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Ambiguous ambitions: on pathways, projects, and pregnancy interruptions in Cameroon

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INTRODUCTION

Initially, Celestine's pregnancy interruption seemed quite exceptional. Never before had I heard so many people comment so openly on a case of interrupted fertility. Yet this one was publicly discussed, interpreted, and judged by Gbigbil men and women alike in this Eastern Cameroonian village. I wondered whether it was the late gestational phase when Celestine had lost her foetus or the horrible sight of the decomposed baby boy that had shocked people; whether her previous loss of a baby had made the event circumspect and subject to gossip; or whether her initial admission of wishing to abort had led to this upheaval. Maybe all of these had violated expectations to such an extent that villagers felt they could transgress the norm of maintaining silence over reproductive interruption. Cases of interrupted fertility, I was assured, normally remained hidden and unspoken of. Especially during pregnancy and in the company of pregnant women, people were not to talk about such cases – not even when it concerned distant others. To prevent further misfortune, women who had just lost their pregnancies were strongly advised not to think or publicly talk about it.

Yet silence on any given issue does not render it meaningless; on the contrary, silence often signals that something crucial is at stake. As Barth (1975) wrote decades ago, secrecy endows the hidden subject with enhanced emotion and value, where knowing more can be dangerous or painful – something that Celestine's story attests to.[1] The gossip and multiple recountings that spread around the village once her experience became public demonstrates that interrupted fertility violates norms, disrupts expectations, and makes explicit – for women, for their environments, as well as for the researcher – secret stakes and contestations around reproduction. If these instances and stories should normally remain covered by silence and norms, over time I discovered they were multiple in the field.

Pregnancy loss is a common phenomenon worldwide. Though rates of interruption vary by locale, it is estimated that at least fifteen percent of all clinically recognized pregnancies end in miscarriage, and that approximately one in fifty foetuses are stillborn (Rai & Regan, 2006; Regan & Rai, 2000; World Health Organization, 2007b).[2] There is widespread agreement that the chances of miscarriage increase with age and that experiencing one interruption of pregnancy increases the risk of subsequent losses (Brigham, Conlon, & Farquharson, 1999; Clifford, Rai, & Regan, 1997). Furthermore, women in all times and places have, for any number of reasons, felt the need to terminate their pregnancies. Over a life course that may include multiple pregnancies, women are

very likely to experience some form of interruption at least once. Celestine and many of her neighbours, friends, and family members in Asung could readily identify with this; sixty percent of the 240 women who had ever been pregnant and who participated in my 2007 demographic survey reported at least one 'wasted pregnancy' in their lives.[3]

The current introduction reviews how reproductive interruptions – and the surrounding silence or stories – have been approached within anthropological debates on fertility and reproduction. It traces the underlying assumptions of past and current ethnographies and critically examines how three simplifying dichotomies have informed many of these studies. Against this background, I outline the central approach of this dissertation, which aims to make sense of the complex experiences and ambiguous ambitions of Celestine and many other Gbigbil women in the East Province of Cameroon.

Reconsidering reproduction

My discoveries in the field somehow seemed to run parallel to the historical development of anthropological insights on human reproduction. Just as my initial encounter with the silence and normative accounts that blanketed reproductive interruption grew into an exploration of complex, contested, and multi-layered events and stories, anthropology has witnessed a comparable 'opening up' of the field of human reproduction. The centrality of sexuality and fertility in the daily lives of people notwithstanding, early anthropological studies paid scant attention to reproductive matters. If analysed at all, reproduction was conceived of in abstract terms with an emphasis on its outcomes; interest focused on the reproduction of economic relations, kinship groups, relations of political dominance, or society itself (Hann, 2008). Human reproduction – the conceiving and bearing of children – remained out of sight or only marginally and normatively described, perhaps because of its perceived biological universality or its association with the female realm.[4]

It was only with the influence of second wave feminism in the 1970s, as well as the appearance of Brigitte Jordan's *Birth in Four Cultures: A Cross-cultural Investigation of Childbirth in Yucatan, Holland, Sweden, and the United States* (1978), that anthropologists became interested in the minutiae of childbirth and its social and cultural dimensions. It resulted in the emergence of a new field – 'the anthropology of birth' – in the 1980s, focusing on the cultural organization and variability of childbirth and postpartum practices around the world (Kay, 1982; Laderman, 1987; MacCormack, 1982; Sargent, 1989).

While the resulting ethnographic descriptions of birthing cultures addressed reproductive interruptions, they did so only indirectly. Detailed investigations of existing taboos, prohibitions, and precautions taken during pregnancy to ensure safe and successful deliveries shed light on local perceptions of pre- and perinatal dangers and risks. There was also growing interest in the local varieties of fertility regulation and the diversity of motivations for birth control.[5] Topics ranging from breastfeeding and child

spacing methods to local abortifacients, contraceptives, and sterilization techniques were elaborately documented and compared cross-culturally (Newman, 1985). Although these studies filled gaps in our knowledge about the practices and meanings of reproduction – rather than merely its outcomes – descriptions remained mostly normative. Most ethnographies created a coherent account of a birthing *system* in which beliefs and practices were considered to be reflections of underlying cultural patterns – with the holistic concept of 'culture' disregarding variations, contestations, or multi-level power differences (Van Hollen, 1994).

Normative accounts of fertility desires and practices also exist for the East of Cameroon, where Celestine and I met. Descriptions abound on the value of fertility within local patrilineal kinship systems, the symbolic imagery surrounding reproduction, and the rituals and traditions that exist to ensure a large number of offspring (Copet-Rougier, 1985; de Thé, 1970; Héritier, 1984; Laburthe-Tolra, 1985; Vincent, 1976). Especially in the East Province, men and women alike – for both economic and ideological reasons – are described as being in a permanent quest for children (Wakam, 1994). The considerable sexual liberty granted to girls and women in the East of Cameroon is further seen as leading to abundant childbearing in and out of wedlock, and has been contrasted with, for example, the Bamiléké people in the West of Cameroon who are seen as much more calculating regarding both economic and reproductive matters (Feldman-Savelsberg, 1999; Yana, 1994, 1995).

This picture of uniform fertility desires has been reinforced by a whole body of literature focusing on *infertility* in the region. From the late nineteenth century onwards, many studies have investigated the reasons for, and the consequences of, the low birth rates and high levels of childlessness that seemed to plague the East of Cameroon – as well as surrounding regions in the so-called 'infertility belt' of Central Africa.[6] Explanations were sought in local sexual practices, endemic and venereal infectious diseases, hygiene standards, and dietary habits (Cates, Farley, & Rowe, 1985; David & Voas, 1981; Ericksen & Brunette, 1996; Frank, 1983; Larsen, 1995; Nasah, 1978; Retel-Laurentin, 1974; Romaniuk, 1961, 1967, 1968). The consequences for infertile and sub-fertile women in the region were depicted as dire: given the ideological value placed on fertility, they would suffer physical vulnerability, material deprivation, and social stigma.[7] Taken together, these studies have presented a rather homogeneous picture of Cameroonian women and their intentions regarding fertility. Controversial stories like Celestine's do not appear in these accounts. What they would mention regarding a case like hers is the cultural ideal to maintain silence around reproductive interruption or some locally appropriate means to prevent or heal her misfortune in this uniformly pronatalist region – exactly what was told to me at the beginning of my fieldwork.

