for male adults is largely the same; only questions marked with * have been omitted from the male questionnaire.
NB.3. This is a translation of the original Twi version.

Introduction

The doctors want to know more about the lives of people like you and me so that they can help us better with our problems. I want to ask you a few questions about yourself, your husband and your children. Please, try to answer me as well as you can.

About yourself

1. What is your name?
2. How old are you?
3. What is your home town?
4. Have you ever been to school? Up to which class?
5. What is your occupation?
6. Which church do you belong to?
7. Have you ever lived in a big town? Where?
8. Are you married?

- No —→ Is your husband dead? a
Are you divorced? b
Have you never been married? c
Yes —→ Has your husband completed the marriage customs?

- No Yes d
Were you married by Ordinance? e
Were you married in church? f
Has your husband informed you family? g
Or has he simply taken you as his mpena? h

9. How many times have you been divorced (before you married your present husband)?

About your husband

10. How old is he? (How much older than you?)
11. What is his home town?
12. Has he ever been to school? Up to which class?
13. What is his occupation?
14. Which church does he belong to?
15. Has he ever lived in a big town? Where?
16. How many wives does he have (you included)?

About your marriage and your children

17. How many children have you given birth to?
18. How many are still alive?
19. How often have you been pregnant?
20. How old were you when you became pregnant for the first time?
21. a. Sometimes a woman lives with her family.
b. Sometimes a woman lives with her husband.
Which of the two is better?
22. Do you and your husband live in the same house?
If not, in which town does your husband live?
23. Who is the best person to look after a child when:
a. he/she is between 0 and 2 years?
b. he/she is between 2 and 6 years?
c. he/she is between 6 and 12 years?
24. Do any of your own children stay with someone else? With whom?
25. Do you look after children who are not your own children?
Who are these children?
26. Do you eat together with your husband?
27. Does your husband sometimes wash his own clothes?
28. Does your husband sometimes help with pounding fufu?
29. Does your husband sometimes carry foodstuffs from the farm?
30. How many children would you like to have? ...Boys and ...Girls.
31. Some people do things so that they get fewer children. Have you heard of this?
32. What do they do to reduce fertility?
a. avoidance e. loop i. withdrawal
b. pills (name) f. diaphragm j. rhythm method
c. foam g. tubectomy k. abortion (how)
d. condom h. vasectomy l. herbs (name)
33. How did you get to know about these methods?

34. Which of these methods is the best?
35. Which of these methods is the worst?
36. Have you ever talked about this topic with your husband?
37. Have you or your husband ever used any of these methods?
Yes → Which ones?
38. → Where did you get (buy) them?
39. No → Would you like to try one?
40. Have you ever induced an abortion?
41. If yes, who performed the abortion?
- *42. Why do people avoid sexual intercourse during pregnancy?
- *43. Why do people avoid sexual intercourse after childbirth?
44. During your last pregnancy, for how many months did you avoid sexual intercourse?
45. After your last childbirth, for how many months did you avoid sexual intercourse?
- *45a. After your last childbirth, how many months did it take before you had your first menstruation?
46. How many years interval should there be between the births of children?
47. Explain the reason.
48. Whom do you praise more: - a woman with 3 children
- a woman with 8 children
49. Why?
50. How many children did your mother bring forth?
51. How many of these grew up?
52. People who get a deformed child sometimes kill the child.
Have you ever heard this? Is it good or not good?

Answer to each question: good or not good

53. Some people want to have many children.
54. Some people want to have 6 children.
55. Some people want to have 4 children.
56. Some people want to have 2 children.
57. Some school pupils or unmarried people use medicines to prevent pregnancy.
58. Some married people use medicines to prevent pregnancy.
59. Some school girls induce abortion when they become pregnant.
60. Some married women induce abortion when they become pregnant.

Answer: which of the two statements is most correct

- 61. a. If you have many children, you have to work very hard to feed and clothe them.
b. If you have many children they will work for you in the house and on the land.
- 62. a. If you have many children people will respect and admire you.
b. If you have only a few children but you can look after them very well, people will respect and admire you.
- 63. a. If a woman gives birth to many children she will become weak and sickly.
b. If a woman has many children they will look after her when she becomes old or sick.

Interviewer: Name
Date
Remarks

APPENDIX 5. TESTS OF UNCOMPLETED SENTENCES

Test 1.

