DISCUSSION AND CONCLUSIONS

This chapter begins with a discussion of the study findings presented in Chapters 4-8. While each of these five chapters addresses one specific research question, in this section the discussion is structured such as to reflect on the emerging cross-cutting findings and how they relate to the overall question. Overall, the discussion chapter mirrors my evolving understanding of social norms and their relation to human behavior, particularly reproductive and reproductive health related behavior of men and women. To specify, in the first section, findings are discussed by drawing on and linking to the theoretical literature on how social norms shape reproductive behavior and action. This is done along three major lines – initially, by holding study findings against the literature on the dynamic nature of social norms; then, by interrogating study findings in view of the evidence on the social determination of childbearing and fertility in sub-Saharan African societies; and lastly, by discussing findings within the frame of a gendered reproductive realm. In doing so, I reflect upon the consistencies, differences and contradictions between the extant literature and the study findings.

The second section builds upon the earlier section to locate and discuss study findings within the unique context of South Sudan – a context overwhelmingly defined by a state of chronic and ongoing insecurity and related uncertainty. Throughout, where applicable and as appropriate, implications for action are drawn for reproductive health policy and practice in South Sudan. Implications for action that are articulated in Chapters 4-8 are extended. Overarching conclusions of the study are articulated at the end of this section.

In the third section, I briefly reflect on the application of the conceptual framework in view of the research approach chosen, and I share some personal reflections on the research approach and the research process. I conclude with a brief discussion on the possible areas for further research, going forward.

SOCIAL NORMS IN THE REPRODUCTIVE REALM: FINDINGS IN THE LIGHT OF THEORY AND OTHER EMPIRICAL WORK

The overall research question of our study was: How do social norms shape the reproductive and related healthcare seeking decisions and actions amongst the Fertit? The findings presented in Chapters 4-8 illustrate the various ways in which society, its culture, its history, its community-level institutions, relational arrangements, operating together and independently, and often through linked social and gender norms, shape individual’s behaviours in the reproductive realm. While social norms shape the actions of individuals in a wide range of complex way, findings emphatically show that individuals, no matter how constrained they might be, do not passively subject themselves to these societal structural forces. Findings presented in Chapters 4-6 & 8 are testimony to how women and adolescent girls actively make sense of their circumstances and intentionally act to re-negotiate and subvert the structural constraints in their own interests, irrespective of the odds – the latter being stacked heavily against women in the insecure and unpredictable context of South Sudan. In the following sub-sections, the findings are discussed in light of the theory and other extant empirical work on social norms in the reproductive realm.
**Multiple, competing norms**

The findings of this study consistently (Chapters 4, 5, 6 & 8) show the presence of competing norms in the reproductive realm. For instance, Chapters 4 and 5 show that the societal norm that a couple should have as many children as possible, though entrenched, is under competitive pressure. It is under competitive pressure from the norm in Fertit society that one must take good care of children; and an emerging aspect of this norm is the recognition that this now entails and involves, unlike before, making financial provisions for the education of one’s children—something that costs a lot of money in South Sudan. This together with the recognition that it is possible to bear the responsibility and the cost for providing good education to only few, and not many children, is putting pressure on the hitherto ‘mainstream’ social norm of having as many children as possible and is contributing to its reconfiguration. Chapters 4-6 show competing norms on matters related to pregnancy, childbearing and spacing of pregnancies. Findings also show that people invoked different, often mutually incompatible and even contradictory norms, for deciding on their actions, and to explain their actions.

These findings are consistent with Chowdhary & Mc Kague (2017) who have described various social norms in the reproductive realm in the Eastern Equatoria state of South Sudan. Mugo et al (2016, 2018) and El Musharraf et al’s (2017) work also shows the presence of multiple norms in the reproductive realm in South Sudan. Similarly, Dynes et al’s (2012) work from neighboring Ethiopia and Kenya, points to the presence of multiple social norms around contraceptive use. While Dynes et al (2012) do not discuss the competitive aspect of norms, they do report how their study subjects selectively referred to those social norms that were more in line with their beliefs and preferences. Our study extends this analysis to demonstrate the presence of multiple norms that sometimes contradict each other and exert competitive pressure on each other. Our study shows that people use these competing norms selectively depending on what their interest might be, and what might be possible in their society. These findings are consistent with Lockwood’s (1995) work on social norms in the reproductive realm. Lockwood (1995), drawing on empirical work from many parts of West and Sub-Saharan Africa, demonstrated that instead of singular overarching norms, each society has a ‘range of normative notions that can be deployed selectively and strategically’ by actors, either to maintain the status quo or to support change. He adds that behavior (people’s actions) depends not only on social norms, but also on other notions and other imperatives of the practical kind. This is in line with the broader literature on social norms which posits that at any point in time, in a society, there are different social norms jostling for influence (see Bicchieri earlier).

