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Erica van der Sijpt^a

^a Department of Anthropology, University of Amsterdam, Amsterdam, the Netherlands

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The Unfortunate Sufferer: Discursive Dynamics around Pregnancy Loss in Cameroon

Erica van der Sijpt^{1,*}

ERICA VAN DER SIJPT is a post-doctoral researcher at the University of Amsterdam. Her PhD thesis was on the experiences and decision-making processes around pregnancy interruptions in East Cameroon. She is currently studying the reproductive perceptions, practices, and politics of three generations of women in Central Romania.

¹Department of Anthropology, University of Amsterdam, Amsterdam, the Netherlands

Address correspondence to Erica van der Sijpt, University of Amsterdam, Department of Anthropology, Oudezijds Achterburgwal 185, Amsterdam, 1012 DK, The Netherlands.

E-mail: e.vandersijpt@uva.nl

Abstract

Pregnancy losses are ambiguous affairs in East Cameroon. Childbearing is not always people's primary aim within their fragile sexual and marital relationships, and it is often unclear to outsiders whether a pregnancy interruption is intended or unintended. Drawing on 15 months of fieldwork, I explore the discursive strategies Gbigbil women deploy while navigating such ambiguities. Suffering is central to their defensive discourses. Depending on the stakes in their relationships, women foreground the notion of suffering either to portray themselves as moral and innocent – and maintain social status or raise support – or to allude to or acknowledge their intention to terminate a pregnancy. This dynamic deployment of a suffering discourse reveals the interconnections of unintended and intended pregnancy losses, and of suffering (associated especially with the former) and agency (often associated with the latter).

KEYWORDS: Cameroon; discourse; pregnancy loss; suffering

On a hot and lazy Sunday in December 2004, I was informed that Celestine, a young woman who lived in the Cameroonian village in which I was conducting fieldwork, had lost her pregnancy.¹ When I visited her, Celestine invited me into her mother's mud-brick kitchen, gave me a leaf-wrapped cassava stick, and, while she nibbled on a stick as well, started talking about her experience. Sadly, but with a trace of pride, she told me how she had suffered the pain all alone, how she had secluded herself behind the huts, and how she had panicked when she suddenly saw a little arm sticking out of her vagina. With the help of a neighboring mama, the badly decomposed five-month-old fetus was finally expelled and quickly buried. "Maybe it was the heavy work I have been doing in the fields, and I also suffer from jaundice in my belly," she replied when I asked her what could have caused this. Though people had told me that Celestine herself had attempted to abort this pregnancy, I avoided further questions at that moment.

In the many conversations we had afterwards, Celestine's relational worries often took center stage. Celestine repeatedly decried her suffering with her boyfriend, who was responsible for the pregnancy she had just lost but who seemed unwilling to accept responsibilities towards her and her family. She admitted that soon after she detected her missed period, she had attempted to induce an abortion. She had been warned by a friend that this could kill her, though, and so she finally decided to keep the pregnancy; after all, her previous baby had also died, and she wanted her only daughter to have at least one little brother or sister. She insisted that the pregnancy loss was not her fault, but due to the illness in her belly that she was now desperately trying to cure. She showed me the

plants that older women in the village had given her to “wash her stomach,” and she planned also to visit some traditional healers if she could find enough money. When I left the village a few months later, the quest for a cure was ongoing.

Back in the Netherlands, various informants referred to Celestine’s worsening condition in telephone conversations; the tone of disapproval I detected in their voices suggested that stories of Celestine’s abortion attempts were still circulating and had made outsiders critical of her suffering. Celestine’s eventual death turned the case into an emblematic story, recounted to me during subsequent fieldwork periods, exemplifying the suffering and risk of decease after induced abortion. Celestine’s family members, however, persistently denied these abortion interpretations and accusations. According to them, both the death of the baby boy and of Celestine should be understood within a range of witchcraft attacks that the family had endured over time. These different interpretations continued to co-exist when I left the field at the end of 2009.

Although particular, the gossip and suspicions related to Celestine’s pregnancy loss are not exceptional; in this East Cameroonian village, most reproductive misfortunes experienced by local Gbigbil women are shrouded in ambiguity, controversy, and contestation. In this article, I intend to shed light on the nature of this ambiguity and on the discursive strategies women deploy in their attempts to manage and alleviate it. In this, I will be particularly attentive to the notion of suffering as it is put forward when fertility goes awry. Gbigbil women, it will become clear, use this notion in ways that disturb commonly held assumptions about suffering in relation to reproductive mishaps.

