

Forming families

The second part described contemporary marriage practices and analyzed the decline of marriage rates during the last decades. This third part of the book tackles the consequences these changes have for other social relations. This chapter takes a closer look at kinship and reproduction. The next chapter scrutinizes how the decline of marriage has reconfigured relationships outside marriage.

ENTANGLEMENTS OF MARRIAGE AND REPRODUCTION

Julia: Can children be more important than the boyfriend, husband or partner?

All four girls with strong impetus: Yes.

Julia: Why?

Ella: Because it's your child.

Petra: Your blood.

Isabel: Everyone is someone else.

Vanessa: He can even, when he comes in your life, he must accept you and your child – otherwise ...

Isabel: ... he goes away ...

Vanessa: ... when he says "I will not accept your child".

Petra: If I come into his house and he says he is not accepting my child, so I will leave with my child.

Isabel: You are just the same; you and your kid are the same person.

Vanessa: Even if I love him, I will go with my child, so my child is more important than him.

Isabel: Yes, is more important. Because that child will stay with me until I am old and die.
(Group discussion, Transfontein, August 2004)

In Khoekhoegowab, a pregnant woman is called a */gam /khaa khoes*, literally 'two in one female body'. This description is telling as it indicates the perceived closeness of

a mother and her child. This ideal unity of mother and child is understood to continue after birth. Isabel, one of the four young women between 20 and 30 years whom I interviewed in several group discussions in Fransfontein as cited above, expressed this entanglement of mother and child as sameness: “You are just the same; you and your kid are the same person”. Similarly she stated: “Everyone is someone else,” thus reflecting the conception of an endless chain created through continuous mother-child relations. Throughout our group discussions, “men”, whether integrated into a woman’s life as father, lover, boyfriend or husband, were not conceptualized as part of this unity. Men could perhaps be supportive, responsible, caring for the mother/child/mother-and-child; or could be the very opposite – violent, unfaithful and careless. However, men were perceived as being outside of this close bond and, if in a situation where they had to chose, the young women declared that they would decide for the child and against the man. Of course, these expressions are part of a normative discourse that idealizes the mother-child bond. Indeed, we witness a number of instances during our stay in Fransfontein where women decided to stay with a new partner and leave their child with a female relative, often the child’s maternal grandmother.

Childbearing and childrearing are crucial for the reproduction of society. When to get a child and with whom, how to raise it, what to demand from it – these are central and often contested social issues. Powerful institutions, like the state and its laws, frame what at first sight appear to be intimate actions and private decisions: “Reproduction is simply too important to be left to the whims and fancies of individuals”. (Robertson 1991: 16) Such a perspective on human reproduction is a rather recent development. Although reproduction has always been discussed in anthropology, an in-depth treatment of the social and cultural dimensions of human reproduction is only a few decades old (Greenhalgh 1995; Johnson-Hanks 2007a; Kertzer/ Fricke 1997; Lang 1997; Pauli 2010a; Tremayne 2001). Soraya Tremayne (2001) shows that until the 1960s reproduction had been perceived as a rather simple biological phenomenon. With the onset of feminist, technological and demographic discussions in the 1970s, the perspective on reproduction gradually changed. Today, researchers agree that an understanding of reproduction has to be culturally embedded: “The attempt to understand reproduction in isolation from its broader context is a barren exercise”. (Tremayne 2001: 22; also Lang 1997) Although the four young women cited above might perceive their reproductive decision-making as rather autonomous, they are nevertheless formed, enabled and restricted by a complex web of cultural, social, legal, political and economic structures. Following Faye Ginsburg and Rayna Rapp, I define reproduction as “the events throughout the human and especially the female life-cycle related to ideas and practices surrounding fertility, birth and child care, including the ways in which

these figure into understandings of social and cultural renewal" (Ginsburg/Rapp 1991: 311).¹

What then frames reproduction in Southern Africa? How are families formed, how is kinship reproduced? Listening to the four young women above, marriage and long-term partnership do not seem to be especially important for reproduction. Such a disentanglement of marriage from reproduction stands in stark contrast to the prominence marriage has for a long time had in demographic discourse: "Demographers have long recognized marriage as one of the principle determinants of fertility". (Bongaarts 1978: 108) Marriage is taken as an indicator of exposure to sexual intercourse and the "risk" of pregnancy (Pauli 2010a). By measuring the proportion of married people in a population and the age at which they first marry (assumed to show when they become sexually active), demographers estimate the children likely to be born in the future.²

Such a conceptualization of marriage matches well with the metanarrative of the stable and universal Southern African marriage systems already discussed in the introduction (Gulbrandsen 1986; Krige/Comaroff 1981; Kuper 1982; Oheneba-Sakyi/Takyi 2006). Both marriage and reproduction are virtually universal in these descriptions. Fatherhood is here defined socially and not necessarily biologically. Both fatherhood and marriage may depend upon the status of bridewealth payments. Many children and high fertility are especially valued (Arnfred 2004: 73; Preston-Whyte 1999; Upton 2001).

But as I discussed in the previous chapters, in many parts of Southern Africa this system no longer exists. Marriage rates have significantly declined. The increase in the never-married population is paralleled by an increase in the number of children born premaritally³:

Premarital fertility is prevalent in other parts of Africa, especially among adolescent women, in countries as diverse as Liberia, Kenya and Madagascar. However, high levels such as those noted in Namibia, Botswana and South Africa, as well as late average age at marriage and

- 1 Fertility might be more narrowly defined as the birth histories of women (and men). Another related term not discussed here is fecundity. Fecundity means the biological capacity to reproduce (Pauli 2000: 1).
- 2 Often demographers and demographic surveys define marriage rather broadly, such as in Namibia's Demographic and Health Surveys. I discuss this in more detail below.
- 3 The term "premarital" is rather common in the demographic literature to describe out-of-wedlock births. It is misleading insofar as the "pre" implies that eventually a marriage will occur. Given the demographic and marital situation in many parts of Southern Africa, for many women all children they will give birth to will be "premarital".

premarital fertility at older ages, seem to be a feature of modern South Africa, and especially in the former apartheid areas. This intriguing phenomenon calls for further research on marriage markets and the determinants of late age at marriage. (Garenne/Zwang 2005: 166)

Thus, the two main characteristics of a transformed Southern Africa system of marriage and reproduction are that marriage is not universal anymore; and, if it happens at all, that it happens rather late in life.