Our findings confirm this in the context of South Sudan. Findings show that people do not simplistically act in reaction to structural forces or the normative powers of social norms, that people’s interactions with each other and with the societal structures affects the very norms which they conceive as determining, guiding or regulating these interactions, and that in the process what constitutes the norm gets actively reconfigured. Findings reveal that in South Sudan many entrenched norms related to pregnancy, childbearing and spacing of pregnancies, are under pressure from competitive and contradictory norms; this implies that there is room
for change. The current social conditions offer opportunities for health policy makers and public health programmers to intervene and to shape norm change towards social and health development. Findings suggest that the response needs to be multisectoral to address the many social determinants that constrain girls and women, and their reproductive health. Social policy interventions that facilitate girls and women’s education, economic interventions that enable women’s active participation in the economy, and political and broader societal interventions which pave the way for greater and meaningful participation of women in public life, are thus required. South Sudan’s development partners can contribute to this through supporting and enabling the operationalisation of the ambitious agenda articulated in South Sudan’s National Gender Policy (GOSS 2012).

Multiple norms - contrary invocations
The findings from this study show that not only is there no ‘one’ norm, often people turn to and selectively and strategically invoke and deploy particular norms. To specify, in Chapter 5, women, in defiance of the dominant norms, clandestinely used long acting contraceptives to delay and space pregnancies. To do so, they invoked the contrary social norm that a women’s body deserved to rest between pregnancies; women exercised further agency by deciding the duration of this rest themselves. Findings along these lines have also been reported from other parts of Africa. Mbekenga et al (2013) show how in Tanzania different norms are invoked by men and women while negotiating abstinence after childbirth. Giwa (2015) also found that in Nigeria amongst married couples, men and women invoked different social norms to negotiate family size and to space pregnancies. Similarly, as Chapter 7 shows, adolescent girls, much to the chagrin of adults who expected them to not get pregnant and to focus on school, mobilized the social norm that valorizes motherhood, to achieve two ends – to assure for themselves some social security through their child’s father, and to exit into the world of adults. Further, as Chapter 8 illustrates, some women did not use available services because they prioritized their dignity over everything else that was normatively expected of them by society – justifying this decision through a complex, perhaps convoluted invocation of competing norms. These findings are consistent with Bichierrri (2006) understanding of the relation between social structure, social norms and social agents. They also reveal that while people’s actions are shaped by norms, actors in selectively mobilizing certain norms over other norms, exercise agency to shape social norms/social structure. Methodologically, these findings resonate with what scholars like Holy & Stuchlik (1983) recommend for those studying social norms – that accounts can help explain social norms, only if one explicitly remains aware of and accounts for the exceptions to the norm and to contrary invocations of norms by agency wielding individuals.

The complex sociality of reproductive actions: adjustment, agency, opportunism
A common feature across Chapters 4-6 & 8 was women and adolescent girls exercising agency. For example, as Chapter 4 illustrates, women exercised agency through the selective invocation of norms related to women’s right to rest their bodies, to space pregnancies. These findings
echo Johnson-Hanks (2007) findings from Cameroon. In her study on women’s reproductive agency, Johnson-Hanks also found that women put “considerable conscious effort in organizing and administering their reproductive careers” (p 1039), often against great odds, by making choices and sequentially adjusting to unpredictable conditions. Also, in line with the findings from our study, Johnson-Hanks argues that in much of Africa, given the economic and social uncertainties, and given the social desirability of having many children, the choices that women make are not based on a long-term strategy centered around and assuming a single perpetual marital relationship. That instead women make decisions based on their judgments regarding if ‘now is a propitious time to have a child with this man under these social circumstances’. Like findings from our study, Johnson-Hanks conclusion is that women, in making decisions of childbearing are very much exercising agency, but that “childbearing is very subject to the calculus of conscious choice without child numbers being part of the equation” (p 1038).

Similar observations have been made by Oppong (1995) in Ghana, Angin & Shorter (1998) in Turkey, and Giwa (2015 p99-127) in Nigeria. While on one hand these arguments resonate with our findings from Chapters 4 and 6, the findings in Chapter 5 and 8 show that in the study area, women’s agency in the reproductive realm was severely constrained. Chapter 8 shows how some women in the study area did not use available maternal health services because they were afraid of their dignity being further violated. It illustrates the undermining of women’s agency at the intersection of chronic insecurity, lack of economic opportunities generally, and unequal gender relations in Fertit society.