My subsequent surprise in encountering numerous incidents of reproductive interruption – enshrouded in stories that only seemed to increase in complexity as my insight into the subtleties of local interpersonal relations developed – could then be

considered analogous to the paradigmatic shift in anthropological theory that took place in the 1990s. Influenced by Foucault, feminism, and an emerging global reproductive health discourse that highlighted reproductive rights, choice, and decision-making, anthropologists in the 1990s began paying greater attention to reproductive discourses, politics, and contestations.[8] Van Hollen describes a historical transformation in anthropological theories of childbirth 'from function to authority':

> Whereas earlier anthropological approaches to reproduction tended to focus on how reproductive practices and beliefs *reflected* social and cultural systems, scholars now argue that anthropology can benefit from viewing reproduction itself as a key site for understanding the ways in which people *re*conceptualize and *re*organize the world in which they live (Van Hollen, 2003, p. 5, emphasis in original).

A whole body of literature has since 'situated' the politics of reproduction, focusing on women's reproductive agency within the conflicting forces and (global) power stratifications of daily life (Ginsburg & Rapp, 1995; Greenhalgh, 1995). In contrast to former normative accounts of fertility, the anthropological gaze now turned towards the marginalized – to people who do *not* attain normative standards – and to counter-hegemonic practices and beliefs in Western and non-Western settings alike. The subject matter also became much more diverse, with ethnographies addressing the micro- and macro-politics of infertility and assisted reproductive technologies (ARTs), contraception and abortion, adoption and cultural ideals of family and parenthood, population policies and social movements, medical constructions and authoritative knowledge, and their relationships with kinship, gender, marriage, and religion (G. Becker, 1994; Ginsburg & Rapp, 1991, 1995; Greenhalgh, 1995; Inhorn & Birenbaum-Carmeli, 2008; Levine, 2008).[9]

Another result of the growing attention to previously marginalized voices and topics was a new focus on involuntary reproductive interruptions. Reacting against medical, demographic, and psychoanalytic treatments of miscarriage and stillbirth, medical anthropologists turned to subjective experiences of loss in different cultural settings (Reinharz, 1988). Rosanne Cecil's edited volume *The Anthropology of Pregnancy Loss* (1996) was a promising start. Cecil argued that pregnancy loss touches upon questions of life, death, humanity, and personhood. As the meanings of these matters vary both over time and across cultures, she called for further comparative research on reproductive mishaps. A number of ethnographers answered this call by investigating the cultural constructions, meanings, and politics around pregnancy interruptions in different parts of the world (see, for instance, the work of Erviti et al. (2004) in Mexico, Jeffery & Jeffery (1996) in India, Njikam Savage (1996) in Cameroon, Layne (2003) and Letherby (1993) in the United States, Littlewood (1999) in the United Kingdom, Rice (2000) among Hmong women in Australia, Sobo (1996) in Jamaica, and Wembah-Rashid in Tanzania (1996)). This attention to reproductive loss uncovered many untouched themes and unheard voices, providing 'a powerful lens (…) for illuminating many other important dimensions of contemporary culture' (Layne, 2003, p. 26). Likewise, once I dug beneath

the silence and normative accounts around reproductive interruptions in my field, there appeared many – often contradictory – voices to be listened to.

Although this dissertation builds upon this recent work on the contexts and politics of reproduction, my findings depart from the extant literature in significant ways. By listening to women and considering their specific norms, discourses, experiences, decisions, and ambitions, the current study suggests that certain dichotomies that dominate the existing literature do not hold for my informants in Cameroon, and probably for many women elsewhere. The following sections discuss three dichotomies that have informed much of the work on pregnancy interruptions – by anthropologists and non-anthropologists alike – but which were questioned or contradicted by the stories of my Cameroonian informants. I will then propose an approach to study reproductive interruptions that eschews these simplifying dichotomies and allows making sense of both the ambiguous particularities and the wider patterns that underlie reproductive experiences.

Miscarriage versus stillbirth

Thinking and theorizing about pregnancy, childbirth, and reproductive interruptions often employ linear time-frames. Dominant biomedical notions trace the development of a fertilized ovum into an embryo, and then into a foetus that is believed to be viable at a specific gestational age. Pregnancies are thus conceptualized as processes evolving over time, expressible in days, weeks, months, and trimesters.[10] This mechanical, time-based notion of the creation and viability of the conceptus dominates biomedical definitions of different forms of pregnancy interruption as well. A miscarriage entails the expulsion of an embryo or developing foetus believed to be unviable, while the loss of a foetus that would have been able to live outside the womb but dies *in utero* or immediately following delivery is a stillbirth. When exactly a foetus is considered viable (and thus when a miscarriage turns into a stillbirth in case of its loss) is understood in terms of gestational time. Most countries have legally established this moment somewhere between 20 and 28 weeks of gestation. Stillbirths during 'late' pregnancy – the exact starting point of which differs between countries – constitute, together with deaths at birth or in the first week afterwards, perinatal deaths. Even if these different definitions lack universally acknowledged demarcations, what holds true for all of them is the persistent effort to distinguish between (more or less mutually exclusive) categories of pregnancy loss on the basis of fixed temporal divisions. Definitions of loss *after* birth are not less time-based: neonatal, infant, and child deaths concern the death of live-born babies within the first twenty-eight days, one year, or five years of life respectively.

Social scientists often take these time-based divisions for granted. Many anthropological studies on reproductive interruptions distinguish between miscarriage, stillbirth, neonatal, and infant death on the basis of such biomedical definitions. Some limit their focus to one of these categories to provide an in-depth study of loss at a

specific gestational phase (Bansen & Stevens, 1992; Gerber-Epstein, Leichtentritt, & Benyamini, 2009; Letherby, 1993; Rice, 2000). Other studies, acknowledging that the meanings and (social or emotional) effects of early and late pregnancy interruptions might not be as different as the separate classifications suggest, consider them together (Cecil, 1996; Haws et al., 2010; Jones, 2001; Layne, 2003; Lovell, 1983). For example, Njikam Savage (1996), who writes about pregnancy loss in West Cameroon, shows how all forms of interrupted fertility are surrounded by similar aetiological notions, risk prevention strategies, and mourning conventions. This and other studies show the irrelevance of artificial distinctions between comparable reproductive events. However, they discard these separate classifications on the basis of their *comparability* in content or consequence, not because they question the underlying *rationale* behind the distinctions. Indeed, the rhetoric of the comparability of 'early' and 'late' pregnancy losses maintains the separate terms and the inherent conception of a linear gestational process that can be differentiated into successive temporal phases.