Critical, however, fertility does not seem to have developed along similar lines, as Michel Garenne and Julien Zwang's comment on premarital fertility above indicates. Unlike marriage, childbearing is still universal and widespread. Despite the deep and encompassing transformations of the marriage system I described in the previous chapters, this thus does not seem to have affected fertility (Gulbrandsen 1986). In most regions of Southern Africa today, births and children are welcomed and desired independently of their parents' marital status at their birth (Gordon 1972: 132; Naidoo 2007; Pauli/Schnegg 2007; Upton 2001). In a study from north-central Namibia, Mari Tarkkonen (2017) has shown how adulthood is intertwined with parenthood, a theme mirrored by Rebecca Upton who highlighted the connection between fertility and identity:

If we are to be successful in understanding the cultural significance of fertility in southern Africa, a central concern should be an understanding of how concepts such as fertility and childbearing, versus infertility and lack of children, relate to the negotiation of identity. (Upton 2001: 362)

In a study on KwaZulu-Natal, Eleanor Preston-Whyte (1999: 143) describes the stigmatization women face when they are not able to fall pregnant: "the fear of being branded 'barren'". Similar to Upton's (2001: 352) findings on infertility in Botswana, Preston-Whyte shows that fertility is a central feature of identity – for both men and women. It is infertility that is stigmatized, not out-of-wedlock births or being unmarried. Regardless of whether married or unmarried, men and women are expected to desire to have children: "Fertility is thus not only approved: it is expected". (Preston-Whyte 1999: 149) Further, the Christian perception of marriage followed by childbearing may be turned upside down: "one may need to have a child *in order to get married*". (Upton 2001: 354, emphasis in original)

Preston-Whyte (1999: 147) views the positive attitudes towards childbearing and the absence of long-term sanctions against out-of-wedlock births as reasons why contraceptives are relatively unimportant for teenagers. This is mirrored in a study on reproductive decision-making in a Namibian town by Martina Gockel-

Frank (2007, 2008) who reports that use of contraceptives is not only of little importance to teenagers, but to many women of different ages. Having a child as a teenager is also not considered as preventing a young woman's schooling as there is in general no problem to find someone to care for the baby, most often the teenager's mother. Thus, while there are almost no sanctions on teenage pregnancies, in later phases of her life a woman is firmly expected to bear children. This situation is reflected in the 1992 Namibia Demographic and Health Survey that found that the total fertility rate of unmarried women is only one child lower than that of all women, and that many women give birth before marriage (Raitis 1994: 116). These perceptions and practices may lead to weak or even non-existing links between marriage and childbearing, an observation Upton has made for Botswana: "Marriage and childbearing have become increasingly separate domains of life". (Upton 2001: 354) In line with this, the opinions of the four young women featured at the beginning of this chapter reflect a comparable disentanglement of marriage and reproduction.

It seems as if marriage has thoroughly changed in Southern Africa while reproduction seems to be characterized by continuity despite these changes. However, for several decades now, Southern Africa has been experiencing what demographers call a "demographic transition": a decline in mortality rates and a decline in fertility rates. Recent research locates the beginning of the fertility decline in the 1970s (Garenne/Zwang 2005; Moultrie/Timaeus 2003). Namibia's demographic situation has been characterized as follows: "Compared with other African countries, Namibia in 1992 appeared as rather advanced in the demographic transition, with average levels of fertility (TFR=5,4)". (Garenne/Zwang 2005: 151) The main reason for the decline in fertility is seen in the spread and use of so-called Western contraceptives (Garenne/Zwang 2005; Kirk/Pillet 1998: 4; Raitis 1994). In how far are these changes then connected to the transformations of the marriage system?

Working in a comparable demographic context of a society with both declining marriage and fertility rates, Jane I. Guyer (1994) offers some important analytic concepts to understand the entanglements and disentanglements of marriage and reproduction in Southern Africa. In long-term ethnographic research on marriage and parenthood in western Nigeria, Guyer (1994: 236) differentiates the "logics of fertility and marriage" into a "lineal" and a "lateral logic". Drawing on the work of Jack Caldwell (1976) and Cain (1984), Guyer describes the lineal logic of fertility as the intergenerational wealth flow between the younger and the older generation. Children are obliged to support their parents, especially in old age. According to Guyer, marriage consolidates the rights to parenthood and thus long-term support. In Southern Africa, this seems to be more important to men than to women because women's claims on parenthood are less debatable.

The second logic is classified by Guyer as “lateral”. Here, Guyer builds on the work of Esther Goody (1978). Kinship is not only about lineage reproduction, the lineal logic, but also involves lateral network building. Goody finds that social, economic and political opportunities increase in proportion with a person’s network. Child fostering is a very important mode of this type of network building in West Africa (see also Alber 2018). Through the exchange of children, both new ties are created and old ones are maintained. Here, the children are the cement that binds. The procreative link between a woman and a man – visible in the child – is extended and transformed into social links and social parenthood with other women and men.

Guyer describes another form of lateral network building. As her study of the Yoruba in Western Nigeria shows, many mothers cultivate co-parental ties with more than one father of their children, resulting in an arrangement that Guyer terms “polyandrous motherhood” (Guyer 1994: 231). Again, children are the cement that binds – but the units they connect differ: a mother and the men she is having children with. To understand this type of female network building, Guyer distinguishes the advantages of having joint children from other types of male/female relations, namely sexual relations and marriage relations. Through a child, the depth and time horizon of a sexual relation is expanded: “with a child, a woman may be able to make considerable claims even on a fairly casual relationship [...] the child as a key to stabilizing an otherwise fleeting relationship”. (ibid: 237) The tie created through marriage, in contrast, is long-term and stable, but it also limits the woman: she can only be in one union at a time. Children with different men thus combine the positive aspects of a sexual relation with those of a marriage while reducing the negative ones: “Through a child there is a basis for claims over a fairly long time period along with some flexibility in the numbers of unions one can envisage”. (ibid) Thus, through children women might gain both flexibility and stability.

Guyer’s lateral and lineal logics serve as analytic devices for my analysis of reproduction, kinship and marriage in the Transfontein area, helping me to understand some of the variations observed there. I use it in particular to analyze the high number of different reproductive partners that women tend to have there, or what Guyer calls “polyandrous motherhood”. Guyer argues that there is a direct connection between reproduction and marriage, on the one hand, and changing economic conditions, on the other, and argues that “what needs research attention is potentially new practices of *parenthood* under new economic conditions” (ibid: 248, emphasis in original).

Following Guyer’s approach, this chapter analyzes the consequences of changing economic and political conditions on practices and perceptions of parenthood, fertility and marriage in Transfontein. Despite Guyer’s (1994: 250) observation that “marriage has always been conceptually and organizationally distinct from parenthood in

Africa”, I would rather distinguish different constellations of gradual entanglement (and disentanglement) of marriage and reproduction. In the Transfontein region, families have been formed both within and outside of marriages. My approach is inspired by Jennifer Johnson-Hanks’ suggestion not to take marriage as one among many other independent variables to explain fertility differences but rather to gain an understanding of the different social contexts that marriage creates and does not create for reproduction:

When we calculate birth rates separately for the married and the unmarried, rather than including a marital status variable in a regression model, we are explicitly claiming that marriage constitutes a key factor of the social context relevant for childbearing. (Johnson-Hanks 2007a: 13)

My main analytic question in this chapter is, thus, when marriage does and when it does not provide a frame for reproduction.⁴

FERTILITY DECLINE IN NAMIBIA: MACRO AND MICRO PERSPECTIVES

Demographic research locates the beginning of the Namibian fertility decline around the 1970s (Garenne/Zwang 2005; Moultrie/Timaeus 2003). Kirk and Pillet (1998) classified Namibia as part of the group of African countries with a steady fertility decline. The total fertility rate (TFR) in Namibia declined from 6,1 children per woman in 1991 to 4,1 children per woman in 2001 (Namibia 2003: 63).⁵ Analyzing Namibia’s first national census (of 1991) and the first Demographic and Health Survey (of 1992), Rikka Raitis (1994: 113) discovered several variations in fertility levels. Of special importance here, she found that marriage affects fertility: although never-married women have a high total fertility rate of 4,4, this rate is nevertheless one child less than the TFR of all women.

4 I am only analyzing the fertility of women. In this, I follow demographic and also anthropological practices that perceive the data gathered on female reproduction as more reliable than data gathered on male reproduction. However, in our surveys we did also collect male reproductive histories.

