South Sudan is a large, multi-ethnic, multi-religious, multi-cultural nation of 12.32 million people. South Sudan has one of the highest burdens of ill health in the world. Decades of war and conflict have destroyed much of public services, including health services. South Sudan performs poorly on all health and development indicators; the reproductive health situation is particularly dire. On key reproductive health indicators like maternal mortality, adolescent pregnancy, family planning use, and institutional delivery, South Sudan is one of the world’s worst performers. Women and adolescent girls disproportionately bear this burden of reproductive ill health. With support from international development partners, South Sudan is in the process of restoring peace, and rebuilding its public services and health system – infrastructure is being strengthened, human resources for health are being developed, financing and supply systems are being put in place, and governance mechanisms are being instituted.

Evidence shows that social and gender norms in a society shape the understanding about what constitutes health, appropriate health related and care seeking behaviour, and what men and women could and should do. A nuanced understanding of these social norms and relations is critical for tailoring health services and policies to the unique context of each society. This study sought to gain this insight in relation to reproductive health amongst the Fertit people of Western Bahr el Ghazal (WBerg) state of South Sudan. It sought to answer the research question: How do social norms shape the reproductive and related healthcare seeking decisions and actions amongst the Fertit people? Women’s and adolescent girls’ reproductive choices and actions were explored and analysed through examining them in the context of social and gender identities and relations in Fertit society, and by interrogating these social relations in view of the broader social, cultural, political and economic environment. The focus throughout was on understanding why things were the way they were, and why people, particularly women and adolescent girls, did what they did.

With a view to explore the research question in-depth, study questions focused on exploring women’s and adolescent girls’ decisions around childbearing and spacing of pregnancies; on women’s decisions around care seeking; and, on what the articulation of men’s role in these processes meant and connoted. Choosing these foci allowed the inquiry to dig deeply into and to reveal the many complex and dynamic ways in which social norms influenced reproductive and healthcare related behaviours. The research was implemented in Wau County of Western Bahr el Ghazal state of South Sudan. Semi-structured interviews and focus group discussions were conducted with purposively selected participants, including community members (adults and adolescent girls), health workers (clinical officers, nurses, health assistants, community health workers) and key informants (traditional leaders, traditional birth attendants, state and county level SRH service managers, and NGO representatives). Data was collected over a 2-year period from June 2014 to November 2015.

Cialdini’s conceptualisation that social norms are one’s beliefs about what others do and of what others approve and disapprove of, is used in this study. Norms are informal rules of behaviour that dictate what is acceptable within a given social context, and people comply with social norms in anticipation of social approval for compliance or sanctions on noncompliance. The enforcement and maintenance of these informal rules of behaviour occurs through
a combination of peer/group processes and broader social influences. Guided by De Francisco et al.'s framework of 'Circles of Influence Affecting Sexual and Reproductive Decisions,' an interdisciplinary, critical realist approach was taken to conduct the inquiry. This entailed paying explicit attention to the context of social organization and social norms by which specific societies condone or condemn certain reproductive behaviors, and thereby shape decisions and actions of the reproductive couple. The inquiry was informed by the recognition that these contexts of social organization, social relations and social norms, operating through culture, religion, and politics, in conjunction with economic influences, normatively shape the reproductive decisions and actions, of individuals and of the reproductive couple. The inquiry was also informed by the recognition that reproductive options are limited and constrained by the social institutions and relations individuals inhabit; and that in each society, these social institutions and relations are embedded in local, historical and yet dynamic patterns of social organization in the form of the family, community, kinship and other social relations. The inquiry was guided by the notion that individuals are not merely passive subjects of social norms, but rather are active agents, actively and constantly trying to re-negotiate the structural-institutional constraints in their own interest – and in the process constantly redefining the very structural-societal institutions and norms that shape their actions. The focus of the inquiry was on unpacking 'how' social norms shape the reproductive and related healthcare seeking decisions and actions amongst the Fertit. To do so, various theoretical insights from different social science disciplines were used. Doing so, helped shed light on and put in perspective, the different facets of the phenomenon under study. As they emerged, findings were shared with key stakeholders in Western Bahr el Ghazal state and at the national level. Findings have been published in international peer reviewed journals; they are included as chapters 4-8 here and are summarized below.

