

Chapter 1

INTRODUCTION AND BACKGROUND

1.0 Introduction and Background

'kolwe akota asabilwa nabana' (when a monkey grows old, it is cared for by its children) goes one of the wise sayings or proverbs of the Bemba people signifying the crucial role children are expected to play in later life of their parents, in line with Caldwell's intergenerational wealth flow theory that proposes a direct link between family structure and fertility in most societies (Caldwell, 1976).

Culture is the complex aspect of human beings that includes knowledge, beliefs, art, morals, laws, customs and any other habits acquired by people who are members of a given society (Helman, 2006). According to Macionis, (1987) culture is the beliefs, values, behavior, and material objects shared by a particular people. It involves systems of shared ideas, concepts and rules including meanings that underlie and are expressed in the ways of lives of human beings. Macionis, (1987) further defined norms as rules and expectations that guide the behavior of members of a society. According to Macionis (1987), some norms are proscriptive, meaning that they mandate what members of a society must not do. Values on the other hand were culturally defined as standards of desirability and goodness that serve as broad guidelines for social life, (Macionis, 1987). Values are evaluations and judgments from the standpoint of cultures of what ought to be (Macionis, 1987). "Custom, are the great guide of human life," (Encarta, 2009). Knowing the customs of a country is, in effect, a guide to understanding the central practice of that region and its people for instance in how they marry, how families

celebrate, eat, socialize and have fun during their rites of passage and other occasions (Encarta, 2009).

Fertility on the other hand is the actual performance of childbearing (Sninivasan, 1997). Culture and fertility have inter-link between themselves such that cultural practices have a bearing on the level of fertility hence influencing the size of the population of a given society.

Fertility is one of the factors of population change. Its analysis is important in understanding past, current and future trends of population size, composition and growth. For instance Zambia is one of the most urbanized countries in sub-Saharan Africa with about 39% of its population concentrated in the few urban areas along the major transport corridors, while the rural areas remain with a handful of people (www.wikipedia.org/wiki/zambia#Demographic).

The population of the world is above seven (7) billion people. Africa contains about 13 percent of the world's population (Encarta, 2009). This population is characterized with high birth rates caused in part by the high numbers of youths who marry, get married or commence childbearing at an early age of below sixteen (16) years (Encarta, 2009). According to the Zambia National Population Policy (GRZ, 2007), it is pointed out that, "since the number of young persons, who are future parents is already so high, the young females entering their reproductive ages is much larger than the number of adult females who are moving out of their reproductive ages"(GRZ,2007:6). Such a scenario has aided in heightening fertility of most developing countries.

Table 1 *Percentage distribution of different age groups, expected pregnancies and deliveries of the respondents of Kasama by their selected background characteristics for the year 2010.*

Selected Background Characteristics	Percentages	Population
Age group		
Children 0 – 11 Months	4	9,414
<5 Years	20.3	47,776
5 – 14 Years	28.8	67,780
Women 15 – 49 Years	23	54,130
All Adults 15 Years+	50.9	119,792
Total Male (All ages)	48.8	114,849
Total Female (All ages)	51.2	120,498
Fertility		
Population Growth Rate	3.1	7296
Expected Pregnancies	5.4	12,709
Expected Deliveries	5.2	12,238
Expected Live Births	4.95	11,649
Total Population	100	235,347

Source: Kasama District Health Office, 2011

Note: Total population is not necessarily a summation of all statistics in the table as doing so would be repeating some of them. (E.g.) total females already include women aged 15-49 years.

The study also included such secondary data sources as consultations of other already done works as were necessary from health centers within Kasama and/or from Kasama General hospital. For example Table 1 from Kasama District Health gave the study pivotal information. According to Table 1, Kasama’s 2010 midyear total population was 235,348. Of this population 28.8 percent comprised of the people within the age range 5-14 years old. Slightly more than half 50.9 percent of the population of Kasama comprised of adults of fifteen years

and above. Kasama District has fewer men than were females. Slightly above half of the population 51.2 percent were females while 48.8 percent were males. Almost half of them 44.9 percent fell in the reproductive ages of between 15-49 years. Also 4 percent were infants while 20.3 percent were the children who were aged less than five years by the research time. The population of Kasama grew at 3.1 percent per annum meaning that about 7296 people are added up to the population of Kasama each year. According to the secondary data given by the District Health Office, the fertility of the District was such that there were 5.4 percent expected pregnancies. However, of these pregnancies, only 95.2 percent of them would be delivered as live births while 4.8 percent would not be.

Table 2 *Distribution of Total fertility rates of people of Zambia by region for the three years preceding 2010 census.*

PROVINCE	TOTAL FERTILITY RATE(TFR)
Central	6.4
Copperbelt	4.8
Eastern	7.1
Luapula	7.2
Lusaka	4.1
Northern	7.9
North-Western	7.3
Southern	6.7
Western	6.2

SOURCE: CSO 2007:57

According to Table 2 the Northern Province has a high total fertility rate of 7.9 children per woman.

In most African societies, the division of people into categories namely male and female has profound social implications on their later adult life. This is because the boys and girls are socialized differently by the time they reach puberty. Consequently, each sex begins to be subject to different customs and norms that would not only have an influence on their dressing and behavior, but also on their fertility (Helman, 2006). According to Embers and Embers, (1985) although norms of sexual behavior exist for both males and females of each society, there are many variations cross-culturally in what its norms and customs are. For instance some of the variations between societies relate to the degree of heterosexual activity permitted before marriage, within it and even outside marriage itself. Such kinds of cultural customs and norms have the potential of influencing the fertility levels in each society to either be lower or higher than a given threshold.

1.1 PROBLEM STATEMENT

In most traditional societies, children are assets to parents and having a large number of them is advantageous to parents, thus resulting in them having high fertility (Caldwell,1976). Zambia is one of the countries of southern Africa with a high fertility level (GRZ, 2007). The country has differentials in fertility according to region and place of residence of its people (ZDHS, 2007). For instance, while on average the country has a total fertility rate (TFR) of 6.2 children per woman, studies like the (ZDHS, 2007; Kapungwe,2007) and Richards (1982) have shown that the Bemba people of Bemba land i.e. Northern Province have one of the highest fertility levels in the country. Although generally practicing monogamous marriages, Bembas still have a high fertility. Their practice of monogamy does not necessarily mean having fewer progeny rather fertility is very high in Bemba land where women have an average of 7.9 children per woman, which is way above the national average of 6.2 children per woman (ZDHS, 2007:57). This means that on average, every Bemba woman in Zambia would have 7.9 children born by her from the time she attains menarche (puberty) up to her menopause (time of end of her ability to bear children) if she were to experience a given observed age-specific fertility rate.

While several researches have been done on the Bembas on different issues, none has specifically looked at what really motivates fertility to be so high among the Bembas. None has revealed how traditional customs and norms have caused the Bembas to have high fertility. Consequently, this study focused on how the customs and norms of the Bemba people have affected their fertility. There is need to asses on how traditional customs and norms of the Bemba have impacted the Bembas' desire for large family size; age of entry into first marriage; the length of exclusive postpartum breast-feeding and its effects; and their choice of family planning type to utilize.

1.2 RATIONALE OF THE STUDY

While it is true that childbearing is basically a biological phenomenon, it is true too that differences in fertility levels of a given group of people is not primarily due to differences in physiological capacity to bear children of the people alone in that society, but such differences in fertility are more often produced by responses of individuals and couples to the social systems (e.g. customs and norms) prevailing and/or followed in areas in which they live.

“It is essential to understand that the decline in fertility requires more profound changes than the mere availability of the convenient contraceptive. The decline in fertility rather depends more on the social organization, customs and beliefs from which arise aspirations of its people with respect to family size” (Notestein, 1947:10).

Consequently, it was essential to investigate the fertility situation among Bemba people especially in relation to cultural factors that motivate it to be very high. Such a grass root level of investigation as the cultural thrust and interpretation is often never shown by the Zambia Demographic Health Survey and other major surveys. Therefore having a research about what actually gives impetus to the fertility situation to be high among the Bemba in particular, is crucial as such high fertility has many adverse effects to society. With increasing awareness of the many social ramifications that high population growth has to society such as failure to feed, clothe, educate the many people being added, and keep them in a good health, most governments including the Zambian one have begun drifting from a pro-natalistic approach to a more pragmatic way of addressing high fertility issues through encouraging use of modern family planning methods (UNFPA, 1985). “There is growing awareness among most economists of the implications of population pressure upon world food supplies, terms of trade, land reform programs, migration, and the balance among labor, natural resources, capital, and international trade” (Notestein, 1947:19). Therefore leaving the country in the dark without exposing the motivating factors of such a high fertility as the Bemba’s TFR of 7.9, would only leave little room for improvement in levels of living, and little room for increase in capital investment too (Milbank, 1952).

Equipped with knowledge of this nature, our country would benefit in as far as strategizing to bring about mitigation of the many socio-economic ramifications that come as a result of having high fertility among the Bemba, in view of bringing development to this part of Zambia. This is because among the many negative ways such high fertility would affect the country is one where by whatever wealth would be realized by the country, it would not be enough as it would be depleted before satisfying the immediate needs of the people. The people would not have enough social amenities, medical, economic including other essentials of life.

Insights from this work will aid the country in the near future, in case it embarks on how to reduce the fertility or on how to boost their food security because even the system of agriculture prevalent in Bemba land (i.e.) *Chitemene* (shifting cultivation) would not sustainably provide large quantities of food security that large families need (Richards,1982). Devoid of such measures being put in place to abet the high fertility among the Bemba people, a continuously increasing effort for parents or guardians to provide for their families would only be used for barely maintaining basic consumption needs without any investment for their posterity.

Also, the use of the recommendations that were made at the end of this study would stimulate further research which would benefit our country too.

1.3.0 OBJECTIVES

1.3.1 General Objective

The general objective of this study was to explain the ways by which cultural practices and norms adhered to by the Bemba people heighten their fertility.

1.3.2 Specific Objectives

- 1) To ascertain the main fertility related traditional practices of the Bemba people during menstruation, pregnancy and lactation.
- 2) To investigate the cultural norms and practices Bembas teach to initiates to prevent people from being infertile in their society.
- 3) To assess the knowledge, perceptions and practices Bembas have with regard to commonly used birth control methods.
- 4) To assess and ascertain the socio-cultural practices followed by the Bemba with regard to breastfeeding and weaning.

1.3.3 Research Questions

Some of the research questions that were used in the investigation were:

- 1) What are the major taboos on sexual intercourse during menstruation, pregnancy and lactation among the Bemba people?
- 2) What type of fertility lessons do Bemba girls (*Nacisungu*) and /or boys that go through an initiation ceremony get taught?
- 3) What are the commonly used methods of family planning among the Bemba?
- 4) What are the perceptions and practices of the Bemba people with regard to breastfeed and weaning?

1.3.4 Theoretical Framework

According to John Caldwell's wealth flows theory, cultural transmission of new family values is the principle driving force in fertility transition (Becker, 1981). Caldwell (1976) postulated that there are only two major forms of family structure, differing principally in the direction of wealth flows among generations. There is either upwards or downward net wealth flows existing in different societies. For instance in traditional societies net wealth flows are primarily upward from younger to older generations and individual interests are dominated by corporate interests (Caldwell, 1976). The theory proposes that fertility decisions in all societies are economically rational responses to familial wealth flows (Becker, 1981). According to Caldwell, (1976) in most traditional societies wealth flows are upwards because their economically rational decisions are to have as many children as possible because each additional child adds positively to a parent's wealth and security in older age; and in their social and political well-being. Caldwell, (1976) further argued that the worldwide transition from high to low fertility was the result of a change in family structures from upwards to downward wealth flows.

Fertility is a universal human concern. For example most cultures involve a series of rituals or prayers designed to aid a woman conceive and later lead her to a safer delivery (Zulu, 2007). On the contrary if a woman fails to conceive, a plurality of cultural explanations often come into play to explain her infertility and how to deal with it. According to Zulu (2007), it is pointed out that such infecundity is often considered as an illness blamed on an individual for non adherence to some cultural norm. Another cause of infecundity is ascribed to malevolence

of jealous people or some supernatural forces or gods, who may either directly or indirectly impede child birth at any time from conception to birth (Zulu, 2007).

African birth rates are high because in most cultures, many children are born for prestige and insure old age security of their parents (Caldwell, 1976). It is a truism for Africa that parents, especially fathers love children while women's status is no more than that of bearing children at home (Encarta, 2009). Both polygamy and the levirate persist amidst changing cultures because these cultural traits aid a man to bear many children (Hammersley and Atkinson, 2007). The critical factor in most developing countries' marriages is that the wife bears a number of offspring greatly desired by the man, but which can only be his legally if an agreed upon amount of wealth (dowry) was paid to the bride's family.

In most societies of developing nations, the most important part of the 'value' of a woman therefore is her child-bearing capacity (Hammersley and Atkinson, 2007). For instance among Hindu cultural milieu it is held that a person is born with debts that need to be paid back within their lifetime. A son would only pay back his debt to his ancestors by procreating other sons while most married girls look forward to their traditional blessing often pronounced on them by their traditional elders saying, "be the mother of eight sons and may your husband live long" (Milbank, 1952:64). Therefore, if the woman proves to be infecund (barren), in many tribes of many developing lands, her kin either would return the marriage payment or would provide another woman especially her sibling to bear children on her behalf, whom would be ascribed to her as if she bore them herself from her womb (Milbank, 1952).

The extent of use of the condom and other modern contraceptives has an influence on how large or small a family can be. Some people oppose the use of modern birth control methods as they believe that they would only be misused and would later bring about moral degradation in

their society. Consequently, mental attitudes leading to a conscious control of fertility are direly needed for any birth control movements to succeed in developing countries.

