



UvA-DARE (Digital Academic Repository)

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

van der Sijpt, E.

Publication date
2011

[Link to publication](#)

Citation for published version (APA):

van der Sijpt, E. (2011). *Ambiguous ambitions: on pathways, projects, and pregnancy interruptions in Cameroon*. [Thesis, fully internal, Universiteit van Amsterdam].

General rights

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

Disclaimer/Complaints regulations

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

NOTES

PROLOGUE

¹ For the sake of confidentiality, I changed the names of all people, all lineages, and most places (except for the bigger cities of Bertoua and Bélabo) in this thesis to pseudonyms. ‘Asung’ – which is the word for ‘village’ in the local Gbigbil language – is the pseudonym of the Eastern Cameroonian village where I conducted fieldwork. I changed the name of the friend I introduce in this prologue to Celestine for several reasons. This name is not only appropriate in the local, French speaking context, but due to its ‘heavenly’ connotation also reflects the Christian convictions of my informant, the sad end of her life story, and the expression of her five year old daughter, who told me more than once that ‘my mother lives in heaven now’. Throughout the dissertation, I have attempted to present my informants’ personal stories – and the intimate, potentially harmful or humiliating details they provide – in a way that guarantees their anonymity. Personal details that could possibly lead to identification have been omitted or made unrecognizable.

² As will become clear in the rest of this dissertation, the word *mama* is used to indicate older women in the village – irrespective of whether they have actually borne children or not. While the bearing of children might enhance the (early) adoption of this title, Chapter 5 will show that even infertile women are eventually referred to as *mamas*. This term of address thus forms more of an acknowledgment of social status than a precise indicator of biological motherhood.

³ Although the word *marabout* can refer to various kinds of traditional healers, my informants use it particularly for Islamic healers from the North of Cameroon, who treat both natural and spiritual afflictions through clairvoyance, incantations, mystical powders, and natural products. He or she is believed to ‘see’ evil powers or spirits and to be able to interact with them.

⁴ Throughout the thesis, I will speak of ‘tactics’ rather than ‘strategies’ to denote women’s inventive practices. This conceptual choice is inspired by the work of Michel de Certeau (1984) and will be discussed more elaborately in Chapter 5.

INTRODUCTION

¹ Of course Barth’s study, which focused on secrecy in ritual and public performance, would now be labelled structural-functionalist in its approach. In line with Piot’s (1993) argument, Celestine’s case shows that secrecy and ambiguity are as much part of everyday life as of rituals like the ones described by Barth. Barth’s claim that secrecy enshrouds high-stakes issues thus seems to apply well beyond the scope of his original research.

² Although the wide-ranging estimates for rates of pregnancy interruption may be due to different measuring methods and the fact that many losses occur imperceptibly, it should also be stressed that pregnancy loss concerns a biological event that is liable to local variations and frequencies. In this sense, Lock’s (1993b) notion of *local biologies* is more telling than general estimates that either overlook or try to incorporate all local rates of recurrence.

³ This demographic survey and all other methodologies used for this research will be discussed in Chapter 1. The questionnaire and statistical results are presented in Appendices V and VI.

⁴ In their elaborate review of the field of the anthropology of reproduction, Ginsburg & Rapp (1991) mention that before 1960, only a few cross-cultural surveys had focused on reproductive beliefs, norms, and values. McClain (1982) has reviewed some of the more elaborate studies from that time, such as Clellan S. Ford’s *Comparative Study of Human Reproduction* (1945), M.F. Ashley Montagu’s *Early History of Embryology* (1949), and Robert Spencer’s *Primitive Obstetrics* (1949-50).

⁵ This interest was stimulated by the World Health Organization, which identified research in fertility regulation as a priority area. Its Indigenous Fertility Regulating Methods Project began as part of the Task Force on Psychosocial Research in Family Planning, which in turn was part of the Special Programme of Research, Development and Research Training in Human Reproduction. The Task Force was brought together to identify the characteristics of different methods of fertility regulation that affect their acceptance in various cross-cultural settings. The goal was to provide guidance to biomedical scientists engaged in the development of new, culturally appropriate methods (Newman, 1985).

⁶ Hunt (2005, p. 432) has criticized the concept of the 'African infertility belt' for its homogenizing and reifying effects.

⁷ This attention to infertility in the region was not only inspired by scientific curiosity, but certainly also by colonial interests. The 'under-development' of the East Province was attributed to its 'under-population' and its lack of labour force. The colonial regime thus aimed to achieve the development ('*mise en valeur*') of the region through population growth. This idea survived after independence, with President Ahidjo reiterating that '*sous-population*' leads to '*sous-développement*'. The implications of such ideologies for the creation of national population and health policies will be discussed in the next chapter.

⁸ The 1994 International Conference on Population and Development (ICPD) in Cairo played a significant role in this paradigmatic shift. The ICPD witnessed criticism of the demographic means of calculating and attempting to manage global population, and the ascendancy of the 'reproductive health' discourse emphasizing rights and choice. Participants also gave lip service to studying aspects of culture, social and gender relations, ideological backgrounds, and economic and political conditions that influence reproductive behaviour.

⁹ The growing focus on infertility and fertility problems in the last decades notwithstanding, infertility was already addressed by earlier studies, particularly concerning the Central African 'infertility belt'. In the late eighteenth century, colonial administrators were concerned with the low birth rates and high levels of childlessness that seemed to plague the region (Leonard, 2002; Romaniuk, 1961, 1967, 1968) – a politically inspired, biomedical preoccupation with infertility that only faded after decolonization when (post-) colonial pronatalist projects were gradually replaced by an international focus on 'excessive' fertility in African countries. It was only some decades later, after the ICPD with its voluntaristic rhetoric of people having 'the freedom to decide if, when and how often' (*Program of Action*, paragraph 7.2) to reproduce, and the afore-mentioned developments in the social sciences, that interest in infertility again manifested itself. Feminists and other social scientists argued that reproductive rights and choices should also pertain to infertile women, largely overlooked in international discussions and earlier normative accounts of reproduction.

¹⁰ Recent innovations in reproductive technologies have made this process not only detectable but also visible from a very early stage; the effects of these visualizations on people's perceptions and embodiments of pregnancy, as well as on ideas about the personhood of the foetus, have been documented for different locales (Duden, 1993; Gerrits, 2008; Layne, 2003; Petchesky, 1987; Rapp, 2000; Thompson, 2005).

¹¹ Both Chapman (2003) and Earle *et al.* (2008) propose encompassing definitions of 'reproductive loss' as well, though they do not explicitly include induced abortions and fertility regulation practices. Nevertheless, while Chapman (2003, p. 361) states that 'the term "reproductive loss" refers to miscarriage, perinatal deaths (stillbirth to 7 days post-partum), and infant deaths (1 week post live birth to 1 year postpartum)', she does include rates of induced abortion in her overviews of different forms of pregnancy loss. She also acknowledges the risk of induced abortions being reported as miscarriages – and thus accounts for their possible presence within the category of reproductive loss.

¹² For work on the oppositional relationship between the normal and the pathological, see Canguilhem (1991) and Foucault (1994).

¹³ To keep the argument concise, I have chosen to focus on the international health arena as a whole, without elaborating upon the internal differences or the specific biomedical and legal discourses that underlie and inform it. Biomedicine and law have their own particular debates and concerns around intended and unintended abortions, inspired by different aims and epistemologies.

¹⁴ That the concept of reproductive health became prominent after the ICPD does not mean that no work and thinking on reproductive health had been done before this conference. As the historical overview in this introduction has shown, the 'anthropology of birth' in the 1980s and the switch of focus from function to authority in the early 1990s had already produced scholarly contributions to the development of reproductive health. Inhorn (2006) has shown how many ethnographic studies, both before and after the ICPD, have been important in this respect and should be taken into account when 'defining women's health' – something that 'has been largely forwarded by Western biomedical and public health establishments' (*ibid.*, p. 345).

¹⁵ Here, a leading role has been played by the Post Abortion Care Consortium, formed by VSC International (now EngenderHealth), Ipas, the International Planned Parenthood Federation (IPPF), the JHPIEGO Corporation, and Pathfinder International (Corbett & Turner, 2003).

¹⁶ Unsafe abortions are defined by the World Health Organization (1992) as 'any procedure for terminating an unwanted pregnancy either by persons lacking the necessary skills or in an environment lacking the minimal medical standards, or both'.

¹⁷ The Post Abortion Care Consortium task force expanded the original post-abortion care model in 2000 and endorsed the 'Essential Elements of Post Abortion Care' in 2002. This revised model's five elements are: community and service provider partnerships; counselling; treatment; family planning and contraceptive services; and reproductive and other health services (Corbett & Turner, 2003).

¹⁸ In fact, there is a growing body of anthropological literature that takes the global health arena as its research subject, critically reflecting on anthropology's engagement in these debates. See, for instance, Hahn & Inhorn (2009), Janes & Corbett (2009), and Pfeiffer & Nichter (2008).

¹⁹ As Auerbach & Figert (1995, p. 115) note, feminists do not monopolize the women's health movement. Instead, we witness several movements and perspectives that centre on 'the general health needs of women or the particular health needs of certain women'. Nevertheless, feminist scholarship over the past 30 years has been prominent in setting these movements' agendas as well as in the debates surrounding international reproductive health.

²⁰ These are mostly psychological studies that make use of the *Perinatal Grief Scale* (PGS), developed by Toedter, Lasker & Alhadeff (1988). Despite its misleading name, the scale is designed to measure grief following all forms of reproductive loss – covering the whole continuum from early miscarriage to neonatal death. It assesses general and specific as well as 'normal' and 'pathological' grief reactions to pregnancy loss. The original scale counted 104 Likert-type items and was reduced to a more manageable 33 items, subdivided into the categories 'active grief', 'difficulty coping', and 'despair', by Potvin, Lasker & Toedter (1989). The device has been argued to be cross-culturally applicable due to its internal and external validity (Boyd Ritsher & Neugebauer, 2002; Toedter, Lasker, & Janssen, 2001).

²¹ For critical reviews of the literature on the psychological consequences of miscarriage and its follow-up care, see Frost & Condon (1996) and Lee & Slade (1996) respectively.

²² The universality and unconditionality of this mother-infant attachment have been questioned by both anthropologists and non-anthropologists critical of the ethnocentric assumptions of maternal bonding theories (for an overview of this literature, see Adams, 1995). Rather than being natural, maternal love and women's grief in cases of reproductive interruptions are argued to be influenced by both structural conditions and cultural notions (of motherhood, of embryology, of personhood, of death, etc.). The aforementioned work of Scheper-Hughes (1992) and the evolutionary theory of Hrdy (1999) have been prominent in this debate.

²³ In coping theories, the distinction is often made between a first period of cognitive appraisal, followed by *problem-focused coping* (or *active behavioural coping*) and/or *emotion-focused coping*. During the primary appraisal phase, a person evaluates the situation and defines his or her stakes. When the situation is deemed threatening, this person then evaluates available coping options. Problem-focused coping is an effort to actively manage or deal with the cause of the problem, whereas emotion-focused coping takes place in situations where people do not feel in control and merely try to deal with the negative emotional consequences of a problem. Which coping strategy is used depends on the specific problem as well as on personal and contextual factors. People may use a mixture of these types of coping, and coping mechanisms will usually change over time (Koster, 2003). Coping, in being 'transactional', explicitly places people's thoughts and behaviour within wider structural forces (Folkman, Lazarus, Gruen, & DeLongis, 1986).

²⁴ This point of view represents just one side in a more encompassing debate on abortion and has been refined, criticized, and contested by many anti-abortionists. Nevertheless, the representation of abortion as a device for women to control their own bodies is widespread – whether or not people agree that women have a *right* to exert this autonomous power.

²⁵ Yet, I am also aware that the prefix 'vital' turns the concept into an unspecified, overly general one that risks ending up in conceptual hollowness, as life is full of vital conjunctures of many different sorts. To narrow the focus of this thesis and to limit the scope of my conclusions to critical moments surrounding *reproductive events* – without claiming that similar dynamics can be found in different vital conjunctures – I will henceforth speak of 'vital conjunctures around reproductive interruption' or simply 'reproductive conjunctures'.

²⁶ Although the term 'navigation' may suggest individualist, actor-oriented connotations, the way I use it – drawing on Vigh – explicitly aims to prevent such associations. Vigh's understanding of social navigation 'takes its point of departure in the interplay between social perspectives, actions and forces' and investigates 'how a group of agents seek to move within a complex set of societal structures' (2006, p. 11). Focusing on terrains of war in Guinea-Bissau, he argues that navigation 'is primarily a question of evaluating the movement of the social environment, one's own possibilities for moving through it, and its effects on ones [sic] planned and actual movement' (ibid., p. 13). Vigh thus attempts to explain the interplay between social perspectives, actions, and forces in terms of the mutual dependence of horizons in motion, agents in

motion and terrains in motion. In this sense, social navigation ‘is not another metaphor for agency, but rather designates the interface between agency and social forces’ (ibid., p. 14) – comparable to Johnson-Hanks’ ‘judicious opportunism’. By focusing on the flexible interrelationship between decision-making and structural contingencies, the notion of navigation allows us to understand how Gbigbil women manage their unforeseen reproductive conjunctures. In a more abstract sense, it touches on the question of how individuality and social embeddedness are at play in (reproductive) decision-making – a question that will be taken up in the conclusion of this dissertation.

²⁷ Since the body appeared as a topic of social science research and theorizing in the 1970s, many anthropologists have pointed to the inherent sociality of the body. These anthropologists – ranging from those engaging the early work of Mauss (1950) and Bourdieu (1977), through those focusing on symbolic representations of society through the body (Devisch, 1993; Douglas, 1966; Feldman-Savelsberg, 1999; Godelier, 1992; Héritier, 2003; Scheper-Hughes & Lock, 1987; Taylor, 1992), to those foregrounding phenomenological approaches of embodiment since the 1990s (Biehl, Good, & Kleinman, 2007; Csordas, 1990, 1994; M. Jackson, 1998) – have long acknowledged some interrelationship between the individual body and its social surroundings. Some have explicitly deployed the term ‘social body’. Literature overviews by Lock (1993a), Csordas (1994) and van Wolputte (2004) all mention the distinctive uses of the concept by Douglas (1966), O’Neill (1985), and Scheper-Hughes and Lock (1987) respectively. Douglas distinguishes the social body from the natural body, where the former forms a framework to interpret and represent the latter – a distinction which thus reproduces, according to Csordas (1994, p. 5), dualistic oppositions between mind and body, or culture and biology. For O’Neill, who designates five bodies, the social body refers to the analogy of social institutions to bodily organs, as well as to the use of bodily processes such as ingestion of food to define social categories. Finally, alongside the individual body and the body politic, Scheper-Hughes and Lock recognize a social body, to the extent that it is used as a symbol of nature, society, and culture. More recently, Lambert and McDonald (2009, p. 10) have proposed an interpretation of the ‘social body’ that falls beyond any of these approaches. They draw attention to the inherent sociality of fragmented and ‘disembodied’ body parts when they state that ‘bodies exist only where there are relationships; personhood and relatedness (or social substance) emerge as being essential to the “bodiliness” of human material. Bodies do not express, incorporate or embody the social. Rather, they are inherently social’.

²⁸ A recent body of work questions the dichotomy between a Western ego-centric ‘individual’ and a non-Western socio-centric ‘dividual’ (Carsten, 2000, 2004; Halliburton, 2002; LiPuma, 1998; Sökefeld, 1999; Spiro, 1993) and is reluctant to interpret the distinction between individualistic and socio-centric notions of bodies and personhood in terms of Western and non-Western. Instead, it has been argued that both aspects are present in persons all over the world, but become variously dominant in different cultures or contexts.

