# Socio-Cultural Determinants of Fertility Differentials Among the Matengo and Mwera in Mbinga District

**By**

**Cyril Kotnba**

**[MA (Demography), University of Dar es Salaam]**

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## Abstract

The primary concern of this study was to establish whether or not differentials in fertility existed for both women and men among the Matengo and Mwera communities in Mbinga District. The study sought to determine the extent to which such existence was on the basis of the existing socio-cultural differentials. In particular, the study aimed at meeting the following objectives:

- To compare fertility levels and child preferences between the two communities for both women and men;
- To establish the existing socio-cultural differences (in religion, cultural practices, traditions, etc.) between the two communities that have influence on proximate determinants (marriage patterns, types of marriage, frequency of intercourse, duration of breastfeeding and the use or non-use of contraceptives); and
- To compare the influence of cultural practices on family planning methods (modern and traditional) between the two communities.

As earlier hinted at, this study was carried out in Mbinga district — one of the five districts of Ruvuma Region, in southern Tanzania. The district is bordered by Songea district in the north and Mozambique to the south. At the time of this study, the major economic activities in the area were agriculture, livestock keeping, fishing and mining. The main agricultural crops were coffee, maize, beans, millet, sweet and round potatoes. Livestock included cattle, goats, pigs and chicken.

The main ethnic groups in the district were Matengo, accounting for more than 60%, who were found mainly in the Matengo highlands. Their main activity was coffee farming. On the other hand, the Mwera, Manda and Mpoto were found along Lake Nyasa. Their main activity was fishing. The target population for this study included women of child-bearing age (15-49 years old) and men with 18 years and above (married and unmarried) with different demographic, socio-economic and cultural statuses. The interviewed respondents were mainly from the rural areas in the district.

The selection of Mbinga district was based on the fact that it was among the areas in Tanzania where very few studies, if any, had been carried out. The area had also different socio-economic statuses and culture which were being influenced by both Christianity and Islam religions. Given the financial and time constraints, however, the study dealt with two ethnic groups - the Matengo and Mwera.

Apart from household members, the study also interviewed key influential people (in relation to the study objectives) like midwives (traditional and modern), the elders and some government officials.

The study mainly used random sampling technique in order to obtain the requir[ed] selected numbers and characteristics of households. Through this method, a total of 150 respondents were selected and interviewed. These included: 70 Matengo, 71 Mwera, 4 traditional midwives, three modern midwives, the registrar of deaths and births, and one UMOJA official in Mbinga district. The respondents from the households were obtained after getting a list of households from the village offices from each neighbourhood. Then, simple random sampling of picking every 15th household was used to get the number of households from which the respondents were picked for interviewing.

Nyoni and Kiosa wards in Mbuji and Ruhekei divisions were selected for concentration of the research work. The two wards were purposively selected because of they were the main areas where the two ethnic groups were mainly found (the Matengo in Nyoni ward and the Mwera in Kirosa ward). From these wards, four villages were picked through simple random sampling, two from each ward. The villages were Kilosa and Ruhekei from Kirosa ward and Nyoni and Likwela from Nyoni ward.

The primary data were collected from household members through structured interviews, using questionnaires. On the other hand, special unstructured interview% used to collect midwives, UMATI officials and the Registrar of Deaths and Birth.

The questionnaires were pre-tested before the actual data collection in the field. The was not done in the study area due to financial constraints. The aim of pre- testing the questionnaire was to make sure that the questions were to be understood by envisaged respondents. In this way, the researcher could be in a position to anticipate particular responses. This exercise also helped the researcher to estimate the duration of each interview.

Cross-tabulation and bipartite procedures were used in analysing the collected data. Analysis of quantitative data was done through the use of SPSS ++ programme which processed the data and presented them in form of graphs and tables.

From the analysis, it was found out that several cultural variables had shown significant association with fertility differentials among the studied communities. Such variables included: age at woman's first marriage, husband's age at marriage, the culture of breastfeeding, type of marriage (monogamous, polygamous, Madaba/concubine, etc.), remarriage rates, parity (desired number of children to be born), the value of children and power relations.

From the study, it was found that there are differences in the average number of children ever born per woman by age between the Matengo and the Mwera. The Matengo had a relatively higher fertility rate than the Mwera in respect of both male and female fertility. Early marriage was more dominant among the Matengo women than the Mwera counterparts. This could be considered to be among the reasons for the differences in women's fertility between the two communities.

Among the respondents, it was found out that about 25% of the Matengo women had entered into marriage at the ages of between 15 and 19 years, while the Mwera were only 118% who had entered marriage at that age range. Among the Mwera, therefore, this implied the existence of late marriage or marriage postponement. Consequently, this could justify the difference in the average number of children ever born per Mwera woman as compared to the Matengo women.

Further, the study revealed that the Matengo practiced sexual customs that enhanced higher fertility than the Mwera. For instance, the Matengo couples resumed sexual relations earlier (just a few months) than the Mwera who stayed even for more than two years before resuming sexual relations.

With regard to power relations among couples, sexual and fertility decisions were more men-oriented among the Matengo than was the case with the Mwera. Also, when analysing the marriage type, it was established that the Matengo were more polygamous than the Mwera. This, however, did not play any role in fertility reduction because women Polygamous marriages tended to compete in child bearing with their co -wives. Among married respondents, 29.7% from the Matengo community were found to have a polygamous type of marriage while of only the

17.2% Mwera from respondents the Mwera had were monogamous of the same marriages type of marriage as compared.  On the other hand, to 18.8% of the Mwera respondents.

This study further found fertility differentials in the duration of breastfeeding and the value of children. About 67.2% of respondents were found to breastfeed for a period between 12 and 24 months. The only difference was that, while still breastfeeding, the Matengo could continue having sexual relations after child delivery while such practices were strictly forbidden in the Mwera community. In respect of the value of children, the Matengo preferred to have male children so that when they got married, they would increase the working force for cash crop production. The Mwera, on the other hand, preferred more female children in anticipation of wealth gained through bride price. Moreover, the Mwera considered girls to be more responsive in caring their parents when at old age than boys.

Generally, this study found that the proportions in marriage as affected by both socio economic and socio-cultural factors constituted the most powerful determinant of fertility) differentials among the Matengo and Mwera communities. Consequently, these fact0ft mainly influenced the people's attitudes towards fertility.