Negative attitudes towards the use of the condom for example does not only have an effect on family size but also has an influence on the extent of spread of sexually transmitted infections (STI) such as gonorrhoea, syphilis and HIV/AIDS (Zulu, 2007). Similarly, Zambian ethnic groupings of people have diverse beliefs and practices associated with fertility performed during birth, marriage and at death. For instance among Bembas, as an infant grows and its umbilical cord dries up, the umbilical cord should never be allowed to fall on the genitals of the growing child as that would cause it to be infertile for life (Kambole,1980).

While there have been several studies that have been done by diverse researchers on issues related to sexuality, yet none have specifically looked at an important aspect of the Bemba cultural setting's influence on their fertility no wonder why the researcher undertook this study. There is need to study on how traditional customs, values and norms of the Bemba have impacted on their desire for large family size; age of entry into first marriage; the length of exclusive postpartum breast feeding; and the effect of their choice of family planning type they utilize.

Chapter 2

LITERATURE REVIEW

There have been some studies done on issues relating to culture and fertility in different societies across the globe. In most of the works done it is clear that all human societies recognize that children would play a key role for their parent or the cooperate family in later life. For example according to Caldwell, (1976) most family structures of traditional societies are arranged in such a way that wealth flows among generations is upward from children to their parents while individual interests are subjugated to cooperate interests. In this respect Caldwell, (1976) postulates that in these societies the economically rational decision is to have as many surviving children as possible. This therefore increases the fertility among most societies of developing countries. For example, in a research done on the Muslims of Mombasa in Kenya, it was pointed out by Helman (2000) that wives of Muslim men of Mombasa thought of their husbands of being sexually enthusiastic and irresponsible if given an opportunity hence needed strict supervision. These Muslim women albeit are expected to be dependent on men for sexual decision.

Generally, Embers and Embers (1985) postulated that extramarital sex occurred in many societies. The duo argued that where the desire for childbearing was high, sexuality i.e. merely having coitus for pleasure, and fertility i.e. having sex for bearing children were hardly separated from each other conceptually. To the contrary, if childbearing was low such as in urban western societies, Embers and Embers (1985) postulated that sex would become gradually divorced from fertility and sexual practices that do not lead to pregnancy e.g. homosexuality or lesbianism would become tolerated in those societies.

Among some Chinese traditional groups, women and their bodily products after birth are regarded as dangerous and polluting for men hence the need for any man to avoid contact with a woman in labor and up to about a month after giving birth (Helman, 2006). After giving birth, most women in a majority of societies often observe special postpartum amenorrhea period in which no conception can occur. Consequently, lengths of this infecundity differs from one woman to another not merely due to differences in physiological make up of women, but mainly due to their differing cultural beliefs and customs that dictate how long she would be expected to exclusively breastfeed her progeny. Helman, (2006) observed that within this time a woman was supposed to follow certain dietary and other taboos while being cared for by other women, who would often be elderly.

A further very essential aspect of postpartum period according to Talbot, (1926) is that many cultures prohibit coitus between husband and wife experiencing postpartum amenorrhea for a period of time that differs from one culture to another. For instance among the traditional Chinese tribes it goes up to 100 days postpartum. According to Talbot, (1926) it was reported that in the developing world, many taboos existed on sexual relations between men and women during the period when a new baby or babies were being breastfed. Diverse reasons are advanced as to why these people practiced such taboos: for instance some held that if women had coitus during lactation, men's semen would spoil the milk in the mother's breasts thus would affect the suckling infant negatively (Talbot, 1926). Others still held that if women conceived while breastfeeding, the new baby in the womb would overheat the suckling baby to its death. To this end most traditional societies have a lactation taboo of 2 to 3 years plus an additional year for the wife to conceive and deliver thereby giving a childbearing interval of 3

to 4 years (Talbot, 1926). For instance, among the traditional Yoruba of southern Nigeria, Talbot, (1926) said that their weaning happens at the end of the third year of breastfeeding. Although such a situation existed among the traditional Yoruba, Talbot, (1926) still postulated that it was highly probable that in urban areas of Nigeria, men resumed sexual relations with their wives much sooner after each child birth than in the traditional areas. It is such a situation that most probably contributed more than any other single factor to the rise in total fertility of Nigerian urban areas (Talbot, 1926). Such cultural customs and norms have a direct effect on fertility of the people of a given society.

While studying West African population, Caldwell, (1965) postulated that the diffusion of the middle class culture to both educated and uneducated mothers had increasingly made them to resort to bottle-feeding due to the need to supplement nutritional elements to breastfeeding baby. Consequently, the belief in the traditional custom that coital relationships between husband and wife during breastfeeding would eventually bring about spoilage of mother's milk and thus would lead to the child's illness or death later on did not hold any longer, but rather led to a decline in the lactation taboo and thus culminated into a shorter pregnancy interval, which according to Caldwell, (1965) most probably gave rise to higher fertility among West African women of that time.

According to Caldwell and Okonjo (1968) marriage and childbearing in traditional societies commenced shortly after puberty when females become fecund. It is clear from available data that in traditional rural Nigeria, childbearing began much closer to menarchal age than in more urbanized areas (Caldwell, (1975). Such cultural customs and norms have a very high chance of heightening the fertility of these Nigerian rural settlers (Hertzler, 1956).

There are several different attitudes to contraception, abortion and infanticide that people exhibit. “These can be seen as modes of population control whose acceptance and utility often vary from one society to another due to differences in cultural values , economic well being of that society, and the government policy and ideology in effect at the time” (Helman, 2006:126). For instance, it’s essential to note that the current one child policy in effect in China emanated from the strong patriarchal cultural practices of some rural Chinese traditional society that existed many years before the government took it up as a policy (Helman, 2006).

According to Ojo (1966) traditional religious beliefs also have a significant effect on the fertility of its adherents. For instance among the Yoruba people of Nigeria, there were two major problems that preoccupied their minds in most times: the problem of fertility of human beings and that of crops seeing that their economy was wholly agrarian in nature. Consequently, Ojo, (1966) observed that any worship, no matter to what deity, was never complete without soliciting for children or for their long life. Thus areas could be seen among the Yoruba exhibiting different trends of social-cultural progression (Ojo, 1966).

The co-existence of the traditional and the modern lifestyles is a reality even in the Zambian situation. For example Zambia has about seventy two (72) major ethnic groupings of people. These groups of people are either matrilineal or patrilineal in nature each holding to a plurality of traditions, cultural beliefs and customs. A matrilineal ethnic grouping of people is such that children born between husband and wife would belong to the lineage of their mother, while conversely, in the patrilineal ethnic grouping, they would belong to the lineage of their father. In these groups are several customs and norms observed for different purposes. For example, after studying the patterns of sexual networking among the Tonga people of Southern Zambia,

Malungo, (2000) pointed out that the socio-cultural environments in societies globally often avoided discussing coital issues among family members.

While studying the Mambwe people's marriage patterns called '*Uwinga*' Jan-Ketil (1993) postulated that several fertility rituals existed among the Mambwe people of Northern Province. Among this patrilineal group of people, the Mambwe women lead out in some fertility rituals that would often culminate into what Jan-Ketil (1993) referred to as the consummation of the *Uwinga* ritual. This involved an arranged sexual act between the bride and the bridegroom while the older women waited outside a hut. This sexual act was preceded by a woman in-charge breaking the hymen of the bride using her middle finger. After the coitus with the bridegroom, the bride would sit in a given position naked as a sign that she had a successful sexual experience thereby signaling that the bridegroom was masculine enough (Jan-Ketil, 1993).

Kapungwe (2007) analyzed the variations in fertility, infant and child mortality in Luapula Province where he noted the presence of high fertility levels in both Northern and Luapula Provinces. Kapungwe, (2007) also found out that about forty percent of all pregnancies among women worldwide were unplanned due to several reasons among which non use of contraceptives, ineffective use of these contraceptives and sometimes their failure during use were prevalent. Most unmarried women especially adolescents often lacked access to information and counseling on sexual and reproductive health. These women's unmet fertility need was high.

Richards (1982) studying the Bemba girls' initiation ceremonies called '*Cisungu*', identified fertility rituals among the matrilineal Bemba people who are led by their Paramount Chief Chitimukulu. Richards (1982) also pointed out that the fertility rituals done on the Bemba girls who had attained puberty during initiation ceremonies performed by the women called '*Banacimbusa*' (female Bemba traditional counselor) were surrounded with much secrecy. Richards (1982) postulated that sex in marriage was one of the key issues taught to Bemba female initiates. While the girls were taught several other lessons such as those pertaining to how they should keep themselves clean during their menstruation period and how they should take care of their husbands, some emphasis was paid also on how they should have a successful sexual act in bed. Richards (1982) also identified that *Bwinga* among the Bemba people of Northern Province was a sign of the transition of people into adulthood to undertake different tasks such as procreation.

Chapter 3

METHODOLOGY

The research used a case study type of research design. Both qualitative and quantitative data were collected. Quantitative data came from semi structured questionnaires and from reports such as the Zambia Demographic and Health Survey (ZDHS, 2007), Zambia Sexual Behavior Survey (ZSBS, 2009) and other publications of Central Statistical Office (CSO) and its partners were utilized to get some background information. Qualitative data on the other hand was obtained from primary sources such as the two Focus Group Discussions (FGD) that were held, and in-depth interviews that were carried out with key community informants like Female Bemba traditional marriage counselors, elders (i.e. adults in communities), leaders of recognized community women's groups, government officials at relevant government departments like the Ministry of Health and Ministry of Community Development and Social Services.

3.1 Study Site and Population

Kasama is not only the Provincial capital of Northern Province, but due to its being in a juxtaposition for many economic activities, it attracts scores of people from all over the Province and beyond. This is because the town is in the centre of the road network which links it with Luapula in the West, Mporokoso in the North West, Isoka in the East and Kayambi in the North East via Mungwi. Consequently the town acts as a Central Business District for the Province with banks, markets like Chikumanino near the town centre and the airport toward the north of the town. The population of Kasama is such that about 25 percent came into the district from rural areas such as Chinsali, or places near Mporokoso and Luwingu. About 63 percent of the people came from another town set up within the province or out of it. Some 12 percent came from a City such as Lusaka or Ndola on the Copperbelt.

Primary data sources were the questionnaires that were completed by respondents, personal interviews and focus group discussions that were held in Kasama. The focus group discussions were conducted to complement the other information that was collected from in-depth interviews with key informants. Such a combination of methods as focus group discussions and in-depth interviews enabled the research to gather data on group norms and customs as well as information concerning more private aspects of Bemba people's fertility. The study used two (2) focus group discussions that compromised 8-10 participants. These discussions were done in two different areas namely Chitamba Village and Nkole Basic School. Some of the notable discussants included the then Deputy Head Teacher of Nkole Basic School and some elderly Bemba women from both Mulenga Hills Compound and Chitamba village. Other discussants came from Kambotole compound. Such discussions helped bring out the attitudes, opinions of participants on the topic under investigation. The participants were able to freely discuss, thereby bringing out their opinions on the subject matter. To make the groups well representative of societal views and opinions, it was needed to have the discussants come from different marital and socio-economic statuses so as to incorporate and have a well balanced cultural interpretation of fertility in the bid to avert the problems of high fertility.

3.2 Sampling Design

The sampling design used was the stratified random sampling. The research had two hundred (200) target respondents as a sample so as to obtain acceptable estimates with acceptable levels of sampling errors. Households were selected through the process of randomization such that every households in the study area was given an equal and non zero probability of being picked in the sample of the study. These were selected using systematic stratified random sampling such that (50) respondents were selected from each of the four strata of residential areas of Kasama. Choosing the sample was random such that the first home-stead was arbitrarily chosen

between 1 and the last rank of a given residential area. The sampling frame was the lists of households of residential areas of Kasama that were obtained with consultation with the Kasama Municipal Council vis-à-vis the Map of official residential plots of Kasama. These households were later serially ranked cumulatively and a sample selected as follows: The sample size was such that;

$S = xk$, where S = total number of households in each residential area.

x = total sample size required from any given residential area.

k = the sampling interval in given village or residential area such that $k = S/x$.

Therefore, the following home-stead was selected using a (k) constant interval until the required number of households in a given locality. This was possible by use of the computer software called Excel. For example the 50 households were selected from four residential areas namely high, medium, low density residential areas and a village. For instance the high density residential areas included places like Kambotole. The Medium and Low density areas included areas like Mulenga Hills, and Central Town respectively. In addition a village included Chitamba Village, which was the place of residence of Bemba traditional counselors that aided the study. If a residential area had more than one section or region (e.g.) medium density comprised of Chikumanino and Location compounds, so another randomization was done such that twenty-five (25) households were selected from both residential areas making the medium density residential area have a total of fifty (50) required households.

3.3 Data collection

The research was conducted from February, 2011 to April, 2011. Within each of the fifty (50) randomly chosen households of every residential area, it was essential that atleast a parent or guardian was captured. This is because of the sole reason that they are the custodians of the traditional customs and norms being practiced which directly influence the fertility of a given family. In case of single parents or child-headed households, the head of the households, who was at least (16) years old was part of respondents. A relevant vernacular language that is Bemba was used in the course of the study in the cases of respondents who would not be conversant with the English language.

3.4 Data Entry and Analysis

After the data was collected, it was entered using the Statistical Package for Social Sciences (SPSS) software. The Statistical Package for Social Sciences (SPSS) was later used to clean the research data before any analysis could be performed. The same (SPSS) software was used to analyze the findings of the research. Most figures were made in Excel.

Qualitative data were later analyzed and interpreted by way of how they influenced fertility of the Bemba people.

3.5 Limitation of the Study

It is also essential to state that by the time of the research, it would rain heavily in Kasama such that the two focus group discussions conducted were undertaken with many problems: For instance it was quite difficult to organize the informants during this period due to heavy rains. However enough data was probed as initially a detailed discussion with *banacimbusa* was done at Chitamba village in the south-western end of Kasama District and later it was complimented by another focus group discussion, which was held at Nkole Basic School in Mulenga Compound near Kasama Girls Secondary School.

