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Complexities and contingencies conceptualised? towards a model of reproductive navigation

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Abstract Current international attention to reproductive health behaviour is inspired by a western celebration of individual rights, autonomous action and rational choice. A predominant idea is that individuals should be free to act in accordance with their reproductive intentions and that, in doing so, they will attain their desired (and quantifiable) fertility outcomes. Yet such a framework leads to a misrepresentation of the reproductive dynamics on the ground, because individual fertility intentions are often not a priori defined, decisions are often not the result of rational calculation and reproductive happenings do not exist in a social vacuum. This article provides sociocultural evidence for a different conceptualisation of reproductive health behaviour. On the basis of long-term anthropological fieldwork in the East Province of Cameroon, I will analyse the complexities of fertility-related decision-making. Two case studies from the field will show that reproductive happenings are often characterised by indeterminacy and contingency. In order to understand the complex ways in which women give direction to these uncertainties, I propose an encompassing framework of reproductive navigation that explicitly acknowledges the influence of sociality and corporeality on fertility aspirations and actions.

Keywords: reproductive health, decision-making, social navigation, the body, Cameroon

Introduction

Over the past few decades there has been growing international attention to reproductive health behaviour in different cultural settings. A major catalyst for this trend has been the 1994 International Conference on Population and Development in Cairo, where previous demographic attempts to manage population growth were denounced and a reproductive health approach was proposed instead. Not numbers, but individuals and their behaviour became the focus of attention. The new global aim was to achieve a situation in which all people would have ‘the capability to reproduce and the freedom to decide if, when and how often to do so’ (*Program of Action*, paragraph 7.2). This approach – and the numerous fertility-related studies, policies, and interventions that it has inspired – situates reproductive behaviour in a framework of individual rights and decision-making, to be enhanced through education and empowerment. Although local variations and dynamics in fertility behaviour are supposed to be taken into account, the overall discursive framework is universalist in nature, and heavily inspired by a western celebration of human rights, autonomous action and rational choice.

As a result, the current global debates and local interventions in this health domain are often pervaded by some misconceptions about reproductive practices on the ground. The idea that individuals should be free to act in accordance with their reproductive intentions and that, in doing so, they will attain their desired fertility outcomes, first of all portrays fertility intentions as unambiguous and *a priori* defined. However, as many qualitative studies have already shown, reproductive desires are often contested, multiple and changing over the course of an inherently uncertain gestational process and over the entire reproductive life-course (Bledsoe 2002, Cornwall 2007b, Earle 2004, Earle and Letherby 2002, 2007).

Secondly, this idea suggests that fertility outcomes can and should be rationally calculated, whether in terms of an envisaged ideal family size at the outset of a woman's fertility career or through assessments of the desire for another child at each pregnancy (Bulatao and Fawcett 1983). Yet this rather economic projection is highly problematic in the field of sexuality and reproduction; sexual activities are often spontaneous and reproductive outcomes unanticipated or uncertain. The physical fertility events people experience can be completely disconnected from their initial intentions; reproductive agency and manipulation are always limited in one way or another.

This also brings us to a critique of the predominant focus on men and women as individual agents who (have the right to) make free and informed decisions on the number of children they want. Such an individualist approach excludes an explicit acknowledgment of the social complexity in which reproductive practices are embedded. It overlooks the other social relations and their power dynamics that are often implicated in reproductive decision-making (see also Brand 2001, Ortner 2006, Watkins 1993). The growing theoretical recognition that structural constraints and agency are mutually implicated rather than two distinct versions of reality (Bourdieu 1977, Giddens 1986) seems to be of only limited relevance to the discursive and interventionist establishment that takes the above conception of reproductive health behaviour as a starting point.

