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

van der Sijpt, E.

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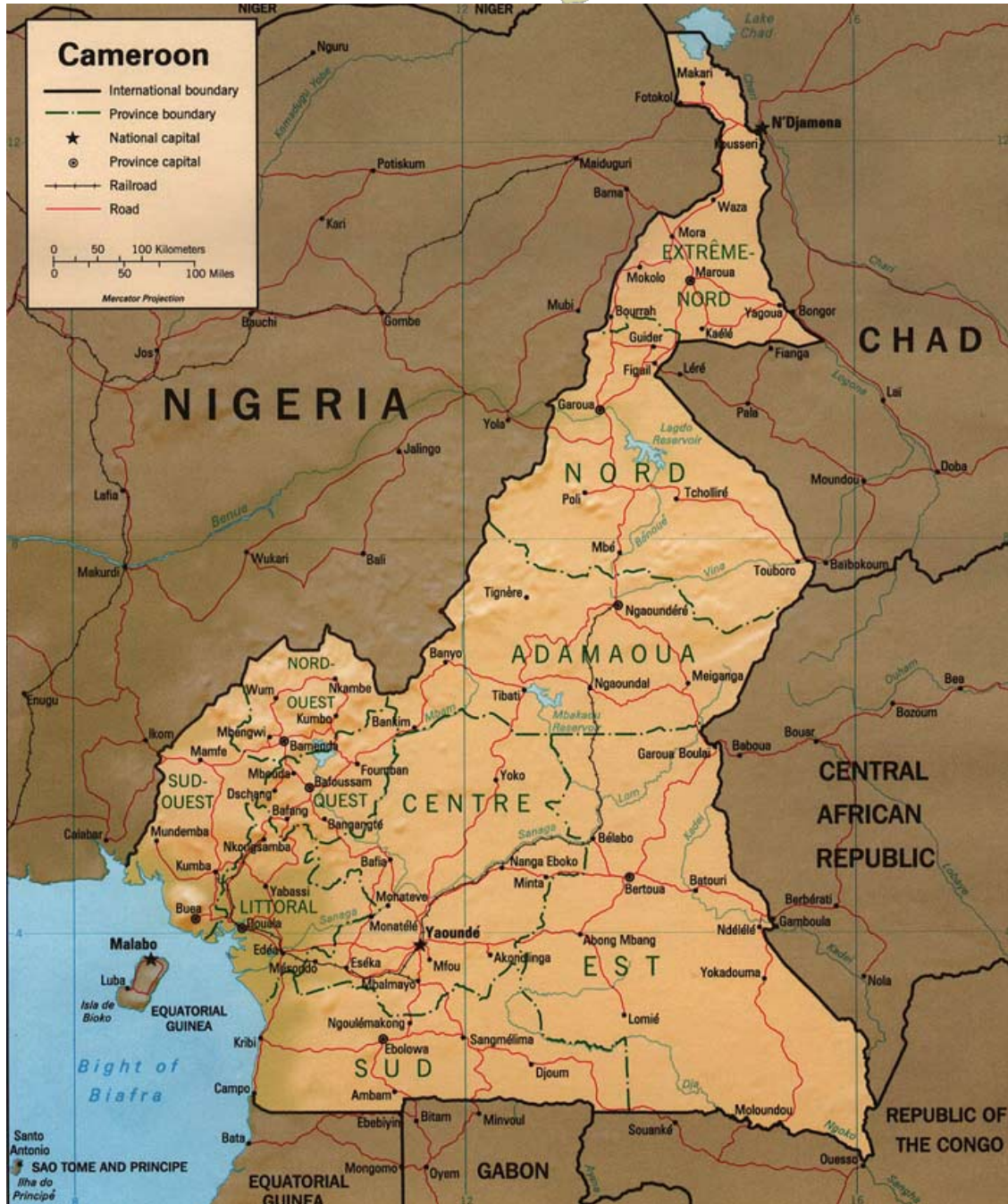
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APPENDICES

APPENDIX I: MAPS OF CAMEROON



Sources: <http://web.worldbank.org> and <http://www.history-map.com/picture/001/Cameroon.htm>.
Accessed on 15 May 2011.

