CONTEXTUAL AND THEORETICAL BACKGROUND
The first part of this chapter outlines the broader context of South Sudan with a view to locate the research within a relevant current and historical context. A brief account of the diverse people and their cultural context is provided. The recent history, emergence of this new nation, and the current geopolitics are briefly presented. The population health and the state of the health system are presented in some detail. Where data/literature are available, the situation in Western Bahr el Ghazal state, and/or Wau (the study area), is highlighted. The second part of the chapter presents an overview of the key concepts and theoretical considerations as they relate to and are applied in the study.

THE CONTEXT OF SOUTH SUDAN

South Sudan is a large, multi-ethnic, multi-religious, multi-cultural nation with an estimated population of 12.32 million (NBS 2018). It is home to more than 50 different people; at the national level, the Dinka, the Nuer and the Shilluk people constitute the largest groups. At the national level, while the Dinka and the Nuer people constitute a sizable part of the population in many of the erstwhile 10 states of South Sudan, in some states other ethnic groups tend to predominate. For instance, in the erstwhile Western Bahr el Ghazal State, the Fertit (or Fartit) people form the largest population group. The moniker Fertit is used to refer to a loose conglomeration of more than 23 Non-Dinka, Non-Arab, and Non-Luo people. This cultural diversity has long been a subject of study by sociologists and anthropologists. Charles Seligman, and his student, Evans Pritchard, pioneered the field of social anthropology through their work on the people of Southern Sudan in early 20th century; Seligman through his work on the Shilluk people, and Evans Pritchard through his work on the Azande, Bongo and Nuer people. Scholars have acknowledged the simultaneous diversity and complex overlaps between the identities of the different people of South Sudan, particularly so amongst the smaller Non-Dinka, Non-Nuer people, and specifically the people inhabiting the Bahr-el-Ghazal states. In some ways this complexity is exemplified by the title of an article that Tucker wrote in the 1931 Edition of the Sudan Notes & Reports - the title is ‘The tribal confusion around Wau’ (Tucker 1931). Johnson (2016 p76) in his recent work acknowledges that the situation is not much different in the current times. He adds that as South Sudanese intellectuals seek to replace English terms with indigenous self-names, this confusion is likely to continue, and even be exaggerated (Johnson 2016 p20). In any case, the cultures of different people of South Sudan have evolved and changed substantially under pressures from sociopolitical changes. Historically, this can be attributed to inter-tribal interactions, colonial influences (British and Arab), and Islamic and Christian proselytization influences. In the last few decades, modernization, the long-drawn wars for independence, and civil unrest, have also contributed to this change through uprootment and disruption of communities.

1 The term ‘people’ is used in line with Ferguson and Whitehead (2000, p15) who argue that tribes are “bounded and/or structured political organisations” and ethnic groups are “a cultural phenomenon with only latent organizational potential”. The term ‘people’ is thus used to allow for a more general articulation.
The Fertit people of Bahr El Ghazal
The Fertit people inhabit the flood plains of the Bahr-el-Ghazal river; they are spread across the two erstwhile states of Northern and Western Bahr el Ghazal, primarily the latter. They are concentrated around Wau town, the second largest town in South Sudan, and towards the town of Rajah, located 300 kilometers towards west (and north west) of Wau. Wau Town (and the Wau County within which it is located), is highlighted (circled) in Figure 2.1 below.

Reliable census data for South Sudan generally, and at state level specifically, are not available. It is estimated that the population of the erstwhile Western Bahr el Ghazal State is approximately 550,000. Table 2.1 presents key demographic features of WBEG state – the table draws on data from the National Bureau of Statistics of South Sudan (NBS 2018). While accounts from the literature vary (both in detail, and in nomenclature), based on discussions with various tribal elders, the major Fertit people living around Wau are the Balanda (Balanda Boor, Balanda Bviri, Balanda Bagari), the Gollo, the Bai, the Ndogo, the Kresh, and the Njolo. Other non-Fertit people also live in and around Wau town – they include the Dinkas, the Jur and the Jur Chol; the latter constitute the major population group in the Jur River county located to the South East of Wau town. According to the tribal elders, the Fertit are different from the Dinkas in that unlike the Dinkas, they are not pastoralists, but rather are subsistence farmers. Unlike

![Figure 2.1. Map of South Sudan: Wau county in Western Bahr el Ghazal State is circled (Source: United Nations).](image-url)
the Dinkas and other pastoralist people of South Sudan (e.g. the Nuer people) who marry using cows as bride price, all the Fertit groups marry through the exchange of agricultural tools (eg. 'hoes') and exchange of money (traditional money and the new paper money).

