

Population Chatter for Clearer and Broader Thinking about Fertility

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ABSTRACT 151

Balaka, Malawi is characterized by early marriage, high fertility, and union instability. Researchers' interest in such settings tends to focus on the challenges of estimation and the relationship to economic development. Moving away from traditional estimation strategies, this paper leverages *population chatter* -- how ordinary people perceive, narrate, and debate the fertility, mortality, and migration conditions around them -- to suggest new avenues for research on fertility. Drawing upon 600 pages of ethnographic fieldnotes written in 2015, the analysis is organized around the following question: What we would know about sexual and reproductive health if we privileged ordinary women's exchanges with one another in everyday conversation over the entrenched measures (i.e., IFS, pregnancy desire, birth-histories) that have come to define sample surveys? Results are organized around three key themes: 1) the moral nature of population chatter, 2) widespread discontent with contraception, and 3) food insecurity as a caloric and emotional vulnerability.

Data

The data in this paper come from two sources: ethnographic data from fieldnotes written in 2015 by Gertrude Finyiza and survey data from the longitudinal TLT study fielded between 2009-2019 – both fielded in Balaka, Malawi. More information about the origin and nature of this collaboration can be found in Oh et al 2019 and Trinitapoli 2023. As a research assistant hired to conduct study-focused ethnography alongside an ongoing longitudinal study, Gertrude's charge was specific but open: to document the everyday conversations women were having about love, marriage, family, and fertility, with an eye to understanding what women understood about the changing policy landscape and extra attention to the views and experiences of women in their late teens and early twenties.

Gertrude's interlocutors are varied. She spends time with two friends who run a hair salon, where she chats with their regular customers, and they occasionally make visits together to clients' homes where the styling work unfolds over long stretches of time with family members and visitors circulating in and out of the scene and the conversations. She writes frequently about her interactions with neighbors – especially a couple in their late forties, who bicker with one another and with their adult children, and the two sisters about her age, with whom she shares the water tap. These neighbors observe each other's comings and goings, with special attention to the men who visit. Gertrude accompanies other Balaka residents in their daily chores, like shelling maize and walking to the market, and in their work, often sitting with sellers at the market while they move their goods. Over a period of 7 months, Gertrude wrote 4-8 pages at the end of every day and sent her fieldnotes in weekly batches of 20-30 pages.

Trinitapoli drew extensively upon this corpus in preparation for fieldwork conducted in 2015 and in a scholarly monograph about uncertainty (Trinitapoli 2023), so as a text, this is one the authors know extremely well. As we re-read these fieldnotes and analyze them for the purpose of this paper and presentation, we try to take the role of the naïve researcher a la Watkins 1993: "If all we knew about fertility in Balaka was what we understood from Gertrude's fieldnotes, what would we know? And what questions would this invite for future research?"

Analytic Plan: Debates, Consensuses, and Silences

For understanding population chatter, several themes merit our attention. Looping back to the original definition, what immediately jumps off the page to an interested reader are the things that people discuss explicitly, either by narrating or debating the issue. Sometimes people talk about their own fertility, sometimes they are describing the experience of a friend to shed light on another person's complaint or hardship. At other times, population chatter takes the form of criticizing others in the community. This includes observations about others they may point out as attention-worthy to a friend or conversation-partner, even if the basic idea is fairly settled.

There are also two kinds of silences for an analyst or reader to notice – first, that which people simply do not discuss because it is so obvious and taken-for-granted that it need not be mentioned ([cite Swidler on culture](#)). And second, that which is undiscussed because it lies that far outside the capacity of one's imagination. (Here we offer the

example of assisted reproduction, which is discussed and debated rigorously in our friend-groups in the US and Italy but would never be mentioned in Malawi.)

Results: Four Qualities of Population Chatter in Balaka

Before turning to the four key fertility-related themes that emerge from 600 pages of Gertrude's fieldnotes from Balaka, 2015, we will frame these results by emphasizing four qualities of this corpus that stand in contrast to much of what we know representative sample surveys conducted in Malawi and neighboring countries.

First, the population chatter in Balaka is voluminous. In fact, the volume of population chatter itself is mentioned by several of Gertrude's interlocutors. In the context of a conversation at the market with an agemate who works for an NGO, for example:

Then I asked Sophie if young girls use family planning methods, and she said: "Some do while other they don't." I asked her, "How do you know?" She said that she always hears them talking about pills, and injections during break time.

Add 2 or 3 more examples here – all very short.