5 The total fertility rate is a commonly used rate to describe and compare fertility levels between populations and population subgroups. The total fertility rate is the sum of all age-specific fertility rates multiplied by the size of the age groups (Pauli 2000: 220-222). The rate gives the number of children a woman will have born by the end of her reproductive life if fertility rates remain the same.

Table 13: Total fertility rates of 364 Fransfontein women

Birth Cohorts	N	Percentage of sample	TFR
1915-1924	11	3.0	3.5
1925-1934	26	7.1	7.0
1935-1944	41	11.3	6.6
1945-1954	47	12.9	5.7
1955-1964	59	16.2	4.8
1965-1974	65	17.9	4.6
1975-1984	89	24.5	2.7
1985-1994	26	7.1	0.6
Total	364	100	5.2

The micro-demographic data we collected for the Fransfontein region follow the national trend of declining fertility rates. During in-depth interviews with elder women and their daughters and granddaughters, the decline in fertility was often commented upon. The women clearly perceived the decline and in general linked it to the availability of contraceptives. Younger women expressed relief about not having to go through the burden of as many births as their grandmothers. Table 13 gives an overview of the development of achieved parity for eight birth cohorts recorded in our ethnographic census data.

The first cohort (1915-24) is much smaller than the other cohorts. The low total fertility rate for this cohort thus needs some critical adjustment, as it is likely to be subject to other influences (e.g. patterns of survival not available in the data). The last cohort is also problematic. When we conducted our census interviews in 2004, we only interviewed women 15 years and older. This means that the last cohort actually ends with the year 1990 and only covers five rather than ten years. If we thus exclude these cohorts from the analysis, a clear trend becomes visible, as indicated in Table 13. The population is indeed experiencing a fertility decline, at least amongst the women who have finished their reproductive phase⁶: for these women, total fertility rates have

6 Women who have finished their reproductive phase are defined as those 40 years and older. Only few births occur after the age of 40.

dropped from a high of 7.0 for women born around 1930 to a moderate level of 4.8 for those born in the 1960s and 1970s.

To better understand these declines and their possible interconnections, I now discuss those factors that centrally frame fertility, thus age at first birth (the onset of a woman's reproductive life), birth intervals (the time between a woman's births) and age at last birth (the end of a woman's reproductive life) (Bongaarts 1978). The report of the 2000 Demographic and Health Survey (DHS) by the Namibian Ministry of Health and Social Services (MOHSS) states that the median age at first birth has not changed from 1992 to 2000 (MOHSS 2003: 53). Further, the report finds that the median age at first birth is twenty-one years. The MOHSS report (*ibid*: 51) also finds an increase in the length of birth intervals from a median birth interval of thirty-four months in 1992 to one of forty months in 2000. An increase in the median length of birth intervals can be observed independent of a woman's age and parity (Moultrie/Sayi/Timaeus 2012). Unfortunately, I have no information at the national level for the age at last birth. The DHS only interviewed women of childbearing age. However, I include a discussion of the age at last birth in my analysis of the Fransfontein data below.

Demographers agree that the spread of Western-type contraceptives was the most important factor for the decline in fertility in Namibia (Garenne/Zwang 2005; Moultrie/Sayi/Timaeus 2012; Raitis 1994). However, the spread and use of this type of birth control since the 1970s was often not voluntary; rather, family planning was part of a racist population policy by the colonial South African state (Lindsay 1989). Jenny Lindsay has stressed that the euphemistic term "family planning programme" is actually not very well suited to understanding the scope of the South African programme: "population control policies" is more fitting, underscoring the central goal of controlling the African population by the "white" community and state.

The establishment of South Africa's population control programme in Namibia during the 1970s was shaped by multiple factors. During the 1960s and 1970s, the international perception of a "Third World population explosion" or "population bomb", threatening the wealth and livelihoods of the so-called developed world, led to the establishment of numerous population programmes throughout the so-called developing world (Szreter 1996: 21-44). As Lindsay (1989: 3) shows, South African population policies varied this general theme insofar as the arguments for control over the "black" African population were highly racist, focusing on limiting the *swart gevaar* (black threat) that might result in the loss of white minority power.

The population programme of the 1970s was mainly based in state-run hospitals and clinics. Until today, it provides contraception to women at no cost. The most common contraceptive for "black" women has been Depo-Provera, a hormonal injection with often strong side-effects (Lindsay 1989: 26-43). Sterilization has also

been practised as birth-control method, sometimes hormonal pills are available, but the intrauterine device, or the “loop”, has been very uncommon. During apartheid, “black” Namibian women had very little effective choice on whether to use a birth-control method and which one to choose (*ibid*: 26). With the dramatic spread of HIV/AIDS since the 1980s, condoms (previously used primarily by “whites”) have become common throughout Namibia. The DHS survey showed that in 2000 the most commonly used methods were the hormonal injection (39 per cent), the male condom (28 per cent) and the pill (24 per cent) (MOHSS 2003: 59). The same survey established that 61 per cent of all Namibian women age 15 to 49 had used a “modern” contraceptive method at some time in their lives (*ibid*: 59-63). This percentage increases slightly to 63 per cent when one includes other, “traditional” methods (*ibid*: 59).

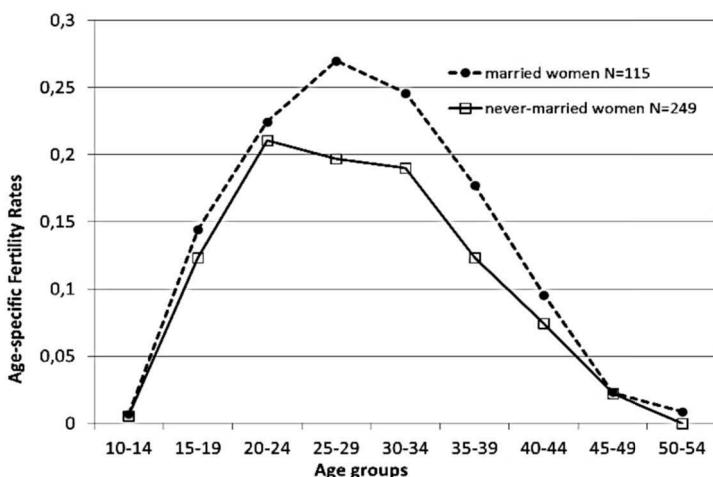
Like in the national results, there is a remarkable stability in the average age at first birth across time in Transfontein. First births for Transfontein women of all generations occur between 19 and 20 years of age (average 19.5). Time between births has increased. While women from the older cohorts on average gave birth every two years, the time between births for women from the younger cohorts is on average three years. The average age at last birth has dropped from 38 years for women born between 1925 and 1934 to 36 years for women born between 1955 and 1964. The changes in the length of birth intervals and the average age at last birth have been gradual, every cohort slightly extending the birth interval while progressively reducing the age at which reproduction ceases.

REPRODUCTIVE DYNAMICS OF MARRIED AND UNMARRIED WOMEN

After having described the general development of fertility during the last few decades for both the macro-context and the micro-context, I now compare married and unmarried women. As I have described in previous chapters, marriage has changed substantially in Transfontein. While marriage was the common frame for women’s reproduction until the 1970s, with the emergence of new elites and the parallel decline in marriage rates, most reproduction is now taking place outside of marriage. To be married has turned into a marker of class distinction, and today it is mostly people from local elite families who marry. This leads to the question of how far and since when the fertility of the unmarried majority began to differ from the fertility of the married elite minority?