In this article I provide sociocultural evidence for a different conceptualization of reproductive health behaviour. On the basis of long-term anthropological fieldwork in the East Province of Cameroon I analyse the social complexities and contingencies of local fertility-related decisions. Two case-studies from the field will enhance an in-depth understanding of the minutiae of reproductive decision-making. Their focus on very different fertility events allows for unravelling more general patterns of what I call reproductive navigation – that is, the ways in which people give direction to their reproductive trajectories. The aim is to move away from predefined assumptions of reproductive health behaviour and to formulate a grounded theory of reproductive navigation instead.

In this I draw upon the theoretical work on social navigation by Henrik Vigh (2006). Focusing on terrains of war in Guinea-Bissau, Vigh argues that social 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' (2006: 13). In this view, individual behaviour is no longer conceptualised as the fulfillment of prior intentions and fixed calculations in a social vacuum. Vigh's understanding of social navigation stresses the constant interplay between a person's actions and complex social forces, both of which are in continuous motion. It captures the creativity, contingency and uncertainty of decision-making within constantly changing structural contexts – something that others have conceptualised as judicious opportunism (Johnson-Hanks 2005), subjunctivity (Whyte 2002) or tactical pragmatism (de Certeau 1984, Cornwall 2007a, 2007b).

Investigating women's reproductive health practices as reproductive navigation thus allows me to situate fertility-related decisions within their specific contexts. Not only does such an approach highlight the creativity with which women in real life manage their fertility careers;

it will also help me to theorise the interrelationship between reproductive decisions and particular structural configurations and, thus, to move away from universalist and individualist assumptions about reproductive health behaviour.

Methodology

The empirical data provided in this article were obtained during an elaborate anthropological research project unfolding over 15 months between 2004 and 2009 in a village in east Cameroon. In this study I investigated Gbighil women's experiences with, and decisions on, different forms of interrupted fertility such as miscarriages, stillbirths, induced abortions, infertility or child death. To gain insight into women's perceptions and practices during such critical reproductive events I was in close contact with 25 purposefully selected informants who had experienced at least one instance of interrupted fertility in their lives. This group included women from all ages, with different educational histories, economic backgrounds, marital statuses and reproductive ambitions.

The longitudinal character of the research project allowed me to follow my informants over time and to observe and discuss the many developments in their reproductive trajectories. I investigated their reproductive experiences both retrospectively and concurrently. I tried to capture the situational dynamics of important past happenings through multiple and extended life history interviews with these women as well as with some key individuals in their lives. Through participant observation, I took part in the real-time reproductive events my informants experienced during my fieldwork. The valuable knowledge thus obtained was complemented with insights gathered through 12 focus group discussions and numerous thematic interviews with other women and men in the village. Group discussions that focused explicitly on reproductive health decision-making were often initiated with vignettes or hypothetical case studies, upon which informants were asked to reflect together. Further, I conducted a household survey in order to map the marital and reproductive histories of all 290 village women.

The analytical insights that I present in this article with regard to the specific cases of Laura and Mama Rosie were developed in the context of all the above described activities and interactions. Although I use the two case studies as illustrations of the central argument of this article, my conclusions about patterns of reproductive navigation are based upon the study of many other cases as well, in which similar processes as the ones described in this article seemed to be at play.

Both during and after fieldwork, ethical reflections and considerations were dealt with as proposed by research ethics committees. Because of the highly confidential and often secret information that my informants would share with me, I always asked them for their explicit consent when interviewing them and recording our interactions. All names appearing in the case studies are pseudonyms and personal details that could lead to the identification of my informants have been omitted from the descriptions.

Reproductive contexts and contingencies

In the east Cameroonian village in which this research took place, daily activities in general and gender relationships in particular are profoundly shaped by marital and kinship configurations. Ideally, marriage is considered to be a family affair rather than an arrangement between individual partners. A marital union should traditionally be concluded through a set of bride-price exchanges between both partners' families, whereupon the woman moves to the

compound of her new husband and his kin. With bride-price payments to the family of the woman continuing, every child born in this marriage is supposed to belong to the father and his relatives. In cases where a woman would leave her husband and return to her own family her children should stay with their patrikin.

