
Mapping Decision-Making: The Case of Tigrayan Women's Contraceptive Use

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Two reoccurring development presumptions found in international as well as national policies on gender and education formed the starting point for my doctoral research project in north-western Tigray, Ethiopia (MJAALAND 2013). The first assumes a causal link between education and women's empowerment (as in the case of Millennium Development Goal 3). The second is based on the frequently quoted argument that educated women will have fewer children and, therefore, that educating girls will cause fertility rates to decrease; in short, girls' education = contraception. These presumptions, if they are based on an understanding of causality as linear, are questionable. As the discussion in this paper will show, gendered processes of change intersect with power dynamics in complex ways.

In a review of the empowerment literature, Anju Malhorta, Sidney Ruth Schuler and Carol Boender suggest that:

[a]ny given context, at any given point in time can be seen as having behavioural and normative 'frontiers' that need to be crossed for women to be empowered along a specific dimension [defined as economic, socio-cultural, familial/interpersonal, legal, political or psychological], within a specific arena [or spheres of life]. (MALHORTA et al. 2002: 18).

However, when including women's perceptions of contraceptive use in my ethnographic study in north-western Tigray,¹ behavioural and normative 'frontiers' were also operative along a spiritual/religious dimension. In this particular area, where the Ethiopian Orthodox Church is dominant,² the frequent reference to God's will and *'idil'*³ (fate/chance) in peoples' reasoning about their own plans and actions, successes

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¹ I have known this north-western zone of Tigray since I first arrived there as a photographer in 1993. Since 2001-02 I have carried out several anthropological fieldworks in one semi-urban town and one rural community in Asgede Tsimbla Wereda (see also MJAALAND 2004).

² According to the the 2007 Census, 95.6 percent are Orthodox Christians, and 4 percent are Muslims in the close to ethnically homogenous region of Tigray (FDRE-PCC 2008).

³ Other common transliterations from Amharic are *idil* or *edil* (*eddil*). Transliterated from Tigrña it is *'idil* when following the Simplified Ethiosemitic Translation System

and failures in all strands of life – ranging from education to child births – suggests that God constitutes a decisive agentic power in their lives. One question is, therefore, how this spiritual/religious dimension links up with the most commonly used parameters for women’s empowerment that Malhorta and colleagues identify, and which in addition to ‘options’, ‘control’ and ‘power’, focus mainly on ‘choice’? Or more specifically, to what extent do women’s perceptions of power and control vis-à-vis God and the authority of the Orthodox Church, pre-determine their reproductive choices when the Ethiopian government provide them with alternative options through free family planning services now available also in remote rural areas of Tigray?

Gendered aspects of religiosity

The tendency for women to observe religious practice more meticulously than men is not only mentioned by other authors on Ethiopia (WRIGHT 2002: 51; BISESWAR 2008: 142) but is also at issue in writings on women’s religiosity in other cultural contexts on other continents (MILLER & HOFFMANN 1995; IANNACCONE 1998). While the number of men and women going to church were more equal in the rural than in the semi-urban area of my study, women seemed to comply with religious prescriptions – by going to church on the many holy days (*be’ul*) in addition to Sundays, and observing the days and extended periods of fasting (only exempted following childbirth) – more conscientiously than men in both contexts. When I asked a successful businesswoman and female head of a household in her late forties, why more women than men go to church in this semi-urban town, she explained:

– Yes, this is based on men’s own [considerations]; it’s about them. Now if you look at this market town, it’s mostly the women who worship at the church, that’s it. When it comes to the men, they are not that many; meaning it’s according to their own [conviction]. Otherwise, according to religion it’s the same, but in our place men do not worship at the church that much. Women, however, they worship, they fast, now we even stay fasting till after the mass in the afternoon, but men, there is only some, that’s it; you will only find some elders, the rest they don’t focus much on the church. Otherwise, the religion is the same for all of us; it presents itself to us in the same way.

– *Yes?*

– Ehe, yes, I think it’s habitual that men are not that many.