In her groundbreaking *Contingent Lives: Fertility, Time, and Aging in West Africa,* Caroline Bledsoe (2002) argues against this chronological common sense. Her work, in emphasizing the contingency and indeterminacy of vital events, echoes the recent body of literature critical of the fixed life-cycle model consisting of coherent successive life stages (Caroline Bledsoe, Lerner, & Guyer, 2000; Featherstone & Hepworth, 1991; Johnson-Hanks, 2002b; Lock, 1993b). Bledsoe argues that the framing of time as natural – the so-called 'bodily clock' – has not only been applied to ageing, but to reproductive capacity as well; both demography and anthropology take for granted a relationship between nature, time, and reproductive potential that considers 'the female capacity to reproduce as a chronologically based bodily potential' (2002, p. 55). By deconstructing the idea that linear time is the essence of fertility, she also questions the biomedical time-based distinction between miscarriages and stillbirths. She points out that in other cultural contexts, different forms of pregnancy loss can be distinguished on the basis of other criteria. Her research in the Gambia shows how local interpretations of pregnancy interruption are contingent on the 'physical toll' a woman's reproductive trajectory has already taken. Consequently, experiences of loss are ordered on the basis of notions of physical strength, damage, and rest – rather than time.

That the distinctions between miscarriage and stillbirth, and between stillbirth and infant death, might also be blurred in Cameroon was already suggested by Ardener (1962) when he found that the Bakweri people in West Cameroon distinguish between births that are considered as 'abortive' failures and those that produce, at least temporarily, a breathing infant. In the East Province of the country, however, even this distinction does not always seem to hold. My survey questions – which inquired about 'number of wasted pregnancies' (*grossesses gâtées*) and then 'number of infant and child deaths' – more than once created confusion as women already included babies that had died within the first few months of life under the first heading. Indeed, women would often use the term

'*fausse-couche*' (miscarriage) to denote events ranging from the reappearance of a late period to the death of a newborn baby (see Chapter 3). Happenings like these raise the question of how East Cameroonian women locally define and demarcate various instances of interrupted fertility, and if and how these relate to time-based models – especially since it has been argued that the appropriate timing of reproduction is a major preoccupation of women in the region (Johnson-Hanks, 2002a, 2002c, 2006).

In this dissertation, 'reproductive interruptions' refer to all possible forms of loss that women might encounter and distinguish – not only miscarriages, stillbirths, perinatal and neonatal deaths, but also fertility regulation practices and induced abortions.[11] I do not categorize events according to externally imposed notions of gestational time; instead, I try to integrate an amalgam of reproductive happenings, experiences, and meanings that all touch on women's interrupted fertility. I prefer to speak of 'interruptions' rather than 'loss' or 'disruptions' as the latter carry mainly negative connotations and presuppose abnormality or eventfulness (Grotevant, 2007, p. 123). Loss, like disruption, is always considered eventful in the sense that it occurs when familiar forms and patterns of life are disrupted in ways that threaten continuity of meaning (Marris, 1974). However, as Bledsoe & Scherrer (2007, p. 48) and Jenkins & Inhorn (2003, p. 1832) point out, this sense of disruption depends on people's understanding of what is natural, normal, or expected – conceptions that vary over time and situations. Reproductive interruptions may at certain moments or in certain situations be considered more or less a disruption, more or less a loss, more or less a pathology[12], and more or less an *event*. Not all cases of interruption are as disruptive as Celestine's; others are less unexpected, less meaningful, more part of daily routine or insecurity, and more easily downplayed as a *non-event*.

This study examines both events and non-events; it explores the conditions for their conceptualization as such, as well as their dynamic interrelationships. Reproductive loss is thus reconceptualized – transformed from a clearly demarcated and fragmented biological event into a socially constructed and contingent process. It will furthermore be given local meanings – meanings that are acknowledged to change over time, vary in degree, and be situationally dependent. This approach does not only transcend the dichotomy between miscarriages and stillbirths, but it also leaves aside the question of whether or not the interruption was induced – a second dichotomy that prevails in existing studies and reproductive health discourses, often with important moral implications.

Unintended versus intended interruptions

As recounted above, a paradigmatic shift within the social sciences in the early 1990s made anthropologists more aware of and interested in the macro- and micro-politics of reproduction. Reproductive interruptions (re)appeared on the research agenda in two ways. On the one hand, anthropologists tried to give voice to women who unwillingly fail

to attain reproductive norms and goals, such as those who experience infertility or spontaneous fertility interruptions. These studies aimed to break the silence, taboos, and stigma surrounding reproductive mishaps. On the other hand, a huge body of work focused on the rights, decision-making processes, social movements, and other controversies surrounding induced abortion – reproductive interruptions that were intentionally enacted. Split by the question of 'intentionality', these two literatures addressed, it seemed, two different reproductive domains. This resulted in numerous in-depth examinations of *either* unintended *or* intended reproductive interruptions in different socio-cultural contexts – with studies on induced abortion (see, for instance, Calvès, 2002, 2004; Guttmacher Institute, 2003; Koster, 2003; Renne, 1996, 2006; S. Schuster, 2005; Sylvie Schuster, 2010; Svanemyr & Sundby, 2007) far outnumbering the few publications that focused on spontaneous pregnancy interruptions (see, for instance, Bansen & Stevens, 1992; Caroline Bledsoe, Banja, & Hill, 1998; Cecil, 1996; Feldman-Savelsberg, Ndonko, & Yang, 2006; Jeffery & Jeffery, 1996; Layne, 1997, 2003, 2006; Letherby, 1993; Littlewood, 1999). Studies that examined the interrelationships between the two were few and far between (see for exceptions Chapman, 2003; Koster, 2010; Renne, 2003).

This dichotomy around intentionality suffuses international reproductive health debates as well.[13] Since the 1994 International Conference on Population and Development (ICPD), where previous demographic methodologies and attempts at population management became heavily criticized, two intertwined discourses emerged that shed new light on reproduction in Africa and elsewhere. First, the core concepts of sexual and reproductive health were developed and situated in a framework of rights, liberty, autonomy, and choice. Reproductive health was defined to encompass 'the capability to reproduce and the freedom to decide if, when and how often to do so' (*Program of Action,* paragraph 7.2).[14] Second, attention focused on the improvement of maternal and child health and the reduction of maternal and child mortality. These goals were adopted by international programs such as the 'Safe Motherhood Initiative' (1987) and the 'Making Pregnancy Safer Initiative' (2000), as well as by the Millennium Development Goals agreed to by 189 countries in 2000. Both global agendas allowed for a more diverse and realistic view of people's reproductive experiences; next to high fertility rates, impediments such as infertility and pregnancy interruptions now entered the discussion.

