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Navigating reproductive losses

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Pregnancy loss is a ubiquitous phenomenon. Although rates of loss are known to vary by locale, it is estimated that, on average, at least 15% of all clinically recognized pregnancies end in miscarriage and approximately one in 50 fetuses are stillborn (Rai and Regan 2006; Regan and Rai 2000). There is a widespread medical understanding that the chances of miscarriage increase with age and experiencing one pregnancy disruption augments the risk of subsequent losses (Bhattacharya et al. 2010; Brigham et al. 1999; Heinonen and Kirkinen 2000). Furthermore, women in all times and places have, for any number of reasons, felt the need to terminate their pregnancies. Thus, within a life trajectory that may include multiple pregnancies, women are very likely to experience some form of loss at least once.

Despite their common occurrence, pregnancy losses have long escaped the attention of anthropologists. While in the 1970s and 1980s, the advent of feminism and the subsequent scholarly focus on women’s lives had turned the anthropological gaze towards pregnancy and childbirth, most studies in the emerging field of “the anthropology of birth” (Kay and Kay 1982; Laderman 1987; MacCormack 1982; Sargent 1989) constructed rather normative and coherent accounts of birthing systems, connecting pregnancy-related customs, taboos, and rituals to underlying cultural patterns. Non-normative and culturally marginalized events like pregnancy losses were often overlooked—or, at most, touched upon briefly or indirectly (see Homans 1982; Newman and Nyce 1985; Shostak 1981).

It was not until the 1990s that anthropologists—influenced by Foucault, feminism, and an emerging global health discourse highlighting reproductive choice and rights—started paying greater attention to previously neglected subjects, discourses, contestations, and politics in the field of reproduction (Han 2018; Van Hollen 1994). This shift in paradigm and focus also turned pregnancy loss into an explicit topic of investigation. Rosanne Cecil’s book *The Anthropology of Pregnancy Loss* (1996) was the first volume specifically devoted to the topic; it concluded the meanings and management of pregnancy loss vary both over time and across cultures and called for further comparative research on the subject. Over the last 25 years, anthropologists working in a variety of settings have answered this call and uncovered many previously untouched themes and unheard voices in the process. Together, they have contributed to the understanding that pregnancy losses as well as other forms of reproductive loss—such as perinatal, infant and child death, or primary and secondary infertility—are not only highly significant events in...
many people’s lives, but also provide us with “a powerful lens […] for illuminating many other important dimensions of contemporary culture” (Layne 2003: 26).

In this chapter, I review some key issues that these studies have illuminated. I will highlight a number of recurrent themes—relating to the content, causes, and consequences of reproductive loss—and show that the cultural constructions of these matters are generally diverse and pervaded by ambiguity. In the second part of this chapter, I will provide a conceptual framework that allows us to untangle the ways that people navigate such complexities and ambiguities around reproductive loss—whatever these may be in their particular cultural environment. While I will illustrate the dynamics of this “reproductive navigation” by drawing on my field data from eastern Cameroon—and the story of one informant in particular—I will draw conclusions that have the potentiality to transcend geographical and cultural borders. This lens for studying reproductive loss, I argue then, advances the anthropology of reproduction, and anthropology more generally.

**Multiple meanings and blurred boundaries**

Just like reproduction more generally, reproductive losses are “always embedded within larger social, cultural, economic and political relations and forces” (Inhorn 2007: 10). Anthropologists have revealed the multiple ways in which individual experiences of loss intersect with people’s gendered, marital, familial, and spiritual experiences in daily life, as well as with broader legal, economic, and political constellations—all of which are constantly in flux. As a result, the meanings, experiences, and consequences of reproductive loss are highly particular and contingent; it is difficult to come to any cross-cultural comparison or categorization (De Kok et al. 2010; Earle et al. 2008, 2012; Kuberska and Turner 2019; Rowe and Hawkey 2020). Acknowledging diversity does not mean, however, that we cannot look for some common ground. In this section, I single out three general patterns that underlie the particularities and pluralities found across the globe, and I reflect on what this means for our anthropological understanding of reproductive loss as a topic of investigation.