²⁹ In his review of Johnson-Hanks’ book in *Social Anthropology*, Martin Slama argues that the author’s approach is mainly demographic, with statistics forming the most interesting contribution of the study; in-depth anthropological analysis is lacking. He notes that, ‘l’approche anthropologique est difficile à détecter. (...) Le corpus des interviews formelles (14 collectées par l’auteure, 149 par ses assistants) se noie dans des descriptions parfois génériques et répétitives. En particulier, le contexte dans lequel mûrissent ce que Johnson-Hanks considère comme les ‘circonstances-charnière’ (‘vital conjunctures’) des étudiantes beti se limite à un arrière-plan d’où ne se dégage aucune analyse de référence (rapports inter-générationnels, insertion professionnelle des jeunes par rapport à la conjoncture économique, sexualité sous influence, etc.) à même de justifier véritablement le titre de la maquette’ (2007, p. 394).

³⁰ Methodologically, this means that I will retrospectively take into account the life histories of my informants, and prospectively follow them through their reproductive conjunctures. As such, I also address Guyer’s more elaborate critique of the retrospective approach taken by Johnson-Hanks. In addressing the shortcomings of her study, the latter has acknowledged this retrospective bias and admitted that ‘a better approach would be to interview women about their reproductive intentions, expectations, and aspirations before they became pregnant, and then to follow them forward through time’ (2006, p. 198). This is what the current study aims to do; it focuses on women’s projects and how these are (individually or socially) constituted and change over time.

CHAPTER 1

¹ See Appendix I for geographical maps of the country.

² A census conducted in 2005 by the then residing doctor of the *Centre de Santé Intégré* identified 1,084 inhabitants in Asung. A report by the municipality of Bélabo two years later (Sous-préfecture de Bélabo, 2007, p. 3) reported a total of 1,007 village residents, of which 461 men and 546 women.

³ Indeed, an ongoing process of migration from probably the 1500s onwards has been noted for several ethnic groups in the region (Billard, 1961; Copet-Rougier, 1987; Johnson-Hanks, 2006; Laburthe-Tolra, 1981; Nelson et al., 1974). Most of them would have been driven into the area during wars with the expanding Fulani groups to the north of the Sanaga river. A legend shared by different ethnic groups relates how they had been saved in the heat of the war by a big snake transforming itself into an enormous trunk of a tree, connecting both shores of the Sanaga river and thus enabling the forest people to cross the river (Bokally, 2003; Laburthe-Tolra, 1981; Onambele, 1995). Dugast (1949) states, however, that this was not true for the Gbigbil people; they would rather be relatively autochthonous to the region. The same is noted in a historical document written by an inhabitant of Asung; he states that Gbigbil are in fact related to the Ba-Yoka of Congo, who emigrated southwards in the 16th and 17th centuries – and have ever since lived in the south-eastern part of Cameroon. The speculations of my Gbigbil informants about their origins were multiple, but also tended to locate their roots in the region around Yaoundé or elsewhere in the south, rather than the north.

⁴ Mengue (1982) indicates that the Gbigbil population decreased with a rate of -2.5% between the years 1935 and 1967, starting from a number of 6,578 in 1935. From 1967 onwards, the growth rate increased again to 1.7%, leading to a total Gbigbil population of 5,357 people in 1976.

⁵ Mengue (1982, p. 101) explicitly mentions malaria, leprosy, syphilis, and gonorrhoea as major endemic illnesses in the region. Billard (1961) adds the immense problem of sleeping sickness (*trypanosomiasis*) which was largely eliminated by Doctor Jamot, who developed a prophylaxis against the disease in 1917 (Leh, 1987, p. 90).

⁶ Abega (2007) claims that this massive relocation has had a major impact on sexual and marital practices in the new villages. Contrary to what had happened before, sexual partners were no longer to be found *outside* of the village – formerly strictly composed of blood relatives – but could now be selected from other lineages that inhabited the same village. This, according to Abega, led to decreased control of elders over youngsters, and thereby to a weaker adherence to marital rules and sexual interdictions.

⁷ One *sous-chef* once told me that the terrain of the village has been divided in a rather disordered way due to three major reasons. First, there was *désordre* because of the conflicts between brothers at the moment of division, which led to settlements such as Bitamien at some distance from the main group. Second, the uneven and retarded departures from the *ancien village* meant that some latecomers, upon their arrival in Asung, found that all the terrain allotted to their lineage had already been occupied by their family members. They had to search for non-allotted terrain or settle within another lineage. Third, those who resided in cities at the moment of the migration would come back to build a house in Asung, but would either find the terrain occupied or prefer terrain of better quality in other areas around the village. Such a case led to the settlement of Akepa, which was founded by a returned city-dweller and some of his followers.

⁸ It should be noted that during my last fieldwork period in 2009, a qualified nurse was appointed who seemed very eager to improve people's well-being in general and pregnant women's access to the health centre in particular. This *dokta*, as people called him, was still present in the village when I finished writing this dissertation in 2011.

⁹ It concerns a missionary station that had already been built in the 1930s in the *ancien village* of Kamandjom, and was transplanted along the paved road in 1967. The Italian and Brazilian sisters that are currently present are part of the *Délégation Sainte Catherine de Sienne* of the congregation of *Sœurs Dominicaines de la Bienheureuse Imelda*, which consists of ten members: four Italian, four Brazilian, and two Cameroonian sisters. The delegation is installed in Bertoua, Kamandjom, and Yaoundé. It particularly aims at educating children and youngsters (Bauvineau, 2004; Ngo Baleba, 2003).

¹⁰ Among the information booklets offered in the waiting room, I only found one folder on puberty and sexual behaviour (titled '*Éducation à la vie et à l'amour. Reussir sa puberté*'). Unwanted pregnancies, induced abortions, and family planning methods are mentioned, but in overtly negative tones – with a focus on irresponsibility, risks, and disorder. The booklet calls for sexual responsibility and consciousness, against the background of divine judgment and advice. This official Christian discourse and health policy notwithstanding, one of the local nurses who originated from the village of Kamandjom told me that he informally sells contraceptives at home.

¹¹ Mengue (1982: 162) mentions the dates of permanent installation in the East of Cameroon of 1939 for the Catholic mission and 1949 for the Presbyterians and the Seventh Day Adventists.

¹² People in Asung state that within the occult world of *mgbël*, there are actually several forms of witchcraft – of which *ivū* is the most important one. As in the narratives of the informants of Vincent (2001) and Mallart Guimera (1981), my Gbigbil friends expressed contradicting views on the character, origins, and development of *ivū*. Many believed it to be an essentially female form of witchcraft. Myths about *ivū*'s

origins relate not only why this power is inherently related to women, but also why it 'always has a negative tone' – as a male informant confided to me. He traced the history of *ivū* as follows: '*Ivū* was a woman who lived in the forest, very beautiful. She didn't eat leaves, but only loved to devour flesh and suck blood. A man from the village encountered this woman during his hunting trips. After a certain time, he asked her whether she would be willing to marry him, because he found her so beautiful. The woman asked him, 'Are you sure you can endure my character?' The man replied, 'You are beautiful, I will always endure you'. The woman gave him her condition: she only wanted to eat meat and blood; no leaves. The man thought about his sheep and goats at home, accepted the condition, and took her to the village. There, she started to eat all animals: goats, chicken, cows, everything! When the man was not able to satisfy her anymore, she was prone to kill in order to have her flesh. This is how *ivū* came to the village and started to ravage here. The man already regretted his decision, and that's how it is for us men in general: you can take a woman into your house, but you never know where it will bring you'. Variations of this tale relate how *ivū* was not a woman herself, but rather a creature from the forest brought into the village by a woman – as a crab that entered her vagina during fishing, or as a dangerous predator that she encountered on her way to the fields. Either way, what underlies all these accounts is a common plot of a destructive power brought from the forest into the village through a woman. This inherent link of *ivū* to the female realm is especially relevant in matters and accusations related to fertility, as we will see in the chapters that follow.

¹³ The disengagement and mismanagement of the state, the adoption of Structural Adjustment Programs in 1988/89, the devaluation of raw materials on the international market, and the commercialization of input products had all led to higher costs and lower incomes for Cameroonian farmers. Consequently, the production of coffee decreased from 110,000 tons to 75,000 tons a year and cocoa production diminished from a yearly 200,000 tons to 120,000 tons (Konings, 1995; Moupou & Akei Mbanga, 2008). Nevertheless, interest in those products might be revived in the near future. An announcement in the daily *Cameroon Tribune* stated on 5 May 2009 that, after fourteen years of withdrawal, the Cameroonian government had reinstalled some subsidies for coffee and cocoa investments. Several villagers also confirmed to me that it became more and more attractive to them to put some effort again into the production of coffee and cocoa.

¹⁴ The protests were a series of violent demonstrations in Cameroon's biggest cities from February 25 to 29 that year. The protests followed a strike by transport workers, who were opposing high fuel prices and poor working conditions. Further unrest resulted in response to the generally high cost of living in Cameroon, high unemployment among youths, and President Paul Biya's proposal that the constitution be amended to abolish term limits on the presidency and allow him to run in the 2011 elections. Biya has been president of Cameroon since 1982. The official government account states that 40 people were killed during the riots, but human rights groups claim that the total must be closer to 100 (see further http://en.wikipedia.org/wiki/2008_Cameroonian_anti-government_protests).

¹⁵ PLAN International has been working in Cameroon since 1996 and is currently active in 11 rural zones in three departments of the East Province of Cameroon: Haut Nyong, Lom et Djerem, and Kadei (personal communication, 21-01-2008). Over time, PLAN has constructed a primary school (in 2003) and a kindergarten (in 2008) in Asung, built wells for quick access to safe water, connected deprived children (103 in 2008) to foster parents in the Western world, trained traditional midwives, financed medical interventions (such as vaccinations and elements of mother and child health care through its '*Projet de survie de l'enfant à Impact Elargi*' (EIP)), organized informative gatherings on health and social issues, and subsidized two women's associations: *Sol ngon* and *Seying ining* between 2000 and 2004. See Chapter 5 (endnote 2) for more information about the particular activities of these women's associations in the village of Asung.

¹⁶ This Gbigbil language is part of the Yaoundé-Fang group of languages and falls within Guthrie's linguistic classification A73b (Guthrie, 1953, p. 40).

¹⁷ This linguistic diversity is, however, not at all exceptional in Cameroon; more than 200 ethnicities and languages have been reported to exist in the country (Grimes, 1988; Kamla, 1992; SIL International, 2001).

¹⁸ Now that these extended families are forced to live together in one village context, the family elders of these lineages have become political *sous-chefs*. On top of these *sous-chefs* is the *chef du village*, an old man who had occupied this position since 1977 (although officially nominated only in 1994; *Sous-préfecture de Bélabo*, 2007, p. 6) and lives on a small hill in the centre of the village. His status is utterly ambiguous: representing the colonial past and current (failing) state, but at the same time being a family elder of the Bibakung lineage, his actions and expressions are liable to contestation and multiple interpretations. His particular position is even more precarious since it was his brother who was originally chosen to become the chief. The current chief is therefore not properly initiated in traditional chieftdom and thus less

respected than his brother, who does have the required traditional knowledge (for protection of the *chefferie*, etc.).

¹⁹ *Isam* used to be an important nightly rite invoking a ‘spirit of the forest’ (*tīt isam*; ‘the animal of *isam*’) in cases of misfortune, death, or transgression – e.g., incest, adultery, or burial of two persons in the same grave. Initiated men (*ngondj*) would assemble in the forest and light a huge fire, which was not supposed to be seen by women – who, consequently, would lock themselves in their houses at moments of *isam* gatherings. Men would sing, dance, and eat around the fire and wait for the spirit of the forest to announce itself. With a loud voice, which would even be heard in the village but not understood by non-initiates, the spirit would then denounce transgressions, indicate those culpable, require offerings for restoration of order, and teach about common norms and values. Although there are still some initiates in the village, actual gatherings of *isam* are rare nowadays. Ever since authorities have come to associate the practice with destructive witchcraft activities, the village chief has forbidden *isam*. Similar traditions have been described by Laburthe-Tolra (1981) and Mengue (1982) as *esam* and *sam* respectively.

²⁰ This ambivalence is especially shown at the moment of the death of a married woman. In the absence of any marriage certificate or completed bride-price transactions, not only their place of burial becomes contested, but also their value to the respective families. In most cases, the woman’s own family members will require the corpse of their daughter, as well as a belated bride-price (*‘doter le corps’*), in order to compensate for the ‘time she has lost’ in a long marriage and for the children she had borne for her husband’s patrilineage. This transportation of women’s corpses to their families shows that, regardless of length of marriage or number of children, they always remain outsiders in the lineage of their husbands – a point that is moreover playfully but dramatically denounced by in-married daughters-in-law (*ngamon*) during their mourning rituals, transgressions, and exclamations (see, for instance, the epigraph to Chapter 3).

²¹ Although juridical provisions in the Cameroonian legislation have first fixed a maximum amount of the bride-price, and afterwards prohibited the practice altogether, they remain without effect in reality (Velghe-Scherpereel & van de Wouwer-Leunda, 1996, p. 26). Indeed, even if people are not able to pay or receive all parts of the bride-price in practice, the reciprocal *framework* continues to pervade their expectations, and contestations, of marriage.

²² In former times this presentation of the self as a possible marriage partner to somebody else’s daughter – or inversely, the promise of one’s daughter to a powerful alliance partner – would often happen without both marriage partners really knowing each other. Rather, marriage would largely be concluded on the initiative of male elders trying to create as many strategic alliances and followers as possible (which makes sense within the ‘wealth in people’ paradigm mentioned on page 32). Future marriages would even be concluded while the daughter was still a little girl. In these cases, she would be sent to live with and raised by her future family-in-law for extended periods of time and then permanently install herself there at the onset of menstruation. This happened especially in pre-colonial and colonial times, when long distance trade and colonial taxes created economic hierarchies in the villages. Wealthy men had a stronger position in marriage arrangements than the poorer ones – with the latter often offering their daughters as marriage candidates to the former in order to settle debts or dependencies, or simply to acquire some wealth in the economically competitive setting (Abega, 2007). Nowadays, these ‘child marriages’ are completely absent in the region, although the average age at first marriage in the East of Cameroon is still among the lowest in the country (Essoh, 1991; Tinga, 1991). Furthermore, *aza leeta njol* is now only initiated when both partners have already known each other, or even only when a pregnancy exposes their previously hidden relationship.

²³ A joking relationship has been defined by Radcliffe-Brown (1940, p. 195) as ‘a relation between two persons in which one is by custom permitted, and in some instances required, to tease or make fun of the other, who in turn is required to take no offence’. It is a particular manifestation of friendliness and hostility, of joking and avoidance, at the same time. This relationship of ‘permitted disrespect’ (Radcliffe-Brown, 1940, p. 196) has been noted to be particularly present among relatives by marriage in Africa, and functions to alleviate the tensions that possibly underlie the marital relationship. In the Gbigbil case, joking relationships exist especially between in-laws and their sons-in-law or daughters-in-law, and between mother’s brother (*ngweej*) and sister’s child (*mo kal*).

²⁴ *Kanako* is not a Gbigbil word but is thought by villagers to originate from the semi-Sudanese Gbaya language in the surroundings of Batouri and the borders with the Central African Republic more eastwards. Indeed, its use has been reported for the Mkako people in Batouri by Notermans (1999) as well. With regard to the Gbigbil version of *kanako*, one informant stated: ‘In former times, the Gbigbil knew a tradition that is similar to the current *kanako*. We call it *kita kita*. Whenever a girl would leave into her marriage, her new parents-in-law would offer an animal to her parents in order to recognize that their daughter is already

living with them now'. However, *kanako* nowadays comprises more than only an animal; besides two goats or two sheep, people talk about the essential gifts of two knives (with which the animal will be killed), two bags of salt (with which the animal meat will be prepared), two *dame jeannes* of wine, two bottles of whisky, two *casiers* of beer, and two glasses (with which the drinks will be consumed).