Second, although survey responses about sexual behavior and fertility are often interpreted by analysts in light of presumed social desirability bias, in which people represent their lives to researchers as what they believe a good person would say, the population chatter in Balaka is quite candid and unsanctimonious, even between women who are only beginning to know one another. For example, in conversation with Grace, a woman Gertrude has met just once before while looking for a house to rent, Gertrude asks where to get family planning methods. The response she receives is one-third informational, one-third biographical, and one-third evaluative:

Grace said, "You can get it at the hospital and its free of charge. But you can also get it at a private hospital. Just after I divorced my husband I found out that I was pregnant and I went to a private clinic. I paid 5000 MK for abortion and they gave me 2 tablets, and those tablets were very strong. They worked. From there I started getting injection for family planning so that I should not be pregnant quickly." I asked her, "Where do you go to get the injectables?" She said, "When I have money I go to a private clinic, and if I don't have money I go to a government hospital. They all provide different kinds of family planning methods like injection (DEPPO), pills, condoms, implant. But you know, Gertrude, a lot of men don't like using condoms. They can use it the first time you have sex together, but after on they ignore condoms." "Why is that?" She explained that some of the boys say they don't enjoy condoms when having sex.

This exchange accurately reflects many points of consensus from the literature on SRH in Malawi – how public and private clinics work, which contraceptive methods are prevalent and available, and that there seems to be a preference for private clinics over public ones. Grace's comment suggests that abortion disclosure between friends may be more common than it is to researchers (Yeatman and Trinitapoli); her remarks identify condoms as non-preferred method both for contraception and preventing HIV and resonate with the literature that situate pleasure as an integral but overlooked topic in

SRH. While the consensus from survey research, however, suggests that young women underreport abortions and over-report condom use in relationships, it is noteworthy that Grace's abortion is mentioned without any probing in response to a question about access to family planning. In this way population chatter may be effective for illuminating some phenomena that are especially difficult to see in surveys.

The third point is that population chatter tends to be evaluative, specifically when other people are the subject of the conversation. As noted in the earlier remark about Gertrude and her interlocutors, women in Balaka watch one another closely, and their criticisms illuminate norms about "correct" family formation behaviors in this context. Child spacing is one such subject. In one example, women gossip about a neighbor who has had children too close together and then, in another excerpt, that the pregnancy is not coming soon enough.

During a quiet day at the hair salon (no customers at all), Gertrude passes time with two employees, who are watching a film to pass the time.

Gift turned to Promise and asked, "Why is it that your friend is pregnant again?" (Gift was referring to the pregnant girl who came to help Promise braid my hair a week ago.) Promise answered, "She was using family planning methods after giving birth to the first child, and she was taking it the same day that the man came to spend a night with her. But it didn't work and she found herself pregnant again. She is not married; that man just comes and goes. Gift said, you mean that man just comes to give her children then leaves?" (We laughed.) I asked, how old is she? And Promise told me that she is twenty-three.

In an analogous exchange, the three women make fun of Gift, who is not pregnant:

Why is it that you've not been pregnant since we've met you? It's been two years with your husband. Where does he even sleep when he visits? Does he stay on the veranda?

Our fourth point concerns a silence we deem noteworthy in this corpus, especially when compared to the scholarly literature on fertility trends in African settings. While it is true that silences in qualitative research have been the subject of generative methodological commentary, only rarely are these silences elaborated in the results sections of empirical papers. The veracity of our claims and interpretations of silence may, therefore, be difficult to assess vis-à-vis non-existent standards in the literature. Nonetheless, we experienced these silences as "loud" against what we knew about fertility in Africa from the scholarly literature.

Never, one once, in this corpus does a woman or man in Gertrude's orbit make a statement about how many children they would like to have ever in their life, if everything goes according to plan. In other words, despite the fact that marriage, sex, pregnancy, contraception, and fertility are openly discussed and with great frequency, the language our field uses to measure ideal family size (IFS) is completely absent from everyday conversation. It is our view that this silence does not suggest innumeracy in the Van de Walle-ian sense, where residents do not think about childbearing in numeric terms because it remains outside the calculus of conscious choice – "up to God" or "one

cannot know.” Indeed, as we will see below, this corpus contains ample evidence of choice and volition when it comes to pregnancy and proceptive desires. But it does suggest to us that the demographer’s staple measure of the IFS is not the concept people organize their thinking around. This silence could be interpreted as consistent with studies finding that, when measured at closely spaced intervals, IFS is unstable (Yeatman and Sennott) and contingent (Trinitapoli and Yeatman on flexibility). Instead, when women talk about fertility in this corpus, they tend to emphasize timing preferences, using the language of “soon” or “not now” as a rough binary, adjacent to their fertility desires and their use of contraceptives.