First of all, the meanings that people attribute to reproductive loss are often intertwined with cultural constructions of what has been lost. Anthropologists have shown embryos and fetuses are not only biological but also social and cultural beings, which, due to their liminal status, may be surrounded by different interpretations and imaginaries (Han et al. 2018). These cultural constructions are subject to change along with societal transformations, technological advances, and political processes (Franklin 2006; Kaufman and Morgan 2005; Morgan 2009; Rapp 1999; Taylor 2008). When reproduction goes awry, people may therefore draw on a diverse and dynamic repertoire of representations. Interpretations of pregnancy loss may range from the expulsion of blood, water, dirt, “a piece of meat,” a collection of cells, or any other “matter out of place” (Cecil 1996; Kilshaw 2017; Littlewood 1999; Murphy and Philpin 2010) to the death of a developing baby (Layne 2000, 2003), a “provisional person” (Shaw 2013), or a spiritual being (Kilshaw et al. 2017). Losses occurring after birth have also been shown to evoke diverse cultural framings of the ontological status of the newborn or infant (Einarsdóttir 2000; Gottlieb 2004; Scheper-Hughes 1992). When trying to make sense of their reproductive loss, people may use different—sometimes seemingly contradictory—interpretations simultaneously or foreground one or the other, depending on the circumstances.

Such local interpretations, and the creative use thereof, often call into question distinctions between different forms of reproductive loss. A common division in Western thinking is a time-based one distinguishing “miscarriages” (of an embryo or unviable fetus early in pregnancy) from “stillbirths” (of a potentially viable fetus in the later stages of pregnancy), and separat-
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ing neonatal, infant, and child deaths based on the time spent alive outside of the uterus. This chronological rationale is, however, at odds with the fluid understandings and classifications of loss that can be found in many different settings, among laypeople and also medical professionals (Christou et al. 2019; Hamid et al. 2014; Haws et al. 2010). In some cultures, local categories of loss may even be totally unrelated to the linear process of fetal development, but rather hinge on non-time-based criteria such as the physical strength of a woman’s blood or body (Bledsoe 2002; Van der Sijpt 2010). Various anthropologists have therefore proposed to move away from pre-defined distinctions and categorizations of loss and instead cast a wide net to capture a broad range of local connotations and blurry boundaries (Bledsoe and Scherrer 2007; Earle et al. 2012; Jenkins and Inhorn 2003; Van der Sijpt 2018a).

Second, the meanings of reproductive loss are often informed by beliefs about its causation. Medically, the exact mechanism underlying reproductive loss is often far from clear-cut; culturally, etiological interpretations can be very diverse. They may include naturalistic and personalistic understandings of causation (Foster 1976), ranging from physical movements, stress, wrong food consumption, and medical problems to the intergenerational transmission of sin, spiritual forces such as witchcraft and the evil eye, or God’s will (Cecil 1996; Chapman 2003; Kilshaw et al. 2017; Rice 2000; Van der Sijpt and Notermans 2010). Like embryological notions, such etiological interpretations of reproductive loss are often complex, fluid, and possibly contradictory. People may use them pragmatically depending on their stakes and the surrounding situation.