²⁵ Abega (2007, p. 111) has noted that despite the decrease in *frequency* of bride-price transactions, the actual *amount* of money transferred has augmented over time. According to the World Bank, the national income per capita in Cameroon in 2009 was 573,372 CFA Francs (around 873 Euros) per year, or a monthly 47,781 CFA Francs (around 73 Euros) (see <http://data.worldbank.org/country/cameroon>). The sum of money currently paid for a bride-price is thus the equivalent of two months' income – which, for villagers without a regular source of revenues, means a considerable strain on their daily budgets.

²⁶ In practice, though, this *acte de mariage* can also be signed before the bride-price has been paid in its totality. In an insecure marriage setting where 'traditional' payments are often lacking, women and their families might seize upon an offer for formal marriage, or even enforce it themselves, before bride-price transactions have been completed. Mama Rosie's story in Chapter 5 provides an example of this.

²⁷ Some legislative changes do, however, aim to improve the situation, and inheritance rights, of widows. They stipulate: a consideration of the surviving spouse in the inheritance of the deceased spouse if the latter does not leave a direct heir, nor bastard children, nor family members in the rank of successor; a modification of the possibility to claim a husband's pension after his decease (before 1994, women could only obtain 50% of it for minor children); an acknowledgement of the right of a widow or divorced woman to ask for the division of the community of goods, and the obligation for a called-upon judge to command so; and an acknowledgement of the right of a widow to be appointed as administrator of goods while inheriting children are still minor. Drawbacks are, however, that women only have usufructuary rights on the property that will eventually belong to their children, that they have difficulties to effectively administer these goods in practice due to familial pressure and other social factors, and that the division of goods is especially problematic in polygynous marriages, which are not acknowledged by the French civil code (Velghe-Scherpereel & van de Wouwer-Leunda, 1996, p. 63).

²⁸ Yet, other dynamics seem at play here as well. Abega (2007, p. 112) points for instance towards a certain unwillingness of some women's family members to receive a bride-price these days. In the light of current marital instability, they fear an eventual separation of their daughter with a partner who has already initiated bride-price transactions. In this case, the woman's family members would be obliged to return all the received gifts. This often leads to problematic situations when they have immediately consumed the goods and spent the money that they received. To prevent such problems, family members prefer to let some time pass and ensure themselves of the stability of the relationship before they are willing to accept any gifts or money from possible sons-in-law.

²⁹ According to article 361 of the Cameroonian penal law, adultery of a married woman consists of her having sexual intercourse with any other man than her husband, while a man is perceived to be adulterous only when he has sexual intercourse in the marital home with other women than his wife or wives, or when he has regular sexual intercourse with another woman outside of the marital home. Velghe-Scherpereel & van de Wouwer-Leunda (1996, p. 64) note that this definition makes it difficult to effectively establish the adultery of men.

³⁰ I prefer to speak of kinship as an 'idiom' rather than a 'system' because it stresses the negotiability and situationality of kinship norms and the way they are strategically used. A kinship idiom offers certain norms and categories, but these are liable to different interpretations and applications to very divergent situations and persons (cf. Geschiere, 1982). This makes kinship more a social phenomenon and cultural enterprise of relatedness than a biological affair of mere procreation. Such a flexible view on kinship matters is also prevalent in the 'new kinship studies' in anthropology that react against the biological essentialism of former studies on the subject (Carsten, 2004; Franklin & McKinnon, 2000; Holy, 1996; Strathern, 1995).

³¹ Total packages consisting of baby clothes and products – called 'bébé chéri' – can be bought at the local market for 7,500 CFA Francs (around 11 Euros).

³² Cameroon's socio-economic development after independence can be subdivided into three successive phases: a first period of economic growth between 1970/71 and 1978/79 due to public investments in the agricultural and industrial sectors; a second period of exponential economic growth between 1978/79 and 1984/85 due to a boom in petrol exportation; and a (still continuing) era of economic decline from 1985/86 onwards due to the decreased value of Cameroon's export products of petrol, cocoa, coffee, and cotton on the world market, and the subsequent devaluation of the CFA Franc in 1994. This economic decline was accompanied by a greater dependence on international agencies and a disengagement of the state with regard to its national policies and production system (Kamdoum, 1994a; Moupou & Akei Mbanga, 2008).

³³ Leh (1987) mentions that the expenditures on health-related issues increased from 12.2% of the total budget in 1940 to 24.6% in 1945.

³⁴ Even before this era, however, mobile sanitary equipments had been formed under the 'Strategy Jamot' from 1926 onwards. Three types of medical interventions were envisaged by these groups of itinerant medical staff: treatment of patients, protection of healthy subjects, and the fight against epidemics (especially sleeping sickness). These interventions form the very foundation of public health in Cameroon – called '*medicine sociale*' at that time – in which health came to be promoted and protected (Atangana, 1998).

³⁵ However, from 1968 onwards, some efforts were made to improve the national coverage of health services through the installation of six DASP zones (*zones de Démonstration d'Action en Santé Publique*), where experiments with rural preventive health care were undertaken. These initiatives were financially supported by the World Health Organization and UNICEF. Itinerant health personnel undertook several activities in the five kilometres surrounding health centres: home visits, medical screening, treatment of leprosy and tuberculosis, health education, and the distribution of medicines. An evaluation of the experiments in 1975 concluded that local communities expressed a strong demand for health care, were willing to participate in the financing and organization of sanitary activities, and would be able to create village pharmacies. A major drawback of the project was, however, the inappropriate training of itinerant health personnel. Due to the high costs and the lack of coordination with other interventions of the Ministry of Health, the DASP zones were finally abandoned in the mid-1970s (Atangana, 1998; Ministère de la Santé Publique Cameroun, n.d.; Van der Geest, 1982b).

³⁶ More specifically, the 150 governments participating in the Alma Ata conference agreed that all the inhabitants of their respective countries must attain a level of health which would allow them to live socially and economically productive lives. Health in this case did not merely mean the absence of illness or infirmity, but was defined as 'a state of complete physical, mental, and social well-being'. Four constituting components were defined that would have to be taken into account when aiming for 'health for all': external agents (such as infectious diseases), heredity, environment, and behaviour. The governments concluded that a public health approach should take the entire population rather than the individual as a starting point (Ministère de la Santé Publique Cameroun, n.d.).

³⁷ Despite some similarities of the proposed primary health care approach with the existing health care system, Atangana (1998) notes that the adoption of the new health strategy was far from easy in Cameroon. The Ministry of Health had to launch radio campaigns, sensitize its provincial delegations, and seek cooperation from administrative authorities in order to make the new approach accepted and implemented at different levels. These efforts of the Ministry of Health have resulted in the 'Methodological essay for the management of primary health care in a community' (*Essai de méthodologie pour la mise en oeuvre des soins de santé primaires dans une communauté*). Finally, community health agents (*agents de santé communautaire*), health villages (*villages-santé*), and village health committees (*comités villageois de santé*) were installed after the Alma Ata Conference.

³⁸ This primary health care approach was organized around eight essential components: 1) health education; 2) promotion of correct alimentation and nutrition; 3) mother and child health; 4) vaccination against important infectious diseases; 5) sufficient supply of healthy water; 6) prevention and control of local endemic diseases; 7) appropriate treatment of current diseases and traumas; and 8) supply of essential medicines. The primary health care approach had to be an *intersectorial* approach in which all these components were considered indispensable to contribute to better health (Atangana, 1998; Ministère de la Santé Publique Cameroun, n.d.).

³⁹ Owona Essomba et al. (1993) note that the national budget dropped from 800 billion CFA Francs in 1987/88 to 572 billion CFA Francs in 1991/92. Along with these economic declines, the percentage of the government budget allocated to the Ministry of Health dropped from 5.2% in 1989 to 4.4% in 1991, while the per capita health expenditure dropped from 3,971 CFA Francs in 1985 to 2,060 CFA Francs in 1992.

⁴⁰ More specifically, these problems had to do with the continuity, integration, inclusiveness, and consistency of care; the sustainability and acceptability of the system at the community level; the overload, devaluation, and lack of training of the mediating community health committee members; and the absence of political support and juridical frameworks encouraging and supervising this system and its envisaged community participation (Eto, 2005; Ministère de la Santé Publique Cameroun, 1999; Owona Essomba et al., 1993; Van der Geest, 1982b).

⁴¹ This conference stressed the importance of community-based health activities for the reinforcement of health systems. Health development interventions would have to be perceptible on the peripheral, intermediate, and central levels (Ministère de la Santé Publique Cameroun, n.d.).

⁴² In order to attain the goal of 'health for all by the year 2000', this conference recommended the adoption of a health system based on decentralized districts (Ministère de la Santé Publique Cameroun, n.d.).

⁴³ Medicines would from now on discontinue being free of charge and being supplied by the Central Pharmacy. Rather, in 1985 a Pharmaceutical Office (ONAPHARM) was created that would supply local pharmacies with essential drugs. But, as Kamdoum (1994b) has noted, the lack of national pharmaceutical policies and the absence of a formal list of essential medicaments have considerably retarded the installation of an efficient system of medical supply and sale. ONAPHARM was dissolved in 1995 and with the assistance of the German *Gesellschaft für Technische Zusammenarbeit* (GTZ) and the European Union, a new structure called the National Clearing House for Essential Drugs was created (Wankah, Ndongo, & Abega, 1998).

⁴⁴ This reorganization was not only meant to facilitate the incorporation of the new aims and strategies, but was also deemed to diminish the overlap of responsibilities of different former directorates. A Department of Community Health and a Department of Human Resources were created, and the divisional health service level was suppressed in favour of health districts that were supposed to correspond to administrative subdivisions – which in practice they did not always do (Wankah et al., 1998).

⁴⁵ The central level is charged with the formulation of health policies and comprises the Ministry of Public Health, health-related research institutes, as well as three General Hospitals and three Central Hospitals. The intermediate level consists of ten Provincial Delegations, their respective Provincial Hospitals, a Special Fund for Health Promotion (*FSPS: Fond Spéciale pour la Promotion de la Santé*), and a drug supply centre (*CAPP: Centre d'Approvisionnement Pharmaceutique Provincial*). It also has the responsibility to provide technical assistance to the peripheral level. This latter level includes all Integrated Health Centres, offering basic health care, as well as District Hospitals, offering secondary services.

⁴⁶ This 'minimal package of activities' which is to be offered by all health facilities at the peripheral level comprises maternal and child care, curative care, treatment of chronic diseases, prevention, surveillance and control of endemo-epidemics, supply of essential drugs, referral and counter referral, and health promotion (information, education, and communication) activities (Ministère de la Santé Publique Cameroun, 1993d, 1999).

⁴⁷ The most important laws are the 1992 Declaration of a Sectorial Health Policy (revised in 2001), the 1993 National Declaration of the Implementation of the Reorientation of Primary Health Care, and the 1996 National Health Policy (n° 96/3 of 4 January 1996). Further, several other laws have been formulated that enhanced the implementation of the reorientation of primary health care: the 1990 law on the freedom of association; the 1990 law permitting the sale of essential drugs; the 1995 decree on the organization of health services on the basis of health districts (n° 95/013 of 7 February 1995); the 1995 decree on the reorganization of the health system into central, intermediate, and peripheral levels; the 1997 convention on the creation of CENAME for drug supply; and the 1998 decree fixing the creation of structures of dialogue and community participation in health districts (Legba, 1998; Médard, 2001).

⁴⁸ The implication was not only that the salaries of existing health personnel were drastically reduced – with health personnel receiving in 1994 for instance only half the amount of money they had formerly earned – but also that training centres for new health personnel were closed. Thus, whereas until 1988 a growing body of health personnel was able to reduce the number of dependent inhabitants per doctor or nurse in the country, after the Structural Adjustment Programs the demographic charge for health personnel stagnated or even increased again – which subsequently led to a deterioration of the health status of the inhabitants (Kamdoum, 1994b).

⁴⁹ The Health Sector Strategy, which was launched in 2002, aims to reduce by one third the morbidity and mortality of the most vulnerable groups; to improve geographic access to sanitary structures offering the 'minimum package of care' (PMA); and to strengthen management and efficiency at all levels of the health system (Médard, 2001; Okalla & Le Vigouroux, 2001). The strategy was updated when a mid-term evaluation showed continuing challenges and failures. The revised strategy explicitly focuses on three points of attention: 1) strengthening delivery of health services through improvements in infrastructure, drug supply system, and human resources; 2) decentralizing care and enhancing autonomy and management of districts; and 3) strengthening normative functions (e.g., policy, regulation, supervision, coordination, financing, monitoring, and evaluation). The revised strategy is the basis on which all health districts have developed their 2009-2012 plans (Moupou & Akei Mbanga, 2008).

⁵⁰ The private sector is largely dominated by the confessionals (95%). In 2001, the Catholic Health Service had 190 establishments, among which eight hospitals with a total of 1,315 employees. The department of health of FEMEC, a federation of eleven protestant churches and missions in Cameroon, has 163 health institutions, of which 28 are hospitals. Of the 2,683 staff members that work in these institutions, 78 are

physicians and 90 expatriates. While these confessionals – as well as some NGOs – might pay the salaries of their health personnel, it is international donors that mostly contribute in the domains of health infrastructure, equipment, training, and the supply of essential drugs and vaccinations. International aid received in 1996 accounted for 66% of total public health spending (Médard, 2001; Ministère de la Santé Publique Cameroun, n.d.; Tantchou & Wilson, 2000). Currently, the most important international donors are: the World Health Organization (WHO), United Nations Development Program (UNDP), the World Bank (WB), United States Agency for International Development (USAID), Family Health International (FHI), United Nations Population Fund (UNFPA), the German Cooperation Agency (GTZ), the European Union (EU), and United Nations Children's Fund (UNICEF) (see UNICEF Cameroun, 2003).

⁵¹ In this thesis, I prefer to speak of 'indigenous' rather than 'traditional' healers. I do so not only to prevent the static, much criticized dichotomy between tradition and modernity, but also to reflect the vocabulary deployed by Gbigbil people when talking about these healers – who are told to offer treatment 'à l'indigène'. In comparing these local healing methods with biomedical health services, my informants speak in terms of 'indigenous' versus 'hospital' medicine, or 'black' versus 'white' medicine, and much less so in terms of 'traditional' versus 'modern' medicine. In the East Province, 804 indigenous healers (with various specializations) are officially registered at the 'Association pour la promotion de la médecine traditionnelle du Cameroun'.

⁵² This happens despite a 1996 decree of the Ministry of Public Health and the Ministry of Industrial and Commercial Development which formally prohibits the sale of drugs and other pharmaceutical products on the market or on the street (Kamtcha, 2004).

⁵³ This point is increasingly recognized by formal authorities. Under presidents Ahidjo and Biya, several five year development plans aimed at the integration of popular medicine into national health policy. The WHO's explicit aim to acknowledge and integrate traditional medicine in public health structures led to the formation of a National Committee of Traditional Medicine and an Institute of Medical Research and Study of Medicinal Plants in Cameroon in 1976. The latest law revision on 19 August 2002 provides for a service of traditional health care under the direction of the governmental primary health care (Maynard, 2004).

⁵⁴ These are in descending order: three General Hospitals, three Central Hospitals, ten Provincial Hospitals, and 136 District Hospitals, Sub-Divisional Medical Centres, and Integrated Health Centres. In addition there are mission hospitals and private clinics and hospitals (Ako, Fokoua, Sinou, & Leke, 2003; Tantchou & Wilson, 2000).

