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

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SUMMARY

How do women deal with pregnancy interruptions in a setting where fertility is highly valued and reproductive mishaps are frowned upon? How can we understand the decisions that they make during these reproductive happenings? And how are these decisions informed by social connections, individual ambitions, and bodily states? These are the main questions that gave rise to this anthropological research on pregnancy interruptions in Eastern Cameroon. During fifteen months between 2004 and 2009, I closely interacted with Gbigbil women in Asung village, and participated in reproductive and other social and personal events in their lives. Through in-depth and life story interviews, focus group discussions, conversations with partners and family members, aetiological explorations, body mapping exercises, diary distributions, and an anthropological survey I sought to gain insight into the stakes and stories that surround the interruptions of their pregnancies.

Despite the frequent occurrence of reproductive mishaps, such stakes and stories have only recently come to be mentioned in anthropological literature. For a long time, ethnographic studies of human reproduction were based on normative accounts of fertility behaviour; the complexities of, and contestations around, interrupted pregnancies were hardly mentioned. Only in the 1990s did the anthropological gaze turn towards marginalized subjects and counter-hegemonic practices. The resulting explicit attention to reproductive politics and contestations led to investigations of women's experiences of both provoked and spontaneous pregnancy interruptions all over the world. Although this thesis builds upon this recent body of work, my findings also depart from it in significant ways. I argue that the existing literature is informed by three major dichotomies that hinder a deeper understanding of women's ambiguous experiences with interrupted pregnancies: 1) a time-based division of miscarriages and stillbirths; 2) a distinction between spontaneous and induced pregnancy interruptions; and 3) an association of spontaneous pregnancy interruptions with passive suffering and of induced abortions with agency.

Rather than demarcating reproductive happenings on the basis of these dichotomies and their underlying (often ethnocentric) assumptions, in this thesis I propose to look at reproductive interruptions in the broadest sense: *any* form of interrupted fertility – infertility, miscarriage, stillbirth, perinatal and neonatal death, but also induced abortion and fertility regulation – is taken as a starting point, irrespective of the gestational stage of the pregnancy or underlying intentions and associations. I seek

to *investigate*, rather than to *presuppose*, women's own definitions and categorizations of these events – as well as those instances that they downplay as non-events – and the different reproductive ambitions, decisions, and experiences related to them.

To enable this investigation, I propose framing incidents of interrupted fertility as *vital conjunctures*. Defined by Johnson-Hanks (2006, p. 22) as 'socially structured zones of possibility that emerge around specific periods of potential transformation in a life or lives', vital conjunctures capture the structures, constraints, and possible future scenarios ('horizons') that people encounter at critical turning points in their lives. Reproductive interruptions can be considered such turning points: they *potentially* transform life courses by derailing previous pathways or opening up new horizons. By focusing on the vital conjunctures that arise around these happenings, in this thesis I examine the decisions that women make and the directions that they take during different instances of interruption. I aim to shed light on how women (re)direct their pathways and (re)define their 'projects' – their overt or covert desires, aspirations, and ambitions (Ortner, 2006) – within the particular vital conjunctures that make up their reproductive trajectories.

Although such a focus highlights the complexity, contingency, and changeability of what I, with reference to Vigh (2006), call 'reproductive navigation', in this thesis I also trace *broader* socio-cultural mechanisms and patterns of reproductive decision-making. Inspired by Africanist debates about the inherent sociality or individuality of the body, self, and personhood, I investigate how women's navigation of reproductive conjunctures is related to – or even from the outset defined by – their interpersonal connections on the one hand and their individual bodies on the other. I seek to provide more solid ground for understanding *why* women switch their previous pathways and projects (or not) when faced with interrupted fertility, and which social, individual, or bodily characteristics influence this reproductive navigation.

