

SPACING OF CHILDREN, SEXUAL ABSTINENCE AND BREAST-FEEDING IN RURAL GHANA

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Abstract—Information collected from male and female respondents in a rural Ghanaian town suggests that, although people strongly favour the spacing of children, actual spacing is not the intentional result of birthcontrol or sexual abstinence but rather a coincidental result of a long period of postpartum amenorrhea caused by prolonged lactation

1. INTRODUCTION

This paper deals with three aspects of fertility behaviour in a rural town of Ghana. These aspects are (a) norms, ideas and practices connected with spacing of children, (b) ideas and practices concerning postpartum sexual abstinence, and (c) the practice of lactation and the length of lactation amenorrhea. Reading between the lines logical contradictions between facts and human reactions will become visible.

2. MATERIAL AND METHODS

This paper is based on a research which was conducted in 1971 and 1973 in a rural town (4000 inhabitants) on the Kwahu Plateau of Ghana. The town is located about 100 miles north of the capital of Accra and can be reached by a tarred road, 15 miles from the trunk road to Kumasi. According to the 1970 Population Census 48% of the employed men and 59% of the employed women in this town are working in agriculture. We estimate, however, that about 90% of the adult population farm at least on a part time basis. Another form of employment which is fairly common, particularly among women, is trading. Trading is often carried on together with farming. Other job opportunities are sparse. In the community there are some craftsmen (tailors and seamstresses, masons, carpenters, blacksmiths), some clerks in government service, some drivers and about 40 teachers who are attached to the elementary schools in town.

Of the younger generation below 25 years of age the majority have been to school or are attending school (86% of the males, 71% of the females), but if we include the older generation education becomes less common (59% of the males; 35% of the females). Only a very small proportion of the population have been educated beyond the elementary level, they are mainly teachers and clerks.

The Kwahu belong to a group of matrilineal societies which are collectively referred to as the Akan. The Akan comprise about 4 million people which is nearly half of Ghana's total population. They speak a mutually intelligible language called Twi and resemble each other in most social and cultural traditions. The society to which the Kwahu are most closely related are the Asante (Ashanti) who have been described extensively by anthropologists such as Rattray and Fortes.

The Kwahu are known for their interest and dexterity in trading [1]. Kwahu traders are found in every town of Ghana, particularly in the South. A decade ago it was found that 79 of the 125 most important traders in Accra were Kwahu [2]. If we take into consideration that the Kwahu comprise only 2% of the total Ghana population one realizes how exceptional their contribution to trading is. As a result, many Kwahu live outside the Kwahu area. In 1960 this proportion was 30%. However, not all Kwahu people are successful in trading and many of them return to their home town to take up farming again after having given up their shop elsewhere. Urban experience is, therefore, very high and estimated at about 90%.

Information was collected from three samples in the same town. They were 100 males, 179 females and 42 members of a lineage or extended family. The 100 men were selected by quota sampling and interviewed partly by ourselves, partly by two (male) Ghanaian assistants. The women were interviewed during a visit to a child welfare clinic by six (female) Ghanaian nurses. This selection of women had been preceded by a preliminary research into the representativeness of these clinic visitors. Both men and women were interviewed on sexual behaviour and birthcontrol. The lineage members were interviewed on the same topics by ourselves and, in addition, we were able to observe their actions during a period of one year while we stayed with them.

The representativeness of the two larger samples was checked by comparing educational and occupational distribution in the samples with those in the total population of two Kwahu councils. Both samples proved to reflect the total population with respect to occupation but the proportion of educated respondents was above the average number of educated people in Kwahu as a whole. The information presented below should therefore be read with some caution.

As sex and birthcontrol are rather delicate topics which easily lead to embarrassment we took care to guarantee anonymity to the respondents and to reassure them that all their responses would remain confidential. We were only partly successful in this. It was discovered that women in particular tried to evade answering certain more intimate questions. These questions are, however, not the subject of this paper.