APPENDIX II: FOCUS GROUP PREGNANCY INTERRUPTIONS

Vignette 1

Antoinette is a young woman of 22 years old. She has one single brother. She just married with her husband Antoine. Antoine had presented himself in Antoinette's family with traditional wine. Subsequently, Antoinette had left for Antoine's household. She stayed for 6 months without conceiving, but finally she got pregnant. She hadn't told anybody that she was pregnant. Her pregnancy leaves after 2 months.

- How will Antoinette and her environment (husband, mother, mother-in-law) react?
- What could possibly have caused this pregnancy interruption?
- What will happen next in this case?

Vignette 2

Bernadette is a mother of 35 years of age, married with her husband Bernard. Bernard has paid the bride-price for his wife. In her life, she has given three children: two daughters and one son. The son died and the daughters have already gone to their marriages. Bernard would still like to have children and he just took a young co-wife into the household. Immediately, Bernadette conceives. She herself is very happy. After 6 months, the pregnancy leaves.

- How will Bernadette and her environment (husband, co-wife, father-in-law, older brother) react?
- What could possibly have caused this pregnancy interruption?
- What will happen next in this case?

Vignette 3

Catherine is a 30 year old woman, who just lost her husband Jacques. She married him when she was 14 years old, and in this marriage she has already given 9 children. She often encountered difficulties during childbirth. Two children died just after birth, so seven children are alive now. Life was hard for the couple and they had to make ends meet to nourish all their children and send them to school. When Jacques died, he left his wife with her tenth pregnancy. At the day of birth, the child doesn't want to get out. The case is too difficult for the traditional birth attendant and Catherine is taken to the hospital. Three hours later, the child is stillborn.

- How will Catherine and her environment (mother-in-law, sister, traditional birth attendant) react?
- What could possibly have caused this pregnancy interruption?
- What will happen next in this case?

Vignette 4

Désirée is a young girl of 17 years old, who attends the CES [secondary school] in Asung. At school, she meets a boy from Nkwej [neighbouring village] with whom she regularly has sexual intercourse, but both students do still live with their own families. At a certain moment, Désirée doesn't see her period anymore and concludes she must be pregnant. She tells this to her boyfriend. However, the boyfriend starts to insult her and denies being the father of the pregnancy, accusing her of having had sexual relationships with somebody else. Désirée starts to cry and tells her story secretly to her friend. Two months after her missed period, Désirée starts to bleed enormously and her parents have to take her to the hospital. There, it is concluded that she had been pregnant and that the pregnancy has left.

- How will Désirée and her environment (boyfriend, father, mother, friend) react?
- What could possibly have caused this pregnancy interruption?
- What will happen next in this case?

APPENDIX III: FOCUS GROUP SEXUALITY AND MOTHERHOOD

Today we will discuss the story of Chantal. We will reflect on four particular moments in her life, taking into account five aspects that might play a role at these moments:

- bodily transformations
- transformation of social roles and positions
- daily life experiences
- your mother's advice with regard to this moment
- your own advice to your children with regard to this moment

1. Chantal is the first daughter in her family, living in Asung. She has 4 younger brothers. Her parents are poor and Chantal doesn't go to school. She loves to go to the fields, though, and works hard together with her mother. When Chantal is 11 years old, her small breasts start to grow. Her mother takes her *mīk* [a wooden stick which is used to prepare the local dish *couscous*] and starts to massage her daughter's chest. Chantal does not understand why this is done. She continues to work in the fields for another 2 years. One day, she returns to the village with a basin of water on her head. After storing the water in the house, she starts to do the dishes, as her mother had asked her to do. When she is sitting on the ground, she remarks that her underwear has turned red. She runs behind the house and concludes that there's blood in her underwear. She waits for her mother to return from the fields and explains the problem to her.

2. Chantal's mother advises her daughter to count all her fingers and toes before 'knowing' a man [i.e. before initiating sexual relationships]. But since Chantal doesn't have anything to do in the village, some youngsters start to flirt with her and she falls into the trap. A guy takes her to his house when his parents are absent and he asks Chantal to undress. For the very first time in her life, Chantal has sexual intercourse. Afterwards, she notices some drops of blood. She is not a virgin anymore.

