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Making a Case for the Critical Examination of Assignments of Responsibilities in the Reproductive Realm: Insights From South Sudan

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Abstract

Drawing on interviews with purposefully selected informants ($n = 44$) and on focus group discussions ($n = 5$), this article critically examines and reflects upon the gendered assignments of responsibilities in the reproductive realm, in the context of South Sudan. Through this examination, it provides insight into the social practices of assigning and apportioning responsibilities in the reproductive realm; it exposes the nature of social relations, social positions, and vulnerabilities they signal, and the normative expectations they communicate, reiterate, and reproduce. In doing so, the social inequalities and entrenched gendered privileges in the society are made visible. The article argues that the ongoing social disruption in South Sudan offers a unique opportunity for intervening to renegotiate and reestablish a more equitable social compact. A case is made for public health policies to prioritize social interventions which challenge patriarchal privilege without simplistically problematizing men's roles and actions in the reproductive realm.

Keywords

reproductive health, gender, responsibility, social norms, patriarchal privilege, South Sudan

Introduction

South Sudan is the newest independent nation in the world. More than 60% of the population is below 30 years of age, and approximately 45% are below 15 years of age. It is a large country with many different people (50 different groups), speaking many different languages. The Dinka and the Nuer are the largest group in the country. However, in some states, for example, in Western Bahr el Ghazal (WBeG) State, other groups form the majority of the population. In WBeG, the Fertit, the Luo/Jur, and the Dinka are the three main groups. The Fertit are themselves not a single entity but rather are a loose group of more than 23 groups; the major groups include the Balanda (Balanda Boor, Balanda Bviri, Balanda Bagari), the Gollo, the Bai, the Ndogo, the Kresh, and the Njolo. The Fertit predominantly live in the erstwhile Bahr el Ghazal States, and are involved in subsistence farming; this distinguishes them from the pastoralist Dinka and Nuer people. Also, unlike the Dinkas and other pastoralist people of South Sudan (e.g., the Nuer people) who marry using cows as bride price, the Fertit marry through the exchange of agricultural tools (e.g., “hoes”) and exchange of money (both traditional money and the new paper money). The Fertit people

are patrilineal. While each group is unique, there are many commonalities in terms of culture and social norms, between groups. One of the key reasons is marriages across different Fertit people is common, except that marriage into the mother's clan/lineage is prohibited. Polygyny is part of the tradition (Seligman & Seligman, 1932), and many chiefs and important men continue to have multiple wives. Traditionally, the payment of the bride price by the man's family relates to the normative expectation that in return, the bride will bear children for the man and his family; in some Fertit people, if in due course, the bride does not bear children, her family

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would have to return part of the bride price to the man's family (Seligman & Seligman, 1932).

For more than three decades, South Sudan has been in a state of conflict: military conflict with Sudan (for independence and later, territorial disputes) and civil conflict between political and ethnic groups in the newly formed nation. Initially, the internal conflict was limited to small parts of the country; however, since 2016, it has spread and has also been marked by episodes of greater violence. The worst hit states have been the erstwhile Upper Nile, Unity, Jonglei, and Warrap states; WBeG state, the site of this study, has seen comparatively less violence (with 2016 being the exception). While accurate figures are not available, thousands of people have lost their lives, and approximately 4 million have been displaced from their usual places of residence (United Nations Office for the Coordination of Humanitarian Affairs [OCHA], 2017). While it is beyond the scope of this work to dwell upon the highly complex internal civil-political conflict, it is worth noting that the conflict is not along the simplistic ethnic lines, as is often reported by international media. Johnson (2016), in his recent book, notes that "despite the ethnic character of the first few months of the war, the South Sudanese as a whole did not respond to attempts at ethnic mobilization"; he goes on to add that "there are signs of hope in the failure of ethnic mobilization" (p. 180). The ongoing instability and insecurity has led to much of South Sudan's public infrastructure, including the health infrastructure, being destroyed. In terms of population health, South Sudan is one of the poorest performers in the world. For instance, if one looks at the reproductive health indicators, it has one of the highest maternal mortality ratios (MMR) in the world (789/100,000 live births), the use of modern contraceptives (as measured by the contraceptive prevalence rate) stands at just 4.7%, and less than 20% of all deliveries are attended by a skilled birth attendant (Ministry of Health [MOH] & National Bureau of Statistics, 2013).