Table 1 Ideal interval between childbirths and level of education in female sample (percentages in brackets)

	Less than 3 years	3 years or more	Total
No education	33 (42)	46 (58)	79 (100)
Primary school	15 (48)	16 (52)	31 (100)
Middle school and higher	13 (19)	54 (81)	67 (100)
Total	61 (34.5)	116 (65.5)	177 (100)

$df = 2 \quad \chi^2 = 11.26 \quad p < 0.01$

Missing observations (no answer) = 2

3. RESULTS AND DISCUSSION

3.1 *The ideal of spacing*

Spacing of children is enjoined in many African societies, for example among the Chaga, Meru, Mbeere, Giriama, Lugbara, Lango and Somali, all in East Africa [3] and among Ghanaian groups such as the Asante [4], the Gonja [5], and the Sisala [6]. Among the Kwahu too people prefer an interval of some years between the births of their children. A woman who bears children in quick succession is ridiculed, although it seems that formerly this was not the case. The latter was assured to us by elderly respondents. In the sample of 100 males the respondents considered about 3 years on average as the ideal interval between successive births, the female respondents chose on average about $3\frac{1}{2}$ years and the lineage respondents $2\frac{3}{4}$ years. The length of the desired interval was cross-tabulated with age, education, urban experience and marital status of the respondents but the only significant correlation found was with education in the female sample (Table 1). The fact that the other tabulations did not produce significant correlations suggests that the ideal of spacing is equally common throughout the entire population, the only exception being women with some education, who are in favour of a longer period of spacing.

It should be noted, however, that the question about ideal length of spacing proved to be rather abstract for most respondents and the answers were often given in a rather slapdash way. Because of this we feel reluctant to draw far-reaching conclusions but we can at least say that in general spacing is considered as an ideal.

The answers to the question *why* spacing should be practised are more revealing. An overwhelming majority of respondents, males as well as females,

favour spacing because it unburdens the mother. If the child is grown up before the next one is born the mother can devote all her time to the new baby. The grown child may even be able to help her to care for the little one. The mother is less tied down to the house, she may find chance to travel or to work in between the births of her children. Other reasons that are given are that spacing is better for the child's or the mother's health. A number see no reason because, according to them, spacing depends on nature and not on human intentions and some simply say that spacing is good because it is not good to bear children in quick succession (see Table 2).

Another question is to what extent these ideals are realized. Do women in Kwahu really have an interval of three years between their children? *Exact* information about the actual spacing could only be established for 48 of the 179 women, because they were the only ones who had the exact dates of the births of their children inscribed on their registration cards. For all these 48 women we only used the space between their two last born children. The results have been set out in Table 3.

The table shows that spacing of births does indeed occur, but that the achieved spacing is on average 11 months shorter than the spacing desired by the female respondents. If we, further, take into account that some women who did have a longer interval between the two births may have had a miscarriage or perhaps induced an abortion then the gap between desired and achieved spacing becomes still wider. Of the 11 women having an interval of less than two years all but one had an interval of at least one year and seven months. If a woman bears children at an even shorter interval, people tend to talk about it as something exceptional and make fun of it. The

Table 2 Reasons why spacing should be practised (in three samples, percentages in brackets)

	Males	Females	Lineage
It relieves the mother	52 (52)	103 (58)	27 (64)
Better for the child (health, etc.)	26 (26)	31 (17)	9 (21)
No reason depends on nature	15 (15)	9 (5)	4 (10)
Spacing is good	1 (1)	13 (7)	1 (2)
Better for mother's health	2 (2)	7 (4)	—
Other*	3 (3)	6 (3)	1 (2)
No answer	1 (1)	10 (6)	—
Total	100 (100)	179 (100)	42 (99)

* Includes financial reasons, education, advantageous for children

Table 3 Achieved spacing between two last born children of female visitors to child welfare clinic

Spacing	Number of women
Less than one year	—
1-2 years	11
2-3 years	32
3-4 years	4
4-5 years	1
5+ years	—
Total	48

Mean numbers of years: $2\frac{1}{2}$ years

next two cases, derived from the lineage, may serve as examples of how such pregnancies are viewed

Case 1

Dwamena (39 years old) is an agricultural labourer with a small income. After his second marriage broke down he got involved with a woman who had already four children of her own. A few months after they had met the woman informed him that she was pregnant by him so they married. In the three years that followed the woman gave birth to three children. Her case became famous throughout the town and people gossiped a lot about her. When we discussed the problem of spacing with informants they often pointed at Dwamena's wife to illustrate their argument.

