Introduction: Fertility and the Politics of Identity in Cameroon

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Introduction

Fertility and the Politics of Identity in Cameroon

Fertility and reproductive health are intimate, physical matters. They are also deeply gendered, social matters, involving men and women and eliciting intense interest from the surrounding kin, community, and state. This book is an anthropological study of procreation imagery and of women’s concerns with reproduction in Africa. It is about the symbolic language of food and fertility that expresses women’s fears of infertility in a specific locale. It is also, more generally, about gender, modernity, and struggles over cultural identity.

These broad connections lead us away from single-hypothesis explanations in medical anthropology, while underscoring the relevance of medical anthropology to other anthropological specializations. Such insights regarding the mutually constituted nature of social life and idioms of affliction, however, remain empty polemic when separated from rich ethnography. The message of this book is therefore grounded in a particular setting, the Bamiléké kingdom of Bangangté in the west-central African country of Cameroon.

Bangangté is one of the five most prominent of some hundred Bamiléké kingdoms in the lush, densely populated highland Grassfields region spanning the West and Northwest Provinces of Cameroon. Over nine decades it has provided both food and personnel (laborers, merchants, taxi drivers, and scholars) for the development of Cameroon’s cities and agribusinesses. But back home, “au village” or “in the village” (as Bamiléké refer to the kingdoms, towns, and hamlets of the Western Province), this agricultural and demographic wealth is lost in a cloud of existential worries and a rhetoric of complaint.

The people of Bangangté, especially Bangangté women, seem preoccupied with threats to their reproductive health. I first arrived in Bangangté planning to do research on medical pluralism, to explore how Bangangté patients and health professionals managed the enormous variety of indigenous and cosmopolitan health-care alternatives. During the
1980s, the people I lived with and visited instead told me hair-raising stories of babies stolen from their mothers’ wombs, of plugged fallopian tubes, and of infant deaths. They lamented that the royal household had too few children. Their concerns about their own ability to have descendants, and the future of their kingdom in the face of population decline, seemed paradoxical. Standard demographic indicators suggested that the Bamiléké people are among those with the highest birthrate in Cameroon.² What was it about the meaning rural Bangangté women gave to their experiences that led them to be so anxious about infertility? As I investigated women’s expressions about infertility and threats to procreation I discovered indigenous conceptions of fertility and vitality linked to a strong king (mfen in the local language; referred to as fon throughout the English-speaking Western Grassfields),³ of illness, vulnerability and decline exacerbated by the loss of political autonomy, and of the close relation among cooking, feeding, and procreation in Bangangté cosmology.

Using the same idioms of food, cooking, and provisioning to talk about both phenomena, Bangangté cosmology links women’s human reproduction and royal social reproduction. But royal social reproduction does not occur smoothly; the position of Grassfields kingdoms in relation to the Cameroonian state is currently in flux. The particularities of Bangangté highlight the ways that women’s complaints about the apparently physical matters of fertility are conditioned by and also comment upon political, social, and economic change. This message emerges from a specific setting but applies broadly to societies as diverse as the Gambia (Bledsoe 1997), Egypt (Inhorn 1994a, 1996), Madagascar (Feeley-Harnik 1995), Benin (Sargent 1982, 1989), Congo (formerly Zaire) (Devisch 1993), China (Greenhalgh 1994; L. Handwerker 1995), Italy (Kertzer 1993), the United States (Becker 1994; Sandelowski 1993), or England (Strathern 1992).

Fertility and Infertility Studies:
Demography and Phenomenology

This focus on complex connections is gaining ever greater attention in work on fertility in anthropological demography, and on infertility in medical anthropology. Building upon insights from social theory regarding agency and structure (Giddens 1976), and from feminist anthropology regarding the politics of reproduction (Handwerker 1990; Rapp and Ginsburg 1991), Susan Greenhalgh has called for a multidisciplinary “political economy of fertility” (1990, 1995). Her approach draws heavily on anthropological concepts and methodology to examine the relation among fertility, gender, and “the political-economic dimensions of social and cultural
organization” (1990:95), of which gender itself is a “pervasive force” (1995:24). Demographers working in Africa are ever more mindful of social, cultural, and economic change, largely in an attempt to explain the relative (and anomalous) stability of high fertility in sub-Saharan Africa. The Caldwells suggest that, in many sub-Saharan African societies, belief in the efficacy of ancestors to dispense fortune and misfortune and the importance of extended kin relations support high fertility (Caldwell and Caldwell 1987). Frank and McNicoll describe high fertility as a strategy women use to ensure access to land and labor within the context of marriage, bridewealth, inheritance, and land tenure institutions (1987:11). Economic insecurity may erode these social institutions as well as eroding women’s motivations to maintain a strategy of high fertility (Price 1996).