3.6 Ethical Issues

To make the research progress smoothly authorities in different localities had to be consulted and their permission sought to do the research in the area of their jurisdiction. For example, Headmen were approached for permission before the research was commenced in the area of their jurisdiction. The Office of the President (O.P) of Kasama District too was informed of the plans for the research before the study begun. It was after clearance from the Provincial Administration and Kasama Municipal Council that the study commenced.

Chapter 4

FINDINGS

4.1.0 Background Characteristics

According to Table 3, out of the 200 respondents 66.5 percent were female while 33.5 percent were males.

According to Table 3, 3 percent of the female respondents did not have any education at all while all the male respondents had at least some education. Some 10.5 percent and 2 percent of the female and male respondents respectively had attained primary education level; the majority of the respondents 41 percent and 18 percent of female and male interviewees respectively had attained secondary education 12 percent and 13.5 percent of the female and male respondents respectively had attained tertiary education.

Some 26 percent of males and 56.5 percent of female respondents respectively were from urban areas. Also 74 percent and 43.5 percent of males and female respondents respectively were from rural areas of Kasama District.

Table 3 *Percentage distribution of male and female Bembas by some of their highest educational level attained, marital status and residence.*

Background characteristics	Males	Females	Total
Education level attained			
No education	0.5	3	3.5
Primary	2.5	10.5	13
Secondary	19	40	59
Tertiary	13.5	11	24.5
Total			100(%)
Residence			
Urban	26	56.5	82.5
Rural	74	43.5	17.5
Total			100(%)
Marital status			
Not yet married	7	14.5	21.5
Married	26.5	41	67.5
Divorced	0	4	4
Widowed	0	6	6
Separated	0	1	1
Total	33.5	66.5	100(%)

P-value =0.003 at <0.05 level of significance

Table 3 indicates that the majority of the respondents i.e. 67.5 percent were married while 21.5 percent were not married. There were more women 41 percent than men 26.5 percent who

reported being married. Among those who were ever married, there were slightly more widowed 6 percent than the divorced 4 percent and the separated 1 percent put together.

4.1.1 Respondents' Source of livelihood

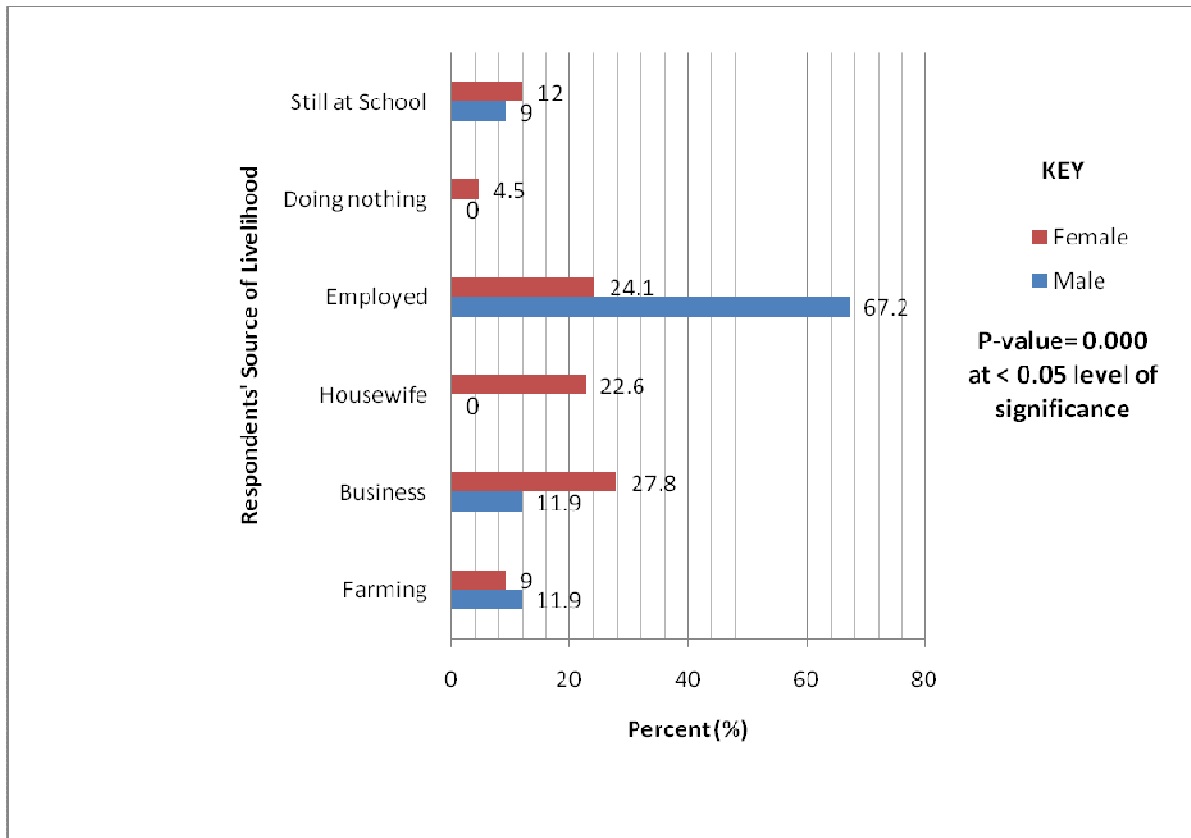


Figure 1 Percentage distribution of respondents' sources of livelihood by their sex.

The Bemba people of Kasama engaged into different economic activities from one person to another. Figure 1 shows that 9 percent of the females and 11.9 percent of males were engaged in farming as their main source of livelihood. The most common mode of agriculture among the Bembas is “*chitemene*” (cut and burn) (Richards, 1982). In this type of agriculture only subsistent crops such as millet, cassava, some maize and some vegetables like pumpkins just to mention a few are produced. Such meager quantities of subsistent agriculture would not sustainably support a high population.

On the other hand, 27.8 percent of the females and 11.9 percent of males were business persons that included marketeers. About 22.6 percent of women were housewives. The most popular economic activity for men among the Bemba people interviewed was to be the formally employed of which 67.2 percent of men and, which was slightly above 24.1 percent of women were part of it. This included the formally employed such as bankers, teachers and health officials and those employed in the private sector. There were about 4.5 percent of women who said I do nothing. They were not engaged into any economic venture either because they were aged and so relied on their children elsewhere to send them food from time to time or just sat at home waiting on their spouse to supply everything for their family. About 9 percent of men and 12 percent of women were still engaged in some studies at either high school or tertiary level.

4.1.2 Traditional Counseling/Initiation Sessions and Fertility

The Bembas believe in monogamy. However there are several ways of marrying among them. Irrespective of the method of marriage a Bemba couple would engage in, it was required traditionally that a would-be married couple should go through a rite of passage called *Ukucindilwa* (marriage counseling). *Banacimbusa* said, “we counsel both the bridegroom and his bride together as a couple”.

The rite of passage called *ukucindilwa* was held either a day preceding the marriage or anytime after marriage especially for those that didn’t marry officially. *Ukucindilwa* was superintended by *Banacimbusa*. This traditional marriage counseling custom is so important among the Bemba people that those who wouldn’t gone through it are ridiculed a great deal in society and are called *Chitongo*. “*Chitongo* can’t sit and judge others’ cases in society” said one of discussants of the focus group discussion.

In essence the discussants meant that by virtue of being *Chitongo*, a Bemba man for instance would not be suitable enough to constitute the panel of discussers/judges of important issues of his society. Consequently, slightly more than half 57 percent of the Bemba people were ready

to send their children to some initiation ceremony in the case of girls and some form of traditional counseling in the case of boys since Bembas did not have an initiation ceremony for males. However, 20 percent said they would allow their children sparingly. Conversely 23 percent would never at any time allow their children to attend any traditional initiation ceremony.

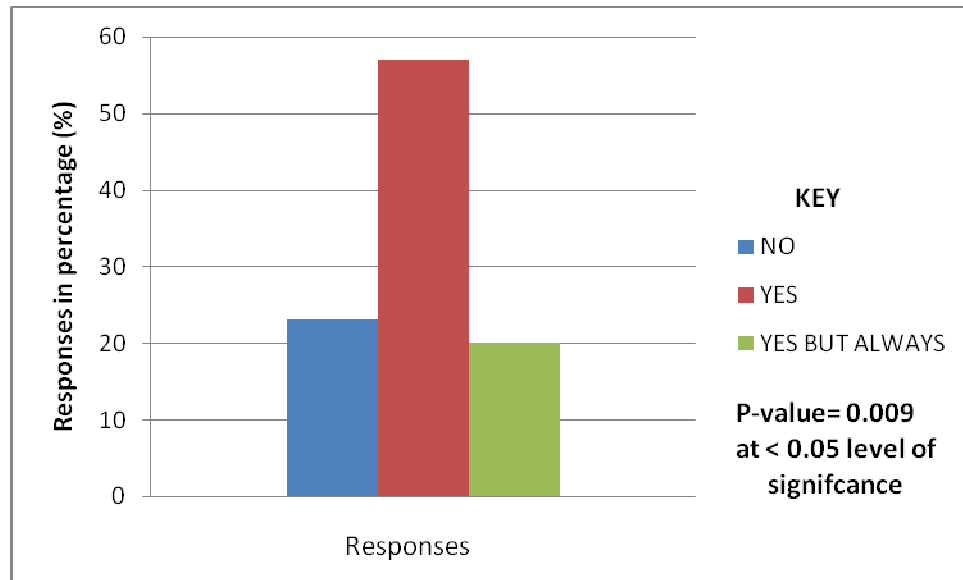


Figure 2 *Distribution of responses showing opinions of Bembas on whether they would allow their children to go through any traditional initiation ceremony or not.*

The Bembas had different reasons as to why they would either allow their children to attend an initiation ceremony or not. Among those that answered to the affirmative, most of them stated that if a child was subjected to an initiation ceremony or a traditional counseling, he or she would accrue wisdom.

As evidenced by Figure 3, it didn't matter what religious affiliation one belonged to, they regarded traditional counseling as valuable. For instance according to Figure 3 at least 50 percent of Bemba people of every religious grouping interviewed said that they would allow their children to attend these traditional counseling or initiation ceremonies. There were

however variations in opinions of people from one religious affiliation to another. While some Bembas who were Pentecostals allowed their children to attend initiation ceremonies, still others among them would not allow saying their children would get possessed by demons. Among Christian Bembas that refused, the Pentecostal Christians were the most notable.

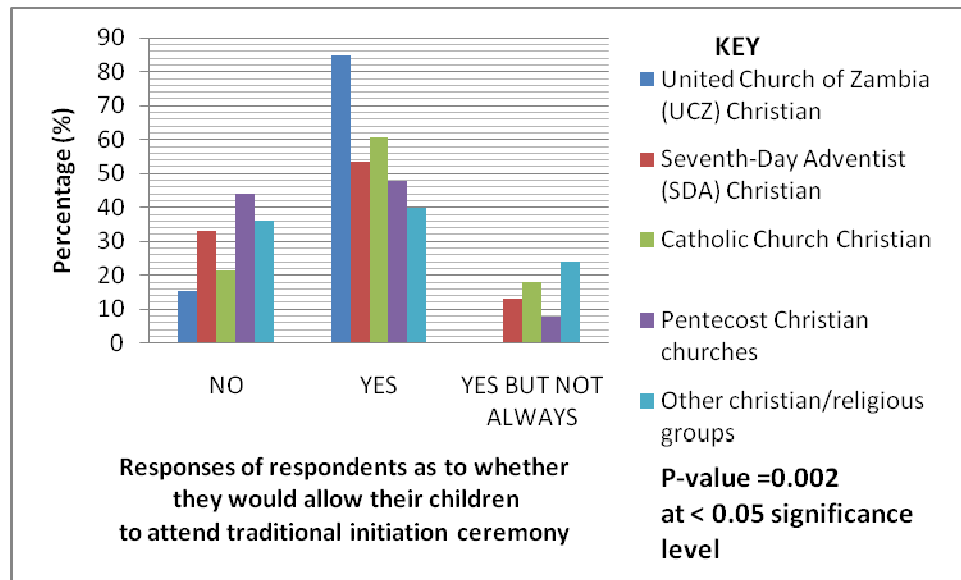


Figure 3 Distribution of responses of Bembas showing their opinions by their religious affiliation on whether they would allow their children to go through an initiation ceremony or not.

Several reasons were given by those that refused to allow their children to attend initiation ceremonies or traditional counseling. For instance example from Figure 4, among the 10 percent of Bembas that didn't allow their children to attend traditional initiation ceremonies of which Pentecostal Christians were the highest, claims were advanced that such traditional counseling sessions would only leave demons in initiates. It was found out that a significant proportion i.e. 16.5 percent of Bembas that forbade their children from attending initiation ceremonies said that they would not allow by virtue of them being Christians. In their explanation, most of the Bemba Christians said, "such activities were worldly".

Albeit it was noted that some of such respondents were actually formerly traditionally counseled themselves earlier in their lives, although they justified their participation saying it

was because they were still in the world then. On the other hand, 54.6 percent of both of those that would allow their children completely and those that would only allow them seldom said that they would have no problem to allow their children because it's their tradition. There were also some people 2 percent, who while agreeing that it was their tradition, yet would never allow their children to attend these traditional ceremonies. More than a third 36.9 percent of them however said that they would allow their children because at the traditional counseling, they would learn how to keep their spouses and homes well.

