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

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3. OLD BODIES AND GREEDY PANTHERS: ON VILLAGE ETHICS OF PRODUCTION AND REPRODUCTION

All those baskets had hollowed out that sharp angle in her back like the notch in some tree stricken to death by the axe. The skin around that place had become as thick as an elephant's. 'Is this my flesh and blood?' her mother had sobbed when Amalia still as flat as putty on the wall began to sulk about carrying the basket of provisions that they had made specially for her. 'Who will want to marry a girl as frail as that?' she went on. 'Who will ask for a girl in marriage when she can't even carry a basket?' (...) 'The whole village is making fun of us', her mother told her. 'Everyone says you aren't a woman... You can't even carry a basket... What will your husband eat?'

- Ferdinand Oyono, 'The old man and the medal' (1967, p. 55)

Wife 1: The daughters of this village don't have any plantations of cocoyam, nor of cassava. They can only pick leaves to sell on the market.

Wife 2: But they don't stay in their marriage for a long time, do they? Their husbands refuse them, because they can only pick leaves. You, daughters of Asung, are refused everywhere.

Wife 3: It is laziness that hampers you all. You can only think of picking leaves, going to the market, and doing niangá [making yourself beautiful].

Daughter: Lazy?! Look at you, how skinny you are [to Wife 3].

Wife 2: You insult her because she is skinny?

Daughter: Well, is she strong then? She has no force.

Wife 3: Even if I sit down, I am busy preparing, selling stuff, or I have people who work for me on my fields. But you, daughters of Asung, you tend to sell everything. You forget that you have a family to feed. Whereas we, wives of Asung, we are 'those who can', not 'those who want to'.

- Translated recording of a ritual interaction (*san̄ba*) between in-married wives and daughters of Asung during a funeral ceremony in the village (2009)¹

After having described fertility-related contexts and conceptions in the previous chapters, this part of the dissertation will focus on particular vital conjunctures around fertility interruption. It aims to give detailed descriptions of women's navigation of interrupted reproduction in East Cameroon. The first chapter of this part will present the views and experiences of Gbigbil women whose fertility becomes interrupted when they live in Asung and aim to continue to do so; the next explores the desires and decisions around the pregnancy interruptions that women face when they envisage an urban life and future. The difference between these two chapters is thus not

one between different types of women or reproductive events – for most Gbigbil women move flexibly between rural and urban areas all the time (see also Abega, 2007; Akuri, Weinger, & Barton, 2009) and conceive and lose pregnancies in both realms. Rather, the distinction is an *aspirational* one. The following chapters explore how the particular (rural or urban) aspirations that women (and others around them) hold at certain points and pathways in their lives affect, and are affected by, the situations they encounter in reproductive conjunctures. Situating reproductive navigation within women’s wider frames of projects and possibilities allows for an understanding of how reproductive conjunctures affect the pathways that women had embarked upon, and how and why certain ‘horizons’ into the future are explored or evaded in the process.

This chapter zooms in on moments in women’s lives during which rural ambitions are predominant. In trying to unravel what it means to be deprived of (possible) children in the village of Asung, it touches upon various local perceptions, practices, and social arrangements that affect women’s rural pathways and the projects they choose to pursue when these pathways become endangered during critical reproductive conjunctures. Of relevance are notions of (interrupted) babyhood, womanhood, wifehood, and motherhood, and their social manifestations and negotiations in the village setting. Ideas about what is lost (a baby or not?) and of who one is after such loss (a woman, a wife, a mother, or not?) define the public opinions and personal options around interrupted fertility. We will see how a central conception of ‘force’ underlies all of these issues and is essential to understanding the reproductive navigations of women who aspire to rural respectability.

The rather extreme story of Yvette’s repeated ‘*fausse couches*’ (‘wrong deliveries’) will form a starting point to explore these dynamics. Yvette’s multiple mishaps shed light on the particular perceptions and practices that may evolve around different reproductive interruptions – which, among others, provide ‘fertile’ ground for a reflection on the dichotomy between miscarriage and stillbirths that I denounced in the introduction to this dissertation. Further, the repetition of Yvette’s interruptions allows us to unravel some more general patterns that underlie women’s decisions to change projects when previous pathways to rural respectability seem to derail.

‘A story to sleep upright’: Yvette’s story

Very early on a sunny morning in January 2008, mama Rosie rushes into my room with a pace that is quicker than her heavy body would normally allow for. Visibly wrought between the urge of delivering her message and the carefulness with which she wants to transfer it to me, she informs me that my friend Yvette has finally given birth, but that – as anticipated by us all – her situation is critical and that I should really go and take a look. Fearful of what I will encounter, I cross the road to the maternity ward of the village health centre. My fear proves to be justified; I find a naked Yvette lying in shock, with her

arm pierced by an intravenous device provisionally attached to the window next to her, and her legs positioned upwards on a chair provisionally installed on the delivery table. She is surrounded by an enormous sea of blood and vomit. While the doctor tells me something about a retained placenta, anaemic shock, and the immanence of death, I remain as silent as the two other women who witness this scene – one of them I recognize to be Yvette's mother. I notice how silence also surrounds the package of towels on a table, which I know encloses the newborn baby. Fearfully I inquire about his condition. The doctor affirms that although he was born with the umbilical cord wrapped around his neck and had to be reanimated after delivery, the little boy seems fine for now. But if nothing is done for his mother, she will be the one to lose her life.

As if protesting against this forecast of dying at the age of twenty-nine, Yvette slowly opens her eyes and tries to stretch out her arm to me as soon as she discovers my presence. I take this as a call for attention, closeness, and help; my initial silence suddenly turns into a sense of critical action. My question about the involvement of her husband or family members, whom I find remarkably absent here, is only met by the doctor's scornful laughter. 'They say there is no money and they don't care'. Most of her close relatives turn out to have left for the fields today, as if nothing was happening. It is only with my financial contribution and the doctor's urgent directions that Yvette's husband and family members go and search for appropriate medication in the city a few hours later. The short-term health improvement this induces in Yvette makes them decide to quickly take her home, whereupon Yvette relapses in her mother's kitchen, and is administered with a new intravenous device – this time provisionally attached to the bamboo wall of the dark hut. She finally needs to be transported to an urban medical centre in order to receive three blood transfusions – paid for by her sister-in-law who migrated to France, and who immediately transferred money through Western Union upon hearing the news – before regaining consciousness.

Somehow this dramatic event had been foreseen and feared by Yvette until the moment her labour pains had started. On Christmas Day some weeks earlier, when people outside had been sharing food in a joyful mood, she had come into my room to share her worries with me:

People gossip a lot about this pregnancy. They say I should not have conceived that quickly after my last delivery. I had to leave sexual relations aside for some time, because I was very ill. Back then, I was about to die and people spent a lot of money to save my life. It was catastrophic and it has spoilt everything. People started to gossip when I got pregnant again. Many say that I will only die. But they don't want to spend money on me anymore. Until today, my family-in-law has decided that the day I will be in labour, they will go to the fields. If I will die, they will only hear the news of my death when they will return from the fields. So they won't participate with even 100 francs [0.15 Euro cents] anymore. Yesterday, my mother-in-law thought that I was in labour when I sat silently in the hangar. She took me aside and told me, 'Really, if you start [feeling labour pains] now, you should go to the hospital alone. And if I will be in my bed at that moment, don't even try to knock on my door. Go to the hospital alone. If you die, they will send the message to your husband, and he will go and carry his baggage'. This is what she told me. Erica, will I give birth or will I die that day?

It is only God who knows. But if I deliver and survive, this will give a lot of shame to my mother and my family-in-law.

Despite the critical circumstances, Yvette finally survives this eighth delivery. Her in-laws, who eventually *do* spend the money they were initially unwilling to waste on her, seem not ashamed but rather quite satisfied with the situation, now that their daughter-in-law has survived and a new son has been added to the family. But not long after Yvette's return from the hospital, the weak and fragile baby boy – whom I named after my father when I was given the honour of giving him a name – refuses to drink his mother's breast milk. Wondering whether her milk is too poor after her heavy blood loss, or whether it is the effect of the milk of the many different women who have nursed the child during her stay in the hospital, Yvette resorts to her paternal relatives in another village to search for indigenous treatment – both for her own health and that of her baby. When I visit her there, she happily shows me the black cords attached to the child's limbs, which will help him to gain weight and increase force. She relates how the concoctions that she drank have also already induced a new flow of 'clean' milk; her hope for health has thus been restored now. However, on the day Yvette's husband Daniel comes to pay a visit to his wife and newborn son, my father's namesake dies. Yvette tells:

The story of my son's death is a long story. No signs, no dreams. I played with him at 2 pm and one hour later, he was dead. My husband had come to see how we were and to give some products. I needed new baby powder and body lotion. After I had been playing with my baby, I wanted to breastfeed him but he refused. He wanted to cry but uttered no sounds. People told me to take him to an old woman who knows many remedies. I carried my child and asked her to look at him. She said, 'Leave it. The child is already dead'. I didn't want to believe it. My aunt deceived me by proposing to go to another woman who might be able to treat the child. But everybody knew the child was already dead. They went ahead, I followed them. While passing the homestead, I suddenly saw how women warmed up water in the kitchen. I asked why they did so. Finally they admitted, 'Yvette, we can't hide it from you: your child has been dead for a long time'. I swear to you, Erica, I don't know anything. It is only God who knows why this happened. My family-in-law doesn't stop insulting me, but I suspect my co-wife of having done this. What a coincidence that my child dies exactly on the day my husband paid me a visit. Is it my co-wife who sent my husband to kill the child? I don't know. But all the insults make me want to leave the marriage. I suffer.

This death triggers much upheaval, in which both Yvette and her in-laws constantly reconceptualize the marriage between her and Daniel. For Yvette, the priority now is to prevent any further catastrophic deliveries, and therefore to resort to reliable, modern contraceptives and to refuse intercourse altogether. She even considers leaving the marriage; without a sexual relationship or emotional and financial support from her husband and in-laws, what is left to stay for? Her family-in-law, in turn, discusses what Yvette is still worth keeping for. Having spent a lot of money on her, without any visible results other than problems – with five of the eight children born in this marriage having died, with Yvette's current refusal to bear any more children, and with her continuous quarrels with husband and co-wife – they decide that no bride-price payments should be

transferred to Yvette's family. 'They have concluded that my hospital costs cover my bride-price', Yvette relates in astonishment. It leaves her mother and paternal family members furious and the future of her marriage unsure. As during her last pregnancy, I find Yvette several times throwing her kitchen utensils outside as a sign of determination to leave her husband – only to be discouraged by her sisters-in-law, convincing her that, after all, her own family can not give the support and financial security she finds within this marriage.

