

# ***Pregnancy Pragmatics Unveiled: On Bodies, Bellies, and Power in Cameroon***

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## **Abstract**

*Over the last few decades, anthropologists interested in reproduction have increasingly focused on the relationship between women's (limited) reproductive agency and (bio)political forces such as patriarchy, medicine, the state, and the global political economy. In their quest for understanding local and global 'politics of reproduction', some have turned their gaze towards the female body, considered to be a symbolic arena in which multi-level power relations are played out. These scholars have studied minute 'body politics' as reflections of wider 'reproductive politics'. This paper contributes to this growing field of study by adding a nuanced perspective of the role of the material body – rather than its symbolic representation*

*– in such reproductive politics.*

*Drawing on long-term fieldwork in eastern Cameroon, I describe how women's pregnancy pragmatics are informed by existing (bio)political forces on the one hand, and by their material bodies on the other. My detailed ethnographic material shows that, although forces like patriarchy, biomedicine, and the state shape the field within which Cameroonian women give meaning and direction to their reproduction, women themselves have considerable leeway to circumvent existing powers or to use them to their own advantage. I argue that this freedom is inherently connected to some bodily attributes of the reproductive process: the invisibility of early pregnancies grants women time and space for secret bodily interventions. At the same time, I show that the (unpredictable) body can also become a constraining force complicating women's reproductive navigation. Thus, by attending to both social and material dynamics, new light is shed on the arena of forces that impact upon reproductive practice, as well as on women's own agency within that arena.*

**Keywords:** reproduction; body; power; Cameroon.

## **Introduction**

Ever since the development of the ‘anthropology of birth’ in the 1970s, anthropologists have shown an explicit interest in the minutiae of human reproduction and its social and cultural dynamics. Whereas their first accounts presented mainly *normative* descriptions of local, holistic birthing cultures, from the 1990s – when the influence of the work of Foucault and of third-wave feminists started to be felt within anthropology – more attention was paid to reproductive discourses, politics, and contestations. Anthropological studies of reproduction increasingly focused upon the (global and local) power struggles and differentials that permeated the domain of reproduction (Ginsburg & Rapp 1991; Van Hollen 1994, 2003). A key concept that gained currency within this transformed field of research was the one of ‘stratified reproduction’, referring to the inequalities in reproduction that result from the fact that different people occupy different positions within a larger field of power relationships (Ginsburg & Rapp 1995).

Many of the anthropological investigations that were inspired by this paradigmatic shift studied reproductive ideas and practices in relation to big (bio)political forces such as patriarchy, biomedicine, the state, and the global political economy. Often driven by feminist concerns, they tried to unravel how such forces subjugate differently positioned women and constrain them in living their reproductive lives, producing social suffering in the process (Kleinman, Das & Lock 1997). At the same time, such studies also attended to the nature and degree of reproductive agency that women would still be able to display, even if only minimally or almost invisibly (Carter 1995; Ortner 2006). In this quest for understanding (the limits to) women’s reproductive agency, some anthropologists turned their gaze towards the female body. Embedded as they are within the wider fabric of social forces, women’s bodies came to be conceptualized as symbolic arenas in which multi-level power relations and discursive struggles are played out. Through a focus on ‘body politics’, then, these anthropologists sought to understand the intricacies and implications of wider reproductive politics (Greenhalgh 1995; Lock 1993; Lock & Kaufert 1997).

My work on reproduction in Cameroon is inspired by the insights generated in this growing sub-discipline, and with this paper I intend to contribute to ongoing discussions in the field. Yet, I will also present some pregnancy pragmatics and dynamics that have often gone unnoticed in the

above-mentioned studies, which mainly focus on the socio-symbolic realm. I will show that, although forces like patriarchy, biomedicine, and the state clearly shape the reproductive field within which Cameroonian women give meaning and direction to their childbearing experiences, women themselves have considerable leeway to circumvent existing powers or to use them to their own advantage when plotting their own reproductive trajectories. I will argue that this freedom is inherently connected to some *bodily* attributes of the reproductive process. At the same time, I will show that the body can also become a constraining force complicating women's reproductive navigation. By presenting a nuanced view of the role of the *material* body in women's pregnancy pragmatics, I hope to advance our understanding not only of the arena of forces that impact upon reproductive practice, but also of women's own agency within that arena.