Of the 364 women for whom I have information on marital status, 32 per cent (115 women) are or have been married, and 68 per cent have never been married

Figure 16: Age specific fertility rates for married and never-married women



(249 women). Similarly to the national statistics discussed above, unmarried women in the Fransfontein area have approximately one child less than women who have been married at one point in their lives. The total fertility rate for married women is 5.9 compared to 4.7 for never-married women. Major differences in age-specific fertility rates between married and unmarried Fransfontein women can be found between the ages of 25 and 40.

Figure 16 shows that marital status affects fertility only *after* the beginning of childbearing. Unsurprisingly, then, there is no difference in the average age at first birth between married and never-married women. After the onset of reproduction, fertility is higher for married than for never-married women. From the 1970s onwards, never-married mothers have spread their births across the reproductive span more than their married counterparts. These longer birth intervals also lead to a lower overall fertility level of never-married women. Further, never-married women increasingly had children with three or more reproductive partners, the pattern that Guyer (1994) has described as “polyandrous motherhood”. This reproductive practice further increased the average time between births for never-married women because it took them time to meet new partners. From the 1970s onwards, the average age at last birth also started to differ between married and never-married women. Married women born between 1945 and 1964 on average gave birth for the last time between the ages of 37 and 38, while their never-married counterparts did so at age 35. The fertility decline of the 1970s and 1980s described above has thus mainly resulted from changes in the reproductive practices of never-married women.

Having established these demographic dynamics as basis on which to understand how families in Transfontein have been formed throughout the 20th century, I now turn to life stories of 20 Transfontein women. Ginsburg (1987) showed how life stories can be used to study the intersection between lived experiences and historical change. Life stories are especially insightful at critical transitional points in the life course, like giving birth:

In situations of rapid change when the normative rules for an assumed life trajectory are in question, these life-cycle shifts are experienced as crises, revealing contention over cultural definitions. In other words, when the interpretation of a particular life event – abortion or more generally the transition to motherhood, for example – becomes the object of political struggle, it indicates a larger disruption occurring in the social order as well. (Ginsburg 1987: 625)

Through the life narratives of the women I want to unravel how they construct their own lives vis-à-vis larger political changes.

My approach is also inspired by Thomas Schweizer's (1999) work on qualitative and quantitative data. Schweizer shows that both qualitative data on the experiences and perceptions of situations and events, such as life stories, and quantitative data, such as demographic data, are needed for a holistic ethnographic account. The combination of qualitative and quantitative information is certainly a main characteristic of anthropological demography (Axinn/Pearce 2006; Kertzer/Fricke 1997; Kreager/Bochow 2017; Pauli 2010a, 2017a). However, only few anthropological demographic studies have combined life stories and demographic events (e.g. Johnson-Hanks 2002, 2006).

In the previous chapters, I divided the life trajectories of women into three generations, each of which gave birth to their children under very different economic and political circumstances. The first generation, that of the elderly women born between 1915 and 1944, bore most of their children by the end of the 1960s and before the establishment of the Odendaal plan. Almost all of these women are married. This generation is probably the most homogeneous of all three. The lives of the second generation of women, born between 1945 and 1964, are much more heterogeneous. These women started their childbearing years during the establishment of the South African homeland politics. The majority of their children were born during the 1970s and 1980s, times of political turmoil and the implementation of apartheid. By 2004 when I conducted the census interviews, almost all of these women had completed their reproductive years. Finally, women of the third generation, born from the late 1960s onwards, started their reproductive lives during the era of Namibian independence and were still in their childbearing years by the time of the interviews.

It is remarkable that, despite significant economic and political changes between these three generations, the age at first birth has hardly varied over the last 60 years.

Although this indicates much demographic continuity at the beginning of the women's reproductive lives, the life stories below reveal that the circumstances under which women have come of age vary strongly by generation.

BECOMING A WOMAN AND A MOTHER

First menstruation

The spread of formal education and school hostels since approximately the 1960s has significantly influenced the experiences of puberty, the first menarche, the first sexual intercourse and the first birth. The majority of women of the oldest generation, who had finished their childbearing years at the beginning of the 1970s, never attended school. Most of them were educated at home by their families, especially by female relatives. Only a few women of this generation attended a local church school for a few years. One such church school existed in Transfontein until the 1960s, run by the ELCRN. The women of the oldest generation thus never had to leave home in order to attend school: either they did not attend school at all, or they attended the local church school.

When these women reached puberty, seclusion at the first menarche was commonly practiced. Menstruation in general and first menstruation more specifically are sometimes called *khárus* in Transfontein and menstrual blood is referred to as *kharub*. Some elder women also told me that *kháru-oms* had been the term used to describe a menstruation hut (or the partition inside a family's house or hut for the girl's seclusion). Winifred Hoernlé (1918) described this *kháru-oms* and the seclusion of Nama girls at the beginning of the 20th century. Today, the expression //khaa /aesen (sick body) has become more common for menstruation, especially among younger women.⁷

Albertina, born in 1920, remembers that when she got her menstruation for the first time in the early 1930s, she was secluded in her parents' house for two weeks. She was not allowed to leave the house or talk to any men. Her mother brought her food and gave her instructions on how to behave as a woman. To make her beautiful, *!nau-i*, a red cream, was rubbed on her face.⁸ Before Albertina was allowed to leave the house after her seclusion, her female relatives cleaned her with cow dung. Then

7 There is significant regional variation in the terms used. A woman who described herself as a Damara and had been born and raised in the Windhoek area told me that //khaa /aesen is the expression used in Transfontein. She said that *khárus* was more common in the area where she grew up.

8 *!Nau-i* is a mixture of ground ochre and fat. Hoernlé (1918: 71) mentions a similar face paint that she calls *!nnaop*.

a goat was slaughtered to celebrate Albertina's womanhood. Her *makeis*, her mother's eldest sister, was the one who killed the goat and who was responsible for Albertina from now on.

Sigrid Schmidt (1981/82) discusses in how far the puberty seclusion might be an antecedent of the seclusion women undergo during the week leading up to their marriage (see "Contemporary Transfontein Marriages" above). Puberty rites used to be very central rites of transition for women (Barnard 1992; Hoernlé 1918; Lebzelter 1934; Vedder 1923).⁹ Schmidt (1981/82: 59) summarized earlier forms of the puberty rite as follows:

In earlier times, this was a very important event in the life of a Nama or Dama woman. As soon as the first menstruation commenced, the girl received a place within the parental hut, separated with furs or bags, where she had to stay for several days or weeks until she could come out for the celebration and her entrance into the adulthood.¹⁰

Schmidt pointed out a number of similarities between the puberty seclusion and the marriage seclusion, as for example the use of *!nau-i* as a skin lightener and normative advice given to the initiate. However, she rejected the hypothesis that puberty and marriage celebration might have been the same in earlier times. She argued, rather, that the seclusion period has only been added to the marriage ceremony more recently. The puberty seclusion, not practiced anymore, dates back further. Schmidt thus concluded that for some time both customs were practiced in parallel, after which the puberty rite ceased and only the marriage seclusion rites continued.

This interpretation has been supported by the life stories I collected. As discussed in "From Decline to Distinction", marriage seclusion is only a few decades old in the Transfontein area. Indeed, most of the older women I interviewed underwent puberty seclusion. The main reason for the decline in the puberty rite is the increased amount of time young women have to spend at schools and in hostels, often far away from their families. Thus, Silvia, born in 1950, was attending school in Walvis Bay when she experienced her menstruation for the first time:

I was scared and I even didn't go to school that day. I told my stepmother. She said: "No, you must not go to school. You are now a big woman and you must stay at home". But it was only for some time, the other day I went again to school. And I was also outside. In the afternoon,

9 Male initiation rites (but not circumcision) were also practiced in earlier times. These rites differed from the female puberty rites in that they were collective events (Barnard 1992: 210; Lebzelter 1934; Vedder 1923).

