

Drivers to have more children in the pastoralist communities of Afar, Ethiopia: an explorative qualitative study

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Abstract

Background: Parents from pastoralist communities of Ethiopia often do have more children, thus high fertility. However, little is known about its drivers.

Objective: This study aimed to explore the drivers to have more children in the pastoralist communities of Afar, Ethiopia.

Methods: An exploratory qualitative study was carried out in January 2016 in five districts of Afar region to discover the drivers to have more children in the pastoralist communities. Participants were purposively selected based on their potential to provide extensive information. Ten focus group discussions were conducted among selected married men and women in five districts of the region. Following the focus group discussions, 45 key informant interviews were conducted among selected community leaders (clan, kebele and religious leaders), traditional birth attendants, health extension workers, health workers, experts from health and women's affairs offices, and representatives of Non-governmental Organizations working in the region. Semi-structured guides were used to facilitate the discussions and in-depth interviews. Data were coded and analyzed using Atlas.ti software version 7.5. Data were coded and similar codes organized into categories. Peer debriefing and triangulation of data from focus group discussants and key informants were undertaken to enhance the reliability of the data.

Results: The study findings revealed that most commonly cited drivers to have more children in the pastoralist communities of Afar are preference of husbands for more children; considering children as family wealth, potential workforces to share family workload, future leaders to safeguard the family and the clan, and seeking respect among wives; sex preference; and fear of child death.

Conclusions: The desire to have more children in the pastoralist communities of Afar implies low demand for fertility regulation measures. To address this issue, sustained health education focusing on the orientations that consider more children as wealth, the consequences of high fertility and the benefits of fertility regulation are recommended. *Ethiop. J. Health Dev.* 2018;32(Special Issue):21-27]

Keywords: Fertility, Family planning, Afar, pastoral community, Ethiopia

Background

High fertility is associated with greater risk of mortality for the mother as well as her offspring. The risk increases with women's higher number of pregnancies and childbirths as well as a closer birth intervals (1-4). High fertility also contributes to lower opportunities for child schooling and maternal engagement in economically productive activities (5,6). Along with other determinants, age at first marriage and birth, low schooling, and low contraceptive use are among the factors that substantially contribute to high fertility in women (7,8). Moreover, maternal education, place of residence, wealth quintile, sex preference, child mortality and religion are associated with having more children (7,9-11).

Evidence shows that countries in Sub-Saharan Africa have larger family size preference than other regions in the world and the countries continue to face high fertility rates, often with five or more births per woman of reproductive age (3,12). Ethiopia has a fertility rate of 4.6, and is exposed to a considerable burden of consequences that accompany high fertility (9). According to a worldwide review of reproductive preferences in 60 countries, the mean number of children desired in Ethiopia is higher than the mean for other eastern African countries (13). Rural and pastoralist women in Ethiopia have a disproportionately high fertility rate (2.3 in urban areas and 5.2 in rural areas) (9). Different study findings

show high fertility in the Afar pastoral community of Ethiopia (9,14-15). According to the 2016 Ethiopian Demographic and Health Survey (EDHS), the total fertility rate in Afar regional state is 5.5 children per woman, compared to the national average of 4.6 children per woman (9). Similarly, family planning coverage in Afar region was 12%, which is three times lower than the national coverage of 35% (9). An earlier EDHS report showed that 15.5% of women in the reproductive age group (15-49 years) in Afar region become pregnant every year, which is two times higher than the national proportion (15). Moreover, about 85% of men and 75% women of reproductive age in Afar region who have six or more children still want to have more children (16).

The desire to have more children could be the focus for family planning and population policy concerns in pastoral communities like Afar. However, its drivers are not well explored. Thus, the current study was conducted to explore the drivers to have more children in Afar pastoralist communities using an exploratory qualitative research approach.

Methods and participants

Study setting: Afar region is one of the nine regional states of Ethiopia and has a total surface area of 97,256km². The region is divided into five zones, 32 districts and five town administrations, with an estimated population of 1,816,304, of whom 44%

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(799,174) are females. Eighty-seven percent of the population is estimated to be rural and about 85% of the population are pastoralist or agro-pastoralist (17). The study was conducted in predominantly patriarchal communities in rural areas, where the majority of women are Muslim, with no formal education, and little or no wealth (9,17).

