

Full Length Research Paper

Social perspectives on the relationship between early marriage, fertility and infertility in Tamboul town, Central Sudan

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Received 4 March, 2016; Accepted 22 April, 2016

The study aims to explain some of the socio-cultural perspectives held by the people of Tamboul on the relationship between the practice of early marriage, which is a common practice, fertility and infertility. On one hand, many Tambouli people perceive early marriage as characteristically indicative of fertility on the one hand where marrying a young wife gives a husband, and parents or extended family, the woman's in-laws, an advantage to have many children. On the other hand, the practice of early marriage is perceived to be as a causal attribution to infertility which partially pertains to consequences such as obstructed labour, physical and psychological traumas incurred by early marriage as reflected in the articulated voices and experiences of the Tambouli people. These voices include the voices of women, married and unmarried; unwed girls; of married men, and professionals such as midwives. Some voices strongly encourage the practice of early marriage as this practice is positively and culturally valued by people, while other voices express the negative consequences of early marriage on young girls.

Key words: Early marriage, fertility, infertility, Tamboul, Sudan.

INTRODUCTION

This study aims to examine some of the socio-cultural perspectives held by the people of Tamboul (henceforth Tambouli people) on the relationship between early marriage, fertility and infertility. Tamboul is a small town located in central Sudan, inhabited by 18,626 persons (Government of Sudan, 2010). To date, a number of institutional and scholarly publications have documented the phenomenon of early marriage, such as a report by UNICEF (United Nations International Children's Emergency Fund) (2005) which presents comparative statistics on the practice of early marriage in different

regions of the world.

In another study, conducted by Dagne (1994) in Ethiopia, the author enumerates some of the reasoning behind the practice of early marriage, and its consequences for young girls such as early childbearing and resultantly high rates of maternal morbidity and mortality (Dagne, 1994). This study adds to the findings in such literature on some of the reasons for, and consequences of, early marriage. To further situate my contribution, the central argument of this study is that the Tambouli people perceive early marriage as

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characteristically indicative of fertility on the one hand, and infertility on the other, as reflected in the voices and experiences of the Tambouli people which are articulated here. These voices include those of women, married and unmarried; unwed girls; of married men, and professionals such as midwives.

In the area of Tamboul, early marriage is a common practice, referred to by Tambouli people using the local (Arabic¹) term *zawāj mubakīr*, literally, “early marriage”. This study has chosen to use the term “early marriage” rather than other terms such as “teenage marriage” or “childhood marriage”. This is because the term “early marriage” is that which is used by the Tambouli people in order to emphasise the sense in which early marriage is considered by them to be favourable, by comparison, to marriage during the later reproductive years. In addition, the term is also used in the classical anthropological literature, such as the work of Malinowski in which he describes the typical age at which Australian Aborigines’ girls marry as being between 8 and 14 years old (Malinowski, 1913). It is also the term used by United Nations Children’s Emergency Fund (UNICEF).

Given the extensive evidence of physical and psychological trauma incurred in early marriage and childbearing, the study aims to reflect the social perspective on the practice. Further, to raise the awareness of girl children themselves, teaching them to know their rights so that they may be better able to demand for them. This is also why this study was very keen to listen to, and include the voices of young Sudanese girls.

Also, although it is not the direct focus of this study, it must also be noted that the practice of so-called “female circumcision”, that is, female genital mutilation (FGM), is highly prevalent in Sudan; currently 65.5% of Sudanese women are reckoned to have undergone it (Sudan Federal Ministry of Health, 2011). As such, FGM is an inextricably related factor which must figure into any consideration of early marriage in Sudan. On the Sudanese level, there are some studies that have addressed FGM from a biomedical perspective (Modawi, 1982; Almorh, 2005), while other studies have addressed FGM from a social science perspective (Boddy, 1989; Gruenbaum, 2011). These studies found that in general, the practice of FGM compromises of different surgical practices on a female’s sexual organs can cause physiological and psychological problems. This highlights, the importance of reflecting on the practice of FGM as it links to the practice of early marriage. A girl in Sudan is circumcised at the age below seven years old, have sex, bear or not bear a child at the age of 12 years old.

According to the Sudan National Council for Child Welfare, any person under the age of 18 is defined as a

child (Sudan National Council for Child Welfare, 2010).