### **Methodology**

The insights presented in this paper are based on 15 months of anthropological fieldwork between 2004 and 2009 in the East province of Cameroon. In this research, I explored local notions and experiences of pregnancy loss in a village inhabited by approximately 1,000 Gbigbil people. Most of the data were gathered through participant observation, which implied accompanying women to their plots of land, churches, markets, hospitals and healers, and participating during their deliveries and abortions. Further, numerous in-depth interviews and focus group discussions were held in French with 25 women having different ages, economic backgrounds, educational trajectories, marital statuses, and reproductive histories. These women's partners and family members, as well as the indigenous healers, midwives and biomedical personnel in the region, were also involved in the study. Furthermore, through a comprehensive household survey I documented the marital and reproductive histories of 290 village women who were over 12 years old and had been sexually active.

To unravel Gbigbil ideas about foetal and pregnant bodies, I used a technique that I call 'body mapping'. My informants were given three white papers showing only the contours of a 'transparent' female body and were asked to draw the contents of a pregnancy of one month, three months, and seven months, respectively (see also van der Sijpt 2010). During this exercise, they were explicitly asked to elaborate upon the physical symptoms, sensations and events that accompany the different gestational stages. The information thus gathered, combined with the

detailed insights that I obtained through long-term involvement in women's reproductive lives, forms the starting point for the discussion presented in this paper.

### **Positioning women and their children: discourses and divergences**

Social life in the east of Cameroon has long been portrayed as dominated by men. The earliest anthropological accounts of this region, for instance, never failed to emphasize the existence of male dominance – reflected in material power and symbolic authority – which directly resulted from men's positions as household heads and exchangers of wives in a patriarchal system. As men established rights *over* women (and their fertility) through bride-price transfers, the rights *of* women were noted to be virtually absent in these wife-exchanging communities. Invoking local sayings like 'a woman has no voice' or 'a chicken does not sing in front of a cock', these sources indicated that women were not only considered subordinate to the orders of men, but also excluded from socially acknowledged powerful positions (Balla 1991; de Thé 1970; Laburthe-Tolra 1981; Vincent 1976). Laburthe-Tolra even speaks of an extreme 'objectivation' of women, who are:

...at most reduced to the state of economic instrument deprived of subjective expression. In all circumstances, she first has to shut up, to keep silent. Won, sold, lost at a game, hired, lent, deprived of every capacity in the juridical sense of the term, not able to possess anything, the woman is held at the margins of all domains, without any other bond to humanity than the connection more or less held with her lineage of origin and the advantages associated with maternity (Laburthe-Tolra 1981, p. 890, my translation).

In such a context, then, women would only be able to assume subjectivity as 'producers of food and reproducers of people' – contributing with their labour force and childbearing capacities to men's status and the continuation of their patrilinealities. In this line of interpretation, reproduction is a domain fully controlled by, and benefitting, men – an affair that gives the (male) wife-givers a bride-price and the (male) wife-receivers their much-wanted descendants. Women, on the other hand, would only be granted a social position and status if they bear the children that their husbands and in-laws long for.<sup>1</sup>

Somebody who studies daily life in a Gbigbil village in present-day Eastern Cameroon will recognize only snippets of this story. The patriarchal order that has been so neatly described in earlier ethnographies seems to exist merely in the normative accounts that people invoke when talking about the past or about an ideal order; reality looks much different. Contrary to the norm according to which bride-price exchanges should frame gender relationships, conjugal arrangements and childbearing practices, the so-called 'marital' affairs in which babies are conceived and borne today are often highly unstable and unconsolidated by any bride-price transactions. Men claim to be unable to fulfill their marital obligations due to the economic crisis that has plagued Cameroon from the late 1980s onwards (Abega 2007; Johnson-Hanks 2006; Meekers & Calvès 1997). The result is that both men and women are relatively free to abandon any relationship and replace it with another one. The belonging of children born in such relationships is often unclear and contested; in the absence of any bride-price payments, even the relatives of the woman (i.e. members of the child's matriliney) can lay claim to the children of their daughter. Rather than strictly controlled by patriarchal powers, then, Gbigbil women and their children move relatively freely between different households and affinities.

This sexual flexibility and marital instability does, however, not preclude the presence of patriarchal *expectations* and strong pronatalist sentiments: both men and women can only attain respected adulthood by, eventually, having a large offspring within the framework of a virilocal marriage (Johnson-Hanks 2006, 2007); when babies are conceived and born, men are expected to take care of mother and child; and when childbirths have been multiple, men face growing hopes and expectations from women and their families regarding an eventual bride-price transfer. Thus, in this Gbigbil village, patriarchal and patrilineal ideals are powerful factors shaping people's ideas, expectations and perceived possibilities – but, at the same time, they are complemented by alternative modes of action.