This dramatic direction was not at all expected by Yvette when, some fourteen years ago, at the age of fifteen, she had chosen for this marriage with Daniel against the wishes of her mother. Having already borne a son with Honoré, whom she had met at school and whom her mother appreciated as 'respectful and well-mannered', she had caused serious problems when refusing to marry him:

That love had started at school in Bélabo. Every night, he came to visit me. I cooked, he ate. You know the behaviour of young girls here: I worked a lot, I cleaned the house, I washed everything. And his mother had seen how I moved about. She came to ask my mother if she could accept that her son would marry me. So these were relations between two *mamas*. Well, and pregnancy is something that you might take without knowing that it is this or that night that you conceived. You only know afterwards. The child had come like that, accidentally in the night. It was an accident; it was not a marriage. Even if his parents brought everything that traditions demanded during my pregnancy, internally my heart was not with him. My mother wanted him because he often gave her presents and a lot of respect. But I refused. And in the end, it was up to me to decide. She didn't even have the right to speak. And my grandmother protected me.

After delivering her first son in her maternal grandmother's house in Asung, and having internally refused the marriage with Honoré, Yvette purposefully prolonged her stay in the village until her baby walked and could be weaned. It was during this period that she met Daniel, the son of the chief of the Bibakung family, who made her pregnant and was eager to marry her as a second wife – thus freeing her from the prospect of a forced future with Honoré. Yvette gladly accepted; her mother was furious. It remains contested whether this fury was aroused because of the material and symbolic profits which Yvette's mother received from the urban student and not from the village dweller Daniel – as she herself lamented when I asked her about her opposition; or because – as Yvette reasons – there was a line of kinship between the two lovers since their respective grandmothers had come from the same family; or because – as others say – Yvette's mother had a secret affair with Daniel's father and did not want this relationship to be interrupted or made public. Whatever her specific motivation, Yvette's mother had opposed the 'love marriage' between her daughter and Daniel to such an extent that the first daughter borne to consolidate this marriage was nicknamed *Mekoppo* – meaning 'problems' in the Ewondo language.

Despite the difficulties caused by the opposition of her mother, Yvette remembers the beginning of the marriage with Daniel as one characterized by 'love and attention'.

Daniel, eager to convince his angry mother-in-law of his worth, did his best to fulfil his financial obligations during Yvette's pregnancy and after the birth of *Mekoppo*. Even the initial relationships with her family-in-law and Daniel's first wife were described as 'very good' by Yvette – especially after another son was born and 'the field started to produce as well'. Although her mother disturbed the peace from time to time, Yvette remembers having been supported by all other people surrounding her; she was happy to have persisted in her choice for this seemingly fruitful marriage. But then she started to bear children who all died quickly after birth. It drastically changed her position in, as well as her reflection on, her marriage and the wider village:

Disorder came only when I started to bear children who died. It brought a lot of problems in my marriage. His family talked. They asked themselves what my benefit is if I only bear children in order to bury them. Every time it is like this: I get pregnant, I deliver, and the child dies. My first son who died did not cry when he was born. Everybody told my husband, 'Don't buy any clothes, this is not a baby, he will die'. He made movements, but no sounds. He had no force. It is the jaundice I had in my belly that caused this. It tires the child out. Maybe that is why all my children die. I am suffering from jaundice during my pregnancies. Well, for this child, I could also say that they mystically killed him. Because the delivery was very difficult. I delivered the boy in the house of my brother. Well, and the midwife in the house of my brother...you know that when a woman is feeling labour pains here in the village, she cannot say directly that she is in labour. So my labour had first lasted for several hours before I called upon that midwife. I only went to see her when the water announcing the arrival of the child had already come out. She told me that I would deliver soon. But that wasn't the case at all! A lot of problems, a lot of blood that flowed. She started to say that since the child was stuck, I must be a witch. That it was my witchcraft that kept the child in my belly. Another midwife was called for extra help. They now started to say that it was my co-wife who had administered some remedies when she had suspected I was in labour. She had blocked my delivery. I was already very tired when I finally delivered the child, but the child lived. And for three weeks, the child lived well. But during one night, when we were asleep, an owl [considered as 'the bird of witchcraft'] started to talk on the roof of my brother's house. The next morning, the child didn't drink my milk anymore. I thought, 'Shit. How can I lose my child within this state of suffering where people insult me that it is my witchcraft that held my child in my belly? What can I do? I don't know anything'. We left the house of my brother and searched for remedies. But my child lost a lot of weight and died. I don't know exactly what it was. I only know they killed my child mystically.

And then, you know, marriage here in the village...People told my husband, 'Your wife is still very young. If you leave her to wander around now, and if she plays with another man, her childbearing will flee far away. You should play with your wife so that she will quickly conceive again and remains fertile'. So after the funeral, my husband told me to sleep with him. A new pregnancy entered, not even three weeks after the death of my son. The twins I delivered also died. For them, people said it was caused by jaundice. Because they have come out prematurely. I had delivered them after eight months, whereas I should have given birth only at ten or eleven months. Then, they could have survived. Others tell me that this premature delivery had been caused by my falling on the field with my baggage, when heavy rain and wind had made me close my eyes. People gave reasons like that. Well, and when I gave birth, the one child died immediately and the other stayed. Nevertheless, we wanted to adhere to the traditions of the village [i.e. after the birth of twins]. For six days, I had to eat special leaves without salt and pepper since I was *niŋa miviyaa* [mother of twins]. My house was not swept. And the placenta was placed on the cooking fire. After six days, people would then clean my house and wash me traditionally in the river. But my mother-in-law started screaming that she didn't like the affair of traditions anymore. That we had to

take the child to the missionaries so that the priest would put his hand on the child's head. She took the child to the Sunday Mass. When she returned, we only saw how the child left [i.e. died]. Without any illness. Because they had already done these traditions with him, these things of witchcraft. Why would you then still take the child to the church? Monday morning arrived with the little corpse exposed in the hangar.

Next to all the possible external causes which Yvette relates with regard to her sons' deaths, in the eyes of others she had also become suspect herself. In a later conversation, she confided to me how her in-laws had started to accuse her of eating her own children like a greedy panther – in the world of witchcraft, that is. The deaths of three of her co-wife's children, which happened more or less simultaneously, induced a whole range of witchcraft accusations and counter-accusations between the co-wives. Although Yvette had considered 'searching' for the causes of the deaths of her children, she had concluded this to be too costly an option – both financially and socially. Not only was she unable to find the money – or a person willing to contribute financially – to pay the price which *marabouts* would charge for their clairvoyance sessions. But also, and more importantly, those healers would most likely indicate the cause to be 'à côté' – that is, a maleficent person in one's own family or family-in-law. Dubious accusations would then upset Yvette's social relations that had already become precarious, as the initially 'very good' conjugal atmosphere had gradually turned into one of suspicion and hostility.

Within this context, Yvette started to search for means to prevent another pregnancy. With the help of some elder women, she used several indigenous methods: burying her menstrual blood in a snail shell under her cooking fire, throwing it away on her fields while asking the ancestors not to send her another pregnancy, sending a bottle filled with delivery blood into quickly streaming water, carrying a preventive cord around her waist, and drinking *nivaquine*® pills or salty water after every intercourse with Daniel. Nothing helped; she bore another daughter, who stayed alive, and conceived again for the seventh time after she weaned her *məŋaa* – as the daughter following twins is called. Although Yvette initially wanted to get rid of this pregnancy, considering the hostile environment and the increasing negligence of her husband, it was her ignorance of abortion methods, the unwillingness of other women to share this knowledge with her, and especially her fear of death resulting from abortion that made her accept the fact that she was in the end 'a married woman and supposed to bear children'.

Ironically, however, her seventh delivery turned out to be one in which bearing children became intrinsically related to that same fear of death:

I was here at home, with all my labour pains. And mama Julie [the co-wife of her mother-in-law, acting as a birth attendant in the family] had already taught me how to insert my hand during labour. I myself touch and feel whether the child is far away or near. So when I go to her, she knows that the child is already that close that she will only have to catch it. But this seventh delivery, I don't know what happened. The child couldn't come out. So rather than that the child gave me the force to push, I had to push by myself, with my own force. It didn't work; I was already too tired. At five o'clock in the morning, my sister-in-law came in and asked, 'How is it? Why are you staying like this until five o'clock so that the whole village

knows already that Yvette is in this state? You should take her to the hospital. What will you do in case an accident arrives? She should die in the hospital, not here. And anyway, you should not kill somebody else's daughter. Yvette has come here to bear children. If people practice witchcraft on her now, I want them to turn their witchcraft on her husband, because it is he who took her into marriage'.²

Mama Julie called for help from another midwife, who has torn my vagina all the way to the anus. Wanting to force my delivery, it is these village women who have killed my child. At the moment my child died in my belly, I lost my head. I screamed, 'I only see darkness now. I don't see any people anymore'. I was rolling in my own vomit. I don't know how they got to transport me to the Provincial Hospital in Bertoua. It is only when the child had already come out there, and the doctors were sewing my wounds which the women had caused by tearing my vagina, that I felt an enormous pain, opened my eyes, and screamed out loud. It is only then that I saw my dead baby lying on the table. The doctors saw my torn anus and said that they wanted to send the midwives to prison, since they nearly killed me with their village witchcraft. But it is my father-in-law who barred this plan. You know he is a *sous-chef*, he knows politics. So the women stayed. My urines and excrements flowed out of my body in disorder. I was crawling like a child, couldn't walk upright anymore. I suffered a lot, and the wounds down there even started to rot. Every day women put pepper in my vagina, to heal the wounds. It was a good remedy, but it hurt badly!

Now people started to talk about me, even more than before. Because they had spent a lot of money on me. And when you have already given money to save the situation of a person, even if you talk, I should not respond to you. What can I do? If I respond, I am foolish. Because you have helped me. Even if you insult me, I should not speak up. I am in the water like a plate that doesn't move. If you come to move the water, I stay. If you pour the water, I stay. If you store the water, I stay. If you wash your hands in it, I only look at you. My life is like that at the moment. But I am not dead, I am alive. Here I am; and I don't know anything about witchcraft.

The gossip and negative comments also affected Yvette's co-wife Suzie. The indirect accusations of witchcraft uttered by Yvette's sister-in-law were interpreted by Suzie as explicitly directed against her. Her subsequent denials of any complicity ironically raised suspicion amongst her in-laws, who initially had not interpreted the general warning as one against Suzie. The escalation of the situation finally led to the departure of Suzie to her own family. Suzie herself tells:

When Yvette wanted to die during her delivery, it caused me problems, because they said it was me who had blocked her delivery. My family came to take me home. We went to make use of remedies we call *mesot*.³ To see the truth. If I was cause of this, the remedies would work on me. I would leave [i.e. die]. But if I was innocent, the remedies would turn to the other side. Every time a leaf falls down, it means one head should fall. It would start with the children in the family, but would in the end take everybody, even the chickens. And it didn't work out on us. The remedies found that we were innocent. So it was Yvette herself who must have known something in her belly [i.e. Yvette must be a witch]. If Yvette's paternal family had not come to supply, which they did even with a goat, they would be finished by now. All of them would have died. Because they had accused me and I didn't know anything. My family asked, 'Why would I kill, whereas my own children also die? Why wouldn't they accuse my co-wife of killing my children as well?' But people didn't want to listen, they only said it was me. I stayed for more than a year with my own family.

