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Reproductive Realities: Fulani Women & Contraception

Corrina Regnier
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Advisor: Dr. Gilbert Taguem Fah
Academic Director: Christiane Magnido

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Vassar College
Sociology

Abstract:

This paper is the product of three weeks of research on contraception and the lives of married Fulani women in Ngaoundéré, Cameroon. Based on interviews with Fulani women, conducted both in French and in the Fulani language of Fulfulde with the aid of a French interpreter, I discuss the cultural and religious influences on women's lives that impact their decisions or abilities to use contraception, as well as the ways these influences and realities have changed, are changing, and are expected to change in the future. I also look into the more practical concern of the availability and accessibility of contraceptives in the city of Ngaoundéré, which I base on interviews conducted with health care workers in the city. I conclude that both culture and structure are in a state of transition, and show that both aspects can limit women's ability to willingly choose to use contraceptive methods to space out births or limit the size of their families.

Résumé:

Cette étude est représentative de trois semaines de recherche au sujet des contraceptifs et les femmes Peulhs dans la ville de Ngaoundéré, Cameroun. Après avoir fait les interviews avec les femmes Peulhs, je discute les influences de la culture et de la religion sur les décisions et l'habilité des femmes mariées d'utiliser les contraceptifs modernes. Je parle de la modernisation des pensées avec les Peulhs de Ngaoundéré, et les changements qui ont déjà passé, et celles qui vont peut-être passer avec le temps. Je discute aussi le système sanitaire de Ngaoundéré vis à vis l'accessibilité des contraceptifs, où je prends les information des interviews avec les gens professionnels dans le système sanitaire de Ngaoundéré. Je trouve que la culture et le système sont tous les deux entrain de changer, et que il y a les aspects des deux qui peut empêcher l'autonomie des femmes de prendre les décisions concernant la reproduction.

To all the mothers in Cameroon, but especially to mine, who took care of me so well in Dschang, Yaoundé, and Ngaoundéré

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Introduction and Background

As an outsider traveling in the West African country of Cameroon, there are certain facts and phrases of which you can't help but be informed. No one likes to pass up an opportunity to brag about their country and in my three-month stay in Cameroon, I heard many such points of pride, repeated each time as if for the first time. One of these phrases struck me particularly strongly for its frequency and seeming importance in the context of Cameroonian culture. *"Ici,"* Cameroonians recited glowingly, "*l'enfant, c'est la richesse."*[1] Though the phrase has the ring of a meaningless, simpering flattery toward one's children, I soon learned that it is not to be dismissed as any simple babble of baby-loving. The pride in this statement is astonishingly strong and carries weight in many if not all of Cameroon's over 250 ethnic groups[2] (the diversity of which, incidentally, is another favorite topic of Cameroonians), perhaps in none more strongly than in the Muslim Fulani of northern Cameroon, a large ethnic group whose self-professed love of children permeates many aspects of familial and social life. For the Fulani, this endearing phrase is a powerful statement with a genuine and almost literal significance, for religious and cultural factors unite to form a society in which the poorest of families are considered rich if they are fortunate enough to have a large family.[3] Status and number of children are deeply interlinked, with the more children indicating the more respected family. A month's stay in the Fulani-dominated town of Ngaoundéré was enough to convince me of the strength of this societal value and to teach me that children are considered a great source of happiness for this group.

Contraceptives in Cameroon and the World

In a society where children are so highly valued, campaigns of contraception are easily dismissed as culturally inappropriate, unwanted, or unnecessary. However, from a

[1] "Here, children are treasure"
[2] John Mukum Mbaku, *Culture and Customs of Cameroon* (Westport: Greenwood Press, 2005), 1.
[3] Anonymous K, Personal Interview, 21 November 2011.

standpoint of women's rights, I cannot help but see this societal value as a possible impediment to women's reproductive autonomy, and even as an incentive to make contraceptives more available and accessible to women who desire it. I focus on women because reproductive decisions hold more consequence for them than for men in a culture where, in addition to the natural hardship of pregnancy and childbirth, women traditionally bear sole responsibility for childcare as well. Considering this reality, I cannot help but speculate that Fulani women's desires need not always be in line with those of a society dominated and dictated by men. Where societal forces make contraception unacceptable, therefore, extra attention is of crucial importance and outside forces may be necessary to ensure women's ability to control their reproductive lives.

Reproductive control or autonomy is, of course, a broad-reaching and extremely complicated issue. It is, however, one worth exploring, for it is of the utmost importance to women not just in Cameroon but around the world. "A woman's right to control her reproductive life," writes one author in reference to the situation of women all across Africa, "is inextricably connected to other rights in civil, political, economic, and social areas."[4] Reproductive outcomes have meaningful and unceasing effects on women, and control of fertility is an essential condition to control of women's lives. Reproductive choice has long been considered a fundamental human right, first written as such in 1968, where the Proclamation of Tehran declared that "parents have a basic human right to decide freely and responsibly on the number and spacing of their children and a right to adequate education and information in this respect."[5] Since this first proclamation, the language has been changed to assure that women as individuals hold this same right alone as do couples together. It has subsequently become an issue not only of human rights but also of development discourse, as officials and scholars alike recognize its importance in the interconnected web of issues including women's rights, overpopulation, food security, and climate change.[6] In short, reproductive autonomy is a pertinent issue of

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[4] Fitnat Naa-Adjeley Adjetey, "Reclaiming the African Woman's Individuality," *American University Law Review* (1995): 1351.
[5] Cited in Lynn Freedman and Stephen Isaacs, "Human Rights and Reproduction," *Studies in Family Planning* (1993): 20.
[6] Freedman and Isaacs, "Human Rights and Reproduction," 20.

profound consequence for the women of the world, and consequently for the women of any group in Cameroon.

I can hardly hope to address all aspects of reproductive autonomy, which I consider as regarding a woman's right to choice "with respect to sexuality, pregnancy, childbearing, and formation of families."[7] This right has countless facets including those so deeply internal that I can have no hope of reaching. In this paper I choose to concentrate, then, on just one aspect: contraception. Though I recognize the existence and importance of traditional and natural forms of contraception, in this paper I refer specifically to modern contraceptive methods, following the standard definition of "a device or drug serving to prevent pregnancy."[8] Even here, though, I further limit my research to those forms of contraception that women can use independently and without participation or cooperation of male partners. Thus I exclude discussion of methods such as male and female condoms or female diaphragms in favor of contraceptives in the form of pills, implants, injections, and the Intra-Uterine Device (IUD), which can all be used at the sole discretion of women and do not rely on the cooperation or consent of men. This focus, I hope, will allow me to address women's abilities to most effectively and autonomously control their fertility if they so choose. Because abortion cannot be categorized in the same way as the contraceptives previously mentioned, I do not include it in my study. Its difference in aim, illegal status, and unacceptable cultural standing make it a complex issue meriting its own focused study. In an effort to address women's autonomy with regard to modern contraceptives, I focus, therefore, on contraception as earlier described.

Thanks to international pressure and support of new programs, and an increasing awareness of the importance of contraceptives worldwide, there has been a significant rise in government-sponsored family planning programs whose aim it is to provide contraceptives and reproductive health education to the public. Cameroon is no stranger to these campaigns and policies. Like most countries, it has become intimately connected with campaigns for reproductive rights and has been the recipient of pro-contraceptive programs for years, which have slowly made contraceptives more widely available and

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[7] Adjetey, "Reclaiming the African Woman's Individuality," 1351.
[8] *New Oxford American Dictionary* (2009).

accessible, and brought reproductive health education into wider circulation. The Cameroon National Association for Family Welfare, for example, has been operational in Cameroon since 1987, providing "sexual and reproductive health services to the Cameroonian population."[9] These services have slowly expanded from the main cities of Yaoundé and Douala into smaller and more rural areas of Cameroon. According to UN data, contraceptives use in Cameroon, though still low relative to that of the developed world, saw a 51% increase just between the years of 1998 and 2006, and education and knowledge of reproductive health and decision-making have increased drastically. However, there remained at last estimate an unmet need of 20%, meaning that one in five women in Cameroon who want contraceptives still do not have the means to access them.[10]

Contraception and Culture

Family planning initiatives have done much to ensure that contraceptives are available in Cameroon. However, the presence alone of contraceptives cannot provide women with the autonomy to use them. Much depends upon societal circumstances and on cultural and religious influence, which can have more impact even than physical availability. Existing cultural and religious practices and beliefs have proven to be barriers to campaigns of reproductive choice in much of Africa, where societal norms are often in direct conflict with women's reproductive autonomy in contraceptive matters.[11] Culture and religion are so much more engrained in the lives of the population than newly introduced notions of reproductive freedom and women's autonomy that the former can prove extremely difficult to overcome. This is particularly true in those areas and societies where tradition remains important in everyday life.