After outlining these assumptions in the next section, I will illustrate the contradictions that emerge around the discursive dynamics of reproductive misfortune, crucial to understanding the local meanings and management of pregnancy loss.

REPRODUCTIVE INTERRUPTIONS RECONSIDERED: BLURRING BOUNDARIES

In the existing literature on pregnancy loss, there tends to be a divide between unintended and intended losses, and an association of the first with suffering and of the second with agency. Current studies on unintended loss, such as spontaneous miscarriages and stillbirths, are mainly preoccupied with the different and often hidden forms of suffering that accompany those unfortunate events. Both psychologists and anthropologists have stressed the emotional suffering experienced by women (and their partners) who unintentionally lose a pregnancy (Bansen and Stevens 1992; Brier 2008; Conway and Russell 2000; Frost and Condon 1996; Jones 2001; Layne 2000, 2003, 2006; Letherby 1993; Puddifoot and Johnson 1997). Losing a pregnancy, it is argued, means giving up the desires and hopes for the future that people had come to associate with it; in many settings, especially those with high-tech antenatal facilities and/or strong religious convictions, it can further be experienced as the loss of the early life of what would have become a baby. Implicitly or explicitly drawing on maternal bonding theories (Bowlby 1980), the argument goes that such constructions of early fetal life and personhood aggravate distress when the bond between a pregnant woman and the fetus is ruptured. The resulting bereavement, and the mechanisms people create to cope, have been central points of attention in this work.

Feminists and anthropologists have further highlighted the social suffering brought about by unintended pregnancy losses. Impaired reproduction, they say, should be understood within a discursive context, present in many parts of the world, that defines women's social status in terms of their capacity to reproduce and nurture (Chodorow 1978; Layne 2006; Leonard 2002; Letherby 1999; Ortner 1996). The dominance of such social norms of motherhood generates not only psychological distress but also social suffering and stigmatization for women who encounter problems in bringing their pregnancies to term.

Whether the emphasis is on the loss of fetal life or of motherhood and its status within society, the picture that emerges is of reproductively failed women as sufferers – victims of fate. In contrast, cases where women voluntarily bring about pregnancy loss have been mainly approached from a framework foregrounding agency and autonomy. Feminists in particular have been inclined to view (and advocate for) induced abortions as manifestations of women's control over their own bodies and of their individual reproductive decision-making, within the gendered social, economic, and political inequalities in which they are embedded (Fischer 2003; Hanigsberg 1995; Hewson 2001; Jackson 2000; Kim 1999; Petchesky 1990).ⁱⁱ Though some recent contributions have drawn attention to the physical and social suffering that may accompany induced losses – especially those performed with unsafe methods in different parts of the world (Gammeltoft 2006; Koster 2010; Whittaker 2010) – overall, suffering has been considered first and foremost an attribute of unintended losses in a framework that

approaches these losses as inherently dissimilar from intended ones. Such a framework is, however, at odds with the reproductive experiences and expressions of Gbigbil women like Celestine.

First, a strict distinction between unintended and intended pregnancy losses overlooks the fact that reproductive intentions, desires, and experiences are often contradictory, blurry, and shifting – both over a life course and during a single pregnancy (Earle and Letherby 2002; Earle 2004; Johnson-Hanks 2005; Letherby and Williams 1999). As a result, the intentionality underlying a pregnancy loss is not always evident (cf. Kleiner-Bossaller 1993). Celestine’s story illustrates this point: she initially tried to abort her pregnancy, then lost her fetus a few months later after she had decided to bear the child. Was this loss intended or unintended, in the end? Although induced abortions and spontaneous pregnancy losses can bring about very distinct physical and emotional experiences, for Gbigbil women and the people around them, this question is difficult to answer. Instead, intentionality and accountability are issues of constant contestation and negotiation.

Second, my Gbigbil informants think and talk differently about the suffering related to pregnancy losses. Contrary to the “incomplete and static view of women as either victims or agents” (Schneider 1993:387) that pervades the dichotomous academic discourse on pregnancy loss, suffering seems to be a central concern, discussed in relation to all forms of pregnancy interruption in East Cameroon. In the Gbigbil village in which I worked, because the dividing line between unintended and intended pregnancy

loss is not always clear, the portrayal of suffering is of crucial importance whenever a pregnancy is not brought to term.

