

## The Characteristics of the Fulani

By

[Ismail Iro, Ph.D.](#)

Previews discussions

- a. Abstract and Introduction
- b. Should Pastoral Fulani Sedentarize?

This section looks at the characteristics of the Fulani, including their demography, marriage and marital status, pattern of population growth, and age distribution. The section also examines the implications of rapid population increase among the Fulani. The later part of the publication is devoted to the analyses of Fulani gender, household generation, dependency-ratio and labor-force, and governance.

The Fulani are a group of West African pastoralists. They move over vast areas and come across many cultures. Known by different names, the Fulani are called Peul in Wolof, Fula in Bambara, Felaata in Kanuri, and Fulani in Hausa. The word Fulbe was first used by the German writers to refer to the Fulani (de St Croix 1945).

Origin

Legend says the Fulani originated from the Arabian Peninsula (de St Croix 1945), and migrated south-west to Senegambia. From Senegambia, they moved eastward, crossing several Sahelian and Sudanian zones, to the Red Sea (Frantz 1981). The Fulani of Nigeria are a part of this migrant, ethnic population having common occupational and biogenetic characteristics. Light-skinned with curly hair, the Fulani have pointed nose, thin lips, and slender statue (Stenning 1959).

Marriage and nuptials

The Fulani are endogamous, marrying from cross- and parallel-cousins (Koogal), or from clan members (Deetuki) (Ezeomah

1987). Endogamy is breaking rapidly, and the Fulani are increasingly having marital relationship with other ethnic groups, especially with the Hausawa with whom they share a common religion. Religious more than cultural differences are the main barrier to inter-ethnic marriages with the Fulani.

Marriages may be planned among families even before the birth of the children. That many marriages are arranged does not mean there are no marriages based on love and affection. The resting-season game, the Sharo, in which young suitors take whipping turns is an example of courtship based on selection and courage.

#### Marital status

The Fulani men are also polygamous, marrying about two wives in a life time. Every normal Fulani man or woman, including those who have delayed their wedding, are expected to become married. Celibacy is uncommon among the Fulani. A question in the questionnaire seeks to find the marital status of adult members in the household. The finding reveals that about half of the respondents are married. The bulk of the singles are the youth.

Since the age of marriage affects women's fertility (number of children born per women), which affects the population demography, a question about the age at first marriage for the Fulani women is included in the schedules. The response shows that by Western standards, the Fulani marry early. Put within the context of rural Nigeria, however, the age at first marriage among the Fulani women is only slightly higher than for the non-Fulani.

#### Age at first marriage

Most Fulani men marry in their early twenties, and Fulani women marry in their middle to late teens. By the age of twenty-five, most women are married. Similarly, by the age of thirty, most Fulani men have had their first wedding.

#### Marital longevity

The disruption of marriages through divorce is rare among the Fulani. As the data show, only about two percent of the married people ever go through a divorce. The termination of marriage due to death is slightly higher (three percent) than due to divorce. Most couples remain together for the greater part of their lives. Since divorce and widowhood lower the birth rates, Fulani women in continuous marriage have more children than those who are divorced or who are widowed. Discussions with male and female respondents who have once been divorced indicate that remarriage is frequent and occurs within a year of separation. The proportion of single men and women in the marriage age group is small, which helps maintain the relatively

high population growth rate among the Fulani.

#### Population growth

The Fulani seldom use artificial birth control. Fertility is relatively high because the number of births exceeds the number of deaths. The difference between net increase and net decrease determines the growth of a society. Fertility and mortality account for the "natural increase" in a community, although in mobile societies, migration also plays a key part. In the absence of migration data, this research relies on fertility and mortality records to estimate population growth of the Fulani.