In a study of contraceptive use in the Gambia, Bledsoe finds that, surprisingly, reproductive mishaps (e.g., miscarriages, stillbirths) are often followed by periods of contraceptive use (1997). This look at anomalous cases of subfertility and contraception “out of place and time” uncovered previously uncharted territories of women’s knowledge regarding their bodies, reproductive capacity, and aging. What is it about the meaning and experience of these reproductive mishaps for individual women that leads to these aggregate results of higher contraceptive use? The insights of work in medical anthropology on the meaning of infertility point toward an answer, even though most of this literature is based on the experiences of women in low-fertility, high-technology societies.

Studies of infertility in medical anthropology emphasize the effects that infertility has on the lives of infertile men and women. They use infertility as a tool to reveal the dynamics of gender inequality and family life (Inhorn 1996), notions of success and failure (Becker 1994), and cultural conceptions of kinship (Modell 1989). Infertility allows anthropologists to examine how people make sense out of unexpected, unfortunate events, manage the fragmentation of experience associated with perinatal loss (Layne 1992) and prenatal diagnosis of disability (e.g., Rapp 1988, 1993), and respond culturally to the “never enough” quality of conception-assisting new reproductive technologies (Sandelowski 1991, 1993).

A Cameroonian Rhetoric of Misfortune

This book builds upon these two bodies of work by examining how a rhetoric of misfortune and a culturally specific symbolism of procreation are tied to socially structured experience. It investigates how women use infertility symbolically to comment on their lives and how they struggle, through an idiom of infertility, to find a language that gives meaning and makes comprehensible the ways their lives are affected by social change.
These women enact concepts of personhood, social status, and cultural identity through their tales of reproductive threats and through their quest for fertility. In so doing, they draw upon a symbolic repertoire of procreation imagery focused on metaphors of the kitchen and cooking. These metaphors, elements of which are common to several central and east African societies (de Boeck 1995; de Heusch 1980; Devisch 1993; Douglas 1966; Richards 1956; Weiss 1996), include visions of sex as heat; the womb as hearth or cooking pot; ova, sperm, and blood as ingredients; gestation as cooking and stirring the pot; and birth as serving a meal. The imagery of marriage refers to the kitchen, simultaneously a physical and metaphoric locale that draws the wife inside the husband’s village, kin group, and compound. The term for marriage is cooking inside, as the wife’s marital duties are to grow crops and cook food for her family while metaphorically “cooking” babies within the bounds of the nuptial kitchen.

Understanding this culinary symbolism of procreation in Bangangté is essential to solving the puzzle of the fear of infertility in an area of high fertility and to specifying the connection between social structural factors and demographic outcomes. Kinship systems and socioeconomic relationships can only support high fertility if people make demographically relevant decisions influenced by these social structural factors. Human agency is the link between social structure and demographic outcomes (e.g., fertility rates). Human agency is the product of “knowledgeable actors” (Giddens 1976), and their “knowledge” is culture (Sewell 1992). Recent theory in anthropological demography seeks to take culture seriously (e.g., Hammel 1990), but could be advanced by more attention to the content of that culture (Kertzer 1995:47). Thus, an examination of the specific imagery of procreation is an essential step in linking the anthropological demography of high-fertility societies with the concern for personal experience represented in medical anthropological studies of infertility.