An overarching and key finding of this study is that the Fertit family is a consanguinially-based unit built around a core of brothers and sisters (blood relations) in the man's lineage. The wife is seen as an outsider who has been brought, often bought (through paying bride price), into the family with the purpose of bearing children for the man's family. Findings reveal that linked to these relational arrangements is the notion that the children the couple begets, belong to the man and his family, and that the children's upkeep is the responsibility of the man and the man's consanguinal family. This responsibility of upkeep and care extends to the children's mother, but is tacit, and in some ways contingent on her ability to continue to bear children. It emerged that the consanguinal nature of the Fertit family unit shapes all actions in the reproductive realm and many a reproductive health related decision-making process in Fertit society. Understanding the family as being consanguinally based, and not as conjugal unit (where the man and woman come together to start a family), has helped this study to accurately depict and analyse the relational arrangements in the Fertit society, and to properly contextualize the overall inquiry and its findings.

In Chapter 4, the social norms shaping decisions about family planning among the Fertit people are presented. Overall, the chapter shows that social norms have a strong influence on the reproductive health related choices and actions of people. Findings reveal that in the study area, women have little choice but to meet the childbearing demands of husbands and their
families (the consanguinal family). Findings show that among the Fertit people, the social norm which expects women to have as many children as possible remains well established. Findings also show how this norm is under competitive pressure from the existing norm which makes spacing of pregnancies socially desirable. We found that young Fertit women are increasingly, either covertly or overtly, making family planning decisions themselves; with resistance from some menfolk, but also support from others. We further found that the social norm of having as many children as possible is also under competitive pressure from the emerging norm that equates taking good care of one's children with providing them with a good education. The findings in chapter 4 signal that the return of peace and stability in South Sudan, and people's aspirations for freedom and a better life, is creating opportunities for men and women to challenge and subvert existing social norms, including those affecting reproductive health, for the better. The key message from the findings in chapter 4 is that social norms are dynamic and subject to change. And that sexual and reproductive health programmes in WBeG should work with and leverage existing and emerging social norms on child spacing in their health promotion activities.

Chapter 5 presents an analysis of how gender norms and gendered social relations among the Fertit people affect women's ability to exercise control over their reproductive lives, and thereby their sexual and reproductive health. Overall, the chapter shows that women across all age groups have little choice but to meet the childbearing demands of husbands and their families. That they are frustrated about how men and society are letting them down, and how they are left to bear the reproductive burden alone. Findings also show how men are also constrained. The study exposes how the context of poverty and chronic insecurity in South Sudan offers few opportunities for pride and achievement for many men. It reveals how for many men, complicity with hegemonic practices entailing unequal and unfair gender norms, is a way to belong and feel secure in their masculinities - often at the expense of women's reproductive health. Chapter 5 reveals how inequalities in the domestic, social and economic spheres intersect to create social situations wherein Fertit women's, and to some extent men's, agency in the reproductive realm is constrained. It is argued that as long as economic and social opportunities for women remain restricted, and as long as insecurity and uncertainty remain, many women will have little choice but to resort to having many children to safeguard their fragile present and future. That, unless structural measures are taken to address these inequalities, there is a risk of widening of existing health inequalities and of emergence of new inequalities.

In South Sudan, by the age of 19, one in three girls is already a mother. While Chapter 6 recognises the risks of adolescent pregnancy, it examines the issue from the adolescent girl's perspective. It presents a critical account of adolescent South Sudanese girl's reasons and explanations of childbearing. It discusses their experiences and views on childbearing and attempts to explain their reproductive choices and actions, and reveals how for many adolescent girls, having a child had multiple meanings. It represented an attainment in a context where prospects of achieving something socially valuable through other means, are very few. It symbolised social worthiness. It served as a 'ticket' into the world of adults – allowing girls to exit from households where they are often dependent, unwelcome and/or in penury, to
SUMMARY

make their own homes, and to enter the world of respectability. Chapter 6 emphatically shows that conflict, insecurity, and instability have an all-pervasive disruptive influence on all social realms, including the reproductive realm. It shows how the insecurity and uncertainty limits the economic and social opportunities for young women, and how this leaves many with little choice but to resort to bearing children to safeguard their fragile present and future. The key message is that instead of simplistically problematizing adolescent pregnancy in South Sudan, it is important to take into account the experiences and standpoints of adolescent girls, and to recognize that in choosing to become mothers, they are in many ways exercising agency despite being severely constrained by complex, insecure and unfair social circumstances. A case is made for taking a more nuanced view of adolescent pregnancy in South Sudan at policy and program levels; it is argued that such an approach will allow the development of more appropriate, realistic and inclusive reproductive health and social policies and programs.