However, as payment of (parts of) the bride-price is often postponed or completely disregarded, this ideal situation rarely manifests itself in practice. 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). Only 31 per cent of the 174 women who considered themselves to be married declared that the complete bride-price had been paid. Many marriages – particularly those of young people – are not more than informal arrangements in which a man and a woman live, eat and sleep together. Both partners take time to explore each other's traits: women want to be ensured of a man's good character and (financial) responsibility before settling down in his family, whereas men await a proof of a woman's fertility before a more formal engagement. These informal unions, in which bride-price payments have not yet been made, are easily dissolved and replaced by another one. In this context, municipal or religious unions are rare. With polygyny being widespread in the region, men especially seem to be hesitant to preclude the option of taking another wife in the future large dash – much to the women's lamentation, who indicate that relations between co-wives are often characterised by jealousy and conflict.

Within this flexible marriage setting, bearing children is not always the primary aim of either partner nor does it necessarily lead to the consolidation of a union. For women, to conceive can be an important strategy to convince their partners of their worth and of the need to initiate negotiations between families. But, at the same time, many young women indicate that their boyfriends often miraculously disappear when they discover a pregnancy, while married women complain that their childbearing does not benefit their own families in any way – thus denouncing the absence of any bride-price payments made by their husbands and in-laws. Furthermore, women themselves may, for several reasons, refuse to get pregnant or to carry their pregnancies to term; of all pregnancy interruptions that were recorded during the survey, 11 per cent had been consciously provoked (van der Sijpt 2011).¹

As reproductive goals and gains are often uncertain, to whom the children belong has become a complicated and contested matter: sometimes, men (and their families) are eager to acknowledge their children so as to enlarge their patrilineage. At other times they abandon their pregnant partner, whose child will then automatically belong to the maternal family or to another lover willing to recognise the child as his own. Irrespective of a man's alleged intentions, a woman's relatives are also prone to claim the children of their daughter as long as they have not received any bride-price payments. Little is left, then, of the patrilineal ideal in which children automatically belong to and grow up within their paternal family. Indeed, of the 287 women surveyed, 34 per cent stated that, contrary to the prevailing norms, their child (ren) resided in their maternal rather than their paternal families. Kinship connections are, like conjugal relations, characterised by flexibility and fluid interactions between norms and practices. It is within these dynamics of plural sexual relationships, fragile conjugal arrangements, continuous kinship demands and divergent personal aspirations that we should understand people's reproductive practices.

The stories of a young woman attempting to abort several pregnancies and of a village mama experiencing secondary infertility will provide empirical insights into the dynamics of such reproductive practices. As the two cases could be considered two extremes on a reproductive continuum, they will also form a starting point to generate some general insights about reproductive navigation and the ways in which different dynamics affect its outcome.

Laura

Laura is 21 years old and is following a sewing training course in the provincial capital when she accidentally conceives a pregnancy with Omar, a Muslim from the north of Cameroon. Fearing that this pregnancy might interfere with her education, Laura uses all the abortifacients her classmates advise her to swallow or insert: nivaquine pills, salt water, Nescafé; nothing helps. That month she leaves the city to spend the summer holidays with her parents. After sending a letter to Omar announcing her pregnancy and abortion plans, she continues to take abortifacients upon her arrival in the village. Her practices are, however, soon detected by her mother, who, upon hearing the news of a potential pregnancy with Omar, agrees with her daughter's attempts at abortion. 'My mother is afraid of the reaction of my father, she doesn't like Omar at all, and she wants me to finish school first', Laura states. Yet no blood loss is achieved; instead Laura starts to feel ill. In the village dispensary where her mother takes her, the doctor immediately reprimands her and gives her injections to prevent the termination of her pregnancy.