During this century, anthropological explorations of the imagery of procreation have been embedded in studies on kinship (e.g., Malinowski 1929), rites of passage (e.g., Richards 1956), and more recently rites of affliction or spirit possession (e.g., Devisch 1993, Boddy 1989). Concern with the broad cultural significance of gender has motivated a reemerging interest in the symbolism of procreation. Martin’s The Woman in the Body (1987), as well as her entertaining article on the romance of the sperm and the egg (1991), deconstruct biomedical metaphors and discourses surrounding reproductive biology. Her work reveals the influence of stereotyped gender roles on the ways American gynecologists (and many of their patients) view women’s bodies and procreation. Delaney’s The Seed and the Soil (1991) relates the imagery of coming-into-being (procreation) to gender definitions, cosmology, and everyday life in a Turkish village. The
most comprehensive book to date on the symbolism of procreation, Delaney asks why human reproduction, and women’s role in it, is so devalued in the Judeo-Christian-Islamic world. Delaney seeks her answer in the symbolic link between men and God as “monogenetic” life-givers and thus critiques the conflation of patriarchy and male dominance in much feminist anthropology as intellectually sloppy (1991:35), a profound if sometimes disputed challenge (see Inhorn 1996:25).

My book on the Bangangté is a contribution to this dialogue on procreation imagery and gender issues. In my attempt to explain Bangangté women’s laments regarding dangers to procreation, I have tried to show the significance of both gender and procreative imagery beyond the confines of compound, kitchen, and birthing in this modern African kingdom. The metaphors of cooking ingredients and stories of plugged fallopian tubes and stolen fetuses evoke cultural typifications, simultaneously providing a framework for action and controlling it (Rasmussen 1995 makes a similar point for the symbolism involved in Tuareg spirit possession). These idioms are not “mere” idioms. The ways people think and talk about procreation can be highly significant in shaping decisions and actions regarding marriage, sex, and childbearing; they influence the therapeutic itineraries people pursue to enhance fertility, for contraception, to treat perceived infertility, and to seek obstetric care. Moreover, these decisions are often statements (or are perceived as statements) regarding the politics of cultural identity. Through the lens of ways of speaking about fertility, childbearing, and population, this book examines how rural Bangangté women, as one (often itself differentiated) voice among many, comment on political and economic change and the impact it has on their lives, health, and fears.

Personal Fate and Cultural Heritage

It becomes increasingly clear that the symbolism of procreation and women’s experience of their bodies are intimately tied up in social relations. In this ethnography, these social relations include both the face-to-face interactions of the relatively small, relatively bounded community of Bangangté, and the larger scale interconnections and events in regional (Grassfields), national (Cameroonian), and international contexts. These grand events and processes affect notions of fertility through a series of filters or relationships; they include the changing power of Grassfields kingships with regard to the Cameroonian state and to capital markets, and the effect of these relationships on women’s lives. Fear of infertility emerges as a recurrent theme in Bangangté discourse, a barometer of anxiety about personal fate, the future of the kingdom and of one’s cultural
heritage, and a barometer of ambivalent response to modernity and cultural imports.

Several questions with broad comparative implications guide my ethnographic description and search for explanation. The first two refer to anxiety about personal fate. First, what makes women sick? What accounts for the distribution of suffering among women? Some Bangangté women may suffer biological infertility or depressed fertility due to changes in male-female relations (e.g., separations due to seasonal and longer-term labor migration, increased incidence of sexually transmitted diseases and secondary infertility) and increased economic and psychological stress. Despite global attention to overpopulation, fertility is fragile. In the high-stress environment of rural Africa, the windows of temporal, social, and biological opportunity to produce healthy children and mothers are easily narrowed, and potential medical problems loom large in women’s consciousness (Bledsoe 1997). This environment is affected by regional and global inequalities, essential elements producing patterns of health, sickness, and infertility in Africa (Cordell and Gregory 1994; Doyal 1979; Feierman and Janzen 1992). For example, historical and geographical research indicates that infertility has increased along routes of labor migration in central Africa (Retel-Laurentin 1974). Bangangté has long been a labor-reserve area, supplying workers for colonial and post-colonial economic development. Nonetheless, in Bangangté infertile women constituted only a small segment of women expressing infertility anxiety in the 1980s. But one group of women, the women of the royal court, while not infertile, seem to have experienced depressed fertility in comparison to other Bangangté women. They had neither as many children as they wanted nor as many as their nonroyal neighbors and compatriots expected. The fecundity of the king’s wives is of great symbolic importance for other Bangangté citizens, and low fertility within the royal family may have contributed to a generalized fear of reproductive failure.