⁵⁵ This exploitation of the territory and development of the workforce were realized through the instauration of *Zones d'Action Prioritaires Intégrées* (ZAPI), financed by the World Bank. Several projects aimed at the training of youngsters in the domains of agriculture and community development, after which they were sent to the so-called under-populated zones which were to be developed ('mise en valeur') (Geschiere, 1982; Ngo Bell, 1990). In the same vein, traditional midwives were massively trained in Doumé. The fact that they attended 85 to 90% of all deliveries in the province was believed to underlie the high infant and maternal mortality rates. The trainings aimed to enhance both the quality of care of these midwives and their integration within existing health care services. After three years, the project showed reduced mortality rates, a lower incidence of tetanus in newborn babies, as well as more referrals of difficult deliveries to the hospital (Atangana, 1998).

⁵⁶ These indirect incentives for demographic growth consisted of monthly family allowances of 1,500 CFA Francs per child, prenatal allowances of 9,000 CFA Francs, and maternity allowances of 12,000 CFA Francs (if the pregnancy could be medically indicated), as well as the reimbursement of one month of salary during maternity leave. Further, taxes would be progressively reduced if you were married and had children. Benefits would increase until the sixth child (Ngo Bell, 1990).

⁵⁷ The law prohibiting the sale and publicity of contraceptives is n° 29/69 of 20 May 1969, based on a 1920 French law. The regulations with regard to abortion and infanticide are fixed in the articles 337 to 340 of the penal law, and will be discussed later in this chapter.

⁵⁸ Negative international preoccupation with population started already after World War II, when nationalist movements in colonized states, struggling for independence, could flourish because of population growth in these areas. From the end of the 1960s onwards, however, environmental concerns dominated the population debate, inspired by Ehrlich's *The population bomb* (1968), the Brundtland report (1987), and *The population explosion* by Ehrlich and Ehrlich (1990). Later, with changes in the international population debates and the development of Structural Adjustment Policies, unrestricted population growth also came to be seen as an impediment to socio-economic development. Policies were formulated that incorporated growth-control into the overall development scheme (Brand, 2001; Buse, Drager, Fustukian, & Lee, 2002).

⁵⁹ Sala-Diakanda (2000) notes further that in an evaluation amongst the participating countries of the conference in Bucharest, Cameroon was one of the three countries that had considered its level of fertility to be too low. Indeed, it was Cameroon's 'under-populated' situation which 'justified its pronatalist policy' (Feldman-Savelsberg, 2002).

⁶⁰ Law n° 81/10 of 14 July 1980 authorizes the sale of estrogenic contraceptives, but not of condoms. The latter could only be obtained with a medical prescription. In 1990, a new law was created that allowed pharmacists to dispense contraceptives (Ngo Bell, 1990; Tantchou & Wilson, 2000).

⁶¹ The National Population Commission was set up in March 1985 by Presidential Decree n° 85/275. It was entrusted with the following responsibilities: to give advice on the population policy; to propose appropriate solutions for a better coordination of demographic activities and to periodically conduct an evaluation of the main results obtained; to harmonize the activities of associations or organizations likely to influence the government's population policy; and to ensure the integration of demographic factors in the conception and implementation of policies aimed at promoting economic, social, and cultural development (Commission Nationale de la Population Cameroun, 1993). However, Feldman-Savelsberg (2002, p. 222) notes that this commission met only once in 1985 and emphasized birth spacing rather than population control as the road to better health and development – which indicates the sharp contrast between the Cameroonian population policy and the recommendations of international organizations.

⁶² The policy does, however, cover more issues than only population growth. Its general objectives are: 1) to improve the health condition of the population in general and that of mother and child in particular; 2) to strengthen food self-sufficiency and promote food security; 3) to promote basic education for all, and especially for girls; 4) to develop and promote qualified human resources while seeking compatibility between training and employment; 5) to develop and promote the well-being of families and couples; 6) to ensure and promote an integrated and harmonious development of cities and the countryside while preserving the environment; and 7) to promote research in the field of population. These general objectives are subdivided in 37 specific objectives, among which figure the fight against infertility as well as maternal and child mortality, the stimulation of primary health care and family planning services, education of the population on reproductive health matters, and the promotion of responsible parenthood (Commission Nationale de la Population Cameroun, 1993).

⁶³ This integration is regulated by the *Maternal and Child Health Care and Family Planning Policies and Standards*, which elaborates on the components of preconceptional, antenatal, intrapartum, postpartum, juvenile, and adolescent health care (Ministère de la Santé Publique Cameroun, 1993c).

⁶⁴ In July 1993, a national seminar was held in Limbé on the integration of mother and child health activities in primary health care. The participants observed that the degree of integration was unsatisfactory and proposed a strategic framework for improvement (Velghe-Scherpereel & van de Wouwer-Leunda, 1996, p. 117).

⁶⁵ Nevertheless, Nsoa Mbondo concludes on the basis of an evaluative report of the UNFPA in 2007 that only 5% of the health facilities in Cameroon are able to offer minimal reproductive health services and efficient *soins obstétricaux d'urgence* at all levels. In order to accelerate the realization of the Millennium Development Goals, the Cameroonian government is, since 2006, guided by a 'consignment note' (*feuille de route*) proposed by the African Union. It aims to circumvent the different defeats observed during the last three decennia (Nsoa Mbondo, 2008, p. 23).

⁶⁶ As it was estimated by the Ministry of Health of Cameroon that one in every fourteen Cameroonians had been affected by the AIDS virus in 2000, and as the World Bank reported that 240,000 children had been orphaned by HIV/AIDS in Cameroon in 2004, family planning and AIDS combating programs are currently abundant in the country. An important consequence of the PPTTE membership of Cameroon was the adoption of the *Programme Multisectoriel de Lutte contre le Sida* (PMLS) in 2000-2001, operationalized through Strategic Plans for five years. The second Strategic Plan for 2006-2010 defined 6 strategic axes: 1) universal access to prevention; 2) universal access to treatment and care; 3) protection and support of orphans and vulnerable children; 4) uptake of the fight against HIV/AIDS by actors; 5) promotion of research and epidemiological surveillance; and 6) reinforcement of coordination, management, partnerships, and evaluations (Ministère de la Santé Publique Cameroun, 2006). Since 2007, antiretroviral drugs (ARV) are free of charge in Cameroon. Major contributors to the free distribution of these medicaments are the Global Fund and the Clinton Foundation, while the World Aids Fund offered 50 million Euros for the period 2007-2009 (Evina Mbo, 2005; Nana-Fabu, 2001).

⁶⁷ The first aim is subdivided into the following goals: increase in the use of contraceptives in both urban and rural areas; mapping out of less risky maternity strategies; reduction of the number of unwanted and early pregnancies as well as provoked abortions caused by adolescents; promotion and guarantee of high

quality reproductive health services, available and accessible to all segments of the population; and effective handling of the health problems of mothers, adolescents, and elderly persons. With regard to the second aim, specific goals are: the intensification of the fight against epidemics; the promotion of less risky sexual behaviour among youths of 15 to 24 years and women; the designing of development programs for curbing the transmission, from mother to child, of HIV/AIDS; the guarantee of security in blood transfusion; the creation and vitalization of structures for public handling of persons living with HIV/AIDS, including home care; and the sensitization of heads of enterprises on the necessity to take charge of people living with HIV/AIDS and their families. The other major strategic aims that are mentioned with regard to health are: 3) the improvement of vaccination coverage; 4) the improvement of the nutritional condition of the whole population; 5) the intensification of hygiene and sanitation; and 6) the intensification of the fight against endemic diseases (Ministère de la Santé Publique Cameroun, 2001a).

⁶⁸ The priority components of reproductive health in Cameroon are: mother and child health (low risk maternity, care for newborns, abortion care, nutrition); family planning (information, education, and communication); the fight against STDs and HIV/AIDS; reproductive health care of adolescents; the fight against infertility and sexual dysfunctions; reproductive health for aged people (menopause/andropause); the fight against genital and breast cancers; and the fight against nefarious sexual practices such as female genital mutilations, early marriages, or sexual and domestic violence. These components are further specified into sub-sections dealing with women's health, child health, youngsters' health, and men's health respectively.

⁶⁹ According to this law, every woman who procures or consents to an abortion will be punished with imprisonment from fifteen days to one year, or with a fine ranging from 5,000 to 200,000 CFA Francs, or both. The person who performs the abortion on a woman, notwithstanding her consent, is to be punished with imprisonment varying from one to five years and with a fine of from 100,000 to two million CFA Francs. These penalties are doubled where the offender engages habitually in abortion or practices the profession of medicine or an allied profession. In this last case, the court may also order closure of the professional premises and impose a ban on the offender's occupation.

⁷⁰ The objectives of this post-abortion care (PAC) are to take care of complications of abortions and to prevent recurrence of abortions. Practically, this care comprises: a post-abortion diagnosis; immediate care of abortion (curettage and prescription of medicines); care of the causes of the abortion; counselling with regard to family planning; and family planning services (Ministère de la Santé Publique Cameroun, 2001b).

⁷¹ This point was made drastically clear during the official visit of the Pope to Cameroon in March 2009, where he condemned the use of condoms by African people. Rather than *preventing* the AIDS problem on the continent, he stated, condom use would only *aggravate* the pandemic. In the Pope's opinion, only a responsible and moral attitude towards sexual relationships would help to fight the disease.

⁷² For example, only pharmacies are permitted to sell contraceptives – some of which should be ordered with a doctor's prescription (law n° 80/10 of 14 July 1980). Sterilization is only accessible to women of at least 35 years of age and who have five or more children. In many practical situations, the authorization of the partner is demanded in order to be able to obtain contraceptives, whereas no law prescribes service providers to do so (Beninguissé, 2005).

⁷³ I had identified eight larger aetiological 'categories' through the free listing and pile sorting methods described in more detail on page 56. These were elaborately discussed and, if needed, corrected or complemented by my informants in the focus groups. Then, I asked them which aetiological categories were experienced as 'difficult to live with or treat' and which ones were relatively 'easy to live with or treat'. The different causes of pregnancy interruption were thus ranked according to complexity and severity. See Ross et al. (1998) for another example of the use of this method in Bangladesh.

⁷⁴ This biographic narrative method has been introduced by Fritz Schütze and was further developed within the interactionist and phenomenological research traditions by Fischer-Rosenthal (2000) and Rosenthal (2004), who focus on biography as a sociological method to understand both the persons interviewed and the society in which they live. Wengraf (2001) elaborated the method into a detailed interview model comprising three sub-sessions; this model has been put into practice by for instance Fischer & Goblirsch (2007). Although my own biographical methodology was not as structured as proposed by the models mentioned above, the analytical sequence and underlying assumptions are nevertheless comparable.

⁷⁵ The understanding and presentation of the self that evolves within the interactive practice of autobiographic narration has been elaborately described by Fischer & Goblirsch (2007) and Fischer-Rosenthal (2000) who talk about 'biographic structuring', as well as by Rosenthal (2003) who explores the healing effects of this process.

CHAPTER 2

¹ The situation whereby a new pregnancy comes along while a woman is still nursing a child is called *odangla mon* ('tu as traversé l'enfant'; 'you have passed over the child'). Not only would it publicize a woman's transgression of the post-partum sexual taboo, but it also endangers the nursing child's health. The impoverished quality of breast milk, as well as the odours of the new pregnancy, would make the child suffer from diarrhoea, nausea, apathy, and, if no remedies are sought, eventual death. Therefore, women should preferably wait for the nursing child to be able to walk – and thereby gradually forget about the breast – before they conceive again (see also Fru, 2008, p. 57).

² Nivaquine® is an anti-malarial drug based on chloroquine that poses risks of foetal damage during pregnancy. Due to its availability and affordability in the village, many women use it quite effectively as menstrual regulation or abortion device. This is, however, not without considerable health risks, especially since women prefer to take an overdose so as to provoke a quick interruption of their (possibly developing) pregnancy.

³ Diana had already borne five girls and only one son with different men. Joëlle was Baudouin's first child. Although both Diana and her husband longed for a son, Diana was convinced that she had the 'blood of bearing daughters'. During my next fieldwork period one year later, however, she gave birth to a son, whom she called 'Erique' (the male version of my name) and who was an important source of pride for her husband Baudouin.

⁴ I talk about pregnancies that 'enter', because that is how local expressions have it. In French, women say that '*la grossesse est entrée*'; in Gbigbil they relate that '*ayadim abum*'.

⁵ The transparent body on the paper was presented in reverse position since earlier interviews had revealed a general perception that a developing foetus is attached to the back, with the placenta 'stuck' to the spine.

⁶ One informant once mentioned that especially the first few periods are 'thrown into the bush' and cannot lead to conception – an idea that is also described for the neighbouring Beti by Laburthe-Tolra (1985). However, many others state that from the very onset of menses, girls are capable of conceiving. With abhorrence they state that a premature onset of sexual activities might even lead to conceiving a pregnancy without having ever seen a period.

⁷ Local healers and old *mamas* in the village showed me different remedies to 'kill the worm'. These include, among others, the leaves called *tuey* (*Cassia alata* Linn), *enounoumba* (*Ageratum conyzoides*), *abomling* (*Piper umbellatum* Linn.), the roots of *lunkon* (*Asparagus warneckeii* Hutch), and the liana called *ndik mikongo* (*Adenia letouzeyi*). I have been able to determine the botanical classifications of these tropical plants with the help and insights of researchers of the Biosystematics Group at Wageningen University in the Netherlands.

⁸ Although people do not associate the *vers de femmes* with occult forces, the visualizations and classifications of this internal worm reveal interesting similarities with local witchcraft beliefs. Like the women's worm, the power of witchcraft (*ivū*) is also conceptualized as a small animal (a crab-like or mouse-like creature) that is located in the belly, good or bad in nature, capable of destroying (foetal) life, and only detectable (and treatable) through indigenous methods.

⁹ My informants repeat words (in Gbigbil as well as in French) in order to emphasize the meaning of the word. 'Water water' here thus means that a beginning pregnancy contains just fluids and not more than that.

¹⁰ My informants spoke about the Gbigbil word *sīsīm*, which they translated using the French word *esprit* (spirit). While *sīsīm* could indicate either an external 'ghost' or one's inner 'soul', it was clear from the context and contents of the conversations that my informants pointed to the latter sense of the word here.

¹¹ Other remedies mentioned by my informants entail the burial of a snail shell filled with a menstrual cloth under the cooking fire in the kitchen, the burial of a needle that has been drenched in menstrual blood, or the throwing of a sanitary towel in the fields while expressing the wish that the ancestors will take the childbirth potential away.

¹² Metaphorical associations of pregnancies with the eating of bananas are widespread in Cameroon. In his book about popular language use in Cameroon, Fouda writes: 'With the masculine sex being similar in its form to the fruit of the banana tree, they say that a girl has swallowed it as they notice that it has stayed in her belly' (Fouda, 2004, p. 79, my translation).

¹³ Some informants mentioned that pregnancies might be ritually confirmed through the acceptance of a symbolic package of food from female in-laws. By starting to eat the contents of the package, the receiver implicitly admits her pregnancy. Angélique recounts, 'My sister-in-law and co-wife told me, 'Here is our package that we give to you. Eat this *mbol*, since we know that you are pregnant'. And you take it. Since you know they speak the truth, can you still deny it? You just laugh'. Angélique cited alternative gifts as

well, such as a package containing a mix of pepper, nuts, and fish, or any sour fruit, which is something pregnant women are believed to crave for during pregnancy.