– *Maybe women have more fear about life, about giving birth, about illness and the like. Meaning, is that so?*

– Yes. Women that means, yes, since there are problems, we will pray, we will worship ... meaning you know ... it’s we that receive the problems, like the many problems in relation to giving birth. It means, you say “forgive me”, and beg God for everything. Since women have a lot of problems, they beg God and worship at the church. For a man, however, if he worships or doesn’t worship it doesn’t matter that much; he’s “careless” (in English), that’s it. Once in a while ... when there is a big holy day that means; like now when Gebriel [celebration for the arch-angel Gabriel] is coming up, that’s it, both men and women worship. At

some holy days there are a lot of men worshipping. Now on Gabriel's day, except that you happened not to go, you could have seen it, on the 19th [E.C.]; that's it, men, children and the old worship en masse. However, this is based on ones' own belief, that's it, meaning it's personal.

This businesswoman supported my assertion that the problems women encounter in relation to their reproductive role might result in differences in religious practice between women and men. While some holy days carry more weight than others, she also emphasised that personal conviction plays a role. Another woman in her mid-thirties, who since her second divorce has lived with her three children in her mother's household in the same semi-urban town, with the main income coming from brewing *süwa* (local millet beer), noted:

– Generally, when it comes to worshipping at the church there's no one worshipping like women. Men don't match that here in town, you don't see that. (...) They have no reason to, so they become careless; they're careless. It's not that many [men]. In this place there are more women [who go to church]. There're lots of women, there aren't that many [men]. They know about [drinking] *süwa*, they [only know about] *süwa* (laughs). (...) Women, yes, now for the sins they have committed, they say, "forgive me, I'm sorry". But the men say nothing. Since they are superior he says, "what do I have [to ask forgiveness for]". But women ... they go [to church] and say "release me from my wrongdoings" ... she will say, "if I have sinned forgive me". If she wants to give birth, they will go and pray. They're like that. (...). I would also ask what [problems] do men have? The sin is in us [women].

Following up on the notion of men's carelessness in religious matters mentioned by the businesswoman earlier, what caught my attention in this woman's account was her mention of that women carry more sin (*bat'iyat*) than men. This is confirmed by an orthodox priest in his seventies, when he relates women's responsibility for human misery to Hiwan's (Eve's) eating of the forbidden fruit (*itse-beles*) in the Garden of Eden:

– It was the eating of the forbidden fruit that above all made women inferior; the sin that was committed then was grave; you couldn't say it was minor. It was this which caused death; it was precisely that [sin]. Eh? It was this that brought us all into trouble.

This gendered burden of sin, which could explain differences in women's and men's religiosity, links up with Alan S. Miller and John P. Hoffmann's attempt to explain gender difference in religiosity by way of 'risk preferences' (MILLER & HOFFMANN 1995). This means interpreting religious practice as risk-averse behaviour and, conversely, that rejecting religious belief is risk-taking behaviour. These authors note that gender differences in risk-taking have commonly been based on biological strength and differences in gendered socialisation into risk-taking behaviour, including as well the structural location of risk as it relates to gendered divisions of labour (which would include reproductive labour). Gender differences in religiosity in their study from the US are, however, found to correlate with risk preferences only *in part* (*ibid.*: 73). In my

study area in north-western Tigray, a general economic as well as ecological insecurity makes life risky for both women and men. Women's position in relation to pregnancy, child birth and their pivotal role in child care – together with the general instability of conjugal relationships – does suggest gendered aspects of insecurity that, from the perspective of risk preferences, might increase their religiosity relative to men. Women are also considered more vulnerable to spirit attacks,⁴ evil doings of the *deftera* (sorcerer)⁵ and the evil eye of *buda*⁶ during pregnancy, the first twelve days after childbirth when it is risky even to step outside the house, and up to the christening of her child when she again can enter church (which is after 40 days for a boy and 80 for a girl). As women seem to accept the burden following from Eve's sin in line with clerical sentiments, this might increase their commitment in religious matters compared to men's. It does not by necessity follow that religious exegesis and practice will not be subject to individual deliberations. This is evident in the businesswoman's account, when I asked:

– *But what does 'idil mean; is it by God or incidental (agat'ami) that means?*
 – *'Idil is incidental (agat'ami'yu). It's both incidental and by God (bi'amlak). It's by God and if ... God commands something for you ... if God wants it, now look, it's said that God decides it for me or you ... the level you will reach, as you can see, you are educated in your country and came here, have started a good job, you have a volition, receive a good income; you have got a good 'idil that means. How was that possible? By God, that is what it means. Now, I didn't get the 'idil I wanted. However, in between I didn't do that badly. Meaning, even if I thought it was a problem for me from the start, it wasn't. That's because of my own labour, my own work and not because of other people, that's it; I had no special support from people whatsoever. I'm telling you, I didn't have anything like the 'idil other people have. Independently, by selling my labour cheap as to not lack work and have trouble, and since I think about the children I have, I'm working hard (literally 'run working'), and we have survived up till now without problems that means. I don't have that much profit, however. Nevertheless, I have brought up my [four] children [and fostered one child] all this time. Even taking care of your children, to bring up your children in your own place and in your own home; it's in itself quite an 'idil. Yes! How many of my friends aren't there who have to live far below [my standards], meaning who are in trouble, who have problems, who*

⁴ In addition to God and a host of benign entities like angels and saints, malign entities like *Shetan*/the Devil, *jinni* and *aganinti*/evil spirits that can take possession of people are encompassed within this spiritual/religious universe, as are other demanding spirits like *zar* (in my study area most often referred to as *buda-zar*) and *qollelweqabi*, the latter possessing women in particular (see also PANKHURST 1992; ASPEN 2001).

⁵ MAIMIRE MENNASEMAY (2010) defines the *deftera* (in Tigrinya *deftera*) as an intellectual within the Ethiopian Orthodox Church. The local understanding of the *deftera* in my study area in north-western Tigray is as a sorcerer who can both heal and harm, even cause death, with his knowledge. There is generally a lot of anxiety, even fright, related to potential malevolent doings of the *deftera*, who can act on behalf of other people.

⁶ *Buda* is a male or female witch taking bodily possession of other people through his or her evil eye. *Buda-zar* unites the qualities of *buda* (evil eye) and *zar* since, when possessing someone, they both 'eat' that person from within, causing illness, even death.

have no house of their own. This is because of *ʾidil*. Your *ʾidil* ... if God decides that you get it, you get it, if he keeps quiet [you get nothing]; everything is by God that means. Even *ʾidil* comes if it has been commanded by God. Otherwise, if He keeps quiet *ʾidil* doesn't come just like that.

Having started her first business, as she expressed it, “with a packet of tea leaves and one kilo of sugar”, this woman sees herself as fairly successful as a result of her labour, despite what she understands as her initially unfavourable *ʾidil*. While asserting it was incidental she got that particular *ʾidil*, the fluctuating transition between God, *ʾidil* and her own initiatives constitutes a space where divine power and her own control can be negotiated, and where her own initiative has a chance to make a difference. The way *ʾidil* is commonly talked about in this area in north-western Tigray does not simply imply ‘fate’ in a fatalistic sense but points to ‘chances’ beyond the inevitable where a person’s agency still matters in seizing that chance. In fact, what Messay Kebede sees as the fleeting nature of the concept of *ʾidil* and the volatile nature of fate (MESSAY KEBEDE 1999: 208-9) allows for the projection of individual ambitions beyond the inevitable. Laurence R. Iannaccone also notes the uncertainties connected to religiosity itself, since the effect of religious practice is itself unpredictable (IANNACCONI 1998). Of concern here are the negotiations these uncertainties open up for over authority in the relationship between God and the person, the Orthodox Church and the government and the women themselves on the issue of contraceptive use.

Spaces for agency in between religious sentiments and new government policies

When addressing reproductive choice, it is important to bear in mind that having children is imperative, not only in the Tigrayan context but in Ethiopia in general. A woman who does not give birth will most likely be divorced, regardless of whether it is her “fault” or not (See also FIKIR ASEFFA 2011). Orthodox Christian women’s reverence of the holy day for Mariyam (Saint Mary) the 21st day [E.C.] every month, attests to the fact that women perceive themselves as needing divine protection in reproductive matters – in addition to available health care. Praying to Mariyam constituted the main preventive measure resorted to, together with prolonged breastfeeding, before modern reproductive technologies were introduced. In fact, many of the women, who, in my study, did not want to use contraceptives, emphasised that it is Mariyam who has authority in these matters. However, contrary to what might have been expected as a result of women’s sincere religiosity in this area of Tigray, their answers to my question on family planning and contraceptive use were not unanimous. In fact, answers fell into three categories for women’s reproductive strategies: (1) those who would not use contraceptives and explained this with a reference to religious sentiments and/or that the church did not allow it, (2) those who interpreted the church’ current silence on the issue in public to mean that it is now allowed by the church and that they were free to use it if they wanted, and (3) those who believed that the church was still against contraceptive use but who would use it anyway. It is this last category that is at the base

of my discussion here because of the contestations of authority implied and the spaces for agency these contestations generated.