One such group, and the group on which I will focus in the course of this paper, is the afore-mentioned Fulani of northern Cameroon. The Fulani, also known as Fulbe or most commonly in French, the Peulh, are a vast ethnic group within Africa that stretch across northern Cameroon and Western Africa, and even extend into Northern Africa.

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[9] "Cameroon National Association for Family Welfare," International Planned Parenthood Federation, accessed 25 November, 2011, http://www.ippf.org/en/Where/cm.htm.
[10] Ibid.
[11] Adjetey, "Reclaiming the African Woman's Individuality."

The importance and influence of the Fulani people can be understood to some extent by a brief look at their history. The Fulani, originally a pastoral, nomadic people, expanded long ago into dominance through the aid of holy war. They were themselves introduced to Islam, which is now a defining aspect of their culture, as far back as the 11th century. Early in the 19th century, the Fulani became a part of a massive jihad which spread both Fulani culture and Islamic faith through parts of Africa, bringing the group into cultural dominance throughout the region. Today the Fulani are composed of close to fifteen million people.[12] This group is vast and certainly diverse; I will concern myself, however, only with the Fulani of the Adamawa region, and more specifically, the city of Ngaoundéré, in the Grand North of Cameroon, where their culture has become a dominant force in general society. Here Fulani culture can be seen in many aspects of society and the Fulani themselves still make up a significant portion of the population.

This group of people is particularly relevant to my study because of their strong ties to tradition and adherence to *pulakuu*, a set of rules governing behavior that dictate "the Fulani way of life."[13] This guide encompasses much of social etiquette, and is often in direct conflict with the modern ideas of women's independence, equality, and empowerment which come so often with campaigns of contraception. Women in this ethnic group are traditionally subordinate to men and under the strict control of their husbands. Independence in women is not valued, and decision-making is seen as the husband's right.[14] For the Fulani, missionary Tomas Drønen writes, Islam is "the nucleus of their identity."[15] This means that within their lives, and within *pulakuu*, religion and culture are deeply interconnected. The Fulani are often devout and adhere, in general, rather strictly with traditional aspects of both culture and religion. When I speak of their tradition, then, I mean for the term to encompass elements both of culture and religion. Though times have certainly changed, one cannot easily erase tradition from the lives and mindsets of a people, and these are the issues that make a study into women's reproductive autonomy necessary.

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[12] Thomas Drønen, "Islam and Ethnicity in Northern Cameroon," *Swedish Missiological Themes* (1998): 46.
[13] Id. 65
[14] Djingui Malimoudou, *Le Pouvoir, le Savoir, et la Richesse* (2000)
[15] Drønen, "Islam and Ethnicity," 35.

Justification and Expectations

As I expected, preliminary research quickly delivered a rich supply of literature concerning the Fulani people, history, and traditional customs. With the Fulani's thousand years of history including mass migration, violent jihad, and cultural domination of the Adamawa region of Cameroon,[16] their place in history and society could hardly go unnoticed. Naturally, the traditional place of the Fulani woman was among this literature. I found also ample information regarding use and availability of contraceptives in the nation as a whole. What was missing from existing literature, however, was the link between these two; an integration of the cultural *and* structural forces that might influence a woman's decision or ability to use contraceptives. How might we understand the overall impact of women's cultural and structural surroundings on their ability to access contraception? My intention in this paper is to rectify this void with specific attention to the Fulani women of Ngaoundéré by creating an account that combines religious and cultural influences, on the one hand, with structural and legal influences on the other, in an attempt to create an accurate understanding of the position of Fulani women with regard to modern contraceptives. Because the aim of this paper is to understand the woman's perspective, I focus my study on women's own perceptions and realities regarding those aspects of life that affect her decisions.

My original knowledge of some of the efforts in place to bring contraceptive methods into wider availability in Cameroon, coupled with a perception of Fulani women as a particularly subordinate and powerless group, encouraged me to speculate that for the Fulani, while contraceptives were accessible in Ngaoundéré, cultural and religious influences kept married women from making use of them in order to better achieve reproductive autonomy. This hypothesis led me to the following research questions:

1. Do Fulani women consider childbearing a choice? To what extent do they feel they can control their fertility?
2. Are contraceptive methods available and accessible to women in Ngaoundéré independently of their husbands or others?

[16] Drønen, "Islam and Ethnicity," 46-50.

3. What are the main obstacles to Fulani women gaining reproductive autonomy through access to contraceptive methods?

In this paper I will address my findings on this subject in three main sections. First I will expose women's experiences and understandings of the traditional cultural and religious factors that influence their choice and ability to use contraceptives. These are ever-changing and hold varying amounts of sway in the lives of Fulani women, leading me to elaborate in a second section the influence of modernity and changing times on women's current positions in this regard. Last, I will address an equally important aspect by assessing the services and methods available in Ngaoundéré and their availability to women in the area. Through these sections, I hope to present a somewhat comprehensive picture of the Fulani women of Ngaoundéré vis à vis modern contraception.

Methodology

Project Inspiration and Evolution

My inspiration for this project comes from an encounter I had early in my time in Cameroon with a woman close to me. Having always admired her strength and commitment in raising four children while simultaneously working outside the house, I was taken aback to learn that her husband's family had been pressuring her to have another child. Her husband wanted a son, she explained to me, but between the physical fatigue of childbirth and her sole responsibility for children, she felt she could not handle another baby. Because her desires were not respected, she was forced to take matters into her own hands. *"Je prends les contraceptifs,"* she confided in me, *"et je les cache."*[17] Even when her husband's family, thinking she must be sterile, pressured him to take another wife, she stood strong. I was so struck by the strength of this decision and by the courage it took to go against her family that her situation remained on my mind for much of the semester. How many other women were there, I wondered, who did the same thing? How much and against what did they have to struggle in order to gain control of their own fertility? I began to wonder about the cultural barriers in place that kept married women from exerting this control over their bodies.

In time, these thoughts and musings solidified into the project presented here. I realized, for example, that focusing only on cultural barriers would omit an essential aspect of women's experiences in regard to contraception. In order to fully understand her situation, I would have to look at the big picture, examining what might be her options and obstacles for accessing birth control on a structural level as well as a cultural one. Thinking that the added dynamic of the Islam faith, and the reputation for a strict adherence to tradition might make for a more complex, and thus more interesting study, I decided to focus on the Fulani ethnic group as my target population.

[17] "I take contraceptives and I hide them"

Site Selection

After careful consideration and a slow evolution of ideas, I decided to focus my research in the northern city of Ngaoundéré, in the Adamawa province of Cameroon. This was a natural choice of city to study the Fulani, as they form a large presence in this city. In addition, through my initial observations I could see that it would be a challenging but fulfilling location to study due to its continued ties to tradition. As an example, soon after my arrival, I was looking for directions within the city. Because I felt more comfortable speaking with women than with men, I searched for a woman to ask, and found it extremely challenging: the vast majority of the people on the streets were men. I later learned that Ngaoundéré is one of the most traditional cities in Cameroon, slower than many to abandon traditional culture in favor of the increasingly popular Western and modern ways. I observed one manifestation of this tradition in that women were rarely found outside of their houses. In a city where women often needed the permission of their husbands to go to the market, I wondered, what were the chances they had the power to take their reproductive lives into their own hands? I was determined to learn and observe the lives of the Fulani of Ngaoundéré.