Study design: A qualitative study was conducted to explore the drivers to have more number of children in the pastoralist communities of Afar.

Sample size and sampling procedure: The study was conducted in five districts of Afar. One district was selected from each of the zones of Afar. Similarly, two kebeles (smallest administrative unit) from each of the five districts were included in the study. Purposive sampling was employed to select the study participants based on their potential wealth of information. A combination of typical case sampling and maximum variation sampling techniques were employed to purposively select participants with the aim of exploring varieties of opinions regarding fertility, fertility regulation and drivers to have more children. A total of 10 focus group discussions (FGDs) (five with married men and five with married women) were conducted. Age, marital status, educational status and the number of children in their respective households were used to ensure the homogeneity of the FGD participants. Following the FGDs, 45 key informant interviews (KIIs) were conducted based on their potential to provide extensive information on fertility-related issues due to their social, cultural, religious or professional status in the districts. Accordingly, community leaders (clan, kebele and religious), traditional birth attendants (TBAs), health extension workers (HEWs), health professionals and representatives of women's affairs offices, health offices and Non-governmental organizations working in Afar region were included. Saturation of information was achieved at the ninth and tenth FGDs, as well as between the 42nd and 45th KIIs.

Data collection tools and procedures: Data were collected using FGD and KII guides. These guides were designed to assess drivers to have more children in the pastoralist communities of Afar. The topic guides mainly covered opinions about fertility preferences, birth interval and drivers to have more children. Two investigators facilitated each FGD and an investigator conducted the KIIs. Participants were asked to provide a convenient place where privacy would be assured and recording would be possible with minimum disturbance. Discussions and interviews were audio-taped and accompanied by field notes and memos during the data collection. Recorded data were listened to in full, at least twice, and transcribed.

Data analysis: Preliminary analysis was done alongside data collection, and emerging issues were included in the data collection guides. Transcripts were imported to Atlas.ti software version 7.5 for qualitative data analysis (ATLAS.ti Scientific Software Development GmbH, Berlin, 2015). Two investigators

initially coded the data openly (without a pre-existing structure of codes and themes) and jointly assessed how investigators were reliable in coding the transcripts. In case of disagreements in the coding and naming of the emerging themes, thorough discussions were undertaken by the investigators. Consequently, similar codes were categorized under the emerging themes and non-repetitive themes were selected. Finally, a second round of analysis was conducted using the emerged themes to ensure that they were grounded in the data revealed by the participants.

To ensure the reliability of the data, the data outputs from the FGDs and KIIs were triangulated. In addition, differences between investigators in terms of coding were resolved with discussion. During the data collection period, investigators captured the contextualized meaning of opinions through informal interviews and discussions with insiders to enhance data credibility. Transparency of the procedures during data collection, coding and analysis was assured by recording each activity carried out, step by step. Moreover, investigators ensured codes and themes adhered to the data by ascertaining preconceptions, and the prior knowledge of the investigators was left aside to minimize the introduction of bias to the codes and meanings given. Moreover, sessions for peer debriefing were conducted transparently to discuss the emerging themes. Explanatory quotes that captured varieties of opinions were selected for reporting.

Ethical considerations: The study was approved by the Ethical Review Board of the College of Health Sciences at Mekelle University. Study participants were informed about the objectives of the study, assured about confidentiality, and written informed consent was obtained for participation and voice recording.

Results

Description of participants: A total of 10 FGDs and 45 KIIs were carried out. An average of eight individuals participated in each FGD. The minimum and maximum number of participants per FGD was 6 and 11, respectively. All FGD and KII participants were Muslim in religion and Afar in ethnicity.

Emergent themes: Couples wanted to have more children and give birth in close intervals. Different drivers to have more children were identified in the pastoralist communities of Afar, namely preference of husbands for more children; Children considered as wealth to the family, a potential workforce to share the family workload, future leaders of the clan, and seeking respect among wives; sex preference; and the fear of child death.