At another level, as Chapter 6 illustrates, many adolescent girls exercised agency through choosing to become mothers – using it as a means to adjust to, and exit the harsh circumstances they were in. The adolescent girls in our study thus leveraged the social norm that it was the responsibility of the child’s father to care for and provide for the child and the mother. These findings in some ways relate to what Pradhan et al (2014) report in their systematic review of determinants of adolescent pregnancy in low and middle-income countries. According to Pradhan et al (2014), adolescent girls from lower economic backgrounds, and those with little access to income-generating activities, were more likely to become pregnant. However, unlike in our study where girls in some ways, and probably under peer influences, chose to become pregnant to exit their current social situations, the systematic review primarily refers to adolescent pregnancies occurring because of girls being married off early by their families. Our findings in some ways reflect what Cornwall (1996), and Giwa (2015) have found while studying gender relations in the reproductive realm amongst the Yorubas in Nigeria. Cornwall concluded that in matters of reproduction, children may not be the end in themselves; that through begetting a child, the mother and the father, together and/or independently, are forging relationships with other kin in the lineage of both, the mother and the father, and that these considerations are equally important. Cornwall argues that in many African patrilineal societies, through bearing children, the mother, in fulfilling the expectations of the man’s family, can stake a claim to the social status and resources that accompany motherhood. Not unlike the Cameroonian women from Johnson-Hanks (2007) study, the adolescent girls in our study
also seemed to be engaging with the state of chronic uncertainty and unpredictability through an approach consistent with what Johnson-Hanks (2007) calls ‘judicious opportunism’.

Our findings imply that a monochromatic and victimhood-oriented representation of girls who become pregnant, is both inaccurate, and disrespectful of the agency these girls are often exercising. The young mothers who participated in this study overwhelmingly wanted to continue their education. These findings imply and emphasise the need for a more nuanced and empowerment-oriented approach to adolescent pregnancy. Taking an approach which engages with adolescent girls as rights-bearing actors with full agentic potential would enable policy makers and program managers to develop social and health policies and programs which create conditions for girls to imagine and achieve the futures they desire. In the immediate to medium term, actions to enable girls who become pregnant, to remain in school and/or to return to school, and to continue their education would be most useful. South Sudan’s development partners can contribute to this through supporting initiatives in this direction. In the longer term, South Sudan’s Ministry of General Education and Instruction, as it develops its 2018-2023 Strategic Plan, could focus on 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. At another level, the reason why many adolescents in the study area wanted to become mothers, related to a social process whereby their peer group believed that bearing a child was the only way to escape their insecure and uncertain situation. Multisectoral interventions which work with young people, to provide viable professional and personal development alternatives, and which enable young people’s meaningful civic engagement in society were identified as the way forward for South Sudan’s youth in the recent ‘Juba Declaration on Youth Civic Engagement and Participation’ (UNESCO 2018). South Sudan’s development partners can contribute to the realisation of the agenda set out in this declaration by actively supporting the Ministry of Culture, Youth and Sports, the Ministry of General Education and Instruction, and UNESCO South Sudan, in operationalising this agenda. Such interventions would enable and support adolescent girls to make the life and reproductive choices they truly want – including, to become mothers, when they want to.

**The gendered structure of the Fertit family unit**

A key finding of our study is that the Fertit family is a consanguinally-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. Our findings also 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. Sudarkasa (1982, 1986, 1996), and Oyewumi (1998, 2011) have argued that this structure of the family and of social relations is a reality in many sub-Saharan African societies. They contend that
assuming the family as a conjugal unit consisting of a man, a woman and their biological children living and socializing as a family in perpetuity, as the ontologic starting point when studying social and family relations in such societies, is both inaccurate and problematic. Understanding the family as being consanguinally based, has helped this study to accurately depict and analyse the relational arrangements in the Fertit society, and to properly contextualize the inquiry and its findings.

This understanding of family and relational arrangements has implications for reproductive health policies and reproductive health promotion related programming amongst the Fertit, and broadly in South Sudan. These policies and strategies need to be revisited and revised in view of the social reality of the family being a consanguinal unit, rather than a conjugal unit. All reproductive decisions and actions are shaped by and occur within this social reality – to be effective, the reproductive health policy and practice, 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; these activities should be complementary. At another level, 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.

The social determination of childbearing and fertility

As Chapters 4-7 show, consistent with Caldwell’s contention, the overarching emphasis in Fertit society was on ancestry, descent and family lineage. The social norm around marriage was that one married a woman to be able to bear children, to replace the older dead family members of one’s (the man’s) family. These findings thus attest to Caldwell’s thesis. On a different level, Chapters 4 & 5 show that women desired to have many children because the man’s family expected them to, and more immediately, having children was seen as a way to maintain their value in the eyes of the man and his family, thus ensuring their continued relevance and ‘worthiness’. This was, albeit in a different way, the case for adolescent girls too; they saw motherhood as a way into the world of adults and as a way to access the privileges of being the mother of someone’s child.