While each of the abovementioned Fertit group is unique, village elders consistently indicated that that the commonalities in terms of culture and social norms, far outstripped the differences between the groups. One of the key reasons that was cited related to marriage practices: marriages across different Fertit people is common, except that marriage into the mother's clan/lineage is prohibited. Polygyny is part of the tradition (Seligman 1932 pp 460-494), and many chiefs and important men continue to have multiple wives. All the Fertit people are patrilineal. Traditionally, the payment of the bride price is underpinned by the expectation that the bride will bear children for the man’s family; in some Fertit people, if in due course, the bride does not bear children, her family would have to return part of the bride price to the man's family (Seligman 1932 p 483). Almost all Fertit have adopted Christianity but retain elements of traditional faiths. The relations between the Fertit and the Dinka people have historically been shaped by hostilities centered around access to grazing lands – with disagreements about which lands were whose, and where/when the Dinka could graze their cattle; earliest accounts of the tense relations include those by Santandrea (1933, 1948).

Ongoing conflict
After two long wars (1955-1972, and 1983-2005) for independence from Sudan, the southern part of the erstwhile Sudan, became an independent nation state in 2011 – the new country is called South Sudan. The transition to nationhood has been difficult for South Sudan. Since independence, the country has been in a state of chronic, low-grade conflict. Along its northern borders, it is engaged in a border and territorial dispute with Sudan from which it gained independence; this dispute has meant that South Sudan has lost access to commercially important sea ports which are critical for import of goods, and for export of crude oil (potentially the most important revenue source for South Sudan). In addition, the country is also beset with internal civil-political conflict centered around disagreements between different political groups on matters related to political power sharing. Initially, the internal conflict was

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Table 2.1. Key demographic features of WBEG state (NBS 2018)

<table>
<thead>
<tr>
<th>Population characteristic</th>
<th>Estimates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total population</td>
<td>550,000</td>
</tr>
<tr>
<td>Proportion of women in the population</td>
<td>50</td>
</tr>
<tr>
<td>Proportion of population below 18 yrs of age</td>
<td>48</td>
</tr>
<tr>
<td>Proportion of population that is literate</td>
<td>34</td>
</tr>
<tr>
<td>Proportion of women who are literate</td>
<td>39</td>
</tr>
<tr>
<td>Proportion of population below national poverty line</td>
<td>43</td>
</tr>
<tr>
<td>Proportion of households dependent on farming or animal husbandry as their primary source of livelihood</td>
<td>64</td>
</tr>
</tbody>
</table>
limited to small parts of the country; however, the upsurges in 2014 and 2016 saw it spread to large parts of the country, and also become much more violent. The worst hit states have been the erstwhile Upper Nile, Unity, Jonglei and Warrap states; Western Bahr el Ghazal state, the site of this study, has seen comparatively less violence (with 2016 being the exception). Because of the internal civil-political conflict, at the national level, nearly 4 million persons have been displaced. Approximately, 1.9 million are displaced internally, and around 2.1 million have been displaced to neighboring countries, primarily to Uganda, Kenya and Ethiopia. It is estimated that thousands of people have lost their lives in these ongoing conflicts; however, the number of casualties cannot be confirmed (OCHA 2018).

While it is beyond the scope of this work to dwell upon the nature and intricacies of this highly complex internal civil-political conflict, it is worth noting that the conflict is definitely not along simplistic ethnic lines, as is often reported by international media. Douglas H Johnson (2016 p 180), in his recent book ‘South Sudan: a new history for a new nation’ notes that,

Despite the ethnic character of the first few months of the war, the South Sudanese as a whole did not respond to attempts at ethnic mobilization (…) there are signs of hope in the failure of ethnic mobilization.

That said, the ongoing insecurity and instability has upended the many development gains that were made in the periods before and immediately after independence, including but not limited to, in health development.

Health Services

Much of the public health infrastructure has been destroyed in the decades of war before independence, and in the ongoing civil conflict since independence. While reliable data on the number of health facilities, number of functioning health facilities, and human resources for health, are not available – according to current estimates, there are 2115 active health facilities in the country. Table 2.2 gives the distribution of facilities by type (HRIS 2018). In terms of health infrastructure, there are large differences across the country, with some states faring better than others, and urban areas faring better than the rural and remote parts. It is estimated that in South Sudan: 28.6% of the population live within a five-kilometer radius of a functional health facility (Macharia 2016); there are approximately 7419 active health staff in the country (HRIS 2018); and the per capita outpatient services utilization rate is approximately 0.2 visits per annum.