Social and gender relations in society and the norms that shape these relations are important determinants of decisions and actions of men and women on matters in the reproductive realm. A good understanding of these is important for public health policy makers and practitioners to be able to develop and implement context-appropriate interventions. With this broad understanding as the starting point, a study was conducted to explore social and gender norms in the reproductive realm among the Fertit people of Wau County of WBeG state. The study was a part of a larger project, implemented between 2012 and 2016, that supported the MOH of WBeG state to improve the provision of sexual and reproductive health (SRH) services. Findings from this project have been presented in three earlier papers. In one paper (Kane, Kok, et al., 2016), we have elaborated upon the complex ways in which social norms shape the child bearing and family planning related decisions among Fertit women of Wau. In another paper (Kane, Rial, et al., 2016), we have discussed the

gendered nature of inequalities in the domestic, social, and economic spheres of Fertit society; we show how these inequalities intersect to constrain Fertit women's agency in the reproductive realm. Drawing on the same dataset, in the third paper (Kane et al., 2018), we show the importance of social accessibility of reproductive health services as a key determinant of Fertit women's use of the available services. While analyzing this large dataset, and in the process of writing these three papers, there emerged in the data a narrative around reproductive responsibility, its assignments, its upholdment, and its abrogation, by men; this narrative related to the themes covered in these three papers, but yet was distinct and unique. This article critically examines and reflects upon this narrative of men being held responsible for decisions, indecisions, and the related problems in the reproductive realm, and also, how men, women, and society normatively assign men the responsibility for solving these problems.

Practices of assignments of responsibility, narratives of what constitutes ideal conduct (deserving of approval), and what constitutes a deviation from the ideal and the norm (deserving censure, reproof, and blame) represent an intricate social system of mutual expectations and self-expectations. Insight into these narratives and into what it is to be responsible can reveal how actors in a particular society relate to each other and are bound not just by norms but also to each other (Korsgaard, 1992; Smith, 2015; Watson, 1996). According to Walker (2007), practices of assigning and apportioning of responsibilities among social actors deserves critical analysis. Her contention is that these practices and the underlying understandings constitute and represent the social structures within which actors interact with each other in a particular social realm; that they connote, reinforce, and reproduce social positions of the actors involved. She adds that gaining insight into these practices is critical because the understandings underlying these practices are amenable to change under pressures of several sorts. One key "sort of pressure arises from greater transparency of these understandings themselves and greater clarity about the costs of reproducing them, or the risks and opportunities of holding each other differently to account" (Walker, 2007, p. 86).

In this article, we analyze various facets of the practices of assigning and apportioning of responsibilities among social actors in the reproductive realm, in Wau, South Sudan, using Walker's (2007) frame of analysis. According to Walker (2007), social practices of holding someone responsible entail according that person the status of legitimately embodying that particular responsibility, and/or holding that person responsible for certain forms of conduct. She argues that social actors enact these practices in a particular social realm (in this case, the reproductive realm) by (a) agreeing to credit certain states of social affairs to be the consequence of human agency; (b) making each other answerable to these states of affairs; (c) setting the terms and conditions for praiseworthiness or blameworthiness, excusability or not, for

a particular state of affairs, and finally (d) “visiting (in judgment, action, speech, and feeling) forms of commendation, or of criticism, reproof, or blame, on those judged in those terms” (Walker, 2007, p. 100).

Bearing in mind Walker’s point, narratives of “responsibility” in the reproductive realm are examined with a view to understand the nature of social relations, social positions, and vulnerabilities they signal, and the normative expectations they communicate, reiterate, and reproduce. In doing so, an attempt is made to make transparent the social inequalities and entrenched privileges in Fertit society. Instead of focusing on, and simplistically problematizing, men’s roles and actions in the reproductive realm, these narratives are discussed with a view to offer an alternative take on the traditional public health thinking about reproductive responsibility and to identify opportunities for reproductive health policy makers and programmers to meaningfully engage with men.