Caldwell’s thesis however does not fit some of the explanations of reproductive actions and choices of people in the study area. In our study, childbearing had little to do with the relationship between the mother and the child, or with the hope of extra hands for the mother, or with the idea of insurance in old age, but rather it had to do with maintenance of the relationship between the woman and the husband’s family. Women in our study did not have a labor resource or old age insurance oriented future looking view in having children. Their goals were more immediate, opportunistic, tactical, and often a means to avoid problems, or as was the case for adolescent girls, to exit undesired social situations. After all, in the study area it was a common understanding that children belonged to the man and his family lineage – women could hope but could not have any assurance that they could stake a claim on the children. Similar instances of divergence from Caldwell’s ‘wealth flow’ thesis have been reported by others. Thornton &
Ficke (1987), and McDonald (1993) demonstrate the inapplicability of the thesis in China, South Asia, and East Asia. Mason (1992) has illustrated how the thesis, and other theories of fertility vary across cultures. Our findings also show the complex sociality of women's and adolescent girls' reproductive actions and behaviours. While no similar empirical work was found in the literature, as discussed in earlier sections, these findings in some ways mirror what Cornwall (1996) has reported from Nigeria, and what Johnson-Hanks (2007) found in Cameroon. Our findings illustrate how the logics underpinning reproductive actions and choices are unique for each society. The implication of these findings is that global health development partners, and population and health policy makers and programmers, need to explicitly seek to understand the unique logics underpinning reproductive actions and choices, for each society, and to tailor their intervention approaches accordingly. In the diverse and multicultural context of South Sudan this means that studies like the one presented here, need to be implemented in different parts of the country and among different communities. For instance, within the erstwhile Western Bahr el Ghazal State itself, there are two other major communities, the Baggara-Arab people around Raga town, and the Jur-Chol people around Mepel and Aweil towns; both communities have unique social and gender norms around family structure, reproduction, and reproductive health. Gaining systematic insights into these social relations and norms would enable the provision of culturally appropriate and responsive health and reproductive health services in these areas. Researchers, from South Sudan and from other parts of the world, can collaborate and work together with the Government of South Sudan and its development partners to take this knowledge agenda forward.

**Patriarchy and masculine hegemony in flux**

Our study findings also exposed the hidden and vulnerable underbelly of masculinity, male privilege and patriarchy in the local Fertit society. Findings show how everyday social situations are shaping social practices such that the entrenched gender relations are being disrupted and can no longer be enacted, and thus reproduced and maintained, in the society. For example, as illustrated in Chapters 2 and 7, the lack of work and employment opportunities for men, and their inability to provide for their women and children has weakened men's domination in all social arenas, particularly in the domestic and reproductive arenas. Since many men, particularly younger men, can no longer fulfil the traditional responsibility assignments and fail to provide for their families, the privileges that accompanied these responsibility assignments are being subverted. Men are unable to automatically claim what has traditionally been patriarchal privilege – society thus now takes a more accommodating view of women taking over responsibilities (and by extension decision-making powers) in the domestic and to some extent, reproductive realms. These mechanisms have been triggered by internal displacement and linked disruptions of the social fabric; displacement has meant that men are often simply absent, and not around to fulfil their provision and protection (security and social protection alike) related responsibilities. These failures have also undermined men's positions of advantage in social relations.
While these shifts in gender power relations cannot by any means be considered definite or permanent, our findings suggest that some traditional leaders (the Sultans) may be open to and perhaps even supportive of a reconfiguration of traditional relations in Fertit society. Findings also suggest that this viewpoint may not merely be a pragmatic response to the social situation, but that the Sultans might in fact be motivated also by social justice and ethics concerns, and a recognition of changing times. Further, many men in the study community seemed to accept the changes that are afoot in Fertit society. Some men seem to go further; they recognise the need for, the importance, and to some extent, the overall benefits of more equal gender relations in society.

These findings are in line with Lockwood (1997) who has argued that in much of sub-Saharan Africa, reproductive relations are intertwined with gender relations and with relations in the productive household and agricultural realms. Drawing on historical analysis, he contends that these relations are of interdependence and reciprocity; they have historically been maintained in a state of tenuous balance between the productive and reproductive domains. Whenever relations in the productive realm come under stress, and harmony is undermined, there are repercussions for the conduct of reproductive and sexual relations. He goes on to argue that in most societies of sub-Saharan Africa, sex forms a link between the two realms, with conjugal sexual relations being embedded in a transactional nexus that is strongly affected by the relative material positions of men and women. He cites historical instances to explain that when mutually recognized and interdependent ways of gendered cooperation in production broke down under pressure (e.g. during colonial times, and transformations in agriculture and trade), relations of harmony and interdependence in the reproductive realm were also undermined – almost always at the expense of women’s well-being and health.