Health infrastructure related differences notwithstanding, the staffing situation and the quality of services at existing facilities, is poor across the country. The national reproductive health policy of 2013 estimated that while about 45% of all pregnant women had at least one visit with a ‘skilled’ provider, only 9.3% of pregnant women would complete the fully recommended protocol of four or more antenatal care visits, and a vast majority delivered at home (86.9%), often without any trained person to assist. About 23% of women experienced complications
during pregnancy and delivery; data disaggregated for adolescent girls and adult women are not available. Only few state hospitals could perform emergency surgical procedures such as caesarean sections. Use of modern contraceptives was very low, with only 6.5% of women reporting use of any modern method. Unmet need for family planning was reported by 24% of women, across geographic, wealth and ethnic groups. There were hardly any services geared towards adolescent sexual and reproductive health.

This data was based on the 2010 national household survey conducted in 2010 (MOH 2013). An LQAS (lot quality assurance sampling) based survey of the health system was conducted by the national Ministry of Health in 2014. According to this survey, at the national level, the antenatal coverage stood at 20%, post-natal coverage was at 21%, and only 17% of deliveries were institution based. Health facility and service coverage data at state and county level are not available and are also not reliable. Given the heightened instability since 2016, it is reasonable to say that the situation today is much worse than it was during the study period.

South Sudan is dependent on international donors for much of emergency, social and health services; donors finance and support the delivery of public health care through support instruments coordinated at national and state levels. The health sector support to the country is organised within the ambit of the Health Pooled Fund (HPF), a joint aid mechanism funded by Sweden, United Kingdom, Canada, European Union, Australia, and United States. Between 2012 and 2016, HPF was the key health financing modality in six of the 10 former states (Eastern Equatoria, Northern Bahr el Ghazal, Western Bahr el Ghazal, Warrap, Unity and Lakes); the remaining four states were supported through a financing mechanism led by the World Bank. Since 2016 (till 2018), the United States Agency for International Development (USAID) has joined the pool of donors (replacing Australia); the HPF (now called HPF2) currently (as of early 2018) supports eight of the 10 former states. It operates through 21 implementing partners which work with and support the national, state and county level governments to provide primary health care services in 1,063 health facilities, including 14 hospitals, across 55 of the 86 erstwhile counties. Almost all these implementing partners are international non-government organisations. In addition, national and international non-government organisations provide health services independent of the HPF resources and with varying degrees of coordination

<table>
<thead>
<tr>
<th>Health Facility Type</th>
<th>##</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary Health Care Unit</td>
<td>1468</td>
</tr>
<tr>
<td>Primary Health Care Centre</td>
<td>452</td>
</tr>
<tr>
<td>County Hospital</td>
<td>74</td>
</tr>
<tr>
<td>County Health Department</td>
<td>42</td>
</tr>
<tr>
<td>Other</td>
<td>37</td>
</tr>
<tr>
<td>Specialized Hospital / Clinic</td>
<td>28</td>
</tr>
<tr>
<td>State Hospital</td>
<td>10</td>
</tr>
<tr>
<td>Teaching Hospital</td>
<td>4</td>
</tr>
</tbody>
</table>
with the county, state, and national governments. For example, in Wau County three non-governement organisations were involved in providing SRH services; of these, one was the HPF implementing partner.

In the health sector, an important aspect of international support also relates to human resources for health. Generally, South Sudan is heavily reliant on foreign health workers for delivering health services; most foreign health workers hail from neighboring Kenya, Uganda and Ethiopia. This dependence is the most severe in the case of higher educated and high skilled cadres like doctors, specialist nurses, and health services managers. While reliable and accurate data disaggregated by location and cadre are not available, the country has a serious shortage of all health cadres, with the situation in some places being better than others, and the situation in areas around the national capital and some places like Wau, being better than other places. For example, in the study area there was one SRH program officer position allocated at county and state health department level - unlike in many parts of South Sudan, both these positions were filled. Similarly, again, while reliable data was not available, in Wau county, at most primary care facilities, all the allocated health worker positions (except doctors) were filled. Wau town also has two hospitals – one public hospital and one faith-based, non-profit hospital. Both have the infrastructure and the personnel to conduct some surgeries, including Caesarean sections. These hospitals serve as the referral hospitals for Wau county and other neighboring counties.