In order to be able to 'situate' Gbigbil women's reproductive navigation in such a comprehensive way, I first outline the *contexts* of fertility interruptions in Part I of this thesis before describing the actual *conjunctures* that form the focus of this study in Part II. Chapter 1 demonstrates that the local political, economic, sanitary, and social 'terrains' (Vigh, 2006) in which Gbigbil women experience and manage fertility interruptions are highly unstable and unpredictable. From the late nineteenth century onwards, Gbigbil everyday life has undergone radical transformations: the previously semi-nomadic and egalitarian Gbigbil people have been forced to settle in permanent villages with officially appointed chiefs and state institutions such as schools and hospitals; colonial and post-colonial interventions have attempted to alter the intimate domains of sexuality and reproduction – with a pronatalist focus on population *growth* in this allegedly 'underpopulated' area gradually giving way to attempts to *control* fertility; the introduction of a cash economy has changed power dynamics and gendered hierarchies;

education and job opportunities have delayed entrance into marriage and shed new light on the importance of motherhood in women's lives; and the economic crisis has made it more difficult for men to assemble all elements of the bride-price.

In these transforming and uncertain settings, sexual and marital relationships are also flexible and fragile. Current realities are at odds with long-standing patrilineal and pronatalist ideals, which portray conjugal arrangements as entailing a woman living in, and bearing children for, the patrilineage of her husband, as well as a series of bride-price exchanges between both partners' families. In practice, sexual and conjugal life is often characterized by informal unions with multiple partners. Reproduction can lead to the consolidation of these relationships, but remains, at the same time, a cause of competition and uncertainty. Men might, for example, impregnate women without acknowledging their paternity; women often enter and 'endure' monogamous or polygamous marriages without consolidation through bride-price payments; and the children born to these uncertain unions are claimed by paternal or maternal kin – or both at the same time, or none at all. The ambiguous status that exogamously married women have always occupied – as 'outsiders' in both their husbands' and their own lineages – becomes exacerbated in the absence of any compensatory and reciprocal arrangements. Their reproduction is a site of heavy contestation.

It is within this context of reproductive uncertainty that we should consider Gbigbil women's pregnancy management. In Chapter 2, it becomes clear that in Asung pregnancies are *social* affairs. The success of reproductive happenings is contingent upon social circumstances and the goodwill of others. As fertility is always wanted by some and contested by others in the current Gbigbil kinship and marriage dynamics, pregnant bodies are often also *vulnerable* social objects – easily affected by the malicious interventions of evil co-wives, jealous female competitors, or discontented relatives and in-laws. In contrast to the explicit focus on risks of pregnancies in current global reproductive health debates, Gbigbil women emphasize risks to pregnancies, often coming from others. Consequently, they shroud early pregnancy in silence and attempt to accelerate and hide the moment of childbirth – for it is during the vulnerable first and last phases of a pregnancy that malevolent others can most easily attack.

Even if pregnant bodies can be seen as *social* bodies, pregnant women still have room for individual management and tactical manipulation. They prove to be what I call 'pragmatic patients' in combining various (indigenous and biomedical) forms of pregnancy care, and creatively deploy different discourses on fertility and foetal development. Gbigbil embryological ideas portray a gradual development from an initial state of liquid 'void', via a ball of blood or a lizard-like creature called *zəng mon*, into a human-like being called *mon* ('child'). As the gradual development of foetal forms and 'force' (*ngul*) is thought to depend on the variable amount and quality of both parents' blood, embryological processes are highly person-dependent and never completely knowable. This allows for inventive interpretations of what a pregnancy constitutes at a

certain moment; it provides individual women leeway to decide on the future of ‘potential’ fetuses – with ‘evacuations’ being common and passing unnoticed during the hidden first phase of a pregnancy – but also to redefine and contest the viability and prematurity of their newborn babies.

This observed tension between social entanglement and individual tactics during pregnancy raises the question of how sociality and individuality are at play in women’s navigation of vital conjunctures around pregnancy *interruptions*. In Chapters 3 and 4, I attend to the dynamics of reproductive navigation of Gbigbil women who live and wish to stay in Asung, and those who envisage a future in the city, respectively. In both chapters I analyze how the particular aspirations that women hold at certain points and pathways in their lives affect, and are affected by, the socially structured situations they encounter around fertility interruptions. The aim is to understand *why* women take certain directions and make different decisions during their reproductive conjunctures. The aspirations of women aiming for *rural* respectability are largely informed by local ethics of production and reproduction; ‘good’ womanhood, wifehood, and motherhood is to be achieved through hard work in the fields, food preparation, and childbearing – preferably within a marital framework. Fertility interruptions form a threat to rural respectability because they involve a loss of blood and force, and thus affect women’s activities related to their ‘field, fire, and fertility’. The inability to live up to the local ethics of production and reproduction often exacerbates women’s ambiguous position as outsiders in the patrilineages of their husbands or as potential wives on a flexible marriage market. The loss of *physical* force as a result of fertility interruptions can thus have severe *social* ramifications. Women’s navigation of such critical reproductive moments – the ways in which they (re)direct previous pathways to, and projects of, rural respectability – depends on the social support they receive from their own family and their in-laws. Their possession of other forms of capital such as education or employment – that would open up horizons towards realms of respect *beyond* the domains of field, fire, and fertility – also defines which decisions women (can) make in such situations.