Our study findings thus point to the broader socio-politico-economic determination of social relations and reproductive and health seeking behaviors. The implication for health and development policy makers and practitioners is that even if post-conflict reconstruction and recovery is an immediate priority for South Sudan, efforts need to be simultaneously directed towards all round social and economic development; only then can men and women achieve equal and healthy social relations and good (reproductive) health. Our findings also suggest that paradoxically, and perhaps serendipitously, the conditions in South Sudan might be ripe for a recalibration of social and gender relations to occur, as discussed in Chapters 4-7. In the medium term there is room for cautious policy intervention to nudge this social change. For instance, given that there is some openness to joint decision-making on reproductive matters, interventions which promote dialogue among couples, and among the man’s family members, could be a feasible and effective way forward. Similarly, explicit social policy interventions which target men, and promote dialogue in society about masculinities and patriarchy, can pave the way for a re-apportionment of responsibilities in the reproductive realm and beyond. And as argued in Chapter 7, to get men to see social change as being positive and also in their emancipatory interests; findings in Chapter 7 suggest that peer-group based approaches might be particularly appropriate for intervening with men in the study area. In the long-term, broader and more comprehensive gender transformative social policy interventions are required.
INSECURITY AND THE REPRODUCTIVE REALM

Findings in Chapters 4-8 demonstrate how the insecure, unstable and uncertain context of South Sudan shaped the actions of individual in a wide range of complex way. The situation in South Sudan is characterized by low intensity, sporadic and chronic conflict characterized by insecurity, uncertainty and fear (Hutton 2014, Pendle 2014, Noel & De Waal 2014). Evidence from South Sudan shows that this chronic and ongoing insecurity has led to physical destruction of health and social infrastructures, neglect of long-term and strategic public policies and planning, internal displacement of populations and disruption of societal institutions (Hutton 2014, Pendle 2014, Noel & De Waal 2014). Findings in Chapters 4-8 demonstrate how the disruptive influence of insecurity pervades all social realms; they show how the insecurity, uncertainty and fear has shaped men and women’s actions and behaviours in the reproductive realm. In this section findings are discussed in light of the theory and extant empirical work on how conflict, insecurity and uncertainty shapes actions and behaviours in the reproductive realm.

Women and the burden of conflict and insecurity

Chronic conflict and insecurity continue to affect the study area and South Sudan generally. During the stays in Wau, the daily security updates based on inputs from the United Nations Mission in South Sudan, indicated that there were regular incidents of violence in and around Wau. Furthermore, a curfew was always in place, and one could not venture outdoors after 6 pm. Similarly, when venturing out for field trips to the rural area, there were strict instructions to return to the secure compound in Wau, by 6 pm. It was also mandatory to seek security clearances from local government offices, and to carry satellite phones for emergency communications. These warnings and codes of conduct were strictly imposed and were reiterated by our locally based collaborators too. Chapter 8 engages extensively with how the insecure environment instilled fear in women’s minds, and how it affected their health care seeking decisions. Chapter 8 exposes how insecurity and instability amplifies vulnerabilities, further marginalizes the weak, and disproportionately affects women. Urdal & Che (2013), in their recent and comprehensive review, have examined empirical evidence on the social effects of conflict. They also found that found that in such situations the patriarchal roles i.e. men’s roles as protectors of women, children, and the country, are reinforced, and women’s roles as subordinates requiring protection, are reaffirmed, and thus further entrenched. Our findings are in line with their conclusions – women, children, the elderly, and the mentally ill, are the most vulnerable and worst affected, and that women are particularly vulnerable. Our findings are also consistent with Ityavyar & Ogba (1989) and Ghobarah et al’s (2004) reviews on the effect of conflict on society and public health.

In our study, perhaps the most telling evidence of the pervasive and insidious influence of the chronic insecurity and uncertainty can be seen in the adolescent girls’ explanations of their pregnancies. Their argument that since one can die any time, it is better to “have a child who will call you ‘mama’”, signals how uncertain life is in the study area. These findings (Chapter 6) point to the corrosive influence of chronic disruption and insecurity; they exemplify
how the chronic insecurity has led to adolescents not being able to imagine a future without
the threat of premature death. At another level, findings in Chapter 4 & 5 show how conflict
driven displacement meant that many men in the study community were either missing or were
away, and thus unavailable to provide for their families. Chapter 7 presents a different side of
this disruption. It shows how the economic disruption has led to a situation whereby many
men in the study area do not have the means to make and support a family and are thus unable
to uphold their responsibilities. These findings are in line with the conclusions of Rabrenovic &
Roskos (2001), and Rehn & Sirleaf (2002); these authors have argued that in contexts with
low grade and ongoing conflicts, women are often left to manage households on their own, in
the face of poor access to resources, disruptions of services, and the loss of men’s contribution
to the households. Our findings however reveal a far more complex and a much more problematic
aspect to this phenomenon of men retreating from their responsibilities. Chapters 4, 5 and 8
show that some women in the study area view their pregnancy, and their unborn child, as being
the responsibility of the man. And if the man does not fulfil this responsibility, these women are
wont to be apathetic towards their pregnancies – to the detriment of their own and their unborn
child’s health, albeit unwittingly. That said, as discussed in detail in Chapter 7, these absences are
also opening opportunities for women to step in and take over responsibilities in the productive
realm, and to access the privileges that follow, in the reproductive realm, and more generally.