Throughout this study, the term early marriage is specifically used to refer to marriages between a male and a female where the *female* is under 18 years of age. In the global literature on early marriage, it is also evidenced that boys may also marry when under the age of 18 (UNICEF, 2005), but according to my field notes, boys in the area of Tamboul do not marry under the age of 18 years.

Statistical accounts of the global prevalence of early marriage underline the importance of such studies. In 2005, UNICEF reported that in South Asia, 48% of women aged 15 to 24 (9.7 million girls) had married before the age of 18; 42% in Africa, and 29% in Latin America and the Caribbean (UNICEF, 2005). In Sudan, according to the Sudan Household Health Survey conducted in 2006, 12.4% of women aged 15 to 49 years had married before the age of 15, and 36% before the age of 18 (Sudan Federal Ministry of Health, 2007). According to a later Sudan Household Health Survey, which was conducted in 2010, the percentage of women aged 15 to 49 who had married before the age of 15 had decreased to 9.5%, while that of women who had married before the age of 18 was reported to have increased slightly to 37.6% (Sudan Federal Ministry of Health, 2011). Statistical accounts of fertility and infertility in Sudan report the total rate of fertility in Sudan as 5.8% (Sudan Federal Ministry of Health, 2012), which means that both the Sudanese men and women would like to have many children. All of the available statistics on infertility are based on a number of research studies that were conducted from a biomedical perspective. One study of a group composed of 200 couples afflicted by fertility problems in Gezira state, central Sudan, where Tamboul is located, reported that 79.5% of them suffered from ‘primary infertility’ and 20.5% from ‘secondary infertility’. Male-factor infertility was held to account for 20% of these couples, while female-factor infertility accounted for 37.5% of them; couples where both parties were held to have fertility problems represented 31%, and those affected by unknown factors represented 11% (Abdalla, 2011). This statistical survey introduces several key terms for this study: primary infertility, secondary infertility and unexplained infertility. First though, the study must pose the question of “What do the terms fertility and infertility mean?” To answer this question, the study will first attempt to define these terms with reference to the literature; the study shall later be caused to revisit the concept of infertility, as it becomes clear how the cited definitions of the term diverge from the socio-cultural explanations by which the Tambouli people understand it.

Revisiting the concept of infertility

The most commonly held definitions of the term infertility originate via the medical perspective which focuses on biomedical aetiologies of infertility as a medical condition

¹ I carried out my fieldworks in colloquial Arabic language. The transliteration system adopted in this work for rendering Arabic alphabets follows the system of the journal *Sudan Notes and Records*.

(Osman, 2010). Broadly speaking, infertility is divided into two levels therein: “primary infertility”, when such infertility occurs in the absence of any previous history of pregnancy, and “secondary infertility”, when the infertility occurs after a pregnancy (van Balen and Inhorn, 2002). The World Health Organization (WHO) duly defines infertility as “a disease of the reproductive system defined by the failure to achieve a clinical pregnancy after 12 months or more of regular unprotected sexual intercourse” (WHO, 2015). Some of the couples interviewed for this study in Tamboul, however, and the women in particular, explained that they had paid their first visit to a healer for fertility treatment just a few weeks or months after marriage. Their justification for this behaviour is that these women had married in their later reproductive years. The WHO sets the parameters for a woman’s reproductive period as, on average, between 15 to 49 years (WHO, 2015).

In Tamboul, when a woman marries in her thirties, for example, her peers and social network are typically likely to advise her to, “*Catch the good eggs. Every day that passes reduces your chances of pregnancy.*” In the area of Tamboul, many of the men travel away to work, and may well be expatriates, returning for just a few short weeks at a time, at intervals of up to a few years. Thus, when they return home, given the strong pronatalism of Tamboul, such married men and women, along with their whole social network, are keen to ensure that the woman has conceived before the husband travels again. During interviews with some of the Tambouli women who perceived themselves to be suffering from secondary infertility, they explained that the issue of husband’s absence should be considered as a cause. These two examples – the short time lapse between the event of marriage and visiting a healer for infertility treatment, and the consideration of a husband’s absence as a chief cause of infertility – provide some evidence of how the Tambouli people understand infertility diverges from the standard biomedical definition. As van Balen and Inhorn have stated, “Although such standard definitions may have utility in Western clinical settings, they can be shown to be an arbitrary cultural construction with limited utility for the rest of the world. In other regions, the Western medical definition of infertility may diverge considerably from individuals’ subjective definitions, which are often based on socially relevant indigenous categories and systems of identity formation” (van Balen and Inhorn, 2002). My own experience of the problems arising when attempting to apply the biomedical definition of infertility in a non Western, non clinical setting, is thus not unprecedented in infertility research, including in anthropology. Whitehouse and Hollos (2014) for example, found it necessary to attempt to work outside the biomedical definition of infertility when they found it inadequate to the ways in which the Nigerian women whose situation they were studying is perceived to be female infertility (Whitehouse and Hollos, 2014). In Tamboul, it is notable that a woman (and her social status) is defined in terms

of whether she has had children, how many, and of what sex, thus locating her on a spectrum of very local conceptions of fertility and infertility.