(Answer the following questions:)

1. Sex
 2. Age
 3. Tribe
 4. Religion/Church
 5. School
 6. Form
 7. Place of birth
 8. Where is your mother living now? Region
 9. Where is your father living now? Region
 10. Are your father and your mother staying in the same house? ...
 11. With whom are you now staying?
 12. What is your father's work?
 13. What do you want to do after finishing this school?
-

(Complete the following sentences:)

1. I think that many old people
2. A man with many children
3. When I was a little child I was always afraid
4. People marry because
5. The biggest sin you can do is
6. If a dunsini (herbalist) is able to cure a sick person, it is because
7. Children are happy when
8. People who have decided to have only a few children
9. In my free time I do not like to
10. A good husband
11. My sister
12. When a woman dies
13. If a wife stays with her husband in the same house
14. A girl who becomes pregnant
15. Catholic sisters
16. Some boys like
17. I do not think that witches
18. If you are always sick, it is because

19. Poor people in Ghana

Test 2.

Questions: see Test 1.

(Complete the following sentences:)

1. If a doctor in the hospital is able to cure a sick person, it is because
2. Children are not happy when
3. People who want to have many children
4. In my free time I like
5. A bad wife
6. My mother
7. When a man dies
8. A man who eats together with his wife
9. A woman who becomes pregnant
10. White people
11. Some girls like
12. Someone who does not believe in witches
13. If you are very poor it is because
14. When I get a child
15. I think that many young people
16. A woman without children
17. When I was 12 years old
18. Some people don't want to marry because
19. If you do something very bad

Test 3.

Questions: see Test 1.

(Complete the following sentences:)

1. My father
2. Some children are afraid
3. A husband who sometimes washes his own things
4. A girl who goes to have an abortion
5. Catholic priests
6. Once I dreamed that
7. Someone who believes in witches

8. If you are never sick it is because
9. Rich people in Ghana
10. Life in Accra is
11. A woman with many children
12. When I was a little child I liked very much
13. Some people marry in church because
14. If a man wants to marry he must
15. If the doctor in the hospital cannot cure a sick person, it is because
16. I would be very happy when
17. (Write down how many:) If I marry I want to have ... children, ... boys and ... girls.
18. If I had 100 cedis I would
19. A good wife

Test 4.

Questions: see Test 1.

(Complete the following sentences:)

1. When you dream
2. I think that witches
3. If you are very rich it is because
4. When I marry
5. Life in a village is
6. When I was 12 years old I liked very much
7. A man without children
8. Some people stop marriage because
9. If a woman wants to marry she must
10. If a dunsini (herbalist) cannot cure a sick person, it is because
11. It would be very bad for me if
12. If my mother, my wife (husband) and my child are going to die and I can save one of them I will save my because
13. If I had 5 cedis, I would
14. A bad husband
15. My brother
16. Some old people are afraid
17. A man who helps his wife to pound the fufu

18. A woman who goes to have an abortion

19. A fetish priest

APPENDIX 6. TITLES OF ESSAYS WRITTEN BY SCHOOL PUPILS

(between brackets: number of pupils who wrote the essay)

1. About myself (sexual experiences) (207)
2. My mother and I (39)
3. My father and I (36)
4. My uncle and I (4)
5. Witches (11)
6. The relationship between young and old people in this town (5)
7. The most difficult thing in marriage (60)
8. Qualities of a good husband (5)
9. Qualities of a bad husband (13)
10. Qualities of a good wife (3)
11. Qualities of a bad wife (23)
12. Why do so many married people divorce? (16)
13. Why it is good for a woman to stay with her husband in the same house (15)
14. Why it is not good for a woman to stay with her husband in the same house (7)
15. The qualities of a good father (4)
16. The qualities of a good mother (3)
17. The things I am most afraid of (28)
18. Things I was most afraid of when I was a little child (17)
19. Things that I do not like to do in the house (4)
20. Things I did not like at all when I was a little child (4)
21. A man with many children (11)
22. A woman without children (9)