10 My translation.

I went out and I told my father's other daughter who was also working for the church. So I was going there and she also told me.

Silvia's experience was thus quite unlike Albertina's as she had to continue to attend school and did not undergo seclusion. Several other women who also experienced their first menstruation while attending school were similarly allowed to take a day off but had to return to school the next day. When Silvia had her first menstruation, she already knew through her friends and peers what was happening with her body. She did not receive this kind of advice and information through seclusion and the intensive instruction by older female relatives. Her experience is typical for all interviewees born *after* the mid-20th century. Claudia, born in Okahandja in 1964, was twelve years old when she menstruated for the first time. She was living in a hostel run by nuns in the town of Omaruru. She told me: "It was very difficult – there were no parents. When I saw the blood, I went to my bed. I was hiding it, I didn't want to tell anyone". Almost all women who experienced their first menstruation while staying in a hostel expressed feelings of loneliness, shame and fear at what was happening to them. They had to rely on female friends or fellow learners for help during this difficult time. Unlike older generations, they did not have any caring relatives who accompanied them on their transition to womanhood and celebrated this as achievement.

Yet attending school and living in a hostel framed not only the first menstruation. Most women born from the 1950s onwards had their first sexual intercourse with a school mate. Often, these first sexual encounters resulted in pregnancy.

First sex, first pregnancy, first birth

The experience that first sexual intercourse resulted in a pregnancy was something narrated by women of all ages. Many of the elder women interviewed, born before the 1940s, had a premarital child with a man who was not to be their husband. Thus Jocoline, born in 1928 on a white commercial farm in the Kamanjab area, had two daughters, Ramona (born 1942) and Jocelyn (born 1946) from different men before she met Petrus. She and Petrus had three boys (born 1952, 1954 and 1956) before they married in 1958, after which they had five more children. When I asked Jocoline and other women of the older generation whether they had realized as young women that their sexual encounters with their first boyfriends could result in pregnancy, they just shrugged their shoulders. Such an early pregnancy was not considered as a problem. Iken made a similar observation in her study on Nama woman-headed households in Southern Namibia: "A first child born out of wedlock is generally considered by the community to be the result of 'ignorance' and not an obstacle to finding a marriage partner". (Iken 1999: 183)

To have sexual intercourse is called *//goe/khaos* in Transfontein, first sexual intercourse *#guro //goe/khaos*. Younger women, however, more often use the expression “to sleep (with someone)”, *//oe*, to describe sexual intercourse. In the ethnographic census, we asked women how old they were when they had their first sexual intercourse (answered by 351 of 364 women): on average, the women were 18 years old (median age 18 years, average age 18.5 with a standard deviation of 3.5). Younger women reported a slightly lower age. These results are similar to John Bongaart’s findings: “The median ages at first sexual intercourse for women in 33 countries of Sub-Saharan Africa fall within the relatively narrow range of 16,3-20,8 years”. (Bongaart 2007: 75) Also my life stories show that a first sexual intercourse around the age of 18 is common.

How then does schooling affect first sex and also first pregnancy? On average, the women in our sample attended school for 6 years. Their life stories reveal, however, that school attendance was very flexible. Several women who started schooling in the 1970s narrated that they stayed at home until the age of 9 or 10 to help their mothers and were only then allowed to start primary school. Primary school in Namibia includes seven grades, with secondary (or high) school spanning five grades, after which learners sit for the matriculation examination. However, drop-out rates are high. Several of the women I interviewed dropped out of school in order to enter again a few years later. A number of others had to repeat a grade. Thus, for all the interviewees who were born in the second half of the twentieth century, their first sexual experiences were in some way or another structured by their school attendance.

I want to differentiate two groups of women here, those where their first sexual encounter led to pregnancy, and those where it did not. For both the first encounter took place while they attended school. In the first group, many of the women downplayed their own agency in the ways they told their narratives. Claudia, born in 1964, for example, simply described the situation as follows: “It happened that I got pregnant when I was in school”. In these situations, the pregnancy (*/gam /khaa khoes*) was perceived as something that just occurred in the lives of these women without much reported action on their parts.

Most women of the first group did not use contraception when they had sex for the first time. For the older women of this group, contraception was not yet available when they got pregnant the first time. Silvia, born in 1950, narrated that contraception became available for her only after the birth of her second child, in the mid-1970s. She became pregnant the first time in 1971 while attending Grade 10. She finished this grade, but did not return to school after giving birth to her daughter. Instead, she got a job in Windhoek while her family took care of her baby. A year later she started training as a primary school teacher. In 1973, Silvia became pregnant with her second

child and was forced to leave the teachers' training course: "That time it was not allowed. When you were pregnant, you could not go back to school". Luckily, after the birth of her second daughter, she found employment at a health clinic.

Claudia also fell pregnant while attending school. She was 19 years old and in Grade 12 when she fell pregnant for the first time. Unlike Silvia in the early 1970s, Claudia was able to return to school after the birth of her child in the mid-1980s: "It was the last year of the high school. So I went back to our house and I stayed there. And when I had finished delivering, I went again to school". Some women even experienced the break from school due to their pregnancy as a relief. Molly, born in 1967, was very unhappy in school. She had started school late and was in Grade 5 when she realized that she was pregnant. Eighteen years old at the time, she decided not to return to school:

Molly: I have not finished school, I found my first-born. Then I left school.

Julia: Oh, you got pregnant?

Molly: Hm.

Julia: And you were not allowed to return to school?

Molly: No, I wanted that, I did not want to go back to school.

Most of the women who fell pregnant while attending school did not use any contraception. Two young women said, however, that they did indeed use a condom, but for both the condom had burst. Lisa, born in 1985, became pregnant in Grade 12 in 2004. It was the first time she had sex:

We were using contraception but the condom burst when we were busy. So he didn't know that the condom burst and after, he just left afterwards. So I was angry about that. After a month, I skip my period the first month, and I wonder. What? It didn't come to my mind. It's nothing. Then, the second month and then I went to the hospital for the pregnancy test. They told me that I am pregnant.

Lisa did not finish school. She moved back to her parents in Transfontein and gave birth. Before, she had lived in school hostels in Outjo and Okhandja. During the interview, she was very sad and depressed, crying at her situation. She said that she wanted to leave Transfontein and her son and search for a job and more independence. When I asked her if she ever thought of marrying the father of her son, she looked astonished: "Not now! I'm too young for marriage. Because I'm having a child doesn't mean that I have to marry!" Other women have expressed a similar disengagement of marriage from the first pregnancy and birth. Lisa also narrated that her father had demanded compensation from the boy's family for making his daughter

pregnant. Other women also recounted that their parents went to see the boy's family after they learned of the pregnancy, yet their accounts indicated that compensation was seldom an issue. The fact that Lisa's father insisted on compensation might relate to the fact that he was one of the traditional authorities in the region.

In conclusion, the agency of a woman surprised by pregnancy after her first sexual intercourse varies. While Claudia and Silvia felt rather overwhelmed by being pregnant and still in school, Molly welcomed the pregnancy. And Lisa, who actively used a contraceptive to avoid falling pregnant, had circumstances stack up against her; she describes her pregnancy while attending school as an accident.