Considerations of causality may become complicated by moral questions of personal accountability and intentionality. In settings characterized by neoliberal logics of care, where reproduction becomes imbued with a sense of individual responsibility, reproductive loss may engender feelings of personal guilt and self-blame (De Kok 2019; Kilshaw and Borg 2020; Layne 2003). In settings where reproduction is constructed as a woman’s social duty, those who fail to live up to such societal expectations may face suspicions about their own involvement or intentionality in a loss. Women who experience any form of early pregnancy loss have been found to face, and actively try to disprove, accusations of induced abortion (Erviti et al. 2004; Haws et al. 2010; Van der Sijpt 2018b). Yet, at the same time, various anthropologists have shown that questions of intentionality around reproductive loss cannot always be unambiguously answered—not by outsiders or by women themselves. In some situations, the boundaries between unintended and intended reproductive loss—that is, between “spontaneous” and “induced” abortions, between “child death” and “infanticide”; between “voluntary” and “involuntary” childlessness—may be blurred (Chapman 2003; Kleiner-Bosaller 1993; Koster 2010; Letherby 1999; Renne 1996; Scheper-Hughes 1992; Suh 2014; Van der Sijpt 2018a). Rather than presume what women’s reproductive intentions are, these anthropologists propose to examine and situate them, and to investigate how the question of accountability can in fact become a matter of negotiation when reproduction goes awry.

Third, reproductive loss acquires meaning in relation to the existing possibilities for remedying its consequences. Western settings especially have recently witnessed an upsurge in public spaces for coping with and commemorating reproductive loss. Over the last decades, the rapid growth of pregnancy loss support movements has actively reshaped the meanings of early reproductive loss (Kilshaw and Borg 2020; Layne 2003; Van der Sijpt 2017). Rituals of commemoration of the dead fetus or child have also gained prominence, and scholarly attention, in several contexts (Gammeltoft 2010; Hardacre 1999; Moskowitz 2001; Smith 2013; Van der Sijpt 2018b). Some of these rituals also address implicit feelings of guilt, as they aim to soothe or appease the spirit of the deceased baby(-to-be). In other contexts, the absence of such social spaces and possibilities can produce frustration and emotional pain in those who experience their reproductive
mishap as an important life event (Tseng et al. 2018); however, it may also reflect a generally perceived insignificance of reproductive loss.

Indeed, the consequences of reproductive loss are both conditional and culturally circumscribed. As some anthropologists have pointed out, people’s sense of disruption is highly contingent; it depends on their understanding of what is natural, normal, or expected, and those understandings vary over time and situations (Bledsoe and Scherrer 2007; Jenkins and Inhorn 2003; Rowe and Hawkey 2020). Reproductive losses may at certain moments or in certain situations be considered more or less a disruption, a pathology, and a consequential event. It is for this reason that some scholars have criticized terms like reproductive “disruption,” “mishap,” or “loss” for their connotations of disturbance, abnormality, and eventfulness. In my own work, I have proposed to use the more neutral term of “reproductive interruption” instead (Van der Sijpt 2018a).

Anthropological studies from across the globe, then, have shown that reproductive losses may raise ontological, etiological, and moral questions and that these questions often lack clear answers. The presence of multiple meanings and blurred boundaries shrouds reproductive loss in ambiguity. Tension and friction may be the result (Kuberska and Turner 2019). This undoubtedly makes the experience of reproductive loss a challenging one for many women in different cultural settings, but ambiguity, for all the uncertainty and tension it implies, may also create opportunities. In the next section, I will propose a theoretical framework that allows unraveling how women deal with, and find direction amidst, the indeterminacy arising around their reproductive losses.

**Reproductive navigation**

Drawing on a growing understanding of reproduction as a domain “in which people reconceptualize and reorganize the world in which they live” (Van Hollen 2003: 5), I see instances of reproductive loss as specific moments of reorientation as well. Whether women unexpectedly lose an embryo or fetus, decide to abort a pregnancy, face the death of their baby, or fail to conceive when they want to become a mother, they all see their previously imagined reproductive trajectories suddenly diverted. These reproductive incidents never occur in a vacuum; their happening conjoins with particular manifestations of sociocultural and material structures. Together, the reproductive happenings and the surrounding conditions constitute a “conjuncture”—of shorter or longer duration—in which one’s reproductive trajectory is left hanging in the balance (Johnson-Hanks 2006; Johnson-Hanks et al. 2011). In such critical periods, both the present and the imagined future are liable—but not necessarily subject—to transformation.