#### Fertility

Keeping mortality constant, the fertility level of the Fulani is linked to early marriages. A couple that marries early is likely to have more children than a couple that marries late. Most women become pregnant within the first year of their marriage and continue bearing children through the age of fifty. By the time a Fulani woman reaches her menopause, she would have given birth to five to seven children. Correlation analysis reveals that the spacing of birth is random. Women give birth to most of their children before reaching thirty years. The survival of the children depends on their health and nutritional status.

#### Morbidity and mortality

The variables used to estimate morbidity and mortality (longevity) in this sample of the Fulani are health status, number of live births, number of deaths in one year, and the age of the mothers. Education is not used as an index because the corresponding data for cross-tabulation have not been included in the research design. Using the average number of deaths among children born alive, the data indicate high infant mortality among the Fulani in the sample. Of the 6,471 children born alive, 1,260 (19.47%) have died before reaching their adolescence.

#### Survivability of the infants

One of ten Fulani children born alive will die within the first birth day, and one of five children will not reach the age of six. Coupled with low life expectancy in rural areas, the chance that a Fulani child will live to the age of fifty years is only forty-six percent. This percentage is lower than the national average, and much lower than for Sweden that has up to ninety-five percent in 1980.

#### Health status and causes of deaths

Less than fifteen percent of rural Nigerians have access to medical services. Most hospitals, and nearly all specialists and

university teaching hospitals, are located in cities or large villages. Rural areas have small clinics and dispensaries, but are staffed with less qualified nurses and dispensary attendants. Inadequate and narrow in range, most of the drugs in the clinics are broad spectrum. Due to bad storage and inventory, the drugs expire or become contaminated.

Even among the rural dwellers, the pastoralists are disadvantaged in getting medical services. A staff of a health management board interviewed in this research summarizes the health care delivery to the pastoral Fulani in one word: non-existent. Yet, of all Nigerians, the Fulani are the most vulnerable to diseases and natural hazards. Their mobility exposes them to common colds and allergies associated with dust, weeds, and animals. Their unprotected bodies are exposed to bites or stings from bees, snakes, scorpions, mosquitoes, house flies, and tsetse flies. The Fulani's drink water that is polluted with dirt and decomposing matter. The turbid and smelly water is also infested with visible and invisible worms and parasite larvae.

The Fulani are exposed to heat, rains, dust, winds, mist and dampness. While moving in the bush, the Fulani receive cuts from thorns, tree branches, uneven terrains, and protruding stones. Injuries also occur from falls, falling trees, accidental shootings by hunters, bites from wild and domesticated animals, and more seriously, fighting with competitors.

The interviews ask about the specific diseases afflicting the Fulani. Discussions with health officials reveal that the pastoral Fulani are plagued by diseases such as malaria, filariasis, dysentery, gangrene wounds, liver flukes, bilharziasis, asthma, rabies, sleeping sickness, hyperthermia, skin disorder, tuberculosis, constipation, and exhaustion. The commonest causes of deaths among the Fulani are similar to the major causes of fatality among non-pastoralists in the rural areas. These diseases fall into two categories, preventable and communicable. Malaria, caused by the protozoan plasmodium, is the most prevalent illness. Endemic in the tropics, it accounts for more than fifty percent of the deaths and disabilities.

Malaria is carried by the mosquitoes, an active biting insect to which the Fulani are exposed. Lush grass and stagnant pools of water, both essential to pastoralists, harbor the mosquitoes. Like the tsetse flies, the mosquitoes also feed on the blood of the animals. The Fulani seldom use insecticides or mosquito nets to fight off the insects or to reduce the harm they cause. Preventing mosquito bites is impossible during herding.

Like terrestrial insects, water-borne organisms infect the Fulani. Worms and unicellular organisms cause amoebic dysentery among the Fulani who have no clean drinking water. Air-borne diseases such as tuberculosis and cerebral spinal meningitis are also rampant, especially in congested sedentary camps. Meningitis has become an annual national epidemic, occurring at

the peak of the hot-season.

