Ambiguous ambitions: on pathways, projects, and pregnancy interruptions in Cameroon
van der Sijpt, E.

Citation for published version (APA):

General rights
It is not permitted to download or to forward/distribute the text or part of it without the consent of the author(s) and/or copyright holder(s), other than for strictly personal, individual use, unless the work is under an open content license (like Creative Commons).

Disclaimer/Complaints regulations
If you believe that digital publication of certain material infringes any of your rights or (privacy) interests, please let the Library know, stating your reasons. In case of a legitimate complaint, the Library will make the material inaccessible and/or remove it from the website. Please Ask the Library: http://uba.uva.nl/en/contact, or a letter to: Library of the University of Amsterdam, Secretariat, Singel 425, 1012 WP Amsterdam, The Netherlands. You will be contacted as soon as possible.
PROLOGUE

Some time towards the end of December 2004, on a hot and lazy Sunday, I was informed that a young woman at the other side of Asung¹ had miscarried. I had already spent three months in this Eastern Cameroonian village, but had never witnessed an immediate instance of loss; so far, my anthropological explorations had consisted of interviews and hypothetical chats about pregnancy interruptions with the local Gbigbil people. Now, on this sun-drenched day, the news of Celestine’s miscarriage vividly spread through the village and was eagerly told to me as well. I was excited, but at the same time anxious about approaching an unknown woman who had just lost her baby. But my anthropological courage somehow surmounted my own culturally shaped uneasiness to confront bereavement, and I hesitantly approached the compound people had pointed me to. I found a group of women, sheltering from the sun in a thatch-roofed open hut – some combing and braiding each other’s hair, others lying down on the wooden benches, the oldest one preparing a reddish sauce on the smoking fire. The scene was far from exceptional.

After greeting all those present by offering my wrist to their outstretched hands and formally exchanging information on our health, sleep, and well-being of family members, I asked if the woman who had miscarried was here. I was surprised to see one of the young women sitting opposite me indicate that it was she. Celestine was a young woman with a round, glimmering face and deep-set, sparkling eyes. She seemed friendly and willing to talk, and immediately invited me to sit with her in her mother’s kitchen, ‘because it is so hot out here and the smoke of the fire might irritate your eyes’. Maybe she felt my discomfort in speaking of her miscarriage in public. Perhaps it reflected her own uneasiness with the situation.

Alone with me in the kitchen, Celestine offered me a leaf-wrapped cassava stick. As she nibbled on her own stick, she began to talk about her experience. Sadly, but with a trace of pride in her story, she told me how she had suffered the pain all alone, how she had secluded herself behind the huts, and how she had panicked when she suddenly saw a little arm sticking out of her vagina. With the help of a neighbouring mama, the five month old foetus had finally been expelled and quickly buried.² The decomposed corpse of the little baby boy had been a horrible sight. ‘Maybe it was the heavy work I have been doing in the fields, and I
also suffer from jaundice in my belly’, she replied when I asked her what could have caused this. Though people had told me that Celestine herself had attempted to abort this pregnancy, I did not dare to pose further questions. Instead, I gave her a notebook and proposed that she keep a diary. I hoped it would enable her to write down whatever she wanted to share with me, in her own words, in her own time, and at her own pace.

The diary turned out to be a fiasco. Not used to writing in French, and unfamiliar with assumptions regarding privacy and inner feelings as well as the daily routine of diary-keeping, Celestine ended up writing a sort of explanatory report – full of cultural norms and general knowledge, but bereft of personal feelings, reflections, and experiences. Far more insightful were the many lengthy conversations we had while preparing food or going to the fields together in the months after our initial acquaintance. Celestine shared her worries about her boyfriend, who did not seem willing to assume his responsibilities towards her and her family. She repeatedly indicated that she was suffering with him. She even admitted that soon after she detected her missed period, she had attempted to get rid of the pregnancy, but had been warned by a friend that this could kill her. Celestine had finally decided to keep the pregnancy; after all, her previous baby had also died and she wanted her only daughter to have at least one little brother. She constantly insisted that the miscarriage had not been her fault, but was due to the illness in her belly that she was now desperately trying to cure. She showed me the leaves and bark that older women in the village had given her to ‘wash her stomach’. When I left the village two months later, Celestine was still under treatment. Having become one of my best friends over this short period, she cried when I hugged her goodbye. With tears in her eyes, she gave me one of her self-made bracelets and said, ‘Erica, there are so many things that I still want to tell you. But will you still find me here when you come back? Please take this as a souvenir from me’. It is as if she felt we would never see each other again.

One year later, back in the Netherlands, I received a phone call from an informant announcing that my friend Celestine had died. The illness in her belly had persisted and had made her thin and weak. She had gone to her grandmother to seek another treatment, but now the news had arrived in the village that she had passed away. I was sad and confused. But when I called my informant one month later and inquired about Celestine’s burial, she told me that the news of Celestine’s death had been a false rumour; my friend was now back in the village, but was still ill and suffering. The disapproval that I detected in her voice suggested that the stories of Celestine’s attempts to induce abortion were still circulating, and had made outsiders critical of her suffering.
Expecting to meet my friend when I returned for another round of fieldwork in 2007, I was disappointed to hear that Celestine had died. Her story was recounted many times by women who emphasized the risk of dying after induced abortion. Celestine’s elder sister Sophie, who became one of my closest informants at this time, nevertheless denied all accusations of abortion and told me her beloved sister had fallen victim to witchcraft. She related how a family dispute had induced witches to fill Celestine’s womb with mystical water, how the two sisters had secretly visited several indigenous healers together, and how all the marabouts had told Celestine that it was already too late and that she would eventually die.3 In a bitter and sad tone, Sophie declared, ‘If she had attempted to abort this pregnancy, the child would have come out immediately, not after five months, totally black and rotten. This was obviously the work of witches and not of Celestine!’

Celestine was never able to tell me her whole story. But the rumours swirling around her revealed to me the complex interactions between women’s reproductive fears and desires, between norms and practices, between suffering and agency, and between different discourses and decisions that surround reproductive interruption. They gave me an idea of what must have been at stake for Celestine, and for Gbigbil women more generally. This thesis is the result of an anthropological exploration of these complexities; it aims to shed light on the experiences, ambitions, and decisions that surround reproductive interruptions in the East of Cameroon.

I dedicate this dissertation to Celestine and to all women who suffer, or even die, from reproductive interruptions in settings where their experiences are frowned upon. Although some of their stories remain untold – hidden in secrecy and ambiguity, or even tragically silenced by death – this thesis explores the stories of my informants and friends in Cameroon who were able and willing to express their ideas about motherhood, interrupted fertility, and what was reproductively at stake for them. Stories of wanted and wasted pregnancies. Stories of social tensions and solitary tactics.4 Stories of reproductive pathways and projects. Stories of ambiguous antenatal ambitions.

≈≈