Tambouli people use the term ‘*āqīr*’ (literally means became infertile) both for a woman who has mothered only a few children and failed to conceive again. In her study, in Tanzania, Kielmann who is anthropologist has also noticed that cases of infertility include women whose children have died, and in some cases women who have no sons (Kielmann, 1998). Another aspect of how the Tambouli definition of infertility diverges from the standard biomedical is in their customary drawing of comparisons between the relative fertility of women who got married in the same time period. This is facilitated by the fact that marriage in Tamboul is celebrated during certain major Islamic holidays, such as ‘*īd al-Fiṭr*’². Thus, the temporal metrics set by the medical perspective (that a woman must be considered infertile after trying to conceive for 12 months, for example) do not adequately to those applied by the Tambouli people. People will openly question a woman who, unlike her peers, has not yet conceived since her marriage, saying, for example:

“Women who married at the same time as you have given birth to more than one kid. What prevents you from conceiving?”

Subjects and methods

The findings presented in this study originate from two periods of ethnographic fieldwork (October, 2013 to March, 2014 and February to March, 2015), which was conducted in the area of Tamboul as part of the author of this study PhD research on female infertility. The methods employed for data collection include observation, interviews, focus group discussions and informal conversations. It is essential to also state here that the being of a respondent from Tamboul was not a fixed criterion for recruiting participants as I encountered those who were coming from areas, who I met in different therapeutic institutions.

Formal interviews cited in this study include those undertaken with three men, three midwives, three women suffering from infertility, three women who were already mothers, and a medical doctor. Tamboul may be understood as a conservative society, in which acceptable contact between men and women is limited and highly circumscribed.

Thus, integral to the ethnographic techniques employed for data collection, the study was assisted by a female research assistant to conduct some of the interviews with women. In addition to the raw fieldwork data collected, some secondary sources such as books, reports and other media have been cited. It’s also worth mentioning

² Post the Fasting Month (Ramadan) Fete on the first day of the month Shhwāl according to the Islamic calendar – *hijri*.

that all of the respondents' names supplied in this text are pseudonyms.

Reasons for early marriage

Amongst the major motivations behind early marriage are: the financial benefit to the girl's parents (Nwankwo, 2001); parents' desire to ensure the security of their children before they themselves get old; the competitive search for in-laws who increase and enhance the family's status; the fear of family social stigma, and the need to ensure a daughter's virginity (Dagne, 1994). Nonetheless, it is also recognised by the Tambouli people who agree that there can be negative consequences to early marriage, and many of such cases make their way into the Sudanese media. In 2014, for example, it was reported that a girl born in 2004 had been married to a man who is in the beginnings of his thirties and became pregnant when she was just 10 years old. She experienced psychological problems, reportedly after having sex for the first time (Al-Rakoba Electronic Newspaper, 2014). As before, while some Tambouli people encourage early marriage, regarding it as ensuring fertility, other people situate it as a causal factor in certain cases of infertility. In a focus group discussion with unwed girls, undertaken as part of this research, the girls described certain older men as being focused on marrying very young girls from poor families.

One important explanation for the practice of early marriage in the Tambouli community is the fact that there is a reality to the idea that motherhood is more easily achievable when a woman is younger. By "a young woman", Tambouli people mean a woman below the age of twenty and thirty, which, according to their experiences and perceptions, is the most suitable time for a woman to have a baby. Tambouli people effectively define fertility as the achievement of conception without assistance, meaning here, by assistance, interventions via medical treatment or assisted reproduction technologies. Marrying a young wife also gives a husband, and parents or extended family, the woman's in-laws, to have many children, who can help them in the future. Thus, a woman's bearing just a few children is not "enough", in this patriarchal pronatalist community. The term pronatalism, "simply and literally refers to an attitude or policy that is 'pro-birth', which encourages reproduction that exalts the role of parenthood" (Monach, 1993). As a local proverb says, "*al-wilāda saġhara*", which means it's better for a girl to marry when she is very young since her fertile years are very limited. The meaning of this proverb also encompasses the idea that it is not easy or possible for a woman who is over thirty years of age to have children without reproductive problems, because "fertility is a percentage game" (Lupton, 1999). Thus, the Tambouli notion of when a woman can and should have a baby, however exaggerated and distorted, since some young girls are severely injured and traumatised is

grounded in real experience.