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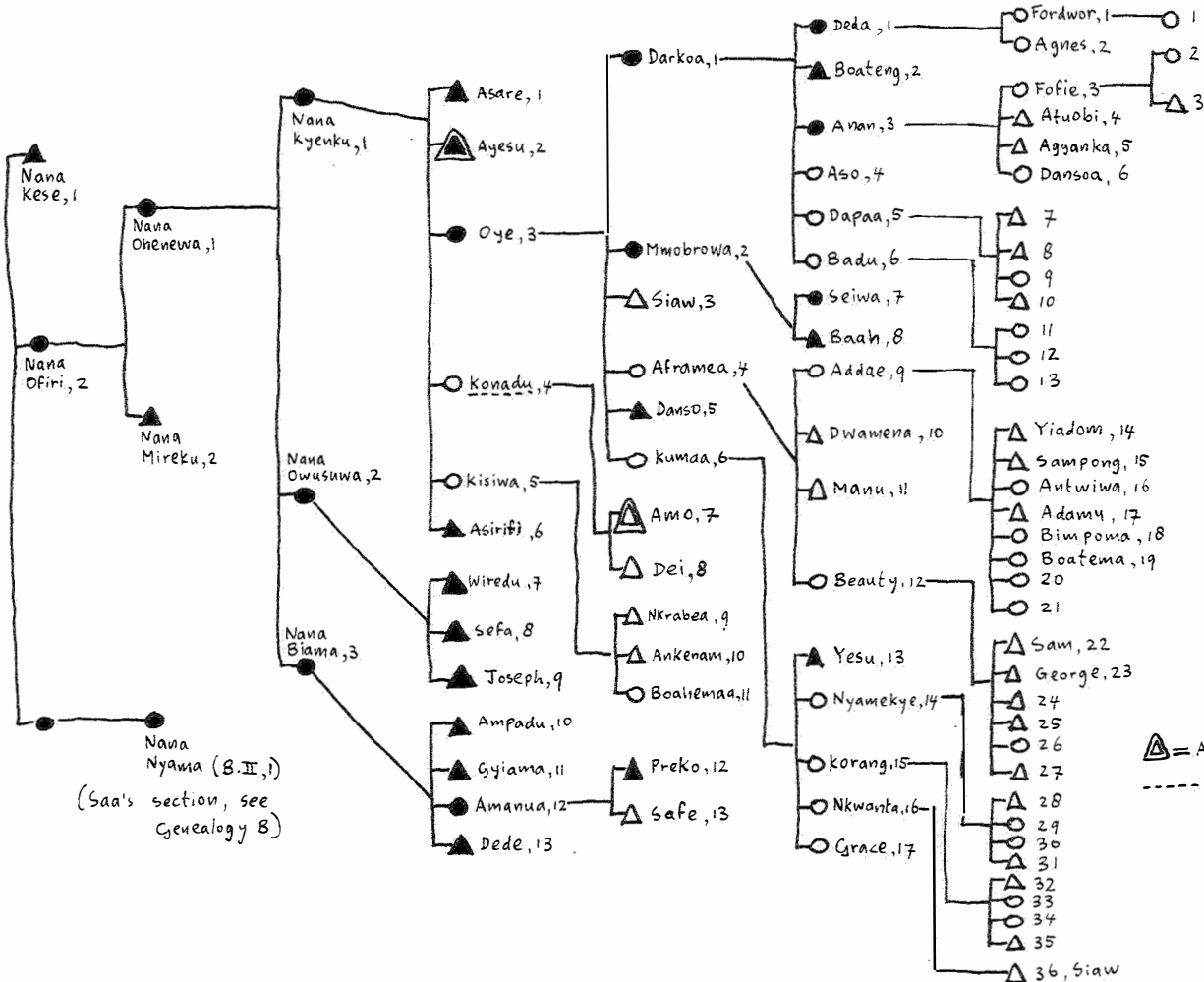
IV

V

VI

VII

VIII



GENEALOGY A. KONADU'S SECTION

△ = Abusa Panyin
 --- = oldest living member

GENEALOGY B. SAA'S SECTION

Generation:

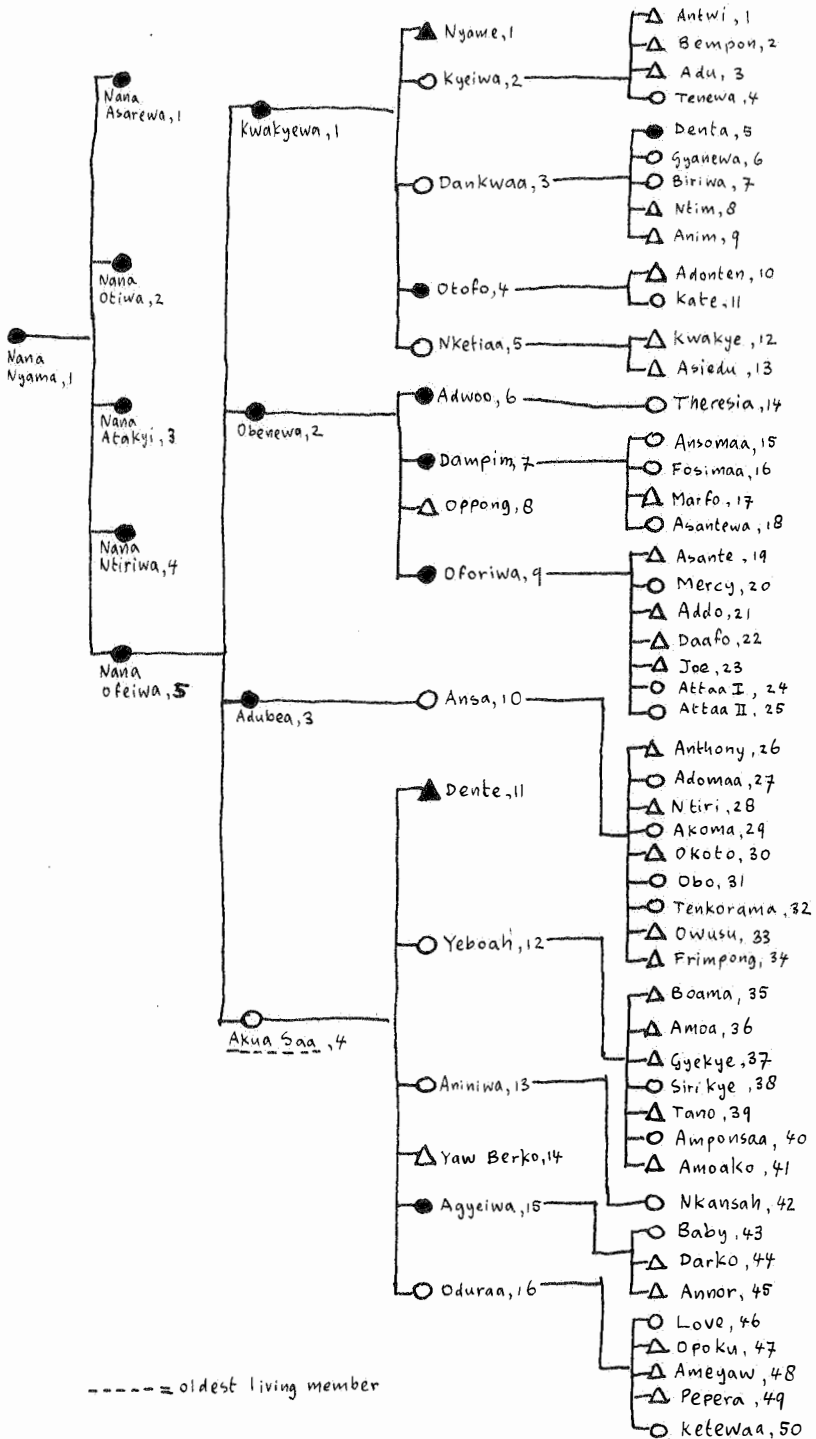
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DUTCH SUMMARY

Deze studie is gebaseerd op een onderzoek onder de Kwahu, een matrilineaire bevolkingsgroep in Ghana, verwant aan de Asante. Het onderzoek vond plaats in een dorp ongeveer 180 km van de kust. Dit dorp wordt hier aangeduid met de fictieve naam "Ayere". In totaal heb ik drie maal een half jaar doorgebracht in Ayere. Het eerste half jaar was geheel gewijd aan taalstudie. Ruim twee jaar later keerde ik er terug om onderzoek te doen naar sociale processen van huwelijk, erfenis en hekserijbeschuldigingen binnen één lineage. Weer een jaar later volgde een tweede onderzoek waarbij bijzondere aandacht geschonken werd aan sexuele relaties en geboortenbeperking. Gedurende de laatste twee perioden woonde ik in het huis van het hoofd van de lineage. Mijn voornaamste methode van onderzoek was die welke men met een zekere overmoed participerende observatie pleegt te noemen. Daarnaast zijn er echter ook formele interviews afgenomen van drie groepen van respondenten, n.l. 42 leden van de lineage en 100 mannelijke en 179 vrouwelijke bewoners van het dorp. Verder hebben ongeveer 800 scholieren in verschillende Kwahu dorpen associatietesten gemaakt of opstellen geschreven over onderwerpen die verband hielden met huwelijk, sex en geboortenbeperking.