Additionally, I found Ngaoundéré to be a manageable city in which to conduct my research. Because it is large enough to have a well-established health care and family planning system but small enough that I hoped I would be able to come away with a relatively comprehensive understanding of the opportunities and obstacles of the city's women, I deemed it a good choice. The atmosphere is friendly and relaxed, and the city is relatively walkable, making appointments and interviews possible and fairly simple.

Informant Population and Data Collection

Because of the personal nature of my topic, I chose to limit my data collection procedures to interviews. These face-to-face conversations, I hoped, would make my informants feel more at ease and allow room for more open answers than would a survey or other such device. With some exception, my informants can be separated into two main categories: Fulani women and health-care workers in Ngaoundéré.

I spoke with 11 Fulani women individually, revisiting five for a total of 16 interviews. I also conducted two focus groups with an association of Muslim women in Ngaoundéré, some but not all of whose members were Fulani. In this case I asked the individuals about their ethnic group before using their responses. My respondents in this category were all married or, in the case of one woman, widowed. Of the women I spoke with individually, five were in monogamous, and six in polygamous marriages. They had between one and ten children, for an average of about six. The women varied in age as well as in education level, achieving levels between primary school and university education. I chose to limit my sample solely to women, excluding almost all contact with men – because of the nature of my research into women's autonomy, I thought it fitting that my research lend voice only to women. Rather than hear what men thought of women's position in society, I wanted to hear what women felt of their own situation. What societal pressures did they feel? How did they feel they stood as compared with their husbands? I wanted to hear women's realities, not simply the objective facts.

The interviews with these women were conducted largely in the living rooms of my informants. Though Ngaoundéré is in the francophone region of Cameroon, the Fulani language of Fulfulde is much more commonly spoken. Because many Fulani women do not speak French, but only the native Fulfulde, therefore, I was in need of a translator. Fahiza Adamou, a young Fulani university student, became my research assistant, and thanks to her connections with the community was able to not only translate but also introduce me to many Fulani women. She attended all of these interviews, in some cases translating all questions and responses between French and Fulfulde, and in others simply helping to explain, depending on the woman's proficiency in French. To protect the women involved and encourage them to open up without fear of consequences, I keep all women anonymous in my report. I also conducted these interviews unrecorded, in an effort to limit the discomfort felt by my informants in interviews already concerning somewhat sensitive topics.

In addition to these interviews, I also had formal interviews with 5 hospital and health center staff. These were all Cameroonians who worked directly with contraceptives and could give me an inside perspective on the structural limitations of contraceptives. This group included nurses, doctors, and a pharmacy manager in

Ngaoundéré's two hospitals as well at the Islamic Health Center. With this population, I hoped to get a more objective view of the situation. Did their experience check out with the stories of my women informants? Could they contribute to a big picture understanding of the situation at hand? The interviews with hospital staff and other professionals were conducted largely in offices, often at a pre-arranged time. They were individual interviews between my informants and myself, and were conducted solely in French. These interviews were largely recorded except in the case of a request to remain unrecorded.

Throughout the research process, I transcribed and organized all interviews on computer files. To keep track of the women's interviews, which were all anonymous, I assigned letters to each person. Some themes began to surface even without dedicated analysis and coding. These themes remained as I coded interviews, looking for similarities and frequently mentioned subjects. I begin to match the experiences of women with those of health care workers, finding how women fit into the patient pool of these workers. When coming across facts and controversial statements, I tried to verify them with other respondents as well as secondary sources.

Strengths and Limitations

Throughout my research, I had several facilitating factors. In some cases, for example, I believe I benefitted from my American status, which health care workers sometimes saw as an indication that my research might have the potential to create positive change in their institutions. Though I found guarded and defensive attitudes in some, most health care providers were more than willing to share the problems and shortcomings they saw in their institutions. Having often struggled against them in their careers, many seemed happy to have an open ear to complain to. I also benefitted greatly from the presence of my research assistant, Fahiza, who brought me inside the houses of women I surely would not have met on my own. Her presence comforted the Fulani women I sought to speak with, and she was able to better explain the aim and goals of my research in a way understood by the women. She also made accessible a whole population of women I would otherwise have had no way of hearing – those who spoke

only Fulfulde. By translating for me, from French to Fulfulde, Fahiza allowed me to speak with this population of people.

However, there were aspects that impeded my research as well. While interviews were the best I could do, I could not get sufficiently close to the women to ensure their confidence in me. This may have been the downside of my American status which formerly helped me, for I was certainly an outsider in the minds of these women, who seemed at times skeptical of my intentions. The result of this stranger status was that women were unlikely to elaborate, and I found it nearly impossible to get them to share their own desires and opinions. This greatly limited the amount of information I was able to gather from my women informants, who I was hoping would share their thoughts on their own problems, hardships, and opportunities. It seemed, however, not in their nature to share opinions and points of view, and it was very difficult for me to phrase questions in a way that would bring to light any personal views.

The language barrier between my informants and myself was also a definite limitation. Though I benefitted in some ways from the presence of a translator, in others this may have restricted the depth to which I could connect with my informants. Because the interviews were often mediated through my research assistant, I often felt I lacked a strong personal connection with the women themselves, which would have served to encourage openness and honesty. I also lost the advantage of hearing their exact words, which can often contribute greatly to an understanding of a person's position.

Lastly, the breadth of my research was, in some ways, a limitation. Though it provided an interesting, big-picture view of the situation, I quickly found that it also limited the depth to which I could research each issue. As I began my research I became aware that each section of my paper deserved its own month of research. With this paper, then, I can only breach the subject, but I hope that it can nonetheless serve some academic purpose and act as an avenue to begin further study.

Part I: My Body, His Will

God, Husbands, and Tradition

My first ambition in this paper is to examine the ways in which Fulani women's desire and ability to access contraceptives are affected by the traditional principles of culture and religion that guide their lives. You may notice in the course of this paper that I do not take great care to separate the influence of culture from that of religion. For this I apologize, and excuse myself with a reminder and short explanation of the connection therein. As previously mentioned, Fulani culture follows a strict set of social etiquette and regulations which, in an effort to address issues of modesty and honor, adhere both to cultural and religious reasoning. Because this way of life so fully incorporates religion into culture, the two have become intertwined in a manner nearly impossible to disentangle. As my aim in this paper is to determine the effect of these two on women, the exact source does not carry much weight. Therefore I place more importance on the influences themselves than on the exact source. In understanding that religion often *is* very much culture in the context of the Fulani, therefore, I may speak of the two somewhat interchangeably.

Though a significant portion of the women I spoke with expressed views that left certain aspects of culture behind, my informants seemed in consensus about one thing: the Fulani are as yet firmly attached to their tradition. *"Chez les Peulhs,"* one young Fulani woman told me, *"c'est toujours la tradition."*[18] Culture never remains static, and this is undeniably an era of fast-paced change for much of the world. But though the Fulani are not without change, their grip on tradition seems slower to slacken than that of many other ethnic groups in the area. I encountered one explanation for this that intrigued me greatly. The Fulani, one informant told me, are considered *"une race élévée,"*[19] by which she meant a superior ethnicity. Holding up this reputation, she felt, meant

[18] "With the Fulani, it is still very much tradition," Anonymous A, Personal Interview, 19 November 2011
[19] "An elevated race," Anonymous H, Personal Interview, 25 November 2011

maintaining respect for tradition. *"Tout le monde veut être Peulh,"*[20] explained Fahiza, my research assistant. The Fulani consider their ethnic group as higher-status, and more reputable, than others, and according to their (admittedly not disinterested) opinions, this view is held as well by Ngaoundéré's society at large. As an example of this, during a focus group I conducted, one woman who had been answering many of my questions identified as Fulani. Later, however, my research assistant assured me that she had not been truthful. Fahiza, as a Fulani herself, told me that she could tell by appearance, and even by her manner of speaking, that this woman was not Fulani. She speculated that the woman had wanted to impress me by identifying as a highly respected ethnicity. I was surprised but intrigued, as this supported the view that Fulani was a status to aspire to. This sort of reputation must be maintained, and adherence to tradition, according to my informants, is how this is done. This strict adherence to tradition, then, becomes a source of pride and honor for the Fulani, and it may be for this reason that the Fulani seem particularly strict and conservative in matters of religion and culture.