Suzie's remarks show how the affair started to involve not only the two co-wives, but also their respective families. Unfortunately so for Yvette, for exactly in the year in which her

co-wife left, she was not only faced with the loss of her stillborn baby, but also with the death of her maternal grandmother, who had always served as a mother for her. Her own mother, having left the marriage with Yvette's father when her two children were still very young, had taken Yvette and her younger brother to her own maternal family in Asung. This is where the two children spent most of their youth, while their own mother went back and forth between different marriages. Yvette's grandmother, herself also having settled down in her own family after several failed marriages, was described by Yvette and many others as 'a woman who worked like a man'. The enormous revenues gained from her work in the fields made her a safe haven for Yvette and all other children and grandchildren, who had centred around their vital grandmother. Her death was an enormous loss for Yvette, who, still suffering from her last delivery, no longer knew where to find help; her relationship with her own mother had always been problematic, her father had disappeared to Douala on the other side of Cameroon, both parents had very few direct siblings to resort to, and her only younger brother was constantly ill. Although the latter – probably influenced by the loss of their affluent grandmother, his own nearing death, and the life-threatening delivery of his sister – had tried to demand some bride-price payments from Yvette's in-laws, he was sent away by his sister's father-in-law, who again exerted 'his politics'. Yvette's position within her husband's family had become precarious. She felt physically vulnerable, and, with the loss of central figures around her and the prospects of a bride-price, also socially deprived.

In the midst of this turmoil, Yvette conceived for the eighth time – the pregnancy with which this story started. Only seven months after her 'near miss' experience, from which she was still recovering, this pregnancy ran counter to all indications of both doctors and village *mamas*. Faced with immense public indignation and condemnation, Yvette sadly defended herself by saying:

Men are the way they are. What can I do? Do I live with my brother? I was with my husband. And he is the one who did all this. There is a distinction here in the village. When a woman gives birth, holds her baby in her arms and nurses him, she is different from the one who has given birth and the child has left. You see? For her whose child has left, it will not even take five months before she gets pregnant again. She will give birth when the child of the other maybe just starts to walk. There is a big difference, but people don't want to talk about that. They only want to sabotage the other who gives birth a lot. But if you go into marriage and you *don't* give birth, it is also *kongossa* [gossip] that surrounds you. So I don't know how the village wants women to be.

Despite Yvette's transfer of all responsibility to Daniel, most villagers blamed Yvette herself for her irresponsible sexual behaviour. Yvette, they told me, had neglected her own health just to make her husband love her instead of her co-wife, who was about to re-enter the house – a sexual flaw inspired by lust and jealousy denoted by the Gbigbil word *ágon*. Others interpreted her quick conception as a proof of some greedy occult power in her belly that was still searching to offer new fetuses to 'the other world'. This hypothesis was given extra force by the accusations of her co-wife Suzie, who,

immediately upon coming back into marriage, had lost her 4 year old daughter. Yet others more sorrowfully commented upon Yvette's particular body shape – a combination of a short body size with pronounced buttocks designated as *bənt* – which must have deformed her birth canal, called *ndjol akuka* in its misshapen form. Whatever the explanations given, everybody agreed that Yvette's next delivery would become critical. Not only would her body have to prove whether it was able to shed so much blood again, but the delivery would also imply a critical test for Yvette to prove her innocence in witchcraft matters, and for her family and in-laws to prove their commitment to their daughter(-in-law). Indeed, on that sunny morning in January when all our eyes were fearfully turned towards a heavily bleeding Yvette and some seemingly indifferent bystanders, much more was at stake than Yvette's life or that of her baby.

These stakes become even clearer to me one year later, when I return to the village for another fieldwork period. Curious whether I will find Yvette still in the marriage that she so seriously threatened to leave one year ago, I am happy to find her with her three children in the same kitchen – this time with all the utensils inside. Dedicated as she now is to her work in the fields, I often accompany her to help her sow beans or harvest maize. Looking back on her childbearing experiences, she says:

If I hadn't encountered my current situation, I would have loved to continue childbearing. I always desired to have many children, because I am all alone in the belly of my mother. And my only brother will probably die soon as well. So my children have become my little brothers and sisters. Yes, I always wanted to give birth, but the devil didn't want that.⁴ And you should not insist on something that doesn't hold. If I die during childbirth, I won't take any person with me: not my husband, nor my children. I will die all alone. So they can tell me anything, but I want my health first. Look, all these deliveries made me like an old woman. I was never maintained after birth like is usual in the village: massages with warm water, body lotions, hospital injections, and good food. These all wash your stomach and skin and give you new force. But my husband even refuses to give money for soap or body lotion. He says I have eaten [*bouffé*] too much of his money already. And lack of maintenance makes women old. I lost a lot of blood and thus a lot of weight. It had to be recuperated all. With the blood I received in the hospital I had become very fat! But now I have to work hard again because these two years of illness had made my fields overgrown and unproductive; I had to recommence from zero. I have become like a child, although I spent so many years in marriage. Nothing is left, so I should work hard now. At the same time, I can't exhaust myself too much; my body is still too weak. I work a bit in the fields and go home. There, I don't eat well. My husband refuses to give me any money but my field doesn't produce yet. So automatically, I lose weight. I am still a little girl but I am already old and skinny and my skin is ugly. Women of my age call me 'old mama'. You see?

So in turn, I refuse to continue childbearing now. In the past, I got pregnant blindly, and that's what took me into death already. But now I take the pill and it works well. And the affair of staying with my husband during the night doesn't interest me anymore. I block him. It is just because I am married that I sometimes have to allow him. I know I'm not living with my brother. And it is good to be married; if something happens to me now, people will search for him. Sleeping together or not, but I am with him. He will have to take care of me. But apart from that, here in the village, the marriages that people talk about, there is nothing in it except for suffering. It is only good if you produce children and work hard on your field. Then, you are a person. If you don't work in the fields, there can't be a marriage. So for me, it is really important to sacrifice myself to my field now. In order to ensure the future of those

children who stayed. I stay in my marriage to take care of my children. I can't leave them behind like my mother did once to us. I don't want the same suffering for my children. I suffered as a child, I suffer here in marriage, and my life will always end in suffering. The bride-price, he has never given, but I gave him many children. I am dying, because I have to be married, but I don't see any marriage here.

And since I don't even have any kin, any family to support me... On both paternal and maternal sides, there is nobody who can tell me, 'Come, I will take care of you'. If I had such a person, I would not even be here anymore. But now, if I would leave, where will I stay? Who will take care of me? Everybody is dead. So I prefer to suffer and to look after my children. And I also will have to take care of the three children of my brother when he dies. Erica, can I walk with them like a pig searching for food in the dustbins? I have a heavy charge now. I need to have a field so that I know that even if I go to stay [with my paternal family] I leave some maize behind for them. And I would also want to leave them with an inheritance. You see? For, to take them with me is no option. To still find another marriage with these children behind me, that would not be easy huh? No, I am in a marriage and I will stay. What can I do? It's the village. Because if you're not married, you're not with a person, everybody will come to bother you and present himself to you. Especially since I am still a small girl. And if you refuse people then, they might bring along their witchcraft or send you a bad fate [i.e. mystical illness]. It's dangerous. But going into a new marriage is also dangerous for me. It will be always the same thing: the man will first want to have intercourse in order to give me a pregnancy. No, that's not possible anymore. I only want my health.

Luckily her health tends to improve during this last fieldwork period – unlike that of her brother. With an enormously swollen belly, he is taken by Yvette to several healers in neighbouring villages, but dies in the end. His death turns Yvette's apparent resignation with regard to her conjugal situation upside down; she loses in her brother not only the most likely negotiator with regard to an eventual bride-price, but also one of the few safe havens in case her marriage would end. Secret hopes for either a stable marriage or a stable shelter outside of marriage suddenly disappear. Further, Daniel's refusal to fulfil his ritual obligations as son-in-law of the bereaved family – e.g., by financially contributing to the coffin, buying linen to wrap the corpse in, or digging his brother-in-law's grave – triggers a new wave of contestation of the value of Yvette's marriage with him. During a family gathering, Yvette's paternal relatives – angry about Daniel's financial irresponsibility – decide to set an ultimatum for a first bride-price transaction. Daniel's argument that Yvette's hospital costs cover more than the bride-price is heavily disagreed upon by his in-laws; even if Yvette would have died in childbirth and would have been buried on their ground, they would still have demanded the customary 'corpse's bride-price' (*ivoula mīm*) to recompense Yvette's many lost years of childbearing and conjugal suffering. If nothing is paid by the end of the year, her paternal uncle will take her home. Whether the uncle's words will be transformed into deeds remains unsure; his relationship with the children of his brother has become highly ambiguous since the latter's disappearance to the city. Interpreting this departure as an irresponsible preference for lazy city life over hard working village life, Yvette's uncle once confided to me that he does not see why he should be the one responsible for children like Yvette, raised in another village and never really respecting him as a 'father'. Yvette, however, happily holds to his promise; it frames her life again in terms of hope rather than loss.

With this impetus of hope and courage, Yvette invites me to accompany her to visit the tomb of her last son (my father's namesake) in her father's village. Due to her ambiguous relationship with her paternal uncle, as well as the mournful 'pain in her heart', she had never dared to go back and honour her son since his burial some fourteen months ago – a fear which, with her uncle's recent promises and my assistance, would be easier to overcome. On our way to the village, we meet Yvette's former classmate. Putting his arm around her shoulder, he laughingly tells me, 'My friend here often disappears, and on the day we see her she has a child in her arms. Then she disappears again, and when we see her again she has another pregnancy. We never see her without pregnancy or baby. She is still very young like me but has at least borne eighteen children!' Yvette mockingly responds that eighteen is even too small a bet; she's a mother of at least twenty children.