Deel I, dat over sexuele relaties handelt, begint met een beknopt overzicht van de literatuur over dit onderwerp in Afrikaanse samenlevingen. Een belangrijke conclusie hieruit is dat antropologische studies in Afrika veel meer informatie verschaffen over normen dan over feitelijk gedrag.

In hoofdstuk drie wordt een poging gedaan licht te werpen op sexueel gedrag op jeugdige leeftijd van jongens en meisjes in Kwahu. Uitgangspunt vormen 135 opstellen die scholieren in Kwahu geschreven hebben over hun eigen sexuele ervaringen. Volgens deze opstellen ontvangen jongens hun voorlichting vooral van vrienden en onderwijzers terwijl meisjes deze vaker krijgen van een familielid, met name van de moeder. Er zijn grote verschillen tussen de leeftijden waarop men voor het eerst geslachtsomgang heeft; sommigen beweren dat dat reeds op hun 8ste jaar gebeurde, anderen missen deze ervaring nog op hun 16de. Bij hen die sexuele ervaring hebben, is de gemiddelde leeftijd

waarop geslachtsgemeenschap voor het eerst voorkomt 12,1 jaar voor de mannelijke en 14,2 jaar voor de vrouwelijke leerlingen. School en onderwijzers dragen bij tot een vroege start van sexuele relaties.

Dezelfde opstellen laten zien dat jongens een zeer positieve houding hebben t.o.v. sex (hoofdstuk 4) en zich weinig zorgen maken over de noodlottige gevolgen ervan bij zwangerschap. Meisjes hebben meer bedenkingen tegen voor-echtelijke sex; zij denken wel aan het risico van een ongewenste zwangerschap en het moeten afbreken van hun schoolopleiding.

Associatie-testen van deze zelfde groep scholieren suggereren dat zij nogal negatief denken over zwangerschap (hoofdstuk 5); dit betreft voor-echtelijke zwangerschap, maar, in mindere mate, ook zwangerschap bij een gehuwde vrouw. Zij associëren zwangerschap met ziekte en lichamelijke zwakheid, immoreel gedrag, het plegen van abortus, en andere negatieve waarden. Slechts 3% van de ondervraagden denkt bij "zwangerschap" aan het kind dat geboren zal worden.

Biologische kennis van bevruchting en zwangerschap is gebrekkig en belemmert effectieve anticonceptie. Vrouwen zijn gemiddeld 17 of 18 jaar als zij voor het eerst zwanger worden. Gegevens uit de lineage suggereren dat in de meeste gevallen een vrouw niet getrouwd is als zij voor het eerst zwanger wordt en ook niet naderhand met de vader van haar eerste kind trouwt.

Hoofdstuk 6 laat zien dat sexuele relaties in Kwahu vele verschillende vormen kunnen aannemen. Naast het traditionele, wettige, huwelijk is er het "vrije huwelijk" (mpena awadeɛ) en het kerkelijk huwelijk. Een vierde mogelijkheid, het burgerlijk huwelijk (marriage under the Ordinance), komt weinig voor op het platteland. Bij formele interviews worden echter twee andere soorten van sexuele relatie zelden genoemd, n.l. lover relationship en prostitutie. Hoewel betrouwbare cijfers ontbreken kunnen we met voldoende zekerheid stellen dat deze beide vormen van sexuele relatie vaak voorkomen in het Kwahu dorp. Lover relationships komen vooral voor bij jongeren die nog niet getrouwd zijn en bij vrouwen die enige malen gescheiden zijn. Verder blijken ook veel getrouwde mannen buitenechtelijke relaties te onderhouden, vooral in de periode waarin hun vrouw een kind moet baren.