Beyond the village level, in the realm of national policies and propaganda, one can detect similar gender constructions and pronatalist visions. Representations of women as wives and mothers are omnipresent, and have a long history. Both during colonial times and in the first decades after 1960, when Cameroon became independent, population growth was explicitly encouraged. The underlying idea was that a larger workforce would enhance the productivity and development of the sparsely populated colony/country ( Bell 1990; Feldman-Savelsberg 2002;

Geschiere 1982; Gubry & Wautelet 1993). Among the many pronatalist measures were tax reductions and financial benefits for large families, public propaganda and praise for those parents who 'contributed to the nation' with their 12 children or more, and several laws prohibiting the sale of contraceptives, anti-conceptual publicity, as well as abortion and infanticide (Bell 1990; Tantchou & Wilson 2000).

From the 1980s onwards, Cameroon's population policies became increasingly influenced by international programs and pressures to move toward a limitation of demographic growth. This move materialized itself very slowly, however. The law prohibiting the sale and publicity of contraceptives was only gradually relaxed, and president Paul Biya reluctantly started to include a rhetoric of 'family planning', 'responsible parenthood', and 'reproductive health and rights' in his official statements only from the year 2000 onwards. Since Cameroon joined the Highly Indebted Poor Countries Initiative in the same year, its national health policies and programs have become even more dependent on international conditions, standards and priorities. This (inter)national framework is implemented at all levels of Cameroon's pyramidal health structure – including at the dispensary in the village in which I did research, where posters warning against unwanted pregnancies and promoting family planning methods decorated the walls in the waiting room.<sup>ii</sup> The mission of the local doctor was to have all pregnant women visit the clinic for their prenatal consultations and deliveries, and to make them aware of the possibility of preventing another pregnancy in the future.

Yet, like with the patriarchal norms on the village level, these national policies and biomedical discourses are contradicted by practical realities. While the official approach towards reproductive matters turned from explicitly pronatalist to 'supportive to family planning', in practice access to birth control methods remains hampered by legislative as well as practical barriers. For example, only pharmacies are legally permitted to sell contraceptives, sellers often demand the authorization of a partner before releasing contraceptives, women can only access sterilization if they are at least 35 years old and have five or more children, and the prohibitive abortion law has remained unaltered (Beninguissé 2003; Kamdoum 1994). The reproductive messages and measures of the Cameroonian state are thus contradictory: an insistent promotion of medicalized fertility regulation co-exists with an implicit pronatalist legislation and explicit representations of women as mothers.

To conclude, the local patriarchal order, biomedicine, and the state – some of the most important forces identified by feminist anthropologists in their studies on reproductive politics and stratification – do shape the field in which Gbigbil women enact their womanhood and motherhood. They provide a set of norms, aspirations, options and constraints that have a direct effect on women’s positions and practices. Yet, these frameworks are not necessarily consistent, nor are they fully exclusive; in their daily life practices, Gbigbil women may draw upon alternative frames of reference as well. This is especially so in the secretive domain of reproduction, to which we now turn.

### **Reproductive practices and powers**

When asked about their general reproductive aspirations, most of my Gbigbil informants would answer that they wanted to bear ‘as many children as possible’. They often justified their position by stressing the different values of children: they perform household chores and work in the fields, take care of their parents in old age, allow the Gbigbil community to populate and exploit the vast rainforest area in which they live, but most of all, as children contribute to their father’s patrilineage, their presence grants their mothers a stronger position within their fragile marriages. The more children you have, the better your situation; ‘with only one or two children, you are not even a person’, many women asserted. Stories about the repudiation of infertile women or about the humiliation of those who repeatedly miscarried abounded. Together, such accounts suggest a close connection between women’s reproductive aspirations on the one hand, and patriarchal norms and patrilineal desires on the other.