From this moment onwards, Laura's mother starts insisting that Laura should keep the pregnancy and give the child to her. Since she herself has only one daughter and two sons and has experienced three additional reproductive losses, she will consider this first grandchild as an extra child for herself. This proposal makes Laura furious; trying to prevent her mother from taking her child, she returns to the city and tells Omar that she is still pregnant. Omar, however, has other ambitions and refuses to assume any responsibility. After bearing her son Stéphane, Laura therefore returns to the village where her mother is eager to take care of her grandchild. After a few years of constant familial conflicts about who Stéphane belongs to, Laura decides to leave the boy behind with her mother and move to a nearby city. She starts to concentrate on schooling again, which she finances with petty trade activities and the money she receives from temporary boyfriends.

In her relationship with one of those boyfriends, Jean, Laura conceives again. While Jean seems willing to recognise his paternity Laura is reluctant to bear another child at this point:

I thought, 'I still love Stéphane's father. If he will come back to take me into marriage, what will he say if he sees me with another pregnancy?' And what is more, Jean told me he would take my child, but not me. So why would I keep this pregnancy? Two children, without a marriage? No. I had made this decision in my life that I would only bear children with one man.

With the help of a doctor in the hospital, Laura has an abortion. She informs only her cousin about the event.

One year later, while working in a tailor's shop, Laura is told by her boss that she has a sister-in-law who wants her as a wife for her son. While initially taking this as no more than a flattering joke, Laura soon enough finds herself forced to converse with this son, named Philippe. Philippe takes Laura home and, finding out that she is in her fertile period, forces her to have sex with him. Laura is afraid and furious at the same time:

When he penetrated me, I told him that he had raped me now. He said, 'Take it as you want. But from today onwards, since I climbed upon you, know that you are my wife. And voilà my baby that you carry in your belly'. I told him that I would take some pills [to abort] as soon as I would arrive home. He refused. He locked me up in his house for several days so that I couldn't do that.

Philippe, an unmarried father of seven children, and his mother, desperate for a daughter-in-law, do everything they can to keep the pregnant Laura (and eventually also her son Stéphane) with them. Their constant supervision, as well as their hasty announcement of the pregnancy to Laura's family not only prevent Laura from aborting but also push her into marriage with Philippe, much to the delight of Laura's mother. She tells her daughter that a second child should be borne within a marital framework, that Laura should abandon all her informal sexual affairs, and that the willingness of Philippe and his mother to commit financially is rare to find these days. Laura resigns herself to the situation. But then she starts suffering from very early pregnancy symptoms and her new husband suspects that she was pregnant before she went to live with him. He suggests she should terminate the pregnancy:

I told him, 'How can I abort now? I won't. I also want another child. Do you want me to stick to Stéphane only? What will I do when he returns to his father? No, even if you don't want the pregnancy, I will keep it. I will go and find my mother in the village. We will take care of the child.'

Laura bears a daughter and stays in the marriage.

Soon after this birth, Philippe moves to another city and does not make contact for a year before he invites Laura and his daughter to join him. Here, it turns out that Philippe has been engaged in a relationship with an old, rich woman – a situation that Laura vehemently opposes. The violence with which Philippe responds to her opposition makes Laura want to flee. While her mother first advises her daughter over the phone just to 'endure the suffering' she ends up supporting Laura's refusal to marry Philippe; after all, he has also neglected his obligations towards his parents-in-law in the last year. Her initial encouragement of the marriage turns into a refusal of any formal engagement and a support for Laura's contraceptive plans – thus keeping the option of separation open.

Yet, contraception comes too late; in order to prevent Laura's departure, Philippe forcefully makes her pregnant again. Laura desperately wishes to terminate the pregnancy but fails again after administering various local abortifacients. Mother and daughter therefore agree that Laura should attempt to flee to the village, where I – the anthropologist who is aware of the situation – could bring her to a well-known abortion specialist. And so it happens; Laura escapes and the abortion is performed. When I leave the field right after the intervention and ask Laura about her plans for the future, she tells me that she will soon start with contraceptive pills and take time to see what the future will bring.