Second, a comparative perspective on the consequences of infertility for women shows that infertility stigmatizes women and can contribute to their impoverishment (Inhorn 1994a, 1994b, 1996). Even if most rural Bangangté women are not infertile, they fear reproductive threats more than men or better-situated women do because the consequences of infertility would be so grave. Infertility disrupts a rural Bangangté woman’s expected life course and denies her the pride and fully adult status of motherhood. In addition, infertility puts women at greater risk of impoverishment in Bangangté, through the changes it initiates in relations between husbands and wives, among cowives, and between divorced women and their natal kin, and through the loss of potential child labor it entails. The stigma and impoverishment associated with infertility has a specific histor-
ical context in Bangangté: the economic crisis and sharpened identity politics of the 1980s and 1990s. Tales of the theft of food from women’s kitchens and children from their wombs permeated Bangangté women’s accounts of dangers to procreation in the 1980s; in the 1990s these accusations of theft implicated the state and commercial elite in stealing the means to health and success via harmful economic policies and new forms of witchcraft (Feldman-Savelsberg 1997; see also Geschiere with Fisiy 1994; Goheen 1996; Rowlands and Warnier 1988). This violent imagery suggests that the grave consequences of infertility find symbolic expression in a particular form of discourse.

Anxiety about personal fate is intimately linked to Bangangté concerns about the future of their kingdom and their cultural heritage. The historical and political-economic context is an essential part of local idioms for reproductive illness (and other problems; see, for example, Farmer 1988). Bangangté women use infertility as an idiom to express other difficulties, regardless of their own fertility. With the language of infertility and the imagery of thieves and witches interfering in the process of baby-making, they discuss social processes they perceive to be just as threatening as infertility itself. Writing on the “body husbandry efforts” of rural Gambian women, Bledsoe points out that high fertility and child survival are social accomplishments, requiring knowledge and skills regarding bodies, time, health, economics, kinship, and ritual life (1997). Bangangté women worry that the social changes rocking contemporary Cameroon are causing these skills to falter, and that threats to fertility may surpass their and their king’s ability to manage those aspects of the physical and social worlds that contribute to reproductive health. For Bangangté women, fertility is a indicator of “things in place” and of “things falling apart” (pace Achebe). Their reproductive fears express local ambivalence regarding the changing place of divine kingships in modern states.

**Divine Kingship**

Like all of the Grassfields kingdoms, Bangangté is a divine kingship. The study of divine kingships in Africa, inspired by Frazer’s *Golden Bough* (1922), has a long history, revealing ongoing attention to indigenous concepts of power, legitimacy, and prosperity (Feeley-Harnik 1985:273). In divine kingships, persons are transformed into the embodiment of kingly office through installation rituals that make the king “strange,” distinct from his subjects (Fortes 1968; Hocart 1936). These rituals often involve fearful images of sacrifice, cannibalism, and incest (Arens and Karp 1989; de Heusch 1982; Kuper 1947; Richards 1939, 1969), as well as nurturing or
provisioning ones (e.g., Bemba sacred hearth and kitchen ceremonies; Richards 1939:48–50). They transform the king into someone who can both participate in and transcend the complexities of social life (Beidelman 1966). These special capacities (Karp 1989) lend the divine king a unique combination of religious and secular authority. But they also make the king’s subjects dependent upon the king’s well-being; in divine kingships, the vulnerability of persons is closely linked to the frailty of polities (Feeley-Harnik 1985:276). Indeed, the myths of regicide in Frazer’s *Golden Bough* portray aging, weakening kings killed by their follower-worshippers and replaced by more vigorous counterparts who could insure the well-being of their subjects.

The kingship retains great symbolic importance in modern Bangangté. Most rural residents are convinced that their health and wealth are dependent upon the health, wealth, and reproductive vigor of the king. Even for highly educated young people, the king and the palace remain a focus of identity, an identity often formed in opposition to a state lacking in confidence, suffering from economic and political crisis (see also Goheen 1996:xii–xiii). Through inheritance of the kingship and initiation into office, the mfen of Bangangté gains sacred, supernatural powers. He embodies royal traditions in himself (e.g., through ingesting “medicines” and specially cooked food), in his relations with kin and subjects, and through rituals.

As Grassfields kingdoms became consolidated during the German (1884–1916) and French (1916–60) colonial periods, the Bangangté monarchy gained power relative to neighboring kingdoms. Nonetheless, the mfen lost his power over the life and death of his subjects, and gradually over more and more aspects of dispute management, economies, and the politicoreligious orientation of Bangangté citizens. During the 1980s it was evident that the incorporation of the local Grassfields polities into a postcolonial state, a global economy, and an increasingly global network of cultural exchange (Hannerz 1987) changed rural women’s position, provided them new opportunities (den Ouden 1980), and created new vulnerabilities and threats to their pride and to their survival.