Yet, when we look at what actually happens around the conception of pregnancies, a completely different picture emerges. In the uncertain sexual and marital relationships that women currently maintain (often with more than one man at a time), pregnancies are not always clearly wanted. Instead, reproductive desires are often *temporal* (i.e. a pregnancy might be initially wanted and unwanted afterwards, or vice versa), *contradictory* (i.e. a pregnancy might be wanted for one purpose and not for another), or *situational* (i.e. a pregnancy might be wanted with one man and unwanted with another). As a result, women may refuse to carry their pregnancies to term, despite the strong condemnation of abortive practices by local pronatalist discourses and by the national abortion law.<sup>iii</sup> My household survey revealed that 11% of all declared pregnancy losses were

induced, but the real incidence of abortion can be assumed to be much higher; indeed, all informants that were close to me acknowledged to have aborted a pregnancy at least once in their lives.

Interestingly, many induced abortions are directly motivated by the perceived clash between patriarchal ideals and daily-life experiences. The patriarchal framework prescribes men to take financial care of their wives who, in turn, bear children for their patriliney; however, as we now know, in practice these reciprocal expectations tend to be contradicted by conjugal fragility and neglect. As men and their families fail to assume their financial responsibility, women may decide to neglect their prescribed duty of childbearing. Attention is thus diverted from what is expected from *women* – that is, children – towards the duties normatively prescribed for *men* – that is, the exchange of bride-price payments or at least financial care for their partners and children. Paradoxically, then, patriarchal norms are used *against* men; women tactically deploy these norms to justify their abortion practices (Van der Sijpt 2013a). The statement of Angélique, who aborted her twins out of anger against her neglectful husband and in-laws, illustrates this line of reasoning:

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'.

That so many Gbigbil women *can* and *do* resort to reproductive practices that are openly condemned by both local and national frameworks – i.e. patriarchy and the state – is related to both physical and social dynamics around pregnancy. First of all, in the first few months of gestation, there are few clear physical signs of pregnancy. Although women indicate that they themselves can recognize a pregnancy on the basis of bodily sensations such as a quicker heartbeat, increased temperature, fatigue, headache, nausea, internal cravings, and the interruption of menses, these symptoms can easily go unnoticed by outsiders. As long as the belly is not protruding – an event that leads to the public recognition of a pregnancy, called 'belly' (*abum*) in the local Gbigbil

language – women have the time to decide on the course of its development.

Secondly, Gbigbil traditions of pregnancy management prescribe secrecy and silence during the first few months after conception. Since early pregnancies are believed to contain only ‘blood’, they are attractive targets for witches, who are generally known to ‘suck people’s blood’. Such occult threats come mostly ‘from within’: witches are believed to operate at the most intimate level, preferring to attack close relatives (Geschiere 2003; Mallart Guimera 1981). In order to protect a beginning pregnancy, then, it is important to not attract attention to it; especially a woman’s family members and in-laws should remain ignorant of the developing foetus for as long as possible. Thus, in this Gbigbil village, there is a well-established tradition in which women hide their pregnant state and explicitly deny all allusions to it (Beninguissé 2003; Van der Sijpt 2013b).<sup>iv</sup> Although meant to be a *protective* measure, this concealment also offers women the possibility, space, and time to secretly bring their pregnancy to an end if they so desire.

The methods they use to do so are, again, confined to the intimate bodily sphere. Most commonly, women insert sharp objects or needles into the cervix, vaginally administer herbal products or liquid chemicals, or ingest an overdose of pharmaceutical drugs (see also Abega 2007; Calvès 2002; Johnson-Hanks 2002; Koster 2003; Renne 1996; Schuster 2005). Such intimate practices can easily be performed out of the sight of others. Even the resulting bleeding can often be hidden – and, if not, it can just be presented as an unexpected period or a spontaneous miscarriage. Indeed, any instance of bleeding is always ambiguous because women’s underlying intentions and secret strategies can only be suspected, but never fully known, by others.

In conclusion, it is because a beginning pregnancy is an invisible, intimate, and, ultimately, individual affair – a bodily state beyond the gaze and reach of men, biomedicine and the state – that women have plenty of room for decision-making and manipulation. Despite the attempts of various (male) others and institutions to control women’s fertility, it is in the first place women themselves who exert control over their reproductive bodies. Yet, at the same time, this control is not without limits. The body, as we will see, sometimes has a will of its own.