But this laughing away of what touches the core of her existence soon turns into intense sadness when we approach the house which her brother had constructed in his paternal family's compound before he died – next to which she knows her baby lies buried. The silence with which Yvette explores the four empty rooms in the house is imbued with many meanings and unspoken understandings: the decay of a house which has never been inhabited symbolizes not only the death of her brother, but also the more general absence of a strong supporting paternal family in Yvette's life; not only her brother's forlorn hopes for a stable conjugal future in his family, but also her own vanishing hopes for an alternative safe haven in her unstable conjugal future; and not only the discontinuation of her brother's family line, but also the continuation of her own suffering with her and his children without a caring husband – and, with her last dead baby lying around the corner, the discontinuation of *her husband's* family line as well. With tears in her eyes, Yvette walks outside, only to find that the tomb of her son has been as much washed away by the rain as the walls in her brother's house have been eaten away by termites. The tears she initially tried to control wet her cheeks when she stands right on top of the place where her last child, and last hope, must have been buried one year ago. Walking to an empty hangar a few meters ahead, and sadly looking at the only photo of her son that I had made last year, Yvette breaks the silence by saying, 'The story of this child is a long story, Erica. It was a child of suffering. A child of *kongossa*. A child of sabotage. A child about whom people could even write a song. A song without an end. This is a story to even sleep upright. Where and how will it end?'



Although without a clear end, Yvette's story of repeated child deaths can be a start for an in-depth exploration of the experiences and implications of reproductive interruptions for women in rural East Cameroon, especially those who envisage a future in the village. It

offers insights into local meanings of babyhood, womanhood, wifehood, and motherhood, and the ways in which these meanings are mobilized in the navigation of reproductive conjunctures. The following sections will unravel the interplay between such social norms and notions on the one hand⁵, and individual explorations of particular projects on the other. They will present different aspects of daily life and discourse in Asung that will eventually help us to understand Yvette's management of her ambiguous ambitions and precarious pathway to rural respectability in the face of repeated child deaths. By first exploring existing notions of interrupted babyhood, the next section will continue where the previous chapter ended: at the vulnerable beginnings of life once a Gbigbil baby is born, and the development of physical life force and the expected life course afterwards.

Foetal futures: developing bodies and predestined personhood

*A birth, a cry
A pain, a noise,
Still very tender, friend
A heart that beats with life
(...)
This force that springs from its fragility
Doesn't stop astonishing me*

Henri Dikongué - 'C'est la vie'

Although probably not a song which could be sung about Yvette's last son, these lyrics expressing the awe of the Cameroonian singer Henri Dikongué at the birth of his first child do touch on ideas of the tenderness, fragility, and sprouting life force of newborn babies that Yvette would also be able to relate to. As noted in the previous chapter, Gbigbil people consider newborn babies (*tiəŋli mon*) as extremely vulnerable. This fragility is first of all believed to be *physical*. The gradual transformation of 'water and blood' into a lizard-like creature and then a 'child' (*mon*) is only the start of what people consider a lifelong development of body substance and physical life force. Although newborn babies show all human forms and body parts upon birth, they are considered extremely weak and 'tender' (*tekaa*). Their delicate bodies are believed to be wet and to contain only 'water water' – the same expression as is used to denote a beginning pregnancy, indicating that it is just the flaccid beginning of something that could assume a more firm state later on. The veins of babies are filled with plenty of 'fresh' and 'clean' blood (*mekil kpamak*). This body moisture results in a certain physical 'looseness' denoted by the onomatopoeia *idəŋ dəŋ* – an expression which also indicates the flabbiness of bloody organs extracted from hunted animals, and which was translated by one informant as 'something slippery without bones to move with force'. Indeed, the bodies of young babies still need to be filled with 'hard bones' (*biveey*) and force (*ngul*); the

process of ‘filling’ the body that started during pregnancy continues after birth. These internal developments are often accompanied by transformations of the outer skin, as mama Rosie explains:

The skin of a newborn baby is still very tender (*iko nyol agin tekaa*). When the umbilical cord falls down and the navel dries up, the skin becomes a bit harder and its colour also changes. From three months onwards, children can sit by themselves and are not carried around in towels anymore. From this time onwards you can say *asó mon*: it is already a child. After that, the child will start to crawl, which again hardens his skin. He takes the form of a developing person now. As long as the child drinks his mother’s milk we call him *aginne momon*: it is still a little child. But when he is weaned, it is really a *mon*. His skin also becomes like the skin of a real real man.

Healthy physical development is accompanied by a gain in weight. Maternal breast milk is deemed essential in this respect; it offers vitamins and contributes to the development of bones and blood – and thereby, physical force – in the baby. A refusal to drink maternal milk is perceived to be caused by either ‘spoilt’ maternal milk, or by the baby’s ill-health. It is a sign of heightened vulnerability and nearing death – an immediate interpretation that also pervaded Yvette’s worries when both her first and last son stopped drinking her milk. Many natural remedies exist that are believed to induce the production or ‘cleaning’ of maternal milk, and thereby enhance the solidification and the reduction of physical vulnerability of a child. Despite her efforts to take these remedies, Yvette initially suspected the death of her last child to have been caused by her lack of breast milk resulting from a period of maternal depletion and heavy blood loss. Without blood – and thus, milk – in the mother’s body, a child’s body cannot gain blood, weight, and force either; it remains skinny, vulnerable, and exposed to death. Not surprisingly, the most adored babies in the village are the plumpest ones, representing health, force, and resistance.

Next to this physical frailty, the beginning of life is also characterized by *spiritual* vulnerability. Especially right after birth and in the first years of life, before they can talk with humans, infants and small children are believed to remain in contact with the supernatural realm from where they came – called *ayong bekon* (the realm of the dead) or *ayong Zambe* (the realm of God). They communicate and play with the dead. Mama Denise recounts how her grandson Stéphane had once scared her:

When I was working in the fields, Stéphane was playing. He suddenly started to mention names and babbled something like, ‘Come, come and play with me’. When he did that, I was scared. He played and he laughed, he laughed, he laughed. All alone! He was so engaged, that you would say that there were at least two or three of them. When I called him and told him to come to me, he approached me but his eyes were only behind [i.e. he looked behind]. I immediately returned to the village with him. When I asked here why Stéphane would do this, villagers told me that Stéphane has people to play with. But it is only Stéphane who can see them, I can’t.

This spiritual link also makes young children knowledgeable of upcoming deaths in the village; many mothers recount how their babies had cried unstopably during the days and nights just before someone in their neighbourhood died. Several remedies – such as black coal rubbed on babies’ faces in order to ward off bad spirits and to ‘see only black darkness’ – exist to make children less vulnerable to spiritual influences. Infants lose this connection with the supernatural world only gradually. The longer they live, the more their ‘human’ life course takes over (see also Gottlieb, 2004; Molel Belika, 2008).⁶

Conceptualizations of the unfolding of the human life course are pervaded by a sense of predestination; the future of every person is somehow already ‘written’ at the moment of birth. Thus, children can be born to grow up as thieves or to become ministers – with the latter constituting an often expressed wish of Gbigbil mothers. Generally, the older a child gets, the more people see of ‘the kind of person’ he or she is to become. Once a child starts to play, talk, and listen to orders, his or her personhood, talents, and possible future paths are gradually felt and considered. But even before that time, destiny is at work; indeed, it is in terms of spiritual predestination that the whims and woes of the fragile beginnings and endings of life are often explained.

First, it can be exactly a person’s *fate* to be born and to die immediately. Sometimes God wants his children back almost immediately after birth. ‘We don’t know how many children God will send to us and how many he will take back’ is an often heard reason for bearing many children. God may have several reasons to reclaim his children. At the funeral of a seven month old boy, a priest wondered in his sermon whether any family members in the preceding four generations had committed some sin that resulted in ‘God saying that the child who shall be born will die’. Something must have been done wrong in the family of the little boy, because ‘if God had wanted it, you would have discovered the illness before it got worse’. A person’s destiny is thus not merely individually conceptualized, but dependent on (the actions of) social others, now and in the past.

Second, the opposite may also be true; a child can be born and granted a great future by God, but it is exactly these wonderful prospects that are seen and destroyed by the devil. Driven by their envy, witches may wish to destroy or spoil a child for whom a successful destination is ‘seen’ lying ahead. They often attain this goal through transmitting their witchcraft to the newborn baby before the umbilical cord has not fallen off.⁷ They may also send ‘a bad fate’ (*le mauvais sort*) or other illnesses – biomedical or indigenous, general or specific ‘children’s diseases’ – that prove fatal in young babies with little physical resistance or force.

Third, a child’s spiritual connections might also influence the development of the beginning life course. Sometimes a child is called by a dead relative, as was explained by a woman I spoke to just after the burial of Michelline, who had died with an ectopic pregnancy, leaving her two year old daughter behind:

My child has been very ill in his early years. His father died when my child was twelve months old. Afterwards, I had a lot of problems with him. He suffered from the illness of the fish [an indigenous children's disease]. I told myself that it must be his father who wanted to take him. That is often the case, especially with young children of that age. If somebody dies who loved the child very much, he can take away this child. Unless he is treated with remedies, the child will die as well. But if he is protected by remedies, the dead person will smell them and will not be able to approach the child. This is also the case for the daughter of Michelline whom we buried now. She was her mother's only and much beloved child. Haven't you seen how she couldn't stop crying during the funeral? We often say that the child can still see her mother. Now we should treat her with remedies, so that, if Michelline will come to get her child, she will smell them and go away.

Other babies might choose by themselves to 'come to show their face only' or to 'come in order to return immediately'. People seemed to allude to this kind of volatility when they said that Yvette's first dying baby was 'not a baby' and not worthy of buying clothes for since he would die anyway. Babies may have several reasons to 'leave' immediately after birth: some foresee their own predestined, meager future with their current parents and 'flee' back to their safe haven; others might be angry or insulted about something people said about them – which is an important reason to be wary of excessive praising of newborn babies; and yet others come just to 'tease' their parents from time to time. Such babies come and go; they die and are born again. Stories abound in the village about children having been born several times. In order to detect these deceitful children, people bury them with a clear physical mark – formerly a cut finger or toe, but nowadays just some incisions on the cheeks or elsewhere on the body – which will be easily traced on future babies. These 'reborn' babies will be called 'rotten' (*bebole*), 'earth' (*metəkki*), or 'hoe' (*ibakh*) – names that refer to the burial of the child who preceded them. Similar conceptions of rebirth are described by Einarsdóttir (2000), Gottlieb (2004), and Gupta (2002) for Guinea-Bissau, Ivory Coast, and other parts of the world respectively. In the East of Cameroon, these repeatedly returning children are often called 'Mont Kupe', which is in fact a mountain in the South-West Province of the country – perceived as the place where spirits reside.⁸ Mama Georgette explains the births and management of these children as follows:

Mont Kupe children come to search for wealth here, because they are poor over there. The person is born naked, isn't it? But when he dies, he will be buried with cloths, coffins, and toys. All these things, he takes with him to where he came from. Well, if we suspect children to come and go like this, we put marks on their faces. We don't want this kind of children here. Because they come to disturb people. You know, especially in our days, the layette might even cost fifty thousand or sixty thousand francs [75 or 90 Euros]. You spend your money and then you lose your child. That's painful. So if that happens repeatedly, we put some marks on the child. You will recognize him next time. When such a child has come back and gets ill, you should only send him bad words. You shouldn't protect him! It is a child that you should blame all the time. 'If you have come to search for my wealth, you will really return like you have come to earth: naked and without anything. Aka! If you cry or you are ill, I just throw you away, I don't care! Tomorrow or the day after, I will still conceive another pregnancy. If you want to leave, you just leave! It is not the first time that you come here. I

know you. Look at the marks that they gave to you!' It is this kind of bad mouth that you must give to your child. So that he will not leave anymore.