Couples wanted to have more children: Married male and female FGD discussants and key informants repeatedly mentioned that couples in the Afar pastoralist community desire to have more children. Participants used many terms, similar in meaning, to describe the desire to have more children. An FGD participant in Ada'ar district stated:

Members of our community want to have many children. Someone who affords can have three and four wives to have many children. If not, his only wife would give birth as soon as Allah allow to him, so that he could have many children at the end of his life.

A male FGD discussant in Dulecha stated:

Whatever the situation is, couples in our community do not want to have fewer children. If his wife does not bear any more, he [husband] will marry other women too and continue having more children. Why he is doing this [marrying other] is to have more children.

The married women participating in the FGD also consistently showed their agreement regarding their desire to have more children. However, some suggested spacing births till the older child is able to walk and self-feed. Similarly, a kebele leader reflected:

Husbands often divorce their wives if they [wives] fail to give birth to more children, while others look for another wife because they do have the right to marry more wives.

A married man in an FGD reflected his view regarding the ideal number of children.

We [members of the Afar community], including myself, want to have the number of children God decided for us. I actually want to have many but the specific number is not decided by me. It is the decision of the almighty Allah.

A religious leader from Ada'ar district stated the situation as:

After they [newly married couples] come together through marriage, why would they worry and talk about the number of the children they would have? It is up to God.

A key informant from Dulecha district stated:

Though the couples do not specify the number, they simply want to have more children in their lifetime.

Similarly, an HEW from Ada'ar district explained:

Couples do not determine the number. However, they may want God to give them more children because they assume that every child will come onto this earth with his/her destiny and wealth.

Couples reported short birth interval: A one-year birth interval was frequently reported, while a few others specified an interval of two years. Furthermore, the participants revealed that it is common for a woman to have a birth interval of less than one year. FGD and KII participants described it as:

If God allows, we give birth every year. Some others also conceive within less than a one-year interval.

There could be a risk of pregnancy starting from the first 40 days after giving birth.

The women in Afar community mostly give birth within a year.

However, the respondents also mentioned that, nowadays, the women in Afar tend to use birth control mechanisms, mainly to space births. The women also want to space births using traditional birth control mechanisms, such as breastfeeding. A health expert stated:

There are women who want and rely on breastfeeding to space births, without using modern contraceptive methods.

However, other health experts added that the women often fail to be effective in preventing pregnancy using breastfeeding.

Drivers to have more children

Preference of husbands for more children: The pattern of responses from the FGD discussants (married men and women) and key informants showed that men, as opposed to women, generally desire more children. The discussants and key informants stated that couples in their community shy away from discussing future fertility-related issues and to decide their ideal number of children, particularly newly married couples. A male FGD participant from Ada'ar kebele stated:

Couples who reside in towns may discuss such [fertility] issues, but we rural residents do not discuss issues related to fertility and the number of children a family will have in the future.

A district religious leader also reflected his view:

During the early period of their marriage, couples would not discuss their future at all. Particularly, it is not customary for a woman to talk about their future with her partner at that time. The woman would become shy talking such [fertility-related] issues with her husband.

Another married male FGD discussant from Ada'ar district stated:

Because couples are not familiar with each other before marriage, it is mostly after the wife gives birth that they start to do so [discuss fertility-related issues].

A TBA from Dalifage district explained:

It is shabby for a couple to talk about their future fertility, like the number of children they will have, at the early period of marriage.

An HEW also reported that:

Husbands often object to fertility regulation measures like contraceptive use for reasons related to their desire to have more children.

The respondents also explained that, if discussions take place at all, husbands dominate them, which limits openness about fertility intention and preferences. Participants also reported that it is not customary for women in their community to have free, face-to-face and open discussions with their partners. Men generally want to have more children, and women would not confront men's desire.

Children are wealth to the family: Participants linked having more children with more wealth in the family's future. Participants specifically stated that it is customary in their community for a woman to have as many children as she can give birth to in her reproductive lifetime. Beliefs stemming from religious orientations also frequently reflected that fertility regulation measures obstruct the future wealth of the family: 'Every child comes with its fate/destiny' was a repeatedly mentioned quote to elaborate this orientation. A married man further underlined that regulating births because of the economic consequences of having many children is not acceptable religiously. He stated:

Only God knows about the fate of the children. We, the people, do not know and should not get worried about it. It is all up to God.