### **Some reflections on the body**

When looking closely at the minutiae of bodily practices in the domain of reproduction, we discover that reproductive lives are in fact full of intimate interactions between women and their material bodies. Gbigbil women, for instance, do not only try to intervene in the physical course of

action when they want to get rid of a pregnancy. Rather, they attempt to achieve a broad range of reproductive outcomes – from the prevention of a pregnancy, to conception, a successful gestation, the prevention of pregnancy loss, and a safe birth – by regulating their bodies. The methods they use to influence reproductive processes are numerous: they wear cords around the waist, make skin incisions in the lower abdomen, rub or evaporate herbal substances in the vagina, administer enemas, or ingest concoctions or pharmaceutical drugs. No matter the diversity of women’s social positions and fertility aspirations, the material body always takes centre stage in their reproductive practice.

Yet, such bodily interventions are not always successful. Among the many reproductive stories that I heard and witnessed during my fieldwork, a considerable number ended differently than anticipated because of unexpected bodily dynamics. Women who tried to prevent a pregnancy suddenly found themselves pregnant; those who did everything to protect their pregnancies lost their fetuses nevertheless; quite a few women who were determined to abort their pregnancies failed as their bodies wouldn’t release the foetus; and there were those who desperately tried to conceive but remained childless throughout their lives. Such physical surprises affected the fertility-related options women had. When their bodies did not ‘collaborate’, my informants had to abandon their previous aspirations and adapt to a new material reality.

As such, women’s bodies are not only potentially *enabling* – secret spaces that allow women to influence their reproductive trajectories – but they can also be *constraining* factors.

Indeed, the body does not only *allow for* women’s reproductive navigation in the social world, but also needs to be navigated itself. For, women have to constantly manage the broad range of unpredictable options, outcomes, and obstacles their bodies present to them. They are confronted with a material world in which anything can happen. Seen in this light, the relationship between women and their reproductive bodies is less one of strategic manipulation – no matter how much my informants tried to establish such a relationship, and sometimes successfully so – than of tactical manoeuvring (Cornwall 2007; de Certeau 1984; Earle & Letherby 2002). As reproductive outcomes hinge directly on bodily states that cannot always be fully controlled, eventually women have to go with the physical flow.

Such an insight adds a new element to our understanding of reproductive agency in a world

permeated by local and global power relations. Women's reproductive practices and power should not only be studied in relation to the actions of (more or less powerful) *others* – men, in-laws, relatives, doctors, state representatives, and global reproductive health agents – but also in relation to the actions of their material *bodies*. As much as patriarchy, biomedicine, the state, and the global political economy present a structural context affecting women's reproductive options and constraints, their bodies constitute a parallel power that may help or hinder women in realizing their fertility aspirations. In addition to representing a *symbolic* arena in which multi-level power relations are inscribed and contested (as feminist anthropologists like to argue), reproductive bodies also matter *in themselves*. As Margaret Lock (1993, p. 136) once stated, 'The question of the body requires more than reconciling theory with practice. It brings with it the difficulty of people both having and being bodies'. This, I have argued in this paper, is especially the case in the domain of reproduction – as it is not only inherently social, but also intimately material.

The conclusions that can be drawn from the Gbigbil pregnancy pragmatics described in this paper thus nuance some of the insights that dominate the existing (and growing) body of literature on reproductive politics and stratification. I have shown that women may have more agency in relation to existing (bio)political forces than is often suggested (since the management of their 'bellies' can happen beyond the gaze of men and medicine), while their material bodies may pose certain limits that have often been ignored in the existing literature. Only a detailed investigation of both social and material dynamics can unveil the complexities of women's reproductive agency in a world full of unpredictable forces.

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<sup>i</sup> There are a few sources, however, that show the possibility for female revolt within this patriarchal order. Not surprisingly, the rebellious acts that these sources describe mainly centre upon women’s sexuality and childbearing activities (Ardener 1973; Barbier 1985; Copet-Rougier 1985).

<sup>ii</sup> Apart from the national public health system, Cameroon’s sanitary map includes health establishments of the (Catholic and Protestant) confessional sector, as well as numerous private clinics. While the services and programs in these establishments mostly reflect the ones implemented in state institutions, faith-based clinics in particular remain reluctant to provide family planning services.

<sup>iii</sup> Section 337 of the Cameroonian Penal Code prohibits abortion at all times except when a pregnancy results from rape or endangers a woman’s life.

<sup>iv</sup> In this light, it is not surprising that, despite the insistence of the local doctor, Gbigbil women do not attend prenatal consultations in the first few months of pregnancy. For them, having to reveal an early pregnancy in a public space does not *reduce* risks – as the medical discourse has it – but rather *increases* them.