The data that I present to support this claim were gathered during 15 months of fieldwork divided over three periods between 2004 and 2009. I explored notions and experiences of ‘reproductive interruptions’ – all forms of reproductive loss that women may experience, regardless of underlying intentions or etiology – in a village inhabited by approximately 1,000 of the 6,000 people belonging to the Gbigbil ethnic group. This village is larger than the surrounding hamlets in this sparsely populated rainforest area; it has a kindergarten, a primary school, a secondary school, several churches of different Christian congregations, and a health center with a maternity ward. The rhythm of its daily life is strongly influenced by the agricultural cycles and hunting seasons that organize women’s and men’s activities respectively.

The 25 female informants who were intensively involved in this study had experienced different reproductive issues – infertility, spontaneous abortions, stillbirths, perinatal deaths, ‘normal’ pregnancies, menstrual delays, and induced abortions. I talked with these women, their partners, and family members about these events (in French) in informal chats, in-depth interviews, and focus group discussions (two of which dealt explicitly with reproductive suffering and agency); I accompanied my informants to hospitals, local midwives, healers, and ‘abortion doctors’; and I conducted a survey among all 290 women in the village.ⁱⁱⁱ While the image of the unfortunate sufferer figured prominently in all interactions, my understanding of why it did so only emerged after

long-term involvement in the reproductive lives of my informants and in the local moral worlds within which these women are supposed to bear children – to which I now turn.

REPRODUCTION IN EAST CAMEROON: AN AMBIGUOUS AFFAIR

In East Cameroon, reproduction is an omnipresent but ambiguous affair,^{iv} for reproductive norms and practices are increasingly at odds with each other. Ideally, childbearing should be part of a larger matrimonial exchange in which a woman moves to her husband's compound and bears children for his patrilineage once bride-price payments have been initiated. In practice, people often engage in multiple and unstable relationships in which bride-price transactions are postponed or completely absent; the economic crisis that has plagued Cameroon since the late 1980s makes it increasingly difficult for families to engage in such matrimonial exchanges (Abega 2007; Johnson-Hanks 2006; Meekers and Calvès 1997). While living, eating, and sleeping together, both partners take time to explore each other's worth: women want to be assured of the (financial) responsibility of a man before settling down in his family, whereas men wait for proof of a woman's fertility before engaging more formally – the reproduction of the patrilineage remains a central concern for them. Many of these informal unions are dissolved and replaced; others culminate in long-term informal marriages, with or without bride-price exchanges (of 174 surveyed women who considered themselves married, only 31 percent declared having received the complete bride-price) and with or without co-wives. Rarely are unions consolidated at the municipality or in the church.

Within this flexible and insecure marriage setting, bearing children is not always the primary aim of either partner, nor does it necessarily lead to the consolidation of a union. To get pregnant can be an important strategy for women to convince their partners of their worth and of the necessity to initiate familial negotiations. But, at the same time, many youngsters and married women indicated that their partners often fail to fulfill their obligations following conception. The reciprocal relationship that should ideally evolve around a pregnancy rarely materialized in practice (Van der Sijpt 2011).

At the same time, women themselves may refuse to become pregnant or carry their pregnancies to term, despite condemnation of such practices by local pronatalist and patriarchal frameworks, Christian moral discourses, and a restrictive national abortion law.^v Women sought to abort both because of the instability, as mentioned, of premarital sexual relationships and non-recognition of paternity by the partner, and because young age, fear of parents' reaction, the desire to complete education or fulfill other aspirations, difficult economic circumstances, or – for married and older women – conjugal problems and imbalances, extramarital pregnancies, health concerns, and birth spacing. My informants resorted to various methods to induce an abortion: they administered indigenous herbal products or liquid chemicals, took an overdose of biomedical medicines, inserted sharp objects or needles into the vagina to open the cervix, or paid biomedical staff in hospitals or in clandestine neighborhood offices to perform curettages (cf. Abega 2007; Calvès 2002; Hollander 2003; Johnson-Hanks 2002; Noumi and Tchakonang 2001; Renne 1996; Schuster 2005). All my informants had, at some point in their lives, tried to terminate a pregnancy.^{vi}

The relative ease with which Gbigbil women terminate their pregnancies can be explained in several ways. According to local embryological notions, there is no fetus yet: a beginning pregnancy is still a “void,” containing no more than “water water” or “a mass of blood” (cf. Adetunji 1996; Beninguissé 2003; Feldman-Savelsberg 1999; Ombolo 1990; Renne 1996). Indeed, in the local language, early pregnancy is referred to as “having water in the body” (*anene medii a nyol*); people rarely talk about an established pregnancy in this phase. Until a fetus is formed out of this mass of water or blood – the process of which is thought to reach its final stages after three to five months of gestation, depending on one’s blood force (Van der Sijpt 2010, 2013) – women can simply “wash their stomach” in order to “evacuate the water” (*mevā medii*). Rather than considered an interruption of beginning life, it is explained as the prevention of something that could potentially become a pregnancy (cf. Sobo 1993: 254-259; Whittaker 2004: 112). Such stomach washings, then, are part of a wide repertoire of pre- and post-coital methods to regulate one’s fertility.^{vii}