Mama Rosie

Born as the third child of the second of her father's three wives, Mama Rosie grows up in an enormous extended family. Being one of the few girls in the entire household, she is well cared for. She is sent first to primary school and then to a training centre for Catholic women. It is only here, at the age of 17, that Mama Rosie starts to menstruate. Freed from her worries about the absence of a normal menstrual cycle, she initiates sexual relationships. The love affair that develops between her and Etienne, the son of the village catechist, makes him initiate bride-price payments, whereupon she moves into his house. After some time, however, Etienne's mother opposes the relationship because it takes Mama Rosie too long to conceive with her son, and she proposes that he marries an albino woman who had already given birth elsewhere. This proposal is met with resistance. Etienne flees the village by joining the army while

Mama Rosie's family members come to take their daughter back home. Nevertheless, the two lovers continue to write and occasionally meet in secret.

During Etienne's absences, Mama Rosie engages in sexual relationships with two teachers, Bernard and David, at the same time. She conceives with Bernard at the age of 21 and rejoices in the fact that, 4 years after the onset of menstruation, she has finally become pregnant. Bernard, however, leaves the village for a position elsewhere soon after Mama Rosie discovers her missed period. Etienne also puts an end to their secret relationship as soon as he detects the pregnancy and he marries another woman. With the biological father gone and with Etienne engaged in a new marriage, Mama Rosie decides to tell her other lover David that he is the father. David is willing to commit financially and arrives with baby presents after the birth of Mama Rosie's son. His marriage proposal is, nonetheless, declined by Mama Rosie. 'I didn't want to marry anymore, because my first husband had deceived me and the father of my child had deceived me as well'.

However, 3 years later Papa Gerie convinces her to come and marry him in his village. As a descendant of a rather influential family, he is known to and recommended by Mama Rosie's aunt, who married a man in the same village. Having one son and one daughter from a deceased wife, as well as two daughters with a wife 'who showed small weaknesses in her habits', Papa Gerie is searching for a new wife 'who would be able to cook for me'. After Papa Gerie agrees to take care of her son and to transfer gifts to her family, Mama Rosie decides to visit him. Her arrival is met by the enormous resistance of her co-wife Mama Cathérine. Mama Cathérine, strongly supported by her mother-in-law, who originates from the same natal village and who has arranged her marriage with Papa Gerie, accuses Mama Rosie of using indigenous remedies to take away her husband's love and her own position as a first wife. Many quarrels and fights ensue.

After 4 years of marriage, at the age of 29, Mama Rosie stops menstruating:

I didn't feel any pain in my belly. But you should have seen my breasts! One would say that I was pregnant. Mama Cathérine started to fear that if I would bear a child for her husband, she would lose her place. She started to talk everywhere. But the pregnancy didn't show itself. People mocked me and my co-wife's family accused me of inventing a pregnancy. Others suspected me of having aborted the pregnancy.

A long health-seeking itinerary follows, in which Mama Rosie tries to identify the cause of her amenorrhoea. When repeated hospital visits and treatments do not have the hoped-for effect, Mama Rosie decides to visit some local healers:

They said that Mama Cathérine blocked my menstruation. 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 once I would bear children.

Comforted by her husband's reassurance that he will not refuse her because of her childlessness, and by the existence of a son from a previous relationship, Mama Rosie stops searching for a cure.

Yet it does not take long before Papa Gerie decides to marry a third wife. Mama Rosie opposes this marriage so forcefully that she is sent back to her own family. After a few years, however, Papa Gerie invites her to come back. Encouraged by her many brothers, who are eager to see their infertile sister married, Mama Rosie decides to 'regain my place in marriage and never leave again'. And indeed, as the third wife departs for good and Mama Cathérine –

who just delivered her fifth child – seems to play a marginal role in the household, Mama Rosie manages to re-establish herself, even up to the point that Papa Gerie marries her officially. Marital security seems guaranteed.