God – Allah's word

For the Fulani, adherence to tradition means adherence to religion. For many of those women that I might categorize as "traditional," this meant following the Koran's teachings exactly and without question. "*C'est la religion d'abord,"*[21] one woman told me, explaining that Islam was the most important influence in her life and the guide to be respected above all else. Many religions have undergone drastic changes in interpretation, allowing for such a relaxation from the original literal interpretation that even the most devout rarely adhere literally the sacred texts. Based on this knowledge, I wondered whether it might be less important nowadays to the Fulani to adhere strictly to what is written in traditional Islam. This idea was rejected, however, by some of the more strict women I spoke with. A couple of my informants allowed that since exact adherence was impossible, each person does his or her best. Others, however, saw no excuse for straying

[20] "Everyone wants to be Fulani," Anonymous H, Personal Interview, 25 November 2011
[21] "Religion comes first," Anonymous B, Personal Interview, 19 November 2011

from the Koran. *"On ne peut pas changer le Koran,"*[22] said one woman, looking quite shocked at my insinuation that perhaps she needn't follow every rule in the book. In her view, there was no swaying and no changing perceptions, no reinterpretation or relaxation of rules. There was simply God's word. And this word, she assured me, was the Fulani's highest command.

With this in mind, the first detail to note is that in the eyes of the Fulani, Islam unquestionably prohibits the use of contraceptives.[23] According to my informants, pregnancy and childbirth are God's decision alone, and attempting to stop it by unnatural forces strictly prohibited. Two of my informants even assured me that pregnancy was so completely God's decision that contraceptive measures could not even be effective. "*Si Dieu veut que tu accouches, tu vas accoucher,"*[24] one woman told me. These women felt that there is no choice but to submit to the will of God. For those women determined to follow every part of the teachings of Islam, then, contraception is immediately out of the question. The reasoning behind this strict adherence to Islam's aversion to contraception, as explained to me several times was that, *"Chez les Peulh, l'enfant est le don de Dieu."*[25] Of the sixteen interviews I conducted with Fulani women, this statement, or a rephrasing thereof, came up in nearly every one. This view posed a challenge to my research, because it could easily serve as a barrier to further discussion on the topic. To the question, "is childbearing a choice?" I never received a positive response. All my informants were in agreement that it was not the choice of the woman, but of God. This kind of statement can make further discussion on the subject difficult if not impossible.

It is important to note that the women I spoke with showed no signs of feeling oppressed by this thought. If children are a gift from God, one woman mused, why would you ever want to stop having them? She wasn't the only one who met my questions with genuine confusion as to why she would want to stop having children. In fact, never did I hear any expression of resentment or sadness on the part of women. At times I tested

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[22] "You cannot change the Koran," Anonymous N, Personal Interview, 29 November 2011
[23] Ibid.
[24] Ibid.
[25] "For the Fulani, a child is the gift of God," Anonymous B, Personal Interview, 19 November 2011

women's convictions by asking about specific circumstances. What if the woman's health is in jeopardy? I asked. I had heard through my interviews at the hospitals that it is not unusual, where a woman gives birth every year, for doctors to warn a woman that she cannot give birth again or risk great danger in childbirth. A woman's body can only handle so much, and I learned that sometimes doctors begged their patients to wait two or three years before getting pregnant again. Though *"la santé de la femme"*[26] was considered the most acceptable of any reason for contraceptive use, women in some cases stood firm against even this. If God wants you to stop having children, He will not give them, I was told. And if he blesses you with a child, he will take care of you. This was the most common reasoning for going through with pregnancy even in dangerous or difficult circumstances. When He gives you a child, "*Dieu va te garder*,"[27] I was assured. The second most acceptable reason for using contraception was a lack of adequate funds to take care of it. However, here, too, many women assured me that God would provide.

A woman who believes strongly in the power and rule of God might not feel any unease with her place in society, or wish for any more sense of autonomy. If she has no honest desire to use contraception, can I then accuse her of being oppressed? A significant number of women told me they had no wish for increased independence or decision-making powers in their house. In fact, several women reported that they saw independence as a negative quality. Faith can keep a woman content in her place, and I cannot argue with the importance of religion in the lives of the Fulani. However, taking these convictions to the extreme of following them without regard for a woman's own health or the child's well being seems dangerous. Criticisms of belief and religion are dangerous territory, but I would venture to suggest that a loosening of scruples when it comes to the exact word of the Koran might give these women greater ability to make decisions that benefit themselves.

Husbands – A Good Wife Submits

This same adherence to religion, combined with the cultural traditions previously mentioned, influence greatly the perception of marriage and the gender roles within for

[26] "The health of the woman"
[27] "God will take care of you," Anonymous H, Personal Interview, 21 November 2011

the Fulani. Marriage is incredibly important for the Fulani, essential in their view to both men and women. Even the most liberal amongst my sample pointed to marriage as vital for a woman, though since my informants themselves were all married, this may have skewed my results. *"Il faut dépendre sur un mari!"*[28] one woman told me adamantly. In Islamic view, husband and wife complement each other in a mutually beneficial manner. For women, marriage is important for the protection a husband can give. The gender roles set out aim to protect the woman and the sanctity of the marriage.[29]

The Fulani have a history of particularly strict gender hierarchy and roles. A woman's obligation in a traditional marriage is to stay in the house to prepare for her husband, have babies, and educate her children in the ways of the Koran. She is to submit to her husband's every wish, make no decisions herself, and ask her husband's permission to leave the house.[30] No part of the world has been left completely untouched by the women's liberty movements which have strived to changed gender roles and give women increased autonomy, yet here again is an aspect where the Fulani hold strong to what other groups have let loose. Tradition remains very much alive in the lives and roles of Fulani women more so than other groups in Cameroon, even amongst Muslim groups. *"Une femme Hausa,"* one woman told me, speaking of another dominant Muslim ethnic group in the region, *"tu vas voir au marché. Mais une fulbé, tu ne vois pas ça souvent."*[31] Traditionally, only young and unmarried, divorced, or post-menopausal women are allowed to leave the house to enter the market, and this social regulation is still commonly enforced.[32] Where all ethnic groups have let go of traditional gender roles to some extent, the Fulani still seem to be holding strong. As I have noted, in Ngaoundéré, I saw far more men in the streets than women, and while I did not possess the talent that most residents have of discerning between ethnic groups on physical appearance, I was told that very few of the women I saw on the streets were Fulani.

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[28] "You must depend on a husband!" Anonymous M, Focus Group, 24 November 2011
[29] Adjeley, "Reclaiming the African Woman's Individuality," 1368-9.
[30] Malimoudou, *Le Pouvoir, le Savoir, et la Richesse*.
[31] "A Hausa woman you might see at the market. But a Fulani woman, you won't see that often" Anonymous H, Personal interview, 25 November 2011
[32] Malimoudou, *Le Pouvoir, le Savoir, et la Richesse*.

To those women who can get past the socialization and defy their husbands' wishes, this remains an obstacle to accessibility of contraceptives. Traditionally, a Fulani wife is housebound to the highest degree. Since women are dependent on their husbands' permission in order to leave the house even for such mundane errands as the market or pharmacy, larger matters are of great concern. For some women, I was told, if they should fall ill during a period when their husband was not home to give permission to go out, they are destined to remain at home.[33] It's a very dangerous situation, and in these types of situations, there can appear to be little hope for the Fulani women to gain independence. A woman in this situation, desirous of accessing contraceptives, could be hard-pressed to find an opportunity to leave the house. Asking permission from husbands gives men a degree of control over women frighteningly strong, and leaves the woman all but powerless to make independent decisions regarding contraceptives.