CONCEPTUAL AND THEORETICAL CONSIDERATIONS

To study the social and cultural origins of reproductive behavior, health, and related decision making and care seeking behavior, and to examine how social norms, beliefs, values, expectations and preferences (of citizens, and of service providers) shape these, the Framework of ‘Circles of Influence Affecting Sexual and Reproductive Decisions’ developed by WHO and the Global Forum for Health Research (de Francisco et al, 2007), is used. The framework purports that SRH decisions and their consequences experienced by individuals are shaped by a range of interlinked factors within the household, community, larger society, and the political environment (Figure 2.2). The decision settings are constructed of three layers of contextual factors which interact to influence the sexual and reproductive health of individuals at the centre; the immediate outer layer is of the family in which the individual is located; the layer outside this layer is the community and kinship relations and structures within which the family is situated; the outermost layer of influence includes national political institutions, power structures, and ideologies within which communities are nested.

The framework specifies that,

Within these overlapping spheres of influence, individuals and social groups occupy positions of relative advantage or disadvantage with respect to their access to information and other resources—including their capacity to make decisions—that change over the life course and have important implications for their own and others’ sexual and reproductive health and rights (p 18).
More generally, the framework is rooted in Bronfenbrenner’s ecological framework for human development (1977, 2006), which has been adopted to study human behaviour and action in many social realms. The central tenet of Bronfenbrenner’s ecological framework is the interrelatedness of persons and their context – de Francisco et al have translated Bronfenbrenner’s framework to apply it to the sexual and reproductive health realm. De Francisco et al (2007) draw upon Sen (1990), Khan (1999), Jejeebhoy (2000), and Cottingham & Myniti (2002), to unpack each of the three concentric circles of influence.

According to the framework, the individual at the core is unique; and these unique characteristics, advantages and vulnerabilities, by virtue of age, sex, education, marital status, race, religion, (dis)ability, and location of residence, shape the individual’s reproductive decisions and actions. The immediate outer layer nests the individual within intimate and family relationships; it is in the context of these relationships that one is socialized to form one’s identity, to develop one’s sense of self-worth, to identify with, imbibe and claim entitlements, to recognize one’s responsibilities, to appreciate expectations from oneself. It is also in the context of these relationships that one finds and identifies one’s role models, and gains access to social and economic networks. These relationships and the socialization within them, ultimately thus shape one’s sense of autonomy and control over one’s life, including in the sexual and reproductive realm. These relationships are the source of the material and social resources which mediate one’s ability to exercise this autonomy.

The next outer layer of the framework refers to kinship relations and community institutions like schools, religious institutions, media, and the market. A wide variety of social norms shape both behaviour and opportunities with consequences for SRH related behaviors (decisions, choices and actions); these norms are transmitted, maintained and reproduced through kinship relations and community institutions. The meaning and value given to what constitutes sexual health, reproductive health, satisfaction, distress, motherhood and fatherhood, is also strongly influenced by dominant social norms. Social norms also create powerful ideals of manhood,
womanhood, masculinity and femininity and they define what sexual and reproductive behaviour is appropriate for men and for women, at different stages of life. They condemn or condone certain sexual and reproductive behaviours, expectations, choices and decision-making processes; they may define certain actions and practices as taboo or desirable. Social norms and values have influence on access to resources, both material and social, and also information, which together are necessary for one to fully exercise agency in the reproductive realm. Community institutions further include health and social services – they include ideas around what qualifies as being included within reproductive health services. They refer to what services are ultimately available, to whom, and in what circumstances; and within what is available, what is prioritised and resourced (e.g. promotive vs preventive vs curative services; free vs paid; primary vs secondary vs tertiary; traditional vs western).

The outermost layer of De Francisco et al’s (2007) framework, within which the two inner layers, and the individuals are nested, refers to the broader political institutions, power structures, and ideologies of the society at large. Laws, public policies, population and health policies, create an environment that enable or constrain, the choices, decisions and actions of communities, families, couples, and individuals in the reproductive realm. Obviously, population and health policies and laws directly affect reproductive health. They do so, sometimes through vigorously enforced strategies and targets, sometimes against the preferences of society, and sometimes favoring the normative preferences of certain sections of society over others. They also influence the reproductive health of different individuals, differently. According to Cottingham and Myniti (2002), two public policy areas indirectly affect reproductive health. Macroeconomic policies that shape the economic opportunities and possibilities for economic security of citizens, through their influence on overall prosperity/poverty in a society, and distribution of wealth and resources across the society, influence the state of economic vulnerability/advantage of different groups of individuals; this economic vulnerability determines some individual’s ability to have a safe sex life and to make informed reproductive choices. Public policies in relation to women’s rights, that strengthen/weaken the position of women in social, economic and political spheres, influence women’s ability to exercise agency generally, and in the reproductive realm in particular. Social policies that enable girls to go to and to stay in school, that support women to work in fairly compensated jobs, which provide women equal share in inheritance and equal control over own property, which enable women to actively participate in social and political processes – strengthen the grounds on which women enter into social and economic relationships, including sexual relationships. Through influencing the community institutions and relations, and directly, these public policies influence the power women have (or not) to make choices and to take reproductive decisions, and to ultimately protect their own health.