3. Chantal does now know men very well. But she doesn't know how to protect herself. Since she has never gone to school, she doesn't know how to count her cycle. Her village friends have shown her indigenous remedies that do not seem to work. One day, she waits for her period, but it doesn't come. She waits until she feels a small ball in her belly. She acknowledges that she's already pregnant. Thus, not only is she a woman now, but she will also soon be a *mother of children*.

4. Chantal continues to give birth. She bears 9 children and has two abortions. Of her 9 children, six are still alive; three boys and three girls. These children also start to bear their own children. Chantal even notices that her periods becomes increasingly disordered; sometimes she bleeds twice a month, sometimes it takes three months before it comes again. At a certain point she concludes that her menstruation is over.

APPENDIX IV: FOCUS GROUP KINSHIP AND MARRIAGE

Today we will follow the life course of a hypothetical woman: Charlotte. Just like during the previous Focus Group Discussion, this case is imaginary; Charlotte doesn't exist in reality. But on the basis of her story, we will be able to discuss the different phases of marriage, their advantages and disadvantages, as well as the relation between her own family and her family-in-law in all cases. Shortly, we will discuss 7 phases in Charlotte's life:

wangang / engagement → medokh meyal in a far away village → ivoula / bride-price → polygyny → divorce → second marriage in her own village → widowhood

Now we will study these phases more profoundly by discussing each situation separately. For every phase, we will pretend that we don't know what is to follow in the future life of Charlotte. Let's start zooming in on every single situation.

1. *In the first phase Charlotte is still a young girl of 16 years old. She lives with her own family, but she already fancies village men. She gets pregnant with a guy whom she had known [with whom she had had sexual intercourse], who is called Antoine.*
 - What do you think of sexual relationships of young girls before marriage?
 - How did this happen formerly and what has changed?
 - When is it good to get pregnant before marriage and when isn't it good?
 - What happens between the family of the girl and the family of the guy when the girl conceives?

2. *Afterwards, Antoine recognizes he is the father of the child. After birth, he brings the medokh meyal and decides to take Charlotte into a village near to Yaoundé, where his family lives. She arrives as a mom in her new family-in-law, the members of whom she had never met before.*
 - How will Charlotte's situation become now? What changes? What do you think of marriages that are this far from the village?
 - When is it good to get pregnant in this initial phase of marriage and when isn't it good?
 - What happens between the family-in-law and her own family – who are far removed from each other?
 - How do the attitudes of her own family and of the family-in-law (so the maternal and paternal family respectively) change with regard to the children that Charlotte bears in this phase?

3. *Time flies. Charlotte bears children. Gradually, Antoine and his family give the kanako, the monni nianja bon, and even l'ivoula to the family of Charlotte here in Asung.*
 - How will these transactions change Charlotte's situation?
 - How will these transactions affect her desire to bear children?
 - How will the relationship between her own family and her family-in-law change over time?
 - How do the attitudes of her own family and of the family-in-law (so the maternal and paternal family respectively) change with regard to the children that Charlotte bears in this phase?

4. *When Antoine has paid all his obligations, he decides to take a second wife into the household. Now Charlotte has arrived at the phase of ival [polygyny]. The second wife also starts bearing children.*
 - How does this situation affect Charlotte's childbearing intentions?
 - When is it good to get pregnant in this phase of marriage and when isn't it good?
 - How will this situation affect Charlotte's position within her family-in-law?

5. *After having endured for some time, Charlotte decides to leave her marriage with Antoine. She is 30 years old at this moment. She goes and stays in her own family in Asung. She takes her youngest children with her and leaves the elder ones in the family of her husband.*
 - How will Charlotte's situation be within her own family? How will the people in this village consider her?
 - How will this situation affect the relationship between her family-in-law and her own family?
 - How do the attitudes of her own family and of the family-in-law (so the maternal and paternal family respectively), with regard to the children that Charlotte has borne in her first marriage, change at this moment?
 - When is it good to get pregnant in this phase of Charlotte's life and when isn't it good?

6. *Staying in her own family now with her youngest children, a village man called Bertrand comes to fancy Charlotte. He even proposes her to come and live with him, here in the same village.*
 - What will be the best decision for Charlotte in this case and why?
 - What will her family advise her to do?
 - How could a marriage in her own village be different than a marriage in a far away village? What are the advantages and disadvantages?