Even more basically, women are often not able to make decisions about their lives because in Fulani culture, women are quite simply not the decision-makers. Most of my informants were in agreement that *"l'homme est chef de la famille"*[34] and that "*c'est lui qui prend les décisions"*[35] This is how it is, and in fact, according to nearly all my informants, the way it should remain. Some felt more strongly on this than others, but many stated this hierarchy is demanded both by Koran and by society and must be adhered to fully. This applied without question in the eyes of a number of my informants to the issue of reproductive choice. Who makes decisions regarding having children? I would ask. *"C'est toujours l'homme*"[36] was the most common response. The man, I was told, had the final say in every matter, including reproduction. This meant that, in the views of many women, if the husband wanted another child and the wife did not, she must follow through with his, and not her own wishes. This is true the other way round, as well, as one woman pointed out to me – if the wife did want more children, but the husband said no, she must follow through with that as well.

Another possible obstacle for women in traditional positions would be money. In Fulani culture, women are typically entirely dependent on their husbands financially, as a

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[33] Pauline Dourmani, Personal Interview, 14 November 2011
[34] "The man is head of the family" Anonymous O, Focus group November 24 2011
[35] "He is the one who makes decisions" Anonymous O, Focus group, November 24 2011
[36] It's always the man" Anonymous O, Focus group, November 24 2011

sign of their subordination.[37] *"Il est là pour financier,"*[38] one woman told me, explaining that all financial decisions went through the husband. Though I was told that according to Islam, a woman could work if she chose, as long as she covered herself modestly when going out,[39] this is only true if the husband gives permission, and in practice very few Fulani women work outside of the house. Since Fulani women can only work with the permission of their husbands, this leaves women at the mercy of their husbands for all financial matters, depending entirely on the discretion of their husbands for funds. Though contraceptive methods might not be generally considered prohibitively expensive, they could easily become so to the woman who has no money of her own, depending solely on her husband. A woman without access to money has a harder time making decisions on her own. For those women who still conform to these traditional structures and ways of thinking, then, they are in a less strong position to become autonomous in regard to their reproductive lives.

Tradition – Being a Lady in Fulani Culture

One aspect of the tradition that quite literally silences women's needs is the supposed taboo on the subject of sex and reproduction. When I asked whether women discussed with their husbands before deciding to have children, a large number of them laughed, looked embarrassed, and told me that of course they did not. *"Tu sais que c'est un sujet tabou!"*[40] they would sometimes remind me. This inability to have a conversation with your husband seems like it would certainly reduce women's abilities to make decisions for themselves. Even if a husband was himself open to his wife's use of contraceptives, this taboo forbids them from discussing the matter, giving her no opportunity to express or achieve her desires.

The taboo, along with other societal influences, also made my interviews with women somewhat challenging, for it was often very difficult to encourage responsiveness

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[37] Lisbet Holtedahl, "Éducation, Économie, et 'Ideal de Vie:' les Femmes de Ngaoundéré," *Peuples et Cultures de l'Adamaoua* (1993): 265.
[38] "He is there to finance," Anonymous M, Focus group 17 November 2011
[39] Anonymous N, Personal Interview, 27 November 2011
[40] "You know that is a taboo subject!" Anonymous K, Personal Interview, 21 November 2011

in my informants. While women were generally warm and inviting of questions, I found it extremely difficult to encourage women to give their opinions on issues of birth control, gender roles, and religion. I not infrequently had to ask the same question five or six times before soliciting anything like a point of view from my informants. And in the focus group I conducted, which admittedly was not only Fulani but also other Muslim ethnic groups, I noticed that, while the women were eager to hear my questions, they were very likely to sit silently without responding, particularly in questions of opinion or desire. It seemed women were not in the habit of sharing their desires and opinions, or even, though this is of course speculation, in the habit of thinking along those lines. I often heard such direct phrases as "C'est comme ça,"[41] or, "C'est dans le Koran."[42] These were declarations that were meant to end conversation or signal that there was no point in thinking or discussing further on the subject. I can attribute this possibly to the taboo nature of my questions, or possibly to women's place in society as not sharing opinions, but either way I must attribute it in some way to the socialization that comes from growing up with the effects of tradition.

The tradition does, however give women some breaks. If a woman strictly follows tradition, my informants told me, she will not give birth every year in the way that is so destructive to the bodies of many women. I learned that the Koran actually dictates the amount of time a woman breastfeeds her child. Most women do not follow this rule exactly, but if she were to breastfeed for the allotted 21 months, the natural contraception that this action provides, though not entirely reliable, is likely to naturally space out a woman's pregnancies to a manageable timeframe.[43] In addition, a woman traditionally retreats to her parents' house in order to give birth and stays there, away from her husband, for several months. A woman might stay at her parents' house until her child begins to walk, which could be over a year.[44] This tradition is losing some weight as women begin to spend less and less time with their parents; however, it is still quite strong. Every woman I spoke to followed this tradition at least for her first child, though they might have only stayed away about a month. It is generally followed up to the first,

[41] "That's how it is," Anonymous E, Personal Interview, 22 November 2011
[42] "It's in the Koran," Anonymous N, Personal Interview, 27 November 2011
[43] Anonymous A, Personal Interview, 19 November 2011
[44] Ibid.

second or third child, after which women remain in their husbands' houses along with her children. These natural forms of child spacing cannot be overlooked, though they do still depend on the husband. If a husband tells his wife to stop breastfeeding, for example, she must follow his demand and stop, allowing herself to get pregnant again. In many cases he can dictate, too, how much time she spends at her parents' house. Within tradition, it is hard to break free of the shackles that keep women in subordinate and relatively powerless positions, even regarding their own fertility.

Part II: Not So Strict and Not So Simple

Modern Freedoms and In-Betweens

Modern Freedoms

For every woman whose life seemed to be still strongly affected by tradition, however, there was one who would proclaim that she was held down by no such rules. For every woman who claimed that women *never* had the power of decision making, there was one who would proclaim that *every* woman held that power. Times were changing, I heard, and women were no longer confined to the box they once inhabited. Often my references to a structure which places women in powerless positions I were dismissed. *"C'était à l'ancienne [époque] que la femme était soumise,"*[45] I heard. Times have changed and now women are empowered. Women, I heard, could leave the house and even work. To express this more liberal thought, women used language indicating its connection with modernity.

Where some looked at me incredulously when I asked whether they discussed the subject of having children with their husbands, this category of women answered that, "bien sûr!"[46] When I would ask about the woman's intentions versus the man's, or a difference in desires, they would say, *"Il faut simplement discuter,"*[47] as if this were the most natural thing in the world. Those who did discuss openly with their husbands often pointed to it as a product of education and new times. *"Quand le couple a fréquanté, il peut discuter ça."*[48] Or, "*c'est comme ça avec la jeune génération"*[49] This sort of open discussion allows men and women to communicate when one or the other needs to wait, continue, or stop having kids. It allows women's voices to be heard in a way that they are

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[45] "That was in the old days that women were submissive," Anonymous D, Personal Interview 19 November 2011.
[46] "Of course!" Ibid.
[47] "You have to simply discuss with your husband," Anonymous J, Personal Interview 21 November 2011
[48] "When the couple has been educated, it's like that," Anonymous D, 19 November 2011.
[49] "It's like that with the young generation," Ibid.

silenced when respecting the taboo which formerly, and for many still does, hold the tongues of women who are forced to keep their desires and feelings to themselves.

