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# On the Modernity of Traditional Contraception: Time and the Social Context of Fertility

JENNIFER JOHNSON-HANKS

FAMILY PLANNING RESEARCH and policy have emphasized biomedical contraception as a matter of course. Indeed, a method transition—from low-technology, essentially behavioral forms of pregnancy avoidance to high-technology, biomedically efficient contraception—has become part of the fertility transition model, alongside the emergence of the calculus of conscious choice and the centrality of parity-specific control. In this way of thinking, “traditional” contraception should give way to “modern” family planning through processes of development, as the economic and social costs of effective birth control decline. So strong is this ideology that some program-oriented groups do not consider “traditional” methods to be contraception at all. The Alan Guttmacher Institute, for example, counts women using a “traditional” method among those “in need of contraception” (Alan Guttmacher Institute 1994: 6). This equation has taken hold despite the fact that the prototypical fertility transition, that of Europe, relied largely on the traditional methods of withdrawal and abstinence, alongside abortion (see, e.g., Fisher 2000; Santow 1995; Schneider and Schneider 1996). This article questions the common wisdom about the category “traditional” contraception.

I wanted to avoid [getting pregnant]. I say “I wanted to” because I didn’t use a reliable method. That’s why I found myself pregnant. Because I am horrified by certain methods. I don’t accept all of the methods that they offer to us. So I wanted to avoid [pregnancy] using my little methods, what they call “keeping count.” And there you have it, the baby came.

The speaker, Mrs. Ebene,<sup>1</sup> lives in Yaoundé, the capital of Cameroon. She completed secondary school in 1969 and married her first sweetheart, who finished college and became a government official. She and her husband are active in the Catholic Church and in civic life. After bearing three chil-

dren, Mr. and Mrs. Ebene found their resources strained, and agreed that three was enough. Using periodic abstinence ("le calcul" in Camfrançais), they sought to avoid additional childbearing. But two years later, Mrs. Ebene had a fourth child—a child classified as "unwanted" in family planning and development literature, the result of an "unmet need" for contraception. Mrs. Ebene's story seems almost made-to-order for a funding application to expand family planning services in southern Cameroon. But if we probe a little further, the clear picture falls apart: Mrs. Ebene indeed had access to biomedical contraception. She knew of other methods, including the IUD, the oral contraceptive, and Depo-Provera; she knew where to get them; and she knew of their low cost. Nonetheless, she and her husband chose to employ periodic abstinence because it conforms to a set of social goals that they sought to achieve.

Mrs. Ebene is an educated woman, monogamously married to a formal-sector employee, with three healthy children, and she chose to avert pregnancy using periodic abstinence. Something seems very wrong here: a woman from the modern, formal sector should be using a modern, formal method. But she is not, nor are the majority of women like her in Cameroon. Periodic abstinence is the most common method of contraception, accounting for some 55 percent of all contraceptive practice; it is the most common method among the educated and among urban women. Other methods are available and are heavily subsidized. So why are women relying on a "traditional" and "ineffective" method?

Method choice has drawn considerable attention in recent years (e.g., Guilkey and Jayne 1997; Lindsay, Smith, and Rosenthal 1999). Of particular note are the observations that, in many social groups, one or a small number of methods predominate and that the methods of choice vary substantially. Kohler (1997) argues that this well-known regional variation in contraceptive method mix could arise as the result of "learning in social networks," whereby women select their contraceptive methods on the basis of imperfect information gathered from members of social networks (see also Montgomery and Casterline 1996; Rutenberg and Watkins 1997; Kohler, Behrman, and Watkins 2001). Potter (1999) explains the same phenomenon in terms of the sedimentation of historically particular developments in policy and medical practice. This article complements the approaches taken in these recent works. The rather unusual<sup>2</sup> contraceptive method mix in Cameroon may arise partly through the path-dependent process that Kohler, Potter, and others propose; however, it also has a coherent, systematic social basis. That is, while history matters, it does so on the basis of available social repertoires; circles of evaluative conversation are not on the whole innovative (see Hammel 1990; Watkins 1990), and thus some methods are more likely than others to become "sedimented" in this way.

Beti women in southern Cameroon use periodic abstinence not only because they believe it to be effective, but also because it enables them to

enact a disciplined, honorable, and modern identity. This identity is centrally tied to the management of multiple temporalities. Women who employ periodic abstinence must evaluate the status of their bodies on a daily basis and manage their sexual relationships in a disciplined manner. Their success, as measured by averting unintended pregnancy, marks them as bearers of a modern honor, in much the same way that Sicilian couples considered the effective use of withdrawal a marker of disciplined modernity (Schneider and Schneider 1996). This article argues that women's contraceptive practice often achieves social goals beyond avoiding pregnancy. At least sometimes, these other goals are as important in the decision of whether and how to use contraception as are fertility intentions themselves. We should therefore not expect the efficacy of a method in averting pregnancy necessarily to be the leading factor in determining its desirability.