Her influence starts to reach also beyond the household: she assumes several responsibilities in the village and in the local clinic. Even if she remained childless in this marriage, many village children get named after her and numerous adults come to seek the advice of this ‘mother of everybody’, as Mama Rosie likes to call herself:

I know I have this power that my family-in-law gave me. The women who first arrived as wives in this family have a lot of power because they are the oldest. They are able to give me respect, dignity and power if they want. That’s what they did. They appointed me as a president of the women’s association. They gave me the power that makes everyone listen to me when I speak. And there is my brother-in-law Albert [who, due to his administrative function, is very respected in the village]. He appointed me as the governor of his *quartier* [neighborhood]. Albert always said that I have good habits. I am the one who helps to raise the children. I am hospitable to the visitors. I prepare a lot of food. So I am a wife of the family. And it is the work that you do in front of the people and your husband that makes a marriage and that makes you a woman. Even if you don’t bear children.

Mama Rosie’s position does not remain completely uncontested, though. Due to her infertile status and her sudden rise in power, witchcraft accusations are omnipresent. The sudden death of her 30-year-old son in 2007 exacerbates this insecurity:

Formerly, I knew that if somebody insulted me, my child would come and defend me. But now, even if somebody wants to hit me, who will respond for me in the place of my son?

More is at stake than physical defence, however. Without her son Mama Rosie’s rights to inheritance are minimal. As Mama Cathérine has one son, she is likely to inherit all the goods of her husband’s family, while Mama Rosie will, even with a marriage certificate, possibly encounter problems upon her husband’s death. Villagers whisper that Mama Rosie will surely be sent back to her family empty handed. The 56-year-old Mama Rosie may symbolically be one of the biggest mamas in the village now but whether she will continue to be so in the future remains to be seen.

Reproductive behaviour socially situated

The above two cases present the stories of two women who encountered completely different reproductive events in their lives. While Laura dealt with four unexpected pregnancies, Mama Rosie’s desired and belated pregnancy was followed by secondary infertility and the death of her only child. What is striking in both stories is that the options these women encountered and the choices they made over their reproduction were often not in line with their initial intentions or ambitions. Their reproductive pathways were often based on improvisation. These unique stories should therefore be understood in their own terms and dynamics; both women directed their reproductive lives in idiosyncratic ways. Yet my aim is to also trace some meaningful patterns out of those particularities. How is reproductive improvisation channelled and circumscribed in this particular context? What common factors affect the reproductive options and choices – no matter how divergent – of these and other women in east Cameroon?

By contextualizing the reproductive events that featured in the lives of Laura and Mama Rosie I have attempted to show that reproductive decisions – in all their possible variations and improvisations – are far from being deliberate, free choices. The options women have at crucial reproductive moments are always socially circumscribed. Indeed, the reproductive acts of Laura, Mama Rosie and many other Gbigbil women seemed inherently related to several social configurations that are predominant in east Cameroon. These forms of sociality are neither mutually exclusive nor always equally relevant. Yet, taken together, they form a repertoire of significant interrelationships underlying the reproductive navigation of east Cameroonian women.

Firstly, a woman's reproductive options and decisions are affected by her position within a wider body of kinship relations. It matters whether she is her mother's first or last daughter; whether she was born in or outside marriage; whether she grew up in her own patrilineage or among her maternal uncles and whether she has few or many siblings. Women who share the former characteristics – first daughters or ones with few sisters who are born and raised within their own patrilineage – are more likely to have their relatives involved in their reproductive affairs. One only needs to recall the stories of Laura, who was the first and only daughter of her parents, and Mama Rosie, who grew up among many siblings, to see the difference. With their premarital reproduction considered an extension of their parents' reproduction and that of their patrilineage, women like Laura are more likely to be pressured to bear children before marriage and to give these children to their own mothers or fathers. The marital lives of such women are also more easily influenced by the interests and wishes of family members. As first or single daughters are highly valued for the bride-price they are expected to bring to the family, their relatives often pressure them to enter into and endure marriage, and to bear children to encourage their husband and in-laws to fulfil their financial obligations. In the absence of bride-price payments, their relatives will more easily enter into conjugal disputes and accept their daughters coming home to 'rest'. They may even advise them to abort pregnancies or force them to leave the marriage altogether, as Laura's mother did.