Social norms and human behaviour: A theoretical overview

Social norms have been extensively studied in the social sciences with different disciplines having engaged with the concept from different perspectives. Sociologists have focused on the social nature and function of social norms and have studied their influence on human behaviour (Parsons 1937, Parsons and Shils 1951, Elster 1992). Anthropologists, given their
disciplinary interest in describing people and societies, have described social norms, across different social domains, in different cultures, detailing how they function (Geertz 1973). Psychologists have tried to explain why humans behave the way they do and have explored approaches to alter human behaviour. Scholarship in the field of economics, particularly experimental and behavioral economics has explored social norms within the frame of solving collective action problems (Ostrom 2000), and in relation to the influence of norms on market behavior – prevention of market failures and cut social costs (Homans 1961).

'Norms' refer to group-held beliefs about how members should behave in a given context; norms are informal understandings that govern society’s behaviors. Social norms are a very powerful control upon the expression of human sexuality and reproductive behaviour. In sociology, a norm (or social norm) is a rule that is socially enforced, often informally. Social sanctioning distinguishes norms from other cultural products or social constructions, such as meaning and values. Morals, taboos, laws, and religious beliefs influence not only the sexual and reproductive behavior of individuals but also the way they perceive and describe it. ‘Preferences’ refer to an individual’s or group’s attitude towards a set of objects, typically reflected in an explicit decision-making process. ‘Expectations’ refer to what individuals and groups consider as the most likely thing to happen; people become accustomed to positive or negative life experiences which lead to favorable or unfavorable expectations of their present and near-future circumstances.

When is a norm, a norm

Generally, in the social science literature, norms are understood as external forces constraining the behavior of actors, almost always with the result that some sort of social order is produced, reproduced, or maintained. There is growing consensus that even if norms are a means to achieve some social goals, the achievement of those goals is not the reason behind the emergence or the persistence of the norm. This is exemplified by the contrarian point that many norms persist even if they are inefficient and even widely unpopular. In her book 'The Grammar of Society: The Nature and Dynamics of Social Norms,' Bicchieri (2006) states that social norms are

the expectations and preferences of those who follow them” [and that their very existence depends] “on a sufficient number of people believing that it exists and pertains to a given type of situation and expecting that enough other people are following it in those kinds of situations (p 2).

She argues that a rule is a social norm in a society if and only if a sufficient number of people in that population (i) know that the rule exists and (ii) prefer to conform to it, on the condition that (a) it is believed that a sufficient number of others conform to it and either (b) it is believed that a sufficient number of others expect one to conform, and might sanction one if one does not conform (p 11).
CHAPTER 2

Norms and other similar social phenomenon

Elster (1989), in his book 'The Cement of Society: A Study of Social Order', critically examines what makes a norm social; he distinguishes between rationality and social normativity. He argues that social norms have independent motivating power; that social norms are not about self-interested rational action, but rather are original sources of actions (Elster 1989 p125). He also makes a conceptual differentiation between social norms and similar phenomena like moral and quasi-moral norms, legal norms, conventions, private self-imposed rules, tradition, habits and compulsive neuroses and similar cognitive phenomena. According to Elster, the difference between moral and social norms is that social norms are "non-consequentialist obligations or interdictions" and that moral norms do not necessarily require the presence of others to shape one's behavior (p100). Special societal actors (judges, police) are involved in the enforcement of legal norms, and only these actors have the authority to impose formal sanctions; social norms on the other hand entail informal sanctions like shaming, avoidance or ostracism – and are imposed by ordinary people. Conventions in most societies tend to have specific outcomes as their goal, e.g. maintenance of land parcels is the purpose of inheritance related conventions; perpetuation of social differences is the purpose of marriage conventions around who can/cannot marry whom. According to Elster, conventions are often arbitrary and very often reflect the interests of powerful groups in society. The social aspect of norms separates them from private self-imposed rules (e.g. exercising; drinking alcohol; smoking). Traditions are social, but Elster distinguishes them from social norms by highlighting that they merely entail "mindlessly repeating today what the ancestors did yesterday" (p104). He argues that these phenomena, together with social norms can help explain much of human behaviour.

He explains that for,

Norms to be social, they must be (a) shared by other people and (b) partly sustained by their approval and disapproval.” [Social norms are also social] “in that other people are important for enforcing them, by expressing their approval and, especially, disapproval. (p 99).