Local traditions of pregnancy management make it possible for women to “evacuate the water” unnoticed. Ideally, the first few months after conception are surrounded by absolute silence. Since early pregnancies are believed to contain “only blood,” they are attractive targets for witches, who are generally known to “suck people’s blood.” As this threat to fertility comes especially “from within” – witches are believed to operate at the most intimate level, preferring to attack close relatives (Geschiere 2003, Mallart Guimera 1981) – a woman’s family members, and those of her partner, should

remain ignorant of the pregnancy for as long as possible. This concealment offers women the possibility, space, and time to secretly bring their still invisible and unconfirmed condition to an end.

People are of course aware that such practices occur, and the widely acknowledged potentiality of such secret practices causes suspicions and accusations, as in Celestine's case, to pop up around any form of interrupted fertility. Any pregnancy interruption – called “a wasted pregnancy” (*abum ia diggela*) or “a falling pregnancy” (*abum ia song*) regardless of whether the abortion was spontaneous or induced – could have been the result of a woman trying to “evacuate the water.” This suspicion reflects the distrust that pervades current informal sexual relationships and has long characterized the ambivalent relationship between married women and their in-laws in East Cameroon (Copet-Rougier 1987; Geschiere 1982; Laburthe-Tolra 1981). While men and their patrikin cling to an ideal of abundant childbearing, realizing this goal depends on a non-related ‘outsider’ whose childbearing intentions are not always clear – both in informal relationships and in so-called ‘marriages’ – and whose practices may run counter to their ideals. These girlfriends or wives become easily targeted and blamed for the loss of potential descendants.^{viii}

Together with the embryological notions that construct pregnancy interruptions as merely the loss of a potentiality, this general distrust leads to an almost exclusive focus on the woman who lost her pregnancy, while the (potential) fetus that has been lost is out of sight.^{ix} How do women deal with this negative attention? How do they manage and

alleviate the ambiguity that surrounds their reproductive interruptions? Notions of suffering, it will be shown, are central to the defensive discourses they deploy in such situations.

THE STAKES BEHIND THE STORIES

The image of a suffering woman is a familiar one in Cameroon. Over the last century, a whole body of knowledge and practice has represented Cameroonian women as reproductive sufferers, with depictions of the ‘objectivation’ of women under pronatalist patriarchal regimes dating from the work of early Christian missionaries and ethnographers (de Thé 1965, 1970; Laburthe-Tolra 1981; Vincent 1976). Today, women’s suffering is the focus of different governmental institutions and non-governmental organizations proclaiming the need for women’s ‘liberation’ and ‘empowerment’ in reproductive and other domains of life.^x *Souffrance* (‘suffering’) is a notion that has gained prominence in Cameroonian public discourse.

Talk about suffering is also widespread in Celestine’s village in the east of the country.^{xi} Both men and women complain about their *souffrance* on a daily basis; depending on the circumstances, these complaints refer to their pitiable physical, psychological, social, economic, or political situations. Although my female informants never refrain from stressing their suffering while commenting on all sorts of negatively experienced life contingencies, the notion of *souffrance* especially figures in speech about sexuality and reproduction. Images of suffering are most powerfully conveyed – and contested – when reproduction goes awry. Without denying the suffering of Gbigbil

women when they lose their pregnancies, here I discuss the different reasons for, and implications of, the use of this discourse of suffering around pregnancy interruptions.

Suffering As A Source Of Status

As mentioned above, the existing literature on (unintended) reproductive loss has highlighted the social suffering of women who fail to successfully bring a pregnancy to term and take up their social roles as mothers. This social suffering represents a loss of social status and recognition within a society that values motherhood as a natural component of womanhood. It could be argued that a similar loss of social status threatens Gbigbil women when they lose a pregnancy; no matter the practical circumstances, a reproductive interruption always thwarts the East Cameroonian pronatalist principle according to which women become ‘good’ women and wives when they successfully contribute to the expansion of their partner’s patriliney.