The international acknowledgment of reproductive interruptions led to the promotion of post-abortion care (PAC) as a public health strategy from 1993 onwards.[15] In principle, PAC was meant to cover *all* forms of pregnancy interruption, with emergency treatment for complications resulting from both spontaneous and unsafely induced abortions. The complications are, after all, similar – irrespective of how the interruptions are provoked. Nevertheless, with the predominant focus on (the right to) safe induced abortions and/or the treatment of complications arising from 'unsafe abortions',[16] most

of the attention has been directed towards *induced* interruptions. The PAC model explicitly mentions *spontaneous* pregnancy interruptions only in reference to emergency treatment – a focus on physical complications and management procedures that *medicalizes* women's experiences of spontaneous reproductive mishaps. The more elaborate psychosocial elements of care – community participation, counselling, family planning education, and guidance of subsequent reproductive decision-making – tellingly centre on *induced* interruptions (Corbett & Turner, 2003; Curtis, 2007).[17]

Despite claims to treat pregnancy interruptions as a whole, the international health establishment has thus problematized induced abortions much more than spontaneous ones. The bias towards (unsafely) induced interruptions can be traced to several assumptions. First, induced abortions are more frequently life-threatening than spontaneous miscarriages and thus considered more pressing in reducing maternal mortality. Second, spontaneous and induced abortions are associated with so-called 'wanted' and 'unwanted' pregnancies respectively – the latter being considered highly problematic in a discursive context that emphasizes reproductive *choice* and *rights*. Due to these distinctions, personal experiences of interrupted fertility – *if* mentioned in international discussions – become represented through 'hypothetical women' undergoing *either* induced *or* spontaneous abortions – which are presented as two different typical 'cases' (see also Allen, 2002).

Although anthropologists may be only marginally influenced by such public debates, the discipline tends to reproduce the dichotomy of intended and unintended reproductive interruptions.[18] This thesis tries to counter this tendency. I do not deny that induced abortions and spontaneous pregnancy interruptions can bring about very distinct physical and emotional experiences. Indeed, I think that the bias towards induced abortions and contraception in the post-abortion care model and international discussions *does* tend to ignore the potentially different personal experiences and reproductive wishes of women who spontaneously lose their pregnancies. At the same time, I argue that rigid distinctions between predefined categories of 'wanted' and 'unwanted' pregnancies or subsequent 'unintended' and 'intended' interruptions may not reflect women's reproductive experiences, which are often contradictory, blurry, and shifting – during their life courses as well as during the gestation of a single pregnancy (Earle, 2004; Earle & Letherby, 2002, 2007; Frost & Condon, 1996; Jones, 2001; Potter, 1975). We only need to remember Celestine's story to appreciate the point: she initially tried to abort her 'unwanted' pregnancy and then lost her foetus a few months later, after she had decided to bear the child. Was Celestine's interruption intended or unintended?

Some studies dealing with the question of intentionality in childlessness, interrupted pregnancies, and infanticide have, however, given ambiguity its due. Several ethnographies have described how aetiologies of infertility in different cultural settings reveal both 'naturalistic' and 'personalistic' causes (Foster & Anderson, 1978), where the

latter can include the behaviour – unintended or intended – of the infertile woman herself (Gerrits, 1997; Leonard, 2002; Nahar, 2007; Richards, 2002). These studies show how infertility is often surrounded by questions of guilt, blame, and intentionality that cannot be unambiguously answered – not by outsiders and not by the women themselves. Letherby (1999), in discussing the ambivalence of fertility intentions among both 'involuntary' and 'voluntary' childless women in the UK, follows Monach's (1993, p. 5) proposal to see childlessness 'as a continuum, on which there are those clearly at either end', with 'a group in the middle whose position might change over time'. Letherby adds that not only fertility desires and intentions, but also the significance of non-motherhood, changes over a woman's life. Reasons, meanings, and intentions of childlessness – and, by implication, motherhood – are often dynamic and contested.

The blurred boundaries between induced and non-induced pregnancy interruptions have been explored by Renne (2003), who found that although local Hausa terms in Nigeria distinguish between spontaneous and induced abortions, a clear demarcation often becomes untenable in specific situations. This is especially the case when pregnancies are considered 'weak' and in need of abortion; here the intentionality of the interruption becomes difficult to assess. The opposite condition, where pregnancies cease to develop and are 'too strong' to abort – a phenomenon referred to as 'sleeping pregnancies' (*kwantacce*) and examined in more detail by Kleiner-Bossaller (1993) – reveals a similar ambivalence regarding the question of intentionality. *Kwantacce* can be brought about unintentionally when a woman unsuccessfully tries to abort her pregnancy, which then goes 'to sleep' for several years afterwards; it can be consciously pursued by using herbal medicines in case a woman wants to delay her pregnancy; or it can be intentionally faked by a woman who wants to hide her infertility or postpone entrance into 'old' womanhood. In the end, the condition may prove fatal to both women and their foetuses – losses that cannot be unambiguously called 'induced' or 'non-induced'.

Nancy Scheper-Hughes (1992) was one of the first medical anthropologists to question the precise dividing line between intended and unintended interruptions *after* birth. In her groundbreaking *Death Without Weeping: The Violence of Everyday Life in Brazil*, she shows how poverty-induced scarcity in a Brazilian shantytown influences maternal emotions and behaviour. In a context where child deaths are commonplace, she demonstrates how mothers show delayed attachment to infants and discriminate between those who seem strong enough and willing to engage in 'the struggle for life' and the weaker ones who are subjected to 'mortal neglect'. Not only the lives of these doomed children, but also their deaths are met with indifference; women do not cry at their decease but resign themselves to the belief that some babies are 'angel babies' who just want to return to heaven. Although her claim of 'maternal indifference' has provoked contestation and debate (Einarsdóttir, 2000; Guy, 1993; Hrdy, 1999; Linger, 1993; Margolis, 1993), Scheper-Hughes' research has opened the way for a new theoretical

'middle ground' (1992, p. 356) – not only between the complete presence or absence of motherly love, but also between completely intended or unintended fertility interruptions.

With its aim of understanding what is really at stake for women, this study does not *assume* women's reproductive goals, intentions, and ambitions, but *examines* them. It investigates whether, how, and in what contexts women perceive their pregnancies to be wanted or unwanted, and their fertility interruptions to be spontaneous or induced. Its approach also leaves room for experiences that do *not* fit these separate labels and thus transcend rigid dichotomies; it explores what happens when pregnancies are perceived as both wanted and unwanted at the same time, or when this question of desirability is simply not deemed relevant. Likewise, I describe what happens when reproductive interruptions cannot unequivocally be classified as induced or spontaneous, and how this question of accountability can become an issue of constant contestation and negotiation. This dissertation views as a whole reproductive incidents that used to be studied separately; it does so because they are dynamically related to each other – and are sometimes even indistinguishable – in people's daily lives and narratives. In this way, it overcomes another theoretical dichotomy that seems equally artificial when taking women's complex experiences into account: the one between suffering and agency.