Marked by indeterminacy, ambiguity, and potentiality, the conjunctures around reproductive loss demand what I propose to call “reproductive navigation”: the pragmatic directing of one’s reproductive life through uncertain and constantly changing circumstances. My understanding of the notion is inspired by the conceptual work of Henrik Vigh (2006, 2009), who argues that navigation entails “a flexible and adaptive practice constantly attuned to the movement of the environment people’s lives are set in” (2009: 423). As much as this adaptive practice is actuated by encountered immediacies, it is inspired by people’s understanding of the future—their goals and imagined life trajectories as well as their anticipation of the (largely unpredictable) movement of social forces over time.

Navigating the conjunctures around reproductive loss, then, means maneuvering through the possibilities and constraints posed by the social and material conditions at that moment. It also means reconsidering one’s reproductive aspirations, plotting trajectories toward imaginable potential futures, and adapting those trajectories in the context of continuously shifting cir-
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Cumstances. Personal accounts and actions around loss may thus be pragmatically adapted as the wider context changes. Depending on the trajectory eventually explored, reproductive conjunctures can become turning points that imply a serious change of direction in people’s reproductive lives. Not every reproductive conjuncture necessarily generates major shifts, however. Some are truly transformative; others end with a restoration of the status quo ante. Retrospectively, the reproductive losses that constituted their core can be seen as life-changing events or just downplayed as featureless non-events. Either way, once a potential trajectory actualizes itself and brings along a stable (re)imagination of one’s future, the reproductive conjuncture has passed.

Conceptualizing reproductive losses as parts of conjunctures requiring navigation has several empirical and analytical advantages. It allows an intimate look at the cultural complexities and ambiguities surrounding loss in particular settings and the inventive ways in which women move through them—evaluating shifts in specific social and material circumstances, pragmatically seizing the opportunities offered by the moment, and adjusting their aspirations for the future. It also helps in discerning how the practices around different reproductive losses are socially and materially patterned. Despite their uniqueness, reproductive conjunctures share some common ground: They all lead women to reconsider their previous reproductive pathways and ambitions. This is so even if nothing really changes in the end and a reproductive loss becomes a non-event. Comparing different reproductive conjunctures, then, allows tracing some general features at play in this process of reconsideration. These general features can advance our understanding of how decisions and directions are taken when reproduction goes awry—whatever the cultural and contextual specifics.

In what follows, I will illustrate the dynamics of this reproductive navigation by drawing on my own field data from eastern Cameroon, where I investigated women’s experiences with various forms of reproductive loss over 15 months between 2004 and 2009. In the small village where I conducted my anthropological fieldwork—inhabited by about a thousand Gbigbil people—reproduction was a central but contested affair. Contrary to the norm according to which bride-price exchanges should secure conjugal arrangements, childbearing commitments, and patrilineal descent, the so-called “marital” affairs in which babies were conceived and borne were often highly unstable and unconsolidated by any transactions in the context of an enduring economic crisis (Guyer 1986; Johnson-Hanks 2006; Meekers and Calvès 1997). Consequently, many marriages were informal unions of a man and a woman living, eating, and sleeping together. Such relationships could eventually become formalized if men showed (financial) responsibility and if women proved to be fertile, but not necessarily so. They could also relatively easily be dissolved, replaced, or complemented by another one, given the widespread practice of polygyny and the multiple sexual relationships that both men and women generally engaged in (Liboko Ndabanga 2001; Njikam Savage 1998).

Within this setting, conceiving a pregnancy could thus be an important strategy for a woman to convince a particular partner of her worth and of the need to initiate more serious marital exchanges, but it would not always have that effect (Calvès and Meekers 1997). Nor would a pregnancy always be explicitly wanted. Faced with marital uncertainty, but also with other attractive imaginable futures—centered around money, consumer goods, physical beauty, and close connections with urbanites—many women refused to get pregnant or to carry their pregnancies to term at some points in their lives.3 Their reproductive desires were highly temporal (i.e., a pregnancy might be initially wanted and unwanted afterward, or vice versa), contradictory (i.e., a pregnancy might be wanted for one purpose and not for another), and situational (i.e., a pregnancy might be wanted with one man and unwanted with another).