In the Sudanese culture, the existence of many cultural artefacts, such as songs supporting early marriage may be observed. For example, one popular Sudanese song says, "*al-waġda min sin 'arb'atāshar, yadōha alfi tijārtw shāṭīr*", which describes how and when a girl becomes 14 years old, her parents marry her to a good trader (Sudanyat, 2016). It is an arranged marriage in which the girl might well not have been consulted.

The exercise of patriarchal power becomes particularly apparent when families urge marriage upon their young daughters because they see them as threatening the family honour. Sexual contact out of marriage bonds is a serious taboo in Sudan. A man said:

*"My daughter is 14 years old. I gave her to a male relative to marry her"*³

While this man was talking, the study received his implication that girls threaten the honour of the family, and is better that they should marry at a young age to secure them by "marriage locks". Fernea (1995) situated this conception in the dichotomy of family "honour" and "shame" (Fernea, 1995).

Dangers of early marriage in causing female infertility

Early marriage can have negative consequences for young women. These include psychological, health and reproductive problems. While reproductive problems and female infertility are the focus of this study, it should be noted that certain other studies have focused on the psychological problems found amongst women with infertility problems, and which may be understood as causal, such as in the work undertaken by Podolska and Mariola (2011), who present cases of female infertility as proceeding from psychological problems such as vaginismus, understood as a psychosomatic reaction to traumatic early sexual experiences. The conceptualizations of risk to the body of a young girl extend beyond those applicable to her individual, physical body to those concerning her social body also. According to Schepers-Hughes and Lock's theory (1987), there are three bodies:

1. As a phenomenal individual experience body-self.
2. As a social body, a natural body symbol for thinking body politics about relationships among nature, society and culture.
3. As a body politic, an artefact of social and political control.

These three bodies or dimensions of the body are applicable in the context of early marriage. During the study interviews with doctors, the study was very keen to

³Raqi (about 51), household; informal conversation, Tambouli, March 2015.

focus on their understanding of the body, and those of their socio-cultural perspectives that reflect their perceptions of early marriage. One doctor stated:

*“Many young women have visited me in the clinic complaining of failure of conception. I focus on raising awareness. In the early years of adolescence, physiologically a young girl might not achieve procreation because we [doctors] question the immaturity of her reproductive organs ...”*⁵

In Tamboul, a young girl’s social networks are likely to pressure a young woman to visit a doctor if her pregnancy is delayed, without questioning the male factor of fertility or her reproductive organs immaturity as the previous doctor stated. Bakhieta’s story exemplifies the social pressures brought to bear on young women. Bakhieta (aged 18, married in 2009, and had never conceived) lamented:

*“... Five years (2009 to 2014) since I got married and there is nothing [no pregnancy achieved]. Yes, I am worried. A doctor said that my tubes are blocked. But I am not worried so much. ... I am still young, but people [her social networks] are worried more than me.”*⁶

Bakhieta being less worried because she is still young vies with the fact that she is worried because she has been diagnosed with tubal blockage. Among the Tambouli people, there is a perception that tubal blockage is non-treatable, neither via biomedical nor non-biomedical treatments; what the biomedical perspective might be lies beyond the knowledge of the author of this paper, but the study note also that it has been reported that tubal blockage is the leading factor of female infertility in developing countries (Ombelet et al., 2008).

During the interview with Bakhieta, her fertility-obsessed mother-in-law joined the interview, divulging her worries, saying:

“We [the whole family] just want to know what that ‘something’ [is] which is preventing Bakhieta to conceive. Girls who got married at the same time as her have given birth to two and three children.” She continued, *“Bakhieta has wasted many years and did not conceive for five years. First, we thought ‘She is young’. But now she has become very old.”*⁷

For her mother in-law, Bakhieta’s case is mainly to be understood by comparing her with her peers. When the mother in-law said *“not like Bakhieta”*, it implied that Bakhieta broke a rule. According to her understanding,

Bakhieta has effectively broken the rule of achieving pregnancy within a limited time after marriage, as measured against her marital peers. For this, Tambouli mother-in-law, the reproductive body – that is, the body of her daughter-in-law is routinely expected to conceive a few weeks or months after marriage, as structured according to her understanding, lived experiences, and expectations that there is a time limit for achieving procreation.