6. *Charlotte has decided to accept the marriage with Bertrand and since she is a daughter of Bibakung [one of the village's patrilineages], she goes to stay with her children in Kidong [another patrilineage in the village]. Unfortunately, after two years of marriage, Bertrand dies.*
 - What will happen with Charlotte and her children in this situation?
 - What will Charlotte's own family and her new family-in-law in Kidong say?
 - When is it good to get pregnant in this phase of Charlotte's life and when isn't it good?
 - What kind of advice would you give to Charlotte?

APPENDIX V: FOCUS GROUP KINSHIP ROLES

Today we will discuss the story of Christel. Christel encounters three situations in her life which demand public judgments. You will play the roles of different people who will be invited to assist these discussions; randomly, you will be assigned the roles of Christel's mother, her maternal uncle (*ngweej*), her niece (*mo kal*), her paternal uncle, her father-in-law, her paternal aunt, her grandmother, her sister-in-law, and her boyfriend Paul. From these points of view, you will reflect on the following three situations:

1. Christel is a daughter of the Bibakung family. She lives in this village. Her mother is a daughter of the Kidong family and a *mo kal* [niece] of the Didabi family. That is, the maternal grandmother of Christel was a daughter of the Didabi family. The mother of this grandmother was a daughter of Bélabo village. She has died already. This woman had a sister in her family [i.e. a classificatory sister] who has also passed away. This sister had gone to Yaoundé during her life and had given birth to one daughter there. This daughter, loose as she was, had conceived a child with an unknown guy in the city. Afterwards, she died due to AIDS. Thus, her little daughter did not have a mother or grandparents, and she didn't know who her father was. Therefore, she went to discover the place of the maternal uncles of her mother in Bélabo village. During this visit, she knew [i.e. had sexual intercourse with] the father of her child and bore a son, Paul. Afterwards, she also died. Paul always stayed with his father in Bélabo and had been raised by his stepmother. When Christel went for commerce to Bélabo's market, she met him. They started a relationship without knowing the connection between their great-grandmothers. When Christel finds herself pregnant, she asks Paul to go and present himself in her family. At that moment, the grandfathers of Bibakung start to trace the kinship of the two persons and detect the situation. They organize a public gathering. A discussion evolves around the question: how to continue?

2. Christel and Paul have understood the advice given to them during the previous discussion. Out of shame, the couple decides not to see each other anymore. Christel stays in her family and Paul returns to Bélabo. In her family, Christel feels ashamed every day. Her *ngweej*s [i.e. maternal uncles] of Kidong, who pass by every day on their way to their fields, constantly insult her and mock her pregnancy. The shame and anxiety with regard to the future of her child make Christel prefer to abort her pregnancy. Her mother had been informed and had accepted the idea. It is even her mother who searches for indigenous remedies [to abort], but these don't seem to work. Christel is evacuated to the hospital, while bleeding heavily. Here, 50,000 Francs are demanded for curettage. Another public gathering is now organized to discuss this situation: what are the opinions of the participants?

3. The gathering has lasted for a long time because of all the discussion points. While everybody was busy talking, Christel died even before curettage could take place. Now the corpse is still in the hospital. In order to transport Christel to the Bibakung family, the corpse will have to pass by the Kidong family. Everybody now already knows about Christel's case. In the next coming days an enormous discussion evolves before Christel is buried: where will this be and what are the roles and arguments of each person involved in the discussion?

APPENDIX VI: SURVEY QUESTIONNAIRE

Identification number:

Age:

Date of birth:

Marital status:

Familial situation

1. Do you live in your own family or in the family of your partner?
(own family/family of partner/other)
2. Where do your children live?
3. Where do your children sleep?
4. Do you care for children whom you haven't borne yourself? (If yes:) How many? Whose children are they?

Matrimonial situation

5. Has the *kanako* been paid to your family? (If yes:) When?
6. Has the *monni niana bon* been paid to your family? (If yes:) When?
7. Has the complete bride-price been paid for you? (If yes:) When?
8. Have you contracted a civil marriage? (If yes:) When?
9. Have you contracted a religious marriage? (If yes:) When?

Pregnancy histories

I would like to talk about all pregnancies that you have had during your life, whether they have resulted in a live birth or not. A live birth is the birth of a child who cries immediately after delivery.