Due to these multiple connections with and influences of invisible forces, infants are vulnerable beings who linger in a space between the realm of the living and the realm of the dead. Neither completely belonging to the one nor the other, the life course of babies is surrounded by much uncertainty. As Mary Douglas (1966) theorized a long time ago about people without clear identifiable positions in society, the status of Gbigbil newborn children is ambiguous – pervaded by both vulnerability and potential danger. Their social instability is reinforced by their physical frailty and lack of force to resist bad influences (see also Aboubakar, 2008, p. 62).

At the same time, the idea of predestination does not preclude a certain subjectivity and agency of babies and young children – like those opting to go back to where they came from if they encounter disappointing conditions (Gottlieb, 2004; Gupta, 2002; Kaufman & Morgan, 2005; Scheper-Hughes, 1992). Nor does it imply the absence of explicit management and protection of newborns by their parents. For, even if they are sometimes threatened with words as explained by mama Georgette above, most babies are carefully protected through confinement, washings, and cords, as well as by biomedical substances and pharmaceuticals (see also Hardon, 1987).⁹ Especially women like Yvette, who have been confronted with child death(s) before, are eager to visit 'old mamas' with healing knowledge or to experiment with herbs themselves. Many treatments exist for various vulnerabilities and possible afflictions; if unsuccessful, infant deaths can be attributed to many different specific causes and threats. As seen in Yvette's story, the multiple explanations for the deaths of her sons range from illnesses such as jaundice or weak breast milk, to several forms of witchcraft attacks, and the contestation of Catholic protective interventions. These causes are often – but not necessarily – different from the causes of loss *before* birth, to be discussed in the next chapter. But at the same time, and almost paradoxically, despite their particularities, child deaths and other reproductive interruptions can become veiled in a public cover of similarity and indistinction. The next section will delve into Gbigbil perceptions of the relationships and differences between various sorts of reproductive interruptions, both before and after birth. As these perceptions affect the experiences and navigation of critical reproductive moments, the rest of the chapter will then continue to explore why certain interpretations were preferred over others in the specific case of Yvette, and how this accounts for the particular pathways and projects she preferred during her different reproductive conjunctures.

Falling pregnancies and forceless babies: reproductive interruptions reconsidered

When talking about reproductive interruptions, Gbigbil women distinguish between the interruption of a *pregnancy* (*abum*), where no clear human being is formed, and the loss of a *child* (*mon*), presenting human forms. The previous chapter described how the first months of a pregnancy are not only invisible on the outside, but are also considered ‘void’ on the inside. At most, people speak of ‘water water’, ‘blood’, or a lizard-like creature – all covered by the term *zəng mon*. A loss that happens at this moment is usually called *abum ia song*. In my efforts to unravel the literal meaning of the verb ‘song’ – which was often simply translated as ‘leaving’ or ‘aborting’ – I was provided with an insightful metaphor by a male Gbigbil student:

Song can be comprehended as the movement of a falling cup. Imagine that the cup contains something inside – water, for instance. At the moment it falls down, it turns upside down and the water flows. You can then say, ‘*kop ia me song a mo*’ [‘the cup falls out of my hand’]. This is similar to what can happen to a pregnancy. In fact, conception of a pregnancy resembles the idea of the cup. A beginning pregnancy contains water water. Only by turning it upside down the water can flow. So *abum ia song* indicates this capsizing movement of the fall of a pregnancy, in which the child has not yet been formed.

Tellingly, you do not ‘lose’ a pregnancy; your pregnancy can be ‘falling’ (*abum ia song*), ‘coming out’ (*abum ia so*), ‘leaving’ (*abum ia vawa*), or, in more general terms, it can be ‘wasted’ (*abum ia diggela*). The specific workings of this ‘fall’ at the initial stages of gestation are, again metaphorically, explained by Sophie through the expression ‘*abum ia bugiye*’:

We use the word *bugiye* when you break something partially. If you break a pen, for instance, the inner part remains, the outer part falls down. The same happens during pregnancy. The small foetus that develops inside is surrounded by blood. So when it does *bugiye*, this surrounding blood breaks off and falls down. The inside remains, but cannot stay for long by lack of blood and will come out afterwards. So when the blood flows and the foetus is still inside, we can say, ‘*mekil me bugiye abum*’ (‘the blood breaks down from my belly/pregnancy’).

Sophie specifies that this process can only take place when the developing foetus is still surrounded by its constituting blood – which reminds us of the distinction between *zəng mon*, a non-human embryo developing inside a ball of blood, and *mon*, a foetus with distinctive human forms, as described in the previous chapter. Once the watery substance of *zəng mon* has given way to something more firm and human-like (*mon*), the pregnancy itself is also said to be ‘hard’ (*‘abum iso detaa’*); it can no longer fall or break. Denotations of pregnancy interruption change accordingly; the expulsion of the foetus is now phrased in terms of the delivery of a dead child. Common expressions relate that ‘the child has passed’ (*‘mon ia nul’*), ‘the child is dead in the belly’ (*‘mon ia wa abum’*), ‘she has given birth to a child who is dead’ (*‘abiali mon ia wa’*), or simply ‘the child has died’

(‘*mon awali*’). Most of these expressions are also used to denote perinatal and neonatal losses or even infant and child deaths after birth; indeed, while these biomedical terms are based on strict temporal divisions (and on notions of viability, which are also time-related), for Gbigbil women it is not so much time in itself which underlies the various forms of loss and viability of children.

Although Gbigbil women distinguish the interruption of a pregnancy containing *zəng mon* from the loss of a visibly human creature called *mon*, the exact dividing line between the two is fluid and contested. Since *zəng mon*’s development into *mon* is variable and contingent upon the amount and quality of the blood – and therefore, force – of both parents, the difference between losing a ‘pregnancy’ and losing a ‘child’ can not be traced to fixed linear time patterns. Rather, what matters are the forms and force (*zəng*) *mon* displays upon expulsion. Only if human features are clearly discernable does it concern the loss of a ‘child’. And since there is no conceptual distinction between a completely formed *mon* inside and a baby outside the uterus, its decease *always* concerns the loss of a formed child embodying the potential of life (force) – whether that happens before, during, or after delivery.

Tellingly, biomedical temporal divisions between early and late stillbirth, perinatal death, and early and late neonatal death all dissolve into the Gbigbil use of the word ‘*fausse couche*’. Although this French term is formally translated into ‘miscarriage’ in its biomedical sense and thus meant to be associated with the first few months of gestation, my Gbigbil informants use it as a synonym for ‘*faux accouchement*’ (‘wrong delivery’) which can only happen after a *mon* had been created out of a *zəng mon* in the later stage of a pregnancy. Indeed, once a *mon* exists, its expulsion is automatically termed a delivery – whatever the gestational age. ‘Wrong deliveries’ thus encompass all cases of reproductive interruption where contingent circumstances make it impossible for a *mon* to continue to live. These circumstances might first of all be related to a fatal ‘prematurity’ of *mon* being delivered ‘before his time’ and not able to survive it – the flipside of the success stories mentioned in the previous chapter. This is what Dorine tries to make clear in one of my first interviews exploring the meanings of the term *fausse couche* – a notion which I heard in many cases where I, with my time-based assumptions, did not expect to encounter it:

Me: When can you call something a *fausse couche*?

Dorine: Here, we talk about a *fausse couche* when you are over time for four or five months, for instance. You go to the field and you put your cassava, plantains, nuts, and bananas in your basin. You put it on your head and walk away. If you fall with this baggage, you might have a *fausse couche*: the child will leave.

Me: During which phase of a pregnancy can a *fausse couche* happen?

Dorine: It doesn’t have to do with time. If you should deliver tomorrow, but you have an accident today where you fall very badly and your child leaves, we call it a *fausse couche*.

Me: From which month onwards?

Dorine: It is not dependent on the month. Even if you have a pregnancy of nine months or ten months and you have had a bad accident, the child will leave. All this, we call a *fausse couche*.

Despite my insistence on pinpointing a time interval, Dorine's insistence on coming back to the example of the accident is insightful; it highlights how all births which happen 'accidentally' – that is, before the appropriate moment of birth, which only the foetus knows – are considered 'wrong deliveries' if they end dramatically. 'Wrong deliveries' can occur at all moments in time, exactly because they are not dependent on time in its exact sense. At most, they represent bad *relative* timing, with the discrepancy between the actual birth and the envisaged birth being too substantial to allow for survival. This contingency of 'wrong deliveries' reappears in Elianne's answer to my (time-based) question of whether a six month old foetus would be able to live:

No, I'm not sure. Some women give birth at eight and a half months, others at ten months, others at nine months. In short, it depends on the duration... whether your child takes a long time to develop or not. Sometimes you deliver at eight months and your baby is able-bodied [*bien portant*]. Like when I delivered my second daughter at eight months and three days. I thought she would be a *fausse couche*, since my first boy had lasted for eleven months! So when my daughter came out at eight months and three days, I believed I had a *fausse couche*. But it was a normal delivery. I now know that girls don't take as long as boys do. My son could never have survived a delivery at eight months!

Next to being related to incomplete internal developments of *mon*, 'wrong deliveries' may also result from outer negative forces such as witchcraft and illnesses, attacking the vulnerability of *all* babies – inside and outside the uterus. Many women noted that even a child who is born seemingly healthy but dies within a few hours or days due to external causes, can still be called a *fausse couche*. 'You didn't deliver normally, did you? The child has passed anyway', would be the rhetorical answer to my initial confusion. In the same vein, the different losses of Yvette which might be termed perinatal, early, and late neonatal deaths in biomedical terms, were all called 'wrong deliveries' (*fausse couches*) in French or 'passing children' (*bon ia nul*) in Gbigbil; what counts is that all the babies that had developed in her belly finally 'passed by' – whatever the specific moment and cause of these losses. Thus, rather than their specific differences, it was their common consequences that were stressed: potential lives had left, and left Yvette's life without potential.