Suffering versus agency

Underlying the distinction between intended and unintended pregnancy interruptions is a more general distinction between actions that are purposefully committed and misfortunes that befall women without their asking. This touches upon questions of autonomy and choice as well as restrictions that are imposed by external influences and that lead to suffering. Feminists – who have spearheaded the critical review of both the social sciences and the international debates surrounding reproductive health (Auerbach & Figert, 1995; Green & Thorogood, 1998) – have emphasized both: they have stressed women's subordination and suffering within exploitative institutions and dominant male-centred discourses, as well as their autonomous capacities, which can be used in their liberation from patriarchy.[19] Despite growing recognition that structural constraints and agency are mutually implicated rather than two distinct versions of reality (Bourdieu, 1977; Giddens, 1986), there is a remarkable association of spontaneous pregnancy interruptions with suffering and of induced abortions with autonomy.

Current studies on spontaneous reproductive interruptions approach the event mainly through a framework of loss and, by implication, suffering. Loss in childbearing is almost invariably linked to loss of women's *power* within a wider structural context. Feminists have been especially eager to show how society's dominant 'truth claims' – internalized and normalized by men and women alike – are pervaded by a patriarchal discourse that restricts women's social status to their capacity to reproduce and nurture (Bourdieu, 2001; Chodorow, 1978; Ortner, 1996; Tronto, 1993). Women who experience

problems attaining motherhood thus suffer multiple hardships. Not only do they have to endure *physical* pain; dominant social institutions and patriarchal norms also generate *psychological* distress as well as *social* stigmatization and powerlessness. The subordination of women who fail to produce offspring – and reproduce the social order – due to infertility or sub-fertility is multi-faceted: not only do they feel inferior to men, but also to women who *do* meet the imposed male standards, and derive social power from it. Tellingly, Leonard (2002, p. 104) speaks of these women as a *third gender*, not fitting existing structures and social positions.

This association of reproductive loss with women's suffering is further reflected in the many studies that deal with bereavement after miscarriage and stillbirth (Bansen & Stevens, 1992; Brier, 1999; Conway & Russell, 2000; Cuisinier, Graauw, Kuijpers, Hoogduin, & Minnen, 1992; Frost & Condon, 1996; Jones, 2001; Letherby, 1993; Puddifoot & Johnson, 1997).[20] Whether or not early and late pregnancy interruptions are deemed comparable, all studies show that reproductive mishaps can be followed by intense feelings of grief and sadness – for both men and women. They thereby cast doubt on the possibility of a pregnancy interruption being a 'non-event' (Bourne, 1968), of minor importance in a woman's or couple's daily life. The bereavement that parents feel, however, is critically assessed to have no place in Western societies. Many of these studies therefore focus on the role of religious associations, self-help groups, and biomedical staff in assisting women through this hidden emotional suffering (see Brier, 1999; or Frost & Condon, 1996; Jones, 2001; Layne, 2003, 2006; and for critical reviews of this literature, see C. Lee & Slade, 1996).[21]

Some critical studies have related this *emotional* suffering to another institutionalized 'truth claim' focusing not on the status of the mother but on the status of the foetus. Especially where high-tech antenatal facilities and/or strong religious convictions prevail, pregnancy interruptions can be experienced as the loss of the early *life* of what would have become a baby. Implicitly or explicitly drawing on maternal bonding theories that portray women as emotionally attached to their babies from very early on in their pregnancies (Bowlby, 1980; Klaus & Kennel, 1976), these studies argue that such constructions of foetal life and personhood aggravate distress when the bond is ruptured.[22]

Whether the emphasis is on the loss of motherhood and its status within society, or the loss of foetal life, what emerges is a picture of reproductively failed women as passive sufferers, as victims of fate. The limited power that *is* granted to them is defined in terms of 'coping' – more emotion than problem-oriented in cases of miscarriage and stillbirth.[23] Women can try to ease their physical suffering, come to terms with their loss emotionally, or try to escape from the influence of social norms that heighten their suffering. But since women are 'overcome' by the event and 'over-ruled' by its attendant truth claims, they can do little to reframe their problems which 'have their origins and

consequences in the devastating injuries that social force can inflict on human experience' (Kleinman, Das, & Lock, 1997, p. ix).

In contrast, cases where women rid themselves of 'unwanted' pregnancies have been celebrated by many feminists and others as the ultimate freedom of choice. In this view, abortions are manifestations of women's control over their own bodies and lives, and of their ability to decide *not* to adhere to imposed norms, but to focus on their own well-being and individual life goals instead (Fischer, 2003; Hanigsberg, 1995; Hewson, 2001; E. Jackson, 2000; Thomson, 1971).[24] This celebration of abortion as autonomous choice – as well as the 'empowerment' promoted to enable women to make such decisions – resonates with a larger rational choice discourse within current international health debates, and with a focus on politics and power struggles within the social sciences.

Understanding abortions in terms of autonomy and rational choice leads to at least three misrepresentations of reproductive decision-making. First, the individualist underpinnings of this interpretation tend to ignore the mutual implication of women's reproductive agency with social others and structural factors. The discourse focuses on women as *individual* agents who (have rights to) make rational, free, and informed decisions regarding the number of children they want, or their unwanted pregnancies. It overlooks other social relations – and their power dynamics – often implicated in reproductive decision-making (see for similar critiques Brand, 2001; Ortner, 2006; Watkins, 1993).

Second, it posits that fertility can and should be rationally calculated and controlled – whether in terms of an envisaged 'ideal family size' at the outset of a woman's fertility career or through assessments of the 'desire for another child' at each pregnancy (Bulatao & Fawcett, 1983). This rather economic projection is highly problematic in the field of sexuality and reproduction; sexual activities are often spontaneous, reproductive outcomes unanticipated or uncertain, and reproductive desires contested, multiple, and changing. In the face of an inherently uncertain gestational process, reproductive agency and manipulation are always somehow limited.

Finally, a third shortcoming of the focus on autonomy is its tendency to only consider explicit, crucial moments of decision-making. Agency is at play in many gradations and in many situations over the whole life course – even where no explicit decisions are made, where women seem to comply with dominant structures, or where they dismiss the situation at hand as a 'non-event'. Ortner (2006, p. 145) thus speaks of an agency of 'projects'. Projects are culturally constituted desires and goals infusing life with meaning and purpose. They may be overt and inspire explicit manifestations of power and decision-making, but may equally be covert and less explicitly manifested – inspiring, for instance, seemingly 'passive' endurance or subtle manipulation. In the field of sexuality and reproduction, behaviour is often based on covert projects as much as on

overt ones; focusing solely on explicit manifestations of decision-making leaves out many other ways in which reproductive agency can be practiced.

A rigid distinction between spontaneous and induced interruptions in terms of suffering and agency inevitably leaves out the many subtleties, variations, and mutual implications of different forms of interrupted fertility. Thus the question is not whether one form of interruption can be more or less related to autonomous agency or structural constraints – a question that focuses on the *amount* of control and constraint. Instead, I find it more valuable to think in terms of the *kinds* of agency people display within specific social settings and the *kinds* of obstacles they encounter in directing their sexual and reproductive lives – and how the two relate to each other at different moments in life and in different instances of reproductive interruption (see also Paxson, 2004). Of critical importance here is how people *themselves* enact, talk about, and give meaning to different forms of agency and suffering. Just as I propose the all-encompassing concept of 'interrupted fertility' to transcend the boundaries between miscarriage and stillbirth, and intended and unintended interruptions, I cast a wide net to capture the broad range of fertility behaviour, thereby allowing for space between 'active' and 'passive' concepts of reproductive decision-making (Carter, 1995).