Method

The study population was homogeneous in the sense that they were all Fertit. Focus group discussions (FGDs) and semistructured interviews (SSIs) were conducted during field visits to Wau between October 2014 and April 2015. The following groups of informants were purposefully selected for inclusion in the study: married women, 18 to 35 years of age; unmarried women, 18 to 35 years of age; men older than 35 years; men younger than 35 years; and health workers. One FGD was conducted with each of these groups; in the five FGDs, 38 individuals participated. The homogeneity of participants in each of these FGDs ensured that we could elicit the descriptive and injunctive norms on the study subject. Descriptive norms refer to the beliefs that individuals harbor about a particular behavior in their society, and injunctive norms refer to the extent to which individuals think that key people in society expect them to behave in a certain way.

FGDs were followed by SSIs with community members—the interviews allowed us to probe and to dwell deeper into participant’s responses and to unpack the descriptive and injunctive norms. FGD participants were not involved in the interviews. In all, 27 community members were interviewed. The following key informants were also interviewed; numbers of interviews are indicated in brackets: traditional birth attendants (4), traditional leaders (3), health facility personnel (5), state-level managers of SRH services (2), and representatives of nongovernment organizations (2).

Community members and key informants were identified with assistance from village elders, local health workers, and county health department staff. The final decision about recruitment and inclusion in the study was made by the researchers. The topics covered in the SSIs and FGDs with community members related to social norms and roles, gender norms and relations, between men and women, and between individuals, family, and society. Questions related

to what shapes SRH-related decisions and actions were also included. The FGDs and interviews with health workers focused on eliciting the perspectives of health workers on the situation and on the views of the community members. The topic guides were prepared in English—they were translated into the local language (Wau Arabic). Interviews and FGDs with community members were conducted in Wau Arabic by researchers fluent in the language; with health and other workers, they were conducted in English.

Data collection continued till saturation was reached, and no further insights were forthcoming. The daily debriefing and discussion sessions (during the field visits) among the research team members allowed this assessment to be made on a real time basis. Findings from the larger study have been reported in earlier papers (Kane, Kok et al., 2016; Kane et al., 2018; Kane, Rial et al., 2016).

The FGDs and interviews were recorded using a digital recorder. Where applicable, the audio files were translated into English, and verbatim transcripts of all audio files were prepared. One of the authors (M.R.) and an independent consultant checked the accuracy of the translations. Both are fluent in Wau Arabic, and hail from Wau. Drawing on Braun and Clarke (2006), an inductive thematic analysis of the transcripts was done (Braun & Clarke, 2006). The first step involved a thorough reading of each transcript by researchers, in pairs. This was done with a view to identify broad themes emerging from the data. In the next step, through a process of discussion, guided by theoretical and conceptual literature, interpretations regarding the significance of and meanings attached to these themes, and the implications of these themes, were articulated. Through this process, the emerging themes were clarified and refined; in the end, they were appropriately named. All transcripts were coded to the various themes using NVivo 11 software; coding was done jointly by authors S.K., M.K., and M.R., during a week-long workshop. One major theme that emerged during the analysis was “men and responsibility” in the reproductive realm. In addition to the text coded to the theme “men and responsibility,” the NVivo 11 software was used (by author S.K.) to query the transcripts using key words “responsible” and “responsibility” to revisit all moments and contexts within which the study participants used or alluded to these terms.

Ethical Considerations

Informed consent was sought from all study participants. Where possible, written consent was taken. However, as many people in the study area could not read or write, the consent form was read out, and verbal consent was taken instead (and recorded). Given the sensitive nature of some of the topics, the data collection was done such that privacy and confidentiality were maintained. The data files and the transcripts were also anonymized. Data collection took place at locations preferred by the study participants. Furthermore, answers to questions about expectations from health services

and perceptions related to health service delivery are also a sensitive matter, generally, and more so in contexts where there are few alternatives for patients. Given the nature of information we were gathering, protecting and respecting the confidentiality of participants, and ensuring the safety of participants, was a critical consideration throughout the study. All participants were informed about the institutional affiliations of the researchers. Participants were explicitly told of their right to refuse to participate or to not answer specific questions, and/or to withdraw from the study at any time, without reprisal, and of the measures to ensure safety and confidentiality of information provided.