### The Beti social system

By claiming that contraceptive practice is about achieving social goals, of which preventing pregnancy is only one, I am arguing that we need to know something about social organization and the kinds of social goals that motivate action in order to understand patterns of contraceptive use. I focus on a group of people called Beti, who inhabit most of south-central Cameroon. Numbering about 3 million, the different groups collectively called Beti constitute about one-fifth of all Cameroonians, but they account for approximately half of all current contraceptive users. For this reason, this article moves between analyses of Beti social patterns and Cameroonian statistical ones; it is a quantifiably justifiable comparison, although not a perfect one.

In the past, the term Beti referred to a social status—that of the powerful, successful man who manages his own affairs—but for more than a century censuses and surveys have employed it as an ethnic label, and it is now understood primarily as such by those so classified. It is not a single descent group, or even closely related ones, but an amalgam of related peoples whose collective identity is in part political.<sup>3</sup> The ancestors of most of the contemporary Beti had substantial common elements in their culture, social organization, and economy. These have undergone dramatic transformation since the end of the nineteenth century. In some five generations, the Beti have gone from swidden horticulture to incipient e-commerce, from acephalous segmentary lineages to multi-party elections, from having no writing system to having upwards of 70 percent of the population literate in French.

These socioeconomic changes have occurred in conjunction with notable shifts in a local system of honor that underlies many reproductive choices. When the German government declared the Schutzgebiet of Kamerun in 1884—a protectorate, in effect a colony—the ancestors of the people called

Beti lived in small, kin-based villages with substantial geographic mobility. Through taxation, physical pressure, and the imposition of a local political hierarchy, German colonials established sedentary, centralized communities in the decades before World War I (see Mveng 1963; Ngongo 1987). At the same time, Roman Catholic missions and mission schools brought about one of the most rapid and extensive religious conversions known in sub-Saharan Africa (Laburthe-Tolra 1977; also Dah 1989). Following World War I, southern Cameroon was administered by France under a mandate from the League of Nations. Lacking personnel and economic resources to invest in that part of Africa, France sought ways to manage Cameroon cheaply, by allocating fiscal responsibility for state activities to civil institutions—especially the invented chieftaincy and the missions (Froelich 1956; Lembezat 1954; Quinn 1987). The two institutions became deeply interwoven when mission education became a legal prerequisite to chieftaincy. Increased production for the cash economy reconfigured patterns of kinship and residence in this period, as rural men took as many wives as possible in order to capitalize on women's labor on their plantations (see Guyer 1984: 34–36). Some of the profits from these enterprises were reinvested in formal education for children, who subsequently entered state employment. Thus, the institutions of the state, the church, and the school together came to define a newly emergent elite (Bayart 1993; LeVine 1961).

French Cameroon became independent in 1960. Schooling was a major priority of the newly independent government, and educational institutions at all levels were built in record numbers in the 1960s and 1970s. The expansion of public schooling was possible, in part, because of the strength of the national economy at that time. Cameroonian exports of cocoa and coffee were highly profitable and the state was solvent. But in 1987 the prices of these exports collapsed, producing “*la crise*,” a disintegration of socioeconomic order that persisted at least to the turn of the millennium. Civil service salaries were cut twice, and the currency was devalued by 50 percent in 1992. But the effects of the crisis have been as much social as economic, and many southern Cameroonians talk of generalized distrust caused by “*la crise morale*” (discussions of the crisis are in Mbembe and Roitman 1995 and Feldman-Savelsberg 1999).

Concomitant with these economic and political changes, significant transformations have occurred in what I call the Beti honor economy. From the first ethnologies around the turn of the twentieth century (Brazza 1887–88; Largeau 1901; Morgen 1893; Tessman 1913; Trilles 1912), there is rich evidence of a Beti honor complex, which in some ways resembles the classic Mediterranean systems (see Campbell 1974; Herzfeld 1980; Péristiany 1966; Schneider 1971). In the Beti case, honor inheres primarily in “self-possession”: autonomy and self-discipline. Self-possession can be earned, lost, and traded within a limited set of other valuables; like “face,” Beti honor is a form

of social currency (see Goffman 1959, 1967). Thus, while honor cannot be constructed as a commodity per se, it is a reservoir of value. Today, being Beti is itself intimately linked to this economy of honor. But the system is in flux. What honor means and who can attain it have been changing in conjunction with the socioeconomic transformations of the last century.