10. How many live births have you had in your life?
11. Please note for every live birth: What was the child's sex? Is the child still alive? (If yes:) What is the age of the child? (If no:) At what age did the child pass away?
12. How many wasted pregnancies have you had in your life?
13. Please note for every wasted pregnancy: After how many months of pregnancy did it happen? Was it a provoked abortion or an accident? (If provoked:) How have you provoked the abortion? (If accident:) What was the cause? Which treatment have you searched afterwards?
14. Do you know women in your environment who have ever provoked an abortion? (If yes:) How many? How did they do it?
15. Have you ever suffered from the women's worm?
16. Have you ever used remedies after sexual intercourse to prevent a pregnancy from entering? (If yes:) Which remedies?

APPENDIX VII: SURVEY STATISTICS

The tables below present the survey statistics calculated on the basis of 290 completed questionnaires (see Appendix VI). However, not all questions were answered by all respondents, or not all their answers have been noted down on the forms. Consequently, the sub-totals per question might differ from the total number of 290 respondents who participated in the survey. To gain clarity in this respect, the tables present both absolute and relative values. The mode (the answer that appears most frequently) has been made bold in order to enhance quicker reading of the tables.

PERSONAL CHARACTERISTICS

Table 1. Age of respondents

< 20	48	16.7 %
20 - 24	55	19.2 %
25 - 29	42	14.6 %
30 - 34	24	8.4 %
35 - 39	21	7.3 %
40 - 44	19	6.6 %
45 - 49	12	4.2 %
50 - 54	26	9.1 %
55 - 59	4	1.4 %
60 - 64	16	5.6 %
65 - 74	15	5.2 %
75 - 112	5	1.7 %
Total	287	100 %

Table 2. Marital status of respondents

Married	174	60 %
Not married	86	29.7 %
Widowed	26	9 %
Divorced	4	1.4 %
Total	290	100 %

FAMILIAL SITUATION

Table 3. Residence of respondents

Own family	93	33.2 %
Partner's family	178	63.6 %
Other	9	3.2 %
Total	280	100 %

Table 4. Residence of respondents' children

Mother	34	14.7 %
Father	22	9.5 %
Both parents	70	30.3 %
Maternal family	34	14.7 %
Paternal family	51	22.1 %
Other relatives	6	2.6 %
Other	14	6.1 %
Total	231	100 %

Table 5. Presence of non-biological children fostered by respondents

Yes	139	48.6 %
No	147	51.4 %
Total	286	100 %

Table 6. Number of children fostered by fostering respondents

1	39	32.8 %
2	27	22.7 %
3	22	18.5 %
4	9	7.6 %
5	8	6.7 %
6	6	5 %
7	3	2.5 %
8	2	1.7 %
10	1	0.8 %
15	2	1.7 %
Total	119	100 %

Table 7. Biological parents of children fostered by fostering respondents

Brother or sister	59	40.4 %
Brother-in-law or sister-in-law	16	11 %
Husband	21	14.4 %
Son or daughter	34	23.3 %
Co-wife	3	2.1 %
Mother or father	6	4.1 %
Other	7	4.8 %
Total	146	100 %

MARITAL SITUATION

Table 8. Transfer of kanako payments for (previously) married respondents

Yes	109	47.4 %
No	121	52.6 %
Total	230	100 %

Table 9. Transfer of monni niaja bon payment for (previously) married respondents

Yes	89	39 %
No	139	61 %
Total	228	100 %

Table 10. Transfer of complete bride-price payments for (previously) married respondents

Yes	70	30.8 %
No	157	69.2 %
Total	227	100 %

Table 11. Civil marriage contracted by (previously) married respondents

Yes	56	24.8 %
No	170	75.2 %
Total	226	100 %

Table 12. Religious marriage contracted by (previously) married respondents

Yes	21	9.5 %
No	200	90.5 %
Total	221	100 %

REPRODUCTIVE HISTORIES

Table 13. Number of live births per respondent

0	17	6.5 %
1	45	17.2 %
2	35	13.4 %
3	44	16.8 %
4	27	10.3 %
5	20	7.6 %

6	12	4.6 %
7	18	6.9 %
8	12	4.6 %
9	13	5 %
10	6	2.3 %
11	7	2.7 %
12	4	1.5 %
13	1	0.4 %
14	1	0.4 %
Total	262	100 %

