Family planning in rural Kwazulu: Transition from traditional to contemporary practices

C.W. Kies
Department of Development Aid, Pretoria

Aim
The fertility behaviour of a community is affected by its cultural milieu. Values and norms defining the range of acceptable behaviour include prescriptions with regard to sexual practices. These prescriptions can have an effect on fertility, for instance by preventing or spacing pregnancies. Fertility in traditional black communities is also affected by such norms.

In this paper some of the traditional practices affecting fertility will be explored briefly, as well as the role of modern contraception and the extent to which these customs are still practised. The investigation was conducted amongst the black population on the Makhatini Floodplain.

Research field
The Makhatini Floodplain is part of KwaZulu and is bordered in the north by Mozambique, in the west by Swaziland and in the south partly by the Lebombo Mountains. Consequently the population is relatively isolated from outside influences. The Pongola River flows northwards across the valley, its floodwater filling a large number of pans which provide a breeding ground for waterfowl and a variety of fish. The subtropical bush and grasslands, which provide good grazing, have always ensured the inhabitants of the area of a satisfactory subsistence economy. Consequently it was never necessary until recently for the population to participate in migrant labour and seek a livelihood elsewhere like other black communities in South Africa. However in recent years most of the men in the Makhatini area have at some stage been involved in migrant labour, which has brought them into contact with modern outside influences.

The HSRC conducted research on fertility behaviour in two of the headmen's areas in the Makathini Floodplain, namely the Ophansi and the Mlambo-Ngwenya districts. In the 1970 population census virtually all the inhabitants of these two areas indicated Zulu as their home language; consequently the communities' culture is largely that of the Zulu people. However a number of persons with SeSwati (Swazi) or Tsonga (Tembe-Tonga) as their home language also live in the above areas.

Research design and data sources
The research was conducted in two phases, namely in July 1979 and in April 1982. During the first phase questionnaires were completed by 361 female respondents aged between 15 and 49 years with the help of black student nurses. The questions covered aspects such as the prevailing fertility behaviour of the women. During the second phase of the investigation, in-depth interviews were conducted with 18 (mainly aged) respondents. The purpose of these interviews was to obtain information on the traditional prescriptions regarding sexual behaviour and to explore the possible effect of these traditions on fertility. In this way a comparison could be drawn between traditional and contemporary practices and behaviour with regard to sex and fertility.

No modern, urban or town development has taken place in the two districts concerned and the homes or kraals are dispersed over the whole area – some close together and others far apart. Consequently there was some difficulty in including respondents randomly in the sample.

In the in-depth interviews it was explained to the respondents that they should as far as possible try to describe the customs that their forefathers followed in the time of Shaka, the Zulu king, in other words about 150 years ago. These interviews were conducted personally by the author according to a number of themes compiled beforehand. Consequently it was ensured that all the interviews would deal with the same aspects of sexual behaviour.

A study of the literature indicated that little was known about the traditional sex life of either the Zulu or other blacks, or about the role that traditions played in family planning. This research is therefore also an attempt to describe relevant aspects of the traditional sex life of the Zulu and the bearing it had on fertility.

Definition of terms
During the interviews with the respondents four Zulu words were frequently used to describe certain traditional sexual practices. Consequently these terms should be defined briefly.

Ishebele — The mistress of a married man. She is usually also married.

Ukuhlobonga — To have external sexual intercourse between the legs of a girl or another man's wife without penetrating the vagina. This type of intercourse is conducted in secret and is regarded as "disgraceful" although it is traditionally sanctioned. External intercourse was also a recognized premarital custom practised by young people during the initiation period and is for instance, a ritual performed at weddings.

Ukusoma — To have sexual intercourse between the legs of your own wife without penetrating the vagina. There is no disgrace attached to this. Ukuhlobonga and ukusoma are therefore actually synonymous (as also used by Kohler 1933: 33-35) and refer to the same form of sexual intercourse. However the respondents distinguished between the two terms according to the marital status of those involved.

Ukulala nomfazi — To sleep with a woman, in other words to have sexual intercourse with her. (Ukulala — to sleep.)

Premarital sex
Full premarital sex was forbidden in traditional Zulu society and illegitimate births were strongly condemned because of the disruptive effect that children born out of wedlock would have on the community. Problems foreseen in this regard included the fact that there would not be a father to pay bride-
price at a boy’s wedding, and the fact that there would be no ancestral spirit on the paternal side to worship in the kraal of the bridal couple. Schapera (1967: 48) states in respect of other groups that children born out of wedlock were usually put to death. In traditional Zulu society the man concerned was held responsible for damages by the father of the pregnant girl and/or was forced to marry her, thus solving the above problems.