The chronic conflict and the ongoing insecurity, and its consequences, in many ways
permeated all aspects of society and social life in the study area – this was so at the time of
the study, and most probably remains true today. Jacobson (2007) argues that the multifaceted
and relentless disruption occurring due to chronic conflict and insecurity, does greatest
damage to those who are the weakest and most disadvantaged. Consistent with his view, and
as illustrated in Chapter 8, our study found that the most vulnerable women were being worn
down by the constant micro insults and violations of their social dignity. Jacobson (2007)
adds that this may be so much so that they isolate themselves and avoid social interactions as
much as possible – manifesting empirically, in the worst scenario as a reluctance to seek help
or access resources, passivity or ‘learned helplessness’. This was the case for many in the study
area. Chapter 8 reveals how the fear that one’s dignity might be violated in a particularly social
interaction can lead one to avoid that interaction, irrespective of how important or potentially
beneficial that interaction might be.

The broad implication of these findings for South Sudan’s international health development
partners is that in addition to supporting essential health services, they must in parallel, actively
advocate for and support efforts to restore peace and stability in South Sudan. Our findings
underline the importance of renewing international efforts to restore peace and stability in
South Sudan – unless this comes to be, the weakest and the most disadvantaged, will continue
to suffer. Our findings also imply that till security is established, public health programmers
and international health development partners need to tailor service delivery, particularly
reproductive health service delivery, to these circumstances. For example, where necessary and
possible, to take services closer to people, instead of expecting them to traverse insecure spaces
to access services. 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. In the medium to longer term, South Sudan’s development partners can contribute to this through supporting and enabling the operationalisation of two of the seven core values articulated in South Sudan’s National Health Policy 2016-2015, i.e. “Dignity and respect for all individuals seeking health care services shall be guaranteed,” and “Health is a human right; equitable access to health services shall be pursued.” (MOH 2015 p 11). In South Sudan, NGOs provide the bulk of health services; they do so collaboratively with the national, state and county level health departments. The ‘Health Cluster’ is the forum for coordination between NGOs, government and the international funders; the ‘Health Cluster’ is well placed to support and resource an action plan for embedment of dignity considerations in all aspects of health service provision. As mentioned in Chapter 8, a first step in this direction could entail the development of a locally appropriate tool to enable service users and practitioners to jointly identify what constitutes dignified services for different service users, and how best it could be achieved.

CONCLUSIONS

Social norms have a strong influence on the reproductive and reproductive health related choices and actions of people. While their influence is powerful, it is contingent upon the context broadly and the unique context of the individual or group the norm operates on. Our findings show this contingent nature to be rooted in the social and negotiated construction of social norms, and allow the conclusion that social norms are mutable, and amenable to change.

Our findings show that social norms are conduits for the expression of structural forces; they help maintain and reproduce societal structures and relational arrangements – in the reproductive realm, largely to the disadvantage of women. These findings lead us to conclude that public policy interventions are necessary to change the unequal gender relations in the study community. Findings also signal that this needs to be done with caution, through engaging actively with men and men’s family members, using approaches which enable men to view social change as being in their “emancipatory interests”.

The long war has weakened or disrupted the existing social norms in South Sudan, and existing social norms on reproduction, childbearing and family size are under competitive pressure. The return of peace and stability will create opportunities for men and women to challenge and reconfigure these social norms. It would be an opportune time for reproductive health policy makers and program managers to work with people’s aspirations for freedom and a better life and use the insights about existing and emerging social norms on spacing and caring for children in their health promotion activities.

Conflict, insecurity, and instability have an all-pervasive disruptive influence on all social realms, including the reproductive realm. Peace, security and stability are the most important determinants of health and reproductive wellbeing. If the recent (August 2018) peace agreement between the warring parties in South Sudan holds, many of the problems discussed in this thesis can be solved, and much of the insights gained here can be used to inform concrete actions to
improve the responsiveness of reproductive health policies and program in the study area, and South Sudan at large.

**REFLECTION ON THE RESEARCH APPROACH**

**Reflection on the conceptual framework**

Findings in Chapters 4-8 testify that De Francisco et al’s (2007) framework worked well as a tool to guide our inquiry – that it allowed a thorough examination of the reproductive decisions and actions of women and men. While the framework enabled a comprehensive exploration of how social norms shape actor’s behaviours in the reproductive realm, it also lent itself well to applying the critical realist research approach and the African feminist theoretical perspective to the inquiry. To specify, throughout Chapters 4-9, the analysis demonstrates and emphasizes the dynamic and bidirectional interaction between the wider structural environment – referring to the concentric outer layers of De Francisco et al’s framework, and agency, referring to the innermost layer within which intentional human action occurs.