It could well be said that there is effectively a period of tolerance in which a newly married woman’s social networks are prepared to wait expectantly for pregnancy. When this period of tolerance passes, the manner of their negotiation with her also changes, escalating via their suggestion of various treatments, for example or by instigating her husband to take some other action, such as adopting polygyny, which is commonly practiced in the Tambouli community. As Scheper-Hughes and Lock (1987) put it, there is, “the healthy body and the healthy society, as well as the diseased body and the malfunctioning society”. For the Tambouli people, once a woman gets married, she *has* to conceive. This is the way the social surrounding conceptualise Bakhieta’s body as a social body; thus beyond the time limit of this social tolerance, Bakhieta’s individual body has been *socially* reconceptualised as a sick body.

The literature on early marriage, documents how early marriage prevents girls from completing their education (Willemse, 2007). Early marriage as a risk to educational attainment was also heavily discussed by this study’s respondents. A primary school teacher informed the study:

*“In the area of Tamboul, pupils in the senior classes of primary education [between 13–14 years old] do not return to the schools after the schools’ annual holiday. When we [teachers] ask about them, their colleagues inform us that they got married.”*⁹

The risks to such girls are manifold: if they do not become mothers, they could be divorced, and they will still not complete their education. In a focus group discussion conducted with unwed girls between 14 to 18 years old, the girls expressed their opinions on the relation between early marriage, fertility and infertility in their own words:

Participant 1: *“Young girls do not conceive because they are immature. If they conceive, they miscarry.”*

Participant 2: *“early marriage causes psychological problems because the young girl’s sexual organs are immature and they are circumcised”*

Participant 3: *“It exposes the girl to abortion, stillbirths, and premature delivery.”*

Participant 4: *“There is a problem of age disparity between the man – like my grandfather – and a teenage”*

⁵Gasim (46 years), medical doctor; personal interview, Tamboul, January 2014.

⁶Bakhieta (18 years), housewife; personal interview, Tamboul, January 2014.

⁷Sitana (about 63 years), housewife; personal interview, Tamboul, February 2014.

⁹Salim (58 years), Primary school teacher; Tamboul, November 2013.

girl.”

Participant 5: “*Young women have a small pelvis. The small pelvis leads to difficult labour, which leads to infections and infertility consequently.*”

Participant 6: “*Because they marry young, they are afraid of pregnancy and its pains. They use contraception. Contraception induces infertility.*”

Participant 7: “*I think, it does not cause any problem. It is better for the girl to settle her family early.*”

Participant 8: “*Early marriage leads to vaginal and urinary tract infections, which causes infections.*”

An analysis of this focus group discussion shows that there were two main streams of discourse on early marriage: some girls, namely those who are motivated to complete their education, expressed the negative consequences of early marriage. Others viewed early marriage as a positive practice. Listening to the voice of the girls themselves was of great importance to the study. As in the literature to date, many other voices have been heard than theirs, such as the voices of religious men, women activists, etc.

This focus group discussion also gave the study an insight into the strategic use of contraceptive methods by young married women, especially the oral contraceptive pill. Some young married girls who are not happy in their marriages, and some of those who were married while studying especially those doing a university degree, and thus do not want to burden themselves with taking care of children, might use contraceptive pills strategically. Many girls have no agency regarding whether or not to complete their education, regardless of challenges to social perspectives on girls’ education, such as the successful academic performance of so many girls, as a result of which some have got good jobs and are contributing to their families’ income. The contraceptive pill in particular is easily obtainable; albeit a woman may need to enlist somebody’s help to get hold of some pills, they can be bought from a pharmacy as the husband might not know.