Table 14. Sex division of all live-born children of respondents

Male	543	50.4 %
Female	534	49.6 %
Total	1077	100 %

Table 15. Survival of all live-born children of respondents

Still alive	815	75.7 %
Deceased	262	24.3 %
Total	1077	100 %

Table 16. Number of 'wasted pregnancies' per respondent

0	97	40.4 %
1	93	38.8 %
2	31	12.9 %
3	12	5 %
4	3	1.3 %
5	4	1.7 %
Total	240	100 %

Table 17. Intentionality behind 'wasted pregnancies' of respondents

Provoked	25	11.2 %
Accident	198	88.8 %
Total	223	100 %

Table 18. Number of gestational months after which respondents' pregnancies were 'wasted'

1	22	10 %
2	51	23.2 %
3	56	25.5 %
4	13	5.9 %
5	21	9.6 %
6	18	8.2 %
7	8	3.6 %
8	13	5.9 %
9	18	8.2 %
Total	220	100 %

Table 19. Abortion methods used by aborting respondents

Hospital/ medical doctor/ curettage	6	24 %
Indigenous (purging barks or chemical liquids)	15	60 %
Drinking concoction of pills	1	4 %
Vaginal insertion/ needle/ opening of cervix	3	12 %
Total	25	100 %

Table 20. Reason for accidental pregnancy interruptions of respondents

Hard work	34	22.1 %
Disease (jaundice, hot water)	75	48.7 %
Women's worm	12	7.8 %
Physical shocks	12	7.8 %
Difficult or premature birth	7	4.5 %
Mystical	3	1.9 %
Other	11	7.1 %
Total	154	100 %

Table 21. Kind of treatment sought after a 'wasted pregnancy' by respondents

Hospital	86	49.7 %
Indigenous	63	36.4 %
Nothing	21	12.1 %
Other	3	1.7 %
Total	173	100 %

Table 22. Acquaintance of respondents with aborting women

Yes	91	31.6 %
No	197	68.4 %
Total	288	100 %

Table 23. Personal experience of respondents with 'women's worm'

Yes	138	47.9 %
No	150	52.1 %
Total	288	100 %

Table 24. Utilization of post-coital remedies to prevent pregnancy by respondents

Yes	28	9.7 %
No	261	90.3 %
Total	289	100 %

APPENDIX VIII: PREGNANCY-RELATED CONSULTATIONS CSI ASUNG

8.1 Antenatal consultations (ANCs)

Year	Number of registered ANCs
2000	102
2001	110
2002 (January - May)	40
2003 (January - August)	120
2004	138
2005	119
2006	100
2007	89
2008	43
2009 (January - August)	46

8.2 Gynaecological consultations

Year	Threat of abortion	Induced abortion	Bleeding during pregnancy	Miscarriage	Post-abortionum bleeding /infection	Dys-menorrhea	Total number of patients
2003	14			4			906
2004	6			5			790
2005	3	3		1		9	992
2006	3			1	1	1	412
2007	2				1		173
2008	1	1	5		1	1	506