¹⁴ Analogies reach even further, as prescriptions do also exist for the father of the child-to-be. Next to his duty to attend to all the wishes and support all the whims of his wife or girlfriend, he is not supposed to eat or kill certain bush animals (red hare, porcupine, or snake), or consume certain foods (like chicken or pork) in the absence of his partner. While resorting to sexual activities with other women towards the end of gestation is something that every father-to-be claims to be unavoidable, he should nevertheless refrain from sharing the bed with others while his wife or girlfriend is giving birth to his baby – lest the latter will be blocked or refuse to be born.

¹⁵ Indigenous ‘vaccination’ entails a different procedure than the use of syringes that is implied in the biomedical sense of the word. In the village, to apply a ‘vaccination’ is to make an incision in the skin and rub a mixture of herbal medicines in it. Photo 4 shows how some blood is flowing from the fresh incision in my informant’s lower waist. After the photo was taken, a leave concoction, known for its ‘widening effect’ on the pelvic bones, was rubbed into the wound. The evaporation technique works as follows: firstly, shells of cucumbers have to be prepared with certain remedies in an old pot on the fire. Then, the pot is placed under a bamboo bed, on which the pregnant woman has to sit with bare buttocks covered by a skirt. The steam of the cooked concoction will pass through the openings in the bamboo bed and enter the vagina, where it has a widening effect.

¹⁶ Formally, women are not allowed to become a *matrône* as long as they are still bearing children themselves. Helping women to deliver is supposed to block your own childbearing capacities. In this respect, one woman told me that her husband forbade her to assist a delivery when she was called upon for help, since he feared her subsequent infertility. In practice, however, where deliveries take many women ‘by surprise’ and need quick intervention, even childbearing women might end up helping their sisters in giving birth.

¹⁷ Underwear symbolizes a woman’s fertility because of its direct contact with a woman’s genitals, her vaginal secretions, and menstrual blood. A grinding pot has been indicated to symbolize the womb by other studies as well (Adetunji, 1996; Feldman-Savelsberg, 1996, 1999). Similar suspending actions are also described by Taylor (1992) for Rwanda. He calls them poisonous spells which may not only impede a woman from delivering her baby – since the baby rises towards the heart or turns into a transversal position – but could also prevent her from conceiving again.

¹⁸ In his descriptions of birthing practices among the Beti, Ombolo talks about *akia* which seems comparable to *bikaka*. He writes, ‘In fact, when one inoculated a girl with *evu*, one could extract from her the promise to hand over [to the world of witchcraft] all the children or part of the children that she would bear. With the girl having uttered this promise in secret and fearing to unveil the pact, it was difficult to discover that the woman was a victim of such a fatal agreement with the occult forces until it [i.e. the agreement] started to produce its effects. Also, it is generally when the woman had lost one or more newborn children or children of young age that her surroundings suspected the existence of an ‘*akia*’ and would invite her to reveal [the secret pact]’ (Ombolo, 1991, p. 257, my translation).

¹⁹ These massages can be performed in a lying or sitting position. In the latter case, *yal* sits naked opposite another woman who sprinkles her with cold and very hot water through rapid movements with a wetted traditional broom. Many young women reassure me that the massage, though necessary and effective, is very painful and that they often scream out loud in fear of being burnt. Although Laburthe-Tolra (1985) interprets a comparable habit amongst the neighbouring Beti as a simulation of the screaming of women during sexual intercourse, I never heard Gbigbil women make this comparison.

²⁰ In this respect, different treatments are mentioned which involve the leaves *tuey*, *iteli*, *adoli*, *ilumkil*, *enounoumba* (*Ageratum conyzoides*), the liana *ndik mikongo*, and the barks *mom* and *isol*.

²¹ In contrast to what has been stated by Beninguissé (2003, p. 19), my informants did not display a ‘latent need’ to determine the sex of their fetuses. Although some might try to influence the sex of the next child before conception – by wearing the underwear or wrapper (*gol*) of a woman who has given birth to many children of that particular sex, or by chewing certain leaves that have a long version (for boys) and a short version (for girls) – I did not hear of any divinatory sessions or indigenous treatments used during pregnancy in order to determine or influence the sex of the developing child. It is thus not for the specific purpose of knowing the sex of the child that ultrasounds were applauded or consulted.

CHAPTER 3

¹ This excerpt was recorded during the funeral of Gabrielle, a young woman from Asung who had gone into a marriage in another village, where she aborted two pregnancies out of anger over her husband's negligence. Her second abortion attempt had proved fatal. A lack of bride-price payments had incited Gabrielle's family to demand the burial of their daughter in their own village – and not in the village of her husband. This in turn served as a catalyst for the married women in Asung to ritually refuse this burial on 'the ground on which we work so hard every day'. In their revolt, these 'wives' of the village started to insult the 'daughters' of the village, like Gabrielle, by commenting upon their despicable marriage habits – and comparing these with their own laudable conjugal commitment and work ethos. In an animated atmosphere, norms of womanhood and wifeness came to be discussed, imposed, and contested between older 'outsiders' (the 'wives' who married into the village) and younger 'insiders' (the unmarried 'daughters' of the village). Interestingly, the specific cause of Gabrielle's death was not mentioned in these discussions – an avoidance which reveals how abortions (and their possible disastrous consequences) are considered to be shameful affairs that should remain hidden (see also Bleek, 1981).

² In fact, Yvette's sister-in-law is the daughter of the sister of Yvette's father-in-law. Having special rights, privileges, and ritual obligations as a *mo kal* ('child of the sister') towards her avuncular family (mother's brother patrilineage), she is considered to be the one to 'talk with force in case of problems'. Indeed, cousins have been described as having an ambiguous but powerful position with regard to the lineage of their maternal uncles in this region (Geschiere, 1982; Laburthe-Tolra, 1981).

³ *Mesot* is a general term comprising different varieties of an indigenous divination and verification method. What all those varieties have in common is that certain natural objects (most often leaves) are posed a particular question. The subsequent movement or characteristics of the objects form the answer to the question. One informant who aimed to discover the cause of the death of her child through *mesot* explained, 'I went to do the *mesot*. It means that you take leaves and you talk to them, and you come and verify during three days. I took three leaves. To the first I said, "If my child died because of tuberculosis, it should be eaten away. If not, I will find the leaf untouched". To the second, "If they have killed my child like that through witchcraft practices, this leaf should be eaten away". To the third, "If it were the uncles who have killed, I will find this leaf eaten away. If that's not the case, I will find it like I see it now". After three days, I found that the leaf of the witchcraft and the leaf of the tuberculosis had been eaten away'. In the case described by Suzie, the question was not whether the leaves would be corroded or not, but whether or not they would fall down.

⁴ Although discourses about '*le diable*' (the devil) and '*la sorcellerie*' (witchcraft) have different sources of origin – with the former being introduced by Pentecostals in Cameroon and having more religious connotations than the latter – they were used interchangeably by my informants.

⁵ In fact, the ideas about babyhood and interrupted pregnancies that will be discussed in the following two sections possibly apply *beyond* the village sphere as well. But even if these notions may be omnipresent and widely shared, this chapter aims to unravel how they become particularly relevant and incorporated in the interpretations and projects that emerge around interrupted fertility in the *rural* setting. An understanding of their meanings and implications will prove to be indispensable for making sense of reproductive experiences and decisions that happen in, and are specific for, the village.

⁶ Spiritual connection diminishes in particular once children have attained a certain level of knowledge and communication skills, for once they are able to talk and participate in the 'human' world, the risk increases that they would reveal spiritual secrets to their human elders.

⁷ Since witchcraft is believed to be 'given' through the umbilical cord, a newborn *mon* is considered very vulnerable to evil interventions until the cord releases. Not surprisingly, many women carefully hide their newborns inside the house and cover this umbilical cord with remedies – such as traditional salt called *kangwa* or pulverized mushrooms called *iso* – to enhance the process of desiccation.

⁸ Probably not coincidentally, this is also the place where the spirits of persons mystically killed by a form of witchcraft called *famla* or *mekwain* are believed to go. Witches operating in the world of *famla* are supposed to 'sell' their own relatives, who will physically die in the visible 'human' world but whose souls will be transferred to the mystical surroundings of Douala and Mont Kupe. There, they have to work hard on invisible plantations. The 'owners' of these souls get rich through the fruits of their victims' labour. These beliefs of *famla* originally come from the coastal area in West Cameroon (Fisiy & Geschiere, 1993). One informant explicitly mentioned the provenance of some newborn babies from the world of *famla*. She said, 'Old women often say that some children come from the world of *famla*. They call those children *bon mekon*. For, *kon* is the Gbibil word for *famla*. It concerns people who don't want to work in *famla* anymore. They say, "I will enter in a new body so that I can be born again". And those children live'. That *kon* (or

kong) is indeed a word used by Beti people to indicate the world of *famla* is confirmed by Ngono (2002), Mallart Guimera (1981), and Fisiy & Geschiere (1993, p. 115). Earlier it has been mentioned, however, that my Gbigbil informants also speak of *ayong bekon* to indicate the realm of the dead in general. Clearly, some ambiguity exists regarding the exact provenance of babies.

⁹ In the first few days after delivery, the baby's skin is rubbed with eggs and red powder (*bole*) to render it healthy, beautiful, and protected. Afterwards, when *mon* is allowed to be bathed, several protective leaves or remedies for 'luck' or 'love' in life can be added to the water. Further, certain cords will be attached to the waist, ankles, and wrists in order to make the child gain weight quickly and to protect him or her against typical 'child illnesses' (*akón abongo*).

¹⁰ Indeed, the huge attention to the physical consequences of a pregnancy interruption for a woman, to be discussed in the next section, stands in stark contrast to the quick disposal of the physical remnants of uterine tissue or the dead foetus. In the first case, the expelled blood clots will be thrown into the deep hole of a toilet or on a garbage heap. Women might do this on their own if their physical condition allows them to and if they do not want others to know about the happening. In cases of interruption of more advanced pregnancies, where the foetus has taken its human forms and is expelled through a labour-like process, women will be assisted by others such as female family members or a midwife. Midwives will quickly hand the foetus over to the men in the family – especially the woman's brothers-in-law. These men will wrap the foetus in leaves (*adoli* and *long*), sheets, or a plastic bag and bury it immediately next to the woman's kitchen, often without the mother or other family members being present. On top of the grave, savannah leaves called *long* will be planted to symbolize the contact between the dead foetus and this (living) world. This symbol, just like the many words of comfort women may receive from visiting friends, neighbours, and sisters, stress a quick return of a new pregnancy in the near future. 'You have conceived and you will always continue to conceive' or 'a child will always come again' are typical expressions in this respect. In order to enhance this quick return of fertility, several social conventions surround a woman whose pregnancy was interrupted. First, she is not allowed to cry or mourn, since this would hamper the coming of a new child into her womb. Second, she should have sexual intercourse with the father of the interrupted pregnancy at least once before sleeping with other men. This man is thought to have 'taken' the woman's fertility, which she can only get back by sleeping with him. Third, no man other than the one who impregnated her is allowed to hit her on the back, lest her childbearing capacities might disappear altogether. The presence of these prescriptions confirms people's tendency to downplay what is lost in favour of what is to come.

¹¹ While the following discussion will explicitly focus on the force of women, it should be noted that ideals and portrayals of *ngul* exist for Gbigbil men as well. Its content can be compared to the force described for Beti men by Laburthe-Tolra (1981, p. 558): 'A young man inaugurates his personal career when, after his first marriage with his first wife (...), he finds the force (*ngul*) to install himself on his own and found a new village'. In the same vein and for the same Beti men, Houseman (1988, pp. 54-55) notes, 'It is to a large extent by virtue of such inheritance – control over actual or potential wives to be kept or distributed to others (younger brothers, sons, clients, etc.) – that a man acquires sufficient personal 'force' to enable him to become an autonomous focus of allegiance, that is, to found a domestic group of his own'. A man's force is thus not only displayed physically, but also in his autonomous ability to form a social group of followers around him. Those unable to do so are called 'a man of nothing' (*mod asumba*) in Gbigbil.

¹² Indeed, one of my informants even attributed her blood loss during pregnancy to her daily doughnut preparation – a tentative explanation which was confirmed by the doctor in the health centre. Only the avoidance of daily exposure to fire heat was supposed to prevent her pregnancy from 'leaving'.

¹³ There are many methods that women use to try to prevent such a loss. Menacing pregnancy interruptions are recognized by the warming up of the back, the kidneys, the fallopian tubes, or 'the blood inside'. At this stage, certain indigenous remedies exist to 'calm the belly down' and to prevent the pregnancy from 'leaving'. I was told about different purges of water with the leaves of *ekol asəng*, *noue*, *molom*, *abolom*, the bark *mom*, the roots of *abomling*, or the roots of a banana tree. All these purges are administered to block the flow of blood, to appease the pain, or to 'calm down the child in the belly'. If these do not alleviate the situation, help might be sought at the hospital, where injections are thought to be especially effective. An examination of the registers of the dispensary in the village and two surrounding city hospitals (*Centre Medical d'Arrondissement* in Bélébo and *Hôpital Provincial* in Bertoua) showed that a considerable part of the help sought in (the few) cases of pregnancy interruptions concerns mere *menaces* of interruption rather than incomplete or completed abortions (see Appendix VIII). If, however, all these interventions do not succeed, the loss of 'water' and 'balls of blood' becomes unavoidable. It might take days or even weeks before everything is expelled. The process, once considered inevitable, can be accelerated by indigenous

remedies, such as the cooked leaves of an eggplant (*mekei mesong*), or the pulverized leaves of the tree called *adongsi*, mixed with ginger, pepper, and salt.

¹⁴ In case a woman dies during childbirth without having yet expelled the foetus, a traditional 'operation' will be performed on her in the village before she is buried. Under no circumstances is it allowed to bury 'two persons in the same grave', lest misfortunes will plague the entire family. In the one case that I witnessed where a pregnant woman was buried with her foetus still inside, I was told that male *isam* initiates would perform some traditions during the night. By making remedies called *nyong*, sacrificing certain animals (like white hens, goats, and pigs), and dancing the traditional dance *akong*, they would try to prevent any negative consequences from happening after this unauthorized burial. Not surprisingly, when both mother and child are at risk during childbirth, people will try to do everything to save the mother's – and not the child's – life to prevent such situations from occurring. The moral choice to let the foetus die in such critical moments is termed 'life-boat ethics' by Hardin (1974), and is also discussed by Scheper-Hughes (1992, p. 405) in order to account for maternal decisions in a Brazilian shantytown. My informant Elianne explains the underlying rationale: 'In case of a difficult birth, there are many remedies that people can give you. And they can take you even to the hospital. In order to evacuate the child. To protect the mother. Because we say here that when a mother and a baby fall into the water, you should always rescue the mother. You should leave the baby to die. Because you never know what would have become of the baby, whereas you know that the mother can still give birth to another one'. This moral distinction between mother and baby by Gbigbil informants feeds into the bulk of literature on mother-foetus antagonism (Casper, 1998; Hardacre, 1999; Heriot, 1996; Hubbard, 1994; Ivry, 2009; L. M. Morgan, 1996; Petchesky, 1987; Rapp, 2000) which reacts against phenomenological stances of intimacy and intercorporeality between a pregnant woman and her baby (see, for instance, Wynn, 2002). The critical studies describe how the developments of prenatal technologies, as well as other cultural and historical transformations, have led to reconceptualizations of the body, personhood, and rights of a foetus as distinct from and possibly in conflict with those of the mother. Unlike the Gbigbil precedence accorded to a mother's needs and wishes, however, many of these studies show how in Western settings the preponderance of images and rights of the foetus has often downplayed those of the mother.

¹⁵ Paxson traces a shift from an 'ethic of service', where motherhood is the ultimate and rather unquestioned goal of womanhood, toward an 'ethic of choice' and an 'ethic of well-being', which present multiple options to women and prioritize their personal health and well-being.