In order to prevent unwanted pregnancies young people and lovers were allowed to have external sexual intercourse (to hlobonga). Even this type of sexual contact was, however, regulated. Sexual practices, customs and taboos formed part of an unwritten “textbook” prescribing sexual behaviour in all phases of life. The young adults were instructed in these practices by the leaders of each peer group. Meetings between boys and girls were arranged by the leader of the girls’ group (the ngihleka). She alone knew which couples practised hlobonga since the meetings occurred in the veld in secret. The customs surrounding ukusihlobonga therefore involved arranging a meeting to hlobonga. A young man could not turn up unannounced to take a girl out in order to hlobonga. The couple had to have a permanent relationship and any meetings between the boy and girl had to be arranged through the leader of the girl’s peer group.

Although it is now widely believed in South Africa that a girl had to prove her fertility first before a man would be interested in marrying her, the ukusihlobonga traditionally precluded the girl from proving her fertility before marriage. In order to prevent illegitimate births the ukusihlobonga was the only form of premarital sex allowed among young people. According to Kohler (1933: 39) this practice resulted in pregnancy in exceptional cases.

One of the respondents indicated that such an outlet for people’s sexual desires was necessary. Especially in Shaka’s time, as the chief would not allow young men to marry before proving themselves on the battlefield. The usual age for a man to be married was therefore between 30 and 35 years. The girls of a particular age group on the other hand, could not marry until all the girls of an older age group had married. Consequently girls also married at a relatively late age. According to one of the respondents their age at marriage was probably approximately 25 because the girls were only allowed to marry when they were no longer in their teens and had achieved adulthood.

The culturally prescribed concession to young people to hlobonga should thus also be seen against the background of the relatively high age of men and women at marriage.

The survey indicates that certain of the traditional controls over sexual behaviour have disappeared. Age groups no longer function in the traditional way and there are therefore no group leaders to instruct girls on how to hlobonga “safely” or to arrange meetings between boys and girls. Young people nowadays arrange their own meetings, while the task of instructing a girl on how to hlobonga is left to her mother. Although young people still follow the traditional hlobonga method of premarital sex because of the strong prejudice towards illegitimate births there are nevertheless exceptions. One of the respondents indicated that some of the young men were no longer satisfied to hlobonga and preferred having full sexual intercourse with a girl. This refers particularly to young men who, on account of migrant labour and possible contact with women in urban areas, have broken with the traditions of the group and reject the practice of external sexual intercourse.

Today women marry and apparently also become exposed to pregnancy at an earlier age. The survey indicates that approximately half (46%) of the women had their first child while still in their teens and two-thirds (64%) before they were twenty-one.

In view of the earlier age at which people marry as well as the slackening of control over premarital sexual contact, there appears to be less need for young people to hlobonga. According to the data on the female respondents, marriages on average last longer nowadays and consequently there is also longer exposure of women to pregnancy and probably a higher female fertility rate than in early Zulu society.

Marriage and the commencement of sex life

According to the respondents the traditional customs relating to sex in the marriage context are still generally being upheld by the present generation.

Two marriage feasts are arranged, the first of which is held at the kraal of the bride’s parents and the second at the kraal of the groom’s parents on the following day. As a result of the large number of guests attending the second ceremony, the bridal couple do not have any privacy. The marriage is consummated only when all the guests have departed. All the respondents indicated that the frequency of intercourse is very high after marriage: the couple have intercourse “day and night” for the first few weeks until they suspect that the woman is pregnant.

In response to a question as to how intercourse could occur discreetly during the day in the limited privacy of a hut allocated to the bridal couple in the kraal, a respondent explained that this was indeed possible. When the hardened bark that is used to cover the entrance to a hut is hung in front of the door opening no one is allowed to disturb it. It is even taboo to knock on the poles of a closed door opening. Compliance with this taboo ensures that there is privacy inside a hut.

According to the respondents it has been common knowledge for a long time that the semen of the male is needed to conceive a child. It is believed that the semen “begins growing” in a woman’s body once a large enough quantity has accumulated. Consequently the man who wants a child should have frequent intercourse to ensure that the amount of semen accumulated inside his wife’s body will be sufficient to begin growing and to develop into a baby. In view of this the high frequency of intercourse when a couple wants a child is understandable.

Different views on sexual intercourse during pregnancy were expressed. In the case of some of the respondents sexual intercourse ceased after the third month of pregnancy, and according to another, after the fourth or fifth month. According to 73% of the respondents sexual intercourse continued up to the seventh month, while others maintained that it continued throughout pregnancy. Some of the respondents stated that the frequency of intercourse of couples who have been together a long time is twice a week. When a couple desires a child, however, the frequency of intercourse is higher.