Types of social norms: Elster’s ten categories of norms

Elster elaborates a non-exhaustive list of ten major categories of social norms (p 107-123). The first category is the one of ‘consumption norms’: social norms governing manners of dressing, carrying oneself in society, manners of speaking and addressing others, and so on. In all societies, these norms have great social significance and their violation usually leads to disapproval, censure, even avoidance, exclusion and sometimes severe punishments. The second category includes social norms about behavior which in a particular society is perceived as being ‘contrary to nature’: examples include norms around incest (almost all societies) and homosexuality (in some societies). The third category concerns social norms ‘regulating the use of money’, and perceptions in a particular society about the appropriateness of use of money in particular social situations. His examples include the presence of “norms against buying
salvation, votes, public office, spouses and exemption from military service", in most societies. The fourth category refers to social norms of 'reciprocity', which entail expectations that one returns favors done to us by others. For the fifth category Elster gives the example of medical ethics to refer to the non-instrumentalist and non-outcome oriented behavioral expectations that society has of certain people (doctors in his example – but could well apply to teachers, religious leaders). The sixth category of norms relates to ‘codes of honor' societies tend to have at different points of time; these relate to norms in a particular society that 'regulate the life of the proud man'. The seventh category of social norms relates to the 'systems of retribution' and penance that different societies have; examples include instances where society assigns appropriate retribution for responsibilities for actions in which individuals are deemed to be causally involved. The eight category includes 'work related norms' that exist in most societies: rules that prescribe what constitutes work, that one should have an income from work and not from other arrangements, and rules that regulate what constitutes appropriate work effort. The ninth category concerns norms of 'cooperation' that entail expectations of cooperation irrespective of the utility and outcomes. The tenth category refers to norms of 'distribution' that occur across all societies, and which prescribe equality, equity, a reference-point for what is the right thing to do with the commons.

Elster’s perspective has its critics. His view that emotional states (e.g. sense of shame, sense of contempt, sense of guilt, sense of remorse) accompany and are the foundations of social norms, is considered insufficiently developed. Similarly, his views about the non-rational nature of social norms, do not hold up to the social reality of variations in social norms about the same social phenomenon. It also contradicts the social reality that norms do change (sometimes rather rapidly). Explaining changes in norms (slow changes or rapid changes alike), requires one to accept that social norms might have their origins (and maintenance) in some form of rational and cognitive processes, and that these processes might be outcome oriented. That said, analytically, the distinction he makes between rationality and social normativity, whereby social norms are understood to have independent motivating power, and not being about self-interested rational action, is an important and useful analytical distinction. Also, his clarification of what makes a norm social, and his disentanglement of social norms from others similar social phenomenon, is helpful, and is widely applied.

Distinguishing between descriptive and injunctive norms

While Elster examined normative social behaviour from a sociological perspective, Cialdini et al (1990), Reno et al (1991), Kallgren et al (2000), have examined normative social behaviour from a social psychology perspective. They argue that when studying the influence of norms on human behavior, it helps to distinguish between descriptive and injunctive norms. ‘Descriptive norms’ refer to individuals’ beliefs about the prevalence of a behavior and about what most (relevant) others do in a situation; they motivate action by informing people of what is generally seen as effective or adaptive behavior. ‘Injunctive norms', on the other hand, refer to the extent to which individuals perceive that influential (and relevant) others expect them to behave in a certain way, and to perceive that social sanctions will be incurred if they do not. Injunctive
CHAPTER 2

norms thus specify what people approve and disapprove within the culture; they motivate action by signaling social sanctions for conduct which deviates from what is approved by society. Reno, Cialdini and Kallgren (1993) discuss the importance of making explicit whether an injunctive or a descriptive social norm is at work in a particular social situation. They argue that unpacking this is central to providing a normative account of behaviour, and that it is also critical to the process of designing social interventions for behaviour change. They add that interventions that activate injunctive social norms are more likely to lead to positive behaviour change across the greatest number of settings; activating a descriptive social norm, on the other hand, is only likely to lead to socially desirable behavior in settings where most individuals already behave in a socially desirable manner. This insight has important implications for health promotion policy and practice, including but not limited to reproductive health, in the context of South Sudan. In addition to understanding what social norms govern a particular social realm, it is critical that studies reveal which amongst these norms operate injunctively, and which operate descriptively. Health promotion campaigns and strategies can then be appropriately tailored and targeted towards the appropriate audiences.