It seems that not only women's but men's views on this have changed as well. Though others explained that men were much more likely to consider contraceptives as unacceptable, one women explained to me that she had used contraceptive injections and pills to space out her pregnancies, and *"mon mari n'était jamais contre."*[50] This was not a common view, but it does seem to be becoming more so. This could be because men as well as women are going through education. One health care worker at a local hospital told me that they work whenever they can to educate men on the benefits of using contraception, at least for spacing of births. Men need to be educated, she said, that their wives can die from having too many children. She explained that, in order to work within the existing system and make the most impact, it was essential that they reach men. It would be when men were educated and willing to give permission to their wives that real change would occur, she felt.[51]

In addition, men are increasingly likely to send all their children to school. In a society that puts more and more value on education, and in which it is primarily the husband's job to pay for those children's schooling, it stands to reason that this could be a powerful influence on the motivation of the husband to limit the number of children he has. After health reasons, a lack of funds for education[52] was the most acceptable reason for taking contraceptives. This was a condition that men and women could agree on, and referred mostly to a family's ability to send another child to school.

In addition, it was expressed to me that even if the husband wasn't converted, it was by no means outside of a woman's power to access contraceptives behind her husband's back. *"De nos jours,"* one woman told me, *"tout le monde est sage."*[53] Nowadays, she meant, women could take care of themselves. Everyone can figure out a way to do what they like, including Muslim women. This is firstly because women nowadays are much more educated in reproductive health than were their mothers and grandmothers. Many young women learn about reproductive health as part of the middle-

[50] "My husband was never against it" Anonymous D, 19 November 2011.
[51] Hélène Sadou, Personal Interview, 16 November 2011.
[52] Anonymous I, Personal Interview, 21 November 2011.
[53] "These days, everyone is wise" Anonymous M, Focus group, 17 November

and high-school curricula,[54] and those that have been educated are therefore more informed on the options as well as benefits of using contraception.

For those women who did not learn about reproductive health through school, there are programs that aim at educating them later in life, as well. The Ministry of the Promotion of the Woman and the Family works together with local health care providers to educate women through associations, for example, also known as reunions or tontines. These are groups of women who have bonded together to support each other. Each individual gives money each month, which will then go to help a member in need. In addition, women will in some cases help each other to advance their trades, teaching and trading in a way that is beneficial to all members. When health care workers link with presidents of these associations, they can spread knowledge directly to women, who are more receptive when separated from men. In this way, they can also form women to become teachers themselves, and spread knowledge further and deeper into the realms of women.[55]

These education policies cannot have touched the lives of every Fulani woman. Not every woman is part of an association, and even some of those who are, as the president of one association informed me, are members only insofar as they send their money from home, not being allowed by their husbands to leave the house.[56] However, this method of teaching, which should spread and expand into many groups of women, has made an effect, and created a situation in which a woman might be able to get the information she needs from female friends and family.

Women in every situation were quick to say that times were changing, and the role of the woman was lessening. One woman was even so hopeful as to state, with regards to the woman's subordinate status *"avec la jeune génération, ça sera fini."*[57] Women are going to school, becoming educated, and independent. This means women are gaining in ability to make decisions about their own bodies, to the extent that they may even be able to control their own reproductive health. But it doesn't mean that women want to give up their tradition. *"Je prends ce qui est bien de la tradition, et je*

[54] Anonymous A, 19 November 2011.
[55] Mme. Abdoullahi, Personal Intervew, 16 November 2011
[56] Anonymous H, Personal Interview, 22 November 2011
[57] "With the young generation, this will be over," Anonymous J, 19 November 2011.

jette ce qui est mauvaise,"[58] one woman explained. Another seconded this view, explaining that she has no wish of leaving tradition behind.[59] Tradition remains an important part of every woman's life, and it is certainly not the case that women are giving up tradition completely in favor of a completely modern life. Rather, there is a middle ground and a sharing of ideas between the two concepts.

In-Betweens and Inconsistencies

In conversing with Fulani women themselves, I hoped to gain clarity and comprehension in the ways that culture and religion might influence women in their decisions to use contraceptives. However, I found not clarity, but inconsistency; not comprehension but confusion. Women's perceptions of the relative influence of culture and religion varied greatly and directly contradicted each other. Some declared tradition to be of the utmost importance in their lives, while others spoke of it as a relic of the past. I heard several times that the more educated, and young a woman was, the more likely she was to hold modern views. My sample was not large enough to reasonably make a generalization in this category, but I can say that I spoke with both educated and young women who held very traditional views, and I did speak with older women who held very modern views as well. The source of these differences, therefore, was not clear and the categorization of modern versus traditional may well be overly simplistic. I found many instances where responses could not be so easily split into traditional versus modern.

One place in which I noticed this complexity was in the inconsistencies in women's perceptions of each other. At the reunion I visited, at times I had a hard time engaging the whole group. Often I would ask a question to the whole group but only get one answer. This is because one woman, a self-identified Fulani, felt she could answer for the whole group, and even for all Muslim women. *"Personne n'est d'accord avec ça!"* And, *"Tout le monde pense comme ça!"*[60] she told me firmly. No one would ever try and access contraceptives if their husband forbade it! And yet, though none of the

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[58] "I take what is good from tradition, and I throw out what is bad," Anonymous A, Personal Interview, 25 November 2011

[59] Anonymous J, 19 November 2011.

[60] "No one agrees with that!" "Everyone thinks like that!" Anonymous M, Focus group 17 November 2011

women I spoke with admitted to doing it themselves, almost every one reported that she knew someone who did. Likewise, I spoke with one group of women who believed that contraceptives were only used by prostitutes and *"celles qui imitent seulement les blancs."*[61] This latter category was supposed to be the most common, and refers to women who take contraceptives without even knowing why. She explained that women these days see contraceptives on TV and they imitate without even knowing why they themselves want to take them. This woman, and the three or four women who surrounded her in her home believed that this was the case for any women taking birth control for any reasons other than her own health. This very much surprised me. Though I have not made a study out of it, I imagine that almost every woman has a specific reason for taking contraceptives. Statements like these were concerning to me. How could women be so out of touch with each other? I had imagined there to be a discourse between women that would give them some amount of mutual understanding. However, I found no such communication.

I often noticed strong and language in women in the form of phrases indicating extremes such as always, never, everyone, or no one. These women left me with a list of conflicting statements regarding the oppressive or liberal nature of the Fulani way of life. Even the manner of responses to my questions gave off a vibe of definitiveness that surprised me. Women often laughed at my questions, and answered in manners that signified "of course" or just as often, "of course not!" Both responses were given to me with a tone of voice that showed they found the question ridiculously obvious. I was perplexed by these contradictions, and even more so by the contradictions I found within women's own language and testimony. How could one woman proclaim in all seriousness that the time of women's subordination was over, while the other assured that all women were subordinate to their husbands? One tell me that taboos were a relic of the past, and the next look at me like I was crazy for suggesting that she might talk about pregnancy with her husband? And how could a woman tell me first that childbirth was not a choice, and then that it was the man's decision? Or tell me that they believed that

[61] Anonymous K, Personal Interview, 21 November 2011

contraception was unacceptable in all cases, but later state that if the woman was tired, that was excuse enough?

These contradictions occurred quite frequently throughout my research, and were quite baffling to me. The fact that women were so out of touch with each other, and that their own feelings seemed to be out of touch with themselves, represents to me a society quite conflicted. Modernization is happening quickly, and leaving some confusion in its wake. In this society, modern and traditional are out of touch, mixed up, confused, both between and within the minds of the Fulani. Aspects of culture that the Fulani have known for hundreds of years are now being challenged, and giving way bit by bit to new ideas. This is clear, of course, through women's explicit responses, many of whom told me about their modern daughters and traditional grandmothers. But even these inconsistencies point to the same thing. We are in an era of confusion, in a nowhere land between tradition and modernity, and many are now pulled between the two, unclear on where they themselves, let alone the whole race of women, stand.