Sex life after confinement

For the birth of a first child the young woman traditionally went to the kraal of her mother or her mother-in-law. However, if at the birth of their first child the couple was already living in their own kraal and if more than one hut was available, the confinement could take place there. The custom of going to the mother’s or the mother-in-law’s kraal for the confinement ties in with the taboo prohibiting the man from going near the hut where the birth is taking place and, according to some of the respondents, from eating food prepared by his wife for a certain time after the birth. To comply with the demands of these and other taboos it was convenient for the wife to go to the kraal of either her own or her husband’s parents for the confinement. She usually stayed there for approximately six months, but the sojourn could last from one to six months. When after this period the woman returned to her own kraal, another traditional taboo came into effect which meant abstaining from sex while breast-feeding. Ac-
According to the respondents breast-feeding traditionally continued for approximately three years, during which time sexual intercourse was not to be resumed. This taboo was based on the belief that if the woman were to fall pregnant again while still breast-feeding, the fetus ("the one inside") would poison the milk of the child who was being breast-fed ("the one outside") and cause his death. Consequently a subsequent pregnancy was avoided. In this way the child was ensured of the health benefits attached to breast-feeding to help him through the crucial early years of his life when the risk of mortality was high.

The long lactation period together with the usual way of “breast-feeding on demand” prolonged the period of lactational amenorhoea in the woman. The customs of abstinence together with the practice of “breast-feeding on demand” were therefore dual precautions taken in the traditional culture to ensure a reasonable spacing of children (approximately four years). By adhering to these customs couples traditionally practised an effective method of family planning, although the physiological implications of breast-feeding that tend to retard the return of ovulation and menstruation in the woman were probably not known to people at that stage.

Once the period of abstinence had passed the frequency of sexual intercourse was again very high so that, according to tradition, a large amount of semen could accumulate for the next pregnancy. This high frequency of intercourse followed by years of abstinence contributed to fluctuations in the sexual activity of couples in traditional communities.

Abstinence during lactation was traditionally required. However to provide for the sexual needs of the man, the couple again resorted to external sexual intercourse. In this case the prescribed act was called *ikusoma*.

A further traditional “concession” to the man was that he could visit an *ihende* (mistress). Despite their clandestine nature such visits were common practice. According to most of the respondents it was permissible for a man and his mistress to *hilobonga* while she was breast-feeding her baby, but he could also *lala* (have intercourse) with her during the short period after she had weaned the child. When the woman became pregnant, her husband assumed that it was his child because he was often unaware of the fact that his wife was another man’s mistress. Because all the couples had a cyclical sex life, a man could make his mistress pregnant only during the same period as his wife. This arrangement of births with a spacing of approximately four years therefore followed the same pattern in all households, despite the fact that the men kept mistresses and did not use contraceptives in the modern sense of the word.

Some aspects of the sex life of polygynists with regard to the arrangement of family sizes in polygynous marriages were also studied. One of the respondents indicated that polygyny was common practice in the previous century, and that a man sometimes had four wives while chiefs and headmen had scores of wives. The predominance of females can be ascribed to the heavy losses suffered among men on the battlefield.

According to all the respondents a polygynist slept with each of his wives for a week at a time according to a rotation system. The man made his sleeping arrangements in accordance with each woman’s menstrual cycle. A man with four wives slept with each wife for only one period a month. Consequently there was a strong possibility that the week of coitus did not correspond with her fertile period. In another investigation conducted on the Makathini Floodplain (Kies 1982: 8) it was indeed found that polygynists had fewer children per wife than men in monogamous relationships.

Polygynists were also subject to the taboo regarding abstinence from sex while a woman was breast-feeding, although they could have intercourse with the other wives who were not breast-feeding. A polygynist was also free to visit a mistress to *hilobonga* or *lala* with her.

Polygyny absorbed the surplus of women on the marriage market. Where the males are outnumbered by the females because of war losses, it appears likely that population increase in polygynous societies will be more rapid than in monogamous societies. On account of the above sleeping arrangements however, fertility per woman in monogamous relationships will probably be higher than in polygynous relationships. The survey among the 361 women indicated that the period of breast-feeding and the period of abstinence after confinement are much shorter at present than was the case traditionally. The responses of the women in this regard are indicated below:

### The Period of Breast-feeding of the Youngest Child (Married women younger than 50 years who have stopped breast-feeding)

<table>
<thead>
<tr>
<th>Period</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Three months or less</td>
<td>4</td>
</tr>
<tr>
<td>4 to 7 months</td>
<td>6</td>
</tr>
<tr>
<td>8 to 12 months</td>
<td>15</td>
</tr>
<tr>
<td>Longer than one year</td>
<td>53</td>
</tr>
<tr>
<td>Until child could feed herself</td>
<td>22</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

### The Period of Abstinence After the Birth of the Youngest Child

<table>
<thead>
<tr>
<th>Period</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Three months or less</td>
<td>29</td>
</tr>
<tr>
<td>3 to 5 months</td>
<td>17</td>
</tr>
<tr>
<td>6 to 11 months</td>
<td>28</td>
</tr>
<tr>
<td>12 to 24 months</td>
<td>18</td>
</tr>
<tr>
<td>Longer than 24 months</td>
<td>8</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

When planning the survey the traditional period of breast-feeding was not known to the compilers of the questionnaire. Consequently the intervals do not provide a comparable measurement for comparison with the traditional period of breast-feeding. It nevertheless appears that many women at present breast-feed for periods of less than a year.