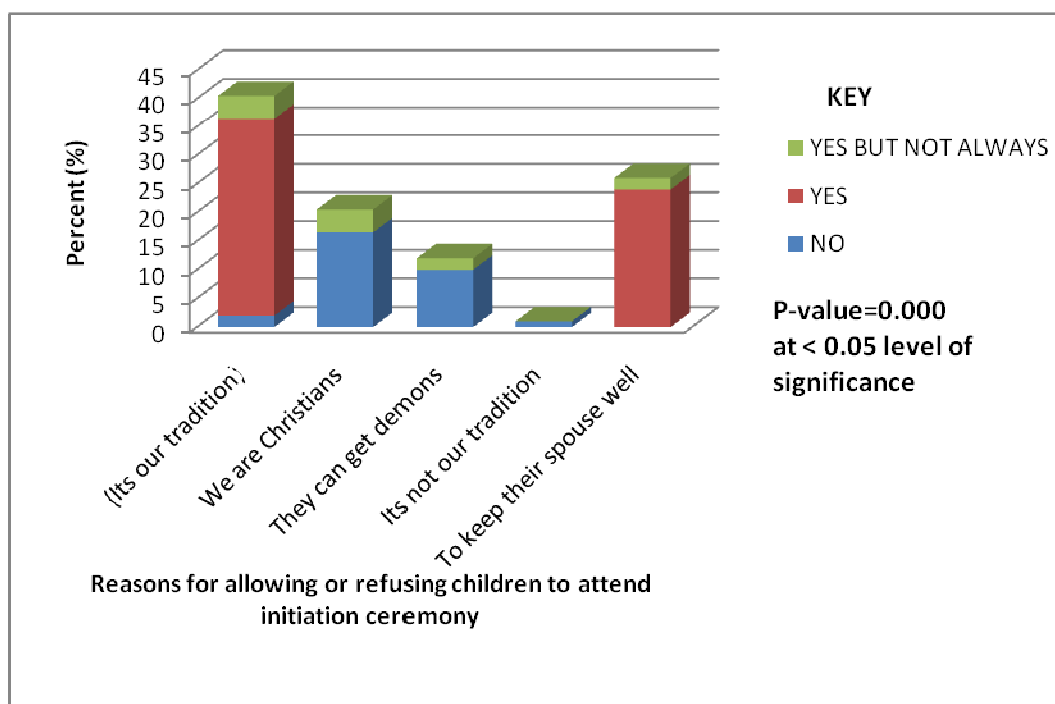


Figure 4 Distribution of opinions given by Bembas by reasons why they would or would not send their children to initiation ceremonies or traditional counseling sessions.

The focus group discussions brought out a lot of profound lessons that were learnt by initiates at the traditional counseling sessions. For instance during *Ukucindilwa* rite of passage, the bride and groom were often given pro-natalistic lessons called *ifunde lya cuupo* (the law of the

married), where both the bride and bridegroom were taught particularly on many ways of taking care of each other especially sexually in their home. For example one of the breast feeding traditional lessons given to the female initiate is such that as much as possible exclusive breastfeeding should be short so as to avoid *ukuambula ebele* (contamination of the breast milk) in public, which would affect the breastfeeding child negatively. In trying to avoid the contamination, the Bemba's exclusive breastfeeding period is short such that it leaves the lactating mother at risk of conceiving since a significant proportion of them resume coitus with their partner as short as three weeks or less after the birth of a child. Such kinds of traditional pro-natalistic lessons play a major role in having the Bemba's fertility be high.

4.1.3 Taboos and Fertility

Veteran Bemba traditional marriage counselors said that childlessness among the Bemba was something that was abhorred and needed to be avoided at all cost. For example if a Bemba girl attains menarche, the girls were often isolated and led into a rite of passage called *cisungu*, where she would be called *Nacisungu*. If she was a school going girl, her school work would be disturbed for the next at least two weeks. Some elderly Bemba women would get permission from her school administrators for two (2) weeks without pointing out the actual reason why the girl would be absent from school. A false reason would be advanced for instance the most obvious one would be that of saying she was sick of malaria.

The research found out that *nacisungu* would often be intensely taught on her sexual behavior and hygiene during her menstruation time. She would be taught lessons of her personal hygiene and how she was expected to behave towards other people especially men in society. For instance she would be taught pro-natalistic lessons by veteran Bemba traditional marriage

counselors such as how to wear a traditionally made sanitary pad called *ubukushi*. *Ubukushi* was expected to be made only from cloth got from her mother's family for instance from the family's old waist wrap-around clothe material often worn by most Zambian women (i.e. *chitenge*) and not anywhere else lest one be at risk because some people with malevolent spirits could get her fertility away and she would never bear any child in her life. Such a practice is pro-natalistic in that it helps Bemba young women to avoid being infertile by all means by following the lessons taught by elderly women to the letter.

The fertility of men in a family is also guarded jealously among the Bemba. For instance, the in-depth exclusive interview with *banacimbusa* brought out that during menstruation no Bemba girl or lady was supposed to cook any food for the home until after two weeks from the onset of her menstrual cycle. At the end of her first week, she may decide to cook food but should be careful not to put any salt into any family food. This was so "in order to avoid making all men of that home to be impotent or dead sexually i.e. *chibola*" said *banacimbusa*. When a man would become impotent, he would not bear any child in his whole life.

In Bemba culture, sexual behavior has guidelines of practice needing strict obedience if fertility is to be sustained and infertile avoided. Instance having coitus with any menstruating woman was forbidden in order to avoid death. For instance if any man had sexual intercourse with any menstruating woman his home would be attacked by a deadly cough. Such traditional customs and norms aid in having a pro-natalistic mind set among the Bembas where each person aims at protecting his or her fertility by not violating the fertility norms in order to have children in life, which in turn exacerbates a high fertility level.

4.2.0 TRADITIONAL PRACTICES AND FERTILITY

The research also found out that marriage was held with profound respect among the Bemba people because it is very important. For instance Figure 5 shows that a total of 78.5 percent of the respondents were at least married. Among these who were at least married people, a significant number 28 percent of them got into their first marriage when they were between 16 and 21years old. Those that married when they were between 22 and 26years were 21.7 percent and quite a handful 8.3 percent got into their first marriage when they were 27years and above. On the other hand 18 percent entered their first marriage when they were 16 years or below while the other 24 percent were in their current marriage by remarriage.

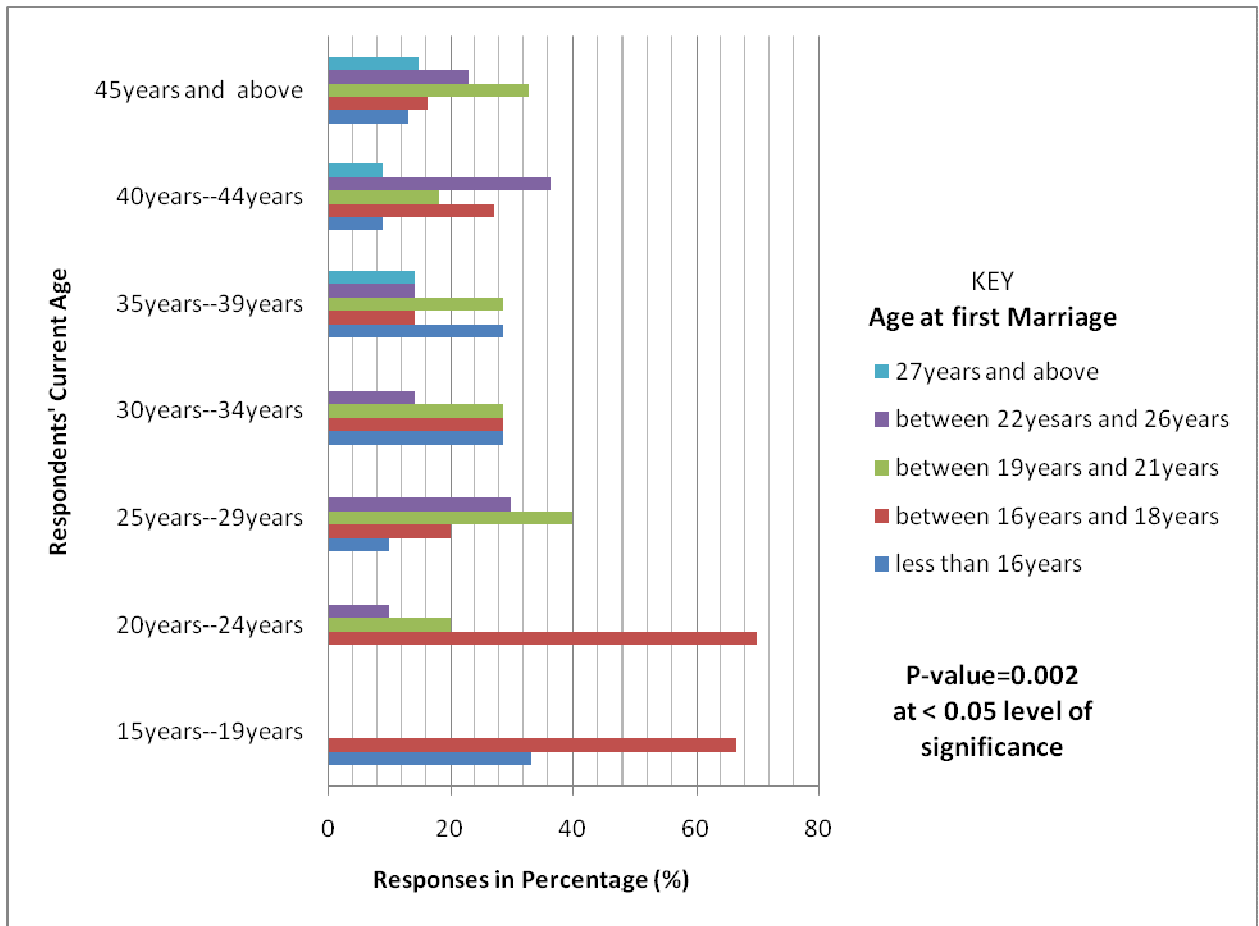


Figure 5 *Distribution of Ages at first marriage of Bembas by their current ages in years*

It was noted that while the trend of marrying at ages below 16 years were significant among marriage age specific cohorts. This means that to this day traditional customs and values regarding marriage and childbearing are still being adhered to strongly. Such strong traditional ties coupled with the low literacy levels existing among the more rural areas of Kasama influence the marriage of youths before they attain their 16th birth day. This situation is exacerbated by some parents to these Bemba girls, who accept some wealth paid by a man intending to marry a given lady (*insalamu*) irrespective of whether the girl is still in school or not. Such ladies would either not be educated at all or would merely have stopped school at their primary level or in fewer instances, by junior secondary level of their education. The presence of such a scenario among the Bemba people entails that the 18 percent of the now married people begun child bearing earlier than 16 years thereby lengthening their reproductive time and thus directly heightening their fertility. These were therefore expected to bear more progeny than their cohort who married and commenced child bearing after their sixteenth birthday assuming that things like family planning was constant.

The research revealed that about 78.5 percent were atleast married and only 21.5 percent were not yet married by the time of the research. It was assumed by this research that more frequent and consistent unprotected coitus existed in marriage relationships than among the single people.

It was not common to find a person with at least a child before his or her first marriage among the Bemba. Of the 153 respondents who had ever born a child by the research period, only 20.9 percent had atleast a child before their first marriage. This is about one-fifth of the respondents and so it entails that the opposite is true that a larger proportion four-fifth of married men and

women often had more children while married. According to figure 9 it is not uncommon for Bembas to desire to have such a large family size as 9 children. Now since Bembas believe in monogamy, it means that all the nine children are more likely to be born by one woman thereby leaving them with high fertility per woman.

The status of a woman in Bemba traditional milieu was more or less hovering around her being a producer and care-giver of children of the home. For instance the research found out from the focus group discussion that the woman's role in a home was so cardinal that she was and is viewed as the producer and care taker of children in the home. To this end, special names and reference were ascribed to her. For example discussants stated that, "a wife/woman is a sign of honor of a home". "We call her a brooder of children" added another discussant.

She was the one who was expected to oversee issues of fertility of the home just like the hen broods over her eggs and chicks in her nest. Such a mindset as prescribed by society lowers the Bemba woman's status to no more than a bearer of children. This positively motivates Bemba women to bear children as proof of her value, a situation which heightens fertility among the Bemba.

4.2.1 Bemba linguistics and Fertility

From the focus group discussion, it was learnt that the Bemba's cultural linguistics like proverbs had a role in as far as increasing the Bemba's fertility by way of influencing increase in their family sizes. Some wise sayings were so designed that they had a fertility-motivation connotation imbedded in them. For example with regards to family size options among the Bemba, the discussants said, "*ubukulu bwa nkoko masako*" (the bigness of a chicken is known

by the numeracy of its feathers). This means that the more children a Bemba has in society, the more respect he or she commands. Most Bemba therefore aim at having many children (i.e. a large family size) in the bid to attain utmost respect in their society thereby heightening their fertility.

Also traditionally the Bembas look at children as a source of security for a parent especially in their old age. They most times justify and reinforce this idea of having large family sizes among them through repeating proverbs to both the young and the old as they go about their daily activities. For example they justify having many children by saying “*kolwe akota asabilwa nabana*” (as a monkey grows old, it is cared for by its progeny). This means that the more children a Bemba parent has the better his or her life would be when they would grow old as their children will care for them. Alas for those without any child as they would not be cared for by anyone in their old age. Consequently, Bembas would want to have children in view of a comfortable life they anticipate during their old age, a situation which increases their fertility. Bemba also say, “one who bears children can’t be eaten by dogs”. He or she would be safe in life as his or her children would rescue them from any harm. Bemba women also aim to have children for surety of their life in future. They say, “a grown up child is surety of the mother”. If a Bemba woman has a lot of children, it means even her life in future is more guaranteed and secured.

A person’s greatness in Bemba society was known by the number of children that person bore. The more children one had the greater the status and subsequent respect that person received. For example some would say, “that man is not a simple person to play with, he has nine children”. Bembas also have children as a way of security and support for themselves in their

old age in as much as 'an old monkey is cared for by its children'. The importance of children was also reported as being a protector of their parents in cases of misfortunes during their life.