Part III: Ready or Not:

Good intentions but No Guarantees

A Fulani woman meeting the criteria for a "modern" woman described above might well be in a good place to contribute to, if not solely make decisions with regard to reproduction. She might decide in dialogue with her husband and with his permission to use contraceptives, or even take the risk and search for those contraceptives in an independent fashion. But her decision is not the only necessary contribution to her actual use of contraceptives. After this substantial step toward independent decision-making, her desires can be realized only if the system in place is able to provide her with those services and methods that she desires. We must then ask the question: can she, after making up her mind, actually access those contraceptives? This depends, among other factors, on availability and price of the contraceptives in her area. To fully understand the situation of my proposed population, the Fulani of Ngaoundéré, it is therefore essential that we take a look at the system in place in Ngaoundéré for providing its citizens with proper access to contraceptives. The system in place can influence very concretely the lives of women, and can serve either to facilitate or block contraceptive use. In order to gain some understanding of the system, I conducted interviews with health care providers at two main hospitals, as well as a health center dedicated to Muslim patients and found both positive and negative aspects.

Good Intentions

The staff I spoke with declared adamantly that, in theory, women are in the clear in terms of independent access to contraception. If she can make it to the door, any woman is free to enter independently and decide whether to use contraception. The doctors I spoke with assured me that they have no interest in whether or not a woman has the permission of her husband. Perhaps because of the cultural implications earlier discussed, doctors reported that women often feel an obligation to explain that they do indeed have the consent of their husband. But one doctor from the Islamic Health Center

of Ngaoundéré explained to me that, whether it's true or not, he never pushes or questions.[62] Everyone assured me that women were welcome to come unaccompanied and of their own accord with no unnecessary questioning on the side of the doctor.

Legally, too, women are perfectly permitted to access any reversible method of birth control independently and without the consent of her husband. This means that methods such as pills, injections, implants or the IUD, which can be stopped or removed, are acceptable, though a woman does need the permission of her husband to be sterilized.[63] This is a very important legal situation, without which women would be severely restricted in independence.

And, besides oral contraceptives, which can be more challenging to keep out of view of a husband, these methods can all be relatively easily hidden. Women take advantage of the opportunities they have to come in, and they can be served from there. The NORPLANT, a small implant inserted into the arm, might show some light bruising directly after its placement, Mme. Dourmani told me. However, after a week all would look normal. This meant that women will come in while their husbands are away, and by the time he comes back, she is safe from his notice.[64] This method, as mentioned before, lasts five years, making it a good option for women hoping to create the impression that they are no longer fertile. The injections, too are completely invisible. The only difficulty there is that that woman must come in every three months to renew the method.

This means that women can often slip past barriers to go get contraceptives. Women may not be able to leave the house whenever they want, but they are wise enough to take advantage of those opportunities that present themselves. Women might come in complaining of a headache, one nurse informed me, only to arrive in perfect health to ask for contraception. Or, they might take advantage of their children's vaccination appointments to come in and ask for the same thing.[65] Even those women who can't make it to the hospital themselves are often able to send a sister or a friend to get it for her.[66] *"On a vu tous!"* laughed one family planning nurse. Women will share

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[62] Soufalre Kalnechie, Personal Interview, 16 November 2011.
[63] Hélène Sadou, 16 November 2011.
[64] Pauline Dourmani, Personal Interview, 14 November 2011.
[65] Ibid.
[66] Soufalre Kalnechie, 16 November 2011.

their contraceptive pills with the neighborhood, or they will prescribe for each other. In any case, it seems perfectly possible for a woman with a strong desire to access contraceptives.

No Guarantees

This was comforting information, until I began questioning about the availability of contraceptive methods. I spent most of my time at the two main hospitals in Ngaoundéré, where the most patients are treated and both of which have dedicated family planning centers. A representative from the Hôpital Protestant told me that of all the methods that ought to be available for contraception (she counted four: oral, implant, injection, and IUD), the hospital had only two: the injection and the pill. Though she said that the NORPLANT, an implant inserted into the upper arm, was the favorite, it had not been available for quite a long time.[67] To find out how long, I took a look back in their records and came away with quite a shock. Earlier in this same year, I saw that there were no records of women coming in for any form of birth control. Upon further inquiry, I was informed that this was because there were no contraceptives to give. No pills, no injections, and no other methods. I wondered why this wasn't the first thing they told me and discovered that it simply wasn't an unusual or remarkable phenomenon. The implant hadn't been in stock in years, and throughout all of 2010 there had been no oral contraceptives in stock. In January, February, and March of 2011, there had been no forms of birth control whatsoever. This sort of limited stock seemed to me a huge problem to women who wished to access contraceptives. This seemed an essential item to stock, and yet it seemed to be a last priority.

I inquired as well at the public hospital in town, Hôpital Régional, where I discovered that they faced many of the same problems of stock. It was reportedly two years since they had carried the Jadelle, the improved version of the NORPLANT that is now more commonly used. And when I inquired as to whether they had some record of the periods of rupture of stock, she responded simply, *"tous les jours!"*[68] This was such a common occurrence that their attitude was rather more resigned than outraged. Nurses at

[67] Dourmani, Pauline, 14 November 2011.
[68] "Every Day!" Tongou, Personal Interview, 16 November 2011

both hospitals reported that each time around, they make the order, and each time, the order falls short. They might receive a few samples of the desired methods, but never enough. As I spoke with Mme. Sadou of the Hôpital Regional, she made a phone call and discovered that a shipment of twenty IUDs would be coming in shortly. It's not enough, she told me, but they had been completely out of stock, with a long list of women having requested it, for long enough that they were desperate for anything they could get.[69] She would begin notifying women of its availability, and the stock would be gone in no time. Through those records available, I was able to see that in the last order placed, the hospital had ordered shipments of Depo-Provera (the contraceptive injection), the IUD, and two types of oral contraceptives. The hospital received not one of these items when the shipment came in.

When contraceptive methods are not available through hospital pharmacies, this does not mean they are completely unavailable in the city. While hospitals might run out of stock, pharmacies in the city were almost always stocked with oral contraceptives, and some of them with injections as well. However, this is not without issue. Contraceptives at the hospitals, when available, are very reasonably priced. At the Hôpital Régional, for example, a woman need not give up much to protect herself from pregnancy. For 30 CFA, or the price of one banana, she can buy a month's worth of oral contraceptives, which she will take every day at the same time. For 155 CFA, about the price of one baguette, she can protect herself for three months in the form of one easy shot. And if she can save 385 CFA, perhaps the price of a nice *café au lait*, she can come in for the NORPLANT, which will last her for at least five years. However, when limited to the city pharmacies, these prices are severely augmented. I visited several pharmacies in the town and calculated the average price for the available forms of contraception. At a U.S. equivalent of less than $2 for the pill and less than $7 for the injection, the prices may not seem overly expensive to an American reader. But the average costs of oral contraceptives was 914 CFA, or over 30 times the cost at the hospital. Likewise, injections, where available, were closer to 3320 CFA, or over 20 times as expensive, at city pharmacies. The NORPLANT, by contrast, was not available at any of the 5 pharmacies I visited. This vast difference in price could mean the difference in

[69] Hélène Sadou, Personal Interview, 16 November 2011

affordability for a woman desirous of contraceptives, for whom this might not be an easy amount of money to get her hands on. As one doctor observed to me, not every woman has the means to buy her contraceptives at the pharmacy. *"C'est selectif"*[70] – there are those who are left out, left with no options, if the hospital cannot fulfill her needs.

In addition to the difference in price, there becomes a difference – a reduction – in privacy when a woman is forced to buy her contraceptives from the store in town. From my observations, I cannot pretend that hospitals are by any means perfect in this manner. Hospital pharmacies were rather public, and because of the number of people in a hurry to get there prescriptions filled, I often saw crowding at the window that inhibited any form of privacy while a person retrieved their medicine. Upon my inquiries into the price and distribution of contraceptives at the Hôpital Régional, I was invited to come in and sit in the pharmacy itself. There I sat, notebook in my lap, able to watch every face at the window and every prescription the pharmacist reached for. This was not impressive in terms of patient privacy.