The principle of conditional conformity, and implications for norm change

In relation to norm change (and linked to it, interventions for norm change), Bicchieri adds that people have "conditional preferences for conformity to a norm" (2006 p xi). She argues that people conform to a norm on condition that they believe that both (1) others follow it and (2) they are expected by others to follow it as well. This means that, generally, actors follow social norms only when the two conditions for conformity are satisfied. Further, since social norms prescribe or proscribe behavior, they entail obligations and have accompanying expectations, and sanctions for non-conformity. Evidence shows that for certain social norms, conformity is not related to the threat of social sanctions; in fact, concerns about negative social sanctions operate as a reason for norm compliance in conditions where the social norm is not well established. Some social norms are exceptions to this conditional conformity principle if (and when) they become so well-established that the society accords a virtue status to what it prescribes, and the threat of negative social sanctions increasingly loses relevance in inducing conformity. Such norms thus lose their conditional character; others' and society's expectations to act in a certain way, are no longer contingent and open for interpretation and negotiation; instead social actors feel that they have an obligation to fulfill them.

Norms are not immutable – they change. Toury, extends the idea of the presence of competing norms regarding a matter in a society; he adds that older norms do not simply disappear, they evolve through a process of co-existence and interaction with other competing norms, actors, and societal structures. He argues that three types of competing norms operating side by side, can be distinguished – the ones that dominate the centre, the 'mainstream'; the 'remnants' of previous norms, and the 'rudiments' of new ones, hovering at the periphery (Toury 1995 p62). These ideas of norms being conditional, and the often, concomitant presence of three types of competing norms has important implications for behaviour change interventions, including but not limited to reproductive realm, in the context of South Sudan. Studies which help understand
what competing social norms govern a particular social realm, and when different people mobilise different competing norms, and why, can provide valuable insight to guide behaviour change interventions and strategies.

*Application of these concepts in this thesis*

These understandings about social norms, how social norms shape individual action, how individuals navigate the structural influence of social norms, how social norms evolve and change, and how broader contextual influences and agency exercised by individuals interact to maintain and change social norms, inform this inquiry throughout. That social norms are contingent and open to interpretation and negotiation, and thus amenable to intervention and change, serves as the conceptual basis for arriving at the policy and practice implications in chapters 4–9. This understanding of social norms being contingent, mutable and amenable to change through contextual influences and agency exercised by individuals, reflects how structure and agency are seen to relate to each other in this inquiry. This understanding is elaborated further in the next section on the ontological and epistemological underpinnings of the study.

*Ontology and Epistemology*

For De Francisco et al’s framework (2007) to achieve its analytical potential, and for it to yield deep understanding and explanatory richness, this study is conducted in the critical realist ontological tradition. Critical realist ontology posits that the real is “whatever exists, be it natural or social” (Sayer 2000 p19), regardless of whether one can empirically access it or observe it, and irrespective of whether we happen to have an adequate understanding of its nature, including how the ‘real’ phenomenon comes to be. Critical realist epistemology posits that in-depth empirical research can help to uncover causal links which explain the relationship between observable phenomenon and the processes which generate these or change these phenomena. A positivist epistemology by contrast entails accepting what is observed and observable as fact and has the standpoint that one (can),

Explain a fact or event (the ‘explanandum’) by showing that it followed by law of nature from a pre-existing set of circumstances or conditions. Such a showing would take the form of a deductive argument, a deduction of the explanandum from the antecedent conditions and one or more laws of nature (Lycan 2002 p409).

A realist epistemology differs from a purely positivist epistemology in that it invokes a layered or ‘depth ontology’ whereby mechanisms that generate outcomes are not always directly observable. To gain in-depth understanding and to explain the unobservable causal processes leading to the outcomes, critical realism also attempts ‘interpreting’ and expounding upon the unobservable – invoking and incorporating an interpretivist epistemology to proffer causal explanations between observable contexts and outcomes. Thus, critical realism, by not merely focusing on directly observable causal links, nor on providing a purely
constructivist, interpretivist account, is able to produce a much richer explanatory account of social phenomenon.

Two aspects of the realist approach enhance the explanatory yield of the study framework. First, the approach incorporates an explicit appreciation of the constant and dynamic interaction between the wider structural environment – referring to the concentric outer layers of De Francisco et al’s framework used in this inquiry, and agency, referring to the innermost layer within which intentional human action occurs. Secondly, the realist approach pays explicit attention to intentionality and agency of human actors (the innermost layer of De Francisco et al’s framework). The realist premise being that agents do not react to structural forces alone, but rather that they actively interpret their own structural context, attaching unique meanings to their (and other similar actor’s) situations and that agents constantly and intentionally try to re-negotiate the structural constraints in their own interests – and in the process constantly reconfigure the very structural environment that shapes their actions.