In the mid-1980s Bangangté society was differentiated not only by levels of traditional title holding but also according to differences in formal education, cash income and wealth, occupation, rural or urban residence, and religion. Gender permeated all of these differences. With the least education, income, and mobility, and the greatest orientation toward such royal institutions as death celebrations and the commemoration of past kings, rural women experience the incorporation of the Bangangté kingdom in terms of downward personal mobility. National and international policies regarding land tenure and agricultural marketing have fur-
ther contributed to the dispossession of Grassfields women in the 1980s and 1990s (Goheen 1996). In the 1990s the end of the cold war was felt in terms of political upheavals and economic crisis in African countries. These events exacerbated the vulnerability of the poor rural food cultivators who made up the majority of women of the Cameroonian Grassfields. These women interpreted their vulnerability in terms of infertility-inducing witchcraft.

Thus, rural Bangangté women use culturally specific metaphors of procreation to organize their experience of social change. This experience has been mixed at best. Rural Bangangté women view their own vulnerability to impoverishment, status decline, and illness as the complex result of changes in the political autonomy and “strength” of their king, the kingship, and their kingdom, and focus much of their attention on the royal household.

All the King’s Wives: The Underbelly of Power

Rural Bangangté women are such careful “royalty watchers” because they believe that the well-being of the royal family affects their own well-being, including their reproductive health. But, at a deeper level, Bangangté women closely observe the women of the court because royal power is only possible due to the symbolic, material, political, and reproductive roles of the king’s wives. Although the intense polygyny of Grassfields royal courts has been described in several studies (on the Bamiléké: Brain 1972; Hurault 1962; Tardits 1960; on the Bamoum: Tardits 1985; on the western Grassfields: Goheen 1996; Kaberry 1952, 1962; Nkwi 1987), this feminine underbelly of royal power in Africa has been surprisingly neglected in studies of divine kingship. Bangangté use the same set of symbols to describe the parallel roles of the king and his wives (and women in general) as providers and reproducers. The symbolism of food and procreation cognitively and semantically connects these two activities. They are also connected in an immediate, material sense. The women of the court cultivate, prepare, and serve the food that nourishes the king, and the feasts that help reward and maintain his followership. The newly installed king is dependent upon the reproductive capacity of his wives to move from the royal initiation hut to the palace. Throughout his reign, the king remains dependent upon his wives’ reproductive capacity to bear witness to his own continued vitality.

The king’s wives play an important, if often hidden, role in the political intrigue of local African kingdoms such as Bangangté. Royal succession and diplomacy between kingdoms is based on the royal wives’ work as mothers of heirs and as links in often diplomatically driven marriage
alliances. In addition, the women of the court emerged (at least in Bangangté of the 1980s, and it seems elsewhere in the Grassfields as well; see Diduk 1989; Goheen 1996) as active commentators in struggles over identity as these kingdoms became ever more incorporated in a modern state and in international structures. Although the women of the court lead their lives under particular conditions, this book gives detailed attention to the king’s wives because of their potential to reveal links between the state (in how it shapes royal power and local identities), visions of reproductive health, and the different positions of different actors.

The royal wives are an important set of actors in this story of women’s fears of infertility, but are necessarily joined by other women: their sisters, daughters, mothers, neighbors, fellow members of tontines (the ubiquitous and “very Bamiléké” rotating credit associations), market women, nurses, teachers, and the innumerable, hardworking cultivators in the many villages of Bangangté kingdom who make up the most avid group of “royalty watchers.” Social and economic variation among Bangangté women results in differing perspectives, opportunities, and life trajectories regarding reproduction. Expressed in a shared idiom of food and fertility, the distribution of images of reproductive threats among different types of rural Bangangté women indicates that a core of shared beliefs is reshaped for individuals through their experience of social differentiation. Fear of infertility and traumatic reproductive mishaps seems closely related to economic and social displacement. Even the symbolism of reproductive illness (e.g., the theft of fetuses) reflects deep ambivalence about changing values regarding reciprocity, patterns of consumption, and markers of modernity (see Gottlieb 1992:119–42; Rowlands 1996). As rural African women become increasingly dispossessed, gender becomes the most salient social differentiation; the imagery of reproductive threat is widely shared.