This is not to say that these losses are not *experienced* differently by mothers. Many women indicate a great difference between the loss of a *mon* that is still in the uterus and the decease of a *mon* that one has seen with one's eyes, and whose human traces, forces, and destiny had already become discernable. They express their experiences mostly in terms of visibility of the child's humanness – its forms and force. Thus, the expulsion of an indiscernible *zəng mon* is often minimized since it does not yet show any human features. Likewise, the loss of a *mon* who died 'before its time' is coped with rather easily since, even if the baby already looks like a human being, its dead and forceless body is immediately taken out of sight and buried without much publicity.¹⁰ But the death of children who have been born well formed and full of force, and who have been cared for and given a name, is heavily lamented and remembered.

Despite the discourse of continuity surrounding *mon* – and, therefore, the indistinction between *fausse couches* – different and often contradictory meanings of *mon* do thus exist. The variety of these ideas, which co-exist with notions of contingent (pre)maturity and viability, as described in the previous chapter, allows for a whole array of possible reactions to and interpretations of reproductive interruptions, as well as of justifications for the choices made afterwards. Fluid, ambiguous, and contested boundaries between the interruption of a ‘pregnancy’ and the loss of a ‘child’ during the initial stages of pregnancy leave some room for women to strategically appoint what is actually lost – mere ‘blood’ or a ‘child’. Different interruptions happening at similar gestational stages may be defined as a ‘wasted pregnancy’ in one case and as a ‘child loss’ in the other; alternately and paradoxically, both labels can also be applied to one and the same instance of loss. With regard to interruptions at a more advanced gestational stage, the particular differences between losses of ‘children-to-be’ may be explicitly stressed at one moment, while they disappear under the veil of similarity and indistinction at others. This flexibility provides women with a possibility to either downplay or attract attention to their reproductive interruptions within the given circumstances and contestations surrounding their pregnancies; it offers a rich terrain for negotiation of the beginnings and endings of human life (Kaufman & Morgan, 2005). More than a fixed temporal framework, Gbigbil person-dependent and flexible embryology allows for person-dependent and flexible interpretations of reproductive interruptions.

It is interesting to explore when and why one interpretation comes to the fore and others are suppressed, and how this creates or obstructs certain pathways and projects in the reproductive conjunctures that women navigate. Later on, I will explore how, why, and by whom Yvette’s particular reproductive trajectory came to be described as a row of ‘passing children’, a repetition of similar *fausse couches*. I will point out how these ideas create a certain social image that deeply affected Yvette’s ambitions and options. Yet, at the same time, we will see how such a unitary view is countered by Yvette’s own ideas of clear differences on a physical level. Indeed, one area in which differences between reproductive interruptions are unanimously stressed is the domain of their *physical* experiences and consequences. These dynamics will be discussed in the following section, which moves from the realm of the baby to the realm of the mother.

Diminishing force: fields, fire, and fertility

The foregoing has shown the vulnerabilities and possibilities of interruption in the early years of life. Although still called *bongo tekaa* (tender children) until far into childhood, over time children are considered to gradually solidify with the intake of breast milk and, afterwards, nutritious food. They can thus be increasingly exposed to external influences, heavy movements, and some occasional beating – deemed essential for a proper education. Within this education, children are constantly evaluated on the basis of the

force that they are able to display. While small children are encouraged to walk around with small cups or plates on their heads, from the age of six or seven 'they should carry baggage and show how strong they are'. Like in the epigraph at the beginning of this chapter, girls in this Gbigbil village are especially challenged to prove their strength by carrying heavy yields on their heads after work in the fields. This challenge is often vigorously taken up by girls themselves; more than once, I noticed some unease in mothers when their daughters insisted on carrying a package of field products or wood that almost equalled their own body weight. The physical vulnerability with which children start their lives thus gradually turns into a zealous display of *invulnerability*, force, and resistance. Although much of this attitude is supposed to be a result of education, ultimately one's strength is grounded in one's blood, as is made clear by mama Georgette:

If you see a woman who walks tired tired, with hanging arms and unable to lift her feet normally, you know that she is a lazy woman. She is so weak. But if you see a woman who acts like a man, yes! You know that she is very strong! Solid! It is the blood that is behind all this. So you can't force to be strong if your blood is not strong. You can't. It's your creation. And you will always remain like that.

This quote expresses an admiration of strong women, successful and respected by everybody.¹¹ In this village where women's daily lives centre around work in the fields, it is not surprising that those who work hardest and produce most are the most wanted and respected. As women are held responsible for the production and preparation of food, as well as many other heavy household chores, one of the most important criteria for men in selecting their wives concerns their physical strength and solidity. Women themselves, in turn, are often proud to claim their ability to 'endure suffering' (see further Chapter 5). But while the display of force and strength might guarantee the social status of 'woman' and 'wife', it also depletes the total amount of force the body possesses. The force that is accumulated over the years through nutritious food intake will gradually diminish and induce processes of ageing and degeneration. Mama Rosie, who bore only one son and remained subsequently infertile, sums up several factors of depletion:

During your life, your force diminishes firstly because of all the work: working in the fields, in the sun, carrying heavy baggage, searching for wood, preparing meals. You become worn out. But also all illnesses that are in your body diminish your force. You don't eat well anymore, your mouth has become bitter. Also when you give birth, you lose your force. Your body diminishes and you lose weight. And furthermore, you continue to nurse your baby during two years. After weaning the child you carry another pregnancy. You lose your force in all these cases. And the more pregnancies a woman carries, the more blood she loses. Her blood becomes weak. So there is a visible difference between one woman who has borne one child in her life and a second one who gave birth a lot. The first woman is able-bodied [*bien portante*]; the second woman is tired, has lost a lot of weight, and has become dry dry. She has no force left.

Mama Rosie's reasoning reiterates the afore-mentioned link between force (*ngul*) and blood. A body's force reservoir is directly depleted through flows of blood and breast milk during delivery and nursing (see also the previous chapter). But heavy work and illness can also reduce one's amount of *ngul*. In this respect, many women complained that 'the field never ends, but it is your body that ends', and that their illnesses 'finish the body'. The fire on which meals are prepared may have the same effect, as explained by mama Georgette:

Fire makes the blood black. The blood of women who prepare beignets every day will diminish because of the heat of the fire. And our fire is brutal. Like the sun. We work every day in the sun. These two things warm up the blood. The blood is hot inside. It diminishes and blackens.¹²

Over a life-time, blood turns from 'proper', 'light', and 'fresh' (*mekil kpamak*) into 'dirty', 'black', 'heavy', 'tired', 'weak', or 'full of diseases' (*mekil vinda ne mekong*). Due to this lack of force in the blood towards the end of life, old people's bodies are again called *tekaa*, which, in contrast to its sense of tenderness with regard to young children, takes on the meaning of 'worn out'. Many people point to the similarities between old people and babies: both are weak and low in force. But there are differences in appearance, wetness, and skin texture; while the bodies of newborn babies are perceived to be wet and tender, ready to begin a process of hardening and solidification, at the end of life the skin is thought to have become 'hard' and 'dried up' (*kotaa*) – and the body devoid of blood and force.

This outer degeneration of the skin, which is directly related to the depletion of inner force, can only be combated by intense maintenance (*entretien*) of the body surfaces. Body lotions are deemed the best remedies in this respect. Many were the women who, after excessively praising my white skin for its tenderness, would ask me for the creams and ointments they assumed I must be using. They repeatedly regretted their lack of body lotions and the unwillingness of their husbands to provide them with these products. In fact, with the depletion of life force and ageing of the body reinforced by their duties in marriage – working in the fields, preparing food on hot fire, and, most of all, bearing and breastfeeding children – the complaints about neglected skin formed an idiom to express both one's commitment to marriage obligations and one's frustration about not getting anything in return from the husband. Conflicts about body lotions are therefore at the centre of negotiations of conjugal responsibilities. For instance, in her reaction to Yvette's attempts to leave her marriage out of anger over her husband's negligence, Frédérique lamented:

That's what always happens to me as well! I have borne a lot of children, but have never been maintained after deliveries. Even after my stillbirth, I just remained like this! No hospital care, no injections, no pills. Negligence. My husband doesn't give me money and doesn't care. He even neglects giving me oils and creams! That's why you see my body as worn out as you see it now.

Although the presence of, and parallels between, women's agricultural, culinary, and childbearing pursuits in marriage have been noted for many other locales in Cameroon as well (Feldman-Savelsberg, 1996; Goheen, 1993; Houseman, 1988; Johnson-Hanks, 2007; Laburthe-Tolra, 1981; Notermans, 1999), the bodily idioms around them have been left unmentioned. Some of these studies rather highlight the *symbolic* link between field, fire, and fertility; they agree with Houseman's argument (1988, pp. 51-52) that 'a woman's cultural transformation of raw food through cooking in earthenware containers is at once metaphorically associated with her 'cooking' of the foetus in her womb during gestation, and metonymically associated with her cultivation of the earth itself through gardening'. Others instead focus on the gendered *power* dynamics underlying 'women's control of the resources which [a]re essential to their perceptions of what would be feminine, that is, food, earth, and children' (Goheen, 1993, p. 254). None of these studies mention the perceived *physical* effects of such productive and reproductive marriage duties, or how these in turn affect women's sense of womanhood and wifeness – while exactly these issues resonated most in my informants' complaints of their marriages and village lives. The extremities which women encounter in rural fields, by the fire-side, and through fertility quicken the ageing process.

This is especially the case with extreme deliveries and pregnancy interruptions. During reproductive mishaps, women lose more force than during normal deliveries (discussed in the previous chapter). Many informants distinguish between early and late pregnancy interruptions to explain the different ways in which force is reduced. In case a pregnancy 'falls' in the initial phase of development, a lot of blood is lost: not only the blood of which *zəng mon* is constituted, but also all the surrounding blood which aims to protect and nourish the foetus. Here, the abundance of blood loss *directly* causes an enormous depletion of a body's reservoir of force.¹³ This happens *indirectly* with difficult births in which the child to be born is weak or dead. A mother's loss of force is then inherently related to the decreased force of the baby. A child who is delivered 'before his time' does not have the appropriate amount of force to initiate and manage childbirth by himself. Such a child becomes 'tired' very quickly, drowns in the surrounding water, or simply dies from fatigue, and leaves it to his mother to finalize the delivery with her own force. In cases where the child has already died *in utero*, this effect is even aggravated; with no incentive from the dead foetus at all, the delivery demands an enormous amount of a mother's force. This happened during Yvette's dramatic seventh delivery, when she fainted due to a lack of force after the child got stuck in the birth canal and died in the process. Something similar occurred when my informant Michelle delivered a stillbirth with the help of a traditional birth attendant after a long and painful labour:

The child was near, but he didn't want to get out. They forced to get the child out, but it was very difficult. It took too long. Since the child was already dead, he could not get out by himself. So they had to push my belly, so that the child would at least take the right direction. The head of the child came out, but his feet stayed inside. She [the TBA] again inserted her hand and hooked her fingers to pull the child out. At least, that's what people tell me, since I,

I was already... I don't know. I was already tired, I could not even scream anymore. I was already... it was not even what they call fatigue huh? I was already dead.¹⁴

Both 'wasted pregnancies' and 'wrong deliveries', then, are intensely feared by women. Charlotte describes the exact details of, and differences between, the two incidents as follows:

Charlotte: If your child dies in your belly, the delivery is more difficult than for the child who comes alive. When you are pregnant and you want to deliver, the child that is in your belly gives you the force to push. You see? But it is difficult to get a dead child out if you don't use your own force.