It is within these dynamics of fragile conjugal arrangements and multiple personal aspirations that we should understand the local meanings and management of reproductive loss. The story
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of a young Gbigbil woman, who I call Sophie, will provide empirical insights into the dynamics evolving around two miscarriages. While particular, these dynamics also reveal some features that surfaced in the stories of many others, and that will form the starting point for a more general discussion of reproductive navigation as a conceptual lens.

A case from Cameroon

When I first met Sophie, she had temporarily come to live with her mother next to my house in the Gbigbil village where I was conducting fieldwork. She felt unwell after her recent miscarriage and claimed to need some rest. As our friendship grew over many cups of tea, so did my understanding of her life and the different conjunctures that had marked her reproductive trajectory.

Sophie had been born, some 27 years before, as the third daughter of the fourth wife of her father. A relatively rich and influential man in the village, her father had had the financial means and ambition to get his youngest daughters properly instructed. Sophie therefore attended high school in different cities and had come to imagine herself as a future typist. This ambition was so strong that she decided to pursue it even when she discovered herself pregnant for the first time; supported by her family, she declined the marriage proposal of her lover and arranged for her grandmother to take care of her daughter. The “proof” of her fertility had, however, raised the interest of another man in town, Alain, who eventually became her husband. Desperately longing for children—as he was the only son of his mother and had no descendants from his previous marriages—Alain and his parents quickly transferred the traditional gifts to her family as soon as Sophie conceived. The initial abortion attempts of the then 18-year-old Sophie, who considered herself too young to bear a second child, were of no avail. Eventually, Alain convinced her to keep the pregnancy and to consider the newly consolidated marriage as a good arrangement for both of them: Working as a teacher, he could satisfy her needs with his financial capital, while she could satisfy his and his parents’ desire for children with her childbearing potential. Sophie’s parents subscribed to this interpretation, especially since her father had become seriously ill and incapable of financially supporting her urban trajectory. Sophie moved in with Alain, delivered a second daughter, and—committed to her new position as the wife of a promising partner—conceived soon afterward. She miscarried after two months, which she said was caused by the “women’s worm,” an affliction that is biomedically unknown, but locally recognized as a common cause of early pregnancy loss.

My miscarriage was caused by the women’s worm that often roams in the lower abdomen. It started biting me when I was already pregnant for two months. When I wanted to urinate, I saw some spots of blood. Although my aunt gave me some barks [of a medicinal tree] to stop the bleeding, it did not help because the worm was alive. I had to kill it first. I went to the hospital to ask if the mectizan medicine that we should take would only kill simple worms. They told me that it even kills the women’s worm. I decided to take this and it killed the worm. The same month I got pregnant again.

My husband was angry when he heard that I miscarried. He thought it was me who had tried to abort this pregnancy. I told him, “No, of course I know the methods, but I could never do that. It is a worm.” I also told this to his family members who asked me about the cause. And then they saw it themselves, because I got pregnant immediately after I took the mectizan. That’s what they wanted. In the end, they didn’t consider it too much, since it was a pregnancy of two months that contains only water.
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Her next pregnancy, bringing another daughter, was gladly received by Alain and his parents. They even made plans to finalize the bride-price payments and formalize the union at the municipality—an attractive prospect that encouraged Sophie to conceive again. It was during this fourth pregnancy, however, that she discovered Alain was having an extramarital affair with a woman who even claimed to have borne a son in that relationship. Sophie’s connection with her husband deteriorated to the extent that he denied being the father of her unborn child. Left without any positive prospects, Sophie tried to abort, but failed again. After her female relatives and friends convinced her to keep the pregnancy, she gave birth to a fourth daughter right when her new co-wife moved into the house.