Hoofdstuk 6 laat ook zien dat het huwelijk ondergeschikt is aan de

belangen van de lineage, dat echtscheiding frequent en normaal is en dat legale polygynie afneemt hoewel (niet-legale) "polycoïtie" voortduurt.

De verhouding tussen huwelijkspartners is het onderwerp van hoofdstuk 7. Deze verhouding wordt gekenmerkt door een scheiding tussen mannen- en vrouwenrollen en door (uiterlijke) onderdanigheid van de vrouw. In werkelijkheid bezitten vrouwen echter veel macht, terwijl de mannen, die zich naar buiten toe als heersers gedragen, vaak juist weinig zeggenschap hebben over vrouw en kinderen.

De segregatie tussen huwelijkspartners blijkt o.a. uit het gescheiden wonen van 40% van hen, en het gescheiden uitvoeren van huishoudelijke activiteiten. Dit patroon van segregatie blijkt, tegen onze verwachting in, ook bij de jongere generatie nog vrij algemeen te zijn.

De familie-organisatie in Kwahu heeft een open karakter; het gesloten gezin bestaande uit een man, een vrouw en (al) hun kinderen behoort tot de uitzonderingen. Echtgenoten wonen vaak niet samen, en veel kinderen wonen niet bij hun (twee) ouders als gevolg van echtscheiding, voor- en buitenechtelijke relaties en de gewoonte om een kind of kinderen van anderen op te voeden.

Deel II, dat gewijd is aan geboortenbeperking, begint met een hoofdstuk over vruchtbaarheid (hoofdstuk 8). Vroeger werd een groot aantal kinderen zeer positief gewaardeerd, maar de hoge graad van kindersterfte verhinderde meestal het ontstaan van grote gezinnen. Vandaag geven de meeste ondervraagden vier of zes als het gewenste aantal kinderen op. Al zijn wij ons bewust van de beperkte waarde van antwoorden op attitude-vragen, het lijdt geen twijfel dat het hebben van veel kinderen steeds meer als een ongunstige factor wordt beschouwd omdat het financiële en ook emotionele problemen oproept. Vaak gehoorde voordelen van hoge vruchtbaarheid in het verleden zoals prestige en financiële geborgenheid worden nu haast niet meer gehoord.

Hier moet echter wel bij aangetekend worden dat het hebben van enkele kinderen van essentieel belang blijft. Kinderen betekenen geluk en levensvervulling voor hun ouders; zij zijn gezelschap,

helpen in het huishouden, en vormen het levend bewijs dat iemand "normaal" is, d.w.z. niet onvruchtbaar, niet impotent en geen heks. Een man of vrouw zonder kinderen wordt als een beklagenswaardig persoon beschouwd en bovendien nog belachelijk gemaakt of verdacht van slechte praktijken.

In hoofdstuk 9 wordt een poging ondernomen een algemeen beeld te schetsen van wat de respondenten weten over de diverse methoden van geboortenbeperking, hoe zij er tegenover staan, en welke methoden zij ooit zelf hebben toegepast.

In het verleden bestond er nagenoeg geen geboortenbeperking in Kwahu. Het feit dat er wel sprake was van een zekere geboortenspreiding was niet zozeer het resultaat van bewuste technieken of post-partum onthouding maar veeleer een ongepland gevolg van langdurige borstvoeding. Ook het voorkomen van infanticide moet men niet zien als een beperking van het aantal kinderen; men zou het hoogstens als een soort eugenetica kunnen beschouwen aangezien het werd toegepast op misvormde kinderen.

Tegenwoordig zijn in Kwahu echter allerlei technieken van geboortenbeperking bekend en deze worden ook toegepast. Haast iedereen in Ayere is wel op de hoogte van tenminste één vorm van geboortenbeperking. In de betrokken lineage zijn de volgende methoden het best bekend (in deze volgorde): abortus provocatus, pillen, sterilisatie van de vrouw, condoom, coitus interruptus, spiraal en spermaciden. Kennis van geboortenbeperking is naar verhouding groot bij respondenten die jong zijn, onderwijs genoten hebben, in de stad gewoond hebben of tot een christelijke kerk behoren.