It was noted that according to Bemba culture, a person who had no children was ridiculed and called *ing'umba* (a person who can't have a child). The situation would be so bad for *ing'umba* that for instance if he had a younger brother who had at least a child e.g. the younger brother would be called by his child's name while him would be called by his first name, which showed lesser honor. Therefore a person with more children would command more respect than *ing'umba*.

Among the Bembas there is much pride among the adults to be called grandfather or grandmother as it signifies that they bore children that would have borne others as well thereby raising one's status in Bemba society. Everyone would aim to have grand children thereby heightening their fertility.

According to the Bemba people, there was a clear distinction made in the definition of *ing'umba* between a person without any children because of their being single and one without any children because he is infertile. The latter was the correct definition of *ing'umba* and often such a person was treated with scorn in society. It was reported that even the burial of *ing'umba* was treated with scorn. It was such that he was buried with *mufito* (a piece of charcoal) tied on his back representing a child he should have borne in his lifetime. Therefore a significant proportion of Bembas would not wish to die and be buried in such a humiliating death as being tied with a piece of charcoal all because of lack of a child. Consequently, every Bemba would wish to bear at least a child thus increasing their fertility.

The traditional milieu in Bemba land has influenced the mind set of both the married and unmarried people alike to desire large numbers of children. For instance only a handful of Bemba people 1 percent and 9 percent desired to have one and two children in their lifetime respectively. The majority of Bemba 26.5 percent said that they desired to have four (4) children, still 16.5 percent of them desired seven (7) or more children. In fact it was found out that among those who desired seven or more children, the majority did not have an upper limit in terms of number of children they desired. When asked if they still desired to have any more children, such respondents said that they would continue bearing children up to the point where their body's ability would reach them. This scenario of continuing bearing as many children as their body would be able to conceive without a check was exacerbated by the traditional reasons advanced by Bembas. For instance, they said "fertility matters we have no control, only God determines how many children one should have". With such kind of mind set that encourages large family sizes existing among the Bemba people, it is no wonder why they have high fertility.

Also among the Bemba people, it is not surprising to find women above 40years still actively involved in children bearing. Therefore with such a situation where culturally it is not uncommon to find that some Bemba women start bearing progeny before their sixteenth birthday and continue bearing children even after 40years, thereby heightening their fertility levels.

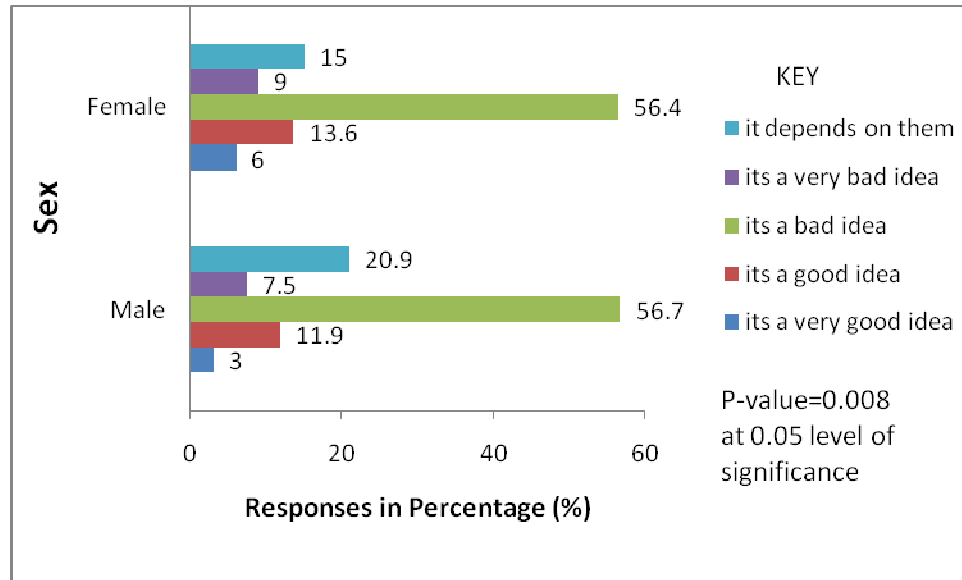


Figure 6 *Distribution of opinions of Bembas by their sex on people who bear many children. (N=200)*

When asked about their opinion about people who bear many children: Figure 6 showed the least number of respondents (i.e.) 3 percent males and 6 percent females said it was a very good idea; some 11.9 percent males and 13.5 percent females said that it was a good idea while more than half of people i.e. 56.4 percent and 56.7 percent of females and males respectively, said that it was a bad idea and 7.5 males and 9 percent females stated that it was a very bad idea.

On the other hand 15 percent males and 29.9 percent females said that it was neither good nor bad for people to bear many children, but it depended on parents' ability to keep them. It was among this group that others said that the number of children one should have depends on one's wealth. This means that the number of children one should have was directly proportional to the amount of wealth one had in their society. Such a response in essence meant that people could bear many children as long as they could keep them well. This situation also heightens fertility.

4.2.2 Desired family size

After asking the respondents about the number of progeny that they desired to have, and their responses compared according to their educational background, a number of issues of concern were noted. The research significantly found that the number of progeny desired by Bembas increased gently with the level of education people had attained. It was not uncommon in Bemba land to find couples desiring large family sizes. For instance figure 7 shows that even among those with secondary education attained there were still some who desired large family sizes of nine children. According to figure 7 however, the most people who desired this large number of children were those with only primary and/or those with no education attained at all.

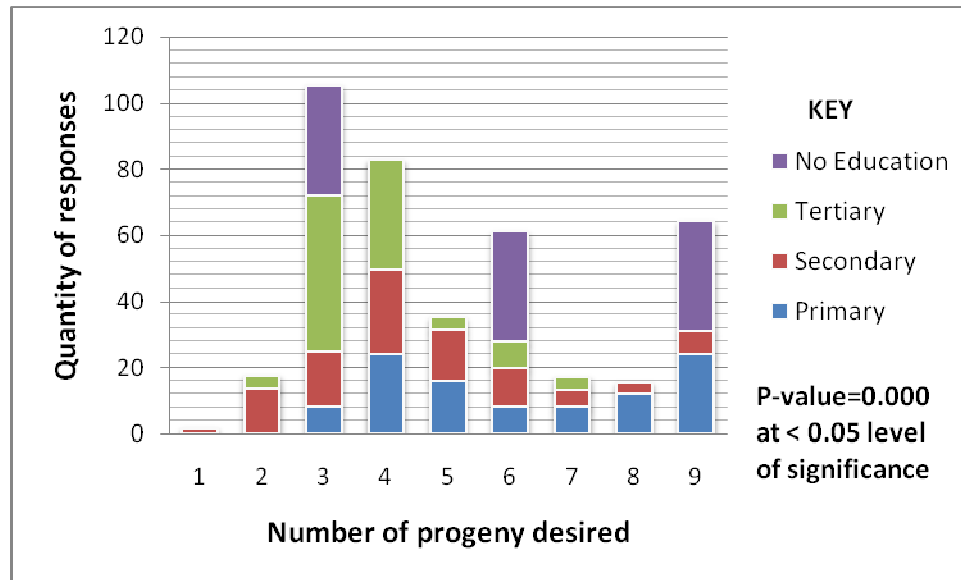


Figure 7 *Distribution of numbers of children Bembas desired by their highest educational level attained.*

Bembas had different reasons as to why they opted for a particular sex of children in their families. Bemba females chose to have more girls than boys saying, “girls are merciful and helpful in home chores such as cleaning of plates and dishes”. Girls were also cited as better placed to take care of them when they would be sick. These respondents also said the boys often didn’t help and would often merely become thieves. On the other hand respondents who

desired more boys, said they opted thus because boys were helpful and thoughtful while girls would only become impregnated by gentlemen. Some Bembas wished to have an equal number of boys and girls just to attain equitable sexes among children in the home. However most of the Bembas said they were and would be happy with either a boy or girl born to them because it's what God desired that they should have for that time.

4.3 CONTRACEPTION-USE, PERCEPTIONS AND PRACTICES

Knowledge and source of knowledge of modern contraceptives among the Bembas were examined by this study.

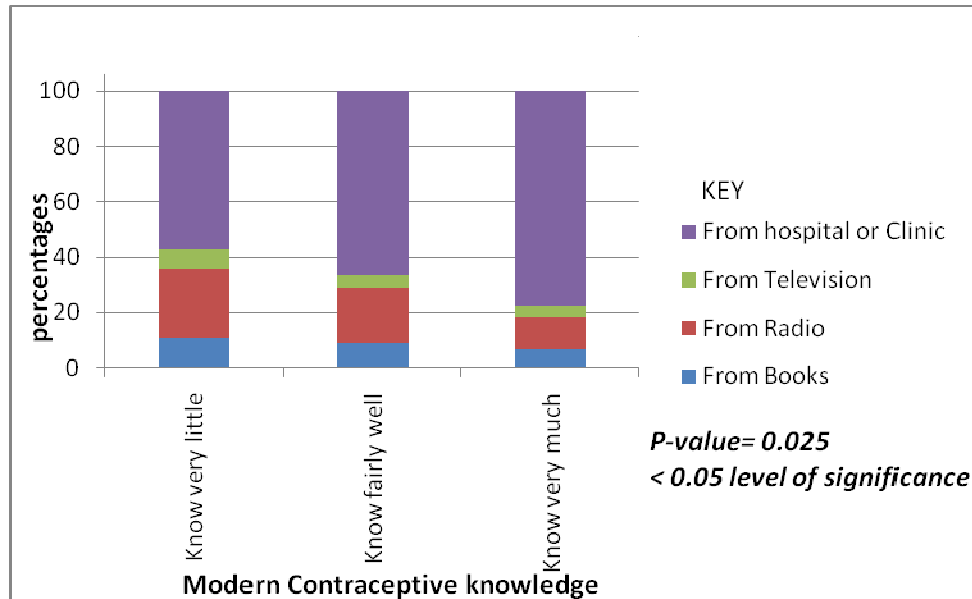


Figure 8 Distribution of responses of Bembas on their level of knowledge of modern contraceptives by their sources of such knowledge.

Figure 8 shows that among Bemba people who knew at least some modern contraceptive, there were some variations in their sources of this information. For instance it was observed that among Bemba people who had some information about modern family planning, the Television was their least source of such information. One possible explanation of this was that Kasama was characterized by quite poor terrestrial Television waves' reception. This was due to the great distance and high mountainous terrain present between Kasama and Lusaka, the source of Television transmission. As a result it is expensive for most Bemba people to afford buying satellite dishes which boost reception of Television waves for them to get fertility control information from it.

On the other hand most Bembas got their information from the hospitals or clinics. On the other hand the radio was a more popular source of fertility limitation information amongst Bemba people who claimed to know very little about modern family planning than amongst those who claimed to know very much about it.

According to Figure 8, out of 200 respondents, some 5 percent of Bembas did not know anything about modes of modern family planning. This therefore entails that such would be relying on the less effective traditional methods or sometimes use no fertility limitation at all, thereby heightening their fertility

Table 4 Percentage distribution of Bembas' use of different contraceptives by their educational level, marital status; and by their main decider of a type of contraception to use.

Background characteristics	Traditional family planning methods	Modern family planning methods	None of them (neither of them)	Total
Marital status				
Married	72.9	17.1	10.0	67.5
Widowed	0	8.2	5.3	6.0
Divorced	7.1	2.1	5.3	4.0
Separated	0	2.1	0	1.0
Not yet married	0	8.2	46.7	21.5
Total				100(%)
Main decider of contraception to be used				
Mainly women	28.6	39.2	13.3	28.0
Mainly men	7.1	8.2	5.4	7.0
Mainly both partners	64.3	47.4	32.0	44.0
It depends	0	5.2	49.3	21.0
Total				100(%)
No education	0	2.1	8.0	4
Primary	21.4	4.1	17.3	11.5
Secondary	64.3	66.0	48.0	59.0
Tertiary	14.3	27.8	26.7	25.5
Total				100(%)

P-value =0.001; at <0.05 level of significance

The research established that the uptake of family planning among Bembas was different from one marital status to another. Table 4 shows that out of the 135 married Bembas some 72.9 percent of them were using a traditional family planning method. On the other hand 17.1 percent of the married were using a modern fertility limitation method while 10 percent of them were still not using any of the family planning methods at all by the research time. Marriage is where most unprotected coitus that often leads to conception happens from. In view of this, a situation existing among married Bembas were a significant proportion of them 72.9 percent were using an inefficient traditional method of birth control by research time coupled with the presence of 10 percent of those who were not using any fertility control at all among them explains why there is high fertility in their society.

According to Table 4, most of the respondents' decision over which family planning method to use was arrived at after mutual discussion and agreement with their spouse/partner. There were more Bemba women, who were using modern family planning after deciding for it by themselves than those who were using a traditional method. It was discovered that 39.2 percent of women who were using modern family planning chose this method mainly by themselves without consulting their partner. Some 8.2 percent of men said that the decisions over the type of birth control to use were made by themselves. There were comparatively fewer men who were the main deciders of any type of fertility control to use than women. It was learnt that 5.2 percent of those using a modern type of family planning said that they had no specific person who decided on which family planning to utilize. Seeing that men are the heads of homes among the Bemba and that the same men are not leading in deciding which type of contraceptive to use in their family, it leaves the matter to be either decided for or not.

There were also some noted variations in the uptake of family planning depending on the education level the people had attained. For instance according to Table 3 there were more Bemba people using traditional birth control than the modern type among people with primary level of education. The higher the education level above primary, a person had the more inclined to using the modern type of birth control and vice versa.