The choice of the realist approach and an African feminist theoretical perspective has also enhanced the explanatory yield of our inquiry. It enabled the identification and appreciation of how broader social, political, and economic influences intersected to constrain women’s and men’s agency. At the same time, it enabled the inquiry to explicitly look for and to recognize women’s (and girls) intentionality and agency in the face of much adversity (as is the case in the context of South Sudan). As indicated in Chapter 2, this was possible because the choice of the research approach required one to actively engage with the premise “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” (p.26).

The chosen research approach thus allowed the inquiry to overcome the problems that Lockwood (1995) has warned of – that when researching the normative antecedents of human behaviour, taking a structural-functional epistemic position whereby actors’ actions are deemed to be governed by norms that are in turn driven by social structure, is problematic. Lockwood’s warning draws on Holy & Stuchlik (1983) who in their seminal work on social norms have argued that,

> instead of focusing analytical attention on the problem of whether an action is norm conforming or norm-breaking ... attention should be focused on which norms, ideas and reasons were invoked by the actors for the performance of the action [p 110].

Applying such an analytical approach and paying explicit attention to both norm confirmation and defiance, and to norm diversity, competition, evolution and change, has enhanced and enriched the yield in this research.
Reflections on the research approach and my involvement in the research process

Limits to knowing and knowability

I started the study with the view to gain insight into the local social norms shaping reproductive decisions and actions of the people of Western Bahr el Ghazal. I became aware that while knowing what is going on and what people are doing was important, it was more meaningful if it was accompanied by insights into why things were the way they were. During the research process I also recognised that there were multiple possible explanations for why things were the way they were, and that there was no one complete explanation. Finally, reading through literature it became increasingly clear that the explanations I arrived at were limited. I realised the impossibility of one being able to conceptually access and grasp the relevant aspects of the social world, let alone all of them, and certainly not in one research effort. One clear example relates to Chapter 7 which presents an account of an important cross-cutting theme that became apparent only during the analysis of the data. Since the study was not set up to explicitly explore responsibility assignments in the reproductive realm, what is presented in Chapter 7 is limited to what we happened to learn – saturation has thus not been achieved and many important facets remain to be explored and analyzed. Similarly, more broadly, what was gleaned from the data was constrained by the theoretical tin-openers that I used to unpack the data; inevitably, many facets of the phenomenon under study remain unrevealed.

Dealing with interpretations

Since the concept of ‘norm’ and ‘normative’ behaviour and action had primarily been studied in sociologists, I found it appropriate to draw on theoretical insights from the social sciences, primarily, sociology, to frame my understanding of the research questions, and the analytical approach. I thus also drew upon methods used in these disciplines. Broadly, two main methods for investigating norms have been proposed: observation of behaviour, and collection of verbal statements by actors. I recognised that both approaches had their limitations. I realised that for both, one is dealing with interpretations – both with actors’ interpretations, and the researchers’ interpretations.

Regarding researchers’ interpretations, the process starts with the framing of the question itself. Even at the point of writing the grant application for the SHARP project, I was acutely aware of the constraints to me being able to understand the needs of the potential beneficiaries of the project. This awareness became more accentuated during the process of developing the research proposal. Which questions deserved answers? What were the ways of knowing? Who all could be the knowers? How could one reconcile these questions of ontology and epistemology to the practicalities of implementing a study within finite time and resources? In many ways, the time constraints placed by the project period forced me to engage with these questions in time. I realised that all social researchers must somehow start out with some a priori analytical basis and concepts for framing the research questions, and research approach. I learnt from Holy & Stuchlik (1983 p33) that this was inevitable and on its own, not a problem; problem only arises when qualitative researchers do not recognise the provisional nature of these a priori ideas and concepts and become unwilling to abandon a priori definitions and ideas.
At another level, I felt that accepting the said word of those being interviewed, as ‘the’ reality, as many positivist social scientists on one hand, and many constructivists on the other, are wont to, would yield not only superficial, but also incomplete accounts. Again, Holy & Stuchlik (1983) helped me appreciate that since norms are social, negotiated and often dynamic entities, researchers must not simply substitute their own and a priori ideas and notions for those of the people they are studying. They recommended that studying norms and normative action requires active sense making at the interface of social theories, the said word of those being studied, the context, and the researchers understanding. Toury’s (1995) argument that normative pronouncements of actors should be best studied as a reflection of the cultural constellation in which they were produced, further helped me to put the different interpretations proffered by different respondents, in perspective.