It should also be noted that there is a perception among the women of Tamboul that any woman who has used contraceptive pills before she conceives and delivers her first baby, she will not be able to conceive again, or at least will not be able to achieve conception without the assistance of medical treatment. Rumours of such cases proliferate. Other ethnographic studies have documented perceptions of this contraceptive method. Nichter (1989) for example, found that Sri Lankan women avoid using “the pill” as they perceive it as having negative impacts on the womb, which would have negative consequences for their reproductive capacity in future (Nichter, 1989). Rumours and stories also abound of young girls having used contraceptive pills because they were married while they were very young to expatriate men who work mostly in Arabian Gulf countries. In such cases, it is customary that the man marries a woman, stays with her in Sudan for a short

holiday, and then travels again, staying away for some years. The perception is that this behaviour gives the young married girl a chance to grow up without bearing a child. It should be noted here that not every young girl is married to an old man; some underage girls are married to young men in their twenties. Many older women who are mothers support the practice of early marriage. Husna (aged 60 and a mother to a number of children) explained:

*“I do not know when I got married. However, I was very young. Many women of my generation have got married at their early age. We did not suffer from infertility. This is why I encourage my daughters to marry early.”*¹⁰

For Husna and others like her, early marriage is an ideology. Her point of view is based on her own subjective experience, not on the perspectives of others; it is not problematic to her at all. Another of such example is Nafaro (50 years old, a mother of both boys and girls) who explained:

“I got married at the age of 14 years. I felt that sex was an animal [savag] practice for me.” She also added the following insight: *“I know many married girls who have been divorced. They have been divorced not because of reproductive problems. But because of social problems. Young women are not mature enough to manage a marital relation.”*¹¹

A number of young married women who suffer from infertility also explained their views on early marriage. Karima is an example of someone whose failure to conceive has been medically attributed to her early marriage. As Karima (aged 18, never conceived) narrated:

“I married when I was 11 years old. I became a woman [began to menstruate] when I was 15 years old. My first sexual experience was very bad. I failed to conceive for some years. Consequently, I was divorced. Because of my failure to conceive. Recently, I married again; up to now [2013] I have failed to conceive. I visited a doctor. The doctor informed me that early marriage was the cause of my infertility”

There are many rumours and stories of younger mothers who conceived and delivered their first baby after their first menses. As the men put it, “*first egg has been fertilised*”. Many older men recounted stories of how their wives were “not women” when they married them, meaning that they were not yet menstruating. They would often count down the months or years after marriage after which their wives “became women”.

¹⁰ Husna (about 60 years of age), housewife; personal interview, Tamboul, March 2015.

¹¹ Nafaro (50 years old), housewife; personal interview, Housewife, Tamboul, December 2013.

In the community of Tamboul where women are dependent on their husbands, divorce is a high social risk for them. Ghurba (aged 25 years, married three times, never conceived) is one of such example. As she explained:

"I got married when I was 12 years old. I had my first menses many months after my marriage. In our tribe girls marry early ... Early marriage does not cause infertility. All my school mates who were married in the same year as me have delivered. In 1995, my husband divorced me because of my inability to conceive. Then, I married in 2002. This marriage lasted for few months and we separated. In 2003, I got married again [for the third time]." She continued, "I consume all the money that I gain in paying for treatments. I talk to myself, I weep, what can I do? I am not blaming God. I am waiting for his mercy [children] to stabilise my marriage..."¹⁴

For Ghurba, early marriage was a normal practice to which she was not objecting, regardless that she herself only became a woman two years after her first marriage. She felt that early marriage does not prevent conception since her "school batch", those girls who were married at the same time as her, had since conceived and delivered many children. Having already been divorced by two men, and her third husband having already fathered children with his first wife, Ghurba very much wanted to have a child to stabilise her third marriage. For Ghurba, "Motherhood is essential for establishing bonds of emotional sentiment with a husband and, by extension, his patrilineal family." (van Balen and Inhorn, 2002). Surely there's more than emotional sentiment at stake here, like it's her contractual duty as a wife to conceive, and she risks divorce if not. So more emphasis is on what those bonds mean for her in terms of financial and social security. The story of Ghurba brings me to explain here briefly how Sudanese people summarise a divorced woman's prospects of being married again in the common saying, "*al-'azabāt bakht al-'ajāyz*", (literally means, older men are lucky because they have a chance to marry young divorcee women) meaning that older men are lucky because they get marry to young divorcees. A woman who is below thirty years counts as "young" when she is married to a man who is 60 years for example. Ghurba's story also reflects Tambouli "body politics" (Scheper-Hughes and Lock, 1987) in which God is understood to be the one who governs and controls in this case, humans' bodies by either granting children or not.