Since the church's stand on contraceptive use was interpreted in different directions, I also brought up the issue when interviewing the elderly orthodox priest referred to above. People that were present in the room (referred to in parentheses) commented on our conversation and started asking the priest questions as well. This points to the fact that they were not sure about the Orthodox Church's stand on the issue of contraceptive use either:

– *Yes, now the government allows birth control, but is it allowed now according to religion?*

– This has nothing to do with religion.

– *Contraceptive use that means?*

It might be mentioned, but this is not our concern. She can say she will give birth, or she can say I will leave it, and leave it (laughs). About birth, what is it called again ... [contraceptives]; we [the priests] have no say. If she claims that she will not be able to raise them, that she doesn't have the means; how can we interfere? Eh? If she says, "oh my, I want to have many children"; to have a child is her decision.

(A man: – What is underlying the question is ...)

(A woman: – Is it a sin?)

– *Is it sin, or?*

(A man: – Is it a sin (...) to control birth?)

– Oh! We cannot say this or that about birth control.

(A man: – Is it allowed by religion?)

– We cannot say this or that about this, but in the past He told us to multiply, and if that is what He says, that is what happens (laughs).

(A man: – Is there a law in the Bible about contraceptives?)

– Hah! We never say anything ... about stopping to give birth; we do not teach them [about that]. Do we say stop giving birth? We don't teach them to do so. ... If they stop giving birth, if they give birth, they give birth, if they stop, they stop; I would say it's up to them.

(People are discussing)

– *But now, does it mean it's a sin if a woman uses contraceptives; is it a sin?*

– Hah! We never say; we never say that. Even in the Bible ... we found nothing in the Bible about giving or not giving birth. (...) But one thing that I told you earlier, the Bible says (quotation in Ge'ez), "multiply", and as to not multiplying as He said, the government says that we have already multiplied past what is required; that's what they say, hah! We don't interfere if that's what it [the government] wants. We never tell her to leave it, we never tell her to stop, to stop giving birth, nor do we tell her to give birth; she will act according to her capacity. (...) According to us, according to the Bible, this book doesn't say this or that, it doesn't differentiate. It doesn't differentiate about not giving birth or giving birth. [Contraceptive] medicines that weren't used before can therefore be introduced now.

- (A woman: – It’s a sin if she has an abortion after getting pregnant)
– That is indeed a sin.
– *Ebe, is that so, yes, is that how it is?*
– Getting pregnant, and when pregnant doing an abortion?
– *Ebe?*
– That’s a sin. First, who told her to get pregnant in the first place? What has it [the foetus] done to not [be allowed] to grow up? This is obvious. So if she aborts she is a murderer; she is killing a person that means.
– *Ebe, yes?*
– That is a big sin.

When asking whether there is a conflict between the government and the church on the issue of contraceptive use, I was told at the *wereda* health bureau in my study area in north-western Tigray:

- The priests might be against family planning and contraceptive use, but they don’t express their opinion openly anymore. They don’t raise the question or express their resistance at the church. They don’t express support for it either. They simply keep quiet about it.⁷

Women would, however, also keep quiet about what they do in the case of family planning. One elderly divorcee in her seventies in the semi-urban area of my study, noted:

- What about it; it’s good to give birth, but if you don’t want to, you can prevent it. The priests don’t have knowledge about this; it’s the doctors who know. Who will tell them [the priests] about it?

In her early thirties and with four years of education, one rural woman having moved to town asserted:

- It’s right [to use contraceptives]. But my opinion and the priests’ opinion are different. They say it’s a sin; that it’s not allowed. From the point of view of science it’s allowed, I think.

Furthermore, a non-literate peasant woman in her mid-forties said:

- About [if it’s a] sin; we don’t ask the priests. Who will ask them [permission] anyway?