Chapter 7 presents an analysis of a major theme in our findings – a narrative around reproductive responsibility, its assignments, its upholding and its abrogation, by men in Fertit society. This chapter critically examines and reflects upon this narrative of men being held responsible for decisions, indecisions, and the related problems in the reproductive realm; and also, how, men, women, and society, normatively assign men the responsibility for solving these problems. It exposes the social inequalities and entrenched gendered privileges that these assignments of responsibilities in the reproductive realm, connotes. Chapter 7 unpacks the social practices of assignment and apportionment of responsibilities in the reproductive realm to expose the unfair nature of social and gender relations. It exposes how gender norms are stacked against women and signposts the health and reproductive health related implications. It is argued that the ongoing social disruption in South Sudan offers a unique opportunity for intervening to renegotiate and re-establish a more equitable social compact. A case is made for public health policies to prioritize social interventions which challenge patriarchal privilege without simplistically problematizing men’s roles and actions in the reproductive realm. The chapter contends that interventions at the societal level are necessary to trigger change in the unequal gender relations. Drawing on theory and empirical evidence, it is argued that this needs to be done with caution, through engaging actively with men and men’s family members, and through using approaches which enable men to view social change as being in their emancipatory interests.

In the study community, and in South Sudan at large, many women face geographical, financial, security and cultural barriers to the use of reproductive health services. While recognizing the importance of these barriers, Chapter 8 focuses on the ‘social accessibility’ related barriers. This is done so to highlight the importance of this usually neglected dimension of accessibility; in the process, a contribution is also made to extend our understanding of what all the notion of ‘social accessibility’ could entail. Findings in Chapter 8 reveal that women’s decisions to use available health services were not merely about whether they were aware of risks involved in pregnancy and childbirth, or about whether the services were reachable, affordable or of good quality. We found that in the study community the social norm is that a pregnant woman is expected to be well taken care of and should be seen to be well taken
SUMMARY

care of, by her man. The appearance of being well taken care of, socially dignifies the woman’s pregnancy. In view of this, a woman’s decision to seek care during pregnancy and childbirth also depended upon whether in the process of stepping out of her home to go and use services, her dignity as a pregnant woman could be maintained and protected – from the judging eyes of society, other women in the health facility, and while interacting with health workers. Findings presented in Chapter 8 reveal that a woman’s decision to use available services was the result of a complex trade-off she was willing to make between the benefits she thought the care would bring to her, and the potential risks to her social dignity. Chapter 8 also exposes how insecurity and instability disproportionately affect the most vulnerable women. It spotlights that those who are most disadvantaged and vulnerable, may be so worn down by the constant and myriad violations of their social dignity, that they may isolate themselves and may become reluctant to seek help or use services, even when these are available. A case is made for health services to recognize the issue and to meaningfully respond by addressing social accessibility related barriers that may hold vulnerable women back from using services. The chapter argues that while societal level problems require solutions at the societal level, health services need to do their bit too.

Chapter 9 discusses the findings by drawing on and linking to the theoretical literature on how social norms shape reproductive behavior and action. It does so within the unique context of South Sudan – a context overwhelmingly defined by a state of chronic and ongoing insecurity and related uncertainty. The chapter discusses how social norms are conduits for the expression of social structural forces and help maintain and reproduce societal structures and relational arrangements, including in the reproductive realm, often to the disadvantage of women. It is argued that while social norms have a powerful influence on the reproductive health related behaviours of individuals, this influence is contingent upon the context broadly and the unique context of the individual or group the norm operates on. Building on the findings presented in Chapters 4-8, it is argued that while social norms shape the actions of individual in a wide range of complex way, individuals, no matter how constrained they might be, do not passively subject themselves to these societal structural forces. Instances of women and adolescent girls’ active sensemaking of their circumstances, and covert and overt acts to re-negotiate and subvert the structural constraints in their own interests, are used to illustrate women’s and girls’ active exercise of agency, in the face of overwhelming odds. The findings which show the contingent and conditional nature of social norms and gender relations are held up against theoretical insights about norm change to argue that social and gender norms, even those which appear deeply entrenched and immutable, are mutable, and amenable to intervention and change. The paradoxically positive aspects of the conflict and ensuing social disruption that South Sudan has experienced over the years, are also discussed. The chapter dwells upon how the disruption has weakened many social norms in Fertit society, and how it has inadvertently catalyzed conditions that have allowed the existing social and gender norms on reproduction and childbearing and family size to come under pressure from competing social norms. It exposes and discusses how the uncertainty and instability is being mobilized by men and women to renegotiate gender relations in Fertit society. The chapter reiterates that the imminent return of
SUMMARY