Here I draw on a few anthropological studies that have explored the dialectic between women's passivity and agency in Cameroon – though not explicitly with reference to reproductive interruptions. These studies refine earlier functionalist views that had described Cameroonian women as subordinate to men. Especially with regard to the Centre, South, and East Provinces of the country, descriptions of social structures and kinship systems have stressed the importance of 'wealth in people', where men's power and prestige is based on their ability to mobilize followers through marriage alliances and relations of patronage (Johnson-Hanks, 2006; Vincent, 2001; Yana, 1994). Women in these settings have often been described as objects to be acquired, exchanged, and fertilized by prestige-seeking older men; commanded by their husbands and in-laws, reproduction was out of their control (Yana, 1994). In his edited volume *Femmes du Cameroun: mères pacifiques, femmes rebelles* (1985), Jean-Claude Barbier counter-poses this view of 'the oppressed African woman' with the complexity and diversity of women's multiple social roles. Case studies from many localities in Cameroon indeed show how these roles imply different social functions, political and ritual powers, and possibilities for strategic behaviour, autonomy, individuality, and independence.

In addition, several accounts of female sexual militancy in Cameroon show that reproduction and sexuality are arenas where women *do* manifest different kinds of agency. Ardener (1973) describes women's rebellious use of obscenity in West Cameroon in cases where they feel insulted as a sexual group by collectively exposing their buttocks or genitals in rituals called *titi ikoli, ndong,* and *anlu*. She sees these actions as public demands for respect of women's sexual identities – what she calls their 'femineity'. It is womanhood itself that is considered and enacted as inherently valuable and exclusive – a

point also made by Copet-Rouger (1985) for the Mkako in East Cameroon. These underlying feelings of female pride and revolt can become intense and highly politicized (Nkwi, 1985; Van Allen, 1972). A comparable provocative ritual undertaken by Maka mothers-in-law in the East of Cameroon is interpreted by Geschiere (1985) in terms of the ambivalence and tensions inherent in their position as strangers in their husband's patrilineage. Somewhat less provocatively, but no less assertively, polygynous Mkako women in the same province have been described to actively engage in informal polyandry – a practice which challenges the dominant view of women's sexual subordination (Notermans, 1999). These studies all show how women assert themselves – as mothers, wives, co-wives, sisters, sexual beings, or strangers – within male-dominated settings. Women are thus more than passive bearers of patriarchal norms, though their struggles and tactics must be situated within these ideological surroundings.

Whereas scholars have placed caveats around the image of the powerless, suffering Cameroonian woman, the same has been done for too-autonomous views of reproductive strategies in the country. Recent studies of induced abortions in Cameroon have shown that women's motivations and practices can only be understood when placed within their local social contexts (Calvès, 2002, 2004; Feldman-Savelsberg, Schuster, & Ndonko, 2008; Guttmacher Institute, 2003; Johnson-Hanks, 2002a; Schuster, 2005). Often cited reasons for abortions include economic hardships, marital problems, relational instability, or peer pressure – indicating that reproductive decisions are often far from autonomous or individually taken.

These studies also show how women's reproductive agency is not only related to *structure,* but also to *suffering*. Many accounts relate how unsafe abortion practices are often followed by secondary infertility or death (Koster, 2003; Larsen, 1995; Okonufua, 1994; Renne, 1996, 2006; Schuster, 2005; Svanemyr & Sundby, 2007). My informants in East Cameroon also constantly integrated ideas of suffering and agency, but did so in more inventive and encompassing ways. Indeed, it is the often-heard complaint '*je souffre*' ('I'm suffering', in physical, but also in economic or relational terms) that women like Celestine almost paradoxically invoke when accounting for their reproductive agency – something I will call 'the paradox of powerless portrayals'. By paying attention to such meanings and combinations of 'agency' and 'suffering' at different moments of interrupted fertility in the lives of Cameroonian women, I aim not only to overcome rigid dichotomies, but also to prioritize women's *lived experience* of reproductive interruptions – which Gammeltoft (2006) and Koster (2003) have called for as well. With this aim in mind, I now turn to the central approach of this dissertation.

'Situating' reproductive interruptions

> *…the particulars suggest that others live as we perceive ourselves living – not as automatons programmed according to 'cultural' rules or acting out social roles, but as people going through life wondering what they should do, making mistakes, being opinionated, vacillating, trying to make themselves look good, enduring tragic personal losses, enjoying others, and finding moments of laughter. It is hard for the language of generalization to convey these sorts of experiences and activities* (Abu-Lughod, 1993, p. 27).

As recounted above, discussions about fertility issues have been pervaded by abstract dichotomies that do scant justice to reality. Experiences of interrupted fertility are diverse and complex, interwoven with different domains of social life, and interpreted through different discourses and systems of meaning. To capture the real life ambivalence and ambiguity of reproductive interruptions, I propose framing them as *vital conjunctures* – a concept developed by Johnson-Hanks (2006) in her study of motherhood among the Beti in Southern Cameroon, where she examines how young women who aspire to good education and financial security experience uncertain, ambiguous, and seemingly contradictory desires and hopes in the face of unexpected pregnancy. Building on Bourdieu's practice theory, the concept of vital conjunctures – which Johnson-Hanks defines as 'socially structured zones of possibility that emerge around specific periods of potential transformation in a life or lives' (2006, p. 22) – captures the structures, constraints, and possibilities that Cameroonian women encounter at possible turning points in their lives. First pregnancy and entry into motherhood are good examples of vital conjunctures; they are characterized by extreme uncertainty, potential for the radical transformation of life trajectories or previous pathways, and new orientations to the future. Johnson-Hanks calls the possible future scenarios that people imagine in such 'critical durations of uncertainty and potentiality' (ibid., p. 22) *horizons*. These horizons are socially constructed and can become expectations and aspirations that underlie and motivate social action, influencing the choices people make and the possibilities they seize. Thus allowing examination of both the specific options and the general patterns of decision-making that appear within these 'socially structured zones of possibilities', vital conjunctures are 'manifestations at once of recurring systemacity and of unique possibility and future-orientation' (ibid., p. 24).

This duality of systemacity and uniqueness makes the concept of vital conjunctures particularly suited to the study of reproductive interruptions – where the prefix *vital* is even more salient since the life and death of both mother and foetus are often critically at stake.[25] First, *all* forms of interrupted fertility can be systematically considered vital conjunctures in that they potentially distort old patterns of meaning and require new orientations towards the future. In Johnson-Hanks' terms, they entail 'specific periods of potential transformation' (2006, p. 22). *Potential* here means that not every interruption necessarily generates major transformations. Some interruptions do; others don't. Some become disruptive events; others are downplayed as non-events. But

irrespective of the degree of disruption experienced, *all* cases of interrupted fertility involve women (re)considering their previous pathways and their current stakes and ambitions (or, in Ortner's words, their 'projects') in the face of different horizons into the future. The concept of the vital conjuncture sheds light on the social mechanisms of decision-making and meaning-generation that precede, form, and follow these interruptions – irrespective of the particularities of the event. The breadth of the concept thus bridges the dichotomy of miscarriage and stillbirth as well as that of intended and unintended interruptions.