A married female FGD discussant also reported:

Our religion does not allow intentional acts to prevent the birth of children through contraceptives.

Another key informant from Yalo district stated the need to have more children:

Every child will be born with its destiny or 'erthik' [an Arabic word to explain that children are wealth].

The participants stated that it is prohibited to limit the number of children because of economic constraints. A religious leader underlined the religious prohibition to family planning:

In the absence of severe disease, the door is closed to allow parents to limit birthing for economic reasons.

Children are a potential workforce to share the family workload: The FGD and KII participants described children as potential to share the work burden when couples get older. A married female FGD participant in

Dulecha district highlighted why she wanted to have many children:

What benefit could we gain by limiting the number of children? Rather we lose support from our children if we have few numbers. In our culture, we need to get a return help from our children. We mothers expect to be helped at a later age by our children, and our husbands want the same.

Another female participant in the same FGD highlighted the need for more children:

I want to have more children. Why I want to have more children is because I have many domestic animals. I have camels, cattle and goats. I want children to help me in looking after the animals. Thus, I can prevent myself from getting tired of looking after the animals.

The participants in the current study also frequently reported that having more children would share the work burden of the family in the future, for most of them, particularly when the parents get older. Parents want to have more children so that one can look after cattle, one can look after goats, another can look after the camels, and others still can help with the domestic workload at home. The more children that parents have, the more they will have time to get rest when they got older. A traditional birth attendant from Dalifage district stated:

A family has animals and there should be someone to look after them. Someone should go a long distance to fetch water. Someone may go to a school and someone may be needed to prepare food at home. All of them need at least one person every day. Thus, children are helpful for the family.

A KI male participant in Ada'ar district expressed his view, as follows:

All children will not grow and live with you. One may be bad and the other may be good. The other may live with and serve his family, while the other may leave his parents. Males may attend education. The females may be married and go with their husbands. Hence, all might not be with you all the time.

Children are the future leaders of the clan: The participants reported that Afar pastoralists believe that a family with many children will own more animals and properties in the future. They assume that they will be influential when they are elderly, and become the leader of the clan in the future if they have more children. A clan leader in Ada'ar district mentioned:

If a member of the clan gives birth to many children, they [the clan] will be respected by other clans. Their neighbor clans will not try to attack them [the clans with a large family size].

They can own and control water sources. They will be respected and the household head may be chosen to lead his members.

Seeking respect among wives: Members of the community respect women who give birth more and have more children. A regional HEW coordinator stated:

It is customary for a male in Afar to have more than one woman. Because there is competition between wives of the husband, each wife wants to give more children to dominate the others. The woman with many children will be the principal wife. The husband would divorce wives that do not give or give fewer numbers of children. That is why women themselves oppose using family planning methods.

The view is also expressed by a married female FGD participant:

If a woman who gets married to a man does not give birth immediately, she will face challenging competition from other wives of the husband. The second wife is expected to give birth as frequently as possible to cope with the number of children of the first wife. During this competition, we, the women, would not be willing to use methods to prevent or delay pregnancy.

A maternal and child health expert in Megalle health center indicated:

The women themselves refuse to space giving birth. Whenever the husband said that his wife should delay giving birth, she may refuse, assuming that her husband could have more children from his other wives.

Sex preference: According to the participants, parents in the Afar pastoralist communities tend to have more male than female children. The pattern analysis indicates that females will be married and live with their husbands' families, and males bring wives to their families. Hence, the male will continue serving his parents but the females do not. On the other hand, the females' work burden is limited to the domestic setting, while males can share the work burden outside the home, including defending against the enemies of the family either individually or with other members of the clan. A kebele chairperson from Dulecha district stated:

If Allah allows, we wish to have more males than females.

Fear of child death: FGD participants and key informants revealed evidence of the fear of children dying as a driver to have more children. The discussants and informants frequently presented that all children might not grow to adulthood, and hence there is a need to have more children:

Parents with few children may be left with fewer and fewer children and sometimes none if they [the children] all die.