Unless these afflictions become debilitating, the Fulani will use their natural immunity, local herbs, and time-healing to out live the ailments. The problem, however, arises when the pastoralists are in critical condition and need hospital attention, then, the problems of accessibility and transportation surface. The Fulani point to the inadequacy of treatment centers, which, as the findings show, are several kilometers away. Nearly half of the respondents do not have easy access to health facilities. The Fulani are also some distance away from other health facilities in their settlements or in places they settle during their migration. More than half of the Fulani live in areas without medical services. Only ten percent of the respondents report being near to a clinic or a hospital.

As a result of poor access to medical services, only serious health problems are taken to the clinics. The mild cases are treated by local herbalists. Extremely or life-threatening conditions are referred to the general hospitals in cities. Doctors at Ahmadu Bello University Teaching Hospitals report that most Fulani patients delay going to the hospital until their condition is critical. A medical staff at Murtala Mohammed Hospital in Kano observed that many Fulani patients come with terminal conditions that could have been avoided with early treatment.

Not only the distance, the costs also prevent the Fulani from getting required medical care. Sixty-one percent of the Fulani partly or fully pay for their own medical costs.

At the hospital, the pastoralists waste much time because they do not know how to register and obtain a card. For example, they cannot read the signs or which line to follow to see the doctor or to get to the pharmacy. Counter clerks mock the Fulani who do not speak English or the local language. When they see the opportunity, the health care workers extort fees from the Fulani where services are free. Some unscrupulous workers give half of the medications and sell the rest at the local pharmacy. Sometimes, doctors in public hospital sent the Fulani to their (doctors) private clinics or patent chemist for treatment or purchase of drugs at inflated prices.

The Fulani often refused to follow the drug prescriptions. They cannot understand the rationale for regimented medication. They think that taking more of the medicine will provide a quicker cure. The patients stop the medications with the slightest improvement in their health. Some patients have become used to certain drugs and are unhappy or may even refuse to take prescriptions that look different from the color, shape, smell, or packaging of the drugs, especially if such prescriptions are given by a new health worker. There is also a belief that treatments that do not involve intramuscular injections are not effective, and the Fulani think lowly of doctors who do not write injections.

As a result of the constraints in medical services, mortality is high among the Fulani, and this affects their population growth, although other non-medical factors also contribute. Even with the known fertility, mortality, and health status, it is difficult to obtain an accurate count of the Fulani population in this sample. The rapid shifts of homestead, trans-ethnic marriages, and suspicion increase the margin of error in estimating the population of Fulani.

The lack of ethnic statistics in Nigeria implied that an accurate count of the Fulani would not be available. Using information from community leaders, this research attempted to sample about ten percent of pastoral Fulani households in the sample sites. The sample figures were adjusted for over- and under-counts, then weighted by a factor of ten. Only 8.5 percent of the population is pure-nomad. This percentage corroborates information from interviews with community rulers who confirm that most Fulani in Nigeria have settled. Only a few of the three million cattle-keeping population of Nigeria remain in the wild (Waters-Bayer and Taylor-Powell 1986).

The Fulani community is growing at slightly less than the national average population growth of 3.5 percent a year. Although the number of the Fulani is growing relatively slower than the national population, the absolute increase in the Fulani population is high. Even at the lower figure of 2.8 percent annual growth rate, the size of the Fulani will almost double every thirty years.

#### Size of household

The average size of the household among this Fulani sample is 6.15. The figure compares to the 6.3 average household size for the Fulani in north-central Nigeria.

The average size of the household in this sample is higher than the figure widely quoted in the literature for nomadic pastoralists. However, it matches the one for a population at an advanced stage of sedentarization. A negative correlation coefficient ( $r = -0.89$ ) is obtained when the increase in household size is compared with the frequency of change of settlement in one year (an indication of the level of sedentariness).