Second, the concept of vital conjunctures allows investigation of the *particularities* that constitute women's experiences of interrupted fertility. This 'unique possibility' is comprised of the particular situation a woman finds herself in when facing a reproductive interruption as well as the specific combination of horizons and constraints this situation presents. Among the large number of possible 'paths' that a vital conjuncture presents, only a small number are more or less *likely* to be followed. Which steps are finally taken depends upon many specific conditions and is highly *contingent*. By focusing on the contingencies that inform vital conjunctures around reproductive interruption in the East of Cameroon, the current study 'situates' (Greenhalgh, 1995) reproductive decisions within their specific contexts; it thus aims to overcome the dichotomy between structure and agency.

Given the interrelation between a woman's actions or choices and the surrounding contingencies, it follows that each vital conjuncture is in some way unique. Each new situation offers other horizons, relational advantages or disadvantages, perspectives on previous pathways, and possibilities to manage or adjust one's 'projects' for the future. Not only do specific local and relational contexts change over time; wider ongoing transformations – such as developments in medical technologies, state policies, and global economic trends – also affect the possibilities and constraints women face. For the specific context of Cameroon, Johnson-Hanks (2005) argues that both these micro- and macro-surroundings have become highly unpredictable. People's constant mentioning of '*la crise économique*' and '*la crise morale*' shows how their experiential uncertainty pervades all domains of life. Johnson-Hanks argues that in these circumstances, effective social action cannot be based on the fulfilment of prior intentions, but is rather accomplished through what she calls *judicious opportunism*:

> While my interlocutors are explicit about their withdrawal from prior intentions (…) they nonetheless engage in effective action in the moment, recognizing and seizing opportunities as they come. The challenge is not to formulate a plan and implement it regardless of what comes but to adapt to the moment, to be calm and supple, recognizing the difference between a promising and an unpromising offer. I call this alternative to rational choice "judicious opportunism" and suggest that it is widespread in social action, both in sub-Saharan Africa and in the rich West, whenever the social structures that enable and enforce rational choice are absent or weak (2005, p. 370).

Instead of having clear trajectories in mind, people often take promising chances – informed by the multiple horizons, relational advantages, possible new projects, or discursive norms that come together in the vital conjunctures around reproductive interruption. As multiple and often contradictory opportunities give rise to uncertainty and ambivalence, the current study examines how women tactically 'navigate' (Vigh, 2006) such ambiguous vital conjunctures around interrupted fertility.[26] By placing decisions within a wider frame of possible options, it carefully situates women's explorations of different horizons, and the inconsistent alteration of pathways and projects that underlies this navigation. The inherent uncertainty of this process is wonderfully captured by Whyte's (1997, 2002) concept of 'subjunctivity'. To understand the 'elements of contingency, indeterminacy, and ambiguity' which underlie matters of health and illness, Whyte proposes to 'follow people as intentional subjects engaging each other and the contingencies of their lives in a mood that is often more subjunctive than indicative or imperative' (Whyte, 2002, p. 172). Subjunctivity is defined as:

> a way of focusing on the intentions, hopes and doubts of people looking toward an immediate future whose concerns [a]re not certain. I pointed to the situated concerns of subjects facing problems and to the directionality of their efforts. Subjunctivity is not just about uncertainty; it helps us attend to purposes and consequences. It asks us to take seriously the question of what people are trying to do (Whyte, 2002, p. 186).

Attention to individual and inconsistent intentions that are at the same time *situated* concerns touches on the question of the social embeddedness of reproductive experiences and decisions. How is a woman's navigation of a vital conjuncture inspired by personal aspirations and subjective experiences, and to what extent are these *influenced,* or even inherently *constituted,* by a web of interpersonal connections? While Johnson-Hanks does not specifically address this issue, current Africanist debates do so in their theorizations of the inherent sociality of bodies, selves, and personhood in African cultures. A dominant argument in this debate posits that experiences and decisions should not be situated in the individual body or mind alone, but comprehended within the framework of a *social body* that *interconnects* and *integrates* the self with its social relations.[27] Considering the body 'as a relation among bodies' (Piot, 1999; T. Turner, 1994, p. 44, 1995), its proponents suggest that realities and experiences in African settings are by default socio-centric rather than ego-centric. Such a view identifies social others as key contributors to individual health and illness, for instance; bodily well-being is perceived as dependent on, and vulnerable to, the feelings, wishes, and interventions of others. Physical symptoms merge with social distress; decision-making around these symptoms is thus an *inherently* social affair. This is deemed to be particularly true for fertility matters, where interrelations between bodies are *sine qua non*.

Critics of this socio-centric view of personhood and decision-making have drawn attention to the existence of different modalities of personhood in both African and non-African cultures.[28] They argue that even in the most relational realities of African daily life,

forms of individuality are often acknowledged. Michael Jackson and Ivan Karp, for instance, argue that 'worldviews which stress the ontological priority of the collectivity do not prelude the countervailing experience of biographical uniqueness' (M. Jackson & Karp, 1990, p. 27). For West Cameroon, Nyamnjoh (2002, p. 115) has pointed out that within the social world emphasizing interconnectedness, individuals *do* have the freedom to pursue personal goals and to be creative. Yet, with agency being 'domesticated' – that is, always existing within and depending on a socially predetermined frame – the question is how the individual and the social are negotiated in any process of achievement.

With its focus on women's navigation of socially constituted reproductive conjunctures, this study will touch on the questions raised in this Africanist debate and try to formulate specific answers to them. By exploring the (degree of) sociality of pregnant bodies and reproductive decisions in a Cameroonian village, it will moreover complement the framework of vital conjunctures in two ways. First, the examination of the sociality of female *bodies* will draw attention to the physicality of pregnancy and its interruption, that would be overlooked if the focus would be merely on women's decision-making. Reproduction and its interruption are instrinsically tied to the body's (in)capacity to conceive a pregnancy and bring it to term, and although women (and others) may use different methods to influence the physical course of events, their reproductive navigation is circumscribed by these bodily workings. This physicality will be studied in context; I will explore how it changes with the development and expulsion of the foetus, and within different social situations, times, and places. Such a focus will foreground women's embodied, lived experiences of pregnancy and its interruptions (Biehl et al., 2007; Csordas, 1990, 1994; M. Jackson, 1998), preventing a mere mentalist representation of the choices and actions surrounding reproductive happenings, of which Johnson-Hanks could be accused.