Me: And what about the loss of a pregnancy where the child was not yet formed?

Charlotte: Anyway, it is the same. Because the child who is not yet formed will also be unable to give you the breath to push. It is alike to the child who died in your belly and who leaves without giving you force. But an early abortion is more painful than whatever delivery. Because it is torn from your own body. The pregnancy was not yet mature. A child wanted to develop, but its development is cut in the middle. So something removes the egg of the child with force! So it should hurt a lot. And you lose a lot of blood. Both before the foetus leaves and afterwards. Some women even faint. They have no blood left. No force in their bodies anymore.

Not surprisingly, the expression 'abortion is worse than childbirth' (*'l'avortement dépasse l'accouchement'*) that my informants often invoked is explained in terms of the loss of blood and force for both mother and child. Therefore, even more than after normal childbirth, blood replenishment is deemed necessary after reproductive interruptions; women make abundant use of indigenous remedies and feel a more urgent need for biomedical injections in order to recover quickly. Yet, even if women fear interrupted pregnancies most for the enormous *immediate* physical depletion they cause, their *long-term* effects are supposed to be less traumatic than the effects of repeated nine month gestation and two year nursing periods for women bearing living children. Those who continuously feed a foetus with their blood and nourish an infant with their milk lose more force in the long term than those who experience one short but intense attack on their reservoir of force and blood. The reproductive life trajectory of those who conceive a new pregnancy while they are still nursing their previous one (*abial tute*), or immediately after its weaning (*abial ikut ikut*), is especially one of gradual but constant degeneration. Thus, while in other cultural settings childbirth and breastfeeding are considered 'time out', offering a possibility for rest (Dykes, 2009), Gbigbil women stress the physical toll these constant losses of blood, milk, and force demand.

Similar conceptions have been described for rural Gambian women by Bledsoe (2002). Rather than time being the essence of ageing, she argues that 'pace and character of senescence are contingent on cumulative wearing events such as reproduction that erode life's sustaining forces, with harsh experiences causing disproportionate loss' (*ibid.*, p. 322). Since women in the Gambia 'view the anatomical and energy limitations on the body as more important than a menopausal end to reproductivity', Bledsoe argues that the length of fecund time is 'a function of how well a woman takes care of her body'

(ibid., pp. 323-324). Preoccupied with the maintenance of blood levels, force reservoirs, and skin texture, Gbigbil women are as much ‘active shapers of their biological destinies’ (ibid., p. 325) as their Gambian counterparts – despite their afore-mentioned ideas of a predestined life course. Predestination and management go hand in hand, exactly because the unfolding of the life course and life force are believed to be *contingent*. Blood and body always become weak over the reproductive life span – with pregnancies taking longer to develop and deliveries becoming increasingly painful – but the pace of degeneration can be influenced by individual management and social support. While Bledsoe considers such contingencies only within the context of conjugal life – a limitation of her study exposed by Hunt (2005, p. 425) – the meanings and management of Gbigbil force levels should be situated within wider social worlds as well.

Yvette’s case sheds more light upon the relationships between contingency, individual management, and social support (or the lack thereof) *within* and *beyond* the conjugal frame. By delving into these particularities, the next section will try to make sense of her reproductive navigation. It aims to unravel the individual ambitions and social stakes that affected Yvette’s pathway to rural respectability as well as the projects that she envisaged when this pathway became endangered by repeated child deaths. Furthermore, it will outline how these pathways and projects are related to the afore-mentioned notions of (interrupted) babyhood, womanhood, wifehood, and motherhood.

Ambiguous ambitions: Yvette’s experiences reconsidered

As described above, the roles and statuses of Gbigbil village girls and women are dependent on the amount of force they display; it serves as an indicator of their worth as (future) wives whose main responsibilities are to work in the fields, to prepare food, and to bear children. Especially in this setting where married women come from ‘outside’ – another village or another lineage in the same village – and therefore occupy an ambiguous position surrounded by suspicion and hostility, there is a clear interest for them to display their physical capacity to fulfil all expected duties. Accomplishments in the domains of ‘field, fire, and fertility’ thus become morally laden, determining who is considered a *good* woman, wife, and mother. I therefore speak of the ‘ethics of production and reproduction’ – a notion inspired by Paxson’s (2004) discussion of different ‘ethics of womanhood’ in modern Greece.¹⁵ In her study on changing ideals and practices of motherhood in Greece, Paxson sees gender as an ethical ‘system of virtues’, prescribing ‘what it takes to be good (at being) women or men’ (ibid., p. 11). She shows how these ethics fundamentally underlie women’s sense of self – even affecting what they perceive as their innate ‘nature’. However, rather than a biological destiny, this ‘nature’ should be considered a metaphysical category ‘in that it requires the social actualization of certain virtues and relationships realized first in practice and second in the public recognition of that practice’ (ibid., p. 13). That is, only by displaying socially

acknowledged virtues can a woman reveal her embodied womanhood, thereby proven to be good womanhood. Gender thus becomes a 'matter of moral responsibility' (ibid., p. 13). In modern times that offer a multiplicity of 'ethics of womanhood', this continuous process of achievement of good womanhood has become one in which women negotiate, combine, and contest different moral responsibilities at the same time.

Yvette's story shows similar dynamics. Over her life course, the ethics of production and reproduction were explicitly discussed and reconsidered by the different parties involved. For Yvette, her initial years of marriage were characterized by her own conformity to social expectations and conjugal duties; the conception of several pregnancies of which the outcomes were successful and her hard work in the fields contributed to the rise of her status as a strong, zealous, and committed daughter-in-law. This conformity to the ethics of production and reproduction opened up a pathway towards respected womanhood, wifedom, and motherhood in a marriage that was, like all new marriages, precarious. What prevails in Yvette's descriptions of this period is an imagery of force, autonomy, and multiplicity of possibilities. That some of this force would necessarily be lost in the process was taken for granted; the ageing effects of marital duties were implicitly accepted as part of a woman's life. In fact, as Bledsoe also stated for Gambian women, 'by shaping her aging process on behalf of a certain man and his family, a woman can build a moral reputation and establish her conjugal security. Indeed, since the efforts that age her are seen as helping to build her husband's family, the number of children she has produced may well matter less than how she has conducted the process of aging itself' (2002, pp. 24-25).

It is this process of ageing that went awry after Yvette's fourth birth. The physical toll of constantly carrying and birthing babies without any long-lived result or any period of bodily 'rest' and 'maintenance' was exacerbated when Yvette's last two deliveries became extremely traumatic in themselves. For Yvette, this was where the *real* problems started. Far from being considered a normal and expected effect of life, this excessive ageing and bodily neglect now became explicitly questioned and regretted as an extraordinary sacrifice she was making for her husband and in-laws – without getting any rewards in return. Her complaints about ageing and weakness thus form an idiom with which to stress her own *virtuous* and *responsible* womanhood, wifedom, and motherhood, while at the same time allowing her to comment upon the *vicious* and *irresponsible* attitude of her husband and his kin. What is at stake in these physical complaints and comments therefore seems intrinsically *social* in this rural setting where women's bodies and their life force directly inform their (re)productive statuses.

This seems even more the case since Yvette uttered these complaints in a situation where both her *wider* social network had collapsed and her social status as a woman, wife, and mother was challenged by others. Regarded in this light, her idiom of weakness comments upon her reduced social status that has, paradoxically, become comparable to that of a weak 'child' (with the Gbigbil word 'weakness' (*tekaa*) denoting

not only old age, but also fragile childhood). While excessive *physical* tolls had made her grow old, she had become a child again in a *social* sense. Just like for newborn babies and infants, whose ambiguous status in the world of human beings was described before, Yvette's status and embedding in existing social networks had become precarious. And since it was unlikely that she would be able to fulfil the ethics of production and reproduction in the foreseeable future, her re-entrance into childhood seemed almost irreversible – symbolized by the constant overgrowth of her formerly productive field, the last tangible proof of her earlier respected womanhood. With these equations to a small child or an old *mama*, little was left of the imagery of force, autonomy, and multiplicity of possibilities with which Yvette had depicted herself before. Instead, it was a *lack* of force, independence, and opportunities – verbalized in expressions like 'I should not speak up' or 'I am in the water like a plate that doesn't move' – that accompanied her lack of productive and reproductive potential.

While Yvette attributed this 'weakness' to the absence of support from her own family and the absence of responsibility in her family-in-law, the latter considered Yvette's excessive ageing caused by her *own* (sexual and reproductive) irresponsibility. The trust that Yvette had succeeded in creating by her initial childbearing and zealous work in the fields gradually turned into distrust of this 'outsider' in whom a greedy panther must be hidden – mystically devouring the much wanted descendants of the lineage. While her first three losses had already aroused some suspicion but could somehow be explained otherwise¹⁶, the two traumatic deliveries – possible indicators of a 'complicated belly' full of witchcraft – turned all attention to Yvette herself.¹⁷ Now that not only her children had died, but also her deliveries had become increasingly complicated, Yvette's previous losses were all reinterpreted as mystical deaths: this greedy panther must have been behind the deaths of her children all the time. Thus, in striking contrast to Yvette's focus on the *discontinuity* and *differences* between physical experiences, outsiders came to frame her reproductive interruptions in terms of the *similarity* of the underlying social mechanisms. Even those who expressed doubts about the witchcraft hypothesis would agree that what was sure was that Yvette's 'wrong deliveries' had all deprived Daniel's patrilineage of its descendants – irrespective of how long these children lived and how and why they had died.

That it was Yvette's status and not so much those of her lost children which came to dominate the commentaries underscores the fragility and ambiguity of the position of Gbigbil married women, as well as its dependence on fertility success. Indeed, that Yvette's reproductive interruptions triggered a wave of suspicion that had until then remained largely unexpressed shows how this ambiguity towards wives as 'outsiders' is in fact omnipresent and always prone to erupt. Since descendants are so much at stake for the patrilineage, but are at the same time only to be obtained through outsiders to the lineage, it is these outsiders who easily become targeted and blamed for the loss of children. While Yvette's particular child deaths might have been lamented in themselves,

taken together they formed a much stronger catalyst to question, redefine, and negotiate her womanhood, wifehood, and motherhood. With bride-price constituting the symbolic acknowledgement of a wife's status and contribution to the lineage, it is not surprising that the discussion came to centre upon *this* issue, rather than the lost babies in themselves. Indeed, these reproductive interruptions had come to be framed within an argument *for* or *against* bride-price transactions. While Yvette, and later also her paternal uncle, would bring up past bodily 'sacrifices' as a justification for its transfer, it is exactly these extraordinary sacrifices that had cast her in-laws' doubt on Yvette's status as a wife and mother – and thus, the right to a bride-price.