Another non-literate peasant woman in her mid-thirties with seven children claimed:

- I will take it from now on, I have enough children now. It’s said it’s a sin, but who will tell them [the priests]?

In her late thirties, another non-literate and landless female head of a rural household proclaimed:

- I don’t know if it’s allowed or not. We [women] will allow it ourselves!

⁷ These discussions have been with Maternal and Child Health Service expert Desta Abate at the Asgede Tsimbla Health Bureau in the north-western zone of Tigray.

In fact, these non-literate women (except for one) do not feel obliged to tell the priests what they do when it comes to their reproductive choices. Rather, the above statements indicate a relegation of authority on the issue of contraceptive use from the religious domain of the Orthodox Church to the government domain of science. The existence of contradictions between authorities also allows women to lay claims to their own authority on the matter as women, despite the risk of committing a sin. Regardless of being more vulnerable than men as a consequence of their reproductive roles and Hiwan's (Eve's) sin, these women were involved in subjective deliberations about whether to comply, or not with what they considered the Orthodox Church's stand. While interpreting religious practice as risk-averse behaviour cannot explain why women's reproductive strategies would go against religious prescriptions, Mary Douglas and Aaron Wildavsky's understanding of risks, as ranked according to the dangers worthy of attention (DOUGLAS & WILDAVSKY 1982), makes sense in a context where real risks to women's lives and health in relation to pregnancies and childbirths might be ranked above the risk of committing a sin. Of significance here is also the role of silence in these negotiations of authority in reproductive matters.

Negotiating reproductive choice in silence

While women might prefer to be in agreement with their husbands on the issue of family planning, it was emphasised at the wereda health bureau in my study area that a woman does not need her husband's consent, as it is her right to decide on contraceptive use and abortion. The *wereda* health bureau and the health extension workers in the rural area also confirmed that family planning services could be provided in secrecy to avoid husbands denying their wives this right. Of concern was also that neighbours and others could come to know about it and, hence, to protect women from gossip, as a certain stigma of promiscuity is still connected to women's contraceptive use. Family planning services can also be provided on house-to-house visits by local health extension workers or during vaccination campaigns, when, commonly, it is the mothers who come with their children. The perception that the Orthodox Church is against contraceptive use and that it is a sin to use it does, however, prevail. When I asked a young peasant woman in her early twenties with four years of education, and mother of two, if contraceptives are allowed by the church, she said:

– No! It's bad; it's said it's not allowed, but what about it? It's said it's a sin, but they [women] use it [contraceptives], meaning some of those who use it are wives of the priests. Anyway, that's what is said. But the wives of the priests are making use of it, meaning, for three years, for two years. Afterwards, I will also do that. Now, I'm fine (laughs), but later I will do that too.

– But do the clergy say it's a big sin?

– They say, yes! Ehe, they say that, yes. That's what they say, but what about it? (...) Hah! About my life from now on that means, I wish (yimine; 'hope') to give birth to two [more children]. But after those two, after [that] I can't give birth [anymore]. Meaning, there is illness, there is old age and, since it's so [difficult] to cope, I cannot give birth anymore. About afterwards, God knows. Anyway, I

think I will start using contraceptives. I think it's better to make use of contraceptives and bring up the children I have born, so they can live up. I wish that; that's what I wish. What my husband will say, I don't know, I'm yet to hear (laughs). Whether he says, "give birth", whether he says "don't give birth", we are to hear later. If he refuses [the use of contraceptives], I will do it secretly that means. I will do it myself, but if he will be angry, let him be angry, meaning that is what I think. That's what I wish that means, I will give birth to up to four [children], then I will stop, I think. This is what I wish.

Again, this young woman's answer shows the willingness to stand up against what is *perceived* as the Orthodox Church stand against contraceptive use. She is also willing to go against her husband on the matter if necessary in silence, and do what she considers best for herself. The issue of silence also surfaced in the account of one educated married housewife in her late twenties with one son, living in the semi-urban town:

– (...) If I want to give birth, if I want it, I will stop it [taking contraceptives]. (...) I don't tell them [the priests that I use it] ... the priests, that's it, they tell [us to do] this, this, and that. Then we say "okay", and listen to them. But in practice it's not done, it's not done in practice, it means. ... If we follow what they say it might not be good for our lives. That's it, we tell God [what we did] and say, Lord forgive us, and do what we want (laughs).