Secondly, the position of a woman's kin group within the village determines which reproductive options are feasible. In the current atmosphere of political and economic nepotism in Cameroon, daughters from extended families in which important individuals enjoy informal political power or formal employment are better positioned to profit from the social and financial capital that they have established. These women may be less inclined to cling to motherhood and wifedom and be supported by their family members and other villagers in this deviation from local norms of femininity. They may also enjoy greater access to financial support to pursue alternative ambitions. In some cases, the position of the patrilineage of one's partner may be of similar influence. The fact that the childless Mama Rosie was respected within and beyond the household, for instance, was largely attributable to the influential status of Papa Gerie's lineage in general and to certain benevolent in-laws in particular.

Thirdly, a woman's reproductive navigation depends on the particularities of the sexual or marital relationship with the (potential) father of the child to be born. It is not so much the volatility or stability of the relationship that matters, as both informal and formal unions are highly fragile. Instead, it is the partner's (perceived) ambitions and reactions to a pregnancy that inform a woman's options and actions. Especially when her partner acknowledges paternity and is willing to commit financially after her pregnancy has proven her fertility and worth as a (potential) wife, motherhood and marriage can become immediate priorities. When reciprocity and signs of commitment are absent, however, a woman may prefer to terminate her pregnancy. Indeed, the presence or absence of (parts of) the bride-price is often a decisive factor in reproductive decision-making. Laura, for instance, radically altered her plans

regarding her pregnancy with Philippe once some initial bride-price transactions had been made and the marriage seemed secure.

Fourthly, a woman's reproductive navigation is influenced by the proximity of unrelated others with stakes in the children born in a particular relationship. The co-presence of in-laws in virilocal marriages can lead to their increased control and encouragement of reproduction as they are generally eager to see their patriliney expand. In such circumstances a woman's reproductive decisions will be influenced by the wishes and demands of her husband's kin. The existence of co-wives may also affect a woman's reproductive navigation since these female competitors are often experienced as a threat to continued reproduction – as was seen in the interaction between Mama Rosie and Mama Cathérine. Fertility events occurring in a context of direct female competition are generally surrounded by more contestation and explicit (re) consideration of one's reproductive decisions.

Finally, reproductive options and decisions are informed by a woman's personal reproductive trajectory and the social status she derives from it. The absence of children and of the status of mother may allow young women like Laura to focus on ambitions unrelated to maternity such as education, employment, small-scale trading or relations with affluent sexual partners. Although pregnancies do not necessarily imply motherhood or marriage at the beginning of one's reproductive career – thus keeping alternative options open for young women like Laura – social pressure to find a suitable husband and to take care of one's children increases with the number of childbirths one has. Thus, over time, marriage and motherhood are likely to increase their saliency as aspirations directing women's reproductive navigation. If those goals remain unattained for too long, however, marital and maternal options can become foreclosed. Women with a long history of unsuccessful fertility, for instance, may be abandoned in marital or sexual relationships in which they could at least try to become pregnant. They more easily turn their focus to virtues unrelated to motherhood, as seen in Mama Rosie's emphasis on her good character and organizational skills rather than the absence of children in her life.

What does all this mean for our understanding of women's reproductive navigation in eastern Cameroon? And how do those insights relate to the assumptions about reproductive health behaviour that underlie the current global reproductive health framework? These questions are addressed in the last section of this article.