Scientific and ethical approval was provided by two independent Ethics Committees: one from KIT Royal Tropical Institute, Amsterdam, The Netherlands, and the other, the national MOH of the Government of South Sudan.

Findings

Responsibility assignments and apportionments in the reproductive realm between men and women are presented first; these represent the normative expectations in the study community. This is followed by an analysis of findings which relate to the practices entailed in the social enactment and enforcement of these normative expectations. Social actions and practices that are considered deserving of social approval and praise are discussed first; thereafter, practices which are considered deserving of social censure and disapproval are presented. Findings are analyzed with a view to expose the nature of social relations and the consequent vulnerabilities in the reproductive realm in the study community. Finally, findings which signal the dynamic nature of social relations whereby the current responsibility assignments in the reproductive realm are being renegotiated and reapportioned are briefly presented.

Responsibility Assignments in the Reproductive Realm

In the study community, responsibility assignments in the reproductive realm were central to what constituted being a responsible man. Being a “man” and being considered a “good man” were intertwined with being a “responsible man.” And as the following quote from a young woman illustrates, being a “responsible” man not only entailed acting in such manners as to command community members’ respect, but also particularly to having children of one’s own. Conversely, if a man did not have children, he could not be seen to be someone who could be considered “responsible” or respectable.

A good man in the community is responsible. When he is a responsible person . . . in the community he is well respected and has his children. When a man does not have children, in the community he is seen as not responsible. (Unmarried woman under 35)

In the following excerpt from an interview, a female traditional leader, while reflecting upon SRH responsibilities and decision making, clearly sets out that in the study community, men are the ones with all the responsibility in the reproductive realm.

If a woman is pregnant it is her husband to take responsibility, the husband has to bring everything. (Traditional leader female)

The Sultan (the male traditional leader) goes further with this responsibility assignment, adding that the man is responsible not only for organizing things and caring after his wife but also for doing the same for his sister(s) and daughter(s).

“This” is the responsibility of the person (man) who manages the family. As the person in charge you are like a tree that the family leans on . . . the rest of the tree depends on you, it is you to decide . . . You have to organize “that” with your wife or your sister or even your daughter. (Traditional leader male)

In this quote, “this” referred to all aspects of the reproductive health realm, and “that” referred to shouldering responsibilities related to providing for and taking care of the female family members generally. Study participants alluded to a range of underlying understandings as underpinning this sweeping assignment of reproductive responsibilities to men. At one level, as the following exchange between older women in an FGD shows, study participants talked of the act of impregnation as reflecting men alone exercising agency, and thereby deserving of being held to account for it.

Participant 1: “He is the one who impregnated the woman, so he has to take responsibility. He caused the problem he has to solve it.” Participant 2: “It is the man . . . yes . . . the man must take responsibility.” (FGD women above 35)

Similarly, men (and women) explained this responsibility assignment and attribution by offering the explanation that only men could exercise agency in the reproductive realm. This capability logic translated into the social practice whereby men were considered solely responsible for bearing the cost of bringing up children and therefore were the ones liable to be held to account and deemed to be responsible. Women in an FGD agreed when one of them said, “If he decides then they (the wife) can agree. A woman has no decision.” In the same vein, a young man pointed out,

It is the man. . . . He must tell her the reality that life is difficult. Schools are expensive, and it is good to have sex in such a way that she does not get pregnant. (Young man)

The above quotes also connote an underlying understanding as to how some men consider that deciding on matters related to seeking care, particularly SRH-related care, could not be left to the woman alone. A close look at the findings shows that this understanding had two facets. In the following quote

from an FGD, men agreed that leaving pregnancy care seeking to the woman alone was not good, while adding that it was acceptable if she was accompanied by her husband or her mother-in-law. At one level, this can be understood to signal that women's social position in the local society is such that they are not considered capable enough to be "responsible" or made "responsible" for such important matters. But as it is acceptable to men if the pregnant woman is accompanied by her mother-in-law, at another level, this could also represent the enactment of the practice of assignment of responsibility for the pregnancy—with the man or his family members being normatively considered the responsible party by the society.