It was also noted that variations in the levels of use of traditional methods were somewhat dependant on the levels of knowledge of a modern method of birth control. For example according to Figure 9, the Bemba people who claimed to know very much about modern types of fertility control viewed the use of traditional types of birth control as being bad methods while more of those who claimed to know very little about modern family planning viewed the use of traditional birth control as 'it all depended on someone's blood'. Meaning that if the respondent didn't react negatively when using a traditional method, they were at liberty to use it continuously.

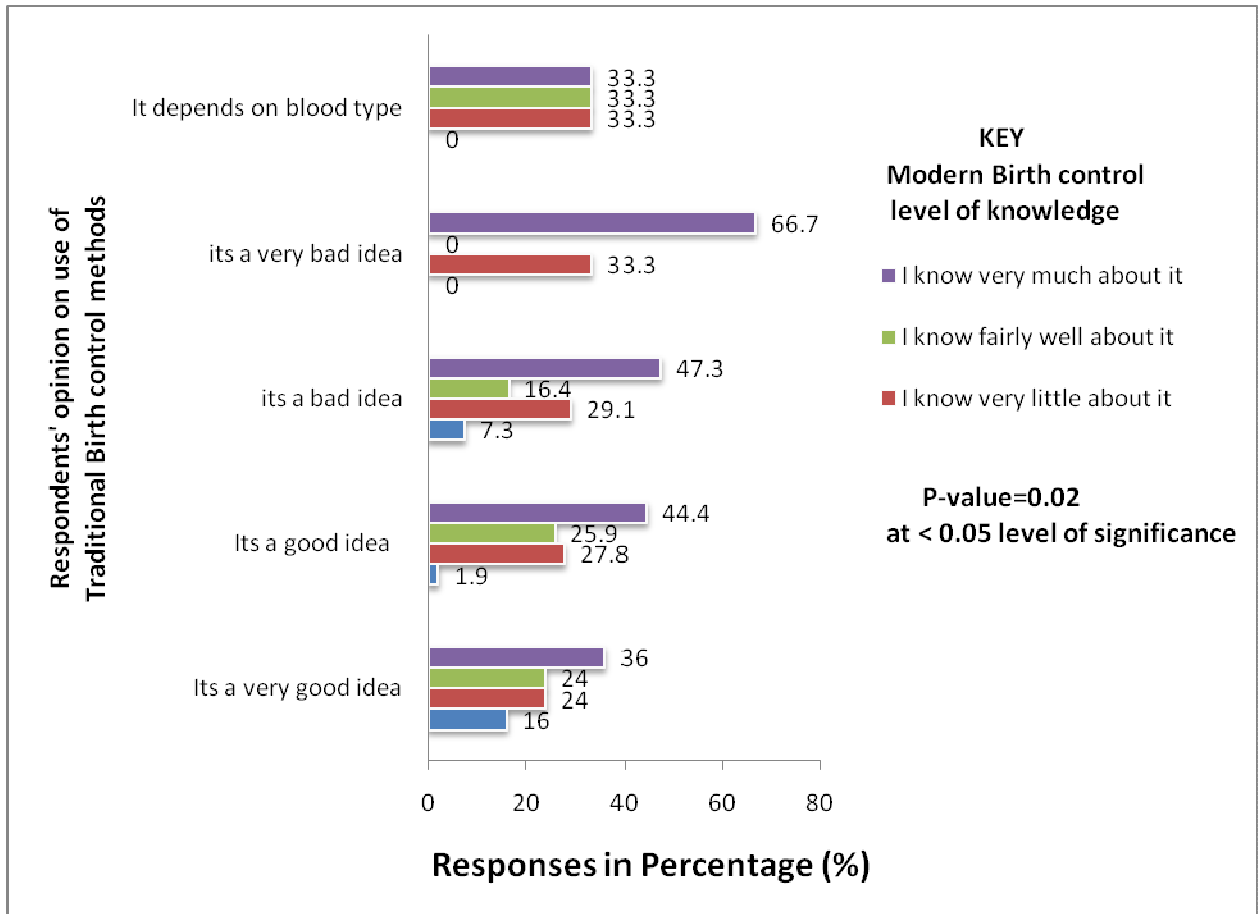


Figure 9 Distribution of Bembas’ opinions about traditional family planning by their knowledge level of modern fertility regulation methods.

On the other hand respondents chose to use a particular mode of birth control in line with their perceived knowledge of benefits or effects of the method chosen. For instance some used modern type of birth control as they are scientifically tested. Some of the commonly used modern family planning in Kasama written in descending order of their popularity among the Bemba included the Oral pill, injectables like the Medroxyprogesterone injection and the Norethisterone enanthate injection, the Implant, the loop method and the Intrauterine contraceptive Device (IUD).

There is high fertility among Bembas because some significant proportion of them prefer the use of comparatively inefficient traditional birth control methods to modern scientifically proven ones. These Bemba people avoided using the modern birth control types because they said that “they cause growths in wombs of women leading to more incidences of obstetrics operations or caesarean delivery”. Some examples of the traditional birth control methods commonly used in Bemba land include “wrapping or wearing beads in the waist before and during coitus” said the discussants.

There is also the oral type of contraceptives, *e.g.* *Umunkoyo* drink that is made from roots of a wild plant called *munkoyo*. The liquid resulting from soaking the roots of *munkoyo* plant was supposed to be drunk by the female partner immediately after coitus using the following dosage which varied dependent on the time of the menstrual cycle stage the female partner was at by the time of the sexual intercourse: 1cup or glass of pure *munkoyo* liquid taken during her infertile time. 0.5 liters pure *munkoyo* was recommended if coitus was done during the time the woman was very fertile.

It was noted that much more pure *munkoyo* was taken orally the closer a Bemba woman got to her fertile period of her menstrual cycle to prevent chances of conception than when further away. With such kind of inefficient modes of birth control being utilized among the Bemba, it leaves higher chances for conception to take place and thus increase their fertility.

The research found out that there were other contraceptives which if used or used wrongly would cause permanent sterility. For instance one method of that sort was the birth control method involving cutting the skin in some kind of tattoos in which some powdered medicine would be rubbed in. It involved the cutting or making two or three tiny slits in the epidermal layer of the skin of the genitalia and some other two in the waist above the buttocks on which some birth control medicine would be put.

Another interesting traditional birth control method involving the burying of some fertility control medicine in a secret place within the yard of their residence and not anywhere else. Some Bemba women, who ever used this method before said that the user needed to be clever because the major pitfall of the method was the challenge of those living in rented homesteads

remembering where one buried the medicine in the case of wanting to exhume it at times of shifting or transferring from one residence to another. Some Bemba women would become infertile if they forgot to exhume the medicine as they will be going to their new residence.

The research also found out that there were some natural birth control methods in use among the Bemba such as following the menstrual cycle of the woman. Often women would practice sexual abstinence during the time they know they would be fertile and resume sex when such a time would be past.

Another natural family planning method utilized among the Bemba was the withdrawal method. The effectiveness of this method was much more dependent on the carefulness of the Bemba man as he was supposed to sense and withdraw just before ejaculation. The Bemba women too were taught on how to assist the husband withdraw just before he ejaculated. It was reported that such a technique was taught by *banacimbusa* during some of the traditional counseling sessions especially after a Bemba had their first child. After withdrawing and in case of any ejaculation, the man was supposed to ejaculate on a special secret cloth made of linen or nylon, which often would be taken care of by the wife with utmost secrecy. Such a material of cloth was opted for due to its easiness at washing.

The research found out that to access some of the birth control methods Bembas had to incur some costs. The costs of contraceptives according to Figure 10 were such that the majority said that they got contraceptive free of charge. However 13 percent said that they bought them between ZMK5, 000 and ZMK10, 000 while 6 percent said they bought them between ZMK10, 000 and ZMK50, 000. There were also a handful of Bemba people 1 percent who said that they bought them at a cost which was more than ZMK10, 000 per month.

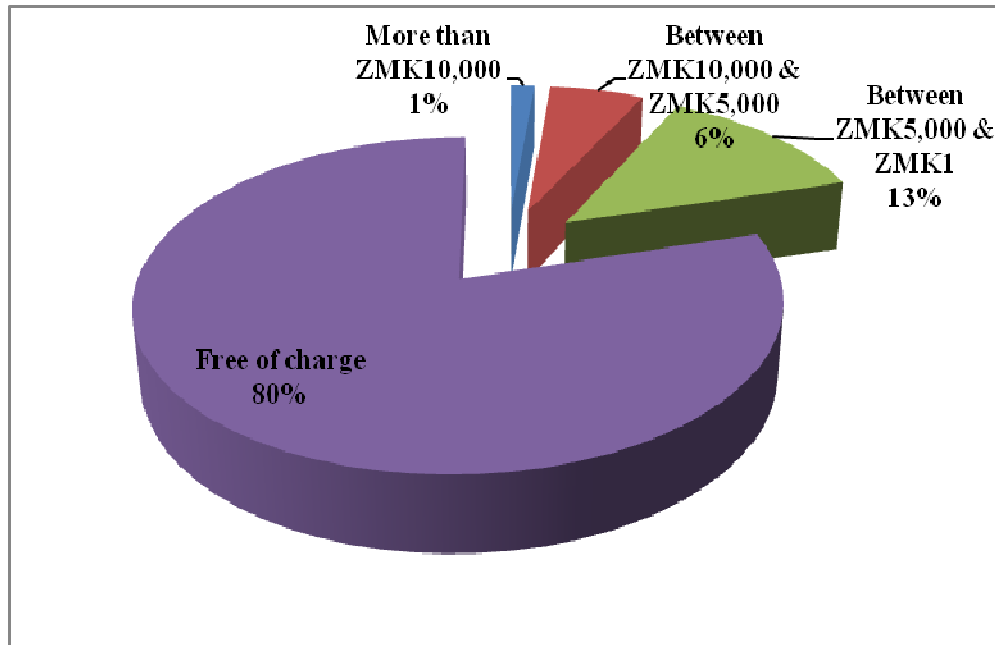


Figure 10 *Percentage distribution of costs in Zambian kwacha that Bembas who used some modern birth control method incurred for acquiring the contraceptives per month.*

Some 1.7 percent said that using the condom was sin no wonder why they wouldn't use it. These would rather use a traditional method than the condom. The research found out that among Bemba women who were using condoms more than five in every ten would rather use a male condom than a female one. Most of those who answered to the affirmative said the male condoms were more readily available than female condoms. On the other hand among those that would use the female condom, the majority said that they would use it as it would aid them be protected from venereal diseases.

4.4.0 POSTPARTUM BREASTFEEDING , WEANING AND FERTILITY

Susceptibility to pregnancy after a birth of a baby can be delayed by breastfeeding, which triggers the release of some hormones called oxytocin and prolactin into her blood stream, which suppresses estrogen production and consequently inhibits the resumption of ovulation and menstruation, (Grugni and Fernandes, 1993). On average a woman is ready to resume having sex with her husband/partner forty-two days (42) postpartum, (Grugni and Fernandes, 1993).

Table 5 *Percentage distribution of lengths of time waited by Bembas before their next coitus with their wife/partner after the birth of each of their children by their sex, age and marital status.*

Background Characteristics	1 month or less	1month--3months	3months & more	Total
Sex				
Male	17.3	67.3	15.3	100
Female	30.0	42	28	100
Marital status				
Not yet married	5.3	0	7.1	2.6
Married	23.1	53.8	23.1	85.5
Divorced	10.5	0	14.3	5.3
Widowed	5.3	12.1	7.1	5.3
Separated	0	3.8	0	1.3
Age				
15years--19years	0	12.1	0	2.6
20years--24years	0	28	46.4	11.8
25years--29years	20.5	23.5	14.4	14.5
30years--34years	15.4	15.8	25	9.2
35years--39years	10.3	11.3	32.1	9.2
40years--44years	23	29.9	7.1	14.5
45years and above	30.8	79.4	75	38.2
Total	100	100	100	100

P-value= 0.026 at < 0.05 level of significance

Table 5 shows that a significant proportion 30 percent of Bemba women waited only up to a maximum of one month after the birth of their babies before their next coitus with their partner. Among the Bemba males, only 17.3 percent of them waited for one month or less postpartum before their next sex with their partner. Exactly half of the Bemba men 50 percent and slightly more than quarter a 26 percent of Bemba women waited for two months postpartum before their next sexual act with their partner.

It is shown by Table 5 too that the older a Bemba got the lesser the time they waited postpartum before their next coital encounter with their partner. For example the 15-19years old waited longer and resumed their coital activities with their partner at least two months after the birth of their baby, while the 25-29years old did so between 1 and 3 months postpartum. Also it was evident that the 45years old and above had more couples who resumed their coital activities within the first month after the birth of their baby than any younger age group. The 45years and above age group had the largest proportion of couples than younger age groups, who resumed their sexual activities after the birth of their baby in almost all categories of time waited. Most Bemba women said that they would resume their coital activities immediately the foetus became strong. Still a significant number of Bemba women and men said they only waited for the healing of the woman postpartum after which coitus would resume. They said that merely after a Bemba woman healed even if a child was still very young there would reach times when it would be time to remove the child that may be often sleeping between parents to let coitus begin. This leaves Bembas with births that are close to one another thus heightening their fertility.

It was found out that most Bembas practiced *ukupoka*, a traditional rite involving a pregnant woman, who in her advanced pregnancy stage would go to her mother's family away from her husband/partner both to be aided by them and also to avoid continuing having coitus with her husband thus bearing a child who was dirty due to semen that would smear the baby when it would be born via the birth canal. This is because according to Bemba tradition, it was not an

uncommon practice that a man would continue having coitus with his pregnant wife/partner up to about the seventh month of the pregnancy because that makes the developing foetus strong.