Op de vraag welke methode van geboortenbeperking zij de beste vinden concentreren de meeste respondenten zich op twee methoden: pillen en sterilisatie van de vrouw. Ironisch genoeg komt sterilisatie nauwelijks voor in Ayere en hebben de pillen die men gebruikt geen anticonceptionele werking. Gevraagd naar de slechtste methode wijzen de respondenten bijna eensgezind op abortus provocatus. Ook hier blijkt de tegenstelling tussen houding en praktijk want abortus is een van de meest gebruikte methoden van geboortenbeperking.

De feitelijke toepassing van geboortenbeperking werd gemeten via het aantal verschillende methoden dat ooit door een respondent

gebruikt was. In de lineage melden de respondenten een gemiddelde van 1,6 methode en in de steekproef van mannen van 1,1 methode. De kwaliteit van de antwoorden in de vrouwensteekproef laat bij deze vraag veel te wensen over. Toepassing van geboortenbeperking komt het meest voor bij jongeren, bij hen die onderwijs genoten hebben, hen die monogaam gehuwd zijn en bij hen die een modern beroep hebben. Methoden die ooit gebruikt zijn door meer dan 10% van de lineage-leden zijn (in volgorde van frequentie): pillen, abortus provocatus, coitus interruptus, spermaciden, condoom en periodieke onthouding.

Wij moeten hier een speciale opmerking maken over de "anticonceptionele" pillen die gebruikt worden in Ayere. Artsen hebben verklaard dat deze pillen beslist geen anticonceptionele werking hebben. Niettemin behoren deze pillen tot de meest gebruikte middelen van geboortenbeperking.

De ondoelmatigheid van deze pillen en andere methoden heeft tot gevolg dat "anticonceptie" vaak mislukt, waarna men dikwijls zijn toevlucht neemt tot abortus provocatus. Abortus wordt zelden uitgevoerd op professionele wijze. Veel vrouwen passen abortus op zichzelf toe of worden daarbij geholpen door vrienden of door lieden die men, ten onrechte, "dispensers" noemt. Hier doet zich hetzelfde probleem voor als bij anticonceptie, n.l. ondoelmatigheid. Mensen in Kwahu kennen een groot aantal technieken van abortus provocatus maar slechts weinige daarvan werken. De meeste zijn ofwel volkomen onschuldig ofwel levensgevaarlijk. Slechts een klein aantal respondenten meldt dat een arts abortus op hen heeft toegepast.

Het is moeilijk vast te stellen hoe vaak abortus provocatus voorkomt want deze maatregel behoort hier tot de meest verborgen gebieden van menselijk gedrag. Als we aannemen dat de informatie van de lineage betrouwbaar en representatief is betekent dat dat meer dan de helft van alle vrouwen minstens eenmaal abortus heeft gepleegd en dat bijna een vierde van alle mannen actief deelgenomen heeft aan het afbreken van een zwangerschap waar zij zelf verantwoordelijk voor waren.

Morele uitspraken over abortus provocatus zijn tegenstrijdig. Scholieren die over zichzelf schrijven beschouwen abortus als een normale maatregel bij ongewenste zwangerschap, maar scholieren die

erover schrijven in algemene zin associëren abortus met uiterst negatieve waarden zoals dood, ziekte, steriliteit en immoreel gedrag. Volwassen respondenten bevinden zich tussen deze twee uitersten; zij wijzen abortus wel af maar niet zozeer op morele gronden alswel vanwege de risico's voor de gezondheid van de vrouw.

In hoofdstuk 10 onderzoeken wij welke factoren in huwelijk en gezinsleven de aanvaarding van family planning bevorderen. In andere studies legt men verbanden tussen gemeenschappelijkheid in de huwelijksrelatie en beslotenheid van het gezin enerzijds en kennis en toepassing van family planning anderzijds. Wij gingen na of dit ook voor Kwahu geldt. Het resultaat van deze toetsing is uiterst mager. In tegenstelling tot andere samenlevingen blijkt dat in Ayere gemeenschappelijkheid in het rollenpatroon van huwelijkspartners en geslotenheid van de familie-organisatie niet samengaan met meer kennis en toepassing van geboortenbeperking of een meer positieve houding ertegenover. Integendeel, het feit dat gehuwden gescheiden wonen correleert met meer kennis van, meer waardering voor en meer toepassing van geboortenbeperking. De verklaring is dat in de betreffende samenleving geboortenbeperking meestal juist géén huwelijksaangelegenheid is. Geboortenbeperking wordt grotendeels buiten het huwelijk toegepast, dus is het niet verwonderlijk dat factoren die samenhangen met huwelijk en gezin er weinig invloed op hebben.