Let me now turn to the second group of women who had sex for the first time *without* getting pregnant. Women in this group are generally younger than women in the first category. These four women, all born between 1975 and 1981, described their first sexual intercourse as a desired and planned action. All four women are mothers today. However, unlike the women in the first category, none of them got pregnant with their first boyfriend. Anna, born in 1979, had her first boyfriend at age 15 when she was attending grade 9. Before she slept with him, she went to the local health clinic and demanded contraception. Anna decided to leave her boyfriend two months later because he was beating her. She met her current husband in 1999. She became pregnant in late 1999 and she gave birth to a son in 2000, at age 21. Both Anna and her husband have salaried occupations and in 2004 were able to marry. Lotta, born in 1975, also met her first boyfriend at school. The couple separated when he finished school and left the region. After the end of this relationship, Lotta had several other partners. Then, at age 26 and in her last year of tertiary education, she decided that she wanted a baby:

I wanted a baby, because, Julia, I was already 27; no, I was turning 27. And I decided: 27 without a kid! And these days even a nineteen- or a sixteen-year-old lady or girl is having a kid. So let me have a kid, because now at least I am studying, this is my last year and then I will be able to support my baby.

Like Lotta and Anna, Isabel, born in 1979, had her first boyfriend at high school. She was 18 years old and staying in the school hostel in Opuwo. Before they had sex, they decided to use condoms. The relationship only lasted a couple of months. A few years later and while working in Windhoek, Isabel met the father of her daughter. During pregnancy the child's father cheated on her with another women and Isabel left him. Vanessa too, born in 1981, met her first boyfriend while both were attending their last year of high school. Because he was attending school in Windhoek and she in Okahandja, they only met during weekends and holidays. She was 17 years old when they slept together for the first time:

He was nice, he was really nice, and I felt, I really felt I was prepared now, you know, ya, I didn't have any problem as long as I really I felt I'm prepared. And then I see, really, he has condoms and so on. I already knew about condoms, you know, I already knew. I learnt at school.

Vanessa and her first boyfriend only stayed together a short period of time. After school, Vanessa started software training in Windhoek. She became pregnant in 2000 at the age of 19.

What are the differences between the women of the first and the second group? Where the women of the first group became pregnant after their first sexual experiences while still at school, the women of the second group had finished their schooling when they fell pregnant. By the time women of the second group did fall pregnant, they had had several sexual experiences and the pregnancies and births happened in a work context. Lotta was working in the health sector, Isabel as a waitress and nanny in Windhoek and Anna was selling groceries in a small shop. Only Vanessa was still being educated, but at tertiary level. None of these women was living in a hostel anymore when they fell pregnant – in contrast to the women in the first group. Thus for women of the second group, attending school certainly framed their first sexual encounters but not their first pregnancies and births.

Yet none of the women of either group was married when they got pregnant and none of them saw the necessity of being married before the child was born. As Upton (2001) has shown for Botswana, fertility is a very important expression of identity in the region: being infertile is often considered a personal catastrophe. I would argue that the disentanglement of marriage and reproduction is especially visible for the first birth, as Lisa's exclamation underscores: "Because I'm having a child doesn't mean that I have to marry!" Only four per cent of the 115 married Transfontein women did *not* have a child before they married! Or, inversely, 96 per cent of the married women had at least one child *before* marriage. When one takes all 364 women as a reference, only one per cent had their first child only after marriage. Thus the disentanglement of marriage and reproduction at first birth is not only discourse but lived experience.

The first birth is thus an important moment of identity formation *independent* of marriage. This applies to women of all ages and generations, demonstrated by the extremely low percentage of women who do not have a child before marriage. Despite the many variations in livelihoods that different generations of women have experienced, especially related to formal education, their coming of age as mothers around the age of twenty is an important milestone in the formation of female identities across generations.

Figure 17: The key to fertility



This specific dynamic of becoming a woman is increasingly being questioned in Namibia. Urban middle- and upper-class families have begun to celebrate the twenty-first birthday of a daughter with an especially splendid birthday party. During these occasions, the birthday child receives one or more keys, symbolizing the child's bright future (Pauli 2017a, 2018). The giving of a "key" does not only represent future possibilities but also past accomplishments, especially in moral and reproductive terms (see Figure 17).

I first heard of the "key" in May 2004 when I was visiting our neighbours. As we were talking about pregnancy and giving birth, I asked what the women considered a good age for a first pregnancy. Without any hesitation, all women present said: "twenty-one". I was surprised. The youngest woman, Isabel, smiled and confirmed: "Yes, twenty-one, because then you get the key". She went into the house and came back with a large silver key mounted on a wooden stand with a plate on which her name had been engraved. "You see, Julia, I got the key at twenty-one and my daughter was born at twenty-two", she explained. She stressed that if she had become pregnant earlier, she would not have received "the key" at her twenty-first birthday.

Isabel received the key from her mother's younger sister, her *maros*. Isabel's mother explained, however, that the key can be given to a girl by anyone in the family; it does not have to be the *maros*. Isabel's *maros* also organized a celebration for

her. Isabel's mother explained that the key means that a woman is now open, that she can have children. However, she continued, most Transfontein women do not receive a key nor do they celebrate a twenty-first birthday party as they do not have enough money to celebrate. Furthermore, at the age of twenty-one, most Transfontein women are already mothers.

The key connects the first birth to age and not to marriage. What is being rewarded is not Christian "purity", a notion that is strictly linked to marriage, but a later age at pregnancy and birth. Actually, in my interviews on "the key", marriage was never mentioned. Although an average age at first birth around nineteen years has been the norm for most of the 20th century in Transfontein, this pattern is subtly being questioned by "the key". While the social becoming of most Transfontein women is marked by their first pregnancy and their first birth (see also Upton 2001), younger women from wealthy Transfontein families now define their entrance into adulthood not through pregnancy, but through non-pregnancy, symbolized by "the key". At the age of 21, only the daughters of the elite are still studying, often in the country's urban centres, and delaying their first pregnancies. Like the four young women introduced above, they earn their own money and enjoy being the one who decides how to spend it. At a certain point in their lives, they feel that it may be time to give birth to a child. This decision is vastly different from the first pregnancy of their mothers and grandmothers, as well as their less educated peers. The above cited Lotta, for example, waited another five years after receiving her twenty-first-birthday keys before she got pregnant for the first time.

Parallel to this recent development of class distinction through (non)fertility, the reproduction of the vast majority of women is becoming a public issue of concern and even an object of stigmatization (Schneider/Schneider 1996). For example, growing awareness of "teenage pregnancies" as a social problem is being debated both in public and academic forums. On July 25, 2012, the most important national newspaper, *The Namibian*, featured a cover story entitled "Gov't Revamps Policy on Pregnant Schoolgirls". Deputy Minister of Education David Namwandi stated: "We should let these girls continue with their education. We cannot afford to terminate their future at an early stage". Similarly, demographers have been worrying for some time about Namibian teenage pregnancies (Chimere-Dan 1997; Gage 1998). I certainly do not want to play down the difficulties that teenage pregnancies can cause for young women. Moreover, educating teenagers about HIV/AIDS and other sexually transmitted diseases is of great importance in Namibia. However, what is conceptualized as "the new problem of teenage pregnancies" is not a new development. As stated above, an early age at first birth has been common in Namibia and beyond for a long time. Thus, it is not so much the reproductive behaviour of the majority of Namibian women that has changed, but its moral evaluation. Young women today

who, like their mothers and grandmothers, have their first child before the age of 20, are being turned into demographic “others” (Kreager 1986), a category of concern for the new political, economic and intellectual elites. These transformations are embedded in class formation processes and generational dynamics.