When physical force, social support, and other forms of capital are absent, however, rural women facing (repeated) reproductive misfortune still find ways to inventively reassert their stakes and ambitions in line with the contexts of their conjunctures. Not only do they reinterpret the meanings of good womanhood, wifehood, and motherhood, they also redefine what has actually been lost. The contingent ‘filling with force’ of Gbigbil babies during and after pregnancy leads to a rather fuzzy distinction between the loss of a ‘pregnancy’ and the loss of a ‘child’ in the case that fertility is interrupted. The boundaries that women draw between different forms of reproductive interruptions are thus more ambiguous than the ones between strict time-based biomedical categories (such as miscarriages, stillbirths, perinatal, and neonatal deaths – informing the first predominant dichotomy in the literature on reproductive loss as well).

Consequently, women can choose to stress one ('pregnancy loss') or the other ('child death') and in this way downplay or dramatize their reproductive happenings. The meanings of particular pregnancy interruptions are constantly adjusted according to women's personal projects and the social situations at hand.

Negotiations and situational adaptations are part and parcel of *all* instances of reproductive navigation. But they acquire different forms when pregnancies are interrupted during women's pathways to *urban* respectability. In Chapter 4 I show that when women aim for a life in the city, their ambitions related to the fields, fire-side, and fertility give way to alternative aspirations of education, employment, or sexual liaisons with rich men called 'big fish'. A pregnancy occurring in this context may be considered a hinderance to an urban future, a tool to convince a promising partner to engage, or a disruptive element to an unstable urban affair in which both partners may have aims other than partnership or parenthood. Even if marriage and motherhood remain the *ultimate* frameworks of respectability in life, the desirability of fertility is often contradictory, temporal, and situational for women with urban aspirations; the fate of their foetuses becomes explicitly bargained within their precarious partnerships.

Reproductive interruptions can be the *consequence* of these relational ambiguities, because women may resort to abortions in the face of urban uncertainty. They can also be the *cause* of further ambiguities (and possibly the end of an urban relationship) because they may raise suspicions about women's deliberate efforts to limit offspring. Accusations of witchcraft – the offering of foetal tissue in occult nightly gatherings – or abortion are prone to erupt in cases of interrupted fertility, contributing to the distrust that pervades most urban affairs. Abortion suspicions are, however, not completely unsubstantiated: many women perform post-coital menstrual inducements or may interrupt their pregnancies at a later stage. This is done with the aid of indigenous remedies, folk methods, contraindicated biomedical pills, or the services of biomedical doctors and abortion specialists in remote neighbourhoods. Yet, while everyone is familiar with these possibilities and practices, almost nobody knows for certain whether a particular pregnancy interruption was indeed provoked, or not.

As the intentionality behind reproductive mishaps remains often indeterminate – especially when women (are known to) have unclear fertility aims or clear alternative aspirations – the supposed dichotomy between spontaneous and induced loss becomes blurred. Provoked abortions are often presented as spontaneous ones; spontaneous abortions are often suspected to be provoked. Women can use this 'grey area' to assert their urban aspirations: they may tactically use embryological notions and aetiological explanations to turn contested reproductive interruptions into opportunities to preserve their pathways and pursue their projects. Such tactics are especially effective if women possess certain forms of capital such as a respectful background in the village, education, employment, or living children.