The resumption of sexual intercourse such a short time after confinement (in the case of three quarters of the respondents within one year) indicates that the traditional relation between breast-feeding and abstinence has largely fallen away, that sexual activity is resumed while breast-feeding continues, and that the period of abstinence has been drastically reduced. There also appears to have been a change in respect of the sex life of married couples, and for a large percentage of the respondents the cyclical pattern of sexual activity has been replaced with sexual activity on a more regular basis. One may well ask what the present situation is with regard to the spa-
cing of children in the changed circumstances relating to family life.

Family planning

In view of the steady decline in the traditions promoting the spacing of children, the question arises as to whether modern contraception has taken their place. The table below indicates that although the majority of the women at least had knowledge of the contraceptives mentioned, only small percentages used or had used them.

<table>
<thead>
<tr>
<th>Contraceptives</th>
<th>Un-known but past present used</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pill</td>
<td>27</td>
<td>66</td>
</tr>
<tr>
<td>Injection</td>
<td>29</td>
<td>67</td>
</tr>
<tr>
<td>IUD</td>
<td>54</td>
<td>45</td>
</tr>
<tr>
<td>Condom</td>
<td>80</td>
<td>18</td>
</tr>
<tr>
<td>Sterilization of woman</td>
<td>33</td>
<td>66</td>
</tr>
</tbody>
</table>

Knowledge of the different contraceptives was obtained mainly by means of the radio or at the local hospital or clinic. On account of factors such as the high degree of illiteracy among the women (72% never attended school) only a small percentage had obtained information on contraceptives by means of posters, pamphlets or magazine articles. Although a third (34%) of the respondents maintained that their husbands would not object to their using a contraceptive to prevent pregnancy, there appears to be considerable apathy or even opposition among men towards modern contraception.

Only 19% of the respondents stated that they had ever broached the subject of family planning with their husbands. Traditionally it had not been necessary to discuss the spacing of children, the desired number of children, etc., since these matters were regulated by custom. Modern methods of family planning clearly have not filled the gap left by the decline in traditional practices with a contraceptive effect. Neither is this likely to happen soon. It therefore appears that the present levels of fertility are higher than was the case traditionally. In view also of the high number of children desired it is unlikely that there will be a rapid decline in fertility.

Finding

Traditionally certain practices regulating sexual behaviour effectively prevented pregnancies or promoted the spacing of pregnancies. The estimated time between births was approximately four years. Some of these practices, including the long periods of breast-feeding and abstinence after birth, are falling into disuse and girls are becoming sexually active at an earlier age.

Modern contraception has not replaced the traditional customs that regulated pregnancy. Less than 5% of the respondents were using a modern contraceptive at the time of the investigation.

Notes

1. Krige (1957: 93) states that a young man was instructed in puberty that "he should keep as far as possible from the sexual organs of a girl and confine himself in any intercourse to the thighs' .

2. Krige (1957: 93) mentions that the young man had to approach the older person responsible for the girls "and ask for permission to hlobonga, or have external sexual intercourse with his sweethart".

3. Muswa (1977) states the following: "In earlier days Basuta girls were not allowed to marry until they were twenty-five years old... the leaders of the Virgin's Regiment, who were girls of twenty-five and older but still unattached, kept a strict eye upon every girl..."

4. The traditional three-year period of lactation was also reported by Schapera (1967: 21) in respect of other population groups. According to Miró and Porter (1980: 91) the taboo of abstinence during the whole period of lactation applied in most African countries south of the Sahara. With regard to the belief that the milk of the next pregnancy would poison the child being breast-fed, Krige (1943: 158-159) describes the custom of the Lovedu in this regard as follows: "Full coitus is taboo while a mother suckles her child; the milk of the new pregnancy will poison the child and he (the husband) has to avoid his wife to some extent until the baby is weaned, a period of three years or even more."

5. Compare Laukaran (1981: 136): "Most authors agree, however, that frequency and intensity of suckling (on demand) are the strongest determinants of duration of lactational amenorrhoea, since suckling increases the level of the pituitary hormone, prolactin, which is thought to inhibit gonadotrophin release and hence ovulation."

6. Godlieb (1982: 63) says in respect of polygynists among the Dang of the Ivory Coast: "In polygynous marriages the husband establishes a rotation system: each wife sleeps three to five consecutive nights with him..."

7. The desired number of children on average of the women in the sample was 6.3.

References