Second, the focus on questions of sociality and individuality can also deepen our understanding of these choices and actions, for it sheds light on more general patterns and dispositions that underlie reproductive navigation. While the notion of vital conjunctures makes insightful the ambiguities, complexities, and inventiveness surrounding reproductive happenings, it risks arriving at a relativist stance where 'everything is contingent on everything'. This at least seems to be Johnson-Hanks' conclusion. Though she presents a set of different horizons – the scenarios of the 'murderous abortionist', the 'falling schoolgirl', and the 'glorious bride' – that direct the choices of Beti school-going women during their first pregnancies, it is unclear *why* certain women cling to one horizon, while others orient themselves towards another. The exact (inter)personal dynamics that underlie specific choices remain under-analyzed (see Slama, 2007, for comparable criticism).[29] Rather, the outcomes of women's vital conjunctures are presented as a matter of pure contingency and judicious opportunism.

In exploring more general modalities of individuality and sociality in Gbigbil society, this study aims to go beyond such a conclusion. It posits that the

acknowledgment of contingencies should not preclude investigation of how certain modes of collectivity or distinctiveness *do* make women more or less liable to choose certain horizons from the outset. Here I agree with Jane Guyer, who once discussed Johnson-Hanks' concept of judicious opportunism in *Current Anthropology* (2005, p. 379). Guyer asked whether and how we could search for 'new aspects of "ordering" out of apparent randomness' that seems to pervade (women's navigation of) states of 'routinized uncertainty' in Cameroon. One of her suggestions was to investigate whether there are 'specific forms of sociality that optimize the occurrence of promising novelties' that women encounter in their vital conjunctures. In other words, Guyer proposed to find out if and how the appearance – and women's explorations – of certain horizons could be related to the particular webs of social relationships in which women are embedded.

This dissertation takes up Guyer's challenge. I intend to improve the framework of vital conjunctures by focusing on the particular make-up of the pathways that women had embarked upon before their pregnancies got interrupted, and of their particular *projects* – that is, their ambitions, aspirations, and hopes for the future – when reproductive interruption(s) 'cross their path'.[30] The aim is to unravel certain – social, but also individual and physical – characteristics that *from the outset* define which promising chances are possible for, and possibly taken by, my informants during such reproductive conjunctures. In doing so, I seek to provide more solid ground for understanding *why* women switch from one pathway to another when faced with interrupted fertility – and which social, individual, or bodily characteristics seem to influence this reproductive navigation. This, in turn, will lead to deeper insights into the relevance (or irrelevance) of reproductive interruptions in women's daily lives, and the ways in which social relationships, personal aspirations, and material bodies contribute to their outcomes.

Outline of the dissertation

This thesis will situate women's experiences and decisions around reproductive interruption within the particular relational and wider contexts that make up the conjunctures around these happenings. In order to make sense of the processes of navigation in these moments, I focus on women's previous *pathways* (i.e. their life histories) and *projects* (i.e. their ambitions, aspirations, and hopes for the future), as well as the interrelationships of these pathways and projects with social norms and networks. Different pathways and projects thus form the red thread through this dissertation, which is divided into two sections: the first sketches the contexts of fertility interruption; the second focuses on the actual reproductive conjunctures – where past pathways and present projects are possibly reconsidered – that form the focus of this study.

The first two chapters depict the environments in which Gbigbil women experience, interpret, and manage their reproductive conjunctures. Chapter 1 situates the women and their stories within wider social, political, and economic 'terrains'. It describes the many issues, transformations, and social structures relevant to understanding the

possible pathways and reproductive projects of my informants in Asung. First, a local 'map' of the village will set out the many unstable terrains that people navigate in their daily lives, and that frame the navigation of reproductive conjunctures in particular. Second, the chapter traces the development of public and reproductive health services in Cameroon and shows how (inter)national population and health policies have affected the health care options and constraints women encounter on their personal paths. The chapter ends with methodological and ethical reflections on doing anthropological fieldwork within these national and local contexts that are, as Johnson-Hanks once noted, characterized by a 'routinized state of uncertainty' (2005, p. 376).

The next chapter focuses on specific reproductive ideas and practices that exist in the field. It describes what it is like to be pregnant, to give birth, and to become a mother in this rural part of East Cameroon, and explores ideas on when, how, and in what contexts motherhood should be achieved and could become endangered. Shifting perceptions of what a pregnancy is, how and when a 'child' is formed, and what kinds of medical surveillance this gestational process requires inform the social sorrows and individual manoeuvres that pervade the antenatal phase.

Having outlined these contexts, the second part of the thesis then focuses on particular vital conjunctures around reproductive interruption. The chapters in this section will explore the interpretation, navigation, and outcomes of these conjunctures – and how these are related to women's previous pathways and present projects. Chapter 3 focuses on reproductive interruptions that occur during women's pathways towards productive and reproductive status within the village. It explores how fertility interruptions affect women's ambitions to be hard workers in the fields, as well as good wives, mothers, and daughters-in-law. This chapter shows how village women, when deprived of their reproductive capital and horizons to alternative forms of social status, redefine their projects and positions during these critical reproductive conjunctures.

Chapter 4 illustrates how women deal with reproductive interruptions when fertility is *not* their only or primary project, but when they had chosen to explore horizons of schooling, employment, or rich partners in urban areas instead. The chapter shows how reproduction and its interruption are managed when women had envisaged their pathways to lead to urban respectability; it situates women's reproductive decisions within this wider frame of projects, as well as within local ethics of kinship and marriage that continue to portray fertility and the conjugal framework as the ultimate pathways to respected womanhood.

After having examined *why* women make certain reproductive decisions once particular pathways seem endangered by fertility interruptions, Chapter 5 will illuminate *how* such reproductive decisions are negotiated and justified within webs of social relationships. It will show that even if their particular pathways and projects differ, women use similar discursive tactics to attain their goals. A comparison of two women with apparently opposite life stories and reproductive experiences – an older infertile

woman who has established herself in the village and a young aborting woman who aspires to an urban future – reveals how tactical deployment of ideas about suffering, fate, and powerlessness pervades *all* reproductive conjunctures, and paradoxically creates room for manoeuvring and manipulation.

In light of the diversity and ambiguity of reproductive conjunctures and their outcomes, the chapters in the dissertation's second section critically reflect on the aforementioned dichotomies of miscarriage versus stillbirth (Chapter 3), intended versus unintended interruptions (Chapter 4), and suffering versus agency (Chapter 5). Yet, the ultimate aim is to find meaningful patterns underlying the diversity and ambiguity. In the conclusion, I return to the nexus with which I aim to solidify the framework of vital conjunctures: the one between body, self, and society. In answering the questions raised in this introduction – why women navigate the uncertain conjunctures around reproductive interruptions in particular ways – this final discussion will focus on how reproductive projects and pathways are *affected* by social others, *asserted* by individual Gbigbil women, and possibly *altered* by women's bodies. By analyzing the kinds of sociality, individuality, and physicality involved in women's reproductive navigation, this study aims to improve upon the existing framework of vital conjunctures and further our understanding of human reproduction and its interruption.