Dwamena himself was very upset by the quick deliveries of his wife. He once came to us with the message that he wanted to leave the town and to go to Accra to find a job there. The reason, he said, was that his wife was bringing forth children too rapidly. If he ran off, he argued, he need not divorce her.

Dwamena did not run away, but the prolificity of his wife did become the immediate reason for a divorce. It was, however, his wife who initiated the divorce. One of the reasons she advanced was that Dwamena and some other members of his lineage had complained that she had too many children.

Case 2

Sirikye is a woman of 24 years. When she was 16 years old she became pregnant by a man of 35 and gave birth to a baby. Sirikye and the man remained friends and a short time later she became pregnant a second time. Her first child was then still very small and she did not like to have another child so soon so she induced an abortion.

The second case illustrates the intensity of negative feelings towards births at short intervals, because induced abortion is widely condemned and even more feared by Ghanaians. Girls resort to it only in extreme cases. We must add here, however, that induced abortion is not often practised under the above conditions. It occurs predominantly in a premarital relationships where the pregnancy threatens to terminate the girl's independence or to interrupt her education, or when she has been impregnated by a man she does not love [7].

If a woman gets children with a short interval between them people say *obo mpo* or *obo mpowa*. We have not been able to parse this idiom so we do not know whether disapproval is inherent in its original meaning but it need not be doubted that today the expression implies criticism and ridicule. The tenor of the ridicule is that people who bear children in quick succession are like animals and that they cannot control themselves. This criticism is particularly directed at the woman. How unreasonable this is will be shown in the next section. The criticism further asserts that a woman who *obo mpo* cannot look after all her children well. There is a general feeling that a child should at least be able to walk properly before the next child is born.

3.2. Postpartum abstinence

If people feel so strongly about spacing their children, one would expect them to take measures to actually space them by observing a long period of abstinence after childbirth or taking other precautions against conception. This, however, is not the case. As we have pointed out elsewhere [8], the practice of birth prevention may be fairly common in premarital or extramarital sexual relationships but it is little used in "regular" sexual relationships such as

Table 4 Postpartum abstinence in three samples (percentages in brackets)

	Males	Females	Lineage
Less than 3 months	4 (4)	6 (3)	1 (2)
3-5½ months	37 (37)	70 (39)	14 (33)
6-8½ months	32 (32)	65 (36)	16 (38)
9-12½ months	9 (9)	20 (11)	1 (2)
More than a year	1 (1)	7 (4)	—
No information	17 (17)	11 (6)	10 (24)
Total	100 (100)	179 (99)	42 (99)
Mean number of months	6.05	6.48	5.84

Table 5 Answers to the question 'Why do people avoid sexual intercourse after childbirth' (females only, percentages in brackets)

Because of wound pains	131	(73)
Woman may become sick otherwise	18	(10)
To prevent a next pregnancy	17	(10)
Woman is still weak	4	(2)
Other	3	(2)
No answer	6	(3)
Total	179	(100)

marriage Furthermore, the postpartum abstinence that is observed is too short to reduce the chances of a new conception in any appreciable way

Respondents in all three samples were asked how long a period of sexual abstinence they observed after the birth of their last child The answers are given in Table 4

An abstinence of about 6 months, however, is not likely to affect fertility because, as we shall see, most women only become fertile again a year after childbirth (see Table 6 below).

The length of the abstinence period is in no way related to age, education, urban experiences, or marital status of the respondents, although there is a tendency ($p < 0.1$) for males who have attended middle school or a school beyond that level to observe a longer period of abstinence after childbirth.