This young woman, who also believed that contraceptive use is prohibited by the clergy, questions the clergy's authority on the matter; she even doubts if what they say is good for women. As with many women, her strategy is to keep quiet; to not tell the priests. She admits it before God, however, and asks forgiveness. This perception that God is forgiving is important when women act counter to what is perceived as the Orthodox Church's stand against contraceptive use. The 40-year-old non-literate peasant woman below also gives one example of how this resistance plays out in the dialogue with the priests when I asked her:

– *But what do the clergy say about contraceptive use? Is it allowed?*

– Hm! It's not allowed, it's not allowed by the priests; they don't allow it. They say why [do you use it] and get angry. You keep quiet and don't tell them; you keep quiet and take the [contraceptive] injection. "Why are you late [why don't you give birth again]?" they ask you, and I keep quiet. "Hah! Have you taken the injection?" [they say, and you say], "no, I didn't take the injection". Otherwise, they become angry.

– *Are you supposed to give birth to all, is that what they say that means?*

– Yes, ehe, ehe. They say all people should give birth. How can the priests open up [for the idea of not giving birth]? They say it's a sin; taking the [contraceptive] injection is a sin. They say you commit a sin. (...). Yes. Yes, it's a sin ... meaning, if you take the injection, the priests say it's bad according to religion. "Don't take the injection simply give birth", or, "if you take the injection it's a sin", the priests say. What can you do? You make your own decision; you take the injection and say, "I haven't taken it." ... If he asks, "did you take the injection", you say, "I

didn't do it". [You] keep quiet. "So why don't you give birth?" "That time has passed" (laughs), you tell the priest, "time has passed".

This peasant woman's account points to the fact that, while the clergy downplay their opinions on contraceptive use in public teachings, their concern might still be part of the advice given on the household level as spiritual fathers (*abo nefsi*). This woman's strategy is, nevertheless, to keep quiet and make her own decisions in spite of believing that the church is against it. Even she is willing to lie which, in this case, might be ranked as a lesser sin.

Entailed in the accounts of these Tigrayan women, who believed that the church is against contraceptive use but who would use it anyway if they wanted/needed to, is, firstly, that moving contraceptive use away from the authority of the Orthodox Church and the religious domain to the authority of the government and the domain of science constitutes a space for agency that, potentially, can avoid challenging their religious faith. Secondly, authorities are commonly challenged in a non-confrontational manner. In fact, women can guard themselves against the interference of any authorities (including husbands) on the issue of reproductive choice, by keeping quiet. In fact, women's own strategies when going against the authority of the church or their husbands, the church's strategy when downplaying their opposition to contraceptive use publicly, and the health institutions' practice of providing family planning services to women in secrecy if needed, are *all* based on the use of silence as a strategy. This is in accordance with the socio-cultural dynamics of layering communication in the predominantly vertical power structure of highland Ethiopia, where challenges to authority can be put forward, as Maimire Mennasemay (2010: 76) expresses it, by being "active silently". It is therefore important to have in mind here that, if the pressure on family planning from the current government exceeds their interests, this strategy of keeping quiet would also allow women the possibility to refrain from using contraceptives if that is what they want.

Family planning; links to education and development

The focus in my study on women's contraceptive use related to the presumed impact of girls' education on fertility rates in international and national educational policies and discourses. For example, the Education Sector Development Programs in Ethiopia from 1997 onwards make references to international research when stating that "a person with at least 4 or 5 years of primary education is more responsive to attitudinal changes in nutrition, health, family planning, etc." (e.g. FDRE-MOE 2000: 28; FDRE-MOE 2005: 31-2). The formulation used in the Introduction to the National Action Plan for Gender Equality is similar:

An educated woman is more likely to delay marriage, practice family planning resulting in a smaller family size, more available food for the family, and resources to educate the children. Investing in girls' education therefore has high social and economic returns and is instrumental in achieving sustainable development and economic growth. (FDRE-MOWA 2006: 1)

The Plan for Accelerated and Sustained Development to End Poverty (PASDEP) also stated:

Increased education levels have been shown worldwide to be a major determinant of fertility and family size. Women's education in particular contributes to lower fertility levels. Slowing the rate of population growth will also dramatically reduce the amounts that need to be spent each year in the future on providing education; and will allow better quality education, by reducing overcrowding and class sizes, and allowing more resources per student in the form of textbooks and teaching time. (FDRE-MOFED 2006: 169)