¹⁶ While Yvette herself gave many external explanations for the losses of her first three sons, outsiders might as well have found some 'excuses' due to the particular circumstances of these deaths. First child deaths are often minimized by the idea that it could be a matter of 'bad luck' – something which overcomes almost every parent at least once in a life-time. The attribution of the death of Yvette's twins to their supernatural forces could also be reasonable since it was often mentioned in the village. Although some indirect witchcraft accusations had been uttered towards Yvette, she minimized them by saying that these were quite expected in cases of sudden child loss, especially in polygynous marriages. In any case, they were not as explicit and effective as the accusations she encountered after her problematic deliveries.

¹⁷ Louis Mallart Guimera (1981) described similar notions for the Evuzok in the South of Cameroon, where witchcraft suspicions are prone to develop with regard to many fertility problems, such as infertility, miscarriages, premature infant death, or difficult childbirth.

¹⁸ Although these questions explicitly ask for particularities, the aim of this analysis is also, in line with the research design outlined in the introduction to this thesis, to discover some general forms of sociality and individuality that influence reproductive decision-making in vital conjunctures around fertility interruption. As such, it is *through* an in-depth examination of the details of Yvette's life and position, and the comparison of these with the lives and decisions of others, that we can come to more general insights about certain social and individual assets that seem to have an impact on the approaches women take after their pregnancies have been interrupted.

¹⁹ The return of a sister (and her children) to her brothers in case of a failed marriage – which would be comparable to the case of Yvette's grandmother – is quite common and accepted in Asung. Indeed, several *mo kal* (children of the sister) are noted to live with their maternal uncles in the village. But that all these children themselves should bear children and bring them back to their maternal families, as Yvette's mother did, is a highly unusual situation; it means that the patrilineal and virilocal norms are transgressed not only once, but twice.

²⁰ The interactions between maternal uncles and their sisters' children are often ambiguous, covered by a joking relationship that claims mutual respect but allows both parties to insult, or even curse, the other at certain moments (see also note 23 in Chapter 1) (Geschiera, 1982; Laburthe-Tolra, 1981; Radcliffe-Brown,

1940). The ambiguity comes especially to the fore in the position of *mo kal* within the neighbourhood of his or her maternal uncles. On the one hand, this position is a vulnerable one since *mo kal* is not a direct descendant of the patrilineage. On the other hand, it offers certain ritual powers to *mo kal* which the maternal uncles cannot contest. If the neighbourhood is for instance haunted by unrest, conflict, or misfortunes, *mo kal* can enter to ‘speak with force’ and kill all the chickens of the household. The ritualized and often rebellious demands for respect by *mo kal* – by for instance claiming the heads of all animals hunted by *ngweej* – underlines the ambiguous, potentially violent, relationship with maternal uncles, which is to be appeased by ritual gifts. While *bengweej* claim to respect the interventions of *mo kal*, they themselves do not intervene much in the personal affairs of *mo kal*. This explains why Yvette did not consider her *bengweej* to be a liable source of support.

²¹ Similarly, much could be said here about Yvette’s tactical deployment of a general idiom of *suffering* in order to claim her innocence and discard all assumed culpability with which she was surrounded. However, since Chapter 5 will consist of elaborate descriptions and analysis of such paradoxical ‘portrayals of powerlessness’, I have chosen to leave it out of the discussion here and to focus more on particular manipulations of notions of sexuality, marriage, and motherhood.

CHAPTER 4

¹ The story of Sophie’s father is quite particular. Having been fostered by his aunt after the death of his parents, when he was ten years old he decided to escape the bad circumstances he had encountered. He offered himself as a servant to a ‘white man’ in Batouri, who eventually sent him to school. With his primary school certificate (CEP), Sophie’s father was appointed as a nurse in a hospital in Douala. A few years later, his position changed into that of a *Chef de Poste Agricole* in his natal village of Asung. A *Poste Agricole* was an institution stemming from French colonial times; its aim was to initiate cocoa and coffee plantations, to distribute knowledge and resources for higher agricultural production, and to ‘monitor’ labour in the fields. According to my oldest informants, the first *Poste Agricole* was installed in the *ancient village* of Ibudim around 1955. After the forced migration in 1967, another post was created in the new village of Asung. It came with abundant territory for the *Chef* of the post, Sophie’s father at the time. It is on this territory that he created his own *quartier*, with his four wives and thirty-six children.

² According to Sophie, her father had thirty-six children, all of whom she calls her brothers and sisters. However, upon request for specification she makes a distinction between those borne from the same womb (*même père, même mère*) and those borne by different mothers (*même père, différentes mères*) – a distinction applied by Houseman (1988) as well. The sister who raised her during childhood was a biological daughter of one of the co-wives of Sophie’s mother.

³ As described in Chapter 2, my informants distinguish several forms of women’s worms (French: *vers de femmes*; Gbibil: *song munká*). The ‘bad’ worm that is mentioned here is located in the belly of some women and ‘eats’ all the blood destined to form a foetus after conception. The woman can become pregnant, but will eventually miscarry. There is also a ‘good’ women’s worm (also called ‘the worm of delivery’; *le vers de l’accouchement*) that causes severe pain in the lower abdomen just before menstruation, but that encourages conception. As soon as the woman carries a pregnancy, the worm stays aside and will only start picking again at the moment of delivery. Both of the women’s worms can only be treated indigenously – a treatment that is usually known by older women and claimed to be very effective. When I discussed this frequent occurrence of women’s worms with the biomedical personnel in the health centre of the village, they told me that they perceived this local conception as an indicator of severe genital tract infections and sexually transmitted diseases.

⁴ Mectizan® (or Ivermectin) is used in onchocerciasis and lymphatic filariasis control programs and is freely distributed once a year among the population of Cameroon.

⁵ She took Depo Provera® injections – a method that is highly preferred over contraceptive pills in the region. The fact that women need to be injected only once in three months instead of taking pills on a daily basis poses less risk of forgetting and of discovery by their partners.

⁶ The distinction Sophie makes between day and night refers to practices by non-witches and witches respectively. Witchcraft practices are believed to happen at night and be more powerful or detrimental than attempts to use indigenous medicines by people who do not have any occult powers and only practice ‘during the day’.

⁷ Sophie’s change in fertility desires within the context of this polygynous marriage sheds new light on an age-old demographic debate concerning the impact of polygynous marriage forms on fertility levels. Two major hypotheses exist with regard to this question. One camp assumes that the competition between co-wives and their fertility-dependent positions induce higher fertility levels within polygynous marriages. The

other camp counters that the increased level of conflicts, fertility attacks, and marital time-outs would rather lead polygynous women to bear less children during their life-time. Sophie's story shows that these two hypotheses are not mutually exclusive but that both situations can be encountered within one and the same marriage. The question of the impact of the marital configuration on the eventual number of children can therefore, at least in Eastern Cameroon, not be unequivocally answered if the variability of polygynous conjugal situations is taken into account.

⁸ The idiom of play is highly relevant here for two other reasons. First, Gbigbil people do metaphorically refer to sexual relationships as 'play' (see also the discourse of the local doctor in Chapter 2). To 'play' with a man or woman, aside from indicating a strategic manipulation of somebody of the other sex, might also simply mean to have sexual intercourse with him or her. Laburthe-Tolra (1981, p. 510) mentions a similar idiom when he notes that sex is, especially for youngsters, something like 'a sexual parade: and they respect the free game, which can only have happy consequences. It is in terms of a play, for that matter, that boys-girls relationships are conceived of. 'Will you begin to play with a girl in the middle of a party without already having played with her in the village?' says the Beti art of flirting'. Second, people often describe the inconsistent and flexible lifestyle of youngsters who explore multiple horizons as one in which they 'play life' ('jouer la vie'), before starting a serious, settled adult life (see also Laburthe-Tolra, 1981, p. 511). Since this chapter will show exactly how sexual and reproductive practices are embedded within wider partner plays and explorations of multiple horizons ('playing of life'), I consider the use of the game metaphor as extremely appropriate.

⁹ While this chapter focuses on those who move from the rural area into cities with multiple aspirations in mind, it should not be forgotten that many others move in the opposite direction once these projects become foreclosed. Next to Abega (2007), Akuri et al. (2009) have also shown that many women who end up as wives and mothers in the village have for a shorter or longer period tried to 'search their lives' in cities. The authors identify illness and deaths in the family, unforeseen pregnancies, arranged marriages, gender discrimination, and poverty as possible obstructions to women's urban opportunities. This is not to say that their *aspirations* are lost, however; these are often transferred to the children they subsequently bear in the village. I recognize similar trends in the accounts of some of my rural informants and would like to argue that forlorn urban hopes have to be taken into account to explain not only the implications for the future paths of *living* children, but also the interpretations of the interrupted paths of those who died or were never born.

¹⁰ Of course, as Hultedahl (1993, p. 297) has also noted, ideas about the 'good life' in the city are multiple and variable. Depending on their specific stakes and backgrounds, women stress different aspects and advantages of urban residence. The general enumeration invoked here is thus not meant to hold for all women; however, the specific ideas of each and every one of them fits into the larger framework of easy and honourable city life as sketched in this section.

¹¹ Likewise, Abega notes for the Maka that 'with money circulating more easily in the city than in the village, and the former invoking a myth of ease, [which is] today well overestimated, youngsters, especially young girls, sometimes try to go and capitalize on their charms there, be it in a temporary manner or in a permanent way' (Abega, 2007, p. 132, my translation). Especially in the current circumstances in Cameroon, the idea of a wealthy flow of money in the city is indeed more a 'myth' inspiring hopeful action than reality. In practice, salaries – especially those of women – remain often unpaid for months on end and many female residents *do* have to work on plots of land in order to reduce food-related expenses. The ideals expressed by my informants are thus clearly distorted and tell us more about the woes and worries in the village than about the wealth in the city.

¹² This chapter assumes that secondary education is, unlike primary education, most likely to be found in urban zones in Cameroon. It should, however, be noted that since 2007, a secondary school establishment (CES) has been constructed and made functional in the village of Asung, with the help of Gbigbil elites from the Bibakung family. It would be worthwhile investigating to what extent the ambitions and reproductive management of secondary school students who can stay in the village might differ from those who are obliged to move to urban centres and encounter different possibilities there.

¹³ Whenever I mention the word 'modern', I treat it as an emic category. In line with the local meanings and associations of the word, it captures the urban lifestyle and pecuniary honour that my informants aim to achieve.

¹⁴ In this respect, Guyer (1996, p. 13) states that, historically, 'trriage into those who will be favoured, through education, fosterage and other training, and those who will be gradually sidelined, is a function of post-natal social and cultural processes where capabilities and potentials are identified and tracked during the assiduously labour-intensive series of ceremonials and apprenticeships that made up child-raising before

the era of schools and world religions' (see for an elaboration on this point Bledsoe, Casterline, Johnson-Kuhn, & Haaga, 1999). This statement seems applicable to Gbigbil histories as well. Participants of the most important male initiation rite, called *isam*, were selected by their fathers. Only sons with certain characteristics were deemed capable of undergoing the training and guarding its secrets afterwards. These favoured ones were physically marked by incisions in the back of the neck – and are until today proud to show this proof of their selection.

¹⁵ With regard to the value of personal characteristics in gaining power within an egalitarian society, Laburthe-Tolra notes, '... the possibility remains open to every young, free man, even [if he is] poor in the beginning, to succeed thanks to his dynamism, thanks to his personal talents and capacities (...). The ways in which an adolescent can affirm himself are very diverse: beauty, force, courage, craftiness, intelligence make him eventually worthy of both the favour of young girls, and the esteem of fathers who will be able to 'give' him a wife (...) because he knows to hunt or dance well, because he is a champion in fights' (1981, pp. 831-832, my translation).

¹⁶ Johnson-Hanks (2007) describes how the concept of '*mfan mot*' used to denote a certain kind of disposition and honour that was only applicable to *Beti men*. Underlying cultural schemata linked this male honour to material success and dominion over women; women themselves could not be honourable. The expansion of school, market, church, and state in modern times, however, altered social conditions and cultural schemata in such a way that notions of honour 'stretched to include women' as well (2007, p. 645). Johnson-Hanks argues that although this form of female honour is certainly one that derives from the colonial and postcolonial history, it also draws on long existent notions of honour of the *mfan mot*.

¹⁷ In her study on the urban ambitions of women in Ngaoundéré, Holtedahl notes that women have to cope with different norms and values in the different 'social fields' which make up their urban lives. The respective rules of relevance in each of these social fields 'stipulate what is relevant knowledge and behaviour, and for whom – in short the convertible resources and assets for the attainment of a 'good life'' (1993, p. 275). In current Cameroonian urban zones, there are not only different meanings of what a 'good life' is, but also different perceptions of how it can and should be attained. The question in this chapter is to what extent this affects Gbigbil perceptions and practices of marriage and fertility.

¹⁸ In her article *Traditions of Invention in Equatorial Africa*, Guyer gives an account of how the historical stress on singularity within multiplicity in Cameroon has encouraged continuous inventions and additions to 'the repertoire of possibility', of which the frontiers were always constantly explored. The 'regular creation of effectivity and novelty' (1996, p. 2) which is caused by this process can also be found in current urban zones, offering new horizons and opportunities. The question in this chapter is to what extent such new possibilities are created within, or have repercussions on, the domains of marriage and fertility in Gbigbil women's lives.

¹⁹ In contrast to demographic studies which investigate the change of fertility behaviour in altered environments (such as, for instance, the one of Lee (1992), arguing that fertility levels do not decrease after rural-urban migration in Cameroon), I do not intend to give an indication of changes in macro-level patterns and numerical outcomes. Rather, I delve into, and try to compare, *perceptions* about childbearing in zones with different horizons and opportunities – irrespective of whether in effect they lead to differences in fertility outcomes.

²⁰ It should be noted that the long-lasting economic crisis and the subsequent delay in bride-price payments are, as noted in Chapter 1, likely to have contributed to this situation as well. Premarital relationships and marital instability are therefore widespread in both urban and rural zones; yet, as this chapter will show, the ambiguities inhering these partnerships become exacerbated when both partners have other – urban – projects (such as education or employment) in mind.

²¹ Although my informants made a conceptual distinction between *amitiés* and relationships that might culminate in a marriage, it should be noted that in practice these two categories are often less distinct than portrayed. As will become clear later in this chapter, *amitiés* share some basic characteristics with possible marital relationships and can quickly turn into more serious engagements. Yet, when my informants explicitly stated that something was a 'mere friendship', they seemed to imply that it was at least not their intention to transform this relationship into a more stable and formalized one.

²² Interestingly, women in Dakar seem to have a similar way of associating promising male partners with fish; they give those men who offer prosperous prospects the name of an expensive fish, *thiof*. Women even distinguish between small, medium, and big/super *thiof* according to men's status and potential for generosity (Nyamnjoh, 2005). In Cameroon, rich men acting as 'sugar daddies' have also been called *cous pliés* ('folded necks') by the informants of Meekers and Calvès (1997, p. 365) and Johnson-Hanks (2006, p. 173).

²³ This is a vision that is also largely promoted and disseminated in the Cameroonian media. Goheen (1993, p. 267) mentions an article in the daily *Cameroon Tribune* that defines women's marriage refusals and their desire to 'live like free girls or to marry only with important men' as a national problem. Women who 'hate marriage because they want to stay in their own families and accomplish everything before thinking of marriage' are designated as 'whores' wanting to control men. See Nyanzi, Pool & Kinsman (2001) for a detailed account of similar ambiguities in Uganda.

²⁴ Youtube is a well-known low-threshold website broadcasting clips, movies, and other videos from all over the world. The reactions displayed in this chapter were retrieved on 11 February 2010, from <http://www.youtube.com/watch?v=oXaQJH-oHSg>.