In a cross-cultural study of the postpartum taboo in 172 societies, Saucier pointed out that the "postpartum taboo cannot be seen as a method of birth-control, because its practice is not a function of the number of children already born to the family" [9] However, if a postpartum taboo lasts long enough it cannot be denied to have a negative effect on the total number of pregnancies that are likely to occur and thus to function as some kind of birthcontrol, unless we narrow down the meaning of "birthcontrol" to practices which aim at a particular final number of children Without falling into conceptual hair splitting one could, therefore, say that a protracted postpartum abstinence is—either purposely or accidentally—a method of birthcontrol because it reduces the final number of children

This, however, cannot be said of postpartum abstinence in Kwahu, first because the period of abstinence does not exceed that of postpartum amenorrhea and secondly because apparently abstinence is not often practised with the aim of spacing The responses to the question "Why do people avoid sexual intercourse after childbirth?" suggest that postpartum abstinence is predominantly practised for esthetic and health reasons (see Table 5) The question was only answered by respondents of the female sample Before presenting the answers, however, one note of caution should be made We present these figures with much hesitation because it was only at the stage of analysing our data that we realized the ambivalence of a part of the question ("after childbirth") Some (or many) respondents may have understood this to mean "immediately after childbirth", whereas we meant the entire period of postpartum abstinence We believe, therefore, that the figures will present a biased picture of the opinions of the respondents, but, on the other hand, we

thought the information interesting enough to be presented in this context as long as we take account of the above note of caution

It should be noted that no mention is made of one reason which frequently is advanced for the practice of postpartum abstinence in other societies, namely the belief that the semen spoils the breast milk for the baby A variant of this theory is that when a woman becomes pregnant again the foetus spoils the milk and causes the death of the first baby Detailed information about societies that hold these beliefs can be found elsewhere [10]

Not only did we come across but sparse allusions to such ideas in Kwahu, we even collected information that led us to believe that rather the opposite was true, i.e. that some may exploit the very period after childbirth for sexual intercourse because they know it to be a safe period This was communicated to us by a number of young respondents

Various authors [11] have drawn attention to the fact that childbirth must take place in the mother's natal home and that women usually continue to stay in their natal home for some length of time It therefore looks probable that this period coincides with the period of postpartum abstinence Although we have not carried out systematic enquiries into this matter we are able to make some comments about it In the first place, almost half of all married women in this Kwahu town (and in other Akan towns as well according to various authors) always live in their natal homes and not in their husband's houses, so for them childbirth does not have residential consequences Secondly, it seems that particularly women who live in the bigger cities, or in other places where they are completely separated from their kin, return to their natal homes for delivery Our third remark is that this is certainly not a universal practice We have come across a number of cases where women delivered away from their natal home, but we are not in the position to determine whether these women constitute a special category

3.3 Lactation amenorrhea

As we have seen, the fact that the idea of spacing children seems to be realized to some extent is not the result of a postpartum abstinence or the use of contraceptives, nor can it be attributed to a general practice of induced abortion (although we did meet some cases, see case 2) The explanation for actual birth spacing in Kwahu is something involuntary, namely postpartum amenorrhea as a result of pro-

Table 6 Length of postpartum amenorrhea among Kwahu women (percentages in brackets)

Less than 5 months	13	(9)
5-6 months	6	(4)
7-9 months	23	(15)
10-11 months	2	(1)
12-17 months	56	(37)
18-23 months	32	(21)
24 months or more	19	(13)
Total	151	(100)

Mean = 14.6 months

longed lactation. Lactation is generally practised till the child is about 1½ years of age.

The discussion about the extent to which lactation delays the resumption of the female cycle is an old one [12]. There is little uncertainty about the fact that lactation *tends* to prolong the period of amenorrhoea but a guarantee that menstruation will be prevented can clearly not be given. This explains why some women do become pregnant early in the period of lactation. A recent paper by van Ginneken [13] confirms this. He writes that a lactation of 18 months lengthens the period of amenorrhoea to 10–11 months on average. He notes, however, that the use of oral contraceptives or IUD is a more reliable method of birth spacing than mere lactation.