Towards a framework of reproductive navigation

The social configurations described above affect women's reproductive navigation as they all define the availability of options in reproductive conjunctures. As such, they constitute the possibilities or constraints to the realization of women's ambitions. Reproductive decision-making is thus a socially contingent affair, embedded in different forms of sociality and power relationships. Since the influence of relevant others – parents, siblings, partners, in-laws, co-wives, other villagers – depends in turn on their own life contingencies, their previous pathways and their current stakes, one could further argue that decisions are inter-contingent (Becker 1994). In other words, life stories intersect; women's reproductive navigation is never independent from the navigations of those around her. The outcomes of reproductive happenings are not the predictable result of individual deliberation and design but the contingent result of the involvement of social others and of the ways in which women constantly reconfigure their choices in relation to these others.

While this is arguably the case for all forms of navigation in daily life, reproductive navigation becomes complicated by the fact that women also rely upon, and make use of, their bodies while navigating. The discussion above has shown that in Cameroon, as probably

elsewhere, nothing is more social than reproduction; but nothing is more physical either.² Bodily experiences of fertility are not to be discarded in the study of reproductive navigation. For bodies sometimes appear to have a will of their own, as the two case studies in this article have illustrated. Laura attempted to abort her first and last pregnancies but failed as her body refused to release the foetus. Mama Rosie, while young and desperate for children, was suddenly confronted with an infertile body that made any future reproductive success highly unlikely. Such physical surprises affect the fertility-related options open to women. Reproductive decision-making is therefore possible or constrained not only because others act but also because bodies act.

Such an acknowledgment asks for a comprehensive understanding of reproductive navigation; one that adds the primacy and praxis of the body to the individual–social dialectic discussed above. The body does not only enable or constrain women's navigation but it needs to be navigated itself as well; it both directs and demands navigation. Since acting bodies are unpredictable women have to constantly manage the broad range of options, outcomes and obstacles their bodies present to them. They are confronted with a material world in which anything can happen – the incoherent logics of the body varying between women and over time. This bodily navigation – individual and intimate in nature – is always dialectically related to social navigation as women try to align their unpredictable bodies with their social projects. Women manipulate physicalities to successfully navigate socialities. Current theorisations of social navigation – or of similar dynamics captured in a different concept (Cornwall 2007a, 2007b, Johnson-Hanks 2005, Vigh 2006, Whyte 1997) – seem to be oblivious to these body basics underlying social practice. Yet it is only when we acknowledge this interplay of the social, the individual and the body that we can come to fully understand reproductive decision-making in people's daily lives.

This understanding of reproductive navigation is useful for the analysis of fertility dynamics beyond the local context in which these insights were developed. We may assume that socialities and physicalities are always implicated in reproductive issues around the world, even if they take different forms and shapes in different localities. The conceptualisation of reproductive decision-making proposed here thus allows for cross-contextual application while remaining sensitive to local variation.

Further, this article questions many of the implicit assumptions about reproductive behaviour informing current international reproductive health programmes and policies. The stance that women should a priori be able to control their fertility and fertility outcomes becomes untenable once we acknowledge that personal reproductive intentions are always inherently related to largely unpredictable socialities and physicalities. Contrary to the stability that family planning campaigns attribute to women's fertility desires, this article has shown that reproductive ambitions change with the hopes and horizons that emanate from women's individual and social bodies. It has also highlighted how certain situations are initially not chosen but eventually accepted; how some choices are not made or impossible to make despite one's aspirations; how certain options are explored but abandoned again and how some decisions forcibly ensue from the unexpected actions of women's bodies from interactions with other social actors. The directions women take on their reproductive pathways are less a matter of control than the result of a contingent interplay of connectedness, creativity and corporeality.

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Notes

- 1 Real abortion numbers are probably much higher. As induced abortions are illegal in Cameroon many voluntary pregnancy terminations were most likely not mentioned at all or reported as spontaneous pregnancy losses in my survey.
- 2 In line with the arguments of Becker (1995), Lock (1993), and Lambert and McDonald (2009) it can be claimed that the physical is always social. My aim here is not to explore the intersections between social and bodily experiences but to draw attention to the fact that bodies, next to socialities, influence reproductive decision-making in ways that have been largely overlooked.

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