If a pregnant woman is going for check-up she has to go with her husband or her sister-in-law or her mother-in-law . . . If we leave it to a woman alone it will not be good. In addition, a man should help his wife. A woman alone is not good. (FGD married men above 35)

The above quote links to the first facet above and exemplifies what Adams, Gavey, and Towns (1993) call the "discourse of natural entitlement." It shows the socially constructed nature of male privilege and conveys how naturalized the notions of male superiority over women are in the local society. The following quote from an FGD among young women illustrates how they relate to this allocation of privilege.

Sometimes the man says he does not have money . . . that was why she could not go for check-up. So, she decides not to go and if the baby dies it is a loss for her husband's family and not her family. (FGD unmarried women under 35)

Young women assign the responsibility for the welfare of the unborn not to themselves but to the man and his family; this represents a reproduction of the social hierarchies they have been socialized into. The above quote reflects how women see themselves in relation to the men and the unborn child; but far from simply showing passive agreement, it somehow also suggests women's resistance, albeit tacit, to this unfair apportioning of social privilege and contingent responsibilities. Findings, presented after the next section, show how women in the study community are exercising agency to reconfigure responsibility assignments in the reproductive realm.

Practices of Holding Others Responsible: Praising or Blaming

When studying, and discussing responsibility, social theorists refer to what are called "reactive attitudes"—these are reactions that people experience and may or may not express when they are in situations where social responsibilities are assigned, upheld or not, by actors involved in these situations

(Strawson, 1993). These reactive attitudes are the key elements of the practice of holding others responsible; they can take positive or negative forms. The former entail reactions of approval, admiration, gratitude, and the expression of these emotions in the forms of smiles, words of adulation, and other physical gestures. The latter entail reactions of disapproval, resentment, indignation, and the expression of these emotions in the form of disapproving looks, gestural or verbal reprimands, and rebukes, in response to wrongdoings or responsibility expectations not being met.

Thus, the practice of holding others responsible entails reacting to certain conduct with praise or blame. Such a reaction may be either expressed or may also be in an unexpressed form. In the following subsections, participants' narratives reflecting reactions of praise/praiseworthiness, and blame/blameworthiness in response to responsibility attributions in the reproductive realm, are presented.

Narratives of social approval and admiration: The ideal "responsible man." Participants across the board felt that a responsible man, however young he might be, is someone who would step up and accept responsibility if he had impregnated someone. In the quote below, a traditional leader explains what would be considered socially appropriate and approvable conduct for a boy (while data are not available, a large proportion of teenage boys are fathers in the study community) who had made a girl pregnant,

If he is a well raised up boy he will take the responsibility, he has to come to the meeting with his father, his brother or any elder person in his family. (Traditional leader male)

In the interview from where the following excerpt is drawn, a young man articulates what is considered admirable in a man. During pregnancy, a responsible man would take charge and would "supervise" the women—among others, not only ensuring that she is well provided for but also making sure that she protects herself and the newborn.

The first responsibility is to be a supervisor. In the first month whether in the village or in the hospital there are things that you stop her from doing. If she drinks alcohol you tell her to stop drinking, if she carries heavy load you tell her not to. (Married man under 35)

These attitudes of admiration for responsible conduct in the reproductive realm also extended to the broader domestic and family life spheres. In the following quote, an older man echoing the point made by the young man earlier takes pride in how he conducts himself—reflecting the kind of caring and responsible conduct that is considered praiseworthy in the local society.