During the Kwahu research we collected information about the length of postpartum amenorrhoea for 151 out of 179 women. For the remaining 28 women the time since their last delivery was too short to know the length of the entire period of amenorrhoea. Because lactation was universally practised in this rural town the questionnaire did not contain any question about the length and intensity of lactation. In retrospect it would perhaps have been useful if information had been collected on whether or not the child was exclusively fed on breast-milk and to what age. However, the data here presented suffice to form a general impression as to how long women tend to remain infertile after childbirth. The answers are given in Table 6. In cases where menstruation is resumed without ovulation taking place the period of postpartum amenorrhoea is still longer than is suggested by Table 6.

We shall not overestimate the accuracy of the answers because exact answers referring to quantitative factors are difficult to obtain in rural African surveys, but the spontaneity with which very specific figures were sometimes given make us believe that at least in this aspect of their lives Kwahu women have a fairly good quantitative memory. This may be connected with the fact that menstruation plays a conspicuous role in the lives of women because it temporarily bars them from certain social activities.

The figures above corroborate our statement that the actual spacing of children in Kwahu (and it would be surprising if this did not apply to the other Akan of Southern Ghana as well) is an adventitious result of the practice of long breast-feeding and not a consciously pursued goal. The average of 14.6 months of amenorrhoea fits in very well with the average achieved spacing of 2 years and 4 months. This means that the occasional failure to achieve spacing is not due to human behaviour but to an exceptional high fertility of the female partner. The criticism and ridicule which befall a couple who get children at short intervals has therefore no logical grounds. Such a reaction must rather be seen merely as a form of gossip which tries to combine the explanation of an extraordinary event with scandalizing people. A woman who cannot have children is likely to be tarnished with rumours about witchcraft saying that she has killed her own children. In the same way a woman who bears children too quickly is liable to rumours that she is too fond of sex and men and that she cannot control herself. The justification for such rumours becomes even more dubious when we

take into account that men are socially permitted to seek sexual relief with other women during the first months after their wives' deliveries.

4. CONCLUSION

This paper has been an attempt to provide information about certain aspects of reproductive behaviour which usually remain more hidden. These aspects are ideas concerning birth spacing, the practice of postpartum abstinence, and the length of postpartum amenorrhoea. The information was collected from a rural town in Kwahu, Southern Ghana. The paper has shown that spacing of children is not the intentional result of birthcontrol or sexual abstinence but rather a coincidental result of a long period of postpartum amenorrhoea caused by prolonged lactation. Consequently failure to space children should be attributed to exceptional natural fertility rather than to factors of human behaviour. The common criticism of women who fail to space their children should, therefore, be understood in social rather than in logical terms.

If we may infer some practical conclusion from the above information then we must explicitly state that breast-feeding still proves to be a crucial factor limiting fertility in societies where reliable contraceptives have not yet been accepted or are not yet available. There is still a second reason why the practice of breast-feeding should be encouraged and precautions should be taken that bottle-feeding does not become a more desirable and prestigious practice merely because it is associated with the elite and with women working in white-collar jobs. What for the latter is a solution to their problems (combining the roles of nursing mother and professional worker) can become a disaster when used generally because the hygienic conditions are often insufficient to make bottle-feeding a safe and healthy method. Two interviews recently published in the *New Internationalist* [14] and many articles in the daily and weekly press have pinpointed the tragedies which may arise when breast-feeding is replaced by bottle-feeding in rural or urban-poor communities in Africa. A final conclusion from our findings seems to be that family planning agencies can use the idea of birth spacing in advertising and implementing birth spacing techniques among childbearing women. It should be stated here that this is already being done, but one should not be too optimistic about its result. Other findings of this research [8] strongly suggest that married people in this rural town are still little motivated towards the practice of family planning.

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