Yet, when Gbigbil women talk about suffering after a pregnancy interruption, they do not allude to the potential loss of social status that accompanies their reproductive misfortune. Rather, by highlighting their souffrance, they actively assert their status within their social circles, for the capacity to suffer marks them as ‘good’ women and wives. Perseverance and endurance – physically and emotionally – are highly valued traits inculcated in Gbigbil women from an early age. The ability to suffer in marriage or while giving birth (or losing a pregnancy, for that matter) is a focal point in girls’ education, presented as strength rather than weakness – something to be proud of as a woman. It proves one’s capacity to endure, and the efforts one is willing to make to attain

a valued goal. By displaying this socially acknowledged virtue of *souffrance*, women actualize their embodied womanhood, which is thereby proven to be *good* womanhood (cf. Paxson 2004).

This interpretation of suffering as a form of strength is often imbued with religious meanings. Comparing their ordeals to those undergone by Jesus, women frequently talk about their *souffrance* in terms of a cross they have to carry. During a focus group discussion on suffering and agency, Mélanie, a nursery teacher at the Catholic missionary station, noted:

People often say that you carry the cross that God has given to you. And you should carry it to the bitter end. You should always endure your suffering. Suffering is a school of wisdom; it is part of life. You should abandon discouragement. You should be strong and perseverant in order to succeed, in order to dominate this suffering.

Notions like these make unexpected daily life adversities more meaningful and acceptable, but they also endow women with “feelings of moral superiority” (Notermans 1999:174). The idea that women carry their personal ‘cross’ during life is often complemented with a notion of divine judgment upon death. On Judgment Day, God will reward those who showed persistence in their suffering. Victims during life will turn into victors after death. Religious rhetoric thus adds a moral element to the idiom of suffering; it is not only an expression of shared female strength, but also of individual dignity and virtue that will be rewarded in the future.

This morally loaded discourse of suffering can be of crucial importance for women attempting to alleviate the ambiguity surrounding their pregnancy interruptions. Especially those eager to maintain a certain relationship with a man – be it an informal engagement or an established marriage – may deem it important to erase all doubts about one's worth as a (potential) wife and one's intentions as a (potential) mother. By asserting themselves as sufferers, and therefore 'morally good' women without any evil intentions, they contest any negative image that may result from a reproductive interruption and the associated suspicions (cf. Erviti et al. 2004).

Gbigbil women often bolster such assertions by explicitly elaborating upon the source of their suffering. As local etiological notions encompass numerous potential causes of pregnancy interruptions, women can come up with different external explanations for their particular loss and the related suffering; hard work on the fields, other forms of physical movement, diseases, sorcery, witchcraft attacks, and curses may all have brought about this unfortunate event (Van der Sijpt and Notermans 2010). Irrespective of whether they actually believe their utterances or not, by deploying etiological explanations that foreground natural causes or bad intentions of others, women create an image of themselves as innocent and divert attention from questions about their potential culpability

In practice, such etiological statements can lead to considerable gossip after pregnancy interruptions. Especially when a pregnancy is imbued with high stakes – as

when a woman's marital future seems to depend on it – its interruption can be followed by fierce accusations and counter-accusations. The 51-year-old Mama Rosie, for instance, told me that after she had entered her marriage as the second wife of her husband some 25 years before, the pregnancy that she seemed to have conceived “disappeared.” As a result, she said, “some people mocked me and accused me of inventing a pregnancy; others suspected me of having aborted the pregnancy.” In her quest for an explanation, and a more reliable position within her now precarious marriage, she visited several traditional healers who detected an external cause:

The traditional healers said that it is Mama Cathérine [co-wife] who has blocked my pregnancy. That she has taken my underwear stained with menstruation blood and attached it somewhere through witchcraft, so that I would not deliver anymore. That she is afraid that her husband wouldn't pay attention to her anymore if I would bear children. Really, I suffered a lot. What could I do? ... But I always knew that God would punish her. And there she is now, punished by God. It is difficult for her to even have five francs or one piece of soap. For more than five years, she hasn't been working in the fields. And I, I help myself. Even if I'm ill, I go to the fields. It is me who feeds her children every day. And these children come to me as well; they fetch water, they search for wood, they do everything for me. I have suffered a lot, but I leave everything up to God.

Mama Rosie's invocations of reproductive suffering not only confirm her own moral strength and worth as a wife, but also comment upon the moral weakness of her (evil) co-wife, who, by inflicting this suffering, was doomed to be severely punished

afterwards. Such stories of suffering are omnipresent; especially when strengthened by witchcraft accusations, they seem to be of instrumental value for Gbigbil women whose status as a wife and (potential) mother is jeopardized by a pregnancy interruption.