The many fights between the co-wives made Sophie repeatedly flee to her mother and sisters in the village. They allowed Sophie some space to rest, but also insisted on her eventual return to what appeared nevertheless to be a promising partner. A quick reconciliation was also warranted since her mother was herself trapped in a precarious situation: She had recently lost her husband and lived with her own kin again after having been chased away by her co-wives’ sons. A “burden” for her family, Sophie’s mother tried to keep the presence of her daughters minimal and temporary. Anticipating an unpreventable return to her husband, Sophie started taking contraceptive injections, but she got pregnant again when she missed a follow-up consult. Within this context of conjugal turmoil, Sophie had another miscarriage, which she experienced as much more painful than the first one. Asked to compare the two events, she said:

There is really a difference. Because the first time, we found out [about the cause], we treated it, and it cured me. I never encountered the problem again. Well, this time, even until now, I still feel the pain. And it remains very warm inside. I don’t know. Doctors say it is typhoid. But why doesn’t it go away if I take the proper medication? And look, when I am here in the village, far from my husband and that woman, the situation tends to improve. But when I get back to the city, to my house, problems worsen again. […] So, I would like to finish the investigations in the hospital. And then, I will go and see ahead. Because she [her co-wife] practices [witchcraft] day and night and she succeeds in it. And I only practice during the day. So, I want to go to a [traditional healer]. They will tell me everything. Everything that she is doing. No, [I will] not go back into this marriage. I only want my health.

The healer confirmed that Sophie’s competitor had charmed her husband and practiced witchcraft to destroy Sophie’s fertility and conjugal future. She gave Sophie remedies to restore her childbearing capacity, to make the co-wife’s harmful remedies affect the co-wife herself, and to make her husband listen to her again. It represented a turning point in Sophie’s illness episode. One year later, I found her in town again, living with her daughters in a small apartment paid for by Alain. She proudly related that indeed, her physical ailments had disappeared, her co-wife had remained childless, and her husband seemed more interested in her. He had even proposed to try to have another baby. As her stakes and situation had shifted, Sophie was now hopeful that a new pregnancy would enable her to regain her position as a first wife in Alain’s house and might even make her co-wife leave—after which she would want to re-embark on the educational path towards the typist career she had long dreamt of.

Ambiguities analyzed

Sophie’s story illustrates not only that her reproductive desires and directions constantly shifted, but also that this trajectory was generally marked by ambivalence and indeterminacy. Her two
reproductive losses in particular opened a space of ambiguity demanding explicit navigation. Zooming in on both conjunctures reveals the nature of these ambiguities and of Sophie’s responses to them.

The first miscarriage happened when Sophie was still consolidating a marriage that she had initially not desired, but had come to appreciate as her husband and in-laws seemed willing to commit financially and offer her a promising future in the city, exactly when her sick father was no longer able to do that. Her earlier ambivalence and abortion attempts had, however, not gone unnoticed by Alain and his parents, who now suspected Sophie of having provoked this sudden loss herself. Such distrustful interactions between in-laws and newly arriving daughters-in-law are common in eastern Cameroon (Copet-Rougier 1985; de Thé 1970; Houseman 1988) and become exacerbated when traditional gifts have been transferred, but a woman’s reproductive commitments or outcomes appear low. In this context of heightened ambiguity and distrust, Sophie minimized the content, cause, and consequences of her loss. She was able to do so by selectively tapping into a vast local repertoire of embryological and etiological notions. Presenting the incident as the loss of “only water” due to the random workings of a “women’s worm” allowed her to dismiss the loss as uneventful. With her subsequent quest for treatment, she reassured her husband and in-laws of her innocence and good intentions; when it turned out to be successful, the incident was soon disregarded. The marital pathway that Sophie had embarked upon remained intact.