My responsibility in the house is for my wife and my children. As a man I do not want to stray away from my responsibilities or

go and find another wife while I have my wife at home. (Married man above 35)

During the data collection and the process of analysis, we found that study participants did not have much to say about what conduct and actions were deserving of social admiration and approval in the reproductive realm; they, however, had a lot to say about what was blameworthy—it was also communicated through nonverbal cues during interviews and FGDs. While in the course of discussing responsibility, and analyzing the practices of holding others responsible, many theorists give similar credence to both positive and negative reactive attitudes; according to Wallace (1996), the negative or other-regarding reactive attitudes of resentment, blame and indignation, presented in this subsection, and discussed further later, are more important. Consistent with Wallace's (1996) view, as the following subsection shows, study participants primarily focused their responses on the negatives.

Narratives of censure: Of blame/disapproval, reproof, resentment, indignation. A female traditional leader unambiguously laid the blame (consequent on responsibility) for any untoward event during pregnancy on the man—"they" in the following excerpt refers to all those who will hold the man to account, and them being primarily the woman's family, and also society at large.

Yes, as a man she is your wife . . . and if you do not take her to the hospital and something happens it is going to fall on your head. They will ask you . . . were you taking this woman to the hospital? (Traditional leader female)

The male traditional leader, expressing much dismay, also talked of the many complaints he received about men abrogating their responsibilities generally, and in the reproductive realm in particular. As the quote below illustrates, this behavior was seen as being blameworthy by him, and also deserving of censure.

Interviewer: "I have also heard from some women that some men do not take responsibility once they impregnate a woman . . . what is your view on this?" Participant: "The truth is . . . as a chief I hear such complaints a lot. We go and talk to the man and advise him to care . . . for his children even if the situation is difficult." (Traditional leader male)

In the following excerpts, a young unmarried woman, while reflecting on the men who do not take responsibility for the pregnancy, strongly expresses her disapproval and indignation by labeling such men as being poorly brought up—"This is lack of upbringing . . . Yes, it is bad upbringing." The young woman goes on to mock the manhood of such men, and angrily makes a derogatory comment on the destiny of such men (a "nigger" is a term used by the locals for someone who is considered as being involved in antisocial

activities, often violent). Such views were common and strongly articulated by both men and women, the latter in particular.

He sees himself like a man and (yet) he does not take responsibility. And (then) goes to the street to become a "nigger" and do a lot of bad things, that is it. (Married woman under 35)

Underlying the following explanation given by another young woman, and alluded to by many other female study participants, is both an expression of resentment toward those men who do not uphold their responsibilities and a resigned acceptance of the social situation they are in.

Interviewer: "There are women who would say if you want more children go find another wife . . ." Participant: "Yes . . . the men nowadays will make you bear a lot of children and they don't take responsibility. That is why women say go find another wife to give birth to you, me . . . I am done with childbirth." (Unmarried woman under 35)

Responsibility Apportionment in a Dynamic Context

Walker (2007) has argued that social norms and practices about who is responsible, for what, how, and why in a particular society, are a form of social compact, and are amenable to change under pressures of several sorts. Responsibility apportionments and claims to the social privileges that go with these are thus maintained only so far as the assignees are able to uphold these responsibilities. Repeated failures to uphold assigned responsibilities, changes in the context, or a combination of these open the social compact up, either parts or all of it, for renegotiation. Our findings show that such a process is afoot in the context of our study community. As men fail to fulfill their responsibilities, as the following excerpt from an interview with a young unmarried woman with children illustrates, young women are stepping in and taking charge.

In terms of responsibility, men have no other program than getting drunk . . . Women are the ones who have become supportive even to children at home, it is the woman to stand firm and if she does not think about her children the children will be destroyed. If it is food or anything if you are not strong the family will not eat. (FGD women under 35)

This reconfiguration of practices of responsibility enactment is echoed by the male traditional leader, who points out how men are failing to uphold their responsibilities, and women are stepping up,

In our community in South Sudan I now see that women are more responsible than men because when you wake up in the morning you see women going to work, to farms, to different places and they are doing better in raising children than men. Because these days people are failing in life and the failure comes from men. (Traditional leader male)

In earlier work, we have discussed how in the study community, women expect their pregnancy to be appreciated, legitimated, and dignified by the man and his family—among other things, by them taking responsibility for it and showing that by taking good care of the pregnant woman (Kane et al., 2018). In the study community, this social expectation was so important that if not met, many women, despite being aware of the benefits of using the services, would choose to forego care and stay at home. However, the situation is changing; women are exercising agency to both reject and resist social expectations. In an FGD among young women, the following interaction occurred in response to a question regarding their views about pregnant women who were not taken in by the man's family, and who had to raise their children themselves, while living in their parental homes. The interaction exemplifies how the situation is changing and how women are redefining what is socially problematic, and what is not; it also illustrates how when men and their families fail and retreat from the responsibility assignments, women are stepping in.