4.4.1 Exclusive Breastfeeding and Fertility

There is a link between length of exclusive breastfeeding postpartum a woman practices and her fertility. Most women breastfed their babies within one hour postpartum, albeit others did so later than that time because for them some breasts delay to begin bringing out milk. The research also found out that there were variations in the lengths of time of exclusive breastfeeding depending on the educational level a mother had attained. For instance according to Figure 11, 77.7 percent and 22.2 percent of Bembas with secondary and tertiary levels of education respectively took three months or less to breastfeed their children exclusively. Within this group were some Bemba women, who breastfed exclusively only for one month and a half. This research also found out that among the Bemba a significant proportion 23.1 percent of married Bembas resumed coitus postpartum after as short as less than 1 month.

Such a combination of having an extremely short length of exclusive breastfeeding time as three months or less coupled with another short time waited before resuming coital activities of about one month or less (e.g. merely awaiting healing of wife's private parts) postpartum leaves Bemba women with a high probability of conceiving and consequently giving birth thereby increasing their fertility. It was noted that the higher the educational level the Bembas attained the more the proportion and tendency of them taking a shorter time of exclusive breastfeeding. This therefore means fertility was still significantly high even among the elite Bembas because the majority of them resumed sex with their partner in far less than the normal

42days postpartum coupled with their short exclusive breastfeeding practice of three months or less, which is far less than the normal six months postpartum(Grugni and Fernandes, 1993).

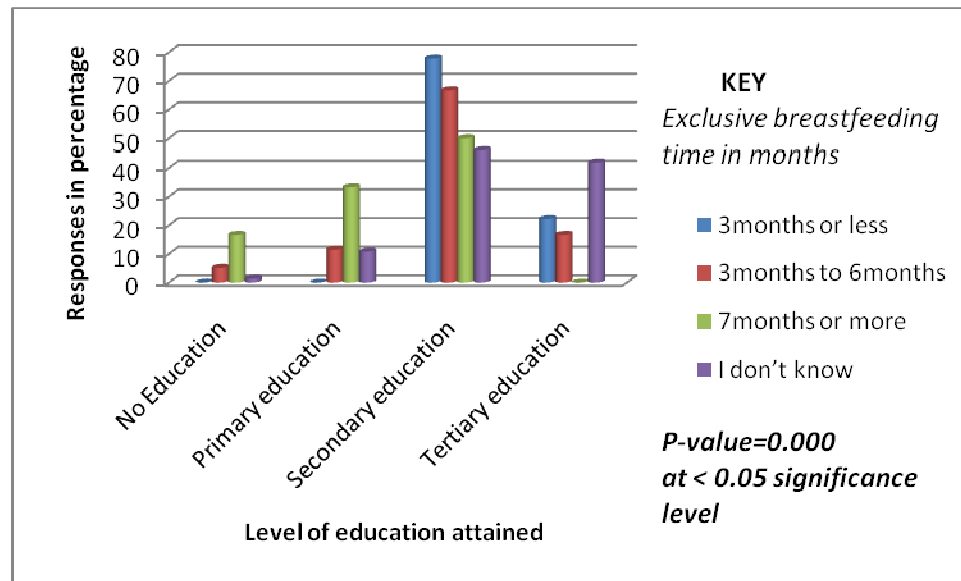


Figure 11 *Distribution of lengths of exclusive breastfeeding time of Bembas by their education level attained.*

According to Figure 11, a significant proportion of Bembas breastfed their children exclusively for three months or less postpartum. Also some showed ignorance of knowledge of length of their exclusive breastfeeding practice in their family. It was found out that most of the Bembas who said they didn't know about the length of their exclusive breastfeeding period were men as they claimed that such information was known more by their wives.

The research also revealed that an average Bemba woman would rather breast feed her child than bottle feed it before weaning. While the modal age of weaning a child was reported to be one year seven months from the birth of their baby. The research also found out that for Bembas who were above 35 percent the older the Bemba couple got above 35years, the closer to two years of breast feeding their children before weaning.

Chapter 5

DISCUSSION AND CONCLUSION

5.1.0 Discussion

5.1.1 Influence of Cultural Activities on Fertility

The research has demonstrated and revealed a number of customs, norms and values observed and practiced among the Bemba people, which to a large extent had a bearing on heightening their fertility. This was demonstrated by several Bembas' willingness to allow their children to attend some traditional counseling sessions either at attaining menarche and/or at getting marriage. For instance the research established that more than half 58.5 percent of the Bemba people of Kasama were ready to send their children to some initiation ceremony in the case of girls to learn knowledge. Still another 12 percent said they would allow their children to attend the traditional initiation ceremonies seldom. For instance during *Ukucindilwa* rite of passage, the bride and groom were often given pro-natalistic lessons called the law of the married, that are meant to safeguard coitus between married couples and thus build their home. For example in this rite of passage both the bride and groom are taught particularly on many ways of taking care of each other especially sexually in their home.

The research findings have also marched with existing knowledge. For instance according to Richards (1982) culture had a part in influencing the way people were brought up in society. Attitudes were found to be able to be affected by what people thought about themselves and by their belief systems and values prevailing around them.

This research established too that generally the Bembas' social life is centered on the family and the extended family especially in view of having children who would keep them in future when they would be old inline with Caldwell's intergeneration wealth flows theory , (Caldwell, 1976).

The research has also proved that many of the pro-natalistic lessons which were taught to initiates and would-be marriage couples during the two traditional rites of passage alluded to above centered on only increasing their fertility and none was to reduce it. At most of the traditional counseling sessions the lessons taught were twofold: for instance Bemba couples were and are often taught on how to either enhance fertility by sexually caring for their spouse well and bear children successfully; and/or at all cost Bembas were to prevent being infertile and remain in a childless state in their society. If one died childless, they would be buried in such a humiliating manner that a piece of charcoal (*mufito*) would be tied on their back as a sign that he or she didn't leave any child on earth. The charcoal was a mock child he should have had in his lifetime. So in the bid to avoid being tied with a piece of charcoal, Bembas have many children to leave behind when they die.

Bembas also bear many children to increase their status in their society because they say "the bigness of a chicken is seen by the numeracy of its feathers". This consequently causes most Bembas to desire to bear as many children as they can have to increase their status in their society a situation that heightens their fertility.

5.1.2 Traditional Practices and Fertility

According to the research done by Richards (1982) on the Bemba girls' initiation, it was pointed out that traditional knowledge and culture were often carried down through generations such that most cultural practices would be preserved and handed down to the later generations. In this regard the research has revealed some of the important basic cultural factors that generally defined the pattern of high fertility in Bemba society.

It was found out that large family sizes were desired among Bembas. None ridiculed people with many children. Instead they stated that it dependant on the wealth one had. In other words it meant that as long as one had much wealth, he could continue having more and more children. This was because generally among the Bemba society, "fertility was largely never regulated or prescribed by another person."

For instance although the Bemba society may have changed in certain aspects due to the influence of modernization, up to the present times its basic structure has remained largely intact. For instance, by the research time marriage among the Bemba was still universal and treated with utmost respect in society. This was because even among people in formal employment like Teachers, Bankers, and Social workers just to mention a few, most of them were free to marry and have the number of children that he would keep.

A study was conducted by Caldwell and Okonjo (1968) on the nature of the population of Tropical African areas. The duo found out that in most tropical African populations it was not uncommon to have a significant number of couples with either the female, male or both entering the marriage union just immediately they physiologically attained menarche and

became fecund. This research has demonstrated that early marriages were not uncommon among the Bemba people too. For example current research's findings have shown that a significant proportion of 14 percent of Bemba girls often got married off at an early age of below 16 years.

The foregone was established by the research in that the findings of the current enquiry showed that it was common in Bemba culture that immediately a girl would attain menarche, older women especially her aunties would withdraw her from school irrespective of the level of education she would be at the time. The girl would be led into seclusion for an extended period of two weeks where she would be an initiate. Upon exiting the initiation ceremony, there would often be a public celebration held showing how well their girl had been taught. While this was meant to show how well she was traditionally taught, on the other hand the celebration acted as an advert enough for men that intend to marry. Consequently the Bemba girl would get married in no time. Thus early marriages among the Bemba people were not uncommon. Early marriages expose the Bemba girls such that they are made to have a longer period of their fecundity thereby having a higher fertility level by their menopause.

According to the research findings it was not uncommon among the Bemba people to find women of more than 40 years old and still actively participating in childbearing. A situation where there are early marriages entered into e.g. at 16 years or less and the continuing bearing of children at even older ages of after 40 years exacerbated the high fertility among the Bemba people. This means such couples start child bearing early and stop quite late hence expanding the risk of Bemba women to conceive and bear children, thereby heightening their fertility.

Existing literature on the Yoruba people of Nigeria by Caldwell (1975) and Alfolabi (1966) revealed that children born were viewed as gifts from God. They were supposed to be born through the natural course of having sex in a marriage union. In spite of this, it is clear from the research that in a few instances a Bemba man and not a woman may be excused if he had a child outside his marriage. This was because it was found out that “sexual unfaithfulness of a Bemba man in his marriage could not break or lead to the dissolution of his marriage”. This idiom meant that a Bemba marriage wouldn’t be annulled merely because the husband/man had had a child in an adulterous affair. The research demonstrated that often children that would be born outside wedlock including some of those born within the official matrimonial home would be kept by some grandparents or any of the relatives of either side of the parents because a child was free to be kept at and by any relative who was able to accommodate him or her. This also meant that those individual Bembas who were incapable of raising many children would still continue bearing more since other relatives would support their children. This situation where Bembas’ traditional family ties e.g. their extended family helped keep children for their kin contributed to heightening their fertility.

While researching on the Yoruba people of southern Nigeria, Talbot,(1926) established that the most probable reason for the explanation of the rise in total fertility of Nigerian urban areas by his research time was due to couples resuming coital activities in a short time postpartum. For instance, after birth of their child Yoruba men resumed their coital activities much sooner than in other areas of Nigeria. In line with this information the current research has shown to the affirmative that such short time of waiting before couples resumed their sexual intercourse postpartum existed in Kasama. It was established by this research that while the majority of couples of Bembas resumed their coital activities at least three months postpartum, a significant

proportion of the married ones 23.1 percent resumed their sexual activities with their partner one month or less postpartum. Also 36.9 percent of them resumed between 1 month and 3months postpartum. In a nutshell more than half Bembas 60 percent resumed coital activities 3months or below postpartum

There was also evidence from the current research that the 45years old and above age group had more proportion of couples who resumed their coital activities within the first month postpartum than any younger couples. The reason may be that by the age of 45years most Bemba women would have overcome fears about birth processes due to more experience accrued over the years of their fecundity unlike any younger couples for example the 15-19years old couples, who would have just begun their childbearing. Most of the women, who resumed their coital relationship with their spouses/partners one month or less postpartum said that they did so to prevent their husbands/partners from going to have sex with other women, while most men only waited for their wife/partner to heal postpartum. A handful of women however waited a little longer until their baby became strong. Asked on how long they waited before resuming coitus postpartum, a significant section of Bemba men said that they merely waited for their wives/woman to heal even if a child was still very young. Bemba couples understood that coitus would take place even if their child was still very young. They said that even if their child was young, there comes a time to remove the child from sleeping between parents to let coitus be possible. This is more or less an instruction for a mother to shift their child from between them where she or he often sleeps to allow parents to resume coitus. Since this happens just after healing of a Bemba woman postpartum, coupled with the ones who exclusively breastfeed for a short time of less than three month, a significant Bemba couple often find themselves in a situation where the wife would get pregnant. It is not uncommon among the Bemba to find a conception which came about as a result of accidental conception. Now that abortion is not traditionally accepted among the Bemba it leads to increase in their fertility.

Seeing that a significant proportion of Bembas 23.1 percent resumed their sexual activities with their partner one month postpartum, the research established that the probability of early and unplanned-for conceptions in such cases were high among the Bemba people. Consequently, child spacing would be shorter there by increasing the total fertility of Bemba women by their menopausal time.

5.1.3 Contraception use, Perceptions and Practices

Notestein, (1947) observed that the mere availability of the contraceptives in society was not enough to bring about an effective decline in fertility levels unless there be an involvement of the social structure of the community consisting of its customs and beliefs. According to Notestein, (1947) the inclusion of such traditional customs and norms would bring about a rise in use of family planning. Kapungwe (2007) also postulated that there were numerous unplanned for conceptions in the world owing to the non use or ineffective use of contraceptives. Kapungwe (2007) also added that failure of some of the contraceptives during use were the major factors explaining the situation where 40 percent of worldwide pregnancies were accidental or unplanned.

Consistent with the researches alluded to above by Notestein, (1947) and Kapungwe, (2007) it was demonstrated by the current research findings that the knowledge of family planning among the Bembas was such that 5 percent of them did not know about any family planning at all, meaning that the majority of them 95 percent knew at least some fertility control method. Since the majority of respondents had at least attained secondary education, it would be expected that they would be aware of and be adherents to the use of modern contraceptives

given at the hospitals, howbeit due to the influence of traditional ties, some Bembas avoided the uptake of modern birth control methods. Most of them had fears as a result of negative hearsays of side effects circulating in society. This explains the low uptake of modern birth control methods among the Bembas. This means that therefore quite a significant proportion of people among the Bemba feared to use modern contraceptives and thus used atleast an unreliable and inefficient type of traditional family planning or worse still no family planning at all. This directly has high potential of increasing their fertility significantly. For instance the research also found that 19.1 percent of the Bembas who were not currently using any family planning method by the time of the research had had an unplanned pregnancy. Albeit, this research also established that 37.6 percent of those who were using family planning at least ever became pregnant without intending to. This means that the family planning methods that they were using or had been using may have been ineffective or may not have been used correctly at all. This therefore brought about the existence of incidences of unplanned conceptions and consequently births of children among the Bemba thereby heightening their fertility.