Contrary to the first birth, marital status does make a difference when looking at subsequent births and later dynamics of family formation. I turn to this in the next section.

FAMILIES WITH AND WITHOUT MARRIAGE

According to Johnson-Hanks (2006: 25), in order to interpret family formation and reproductive decision-making, we have to understand the structures of possibilities, the specific conjunctures and also the “kind of futures [that] are imagined, hoped for, or feared”. The decline of marriage from the 1970s onwards has resulted in new ways of forming families and imagining the future. Increasingly, married and unmarried women’s reproductive trajectories diverged. Gender categories were being reconfigured. The establishment of apartheid and the creation of “homelands” resulted in a strong increase in power and possibilities for a few influential men. Many of the wives of these *kai aogu* (big men) increasingly stayed at home, following the new gender ideal of the housewife (Pauli 2017a, 2018).

In many respects, Lina’s life is a typical example of the elite married Transfontein housewife. Lina was born in 1959. She finished primary school but did not complete high school. In the mid-1970s, she met her later husband Edward in Khorixas, the administrative centre of the homeland, approximately 20 kilometres away from Transfontein. He was five years older than her and an influential and wealthy politician and provided Lina with a job as a hostel worker in Khorixas. At the age of nineteen, she became pregnant for the first time. Her next child was born three years later, in 1981. Edward and Lina married in 1982 in what was one of the biggest wedding celebrations of the time. At this point, Lina stopped working in the hostel and became a housewife. She gave birth to four more children, born in 1985, 1990, 1991 and 1993. On average, Lina’s birth intervals are 2.5 years. The time from her first to her last birth spans fifteen years. In the 1990s, the family built a beautiful and (compared to local standards) luxurious house and moved to Transfontein. Almost throughout the marriage, her husband cheated on Lina and fathered several out-of-wedlock children. When I met her in 2003, she had somehow accepted the situation. She did tell me, however, that she had tried to commit suicide a few years earlier out of a feeling of hopelessness. She never used any contraceptives between births. For her, she said, every child was a gift from God and nothing should prevent that. With her decision

to become a married woman, she also decided on having her husband's children. However, when her doctor suggested sterilization after the birth of her last child, when she was 34 years old, Lina agreed.

Except for her sterilization, Lina's fertility history to a large extent resembles that of her mother's generation. Women like Lina's mother, born up to the mid-1940s, also married, had a high fertility, short birth intervals and never used contraceptive methods. Jocoline, for example, born in 1928, gave birth to 10 children. The time from Jocoline's first to her last birth spans 27 years, an average birth interval of 2.8 years. The last eight children are from her husband, two daughters born premaritally have different fathers. They married in 1958, after their third joint child had been born. Although Lina's reproductive behaviour thus resembles an older fertility pattern, the underlying motives are nevertheless new, only emerging from the 1970s onwards: despite the fact that there was now the option of using contraception, a housewife was considered to have no real need to control her fertility. This also hints at the moral dimension of this category of woman. For the married housewife, fidelity is the central value. Alexa, a 50-year-old married housewife, stated that unlike all those unmarried women "running after men", housewives are "faithful to their partner" (for comparable moral dynamics in northern Namibia, see Becker 2004). Lina, Alexa and other married housewives construct a moral discourse distinguishing the faithful married woman from the uncontrolled unmarried woman. One central difference between the two groups is their fertility. While married women like Lina and Alexa have many children with one man, unmarried women have fewer children with several men, among these the unfaithful husbands of the married women.

In many instances, women told me that they were dreaming of a "one-woman-man", a man who would be completely devoted to them and not also to other women. However, real life often differed rather markedly from this ideal. In all of the life story interviews, women narrated how their partners had cheated on them. Very often, they referred to witchcraft as an explanation for this behaviour. Remarkably, the logic of a "one-woman-man" was not extended to the women themselves: none of them was, indeed, a "one-man-woman". Almost all of them had sexual experiences with several men and very often also children with more than one partner. These unmarried women are "polyandrous mothers", following a "lateral logic of fertility" (Guyer 1994).

The average number of reproductive partners differs significantly between married and unmarried women. While married women on average have children with two fathers, unmarried women experience joint parenthood with on average three men. How then may the average number of reproductive partners influence fertility? Hertha's narrative provides some insights. I already discussed some aspects of Hertha's life story in the chapter "History through Biography".

Hertha, born in 1956, was one of the very few women I interviewed who said that she did not want to marry. She stressed that she had had enough of men. Almost completely on her own, she raised five children by five different men. At the age of seventeen, while still in school in Fransfontein, she became pregnant with her first child and quit school. A few years later, she met the father of her second child, an influential politician. In 1978, she gave birth to his child. With his help, she received permanent employment in the Fransfontein school hostel. Up to this point, her life story is similar to that of Lina, as narrated above. However, while Lina married the influential big man with whom she had had a child and later quit working in a hostel, the relationship between Hertha and her *kai aob* did not last much longer than the birth of their child. Nevertheless, she continued to receive maintenance for their child and the *kai aob*'s child is, in fact, the only one of Hertha's children who has ever received maintenance from its father. The fathers of her four other children never paid any maintenance. Hertha's last son was born when she was 34. Before his birth, she had used both hormonal injections and pills to space her children. Since then she has not taken any contraceptives, however. Until the time of our interview in 2005, she had no new partner and was also not looking for one. The relationships with the fathers of Hertha's last three children, born in 1979, 1982 and 1990, were all short-lived. Like Lina, Hertha's reproductive life spans fifteen years. But Hertha's average birth interval at 3.2 years in average is longer than Lina's 2.8 years. Hertha stressed that, except for the *kai aob*, all of her other partners were poor and tried to live off her money.

In Fransfontein, women will only sue men that have permanent employment for maintenance. Consequently, only few women pursue this option, a finding similar to Botswana (Garey/Townsend 1996). If a man is unemployed, the women will apply other strategies to receive support from him and his family. She may send the child to stay with the man's kin for a while or may ask him for a goat from his kraal to pay for school fees. The maintenance complaints from the magistrate's office in Khorixas underscore this pattern. Between 1996 and 2005, the office recorded a total of 418 maintenance complaints. Until 2003, the old Maintenance Act of 1960 was applied, in 2005 a new Maintenance Act was passed. There is no fixed amount of money a father has to pay. All cases are treated individually. For the 418 cases, the findings stipulated that fathers had to pay an average of 150 Namibian Dollars (approximately 18 Euros in 2004) per month. This figure hides a wide range of rulings, however: a high official of the state-owned Electricity Company Nampower was instructed to pay NAD3000 (approximately 375 Euros in 2004) for two children, while another father working for the Ministry of Works in Khorixas had to pay only NAD20 per month.