It is, however, important to take note of here that the National Population Policy of Ethiopia does not only emphasise (1) the incorporation of population and family life education topics as integral parts of formal education curricula at relevant levels of education but also (2) the incorporation of population-related topics in the package of information carried to the rural population by agricultural extension workers, informal community leaders, and other community level development practitioners. (TGE 1993: 35-6) Population and Family Life Education is also to be incorporated as a component in both teachers' education and in education in general in the Education Sector Development Program IV (FDRE-MOE 2010). This governmental strategy means that the issue of family planning is addressed explicitly on many levels and, hence, is not assumed simply as an outcome of education by implication.

Women in both the semi-urban and rural area of my study in north-western Tigray use economy in terms of livelihood as a rationale for contraceptive use, well in line with Ethiopian population and development policies (E.g. TGE 1993; FDRE-MOFED 2010). In her early thirties with four years of formal education, a divorced woman with one child, having lived half her life in urban areas, says:

– If you don't have enough means to raise many children, it's the right thing to do.

One non-literate peasant woman, also in her thirties, but having given birth to seven children, says:

– We want to give our children a good upbringing. If they are too many how can we manage?

Another non-literate peasant woman in her late fifties, who has given birth to eleven children (whereof three had died), touches on the same economic livelihood aspect from the opposite angle when she says:

– Since we were rich [then] there was no reason to reduce the births. Since it was not a problem for me, I didn't use it [contraception].

The young peasant woman in her early twenties with four years of formal education, referred to above, says when pregnant with her third child:

– It will be a problem if we become too many in the family. (...) There is not enough land now; what shall we eat [if we have too many children]?

Hence, these women's reasons for being positive about contraceptive use circled, implicitly or explicitly, around current development issues in Ethiopia; escaping poverty and improving living conditions for themselves and their children.

While some mothers seemed to think that their daughters should be able to cope, as they had, with frequent childbirths, the reason many older women were positive about family planning was based precisely on their experience of hardships, since neither education nor modern contraceptives had been available in their time. While the level of education in the semi-urban area of my study is generally higher than in the rural area – and the younger women have more education than the older ones – women's justifications for using contraceptives did not correlate with levels of formal education. Rather, the fact that there is no significant difference in *perceptions* of contraceptive use between educated and non-literate women and between rural and urban areas of my study, gives reason to assume that the multilevel information strategy that includes community learning and a progressive health programme that provides access to family planning services and contraceptives for free also in rural areas have, started to override these commonly expected differences. This process of change in contraceptive use must, in my opinion, also be seen in relation to the ecological degradation, which is worsened by climate change, together with the scarcity of land in this area of Tigray. The younger generation is, therefore, increasingly pushed to urban areas in search for alternatives to the harsh lives their parents have lived – especially through the pull of education which according to prevailing rhetoric in Ethiopia carries the promise of development. In this context where children no longer are simply wealth but constitute a cost, priorities are in the process of shifting from educating only a few of one's (most clever) offspring to thinking that giving birth to fewer children might enable parents to educate all of them. In this environmental context of increasing livelihood insecurity, having fewer children can be interpreted, from the perspective of risk preferences, as risk-averse behaviour.

Concluding remarks

Encompassing the issues of control, power and options, the findings of this ethnographic study in north-western Tigray, suggests that when the issue of religion is included, a more multi-faceted understanding of choice than the empowerment literature implies, is needed. The fluctuating transition between God, *ʾidil* (fate/chance) and a woman's own initiatives, constituted in this study a space where religious exegesis and government policies (in terms of available family planning services), could be negotiated. Hence, women's reproductive choices were not simply predestined by their religious belief. Furthermore, the Tigrayan women's redefinition of who holds authority on the issue of contraceptive use, and which in this study cross-cut educated/non-literate as well as urban/rural divides, indicates that change in women's reproduction practice depends on more than education only. Rather, the prevailing presumptions of linear causality between education and women's empowerment, and girls' education and fertility decline might miss out on the complexity at stake and the need to work on multiple levels when addressing gender issues in development. This includes providing women with alternative options to choose from.

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