The second miscarriage occurred in a completely different situation, as conjugal conflicts and competition had arisen. At a moment when Sophie was already unsure about her marital and reproductive goals and found herself roaming between her conjugal and maternal homes, this loss triggered a process of explicit reconsideration and reorientation. The etiological and embryological notions she deployed in the process made this incident much more consequential: Now, what was lost was not just “water,” but possibly her entire childbearing capacity, under siege by an ill-intentioned co-wife with supernatural powers. Medical treatments were no longer sufficient to remedy the situation, but had to be complemented with supernatural counterattacks. This interpretation of the content, cause, and consequences of her loss—so different from the previous one—allowed Sophie to publicly denounce (rather than minimize) her insecure marital situation and to reassess (rather than maintain) her aspirations for the future. This consequential event left her marital and reproductive trajectory hanging in the balance. Only when certain conditions—related to her physical health, her husband’s intentions, her co-wife’s reproductive status, and her mother’s living arrangement—aligned was a future with Alain again imaginable as the most appropriate way out of this conjuncture.

The in-depth analysis of Sophie’s two reproductive losses shows that her experiences and explanations are situational and flexibly draw on a large repertoire of possible interpretations. As circumstances shifted, so did the perceived content, causes, and consequences of loss—and, thereby, Sophie’s somatic experiences and modes of action. This contingency characterized all other reproductive conjunctures I studied in Cameroon and was also highlighted by other anthropologists who discovered multiple meanings, blurry boundaries, and diverse effects of reproductive loss in different cultural settings. The notion of reproductive navigation, attending to exactly the interplay between constantly changing actions and environments, allows us to further explore the nature of this contingency. Going beyond acknowledging the multiplicity of options around loss, it makes us wonder how the particular options that women like Sophie explore may be intertwined with (their position vis-à-vis) the structures that surround them at the moment of loss. In other words, it allows us to unravel possible patterns in the ways women reconsider and redirect their reproductive trajectories when facing unexpected conjunctures. Indeed, the options that Sophie and other Gbigbil women had were diverse, but not endless,
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and always circumscribed by a number of social and material configurations. In the following, I present a number of significant interrelationships underlying the reproductive navigation of these Gbigbil women.

First, women’s reproductive options and decisions were affected by their position in a wider kinship network. It mattered whether they were born first or last and whether they had few or many siblings. Those among the first or few children of their parents were more likely to have their relatives involved in their reproductive affairs. As first or single daughters were highly valued for the bride-price they could bring to the family, their relatives often pressured them into marriage and motherhood from a young age and actively interfered in case of reproductive problems to ensure (the possibility of) matrimonial transactions. By contrast, those preceded by many older sisters—marrying and bearing children before them—faced less familial pressure and involvement. This was the case for Sophie who, as the third child of the fourth wife of her father, was initially offered the freedom to pursue an urban career while postponing marriage and motherhood. When she faced relational and reproductive problems, her relatives did not interfere much, but supported her decisions instead. This position offered Sophie room to negotiate different interpretations of marriage, reproduction, and loss at various moments in her life.

Second, women’s navigational options were intertwined with their marital positions. Especially when a partner (and his relatives) had already recognized paternity and showed financial commitment, the options of (continued) marriage and (future) motherhood would likely figure as prominent horizons after loss, and women would adjust their interpretations and actions accordingly. When signs of commitment were absent, however, reproductive losses would more likely become turning points involving negotiation and reconsideration of future pathways. Such dynamics were often exacerbated by the presence of co-wives, who were generally considered a threat to continued reproduction (Feldman-Savelsberg 1999; Notermans 1999; Oppong et al. 2019). Reproductive losses occurring in a context of female competition were therefore surrounded by more contestation and reassessment of reproductive aspirations. Sophie’s story was a clear case in point.