Participant 1: "It is not a bad thing." Interviewer: "It is not a bad thing?" Participant 1: "Yes." Interviewer: "If you are still staying at your home and got pregnant?" Participant 2: "If the man does not accept you, you will just have the child at home. No problem." Interviewer: "No problem with it?" Participant 1: "Yes. No problem with it." (FGD women under 35)

Discussion

In this section, we discuss what the various practices of responsibility assignments in the reproductive realm, and the related underlying understandings, constitute and represent. By locating and understanding these responsibility assignments within, and as a consequence of, patriarchy and its privileges in the local society, and in view of the evolving social context, considerations that are necessary in envisaging any social change process in South Sudan are also briefly discussed. A case is made for a pragmatic approach which deliberately and open-mindedly engages with "subjectivities among men that are relational, ethical, and privilege cognizant" (Peace, 2014) in the reproductive realm. We contend that while this study was done among the agriculturist Fertit people of WBeG state, these insights on responsibility assignments in the reproductive realm could be relevant to other similar patriarchal contexts in South Sudan and beyond.

Social Control Through Responsibility Assignments

The many practices and narratives of responsibility are evidence of the intricate social system of mutual expectations and self-expectations in the reproductive realm, in action, exerting to produce the desired social outcomes. At one level, they function manipulatively, exerting pressure on individuals to recognize and perform (to exercise care, to

exercise self-control, to put in efforts as appropriate), to meet the socially agreed expectations, and to reproduce conforming behavior. Findings also show that at another level, the practices and narratives of responsibility also function regulatively—serving as injunctive norms (Cialdini, Reno, & Kallgren, 1990; Kallgren, Reno, & Cialdini, 2000) and reiterating understandings of what is required of one by society and how one might be asked to account for it. Practices of holding others responsible are ways by which norms become operative in a particular social realm (the reproductive realm in this case) in a particular society.

As the findings section reveals, such a system of responsibility assignments and the linked practices of social approval and censure also provide explicit and tacit means, and processes of ensuring accountability and remedies to restore social equilibrium when expectations are not fulfilled, and responsibilities are not upheld (in this case—to ensure that families are taken care of and provided for). These processes need to be deliberately maintained for such a system to be able to continue to achieve the desired social outcomes (in this case—men upholding their responsibilities in the reproductive and domestic realms), and also to keep reproducing the specific shared understandings, and the awareness of them as being shared and important.

Responsibility Assignments as Social Structure

According to Walker (2007), social practices of responsibility assignments, responsibility attributions, and the very usage of the word "responsibility" connote, reinforce, and reproduce social positions of the parties involved. The assignment and distribution of responsibilities and privileges within a social realm in a particular society, in large parts, also constitute the social structures within which actors interact with each other in that social realm. In the reproductive realm amongst the Fertit people of South Sudan, as the findings show, and as discussed in detail in earlier work (Kane, Kok et al., 2016), the very structure of patriarchy. When practices and narratives of responsibility reiterate and maintain the shared understandings of self and mutual expectations, they are also reproducing and reinforcing the entrenched social order and relational arrangements in a society. Thus, the system of responsibility assignments and the linked code of expectations not merely operate within, they also constitute the social structure. Unpacking the assignments of responsibility in the reproductive realm in South Sudan, as attempted here, demonstrates and serves as a prelude to a shared understanding that specific distributions of responsibility to and for persons are made common knowledge, and over time, entrenched within societies—to the benefit of some, and to the detriment of others. Clarity and greater transparency about these understandings is but one of the first essential steps toward social change in the reproductive realm in South Sudan.