Taking into account the inherently ambiguous status of *all* married women in this village, as well as the frequent disregard for marital obligations as described in Chapter 1, Yvette's conjugal situation is not so different from those of many other Gbigbil women. Indeed, both marital frictions and the absence of a bride-price are not at all uncommon in Asung, nor are they restricted to unions where children are lacking or have died. The marital setting is generally pervaded by flexibility; if frictions accumulate or bride-price negotiations fail, unions easily dissolve. Many are the women who, after marital 'neglect' or child deaths, try their luck elsewhere – in another rural marriage, or in an urban setting. The question is why Yvette did not. Why did she decide to stay in this marriage, and let her case end up as extreme as has been described above? If Bledsoe is right that 'each reproductive event will have unique effects on an individual's life, and the effects of all these events, in tandem with her social situation, will shape her future options' (2002, p. 327), then what can be said about the particularities of Yvette's life and the future options these created?¹⁸

To begin with, Yvette had always occupied a rather particular position in Asung, which was not the home base of her father, nor the village of her mother's patrilineage, but the residence of her maternal grandmother. This situation is rather uncommon as daughters of *multiple* generations have settled in their own family here.¹⁹ The ambiguity and hostility which normally surrounds a *mo kal* (child of the sister) in the patrilineage of his or her mother can therefore be expected to have been aggravated in the case of Yvette and all other matrilineal grandchildren.²⁰ They seemed protected, however, by their respected grandmother. Yet, with the death of Yvette's grandmother, and later also the decease of her brother, Yvette had lost her protective havens and strong negotiators in case of familial and marital problems. Of the three daughters that her grandmother had left behind, one was married in another village, the other was considered to be crazy, and Yvette's mother had never fulfilled her maternal duties. Few *bengweej* (maternal uncles) remained in the neighbourhood where Yvette had grown up – and those who did were only indirectly related to Yvette's grandmother and mother, thus upholding the ambivalences that normally characterize relationships between *bengweej* and their *mo kal*. More than ever, Yvette had become an 'outsider' in her own village; not only as a contested wife in marriage, but also as unprotected child of *mo kal* in the neighbourhood

of her mother's maternal uncles. In addition, while her network of maternal kin was hampered by death, Yvette's paternal family was gradually emptied due to urban migration. The only direct uncle who remained in the village was openly critical of the departure of his brothers, as well as the burden of the children they left him with. The social distance he expressed towards Yvette and her brother was exacerbated by their physical distance; no substantive support was thus to be expected from the paternal side either.

Apart from an extremely impoverished social body, Yvette also lacked other forms of capital that could have offered alternative pathways. Her first pregnancy with Honoré had put an end to her then still starting secondary school career; the resulting lack of a proper education did not allow for formal training or employment that could help her move away from the 'field, fire-side, and fertility duties'. To leave for a nearby city and search for an informal job or engage in petty trade would at least require some contacts facilitating housing and job orientation, which she did not really have. And her physical state, Yvette lamented, would not allow her to move away from the village anyway. With no options beyond the village level, Yvette understood that, in order to stay there somehow respectfully, she would need to be married; 'What can I do? It's the village'. Indeed, as Guyer (1984, p. 74) has also noted:

The whole cultural tradition favours being a wife over being a daughter or sister. All the incentives in the rural areas converge to encourage women to aspire to marriage and to remain married. Security of access to land, assurance of an inheritance of one's children and status among the women of the village depend on being married. At the village level, bridewealth payment is still the means of acquiring these rights.

Though these bridewealth payments were out of the question in this marriage as long as Yvette was unable to regain productive and reproductive potential, to resort to *another* marriage was not an attractive option either. Even *if* somebody would be willing to marry this 'old woman with an old body' – which Yvette deemed unlikely – she would again have to meet the ethics of production and reproduction in order to establish herself as a daughter-in-law. That scenario could possibly prove fatal and was thus discarded as an imagined future pathway. With Daniel, at least, she had arranged for an agreement of birth control, and she was excused for her lesser productivity on her fields now that she had lost an enormous amount of life force for her family-in-law. And to be married with a Bibakung man like Daniel was not too bad, after all, for of all lineages in Asung, Bibakung is the most expanded and influential one. The few brick houses in the village are located in this particular neighbourhood; the big plantations of the village are owned by Bibakung men; most of the elites who have successfully installed themselves in big cities or even abroad – such as Yvette's sister-in-law who financially contributed to the blood transfusions – are descendants of this lineage; and the village chief himself is so too. Without a decent network of social support, Yvette seemed not unwilling to claim her dependency on this family. The Bibakung themselves clearly felt less dependent on

Yvette, however. Their relative status, the enormous number of descendants of Yvette's father-in-law (who had married four wives), and their knowledge of Yvette's vulnerable situation not only made them less reliant than other families on their daughter-in-law's services, but also gave them considerable room for exertion of their own 'politics'.

This is not to say that Yvette did not also constantly redefine her personal stakes and ambitions. Even if she had a relatively disadvantaged social position and restricted room to manoeuvre, she *did* rethink her marriage and future after each reproductive or conjugal crisis, or in one and the same conversation with me. Her considerations were often contradictory – at times rejecting the union, at times praising it. They show first of all how vital conjunctures are always full of uncertainties, indeterminacies, explorations, and dismissals of horizons. But they also reveal the *ambiguity* of her personal ambition to stay in a marriage without being able to properly fulfil the ethics of production and reproduction – thus adding to the ambiguity that inheres *any* marriage. In her deliberations, Yvette resorts to various tactical interpretations and portrayals which enable her not only to 'cope with events that do not accord with (...) ideals' but also to 'manipulate circumstances behind the scrim of public scrutiny without upsetting the dominant ideological order' (Paxson, 2004, pp. 94-95).

In her redefinitions of marriage and the concomitant ethics of production and reproduction, Yvette gradually replaced the valuation of successful fertility by a focus on hard work in the fields and friendly sharing of food with in-laws and villagers. Sexuality and childbearing, once the cornerstone of marriage, were increasingly recast as moral matters rather than unconditional conjugal duties. Indeed, given the heavy critiques of her sexual relationships and reproductive itinerary, Yvette's recourse to birth control pills after her last child's death should not just be seen as a means to physical 'rest', but also as a morally laden act – a way to establish herself as a responsible woman and mother. For, as Johnson-Hanks (2007, p. 645) has also observed in the region, 'in contrast to many well-known honour systems, a Cameroonian woman's honour is not merely a reflection of that of her husband or lineage but is something that she claims herself. (...) Sexuality and sexual self-mastery also play important roles in claims to honour; (...) it is wisely managed restraint, good judgment, and self-dominion that matter'. Only reinterpreting the ethics of reproduction in such a way would justify Yvette's non-reproductive stay in her marriage and ensure her position on the pathway to rural respectability.²¹

This does not mean that she had discarded the duties of motherhood altogether. To the contrary, her repeated wish to care for her living children and to leave them with an inheritance should be read as another claim to responsible motherhood. Drawing on the widely accepted 'truth' that mothers offer their children the best love, care, and education (*encadrement*), Yvette justifies her motherhood *and* her stay in this marriage. Again, she reformulates marriage in the process; rather than defining it as the formal framework in which women are supposed to bear descendants for their husbands' patriline, she sees it as the best environment for the practical creation of informal

matrilateral ties and emotional relations between mothers and children. The local patrilineal idiom is thus at times tactically stressed – such as when Yvette demands protection and financial compensation from her husband and in-laws – while at other times it is explicitly countered by alternative discourses and practical realities – when these appear more promising for realizing Yvette’s projects. Focusing not on *childbearing* but on *childrearing*, and stressing her hard work in the fields – and the resulting suffering – as the only means to feed and build an inheritance for her children, Yvette alters the ethics of production and reproduction in such a way that her current position becomes meaningful for both herself and others, ‘without upsetting the dominant ideological order’ (Paxson, 2004, p. 95).

Conclusions: at a loss through loss

This chapter set out to explore the intricacies of reproductive conjunctures happening on, and possibly altering, women’s pathways to rural respectability. It has shed light on some general conceptions and specific social tensions that direct the navigation of reproductive interruptions in the village of Asung. The notion of ‘force’ (*ngul*) appears to be central for understanding the meanings of interrupted fertility and the projects that women envisage after these reproductive happenings. First of all, notions of *foetal* force are indispensable to understand local *definitions* of reproductive interruptions. The contingent ‘filling with force’ of babies during and after pregnancy leads to a rather fuzzy distinction between ‘wasted pregnancies’ and ‘wrong deliveries’ of ‘passing children’ in case fertility is interrupted, at odds with strict time-based biomedical categories of reproductive interruptions (such as miscarriages, stillbirths, perinatal, and neonatal deaths). Different definitions of interruptions create different options and opinions; meanings of loss are constantly negotiated according to women’s personal projects and the stakes of social others.

Second, notions of *female* force (and the loss of it when fertility goes awry) define the *implications* and affect the *navigations* of reproductive interruptions. As force is needed for activities regarding the fields, fire-side, and fertility, which contribute to women’s social standing as women, wives, and mothers in the village, the loss of *physical* force in fertility interruptions always has *social* ramifications. Concerns with growing old and weak can thus denote a sense of social degeneration; physical bodies are also social bodies. This, in combination with the particular social situation at hand, affects the projects that become possible and preferred during vital conjunctures. Yvette’s case has shown that in the absence of physical force, but also of social support and other forms of capital such as education or employment, interruptions of fertility might interrupt the wider productive and reproductive ambitions, and associated statuses, of rural women. The inability to live up to the ethics of production and reproduction then exacerbates women’s ambiguous position as outsiders in the patrilineages of their husbands.

At the same time, this ambiguity offers room to manoeuvre. Even if physical force and social support were lacking, Yvette constantly redefined and negotiated her stakes and ambitions in line with the horizons that she encountered during different reproductive conjunctures. The ethics of production and reproduction, in need of constant achievement and social acknowledgement, are thus subject to contestations, redefinitions, and changes over time – both between generations (as shown in the epigraphs to this chapter) and within the life course of one woman. The next chapter builds on this insight by shifting the area of ambitions altogether; it describes the experiences of motherhood and its interruption at moments in which Gbigbil women opt to abandon the village ethics of production and reproduction in favour of alternative, urban futures and images of womanhood.