The implication of rapid population increase . A population increase will result in higher density with a far-reaching consequences on pastoral and rural sub-systems. Rapid population growth has a three-fold effect on the development of the Fulani. First, the population increase out-grows food supply (Boserup 1965). Second, social welfare amenities in the rural areas deteriorate faster than they can be replaced or repaired. Third, education increases the demand for the specialized needs of the future generation of the Fulani.

#### Age distribution

Finding the age of a Fulani person is as difficult as estimating the population of the Fulani. The Fulani, especially the elderly, have no birth records. Only a few Fulani have birth certificates. Age determination depends on memory recollection. The Fulani can remember their ages only if they are born in years of memorable events such as war, drought, disease epidemic, reign of a famous ruler, or the arrival of the first car, train, or electricity (Peil 1982). Although there is little concern about age falsification, inaccuracies can still be expected from some respondents on answers about their age.

The demography of the pastoral Fulani resembles that of the sedentary rural people. The Fulani population is base-heavy, with a large proportion of household members in the youthful age group. The data show that 38.86 percent of the males and 39.57 percent of the female are fifteen years old or younger. About forty-eight percent of the Fulani in the sample are in their reproductive ages (17-55 years).

#### Age and gender distribution of the household head

The Household Records Form, which probes the age and gender of the household head, indicates that the typical pastoral Fulani household is male-headed. The findings show that most of the pastoral Fulani household heads are in their thirties to mid-forties. The sharp drop in the percentage of the household heads who are over fifty-five years is because around the age of fifty, fathers start becoming grandfathers, and begin abdicating household responsibilities to their sons. The Fulani do not split the household immediately after the marriage of the first son. The head of the household, defined as the most active provider of the family, goes to the youngest, most energetic person in the household, in this case, the son.

Gender. In developing countries, the females slightly outnumber the males, although in some age groups the males dominate. The 1963 Nigerian census gives a sex-ratio of 102 males per 100 females. In this sample of the Fulani, however, even allowing for female under-reporting, the females are preponderant. The data suggest that the Fulani in the study areas have a near balanced sex-ratio of 3,779 males to 3,787 females, about 100 males for every 100.2 females. Again, this sex-ratio represents the average condition, which may vary in different age groups.

#### Household generation

About a quarter of the Fulani in the sample live in single generation households, that is, where there is only a man and his wife (and non-uterine children). Many of these households also have one or two children from the wife or the husband's family who are adopted temporarily.

#### Dependency-ratio and labor-force

Slightly higher than forty percent of the Fulani depend on the head of the household for nurturance and basic care. Although the dependents are 0-15 and 65 and over, many in these age brackets are part of the undocumented, informal workers that the economists usually overlook. The working age group in this sample ranges from 8-55 years old, although not everyone in this age group works. The dependency-ratio will be much lower than forty percent if the economic contribution of this age group is added. A low dependency-ratio means less burden on the individual families, although often both the dependent and the independent population rely on the state for non-subsistence needs.

The Fulani live in a stratified society with a hierarchy of chieftaincy. Institutionalized political leadership exists, but it does not concentrate power in the hands of the elite. Administrative authority is a function of stable societies, especially those with predictable resources (Salzman 1980a). The Fulani who have become established in settlements have a cohesive political system.

In addition to having conventional authorities, the Fulani have a quasi-government system. Contrary to popular belief, the Fulani have identifiable leaders with full or partial decision-making authorities. At the village level, for example, the settled Fulani have the Sarkin Fulani, a title that has existed since the Fulani conquered Northern Nigeria. Among the pastoral Fulani, sociopolitical structure centers on a typology of leadership consisting of the Ardo (the chief or the lineage head) and the Lamido.

#### The Ardo

The Ardo is invaluable in Fulani oligarchy. He mediates between his people and the constituted authority. He works between the demands of the Fulani and the policies of the government, which often differ sharply from each other. His past role as tax collector, however, makes him unpopular among his people. With the repeal of the Jangali and the creation of states and local governments in Nigeria, the role of the Ardo has become less defined. As the prominence of the Ardo diminishes, so does the influence of his superior, the Lamido.