Suffering As A Source Of Support

Sometimes, women are less concerned about their status than they are preoccupied with financial and medical support (cf. Feldman-Savelsberg et al. 2006). No matter the nature of a pregnancy interruption, most Gbigbil women are very concerned with the potentially negative consequences it may have for their physical wellbeing. Charlotte, a mother of two children who had attempted to abort her second pregnancy, explains:

An abortion [*avortement* – not specified whether it is induced or not] is more painful than any delivery. Because it is torn from your body. The pregnancy was not yet mature. A child wanted to develop, but its development is cut in the middle. Something removes that with force! So it should hurt a lot. And you lose a lot of blood. Both before the pregnancy leaves and afterwards.

Since blood is perceived as an essential part of women's reproductive system, its abundant loss is often lamented. Women believe that it could negatively impact on their future capacity to reproduce, with drastic social consequences since proof of fertility defines one's success as a (potential) wife. There is also widespread fear that extreme blood loss after a pregnancy interruption could lead to death; given the significance of abortion-related complications to the Cameroonian maternal mortality rate of 782 per

100,000 live births (ICF International 2011), this fear is not unwarranted. Unlike Western informants (mentioned in the psychological and anthropological literature above) who indicate a need for emotional consolation, my Gbigbil informants stressed the quest for physical recovery after pregnancy interruptions (cf. Bledsoe 2002).

Idioms of suffering justify this quest and might induce compassionate (financial) help from others, increasing the chances of obtaining effective treatment. Multiple healing sources can be consulted at the same time. Popular in the region are methods that are believed to ‘wash the stomach’ (both indigenous remedies and biomedical curettages), blood-producing concoctions, vitamin pills, and anti-inflammatory injections. Women who experience pregnancy interruptions may also want to resort to traditional healers – whose explanations about external causes can be used instrumentally to distract attention from one’s own (possible) culpability. Such treatments often demand large sums of money or goods, which women can only gather by exploiting the resources of others. Portraying oneself as an innocent sufferer is crucial in obtaining these resources.

Yet women sometimes use these resources for completely different purposes. It is especially in these cases that suffering-talk reveals itself as a pragmatically deployed discourse. While discussing the underutilization of post-abortion care – intended to treat women after pregnancy interruptions, irrespective of the underlying intention or cause of loss – with the doctor in the village’s dispensary, I was told that “what often happens is that women do ask their husbands for money for treatment because they claim to suffer so much, but put it in their pockets and never come to the hospital.”

The doctor went on to cite the case of my informant Géraldine, which I had closely followed. When she had lost her pregnancy of four months, an enormous commotion ensued after she had demanded 5000 CFA Francs from her husband for biomedical care and the alleviation of her suffering.^{xiii} While she claimed to me to have spent this money on cheap medicines from ambulant sellers and “some good food since you should eat well after a miscarriage,” others (including the doctor, who had prescribed some medication but never saw Géraldine back for treatment) blamed her for having used her husband’s contribution for her own purposes. Her request to me to finance her post-abortion curettage was met by the warnings of others that she wanted to ‘eat’ my money, and that she was probably deploying an idiom of pain and suffering to cover the fact that she had induced this pregnancy interruption herself.

As this case shows, while notions of suffering are central to women’s attempts to maintain status and raise support after pregnancy interruptions, they are not always effective in alleviating ambiguity. Women’s complaints about heavy blood loss, abdominal pain, and other forms of suffering may still raise the suspicions of outsiders, who are always aware of the possible intentional aspect underlying interrupted fertility. Thus, the discourse of suffering, while used to alleviate ambiguities, remains ambiguous itself. Partly, this is due to a third way in which notions of suffering come into play around pregnancy interruptions, as discussed below.

Suffering As A Justification For Induced Abortion

I have shown how idioms of innocent suffering may help women who aim to alleviate the ambiguity around pregnancy interruptions to maintain their status and receive support.

Yet some women are not so concerned with alleviating ambiguous suspicions, either because their abortion practices cannot be hidden or because, as we will see, such suspicions could actually work in their advantage. In such cases, notions of suffering may be used not to discard, but rather to explicitly allude to or acknowledge the suspected abortion intentions.