The Structure of the Argument

Women in Bangangté, women in similar situations throughout the Cameroonian Grassfields, and women in many other parts of rural Africa face many sources of uncertainty and vulnerability. After laying out the general analytic issues in this introduction, this book first plunges into the complexities and contradictions of one woman’s reproductive ills. In chapter 1, Paulette’s difficulties in marriage and her fears of reproductive illness illustrate Bangangté women’s anxieties surrounding procreation, the circumstances in which they are voiced, and the actions women may take to relieve their suffering. Paulette was a deracinated, urban Bamiléké “returnee” to Bangangté, a king’s wife embroiled in the sexual politics of
the royal court, and a victim of unintentional “incest” within the framework of a complex kinship system. All of these contributed to her reproductive complaints; for Paulette and for other women, these issues can only be understood in the context of history and the political-economic, social, and cultural changes that have shaped kinship and marriage, gender and power, migration and the politics of identity in Bangangté.

Chapter 2 provides that context, focusing on how Bangangté notions of cultural identity are at the center of a web of practical relations that support ideas regarding procreation and women’s reproductive goals. Notions of kinship, gender, and the veneration of ancestors are central to the ways Bangangté think about offspring. They are held in common across all social ranks and tie together the sociospatial categories of household, neighborhood, village, and kingdom. Despite these commonalities (shared in minor permutations by the other Bamiléké kingdoms and nearly all western Grassfields ones), Bangangté is highly diverse, made up of peoples of different origins and varying social rank. Within this diversity, integration is based upon ideas about royalty and allegiance to the mfen. Bangangté express social integration through the same basic imagery as procreation. It is created through the balanced mixing and mingling of “ingredients”: genders, ranks, titles, forms of spiritual or magical strength. In parallel to procreation as largely the physical and spiritual achievement of women, the constitution of society in Bangangté is, or should be, the political and spiritual achievement of the king. However, through a process beginning with the colonial era, the king is no longer the overwhelming reference point for Bangangté identity and life strategies. World religions, schools, the market, and national politics create new reference groups, modes of action, and definitions of self and belonging. Complaints about reproductive risk and failure can only be understood in this historical context of the shifting imagery and politics of identity.

Bangangté imagery of women’s role in procreation echoes that of the king’s role in social reproduction. Starting with a native exegesis of the Bangangté expression for marriage, “cooking inside” (na nda), chapter 3 explores the links between notions of procreation and social reproduction. The imagery of procreation both reflects and shapes the ways that gender permeates a Bangangté sense of a multilayered identity, of belonging to kin groups, domestic units, the village, the kingdom, and the nation. Procreation occurs when diverse elements from man and woman are “measured” (mfi’), “mixed” (nju’u), and transformed through the “cooking” (na) of sex and gestation into the whole of a new being. The gendered roles of procreative cooking and the ambiguous implications of notions of inside and outside for men and women contribute to gendered differences in the perception of threats to procreation.
Symbolic construction (the focus of chapter 3) mixes with political-economic context (the focus of chapter 2) in chapter 4’s discussion of infertility as an idiom of misfortune. In addition to the gender implications of the culinary symbolism of procreation, there are gendered variations in identification with the kingship and the state, and in the opportunities and constraints of the market, that further contribute to differences in the perception of threats to procreation. These variables are linked through the symbolic and material importance of food. Food figures prominently in the symbolism of fertility and infertility, referring to folk models of both physiology and social relations (e.g., hospitality and trust). Food provisioning and reproduction are both deeply gendered processes. Women and men diverge in their anxieties regarding food insecurity and infertility.

Although men and women (between and within these gender categories) differ in their life trajectories, their reproductive histories, and in the amount and kind of reproductive risk they perceive for themselves and for their community, they nonetheless express fear of infertility through a common set of idioms, the culinary imagery of measuring and cooking. Rural Bangangté find that the diverse elements of society, and especially the occult powers of good and evil possessed by different social groups, are no longer in balance (for similar analyses of Cameroonian societies see also Fisiy and Geschiere 1991; Geschiere with Fisiy 1994; Rowlands and Warnier 1988). The lack of social balance leads to disharmony and the use of witchcraft in social relations, which in turn prevent the elements of procreation from being properly measured, mixed, and cooked. As children become a rare and precious good, competition for them creates more disharmony and encourages the use of more infertility-inducing witchcraft, creating a vicious circle. The result, explicated in chapter 4, is an indigenous theory of the demographic implications of jealousy.