**Epistemic privilege**

While engaging and dealing with interpretations – both with actors’ interpretations, and the researchers’ interpretations – I realised that as the researcher, I had a position of privilege. And that I was the de facto gatekeeper of what would ultimately be presented, not least because of the word limits of journals, my own articulatory limitations, and the compromises I would make with my co-authors. These reflections about my privileged position as the knower in this enterprise, led me to read extensively about and mull over the power dynamics and politics entailed in the production of what passes as credible, publication worthy and scientific knowledge. While all reflections are beyond the scope of this section, one strand cannot be excluded. As a post-colonial subject myself, and having seen at close quarters, and having endlessly criticized the erstwhile colonial powers’ continued and entitled claims of epistemic superiority, both overt and covert – I found the process of conducting this study a very revealing, sometimes disconcerting, but ultimately, a very important learning exercise. At different points in this study I was in different shoes. I found myself in the shoes of the privileged researcher from a developed, wealthy, white land and institution, participating in and reproducing the very claims of epistemic superiority that I had all along criticized. And as a quirk of fate, as part of the study process I also found myself at the receiving end of this power equation. These reflective moments were confusing, sometimes tense and awkward, yet ultimately personally revealing and enriching. For example, these reflections led me to read the works of and learn from African feminists like Niara Sudarkasa, Oyèrónké Oyewumi, Ifi Amadiume, Desiree Lewis, post-colonial social theorists like Homi Bhabha (1994) and indigenous standpoint theorists like Foley (2003). These works, particularly those of Sudarkasa and Oyewumi were not only very useful to help make sense of the study findings, the literature I discovered and read in the process, has helped me better understand myself as a researcher and hopefully as a person.

**Arriving at and recognizing my epistemic stance**

These readings and experiences helped me clarify and arrive at my epistemic position vis-à-vis this study (a critical realist ontology and epistemology), but also more broadly as an international
researcher. I approached the study with a view that norms were real, and that this reality was independent of whether we could know about it or what we could know about it. I approached the study with the view that one can only capture a small part of a deeper and vaster reality, and that all knowledge is merely an approximation of the reality. While conducting the study, I also realised and thus read about the limitations of a critical realist stance. I found the feminist critique of critical realism, particularly compelling, and relevant to making sense of the emerging findings – I have drawn upon these readings throughout this study.

AN AGENDA FOR FUTURE RESEARCH

The insight gained through this research sets the stage for a wide variety of inquiries, of both conceptual and applied nature, across many disciplinary domains. This section briefly presents a few lines of inquiry, specifically those that emerge immediately from or extend the findings presented in Chapters 4-8 and discussed earlier in this chapter.

A key theme across Chapters 4-7 concerns the nature, structure and relational arrangements within the Fertit family. Throughout this research, this theme has been understood within a theoretical frame that these arrangements are socially constructed, negotiated and mutable – this research confirms this theoretical claim. This research points to some of the changes in the environment, particularly those brought on by conflict and uncertainty, and presents some examples of how agents are both exploiting and navigating these environmental changes to reconfigure the relational arrangements within the Fertit family. 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 family. 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.

Along similar lines, a key theme across Chapters 4-8 concerns patriarchy and male privilege, and its consequences for women’s reproductive health amongst the Fertit. Findings show how the entrenched gender order is under stress. While this situation is presented as an opportunity for public policy intervention to reconfigure the unequal gender order, the complexity of the situation and the risks of simplistic problematization of men’s roles in the reproductive realm are also highlighted. An argument is made for public policy interventions to take a cautious and informed approach. 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.

At another level, but still related to the nature, structure and relational arrangements within the Fertit family, are applied research questions about what a ‘consanguinally’ based family structure implies for how population health policies and reproductive health programs are oriented, organised, and implemented in South Sudan and to other similar societies in Africa.
Questions around who wields the most influence in reproductive decisions and how best to leverage this influence in a way that enhances gender equality and social well-being, require further research. This research suggests that these questions need to be answered uniquely for adolescents, young adults, and older adults, as circumstances and needs are different at different stages of life, and population health policies and reproductive health programs need to meet these unique needs.

Chapter 7 sets the stage for both conceptual and applied research of immediate relevance. That many women prioritized their dignity over everything else, including matters sacrosanct i.e. the health of the unborn child, raises many questions around the psychological and social processes through which such decisions are made in times of stress and duress. Women's fears of their dignity being violated also requires explorations into the locally appropriate ways and means to both allay these fears, and to reconfigure health service provision, including through inter-sectoral collaborative action.

In as much as the works of African feminists and ideas of post-colonial social theorists (Bhabha 1994) have shaped this research, I am acutely aware of the constraints that my epistemic position places on what I could find, what I found but could not see, what I could see but did not understand, understood but did not deem sufficiently important to include, or simply could not articulate. My readings on indigenous epistemologies, and reflections on the process of this research, lead me to believe that having local co-investigators, and participation of knowledgeable community members in the research team, while very valuable, is not enough to grasp the lived realities of people. From a research point of view, there is room for and a need to conduct inquiries that are true to the 'Indigenous Standpoint Theory' (Foley 2003). This study sets the stage for and prepares me as a researcher to be part of such a research project, going forward.
REFERENCES


DISCUSSION AND CONCLUSIONS