Many induced abortions ensue from a clash between patriarchal ideals and real-life practices. The patriarchal framework prescribes men to take financial care of their wives who, in turn, bear children for their patriliney; however, as described above, in practice these reciprocal expectations are often contradicted by conjugal fragility and neglect. In these circumstances, women might invoke idioms of suffering to warn of or justify (potential) abortion: as men and their families fail to assume their financial responsibility, suffering women may decide to neglect their prescribed duty of childbearing. Induced abortion is thus portrayed as a means to avenge the inflicted suffering. The statement of Angélique, who aborted her twins out of anger against her neglectful husband and in-laws, is not atypical:

I aborted, because I was very angry with my husband and his parents. My family hasn't eaten anything! So I told myself, 'If I conceive another pregnancy, I will suffer a lot'. And we were already with two women in the house. Life was not good when I was all alone; how bad will it become when my husband has already two wives? No, I preferred

to abort. My mother supported my decision. She has first suffered to bear and raise me. Now I bear my own children already and she suffers again with them. So I told myself, 'I will not bear a child anymore before he pays his debt to my parents and treats me better as well'.

Suffering stories like these resonate well among my Gbigbil informants; all of them agree that, no matter how proud a woman might be of her capability of suffering, an excess of souffrance is a valid incentive for abortion despite condemning discourses of patriarchy, law, or Christianity. A fierce anti-abortion sermon by a male Jehovah's Witness, for instance, did not prevent my 57-year-old informant Mama Justine to openly ask:

I would like to ask what to do if you conceive from a man who treats you badly?

Preacher: In that case you should keep the child. If your husband maltreats you, you should just endure. Because, if you abort now, who will suffer? For whom is the suffering? For the woman, right?

Mama Justine: The pain, indeed! But if I have an abusive husband and I see I'm over time, I abort it! Why would I keep it? To suffer even more afterwards?

Such idioms of suffering are valid justifications even when women relate their abortion practices to a religious framework. God, they claim, will understand their decision to terminate a pregnancy in their context of suffering. Lisette, a religious

informant who had involved me in her abortion practices, explained this to me after the intervention seemed to have succeeded:

I thank God a lot for having accepted it like this. I know that these are things that God didn't want, but I hope that he understands nevertheless. I hope that he will see my situation and also excuse me. I am a human being living in suffering. So God will understand, because he himself has said, 'Help yourself and Heaven will help you' [*aidez-vous et le ciel vous aidera*].

Rather than alleviate the ambiguity around pregnancy interruptions, notions of suffering, when used this way, actually heighten it, as they explicitly point out the potential of women's reproductive agency. Everybody knows that it is exactly the purported souffrance that can motivate women to provoke an abortion. Instead of raising moral status or material support, complaints of suffering may make outsiders even more suspicious about the intentions underlying an ambiguous pregnancy interruption.

But this heightened ambiguity may be exactly what women capitalize on. By raising doubts about their childbearing intentions, women can influence their partners in different ways. Some informants told me how, after their implicit abortion threats, their child-longing partners would suddenly be eager to 'reduce the suffering' that could provoke the loss of descendants. A gentle reminder of one's reproductive agency – veiled in a discourse of souffrance – was enough to put pressure on a man to engage more formally. Others used the same discourse to get rid of a partner with whom they did not

want to continue; stories of suffering, requests for responsibility, and allusions to abortion practices were often sufficient to make a boyfriend disengage. Thus, drawing on the ambiguous relationship between suffering and abortion can help Gbigbil women to achieve their goals in their fragile marital relationships. Especially when they possess alternative sources of security (such as an educational background, employment, respected family members, alternative boyfriends, or a successful marital and childbearing record), they may deem such risky discursive strategies worthy of exploring.

Talk about suffering can thus be differently employed and have different effects in the different relationships within which Gbigbil women conceive and lose pregnancies. It can be a defensive discourse to maintain status and receive support, but also, when presented as a justification for induced abortion, it can be an important vehicle to navigate the marital insecurity and neglect from which so many Gbigbil women say they suffer.

CONCLUSIONS

I have explored the intricacies of pregnancy interruptions in an East Cameroonian village. For the Gbigbil people who inhabit this village, reproduction has become an ambiguous affair as patriarchal and pronatalist ideals are increasingly at odds with sexual and conjugal realities. Pregnancies, possibly leading to the consolidation of informal relationships but also potentially causing abandonment and uncertainty, are imbued with different stakes. Consequently, it is often unclear whether a pregnancy interruption is intended or unintended; the distinction between these categories is rather blurred in

Gbigbil daily life. The question of intentionality, although considered extremely relevant in cases of pregnancy interruption, is often complex and indeterminate, especially for outsiders. Suspicions like the ones that evolved around Celestine's case always exist.