Deze verklaring wordt verder onderzocht in hoofdstuk 11. In de lineage waar ons onderzoek op geconcentreerd is blijkt dat geboortenbeperking 5 maal zo vaak wordt toegepast buiten het huwelijk als er binnen. De informatie toont verder nog dat feitelijk gedrag vaak niet in overeenstemming is met wat men als zijn houding heeft kenbaar gemaakt. Of geboortenbeperking wel of niet wordt toegepast wordt veel meer bepaald door de situatie waarin het geslachtsverkeer plaatsvindt (binnen of buiten het huwelijk) dan door de opvattingen van de betrokkenen ten aanzien van geboortenbeperking. Binnen het huwelijk wordt de mogelijkheid van geboortenbeperking gewoonlijk niet eens overwogen en buiten het huwelijk wordt anticonceptie haast als een noodzakelijkheid beschouwd. Dit illustreert tevens de betrekkelijke waarde van grootscheepse onderzoeken naar "family planning attitudes", gebaseerd op de enquête-methode, vooral als deze slechts

op gehuwden zijn gericht, zoals nog vaak het geval is. Het behoeft geen betoog dat een onderzoek naar structurele factoren pro en contra geboortenbeperking veel belangrijker is.

Waarom geboortenbeperking hoofdzakelijk betrekking heeft op relaties buiten het huwelijk wordt duidelijk gemaakt aan de hand van een aantal "case histories". De belangrijkste motieven voor geboortenbeperking bij voor-echtelijke relaties zijn: de wens om de schoolopleiding te voltooien, waarvan men sociale en financiële voordelen verwacht voor de toekomst, het geheimhouden en instandhouden van de sexuele relatie en het vermijden van een (gedwongen) huwelijk. Geboortenbeperking in een buiten-echtelijke relatie wordt meestal gemotiveerd door het verlangen van de mannelijke partner de relatie geheim te houden (vooral voor zijn vrouw) en door de overweging van de vrouwelijke partner dat zij op weinig of geen financiële steun van de man hoeft te rekenen als een kind geboren zou worden.

Het feit dat geboortenbeperking onder zulke heimelijke omstandigheden plaats moet vinden heeft gevolgen voor de gebruikte methoden. Mensen die anticonceptionele middelen nodig hebben schrikken ervoor terug de officiële instanties te benaderen, het gaat immers om strikt geheime verhoudingen. In plaats daarvan kopen ze onbetrouwbare middelen in winkeltjes waar ze geen verklaringen hoeven af te leggen en waar hun namen niet geregistreerd worden. Het spreekt vanzelf dat deze vorm van anticonceptie vaak tot een ongewenste zwangerschap leidt waarna abortus provocatus de enige uitweg lijkt of is. Het heimelijke karakter van de zaak neemt hiermee nog toe want het plegen van abortus is een misdad in de zin van de wet. Men wordt ervan weerhouden een arts te benaderen voor abortus en neemt zijn toevlucht tot uiterst dubieuze praktijken. De gevolgen hiervan zijn niet goed onderzocht; er heerst een algemene opvatting in Ghana dat vele jonge meisjes sterven aan de gevolgen van een ondeskundig uitgevoerde abortus, maar deze opvatting kan niet duidelijk bevestigd worden door het - beperkte - onderzoek in Ayere.

In een slotparagraaf worden enkele praktische suggesties gedaan die ons inziens noodzakelijk zijn voor een verbetering van het huidige family planning programma. Deze houden o.a. in een uitbreiding van het programma tot die sexuele relaties waarin geboortenbeperking

gewenst wordt en het prijsgeven van de door het Westen ingevoerde Victoriaanse ideologie. Een andere suggestie is legalisatie van abortus in overweging te nemen mits dat niet in strijd is met heersende morele opvattingen. Verder laat deze studie de ongeschiktheid en/of onbetrouwbaarheid van de meeste anticonceptionele middelen zien waaruit men mag concluderen dat het onderzoek naar een geschiktere vorm van geboortenbeperking een zaak van hoogste urgentie blijft. Deze en andere suggesties komen voort uit een beter inzicht in de zorgen en verlangens van gewone mensen, voor welk doel deze studie ondernomen werd.