#### The Lamido

The Ardo is a subordinate of the Lamido, who is the clan head and the trustee of the famous Islamic Jihadists, Usmanu Danfodiyo. The Lamido governs his people and adjudicates the land according to the Shari'a laws. He acts as the spiritual head of the Fulani. His role as a learned man allows him to be the judge, the Imam, and the arbitrator. Like the Ardo, the Lamido is stripped of his feudal powers and responsibilities by the Penal Code (the modern law). Among today's Fulani, the Lamido, chosen by the king-makers, is less feudalistic and aristocratic.

## Fulani aristocracy

Consensus and compromise are the rules in king-making among the Fulani. Unlike most traditional African societies where leadership is inherited, the Fulani community is more democratic in leadership selection. Once elected, the voluntary, unsalaried Fulani leader enjoys unprecedented cooperation of his people. About three-quarters of the Fulani interviewed say the authority of the Fulani head supersedes that of the non-Fulani ward or even village heads. Although they favor autonomous decision-making, the Fulani rely on the kinship group for collective decision-making.

## Kinship groups and socioeconomic relationships

The Fulani kinship represents an economic as well as a convivial unit, having common territory and occupation. The Fulani social structure consists of the ethnic group, clan, lineage, family, and Ruga (household).

The ethnic group. The ethnic group is the highest echelon and the conflation of the kinship groups. It embodies all members with a common origin, sharing a founding ancestor whose personage may or may not be known, or whose genealogical link may not be traced to individual members.

The clan. The clan is the sub-unit of the tribe, which anthropologists defined as the "collective descendants of a vaguely known historical ancestor" (Bonfiglioli 1993, 5). The clan members, by tradition, share mythical historical ancestry. Each clan consists of about a thousand to five thousand members. Genealogical ties among clan members are obscure.

The lineage. A clan consists of several lineage groups, although in language and territory, the distinction between the clan and the lineage is blurred. The members of a lineage, that is, descendants of a more recent male ancestor, have mutual obligations during attack, defense, or vengeance (Shanmugaratman 1992; and Bonfiglioli 1993). The lineage members, who have closer historical ancestry than the clan members, comprise five hundred to one thousand members.

The family. The family is a branch of the lineage group, and is the basic social as well as the smallest political unit organized around a patrilineal homestead. Made up of five to fifteen members, the agnatic family is created by marriages and births (Bonfiglioli 1993).

The Ruga. Within the families are compartments or household that eat at least one meal a day together, the Ruga or homestead is the domestic unit, consisting of a man, his wife or wives, unmarried children, and dependant parents. Each household represents a cattle-owning entity, headed by the eldest, most able-bodied member of the family.

To summarize, the Fulani are endogamous as well as polygamous. Celibacy is uncommon among the Fulani, who marry in their twenties. Divorce is also rare. As a result of polygamy and early marriages, the Fulani have high fertility. Despite high infant mortality, the population of the Fulani is growing fast, although slower than the national average. Household size is about six, with a near balanced sex-ratio. Age distribution is base-heavy, with children dominating. The Fulani are governed by a political structure consisting of the ethnic group, the clan, the lineage, the family, and the Ruga. Leadership among the Fulani is less aristocratic. The family is a herd-owning unit, united by common territory and occupation. Their herding system, described in the section that follows, involves frequent pastoral movement.

The section to follow will focus on the Fulani herding system, the primary occupation of pastoral Fulani. It will look into the herding tasks and the gender responsibilities. It will also examine the role of mobility in pastoral nomadism. A space is also devoted to the analyses of herd composition, species distribution, optimal herd size, and livestock population and distribution in Nigeria.

#### REFERENCES

TO BE CONTINUED

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Dr. Ismail Iro is the founder of [www.gamji.com](http://www.gamji.com). He works as a Programmer/Data Analyst in Washington, D.C. USA

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