Irrespective of the *particular* pathways and projects that Gbigbil women prefer at certain moments in life – be they rural or urban – they seem to have a common way of negotiating and justifying their navigational choices within their webs of social relationships. In Chapter 5, which focuses on the question of *how* (rather than *why*) Gbigbil women navigate their reproductive conjunctures, I stress the importance of ‘paradoxical portrayals of powerlessness’ in the management of all forms of reproductive interruption – ranging from infertility to induced abortions. Seemingly passive idioms of suffering, fate, resignation to religious dogma, and submission to patriarchy paradoxically create room for tactics. Under the veil of powerlessness, women with different reproductive experiences exert their ‘*politiques*’ within different social settings. They appropriate and reinterpret dominant discourses about distress, religion, gender, or patriarchy in order to make their voice heard, pursue their projects without upsetting the dominant order, or even *challenge* existing frameworks with ‘hidden transcripts’ (Scott, 1990) of female worth and power. Suffering and agency are dialectically related in ways that defy the dominant dichotomous way of thinking in much of the current literature on women’s reproductive power and passivity. Contrary to common assumptions, suffering and agency are at play in both infertility and abortion – as well as in all other forms of interrupted reproduction – and are experienced by women with rural and urban aspirations alike.

Having explored *why* and *how* women navigate their reproductive conjunctures in this East Cameroonian context, I draw conclusions by discussing the different forms of sociality, individuality, and corporality that influence women’s (rural or urban) pathways and projects (related to motherhood and wifehood), as well as their decisions to alter these during moments of interrupted fertility. I argue that such decisions are never ‘free’ choices, but that reproductive navigation is always circumscribed by different *social* configurations. A woman’s pathways and projects, and the ways in which she can redirect these during reproductive conjunctures, are related to: 1) her position within a wider network of kinship relations; 2) the position of her kin group within the village; 3) her social connections to urban areas; 4) the particularities of her relationship with the (potential) father of the unborn child; 5) the proximity of unrelated others with stakes in her fertility; and 6) her personal reproductive trajectory. As all these social configurations form possibilities for or constraints to women’s realization of their ambitions, reproductive decision-making is always socially contingent – or even, considering the interrelation of women’s navigation with the situated navigations of others, *intercontingent*.

This inherent sociality, however, does not prevent women from having *personal* aspirations nor from using *individual* tactics to manoeuvre and manipulate the social order. I argue that a certain degree of individuality has always been, and continues to be, relevant for the Gbigbil: it served as a ‘social asset’ in their pre-colonial semi-nomadic and

egalitarian society where status was to be achieved on the basis of personal characteristics; it results from Gbigbil women's current ambiguous position as wives, offering them room for individual mobility and manipulation; and it is required in the ever-changing 'terrains' that people can only navigate through *judicious opportunism* – pragmatic improvisation rather than *a priori* rationalization (Johnson-Hanks, 2005). Individuality and improvisation are also present and appreciated in the domain of reproduction, and are made possible by the privacy and silence around early pregnancy. Fertility is thus fraught with ambiguity – inherently social and individual at the same time.

While social and individual dynamics are crucial for our understanding of reproductive navigation, I demonstrate in this thesis that *physical* experiences also affect women's decisions around interrupted fertility. The material body does not only enable or constrain women's social navigation, but, due to its unpredictability, needs to be navigated *itself* as well. Women have to constantly manage the broad range of options, outcomes, and obstacles their (previously) pregnant bodies present to them. Their attempts to align these unpredictable physicalities with their social projects – that is, to subject their bodily navigation to social navigation – are not always successful in the face of limited methods of intervention and the physical body's inherent capacity to conceive and release pregnancies. Judicious opportunism is therefore as much at play at the level of the body as in the uncertain and unpredictable social situations that Gbigbil women encounter in their daily lives. The dynamics of reproductive decision-making cannot be fully captured, I argue, without taking those 'body basics' into account.

In this all-encompassing framework – integrating sociality, individuality, and corporeality – the notion of vital conjunctures and Africanist insights on the social body are relevant, but not sufficient. Although the former allowed me to unravel the minutiae of ambiguous individual decision-making within changing social contexts, and the latter helped me to point out the social relations informing reproductive behaviour, both notions ignore the material 'body basics' that underlie reproduction. The comprehensive focus that I work out in this thesis further contributes to understandings of reproductive decision-making by moving beyond the analytical dichotomies that often pervade current studies in this area; by countering overly political analyses of reproductive pragmatics that overlook the pragmatics of the physical body; and by contesting common notions of reproductive choice and control that inform much of the contemporary reproductive health programs and policies.