²⁵ In this sense, men are proud to claim that they are '*dangereux*' – i.e. that they are popular and successful amongst the women. Such a public statement is relevant in a context where male desires for sex are naturalized and considered to be a reflection of their biological functioning. In the absence of regular girlfriends, men are liable to become accused of having a 'dead penis' (*abīn wəjaa*) – which poses a serious threat to their masculine pride.

²⁶ The same vocabulary was expressed by the informants of Meekers and Calvès (1997, p. 365) and Johnson-Hanks (2006, p. 173). Terms like '*ma Meilleure Petite*' or '*mon Meilleur Petit*' co-exist with '*mon petit*' or '*ma petite*', '*mon copain*' or '*ma copine*', '*mon Chaud*' and '*ma Chaude*', '*Cacao*', '*The Hip*' and '*Black Coffee*' – all of which aim to distinguish between different sexual partners.

²⁷ Not only are pregnant students allowed to go on maternity leave, but they must also be readmitted in case they have been suspended because of their pregnancies, as stipulates Circular Letter No. 10/A/562/MINEDUC/ESG of 10 January 1980 (CEDAW, 1999; UN CRC, 2000).

²⁸ Many of these studies have investigated the indirect, non-school related, but nevertheless concomitant, factors which might affect or explain the reproductive decision-making of female students. In their view, the impact of education derives more from the social context in which schooling takes place than from inherent qualities of the schooling itself. They point, for instance, to the fact that women who tend to initiate and continue education come by default from certain socio-economic strata with particular norms about gender, sexuality, fertility, and appropriate reproductive timing (a phenomenon indicated as the 'selection' effect). They also take into account how wider political and economic settings determine – through mass media, for instance – the use and evaluation of certain educational skills in social practice. See Bledsoe et al. (1999) for a comprehensive overview of the debate.

²⁹ This desire for a married status is especially present if women have already borne one or several children outside of a conjugal framework. It is considered acceptable and often even advisable to bear a first child outside of marriage since it proves one's fertility and is thus expected to increase marriage chances in uncertain times when men do not easily engage. (This expectation is, however, partly contradicted by a quantitative study on the relationship between premarital childbearing and first marriage chances by Calvès (1999), revealing that the increased chance of marriage only pertains to the very first months after childbearing – and thus probably concerns a union with the father of the child. After a certain time lapse the association becomes strongly negative; apparently, men other than the father of the child do not necessarily find a woman's premarital childbearing attractive enough to prefer them over single non-mothers.) Whether their first birth leads to marriage or not, many Gbigbil women surely express a wish to bear second and following children '*dans un foyer*' – a prescription that is moreover often heavily supported by their family members. To bear 'every child with another man' is not deemed honourable ('*digne*'); it would negatively affect a woman's status in two ways. First, having several children with different men exposes a woman's multiple sexual activities. These women are depicted as untrustworthy *bordelles* (prostitutes) – always having multiple partners at the same time. Second, and consequently, such a woman might encounter difficulties in being believed when she claims to carry a pregnancy from a certain man. With her image of 'looseness', the appointed father may refuse to acknowledge his responsibilities by invoking the many other men that might have possibly impregnated her. If, to the contrary, a man is willing to engage with her, the fact that she has different children from different fathers might complicate a marriage arrangement. Rare are those men who unconditionally bear the burden of caring for someone else's 'blood'. The sons of other men in particular are rarely allowed to grow up (and, by implication, stay) in the compound of another lineage. Daughters are easier to accept; they will finally leave the compound for marriage and might even offer bride-price rewards in the long run.

³⁰ *Iwō* is the Gbigbil word for a condition in which a woman's children repeatedly die. Several indigenous treatments of *iwō* exist, which should all be initiated during pregnancy.

³¹ Calvès' calculations specify that children conceived within cohabiting unions are approximately six times more likely to be recognized by their biological fathers than those conceived in non-cohabiting unions, and

that the chances of recognition are four times higher for children whose conception was planned and discussed compared to those whose conception was not anticipated or aspired to (Calvès, 2000, p. 452).

³² One could wonder to what extent the context of an increasing HIV/AIDS prevalence in the region influences this practice as well. Compared to what was found by, for instance, Ng'weshemi et al. (1996), my male informants seemed to change their sexual behaviour less in the face of the pandemic. Yet, there was clearly an increase in awareness of the dangers of unprotected sex over the time of my three fieldwork periods between 2004 and 2009. More research would be needed to investigate how this awareness affects the use of protective measures by both male and female partners.

³³ In 1966, a new marriage law was issued, followed in 1981 by the Civil Status Registration Ordinance. Although bride-price payments were not prohibited by this law, they were dissociated from the legal status of a union. As a consequence, bridewealth no longer determines affiliation or legal paternity.

³⁴ Paternal recognition of children who are not conceived in a legal union usually takes place at the time of birth registration. This registration is quite widespread in Cameroon, especially in urban areas, because the birth certificate is indispensable during many instances in the child's life: he or she will need it for school attendance, job applications, or for a national identity card. In case the father does not recognize his child, his name will not appear on the birth certificate. Before 1981, however, mention would be made of '*père inconnu*', meaning 'unknown father' (Calvès, 2000, pp. 445-447).

³⁵ Although I present the possible aetiological explanations here in terms of broader 'categories' (discovered through the methods of free listing and pile sorting discussed in Chapter 1), I do not pretend to give an all-encompassing, coherent account of what turned out to be contradicting and varied descriptions by my informants – a critique on the representation of ethno-medical 'systems' that is also discussed by Pool (1994, 2003). Indeed, my statement that different aetiological explanations are used inventively and inconsistently defies the notion of a coherent 'system' that would be rationally and consistently applied in daily life.

³⁶ See, for instance, Jejeebhoy (1995), who states that education directly increases five forms of female autonomy: 1) decision-making autonomy in the home; 2) physical autonomy in interacting with the outside world; 3) emotional autonomy; 4) economic autonomy; and 5) social autonomy. It is through the enhanced autonomy in all these domains that fertility is subsequently considered to be affected – in rather unilinear ways.

CHAPTER 5

¹ I understand 'distress' not only in physical terms but also, in line with Nichter (1981, p. 403), as 'a broad range of feeling states including vulnerability, apprehension, inadequacy, dissatisfaction, suppressed anger and other anxiety states which might otherwise take the form of an untenable social conflict or rebellion'. I agree with Nichter (*ibid.*, p. 379) that idioms expressing these feelings 'are culturally constituted in the sense that they initiate particular types of interaction and are associated with culturally pervasive values, norms, generative themes, and health concerns'. This chapter will explore such idioms and the underlying meanings and implications for particular types of interaction in the Gbigbil village of Asung.

² *Seying Ining* is a women's association initiated by the international non-governmental organization PLAN International, the only NGO effectively present in Asung. In 2009, *Seying Ining* had 28 members (22 women and 6 men). The association has multiple functions: it provides women with tools and knowledge for agricultural activities so as to promote their economic independence; it encourages cooperation by creating female 'working groups' on a communal cassava field and 'support groups' in case of misfortune; it provides support for, and creates awareness of, hospital services and medical interventions, especially in the domain of mother and child health (through a project called '*Projet de survie de l'enfant à Impact Elargi*' (EIP)); and it locates and takes care of orphans in the village. Despite its presence and impetus for activities in the village, PLAN is surrounded by suspicion and ambivalence in Asung. Many villagers complain of the corruption that must be present at higher levels since they 'never receive anything'. Similar assumptions extend to mama Rosie and other representatives, who are suspected of receiving money for their activities in the village – which, in fact, they do not.

³ An *agent de santé* ('health agent') or *délégué de santé* (D.C.; 'health delegate') is a community member who is part of the community's *committee de santé* (COA; 'health committee'), which also has a *président(e)*, a secretary, and a treasurer. Health committees are supposed to collaborate closely with local health centres. They were installed after the Cameroonian government revised the primary health care approach in 1987 and proposed a decentralization of decision-making power into peripheral hands. Health agents and committees had to mediate and enhance dialogue between local communities and the health care structure, and thus improve the quality of care and the participation of communities in the

management of health services (see Chapter 1). The particular role of *agents de santé* like mama Rosie is to create health awareness among their fellow villagers, to encourage hospital visits for routine check-ups or vaccinations, to distribute health-related messages and products (such as mosquito nets) in the community, and to contribute to village health statistics (especially about mother and child health) through surveys and measurements in households. *Agents de santé* have been trained and should ideally receive a small remuneration for their activities. In practice, however, collaboration and communication with the health centre is often lacking, and payment postponed or completely absent.

⁴ As the epigraph at the beginning of Chapter 3 has shown, Gbigbil funeral ceremonies consist of ritual interactions (*san̄ba*) between in-married wives and native daughters of Asung. Throughout this ritual, inherent tensions between the daughters of the village and the women who have come ‘from outside’ to marry in the village become explicit in a quasi humorous way. It offers in-married wives like mama Rosie an opportunity to denounce the ambiguities and vulnerabilities of their own status as outsiders, and to ridicule their families-in-law (and especially the mothers-in-law) in ways that are otherwise not accepted.

⁵ This training in housekeeping chores (cooking, cleaning, sewing) for young women was part of the Catholic mission in Diang, some twenty kilometres from mama Rosie’s natal village.

⁶ It remains unclear to me whether this particular confession really took place. Different ethnographic sources have, however, noted that witchcraft confessions are increasingly present in the region. While many of these are forcefully or indirectly uttered in court, others are wilfully (though privately) conceded in order to enhance a process of healing; one cannot be cured as long as one has not confessed past deeds and hidden powers. These latter confessions are not per definition negatively evaluated, since in fact they might prevent worse things from happening (Fisiy & Geschiere, 1990; Geschiere, 1997b; Geschiere & Fisiy, 1994). It might be in this respect that mama Cathérine had decided to publicly acknowledge her deeds – if she ever did so.

⁷ Formal marriage acts can be signed for monogamous or polygynous unions. This case obviously concerns a formal polygynous marriage.

⁸ According to traditions, daughters-in-law need to offer the first products of their fields to their parents-in-law. This *tjəng*, as it is called, might be fresh corncoobs or corn-based preparations such as *couscous*. The in-laws are supposed to give a symbolic amount of money in return, whereupon the daughter-in-law is allowed to consume her own production for the rest of the year. If *tjəng* obligations are not respected, harvests might be spoiled and productions diminish. In practice, however, many women do neglect their *tjəng* duties or give it to another person if relations with the in-laws are not good.

⁹ This Centre is part of the Provincial Delegation of the Ministry of Women’s Empowerment and Family (*Ministère de la Promotion de la Femme et de la Famille*, MINPROFF). It aims to offer 1) moral, civic, and intellectual training for women’s economic, social, and cultural empowerment; 2) education of women with regard to responsible parenthood and the protection of mother and child health; 3) support for women’s entrepreneurship and their learning of promising trades; and 4) monitoring of the improvement of the living and working conditions of urban and rural women (see further www.minproff.gov.cm). In the specific Centre in Bertoua that Laura mentions, shorter and longer trainings for women in sewing, informatics, nursery care, and cooking are provided. Furthermore, reproductive health services such as prenatal consultations, routine vaccinations, and HIV/AIDS screening and counselling are offered, as well as informative talks about hygiene, pregnancy, and contraception. In addition, informative sessions about legal family affairs (e.g., with regard to marriage and birth certificates or inheritance laws) are organized in Bertoua and the surrounding villages. The Centre also offers funding for initiatives and projects aimed at the empowerment or enhanced livelihood of women. Thirty-nine women’s associations are currently supported (personal communication, 15-06-2009).

¹⁰ Pope John Paul II visited Cameroon on 10-14 August 1985 and 14-16 September 1995. Pope Benedict XVI followed him on 16-19 March 2009. During the stay of John Paul II in 1985, a family Mass at the Bamenda Airport was entitled ‘God’s plan for marriage and the family “from the beginning”’. In covert terms, Pope John Paul II talked about abortion when he stated, ‘The transmission of life, so highly valued in your African traditions, and the love which you have for your children – are these not a special part of the “glory and honour” which the Psalm attributes to man? Yes, your glad acceptance of your children as God’s gift to you stands to your glory and honour! But today there is a powerful *anti-life mentality*. It is more widespread in developed nations, but it is also being transmitted to the developing nations as if it were the compulsory path to development and progress. On this point I would like to repeat what I wrote in the Apostolic Exhortation *Familiaris Consortio*: “The Church firmly believes that human life, even if weak and suffering, is always a splendid gift of God’s goodness. Against the pessimism and selfishness which cast a shadow over the world, the Church stands for life: in each human life she sees the splendour of that “Yes”, that “Amen”,

who is Christ himself. To the “No” which assails and afflicts the world, she replies with this living “Yes”, thus defending the human person and the world from all who plot against and harm life” (see further http://www.vatican.va/holy_father/john_paul_ii/homilies). It is probably this specific discourse that inspired Laura’s schoolmate – albeit her altered version had turned the Pope’s words into a curse.

¹¹ This sum of money is the equivalent of half a monthly income in the country, according to World Bank statistics of 2009.

¹² Officially, in order to obtain a free birth certificate for a child, one needs a declaration of birth issued by a doctor as well as a request signed by both parents within two months of delivery (Abega, 2007, p. 222). In practice, however, many women do not give birth in the hospital, do not have a cooperative partner, or consider obtaining a birth certificate only much later in the child’s life. In all these cases, procedures are more complicated and should pass through court – a process that costs 2,000 CFA Francs (personal communication, 27-07-2009), plus the *pourboires* (bribes) that need to be paid to the intermediaries and officials in charge. For villagers in Asung, such a belated decision often comes down to a total sum of 5,000 CFA Francs (around 7.5 Euros). Birth certificates are deemed important in the lives of Cameroonian citizens because they are required for enrolment at school, and form the basis for a national identity card. The daily newspaper *Mutation* once noted how most problems ensue when primary school pupils are ready to take their final exams (CEP – *Certificat d’Études Primaires*) for which they need to show their birth certificates. The article mentioned a survey conducted in 2007 by the German NGO GTZ (*Deutsche Gesellschaft für Internationale Zusammenarbeit*) which showed that 36% of the 10,000 surveyed teenage mothers encountered difficulties with birth certificates. The problem seems to be biggest in the East and Extreme North Provinces (Gaïbaï, 2009).

¹³ Although I had met Philippe in person several times, I never had the chance to speak privately with him about his own interpretations and experiences of the described events. Most of these are thus narrated in second-hand accounts by Laura. The aim of this case description is not to give an exact reconstruction of reality, but rather to present the narrative constructions, representations, and interpretations of Laura, in order to assess her discursive deployments in the navigation of different reproductive conjunctures.

¹⁴ Quinine is a bitter alkaloid with fever-reducing, anti-malarial, analgesic, and anti-inflammatory properties, which is believed to function as an abortifacient if taken in large quantities. *Kangwa* is a ‘traditional salt’ (a condiment) which is often used in local medicinal compositions. *Cytotec* is a drug containing misoprostol, which causes uterine contractions and dilation of the cervix. It is used to instigate problematic spontaneous pregnancy interruptions, to provoke early abortions, or to induce labour.

¹⁵ Norplant is a form of birth control developed by the Population Council that is implanted subdermally in the upper arm and remains effective for five years.

¹⁶ See the section on ‘suffering and agency’ in the introduction to this dissertation for a more elaborate discussion of these studies and their conclusions.