Third, the options women had to give meaning and direction to reproductive loss also hinged on their past reproductive trajectories and their resulting social and physical status. The absence of (many) children and/or a social status as a mother allowed young women like Sophie to consider options unrelated to maternity—such as education, employment, or commerce—after the loss of one of their first pregnancies. Yet, as women’s childbearing record grew, so would the saliency of marriage and motherhood as aspirations directing their reproductive navigation after loss. Additionally, the physical toll taken by past reproductive happenings, and particularly reproductive losses, could make women feel weakened, “old,” and unable to flexibly seize any alternative opportunities (Van der Sijpt 2010). Sophie, for instance, felt she first needed to address the enduring physical complaints after her second miscarriage before being able to plot any future trajectory. Reproductive navigation, then, was always circumscribed by women’s physical state as well. The material body would not only enable or constrain
navigation, but—unpredictable as it tends to be in reproductive affairs—often needed to be navigated itself as well. This bodily navigation was always dialectically related to social navigation as women tried to align their capricious reproductive bodies with their social projects. It is only when we acknowledge this interplay of social and material circumstances that we can come to fully understand mechanisms of navigation around reproductive loss—in Cameroon and possibly elsewhere.

### Conclusion

Reproductive losses are often ambiguous events. Within any given culture, there may be multiple and possibly contradicting interpretations of what was lost, why that was lost, and how to remedy such a loss. Over the last 25 years, anthropologists have increasingly shed light on this diversity and argued that we should not presume or try to categorize experiences of reproductive loss, but instead investigate and situate them within their particular contexts.

In this chapter, I have given the ambiguity of reproductive loss its due and proposed a theoretical framework for further unraveling how women maneuver through the resulting indeterminacy. I have argued that ambiguity sometimes offers opportunities: As ontological, etiological, and moral questions around loss do not have clear-cut answers, women may foreground different interpretations and flexibly adapt them to the social and material situations at hand. The notion of “reproductive navigation” allows us to unravel these contingencies and to show how the perceived content, causes, and consequences of loss shift as circumstances change.

But the notion also offers a fruitful starting point for the discovery of mechanisms of reproductive maneuvering that transcend individual and even cultural particularities. Assuming that all reproductive losses imply a process of explicit reorientation and that this process is always intertwined with wider social and material configurations, the concept could prove useful for the analysis of the management of reproductive loss in any local context. Socialities and physicalities can be expected to figure in reproductive conjunctures of all times and places—even if they take different forms and shapes in different localities. The conceptualization of reproductive maneuvering proposed here, while remaining sensitive to local variation, thus allows for cross-contextual application.

It is this possibility of highlighting both particularities and patterns that makes the focus on “navigation” a promising avenue for future anthropological scholarship—on loss, reproduction, or any other phenomenon. On the one hand, it offers a solid base for moving away from the linear trajectories and clear-cut categorizations depicted in earlier anthropological work; highlighting the contingency of people’s actions and aspirations, it shows how such trajectories and categories are never given but continuously negotiated. On the other hand, it substantiates the more recent anthropological recognition of ambiguity and contingency by illuminating not only how but also why—and guided by which social and material configurations—people may alter their actions and aspirations. Such questions are important to ask not only in the anthropological study of reproduction, but even beyond.

### Notes

1 Although the wide-ranging estimates for rates of pregnancy loss may be attributed to different measuring methods and the fact that many losses occur imperceptibly (Macklon, Geraedts, and Fauser 2002), pregnancy loss as a biological event is also liable to local variations and frequencies. Thus, Margaret Lock’s (1993) notion of “local biologies” may be more relevant than general estimates that either overlook or incorporate all local rates of loss.

2 Throughout this chapter, the term “reproductive loss” refers to this wide range of events.
3 Abortions were commonly induced despite condemnation by local pronatalist discourses, religious institutions (of various Christian denominations), and the national abortion law (with section 337 prohibiting abortion except when a pregnancy results from rape or endangers a woman’s life).

4 Mectizan® was freely distributed via onchocerciasis and lymphatic filariasis control programs, with the message that it should be taken “to kill worms.”

5 The presence of biological children did not necessarily imply social motherhood, nor did their absence preclude the identification as a mother.

References


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