Obstructed labour is understood to be a frequent consequence of early marriage according to midwives. People, including midwives also attribute stillbirths to difficult labour. Midwife Sabra explained:

"Amongst young pregnant women there are many reported cases of stillbirths. Often their pelvis is too small to allow the baby's passage, especially the thin ones. They struggle and feel fear. Sometimes, they jump from labour's desk. When we pull [out / deliver] the baby it is as if we are pulling the baby out from the woman's eye. These young mothers are exposed to the danger of future infertility because their small pelvis leads to difficult labour, which leads to future reproductive problems."¹⁵

The metaphor "as if we pull the baby out from the woman's eye" implies how such difficult early labours, which threaten these young women's' lives and future fertility, appear to the midwives. Another midwife also stated:

"Early marriage causes urinary tract problems, which causes pelvic inflammatory disease which affects reproduction."¹⁶

One of the thematic issues related to difficult labour and sexual problems is the issue of female circumcision, or Female Genital Mutilation (FGM) which is a causal attribution of obstructed labour. As stated earlier, the practice of FGM is endured by 65.5% of women in Sudan (Sudan Federal Ministry of Health, 2011).

Some midwives have freely narrated cases of young women who had suffered from psychological and biological traumas that were attributed to violent sex. It is a widely held opinion, especially by women, that girls and women traumatised by sexual violence might not achieve procreation in the future. This perspective is supported by Nwankwo (2001), who states, "Sex at a young age is traumatic and leads to fixations that are carried through the girl's life, and she grapples with the trauma of pregnancy".

The issue of sexual trauma was frequently discussed by respondents. Modawi who is a doctor documented a case where FGM had formed what he called a "false vagina" in a woman's genitals; meanwhile, the woman complained of infertility, while her husband complained that she "rejected his semen" (Modawi, 1982). In many cases, given the state of the woman's genitals after FGM, failure of sexual penetration in the first nights after marriage is to be expected. This gives some men the feeling of sexual impotency, and may threaten a man's reputation for virility among his mates.

Some husbands ask midwives or doctors for help to enlarge "a small vaginal opening".

CONCLUSION

In Sudan, there are efforts underway by activists and feminists to stop the practice of early marriage, meaning

¹⁴Ghurba (25 years old), housewife; personal interview, Tamboul, November 2013.

¹⁵Sabra (51 years), midwife; personal interview, Tamboul, October 2013.

¹⁶Raissa (49 years), midwife; personal interview, Tamboul, November 2013.

the marriage of girls under the age of 18 years. As Hammond and Wellington (2013) explain, feminist movements have campaigned for the right to addressing physical abuse within marriage; for the rights of girls to have access to education, and for them not to be coerced either into marriage or into undergoing FGM.

The state policy for reproductive health includes an exhortation that government should take necessary steps to prevent harmful practices including early marriage (Sudan Federal Ministry of Health, 2010). Thus far, however in terms of actually intervening to end this type of marriage, the state has a very poor record especially that many religious men and some of them are government representative support the practice. For example, media reported one religious man who stated that all the laws of the UN, the UNICEF, and Ahfad University for Women [a university in Khartoum State] for ending the practice of early marriage were underneath our [his] shoe (Sudan's Electronic Newspaper, 2015) meaning that these claimed laws and efforts are not considered by Islamic scholars.

Enforcing legislations and legal frames may not contribute in reducing the rates of practice of early marriage. The Sudanese legal framework on the practice of FGM is an example. FGM has been banned in Sudan since 1946, and yet it is still a common practice. Laws do not bring significant change, especially while religious men who have political influence support it, and because the practice is held not to contradict Islamic regulations. Thus, it can be strongly argued that as long as the practice of early marriage is positively and culturally valued by people, laws will not stop it from happening. The challenge is therefore that of changing attitudes and thus behaviour via raising awareness.

Given that Tambouli and Sudanese culture is so intensely pronatalist, evidence that early marriage threatens fertility could ground a persuasive line of argument against the practice. To this end, this study recommends that further studies on how early marriage causes fertility disruptions should be undertaken, including from specialised psychological and medical perspectives.

ACKNOWLEDGEMENTS

The author would like to thank Bayreuth International Graduate School of African Studies for granting the funds for the fieldwork in Sudan. The author also wishes to thank the German Research Foundation (DFG) and the University of Bayreuth for supporting the publication of this study within their program of funding for publication in open access journals.

Conflict of interests

The author has not declared any conflict of interests.

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Citation

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