APPENDIX IX: PROHIBITIONS DURING PREGNANCY

Underlying rationale	To protect	Prohibition: 'A pregnant woman should not...'	Consequence if not adhered to
(Ethno)physiology	Pregnancy	Use remedies for catching fish	Miscarriage since the poison kills the child
		Work in the sun too much	Miscarriage as a consequence of the heat on a woman's back
		Carry heavy baggage	Miscarriage or stillbirth in case the woman falls
		Wear high heels	Miscarriage in case the woman falls
	Delivery	Have sexual intercourse with men other than the father of the child	Difficult childbirth since the woman has 'mixed the pregnancy' (<i>elle a mélangé la grossesse; apula abum mon njo</i>) and the child refuses all sperm other than his father's. The woman should first confess by publicly announcing all the names of her lovers before the child can be born
		Sit with closed legs	Difficult childbirth since the child might not find the opening in the vagina
	Newborn baby	Be woken up when she is sleeping	Malformed child (lacking a finger, an ear, etc.) since the process of development of the child has been interrupted during sleep
		Sit down too abruptly (towards end of pregnancy)	Damage of the child's still very delicate head
		Wear tight clothes	Malformed child since there is too much pressure on the belly and the child is not able to develop or breathe properly
		Have sexual intercourse towards the end of her pregnancy (from 7 months onwards)	The child will be born covered in a white mucus, with lesions on his body, or with 'dirt' in the eyes because of the excess sperm
Pregnant woman	Wear somebody else's clothes	The woman will catch the same diseases as the proprietor of the clothes	
Mother-foetus analogy (physical)	Delivery	Sit cross-legged	Difficult childbirth since the child will also spread his legs when he moves down
		Sleep or rest too much during the day	Difficult childbirth since the child comes out slowly
		Cut her nails	Difficult childbirth since the child cannot scratch his way out
		Wear jewellery	Child will be born with the umbilical cord wrapped around his neck
		Stay in the village without walking to the fields	Difficult childbirth since the child might move into his mother's legs
		Wear a head scarf	Child will be born with the umbilical cord wrapped around his neck
		Stand still in the door opening	Difficult or slow childbirth since the child will get stuck in the vagina
	Newborn baby	Chop wood	The child will be born with a split fontanel
		Sleep on her back	The blood of the mother will get into the eyes of the child
Mother-foetus analogy (moral)	Delivery	Quarrel with people	Difficult childbirth since the child will also be angry
	Newborn baby	Steal something	Child will be born as a thief
Food-foetus analogy Food-foetus analogy	Pregnancy	Eat catfish	Miscarriage or the child will be born with a large fontanel that might split at moments of thunder and lightning (<i>ngól</i>)
		Eat fish that has been caught with remedies	Miscarriage since the poison kills the child
	Delivery	Eat the left-over food of the preceding day ('food that has been sleeping over night')	Child will sleep during delivery and cause prolonged labour

	Newborn baby	Eat alligator	Difficult childbirth since the child will only move upward rather than downward
		Burn meat as a means of conservation	The child will be born with lesions and blisters on his skin, as if he is burnt
		Eat meat that has been partly eaten away by other animals (especially ants)	Child will be born with rash and skin lesions
		Eat the head of a pig	Child will suffer from abscesses on his head
		Eat the head of animals	The ears of the child will be filled with pus and his head will remain very delicate.
		Eat an elephant's trunk	Child will be born with a big nose
		Eat snake	Child will crawl only on his stomach, without using hands and feet
		Eat gazelle	Child will suffer from epilepsy
		Eat porcupine	Child will be born with rash and his skin could tear apart
		Eat turtle	Child will be born as a turtle
		Eat eggs	Child will be born with a bald head and closed eyes; his navel, hands, and feet will swell during life
		Eat certain forest fruits	Child will be born with a tender head
		Eat very hot sauce	Child will burn his mouth
		Eat too much pepper	Child will be born with a long tongue and red eyes and he will cry a lot
Eat too much salt	It will swell the woman's hands and feet and the child will refuse to eat too salty food		
Exposure to death	Pregnancy	Walk into a room where somebody has died	Miscarriage or stillbirth
		Assist a funeral without having attached certain remedies to the fingers or hair	Miscarriage or stillbirth
	Newborn baby	Sit down on the bed of a corpse	Child will suffer from 'disease of the corpse' (<i>akon mim</i>) and will swell as if he is malnourished
		Walk on the spot where a corpse has been washed	Child will suffer from 'disease of the corpse' (<i>akon mim</i>) and will swell as if he is malnourished
Exposure to supernatural forces	Pregnancy	Walk alone in the forest too often	Witchcraft attack since the witches might be alerted by the odours of pregnancy
	Newborn baby	Fetch water in the evening	The child will turn mute, since it will be attacked by the witches that had dipped their hands in the water the woman drinks
'Tradition'	Pregnancy	Sit on a bench on which lice are crushed	Miscarriage or stillbirth
		Sit on the skin of a hare (which served as a sheet for newborn babies in former times)	Miscarriage or stillbirth
		Try to kill a snake	Child will get illness <i>mesum</i> with diarrhoea and nausea in case the woman fails to kill the snake
	Newborn baby	Eat chicken without her husband	Child will get illness <i>mesum</i> with diarrhoea and nausea
		Pass by certain forest fruits	The head of the child will grow explosively