Hertha told me that with every new man and every pregnancy, she hoped the relationship would last. There was a lot of fighting. Hertha's narratives are characterized by uncertainty, hope and imagination for a better future, disappointment and

revision. Tom Moultrie, Takudzwa Sayi and Ian Timaeus (2012) have observed that the timing between births is patterned distinctively in sub-Saharan Africa, especially in Namibia and South Africa. In Namibia, rather long birth intervals seem to be independent of age and parity of women. Women do not space their children but rather postpone the birth of the next child, waiting for better times to come. As an explanation Moultrie and his colleagues suggest that family-building strategies in these countries are confronted with high levels of unpredictability and a lack of regularity (*ibid*: 249). The nature of this unpredictability remains unclear. Yet, in their study Moultrie and his colleagues do not consider Guyer's (1994) polyandrous motherhood and they also do not differentiate between married and unmarried women. I want to suggest that, at least for unmarried women, the long birth intervals can be explained with their "lateral fertility strategy". As Hertha's exemplary reproductive story indicates, a high number of reproductive partners leads to more time between births. Unlike married women, unmarried women with many different reproductive partners have to spend a significant amount of time searching for a new partner between births. This creates high levels of irregularity and unpredictability that are absent for married women.

For Transfontein, the beginning of a lateral logic of parenthood expressed through polyandrous motherhood can consequently be historically situated. Unmarried women having multiple reproductive partners emerged with the fundamental social, economic and political changes of the 1970s. However, the lineal logic of marriage and reproduction did not vanish. From the 1970s to the 2000s, monogamous marriages have continued to exist and, because of increased exclusivity, have actually flourished. These married couples and their families (their "lineages") form the new elite. But both groups of women, the married and the unmarried, are also intertwined as some of the multiple reproductive partners of the unmarried women are the married husbands of the new housewives.

SEVENTY YEARS OF FORMING FAMILIES IN TRANSFONTEIN

The earliest birth we recorded in our census was from 1935 and the last from 2004. In the almost seventy years that lie in between, forming families in Transfontein has thoroughly changed. Not only do women have fewer children today, the circumstances under which they receive and raise their children are very different from the situations previous generations had to cope with. The aim of this chapter has been to understand these transformations in relation to marriage. Because of my focus on the interplay between marriage and reproduction, I have had to ignore any discussion of

other aspects of forming families. Forming families is, of course, not only done through reproduction and marriage. Two central ways to form families proposed by the “new kinship studies”, namely relatedness and belonging, can be rather disconnected from both marriage and reproduction (Carsten 2004).

The differentiation into three “generations” of women – an “older” generation (born between 1915 and the mid-1940s), “middle” generation (born from the mid-1940s to the mid-1960s) and “youngest” generation of women (born from the mid-1960s to the mid-1980s) – proposed in the chapter “History through Biography” has proven to be empirically sound. Women born until the 1940s and having their main childbearing years before the 1970s significantly differed in both their conjugal and reproductive behavior from the “middle” and the “younger” generations. The lives of this older generation of women were very much framed by their employment as workers on white commercial farms. Only very few of these women attended school. Their coming of age in terms of first menstruation, first sex and first pregnancy occurred within the structure provided by their families and female relatives. Almost none of them used Western contraceptives. Most of the women married, often with the help of their families and the commercial farmer they worked for (for details on these marriages see the chapter “From Decline to Distinction”). However, several of these women did not marry or married only late in life (aged 60 years and older). But no matter whether the women were married or not, their reproductive behavior was very similar. Women in childbearing years before the 1970s generally had a very high level of fertility, with an early age at first birth, short birth intervals and a later age at last birth. Some of the women had more than one reproductive partner. Yet, most women of this generation stuck with their husbands or long-term partners and had almost all of their children with one man.

The reproductive and conjugal patterns changed with the generation of women I classified as the “middle generation”. These women were born between the mid-1940s and the mid-1960s. The political and economic changes of the 1970s, especially the establishment of the “Damaraland” homeland, ran parallel to their main childbearing years. Marriage and reproduction became entangled and also disentangled in a historically very specific way. As I described in “From Decline to Distinction”, marriage transformations gradually lead to fewer and wealthier married women. These married women represented both continuity and change. As the emergent elite, they stood for deep-going social, economic and political change. Yet as mothers, they continued the lives of their mothers: their reproductive histories resembled the reproductive histories of the older generation. Like them, married women of the middle generation had a high level of fertility, an early age at first birth, a late age at last birth and short birth intervals. If they used contraceptive methods at all, then only to stop their fertility through sterilization.

This entanglement of marriage and reproduction is contrasted by the behavior of an increasing number of unmarried women since the 1970s. This subgroup of the “middle” generation exhibits significant differences in terms of reproduction. Unmarried women of the “middle” generation had much longer birth intervals and an earlier age at last birth. Different reproductive strategies explain these variations. In the 1970s, unmarried women started to use Western contraceptive methods to space their children. Additionally, the number of men they had children with significantly increased. A pattern of multiple reproductive partners emerged, a reproductive “logic” Guyer (1994) has classified as “polyandrous motherhood”. The higher number of reproductive partners did not only lead to economically, socially and geographically diverse reproductive networks. Regarding fertility, the higher number of reproductive partners also resulted in longer birth intervals and an overall lower level of fertility. Only the age at first birth remained the same for the different generations and subgroups within the generations.

The “youngest” generation, women born between the mid-1960s until the mid-1980s, continued to bear their first child at the same age as their mothers and grandmothers. It seems empirically plausible to understand the age at first birth as still mostly disentangled from marriage. Becoming a mother continues to be one of the most central ways in which adult identity is formed in many regions of Southern Africa. This disentanglement of marriage and reproduction at the beginning of reproduction is also reflected in the quote from the group discussion that opened this chapter. The continuity of a widespread early age at first birth in Namibia confirms this marker, as this pathway to adulthood remains the most common route taken by Namibian women. However, as I have tried to show, this common reproductive practice is being subtly contested both ideologically and demographically: for the youngest generation of Fransfontein women, waiting before first pregnancy is beginning to emerge as a value. The giving of symbolic keys at the twenty-first birthday of these young elite women publicly rewards their break from previous forms of social becoming through reproduction. Fertility continues to decline. Young married women from the elite will very likely reduce their number of children further and concentrate on the development of few, highly educated children. In contrast, the large number of unmarried, economically marginalized women is even more likely to develop reproductive networks through multiple parenthood.

What do the roughly seventy years of entanglement and disentanglement of marriage and reproduction analyzed here mean in a long-term perspective? As I discussed in previous chapters, there is only scarce historical information on marriage and reproduction for the Fransfontein area (and “Damaraland” in general). However, Guyer’s caution not to perceive every change in marriage and reproduction as something novel also seems to be true for Fransfontein. She summarizes her findings on the

shifts from a more lineal logic of reproduction towards a more lateral logic as follows: “If one pieces together the historical development of all these elements, much of the present configuration can best be seen in terms of continuities with shifting emphasis, rather than sharp change or transformation”. (Guyer 1994: 249) Guyer shows that the more homogenous model of marriage is very much the result of the colonial situation. The recent change she finds in marriage may thus just be a “return” to previous patterns. Similarly, the reproductive and marital behavior of the women I have described as the “older” generation is by no means a representation of a “traditional” way of life. Like Guyer’s observation of Yoruba society, the earliest reproductive and marital patterns I was able to describe are thoroughly formed and structured by the colonial state, especially the “white” settlers community and the Protestant missionaries. In how far (in parallel to Guyer’s results) the increase in the number of reproductive partners and the resulting family patterns in the 1970s might be a re-emergence of an earlier marriage and reproductive order cannot be said with our data. Indeed, further research on entanglements and disentanglements of marriage and reproduction thus is not only needed for the youngest generation and in comparative perspective (Garenne/Zwang 2005) but also for earlier time periods, in particular the 19th century.