A married male FGD participant highlighted:

Human being is mortal. Some of the children may die... If we have few children and if they die, we will leave without children. Intentions to limit the number of children for reasons related to food, or similar, is not acceptable for me.

The informants also added that because there is a high risk of death among young children, parents always want to have more children in their lifetime. An FGD participant said:

All children born may not grow. Who knows, some may die. If so, those who have fewer children may remain with none of their children. But, if you have many, still you will have some children. This is all up to God.

Discussion

In this study of the pastoralist communities in Afar, preference of husbands for more children; the consideration of children as future wealth to the family, as potential workforces to share family workload, as future leaders to safeguard the family or clan, and seeking respect among wives; sex preference; and the fear of child death drive couples to have more children.

Husbands from the Afar pastoralist communities want to have more children. Husbands' responsibility to safeguard their family's and clan's rights may lead them to this desire. The findings in this study are in line with previous studies from Kenya, Sierra Leone and Malawi (8,18,19). Such a desire on the part of men to have more children would undoubtedly prevent women from using contraceptives and, in turn, result in a low uptake of family planning services by women of reproductive age.

The current study uniquely revealed that women in polygamous unions consider having more children as a means of getting respect from husband and community. Consequently, different wives of the same husband compete to have more children to dominate one another. This may be a function of Afar women's low socio-economic attainment and low empowerment of women from the pastoralist communities of Afar.

Assumption of potential future wealth to the family also drives couples to have more children in pastoralist communities. The thought also seems grounded in cultural and religious orientations that highlight children as potential future wealth to the family. Previous studies reveal much stronger findings that show religious concerns predispose families to have more children (8,20).

Parents in the Afar pastoralist communities assume that having more children contributes to reducing the work burden and economic insecurity in old age. More importantly, the possible uncertainties associated with the harsh environment and less sustainable economic power of the Afar communities, where about 74% of the population is in the lower wealth quintile (9), may force couples to have more children as a means of safeguarding the livelihood of families in later life. Previous studies in Rwanda, Kenya and Malawi also reveal parents' perception that the more children parents have, the more money they will bring to the family and the better their lives will be when they get older (10,18,21). These findings imply that parents from the Afar communities are having more children to cope with their poor economic status.

In communities like Afar, where the under-five mortality rate is as high as 125 deaths per 1,000 live births (9), couples may consider having more children as a buffer to replace potential child loss. Literature also indicates evidence of women's tendency to have more children following infant and child mortality (3,10).

Seeking future power or leadership for the family and the clan they belong to drives families from the Afar communities to have more children. In small-sized clans and populations, couples may strive to strengthen their clan's power or leadership by contributing more children. The finding is in line with a study from Malawi, which reveals that communities consider large clans as sources of power to influence political or social advancement in their communities (18). Similarly, a qualitative study from Uganda that community members with small families can end up in smaller clans and susceptible to having to migrate to look for scarce resources (22).

Parents from Afar pastoralist communities have a preference for male over female children. Families perceive more gains from male children in terms of sharing workloads in the field, and protecting the family and the clan from enemies and rival clans. In agreement with the current study findings, previous studies have documented that sex preference contributes to having more children (10,18). This could be considered as measure of mitigation by communities to food, economic and health insecurity associated with pastoralist life.

Conclusions and recommendations:

The Afar pastoralist communities tend to have more children, which implies low demand for fertility regulation interventions. The drivers to have more children in pastoralist communities clouds around safeguarding future lives of the family and the clan. Besides, having more children is source of husband's and community's respect for wives. Sex of preference and compensation for possibility of child loss drives to have more children in pastoralist community.

Programs aimed at improving contraceptive use in a pastoralist setting should focus on the drive to have more children as the basis of implementing effective interventions. Contextualized and tailored social and

behavioral change communications aimed at clarifying the negative health, social and economic consequences of giving birth to more children may create demand for fertility regulation. Further ethnographic studies followed by a quantitative approach may also help to understand the complex web of drivers that propel pastoralist communities to have more children.

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