Women are neither equally jealous nor equally enviable regarding their personal, material, and reproductive fates. The amount and kind of rural Bangangté women’s fears of reproductive threats vary according to a number of dimensions, including their reproductive histories, their exposure to various institutionalized sets of knowledge regarding health and illness, their place in the life cycle, the developmental stage of their household, and their upward or downward mobility within the highly differentiated and differentiating Bangangté society. The distribution of Bangangté women’s fears parallels the material and social resources with which women can manage crises and make use of Bangangté’s plural medical system. Chapter 5 examines the history of the diverse institutions Bangangté women can consult in seeking cures for reproductive illness. Resources of cure and solace for reproductive complaints are integrally related to notions of divine kingship and the ultimate causes of reproduc-
tive misfortune. Changes in health care and in the definition and redefinition of “population” problems have paralleled transformations in the sources of social disruption over time (early colonial incursions and forced labor prior to World War I, civil war and the “Bamiléké problem” of the 1950s and 1960s, the king’s illness of the 1980s, and the political and economic crises of the 1990s). In this context, the idea of the king’s debility (through illness or political crisis) contributing to the social ills of the community is remarkably persistent. As others have shown, the social relations of domination and power are essential elements of the power to heal, to render fertile or infertile, and even to define fortune and misfortune (Comaroff 1985; Janzen 1982; Parkin 1968). Chapter 5 also explores variations in indigenous and biomedical treatment of infertility in Bangangté of the 1980s, and how the vagaries of access and confidence contribute to women’s anxieties about threats to procreation. Theses in medical anthropological literature regarding therapeutic choice and idioms of reproductive problems are placed into broader context, showing how individual variables interact and combine, and how this interaction is conditioned by historical and political-economic factors.

Fear of infertility and of population stagnation or decline in contemporary Bangangté express ambiguity regarding the dynamic of social differentiation and the politics of identity in a multiethnic, modernizing state. The place of the dynamic states-within-a-state of the Bamiléké and western Grassfields kingdoms in Cameroon has been problematic since the formation of the entity “Cameroon” in the colonial era. Individuals confronting the ideologies and practices of village life and state schools, ceremonial life and mission churches, reciprocity and “the consumption of modernity” (Rowlands 1996), diviners and biomedical surgeons must sort out a multiplicity of identities. Cultural consensus regarding “an all-encompassing scheme of identities . . . [reinforced] by systematically organized networks of social relations, is precisely what is challenged in the modern era,” in Bangangté and worldwide (Calhoun 1994:11). Ironically, in the current economic and political crisis facing Cameroon, ethnic identity and difference are becoming intensely politicized, especially for the Bamiléké and Grassfields peoples of the West and Northwest Provinces (Goheen 1996; Nkwi and Socpa 1997). Sharp boundaries are drawn around what appear to be fluid entities. The sixth and final chapter of this book explores the role of the rhetorics of infertility, therapeutic choice, and divine kingship in the politics of identity. The imagery of cooking and provisioning in procreation and royal social reproduction, and the visions of theft and eating in infertility, witchcraft, and state corruption all hinge on various forms of social differentiation and access to resources. The politics of identity is closely tied to disjunctions between expectations and
realities, and to struggles over who will be the haves and who the have-nots. It is then not surprising that women’s complaints about fertility and infertility, markers of fortune and misfortune, figure prominently in these struggles.

While this study was motivated by the overwhelming litany of laments about infertility that greeted me in the field, infertility is only the way women first express their fears. Listening further, it becomes clear that rural Bangangté women are concerned about a broad range of processes from finding the appropriate sexual partner through childbearing, child rearing, and socialization, to provisioning their families with food and children, and to reproducing a viable, recognizable Bangangté society. Drawing upon a common symbolic repertoire, they are active commentators in negotiations over population management, gender relations, and the politics of identity in a multiethnic state. Connecting these areas of social action, this book is an argument for a historically and political-economically situated symbolic anthropology of women’s health.