¹⁷ Inhorn (1996, pp. 2-3) has noted that the term ‘patriarchy’ is polysemous. Feminists mainly understand it as a total system of ‘gender oppression’ (of females by males) or as ‘male domination/female subordination’, while anthropologists have tended to look at patriarchy within the domestic realm and family life. Inhorn (*ibid.*, pp. 3-4) merges these two approaches into one overarching definition, which states that ‘patriarchy is characterized by relations of power and authority of males over females, which are 1) learned through gender socialization within the family, where males wield power through the socially defined institution of fatherhood; 2) manifested in both inter- and intragender interactions within the family and in other interpersonal milieus; 3) legitimized through deeply engrained, pervasive ideologies of inherent male superiority; and 4) institutionalized on many societal levels (legal, political, economic, educational, religious, and so on)’. The author further contends that pronatalism is deeply engrained in patriarchy. Whenever I talk about patriarchy and its denouncement by feminists in this chapter, I take this all-encompassing definition as a starting point since it seems to best incorporate all definitions and criticisms uttered in this respect. Yet, the rest of the chapter will also show that formal definitions like this one are not able to capture the practical manipulation and actual forms of power that women can have in such systems.

¹⁸ In this line, feminists have attacked many theories which, from the mid-1970s onwards, had speculated about women’s innate – and therefore universal – role as mothers. Examples of those essentialist treatises are Klaus and Kennel’s (1976) work on ‘maternal bonding’ and Ruddick’s (1980) idea of ‘maternal thinking’ (Scheper-Hughes, 1992, p. 401). The feminist theoretical framework which, in reaction, took gender subordination (and the psychological processes it involves – see further Chodorow (1978) and Gilligan (1982)) as its starting point and posited women as victims came to be called ‘dominance feminism’. In her article which contests its narrow assumptions, Schneider (1993, p. 387) refers to Kathryn Abrams who has

described ‘dominance feminism’ as ‘that strand of feminist (legal) theory that locates gender oppression in the sexualized domination of women’.

¹⁹ Gerrits (2002) presents an overview of anthropological literature in which this line of thinking is confirmed. She states how the lives of infertile women in patrilineal African communities have generally been depicted ‘as marked by suffering and exclusion’ (2002, p. 234). Gerrits comes to a different conclusion on the basis of her fieldwork among a matrilineal community in Mozambique. While her attempt to move away from the general discourse of suffering around infertility is laudable, the fact that she attributes women’s different experiences to the presence of a matrilineal system leaves the assumptions related to patriarchy unquestioned. In this chapter, I want to look critically at the presumed predominance of patriarchy as portrayed in these studies, and as present in my own field of research.

²⁰ The two experiences could therefore be considered as fitting two separate strands of research which are tellingly called ‘power feminism’ and ‘victim feminism’ respectively (Schneider, 1993, p. 394). Of course these are just two of the many subfields and movements that feminism comprises. Yet, the predominant dichotomy which they more or less explicitly presuppose is also widespread in lay thinking, as has been indicated in the introduction to this dissertation.

²¹ Of course, this broad generalization does not do justice to some excellent and detailed studies that have described the complex power intricacies in both abortion cases and infertility experiences all over the world. See, for instance, Feldman-Savelsberg (1999), Gerrits (2008), Inhorn (1996), Olarte Sierra (2010), and Rapp (2000).

²² Some of these feminists have proposed to work with the concept of *relational autonomy* (Mackenzie & Stoljar, 2000; Nguyen, 2011; Pollack, 2000; Schneider, 1993). In highlighting the social embeddedness of agency, this concept ‘provides a helpful theoretical framework in which to explore the space between women’s victimization and oppression and women’s active responses to these conditions, and in so doing helps to dislodge the victim/agent dichotomy’ (Schneider, 1993, p. 84).

²³ Lock and Kaufert (1997, p. 3) explain their stance as one that avoids explaining women’s behaviour and subjectivity on the basis of gender alone.

²⁴ Inherent to this development thinking is a discourse of self-improvement and self-actualisation that focuses explicitly on the individual. In fact, in creating possibilities for greater autonomy, empowerment is seen as an individuating process in itself. This individualistic or psychological notion of empowerment, as well as the linearity that underlies related discourses, has been criticized by Cornwall (2007a) and by feminists who propose to see (the attainment of) autonomy as a *relational* affair (see note 22 above).

²⁵ In an elaborate review of infertility studies in Cameroon, Lantum (1976, p. 31) draws attention to the absence of (demographic and other) studies on abortions in the face of a whole body of literature on infertility when he states, ‘The incidence of abortion has not been studied in the areas where the sterility rate is high [i.e. in East Cameroon] in order to estimate the contribution which abortions could add to the problem of sterility and low natality rate’.

²⁶ This diary excerpt (n° 703-5) was written between 1970 and 1972 by Father Willem de Jong, who explicitly focused his attention on marriage traditions and family life in Cameroon. In this excerpt, he described the four issues in detail, and situated and interpreted them within relevant social and historical contexts. Through this contextualization, he argued for a more comprehensive understanding of, and flexible adaptation to, encountered realities in the field. This specific excerpt was retrieved at the archives of the *Congregatio Sancti Spiritus* (‘Congregatie van de Heilige Geest’) in Gemert, the Netherlands, in August 2007.

²⁷ *Sixa* (allegedly a derivative of the English word ‘sister’) was promoted as a school where young women would receive proper education in Christian dogma as well as in household and conjugal affairs before being baptized and marrying in church. According to Criaud (1990, pp. 77-78), the length of the training depended on ‘the [level of] education and the conduct of the women. A pagan woman who ha[d] not yet had any education should stay for at least six months in *sixa*’. Indeed, many women of various ages and (marital and familial) backgrounds gathered in the *sixa* for different periods of time (Vincent, 2001, p. 52). ‘Free’ daughters in particular were sent by their parents or forced by missionaries to participate. Other young women were sent by their Christian *fiancés* who anticipated a religious marriage immediately after the training. Further, as a pathway towards a monogamous Christian marriage, the *sixa* institution also appealed to women who were already married; it served as a refuge for those in polygynous unions or in otherwise badly perceived marriages. While most women envisaged a new life as a Christian wife, others joined the *sixa* in order to get rest and enjoy the harmony between ‘sisters’.

²⁸ This Ministry was officially installed through decree n° 2005-088 of 29 March 2005. It united the former Ministry of Social Affairs (MINAS, created in 1975 and specified through decree n° 81/295 of 23 July 1981) and the Ministry of Women’s Conditions (MINCOF, created in 1984 through decree n° 84/95 of 26 March 1984),

which temporarily merged into the Ministry of Social Affairs and Women's Conditions (MINASCOF) between 1988 and 1997. The current 'mission' of the Ministry as presented on the website reads, 'The Ministry of Women's Empowerment and Family is in charge of the elaboration and implementation of measures relating to the respect of Cameroonian women's rights in society, the elimination of all forms of discrimination against women, and the increase in chances for equality in political, economic, social and cultural domains. It is also in charge of the implementation of the national policy on families' (www.minproff.gov.cm).

²⁹ Some of the anthropologists mentioned above (such as Laburthe-Tolra) have, despite their focus on male dominance, given proof of the existence of female strategies and subversion as well.

³⁰ Remarkably, while expressions of suffering are abundant, utterances of particular emotional states are almost absent in Gbigbil women's narratives. As is described by Nichter (1981) for Indian women as well, it seems that somatic complaints or symbolic idioms of distress take precedence over concrete discussions about affects and sentiments, whether related to pregnancy interruptions or other experiences. My in-depth analysis of women's complaints of suffering within particular social situations will, however, partly reveal the emotional states and tensions which underlie these idioms of distress.

³¹ Similar dynamics were observed decades ago in Ghana by Bleek (1976). He states that while women hold up an appearance of subordination, they hold, due to their genealogical and economic positions, a considerable amount of power. This actual independence of women is, however, covered by their public portrayals of powerlessness.

³² A similar interpretation of suffering as (shared) strength surrounds stories related to birthing. My informants explicitly stressed the fact that only women could endure labour pains and other forms of reproductive suffering. The fact that men would not be able to endure these agonies (*'les hommes ne pourraient pas supporter'*) strengthens their notion of a shared female strength.

³³ Tellingly, a focus group discussion on agency and suffering was filled with women's constant referrals to themselves as the ones who suffered most – which, apart from creating the atmosphere of mutual understanding that I had hoped for, led to a sort of contest between women impressing each other by their display of personal misery. The acknowledgment of suffering as a marker of good womanhood thus created a common denominator and source of solidarity *within* the group of women, but at the same time formed a foundation for competition and distinctions *between* women.

³⁴ A report in the archives of the *Congregatio Sancti Spiritus* ('Congregatie van de Heilige Geest') in Gemert, the Netherlands, notes that, 'Due to the underpopulation – 109,000 km² for 600,000 inhabitants – in the East Province of Cameroon, the accent has been laid on procreation. Children should be born, whether in a normal union or outside of marriage' (my translation).

³⁵ In *The Practice of Everyday Life* (1984), Michel de Certeau argues that contrary to strategies, tactics are the actions of those who do not have the power to calculate and act from an isolated spatial and institutional locality. People who deploy tactics are located outside this dominant defining space, but depend on it to pursue their own goals. Yet, by acting 'from within' the dominant order, they are often more effective in generating change than those who have the power to invent and calculate new strategies.

³⁶ Tellingly, the theft of one of my own freshly washed underpants which I had installed in the sun created a serious upheaval with regard to the implications it could have for my future fertility if the thief would turn out to be a witch.

³⁷ As much as the health centre in Asung remains unvisited for infertility problems, the only infertility clinic in Yaoundé has been noted to be largely inaccessible to poor and rural women as well; apart from its geographical and financial inaccessibility, many socio-cultural barriers prevent effective use of its services (Feldman-Savelsberg, 2002; Njikam Savage, 1992). Njikam Savage (1992) describes how artificial donor insemination was introduced in 1985 in the department of Obstetrics and Gynaecology of the University Hospital Centre (UHC) in Yaoundé, and subsequently at the Central Maternity in the same city. While both institutions offered services up to 1989, nowadays infertility treatment can only be obtained at the Central Maternity. The author notes how local cultural frameworks which deny the existence of male infertility form the most important socio-cultural barrier to artificial donor insemination.

³⁸ In general, stories about men's 'true love' for childless women are quite common in the village. One day, I was sitting with two of my informants in a hangar, when an old man passed by and started to dance and sing in Gbigbil in front of us. After he left as quickly as he had appeared, my informants explained to me that he had been singing about his first wife who was not able to conceive and had been chased away by her family-in-law. The man had taken a second, fertile wife but still regretted the departure of the first one; 'they had chased away his heart'. Inhorn (1996, p. 9) also notes that, even in a strict 'classical' patriarchal society like Egypt, infertility might not only lead to repudiation, but, to the contrary, might actually

strengthen the 'connectivity' between a husband and his infertile wife – a conjugal connection expressed in terms of intense love, involvement, and commitment.

³⁹ The exact calculation of this 25% is not clarified by Eloundou-Enyegue and Stokes, however. It might as well mean that 25% of all children are fostered out, instead of my interpretation that 25% of the women are fostering children in – an interpretation which makes the rate comparable to the 49% found in my survey.

⁴⁰ More precisely, there is one law in the *Code of Canon Law* that refers specifically to abortion. This is canon 1398, which states, 'A person who procures a completed abortion incurs a *latae sententiae* [automatic] excommunication' (Barzelatto, 2004). The Church distinguishes between 'direct' and 'indirect' abortion. Indirect abortion is defined as the (indirect) killing of a foetus in the course of another medical intervention necessary to save a woman's life – a circumstance which is sometimes unpreventable and not aimed at direct destruction of the foetus, hence not morally condemned. Conversely, the church bans direct abortion, even if it is procured in order to save a woman's life – a form of abortion that is legally acknowledged in Cameroonian law and approved by most people in Asung.

⁴¹ An example is the pro-choice organization 'Catholics for Choice', based in Washington, D.C. It was founded in 1973 'to serve as a voice for Catholics who believe that the Catholic tradition supports a woman's moral and legal right to follow her conscience in matters of sexuality and reproductive health'. The organization describes its mission as 'to shape and advance sexual and reproductive ethics that are based on justice, reflect a commitment to women's wellbeing and respect and affirm the capacity of women and men to make moral decisions about their lives. Catholics for Choice works in the United States and internationally to ensure that all people have access to safe and affordable reproductive health-care services and to infuse our core values into public policy, community life and Catholic social teaching and thinking' (<http://catholicsforchoice.org>).

⁴² Despite a few individual efforts and specific awareness raising campaigns of NGOs like the *Association de Lutte contre les Violences faites aux Femmes* (ALVF), no considerable influence at national and legal levels has been reached. To the contrary, liberalization of abortion – a possible implication of Cameroon's signing of the Maputo protocol on 25 July 2006 – has been heavily contested during upheavals in 2009. In article 14 on Health and Reproductive Rights, the protocol proposes to 'protect the reproductive rights of women by authorizing medical abortion in cases of sexual assault, rape, incest, and where the continued pregnancy endangers the mental and physical health of the mother or the life of the mother or the foetus' (African Union, 2003, p. 16). Some religious (especially Catholic) authorities and associations in Douala protested against this article. The 'national committee of human rights and liberties' then reacted to this situation by organizing an 'explicatory conference' on the consequences of the Maputo protocol for Cameroon (Solange Yebga, personal communication, 08-06-2010).

⁴³ Due to formal disapproval surrounding the topic, as well as my own outsider status and probable association with formal institutions, the real incidence of abortions is likely to be even higher.

⁴⁴ With regard to biomedical medicines, Van der Geest (2010, p. 17) stresses that it is exactly the possibility of their individual (and secret) application that makes them so popular for abortion use.

⁴⁵ In fact, what could be concluded here is that this discourse, as it is used by women, might have negative repercussions for men themselves. Feminists' implicit assumption that patriarchal norms are always automatically directed against women should thus be more nuanced and considered from the men's perspective as well.

⁴⁶ General statistics from the World Health Organization (2007) estimate that 13% of the world's maternal deaths are caused by unsafe abortions and their complications. For the specific case of Cameroon, Schuster (2010) mentions estimations of 20-29 unsafe abortions per 1,000 women.

CONCLUSION

¹ It should be noted that fertility interruptions can be the *cause* of this flow of decisions (especially when the mishap happens unexpectedly and seems to endanger previous pathways or projects), or their *result* (especially when the pregnancy is purposefully interrupted because it seems to endanger (possible) pathways or projects). Nevertheless, I argue that these questions influence women's reproductive navigation in the broader conjunctures around *any* pregnancy interruption, whether spontaneous or induced.

² In his conceptualization of coincidence, Becker (1994) also mentions the notion of intercontingency. Though he does not define the concept, it becomes clear that what he means is the interdependency between individual actions and choices on the one hand, and the actions and choices that other persons make (or have been making) as a result of contingencies in *their* lives, on the other.

³ As Cornwall (2007b, p. 239) has also noted, redirection at certain moments in women's lives may retrospectively not be seen as the consequence of conscious decision-making, but as 'an outcome that needs to be coped with, or a consequence of other choices'.

⁴ Guyer's broader argument posits that the creation of originality through self-realization resulted in, and was the result of, the societal production of '*multiplicity amongst singular people who were each at their own frontier of experience*' (1996, p. 2, emphasis in original). Personal specializations within a particular domain of knowledge or expertise did not only induce and sustain processes of distinction and diversification at the micro level, but also led to interpersonal complementarity that ensured the success of the larger social order.

⁵ These idioms carry different connotations than witchcraft stories in, for instance, the Western part of Cameroon, where power has long been centralized and different dynamics are at play (see Fisiy & Geschiere, 1993).

⁶ Surprisingly, in the rest of the article from which this quote is taken, Lock reviews in particular studies that have interpreted bodies in terms of their sociality rather than their materiality. Other scholars (see, for instance, Kirmayer, 1992; Lyon, 1997) have criticized this trend in anthropology to either ignore or symbolize the body and argue for a recognition of its material aspects as well.