Methodologically, in critical realism, while structure and agency are looked upon as being mutually constitutive, throughout the inquiry and analysis, they are (in this inquiry) and can (in critical realism) be approached through an “analytical dualism” wherein the social-structural-cultural component and the individual/agential components are analysed separately (Archer et al 1998: 203). This methodological possibility facilitates research and enriches research yield by allowing for deeper understandings of and explanations about, how the two relate to each other and shape each other. Critical realism is compatible with a range of research methods – allowing the researcher to choose methods depending upon the subject of inquiry and what the researcher wishes to learn about it (Sayer 2000: 19). Gender and feminist research are similarly compatible with a range of research methods.

The subject of inquiry - reproductive actions and decisions, is however unique. These actions occur in a social realm where unequal and gendered power relations are enacted, very often to the detriment of the woman. While the broader frame of this inquiry is critical realism, and while it offers a robust meta toolbox for inquiry, in some ways, this toolbox is somehow insufficient for the task at hand, as it does not allow for one to sufficiently take account of the power inequalities and differences between individuals and between men and women, in the reproductive realm. This is consistent with scholars who have argued that the realist approach falls short in sufficiently taking into account inequalities and power differentials (Elder Vass 2010 p11). To overcome this epistemic limitation, this inquiry draws upon gender theory and feminist epistemology’s conceptualization of structure and agency. In critical realism, individuals are relatively autonomous causal agents who act with intention and with a purpose informed by knowledge or beliefs. This exercise of agency is however contingent upon social structures, which themselves are constantly shaped by the intentionality and actions of agents. Feminists however argue that this universal and common conceptualisation of an agent’s state of autonomy is insufficient because it does not sufficiently account for the fact that one’s position in the social hierarchy determines one’s agentic possibilities. They add that a conceptualisation of the agent, and of agency, which acknowledges social hierarchical locations and standpoints is important to be able to fully understand different facets of social reality. According to
feminist scholars, assuming a fully formed and autonomous agent and not differentiating between the agentic potentials of agents, their place in society, and their ability (or not) and freedom (or not) to act, is problematic. This is so, because doing so, ignores the myriad forms of domination and marginalisation that mark social relations (both within and between categories of agents) (Peter 2003; Barker, 2003; Connel 1987; Einspahr, 2010) – this is particularly true in the reproductive realm. They argue for an epistemology which is explicitly open to different ways of being, different ways of knowing, different ways of relating, and not merely to diverse standpoints (as is central to a critical realist epistemology). They contend it as being essential for good methodological practice (Haraway 1988). These epistemological limitations of critical realism are particularly relevant when studying the reproductive realm – a conscious effort is made to bear this in mind during the inquiry, particularly during the analysis of findings.

The gendered reproductive realm

Connell’s relational theory of gender is used to study how gendered social relations shape Fertit women’s agency in the reproductive realm. Connell (2012) conceptualizes gender as a pervasive system that structures relationships and interactions between and among men and women, shapes access to resources and status, and signifies power; she has argued for gender and health research to take a relational approach to gender. She contends that the ‘performance’ of gender by agents, involves the constant interpretation and negotiation of the meaning and expressions of gender, thereby maintaining, reproducing or transforming the social structure that shapes these relations. Connell understands gender as simultaneously involving ‘economic relations, power relations, affective relations and symbolic relations …’; the enduring patterns of these social relations being what social theory calls ‘structures’ (p 73). To fully understand how social relations, shape a particular social phenomenon or social situation, Connell makes the case for analysing the interplay between these structures — i.e. the ways they interact and shape each other, and produce social situations. Connell’s relational theory of gender focuses on social relations and their social construction as antecedents of gendering, allowing one to approach any social context openly. Further, by explicitly recognizing the historical nature of social relations it allows one to understand the meaning of gender in particular times and places. Many African gender theorists acknowledge Connell’s work as an exception to the often Western-centric and universalist theoretical perspectives on gender (Oyewumi 1998, Morrel 2016). Connell challenges the gender role theory; her central point being that gender identity is not fixed but always under construction in relation to others at the individual level, institutional level, and social level. According to Connell individuals make decisions within gender relations, and a dynamic and relational conceptualization of gender leaves room for agency. Connell reminds us that agency is not exerted in a vacuum with an unlimited number of choices, but rather that gendered social structures strongly influence individual practices. She adds that in every society, gender regimes and the gender order may constrain, or enhance, individuals’ actions and practices. And at the same time individuals, by their gender relations, might influence gender regimes and the gender order.
REFERENCES