In the contestations around such ambiguous interruptions, idioms of suffering take center stage, for different reasons. Women may deploy this discourse to alleviate or exacerbate ambiguity, depending on their stakes within the relationship in which they conceive and lose a pregnancy. By claiming that they suffer, they can create an image of themselves as moral and innocent, and so divert attention from the possible intentionality of the pregnancy interruption. This, in turn, may help them to maintain their social status or raise financial and medical support. But notions of suffering may also be invoked to allude to, or acknowledge and justify, the intention to interrupt a pregnancy, if such utterances allow them to better navigate relational insecurities.

An explicit focus on the discourse of suffering, regardless of the extent to which women actually suffer, thus allows us to bring together domains that are often studied separately. First, idioms of suffering are not only at play around unintended loss, but rather, are deployed around all forms of pregnancy interruption, precisely because intended and unintended losses are not so separate as we often assume. By understanding such discursive practices, we can shed new light on the dynamic interrelations between unintended and intended interruptions, and on the ways in which women navigate the ambiguous 'grey area' between the two.

Second, when suffering is approached as a discourse, it becomes inherently social, and thereby also situational and strategic; it is not devoid of but demonstrating women's agency. While suffering and agency – like unintended and intended interruptions – are often considered each other's opposite, they relate to each other in complex and dialectic ways. Suffering implies agency, just as agency implies suffering (Gammeltoft 2006:600). Contrary to common assumptions, in East Cameroon this holds both for the pregnancy interruptions that women experience – because these are never exclusively associated with either the one or the other – and for the discourse with which women attempt to navigate the ambiguity that surrounds such interruptions.

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ⁱ Like the names of all informants mentioned in this article, the name of Celestine is a pseudonym.

ⁱⁱ This point of view represents just one side in a more encompassing debate on abortion and has been refined and contested. Nevertheless, the representation of abortion as a device for women to control their own bodies is widespread, in both academic and lay circles.

ⁱⁱⁱ With this survey, I intended to get a sense of the sexual behavior, marital histories, and reproductive trajectories of all sexually experienced women aged 12 or more in the village. Contrary to conventional surveys, this anthropo-demographic questionnaire had an open format that allowed for elaborate answers. In total, 223 ‘wasted pregnancies’

were reported by 60 percent of all informants, and 11 percent of these interruptions were acknowledged to be consciously induced.

^{iv} The total fertility rate in the province amounts to 5.4 children per woman (ICF International 2011). For an excellent discussion of pronatalist attitudes in the region, see Wakam (2004).

^v Section 337 of the Cameroonian Penal Code only allows for abortion when a pregnancy results from rape, or when at least three professionals agree that a pregnancy endangers a woman's life. However, since rape is often kept secret and the procedures to obtain the agreement of three independent professionals are long and complicated (GTZ 2009; Henshaw et al. 1999, Rahman et al. 1998), in practice almost all induced abortions are illegally conducted – and thus, formally, punishable by law.

^{vi} Although villagers often mentioned that abortions are more common now than in the past, the female agency, rebellion, and fertility rites described in several historical sources (Barbier 1985; Laburthe-Tolra 1981; Vincent 1976) suggest that historically, too, it was not uncommon for women in this region to take their fertility into their own hands.

^{vii} Most methods are post-coital and based on indigenous products. Biomedical contraceptives are much less used, due to the secondary effects and infertility they are thought to provoke. National statistics indicate that 12.5 percent of all women of procreative age in the East province resort to contraceptive means (ICF International, 2011). In my survey, only 10 percent of all 290 respondents stated to have ever used a product to prevent a pregnancy from entering – suggesting that fertility regulation happens mostly after, and not before, sexual intercourse.

^{viii} This general scenario excludes the few cases in which men are aware of, and agreeing with, an induced abortion.

^{ix} This neglect of the lost embryo or fetus is also reflected in its burial, which, unlike burials of small children and adults, is hasty and unattended by relatives or other villagers. For the ways in which Gbigbil women draw attention to what they have actually lost, see van der Sijpt (2013).

^x Over the last three decades, Cameroon has witnessed the creation of a Ministry of Women's Empowerment and Family (MINPROFF), certain laws concerning women's rights (with regard to physical integrity, marriage, divorce, and inheritance), educational programs, women's associations and NGOs, and the yearly International Women's Day on the 8th of March.

^{xi} When speaking about suffering, both with me and others, people often employed the French word *souffrance* and not the Gbigbil word *diuk*.

^{xii} For comparison purposes: at the time of this research, one loaf of bread cost 100 CFA Francs.