peace and stability will create opportunities for men and women to challenge and reconfigure existing social and gender norms. It concludes that now is the right time for reproductive health policy makers and program managers to work with the insights generated from this research to trigger norm change such as to promote sustainable improvements in reproductive health in South Sudan. Throughout, where applicable and as appropriate, implications for action for reproductive health policy and practice in South Sudan, and for further research, are drawn. These are summarized below.

Overall, findings show how the consanguinal nature of the Fertit family unit shapes people’s actions in the reproductive realm. Findings reveal the centrality of this social reality to many a reproductive health related decision-making process in Fertit society. To be effective, reproductive health policy and practice in Western Bahr el Ghazal, and in many similar contexts of South Sudan, needs to reorient itself to this reality. For instance, health promotion activities should be targeted simultaneously at the reproductive woman and the members of her husband’s family, and carefully tailored to the context. The family structure means that women continue to be close to their siblings and remain an integral part of their father’s or brother’s family unit; social policy interventions for gender equality can leverage this relational arrangement and mobilise societal support by strategically invoking these relationships. Findings that entrenched norms related to reproductive health are under pressure from competitive and contradictory norms, suggests that social conditions are ripe for intervention towards norm change. For instance, health promotion campaigns could focus on promoting a family ideal in which children become the object of parental investment, rather than focusing directly or solely on reducing family size. Findings suggest that (1) a multisectoral response that facilitates girls and women’s education, (2) economic interventions that enable women’s active participation in the economy, and (3) political and broader societal interventions which pave the way for greater and meaningful participation of women in public life, are required. South Sudan’s development partners should actively support the operationalisation of the ambitious agenda articulated in South Sudan’s National Gender Policy. The young mothers who participated in this study overwhelmingly wanted to continue their education. South Sudan’s Ministry of General Education and Instruction, as it develops its 2018-2023 Strategic Plan, should therefore include measures which systematically enable young mothers to continue schooling. South Sudan’s development partners are well placed to engage with the Ministry to ensure this. Findings also suggest that in spite of entrenched patriarchy, there is some openness to joint decision-making on reproductive matters. More broadly, the conditions in South Sudan might be ripe for a broader recalibration of social and gender relations to occur. Interventions which promote dialogue among couples, and among the man’s family members, could be a feasible and effective way forward to enhance women’s say in reproductive matters. Similarly, explicit social policy interventions which target men, and promote critical dialogue in society about masculinities and patriarchy, can pave the way for a more gender equitable society. The findings that many women, particularly the most vulnerable ones might be worn down by the constant micro insults and violations of their social dignity, and therefore avoiding venturing out to seek care, are serious and require prompt and concerted attention. Local health and social services
and the NGOs providing health services need to collaborate to consciously identify the most vulnerable women in society, and to support them to access health services without fear. South Sudan’s development partners can contribute to this through explicitly incorporating in their strategic planning provisions to make and shape health facilities into social spaces for dignity promotion, for one and all.

The study raises many questions too. For instance, as South Sudan extricates itself from conflict, and as the overwhelming structural influence of conflict and uncertainty recedes, structural forces hitherto in the background, will come to the fore; these will once again exert influence to reshape the nature, structure and relational arrangements within the Fertit society. Research which draws together theoretical insights and insights from empirical work from settings which have experienced similar transitions, will be very valuable from a policy perspective, including but not limited to reproductive health policy. While it is argued that the entrenched gender order is under stress and that there is an opportunity for intervention to reconfigure the unequal gender order, the complexity of the situation and the need for a cautious and informed approach are also highlighted. The caution relates very much to the major knowledge gaps around the construction and dynamics of masculinity and patriarchy in the Fertit society; the need for in-depth research on this subject is critical (to inform public policy) given the violent history of the country. Questions around who wields the most influence in reproductive decisions within ‘consanguinal’ family units, and how best to leverage this influence in a way that enhances gender equality and social well-being, require further research. That many women prioritized their dignity over everything else, including matters sacrosanct i.e. the health of the unborn child, raises many questions. Women’s fears of their dignity being violated require explorations into the locally appropriate ways and means to both allay these fears, and to reconfigure health service provision.