Also the current research has established that the choice of a type of birth control was influenced by the perceptions a Bemba had over or about its efficacy and side effects either experientially, by one's academic know-how or by hearsay accrued in society. For instance table 3 shows that a few 17.1 percent married Bembas choose the modern birth control methods of fertility control citing that there were experts at hospitals who could help in case of complications. These said that traditional birth limitation methods were inefficient in that one would become pregnant even while using them.

On the other hand others decided to use traditional birth limitation methods as they felt that the birth control modes did not have side effects. These also said that the pills and injections given at hospitals were dangerous and could kill. It was also felt by several who used traditional birth control methods that modern contraceptives' side effects were so dangerous that they burn ova in wombs of women.

Such fears and negative perceptions about the different methods of birth control existing in Bemba society, increased apathy in as far as utilization of the modern birth limiting methods were concerned. Consequently, unplanned-for births increased in such situations among the Bemba, thereby increasing their fertility levels.

5.1.4 Postpartum Breastfeeding, Weaning Trends and Fertility

From existing literature of several researches done so far in both the Natural Sciences and Demography alike just to mention a few, it is pointed out that after every birth, a woman often would experience a temporal infecundity to a length of about six months postpartum if she continued breastfeeding exclusively (Grugni and Fernades, 1993). But if she intermittently breastfed her child, or if she exclusively breastfed beyond six monthly, then she would be at risk of conceiving the moment she would be exposed to a sexual encounter with a fecund man. In line with this existing knowledge this study has confirmed that while a significant proportion of Bemba women practiced exclusive breastfeeding, still a significant proportion 77.8 percent and 22.2 percent of those with at least some secondary and tertiary levels of education respectively only exclusively breastfed their children up to a maximum of three months or less postpartum.

Most of those in formal employment stopped exclusively breastfeeding their babies at about the third or fourth month postpartum. Clearly because exclusive breastfeeding is often intermittent and the length is shorter than six months, an average Bemba woman remains at risk of

conceiving especially that most of them commence coitus with their husbands immediately when they heal postpartum. Later, an average Bemba woman would rather breast feed her child than bottle feed it before weaning the baby. It was also established that the modal age of weaning the baby was one year seven months postpartum.

This clearly shows that the length of exclusive breastfeeding was shorter than six months. This meant that such women's postpartum amenorrhea in which they were infertile was shorter too thereby leaving them at risk of conceiving as soon as they resorted to bottle feeding their young in that most of them would have resumed their coital activities with their partner earlier by at least the second month postpartum. This therefore increases the Bembas' fertility by having births separated by only very short periods of time.

One other breast feeding traditional guide line given to a Bemba female initiate is that as much as possible exclusive breastfeeding should be short so as to avoid the contamination of the breast milk in public (*ukuambula ebele*), which would affect the breastfeeding child negatively. In trying to avoid doing that, the Bemba's exclusive breastfeeding period is short such that it leaves the lactating mother at risk of conceiving since a significant proportion of them resume coitus with their partner as short as three weeks or less after the birth of a child. Such kinds of traditional pro-natalistic lessons play a major role in having the Bemba's fertility be high.

5.2 Conclusion

The research has demonstrated that the plurality of customs, norms and traditional observances surrounding fertility among the Bemba society does to a large extent give impetus to their having many progeny. If adhered to, the customs, norms and traditional practices has potential to increase fertility by either preventing infecundity or encouraging conceptions. This is consistent with Caldwell's intergenerational theory such that traditional societies have more children in order to gain from them in one way or another and thus secure parents' well being in future. Bembas even put it clearly in their wise sayings '*kolwe akota asabilwa nabana*' i.e. when a monkey grows old, it is often cared for by its children.

It is therefore paramount that measures be put in place to bring down the high birth rate in the Bemba society because even the system of agriculture prevalent in Bemba land i.e. *Chitemene* (shifting cultivation) would not sustainably provide large quantities of food security that large families need. Devoid of such measures being put in place to avert the high fertility among the Bemba people, a continuously increasing effort for parents or guardians to provide for their families would only end up being used for barely maintaining basic consumption needs without any investment for posterity.

5.3 RECOMMENDATIONS

It must be understood that even if it often takes a long time to come up with an alteration in population trend of a given society, a plan for a somewhat short period of time is desirable in Bemba land vis-à-vis the education of public opinion on the need to control the number of progeny. By so doing, large Bemba communities will accept limiting their family sizes.

- ❖ Seeing the many misconceptions about modern family planning methods existing in Bemba society, I strongly recommend that reproductive health education be scaled up by the Government through the Ministry of Health and its partners via different media among the Bemba people.
- ❖ Parliamentarians direly need to enact and strengthen the legal framework with regard to the age at first marriage laws especially to help the girls by prosecuting both offending parents and men in society.
- ❖ Due to presence of reports of child marriages among Bembas I strongly recommend that the government and its partners urgently sensitize communities of the value of educating their girl children upto tertiary levels.
- ❖ The government through the Citizens Economic Empowering Commission urgently need help uplift the social status of women through empowering them via teaching them to do profitable business ventures coupled with funding them.
- ❖ There is serious need that Traditional councilors (*Banacimbusa*) undergo robust scrutiny and orientation especially on the value of having small family sizes before they do their work.
- ❖ I strongly recommend that stakeholders urgently constitute a board that will oversee, scrutinize and certify *Banacimbusa*.
- ❖ Service providers of modern family planning need to make their services more robust, accessible, and readily available. This may greatly aid in having Bembas acquire them and willingly utilize them.

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APPENDIX I

DEMOGRAPHIC RESEARCH QUESTIONNAIRE

Dear Respondent,

I am glad to inform you that you have been randomly selected to participate in this demographic survey. Kindly respond to the questions faithfully and be assured that all information that you will provide will be kept with much confidentiality and shall be solely for academic purposes only.

Thank you.

SECTION A: BACKGROUND INFORMARTION OF RESPONDENT.

Kindly answer the following questions about your life and your background.

Rank #	Questions and Filters	Coding Categories	Skip to
A01	Date of Interview	Day Month Year _____ , 2011	
A02	Gender	1. Male 2. Female	
A03	Where person came from on coming to Kasama	1. from a Village 2. from a Town 3. from a City 88. Other specify.....	
A04	Respondent's source of livelihood.	1. Farming 2. Business 3. Housewife 4. Employed 5. Supported by children (since am aged) 6. doing nothing 7. Still at school 88. Other specify.....	
A05	How old were you on your last birthday?	.....
A6	Ever attended school?	1. Yes 2. No _____ →	A8
A7	What is your highest level of educational attainment?	1. Primary 2. Secondary 3. Tertiary	
A8	What is your marital status?	1. No yet married _____ → 2. Married 3. Widowed 4. Divorced 5. Separated 6. Other specify.....	A12

A9	How did you marry?	1. By eloping 2. By <i>Bwinga bwakapundu</i> 3. By <i>chombela ng'anda</i> 88. Other specify.....	
A10	What number is your current marriage?	1. First marriage 2. Second marriage 3. Third marriage 4. Fourth marriage 88. Other specify.....	
A11	Your age at your first marriage?	.....
A12	What is your religious affiliation?	1. United Church of Zambia (UCZ) 2. Seventh-Day Adventist (SDA) 3. Catholic 4. Pentecostal christian 88. Other Christian/Religious groups	
SECTION B: REPRODUCTIVITY.			
Now am going to ask you to respond to questions on the births you have had during your life.			
B01	Have you ever given birth to a baby?	1. Yes 2. No _____ →	B04
B02	Did you ever have any child before your first marriage?	1. Yes 2. No _____ →	B04
B03	How many children did you have before your marriage?	1. One child 2. Two children 3. Three children 4. Four children 88. Other specify.....	
B04	What do you think is the best number of children people should have in Zambia?	1. One child 2. Two children 3. Three children 4. Four children 5. Five children 6. Six children 7. Seven children 8. Eight children 9. Nine or more children 88. Other specify.....	

B05	What number of children do you yourself want/wanted to have?	1. One child 2. Two children 3. Three children 4. Four children 5. Five children 6. Six children 7. Seven children 8. Eight children 9. Nine or more children 88. Other specify.....	
B06	How many of these do/did you wish to be girls?	1. One 2. Two 3. Three 4. More than three 88. Other specify.....	
B07	How many of your children do/did you wish to be boys?	1. One 2. Two 3. Three 4. More than three 88. Other specify.....	
B08	Why do/did you wish to have such a division of the sex of your children?	..... ..... .....
B07	What is your opinion about people who bear many children?	1. Its a very good idea 2. Its a good idea 3. Its a bad idea 4. Its a very bad idea 5. It depends on them 99. I don't know 88. other specify.....	
B8	What are your reasons for your answer in B07 above?	..... ..... .....
B9	How many of your children are alive but do not live with you?	1. One 2. Two 3. Three 4. More than three 88. Other specify.....	
B10	Why are they not living with you?	.....
B11	How would/did you want your children to marry?	1. By eloping 2. By <i>Bwinga bwakapundu</i> 3. By <i>Chombela Ng'anda</i> 88. Other specify.....	

B12	Ever had a miscarriage or an abortion before?	<ol style="list-style-type: none"> 1. Yes 2. No 	
B13	Ever had a baby who was born well but later on died?	<ol style="list-style-type: none"> 1. Yes 2. No 	
B14	How many of your children have died?	<ol style="list-style-type: none"> 1. One 2. Two 3. Three 4. More than three 88. Other specify..... 	
B15	Have you ever gone through any initiation ceremony?	<ol style="list-style-type: none"> 1. Yes 2. No 	
B16	Do you allow your children to go through any initiation ceremony?	<ol style="list-style-type: none"> 1. Yes 2. No 3. Yes but not always 	
B17	What is your reason to your answer in B16 above?	<p>.....</p> <p>.....</p> <p>.....</p>	
B18	Ever became pregnant without intending to?	<ol style="list-style-type: none"> 1. Yes 2. No 	

B19	Do you plan to bear any more children?	1. Yes 2. No	
B20	What are the reasons for your answer to B19 above?	..... ..... .....
<p style="text-align: center;">SECTION C: CONTRACEPTION</p> <p style="text-align: center;">This time kindly answer questions about the various ways or methods of family planning that you have ever used to delay child birth.</p>			
C01	Have you ever heard about any family planning methods?	1. Yes 2. No _____	C03
C02	where do/did you hear about family planning from?	1. From Initiation Ceremonies 2. From books & magazines 3. From radio 4. From television 5. From Hospital/Clinic 88. Other specify.....	
C03	How much do you know about family planning?	1. I know very little about it 2. I know fairly well about it 3. I know very much about it 99. I don't know anything about it 88. Other specify.....	

C04	Are you currently using any family planning method to delay or avoid getting pregnant?	1. Yes 2. No _____ →	C06
C05	Which family planning method are you currently using?	1 Traditional birth control 2 Modern birth control 88. Other specify.....	
C06	Do you know of any traditional customs, taboos or rules followed to help in spacing of births of children?	1. Yes 2. No _____ →	C10
C07	Have you ever used any traditional family planning method?	1. Yes 2. No _____ →	C09
C08	Which traditional family planning method do you use?	1. Tattooed (<i>Uwakukoma</i>) 2. oral type (<i>Uwakunwa</i>) 3. Beads (<i>Uwakufwala mumusana</i>) 4. <i>Uwakushika</i> 5. Calendar (<i>Uwakulolesha inshiku</i>) 6. Natural method (withdrawal type) 88. Other specify.....	
C09	Does your husband/partner know that you are using any method of family planning?	1. Yes 2. No	
C10	If ever you pay, how much do you pay in total to get or use the family planning method that you use?	..... ..... .....

C11	How do you view the use of Traditional Family Planning methods?	1) It's a very good idea 2) It's a good idea 3) It's a bad idea 4) It's a very bad idea 99) I don't know 88) Other specify.....	
C12	What are the reasons for your answer in question C11 above?	..... ..... .....
C13	What do you think about using Modern Family Planning methods?	1) It's a very good idea 2) It's a good idea 3) It's a bad idea 4) It's a very bad idea 99) I don't know 88) Other specify.....	
C14	What are the reasons for your answer in question C13 above?	..... ..... ..... .....
C15	Which method would you recommend to your best friend so that they may use between the modern and the traditional birth control?	1). Traditional Family Planning 2). Modern Family Planning 88). Other specify.....	
C16	What are the reasons for your answer in question C15 above?	.....

C17	Do you know of a place where a person can get female condoms?	1. Yes 2. No	
C18	If you wanted to, which one would you prefer to use?	1. Female condom 2. Male condom	
C19	What are the reasons for your answer in question C18 above?	..... ..... ..... ..
C20	Who is the main decider over the type of family planning method you use with your husband/partner?	1. mainly my decision 2. my husband's/partner's decision 3. both of us decide together 88. Other specify.....	

SECTION D: FERTILITY AND BREASTFEEDING.

Kindly answer questions about your fertility and your child breastfeeding trends

D01	How long after delivery of a child do you wait before you resume your sexual activity with your spouse/partner?	..... ..... .....
D02	Why do you wait for this length of time you mentioned in the question D01 above?	..... ..... .....
D03	How long do/did you exclusively breastfeed your child/children postpartum?	..... ..... .....
D04	At what age do/did you wean your child/children postpartum?	..... ..... .....

End of questionnaire, thank you for your time

APPENDIX II

FOCUS GROUP DISCUSSION QUESTIONS

Main Questions discussed:

1. What are the main fertility related traditional practices of the Bemba people?
2. To what extent is a Bemba man or woman who is not traditionally counseled at marriage respected?
3. To what extent do Bembas tolerate infecundity in their society?
4. What treatment is shown to a Bemba man or woman who can't bear a child?
5. What are the major perceptions and practices of the Bemba with regard to contraception use?
6. What are the Bemba cultural postpartum breastfeeding and weaning practices?

(Note: Several other follow-up questions would be posed during the discussion as a way of eliciting more detailed information desired on a particular aspect of the topic where necessary.)