Renegotiating Responsibility Assignments, Revisiting Male Privilege

These assignments of responsibilities in the reproductive realm to men embody the privileged position of men in the study community. As findings show, many men, consciously, and sometimes unconsciously, believe that they are better than women, and that women are capable of and deserving of less. These claims signal a sense of entitlement and this is what constitutes male and patriarchal privilege. These patriarchal privileges are difficult to let go at individual level and also difficult to undo at societal level. Our earlier work shows that this patriarchal privilege is not without its discontents—it is also considered burdensome by some by some men, a burden which many men struggle to carry, particularly in the changing economic context of the local society (Kane, Kok et al., 2016). The ongoing social disruption and the evolving social and political context of the country offer conditions whereby a new and more equitable social compact can be negotiated and established; intervening to facilitate this process offers a unique opportunity for triggering sustainable social change. To seize this opportunity, a pragmatic approach to engaging men, where entrenched gendered power and privilege are neither ignored nor essentialized and made the sole point of contention, is called for. Locating and understanding these responsibility assignments within, and as a consequence of patriarchy and its privileges in the local society, and by drawing on the literature on masculinities, allows for a balanced and pragmatic approach. It allows one to reflect on the considerations that are necessary in envisaging any social change process entailed in undoing these injustices.

As part of her broader analyses of the forms of social action toward challenging hegemonic masculinities, Connell (2005) argues that an approach which seeks to involve men in social change policies and programs that challenge entrenched patriarchal privilege needs to “be compatible with” at least “some of the interests of men,” interests lying “at the intersections of gender with other structures” being particularly appropriate. She, however, cautions that as men in most societies feel entitled to the “patriarchal dividend” that they accrue by virtue of the entrenched patriarchy, efforts to get men to see shared interests with women may, unintentionally, further entrench gender privilege. Flood (2005) recognizes these tensions, and instead argues for approaches in which men “see their stake in feminist futures.” Such an approach is particularly relevant in the context of South Sudan where one in four women experience some form of gender-based violence daily (Mold, 2017). While this study did not focus on gender-based violence and its antecedents, our findings suggest that entrenched patriarchal privilege, amplified and abetted by an insecure context, underpins and explains the impunity with which gender-based violence is committed in South

Sudan. Flood’s recommendation that social change intervention approaches be geared toward getting men to “see their stake in feminist futures” is thus very relevant in this context; Peace (2014) goes further and argues that social change interventions need to seek for men to see beyond their interests and to get men to view this social change as being in their “emancipatory interests.” We agree with Peace’s view that men are ethically obliged to change “whether it meets their interests or not.” We also agree with Peace (2014) that efforts need to be put toward developing policy and program approaches which engage with “subjectivities among men that are relational, ethical, and privilege cognizant” (p. 551).

Limitations

As we did not set out to study responsibility assignments *per se*, and only during the analysis of the data recognized this theme, many important angles remain to be explored and analyzed. For example, we recognize that there could be differences in the practices and expectations of responsibility of men, depending on the birth order of the child (e.g., first child vs. third or fourth child); it could also vary according to the number and order of the wife (polygamy is a very common practice in South Sudan). The article makes a plea to policy makers to take into account the gender power relations signaled by responsibility assignments, in their work. What such policies and strategies could be, has not been discussed in this article—this is a gap in the literature, and it requires further research.

Conclusion

This article, through analyzing the social phenomenon of assignment of responsibilities in the reproductive realm, has explicated and made transparent the entrenched and unequal social relations in WBeG, South Sudan. Such explications, together with a discussion of the social and health costs of reproducing these inequalities, can help act as pressure for social change. These insights can serve as the starting point for exploring different ways of re-apportioning responsibilities in the reproductive realm, and of holding each other to account differently; the state of social disruption in South Sudan offers a unique window of opportunity to intervene to initiate such a process. By discussing the findings in light of the broader body of knowledge about social interventions toward challenging patriarchal privilege, this article argues for a relational, ethical, and privilege cognizant approach to reproductive health policy and practice in South Sudan and beyond.

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