Need here a paragraph to conclude this section. Synthesizing these insights about the volume and nature of population chatter, the absence of statements about ideal completed family size, and the plethora of articulations about timing desires, we suggest that Balaka is characterized by a regime of *semi-numeracy* about fertility, wherein questions about IFS are well understood and answered readily in the context of a survey; however, the articulation of wants in terms of family formation goals is not, primarily, considered in numeric concerns. The messages of when and with whom are far more important. And the topics of timing and partnership are precisely the topics that are subject to so much judgement, discussion, and debate.

Preliminary Results: Contraception, Uncertainty, and Discontinuation

Population chatter from Balaka reveals some themes that are consistent with the literature on contraception preferences, including three points in particular. First, we hear many remarks that emphasize the need for discrete methods (i.e., methods that can be concealed from husbands or other family members.) Second, population chatter makes it clear that nulliparous women fear that using hormonal contraception prior to a birth will make them barren. Third, costs are sometimes prohibitive, even when subsidies are high and free clinics offer services.

The loudest theme in the conversation group is about how much people hate their birth control. Young people, older people, women, and men. This is consistent with the literature on contraceptive discontinuation, specifically findings from cause-specific discontinuation probabilities published by multiple DHS reports between 2012-2020. These analyses make it clear that method-related reasons and health-effects are the number-one reason for discontinuation in all countries for which data is available, that injectable users are the most likely to discontinue use for this reason, and that low-probabilities of switching characterize sub-Saharan Africa. Meaning that when people discontinue use because of health concerns more than 80% of women in Morocco and Moldova, Vietnam, and Turkey choose a different method. However in Malawi, only 14% of women switch methods. And low probabilities of switching (between 20-30 percent are observed in a few other African countries as well, though none as low as Malawi.)

The sheer volume of complaints is noteworthy. Injectable contraception is the most commonly used method in Balaka. So it makes sense to situate the complaints from population chatter alongside the documented side-effects of depo-provera as

communicated to patients. The most common side effects are “weight gain and changes to your menstrual cycle.” Other possible [side effects](#) include: [headaches](#), [abdominal pain](#), bloating, and nausea, [dizziness](#), feelings of nervousness, [anxiety](#), or irritability, [decreased sex drive](#), [breast pain](#) and tenderness, [acne](#), [hot flashes](#), [insomnia](#), [hair loss](#), [depression](#).

Take, for example, this series of notes about conversations with Monica, age 25, who frequently chats with Gertrude about family issues, including needing to pick up ARVs for her young sister and her father’s recent marriage to her friend.

Monica complained that she has been menstruating for a month now because she used DEPPO. Since her husband left for South Africa she decided to stop DEPPO because she is tired of bleeding the whole month. She said she try other methods when she finds a boyfriend, and she said she will find a boyfriend because she doesn’t know if her husband is abstaining wherever he is. She said she is too lazy to go back to the hospital to explain that she is just menstruating because of the DEPPO. But she explained that if you go to complain, they always help by giving you some tablets.

The TLT survey data are useful for helping situate the prevalence of contraceptive use among young women within a broader context that includes the prevalence of young women’s complains about it.

The full paper will follow this and other complaints about contraception in the following ways:

- Using population chatter to summarize 5 different kinds of complaints about side-effects, some well-documented in the scientific literature (weight gain, irregular bleeding) and others to my knowledge not yet well understood (effects on men's health, confusion about possible pregnancy).
- Following three stories in which couples discontinue contraception because they find it impossible to discern a pregnancy, we document levels of pregnancy ambiguity using survey data from a sample of young adults and discuss the relationship between contraceptive use and pregnancy recognition.
- We discuss food insecurity (present-day, coterminous with data collection) and the nutritional floor (since childhood) as consequential for reproductive health, specifically discussing its importance to: missed menses, interpreting signs of pregnancy, managing side-effects of contraception, and sustaining health during young adulthood. Both food availability (quantities) and diversity of diet (quality) play a central role in the conversation women have about their health concerns, and although their complaints map quite clearly onto the biological literature on menstrual health in rich countries, we notice that nutrition is absent from most contemporary research on sexual and reproductive health in global perspective, and suggest that this oversight be swiftly corrected.