The in-town pharmacies, however, were even worse. Though a woman could have many reasons for walking into a hospital – she might simply be visiting a friend, after all – one might question her intentions in walking into a pharmacy. When I walked into pharmacies in Ngaoundéré requesting to see the prices of their available forms of contraception, even I began to feel uncomfortable. The pharmacists behind the counter would invariably bring over several clearly marked boxes of contraceptives to dump them on the counter for me to see. Meanwhile, men would come in, wait to be served, and look over curiously at me and my pile of birth control. If I felt uncomfortable in those situations, I cannot imagine how a Fulani woman might feel, fully conscious that her choice to use contraceptives is counter to any cultural acceptability and in the eyes of the neighborhood men (for never did I see a woman walk into a pharmacy). This humiliation could easily be too much for women, and if their intent is to hide the contraceptives, it could amount to more than humiliation – it could become danger in a most real way.

When all the methods are available. Mme. Sadou confided in me, there is another problem: knowledge and ability of doctors. Not everyone knows how to put in the IUD,

[70] "It's selective," Hélène Sadou, Personal Interview, 16 November 2011

or the NORPLANT, she told me. While they cover the basics in school, she says much is dependent on the specific instructor, and many doctors miss out on specific and sufficient training. This is a troubling situation, where there might not be a doctor available to perform the necessary procedure.

Who's to Blame?

When presented with these various problems on the level of the structure, I could not help but wonder, whose fault is this? I was surprised to learn that the answer to this was by no means common knowledge. No one at the Hôpital Protestant could explain the ruptures in stock that they commonly experienced. The doctors I spoke with speculated that the cause was a lack of money on the part of the hospital. When there is a lack of funds, one doctor supposed, *"il faut choisir ce qui est urgent,"*[71] and contraceptives, evidently, did not make the cut. I received a little more substantial information at the Hôpital Régional, where I spoke the Major de la Pharmacie, Baba Hamadou. It was he who was in charge of accumulating orders and passing them on to be filled, so I asked him for some time to explain the process to me. He explained that there is a hierarchical system in which orders are filled at the regional, and then national level. The hospital's order is sent to CAPR of Adamawa – the Centre d'Approvisionnement Pharmaceutique Régional.[72] If, from there, the order is not satisfied, they can then appeal to CENAME (La Centrale Nationale d'Approvisionnement en Médicaments Essentiels), the national institution that funds and supplies CAPR. If there is a problem with the stock, he speculated, it was probably at the level of CENAME. This was only speculation, however, as he received no more information than a simple fulfillment or lack thereof of the order placed. Why had contraceptives been so often overlooked? M. Hamadou could not tell me.

One factor that Mme. Sadou felt could be partially blamed, and indeed a factor which made my own research much more difficult, was a lack of communication and documentation in the health services. Though nurses ought to record the patients they see and give contraceptives to, they do not always do this. As such there is no record of the

[71] "You must choose what is important," Baba Hamadou, 16 November 2011
[72] Regional Center for the Provision of Pharmaceuticals

number of patients that request contraceptives each month, or each year. This makes it difficult to put in an accurate order, she says. It also makes it difficult to assess where the problems are in the system. There were no records at either hospital of the periods of rupture of stock. Improvement in a poorly documented system like that of the hospital of Ngaoundéré is not easy, for it is difficult to know where to begin.

No matter the cause, the fact remains that, in the end, even if a woman is able to break through the invisible barriers that keep her from questioning, that tie her to the house, that keep her silent, there might still be very real, concrete barriers in place. It's hard to say which set of barriers might be more impeding than the other, but it's safe to say that they both have their influence.

Conclusion

The goal of this paper has been to asses the reproductive autonomy of Fulani women with regard to their ability to access modern contraceptives. It has in no way been a comprehensive report of the influences at hand, and I cannot pretend to come away with any great insights or concrete conclusions. I must first recognize that my findings were greatly limited on multiple levels. Firstly, a more accurate study would have to dig deeper into the lives of Fulani women than I was able to access. I believe women were influenced by my outsider status and skepticism as to my research. Not knowing them well, I was not in their confidence in the way one would need to be to access such personal feelings as affect this situation. On the side of my research that took place in hospitals, my data was limited by available statistics. Hospitals did not keep records that would have been helpful, and even procedures and policies could not be accurately explained. This, however, we can at least take as evidence of the structural problems. While we do not know the extent of these problems, their existence is, at least, clear.

Throughout this study I found a definite variation in the influence of tradition. In much of Cameroon, traditional thought is giving way to modern, changing drastically everyday life of women and their power. Contraception is gradually increasing in social acceptability, and women are slowly gaining the autonomy necessary to attain them. However, I found that this is by no means a consistent reality. Many women are still held down by the same traditional thoughts and rules as ever, and still persuaded that contraceptives are not an acceptable option.

I found that the system, too, is in transition, in a nowhere land between undeveloped and developed. Contraceptives are theoretically offered, and intentions on the part of health care providers seem good. However, they are held down by structural issues that limit their capability to provide their patients with the necessary methods.

As for my hypothesis that contraceptives were available but underutilized because of cultural concerns, I do not have a clear response. At first glance, it appeared as if my hypothesis might be exactly refuted. Times were changing, I saw, in a way that created a culture increasingly capable of condoning contraception. Meanwhile, the structural

problems within the health care system were great, and it became clear that contraceptives were not always as easily accessible as I expected. However, on further inspection, I found that neither of these statements could stand on their own. They were neither here nor there. Culture does not have the same sway as it once did; however, it is not without its limitations. Meanwhile from a systematic level, contraceptives are neither entirely accessible nor entirely inaccessible, and it became clear that to separate structural from cultural influence was near impossible. Cultural influences can manifest in concrete manners, and one can never be sure where influences originate. What I can conclude is that Cameroon is in a state of transition, and so, too are the Fulani. It is a group stuck between tradition and modernity, neither one yet winning out. Fulani women certainly experience both practical and social influences in their decisions to use contraceptives.

This is hardly an exhaustive study, but rather an exposé, an introduction, and more importantly, an invitation. I have just barely touched on topics here that deserve far more attention than I have given them. Any small part of this study might become a valuable object for study in the future, and I hope that others will pick up this subject and further analyze each contribution. Even the limitations I experienced I now feel merit their own study. What is it about women's socialization that makes them so unwilling to share opinions and desires? How do women's desires differ from their actions? And each problem on the level of the structure deserves its own investigation and scrutiny. This is a subject composed of so many factors and facets that one could spend years studying it – though it is also so fast-changing that before the end of these years, one would have to start over again. But though this makes it a challenging study, it remains vitally important and I hope that it receives attention from researchers in the future, for reproductive control for women is the first step toward equality in many other areas.

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Appendix 1: Interview Questions

(for Fulani women)

1. Êtes-vous mariées ?
2. Vous êtes polygame ou monogame ?
3. Selon vous, est-ce que l'accouchement est un choix ? Si oui, c'est le choix de qui ?
4. Combien d'enfants avez-vous ? Êtes-vous fini ?
5. Combien d'enfants voulez-vous ? Pourquoi ?
6. Quels sont les avantages d'avoir les enfants ?
7. Avez-vous essayé d'espacer les naissances de vos enfants ? Comment ?
8. Est-ce que vous discuter avec votre mari le sujet de l'accouchement ?
9. Qui doit décider si un couple accouche ?
10. Qu'est-ce que vous pensez de la contraception moderne ?
11. Est-ce que vous connaissez les femmes qui en utilisent sans la connaissance de leurs maris ? Qu'est-ce que vous pensez de ça ?
12. Est-ce que votre famille a fait pression sur vous de faire les enfants ?
13. Qu'est-ce qui signifie une femme indépendante ? Est-ce que c'est une bonne chose d'être une femme indépendante ?
14. Qui a le droit de décider si une femme tombe enceinte ?
15. Comment avez-vous vu que la position de la femme change avec le temps ?
16. Est-ce que vous voulez que ça change en plus ? Comment ?

Appendix 2: Helpful Contacts

(In Ngaoundéré)

Hadja Néné Fatoumatie 94 75 70 56
President of a Muslim association in Ngaoundéré

Mme. Abdoullahi 79 82 87 94
Delegate of the Ministry of the Promotion of Women and the Family

Hélène Sadou 77 40 19 01
Santé de la Réproduction, Hôpital Régional de Ngaoundéré