Two changes to Beti concepts of honor are key: it is increasingly considered applicable to women, whereas earlier it was attainable only by men, and the content of honor is shifting as the Catholic Church, formal schooling, and the modern state become increasingly central institutions. Although none of these three is new—large-scale religious conversion, for example, was completed early in the twentieth century—as forms of social organization they continue to expand their influence on social practices. Thus, as a new segment of society—women—becomes eligible to claim honor, the meaning of that claim is in transformation. Although the basic premise of honor in self-possession remains, self-possession is taking on new characteristics, especially “la discipline.” Discipline is an aspect of honor interpreted by Beti as Catholic, educated, and “modern.” It resonates particularly with the experience of Cameroonian schooling, in which the emphasis on discipline may exceed the emphasis on explicit academic curriculum. The fact that periodic abstinence is taught in school reinforces its status as a means to modern honor, as I will show.

In the early ethnography, it is clear that Beti honor applied only to men: only a man could become *mfan mot* (“a real person”); only for a man could *esani*, the honorary funerary dance, be celebrated (see Tessman 1913: volume II). Although women could make claims to certain forms of respect, what Guyer (1996) has called “self-actualization” among the Beti was simply not accessible to women. This is no longer the case; educated Beti women today clearly aspire to, and believe themselves capable of attaining, a culturally specific honor. Yet, it is an honor different from that of men. Beti women and men enact honor in different ways and in different domains of life. For women, sexual and marital relationships and childbearing are central loci in which to play out a code of honor: by managing the timing and social context of sex, marriage, and especially motherhood, Beti women can claim an honor special to them. A central reason periodic abstinence is the preferred method of contraception is that it is seen as epitomizing self-discipline and formal training in the timing of critical life events, and thus it is a marker and maker of modern female honor.

## Research methods

The majority of data for this article come from ten months of fieldwork that I conducted in Cameroon in 1996 and 1998, including classroom observations, open-ended interviews, and the collection of demographic life-histo-

ries. Contraceptive method choice constituted only a small part of the research, which focused on the relationship between women's schooling and childbearing. In fact, I went into the field uninterested in method choice, which I perceived as a technical issue of how to implement a prior, and more interesting, decision about childbearing. As a result, my data on method choice are eclectic: unlike pregnancy or bride-wealth marriage, regarding method choice I have information about intentions, but little about rates. Thus, I employ the Cameroonian Demographic and Health Surveys of 1991 and 1998 for representative data on rates.

The research was conducted in the capital, Yaoundé, and in a mission village and school about two hours away. The general project addressed the relationship between Catholic schooling and fertility, particularly the entry into marriage and motherhood. The data include over 100 hours of classroom observations, time-use analysis, interviews, and a demographic life-history survey, of which the interviews and the survey are the most important for this article. All of the research was conducted in the local dialect of French. Translations are my own; all quotes come from transcribed tapes.

The 37 tape-recorded, narrative life-history interviews were conducted with women who were either currently attending or had attended a Catholic high school in the Central Province (despite its name, Central Province is in southern Cameroon). These interviews followed a general set of questions, but were open-ended; they lasted from about 40 minutes to nearly two hours per session. Some women were interviewed on two or more occasions. The topics included the life history of the respondent, her aspirations for the future, and her opinions about Catholic schooling, marriage, and motherhood. All but two of these recordings have been transcribed in full.

For the demographic survey, my research assistants and I interviewed 184 women who had completed at least one year of Catholic secondary school in the province and were no longer attending school. The questionnaire was a modified life-history regimen, concerned with schooling, work, residence, relationships with men, and reproduction. There is some overlap with the census and the Demographic and Health Survey, but this survey focused especially on things the DHS ignored: school quality, household composition, pregnancy outcomes other than live birth, and the multiple phases of marriage. All the data were collected with reference to person-year of life and were coded and entered in this way. Thus, the 184 women are represented by 4,209 lines of data.

The survey sought to capture the range of experience of Catholic-educated Beti women. Only an enumeration of the province would have constituted a complete sampling frame, and this was unavailable. Previous research had indicated that Catholic-educated women were to be found in a variety of socioeconomic situations, suggesting that a single residential- or work-based sample risked bias. We therefore used a multifaceted approach,

selecting interview participants in one of six ways: (1) family network sample, (2) residential samples in two urban neighborhoods, (3) pediatric hospital sample, (4) three workplace samples, (5) three residential rural samples, and (6) two self-help association samples (details are in Johnson-Kuhn 2000: 35–39). These data provide a rich body of information about the reproductive, marital, and schooling intentions and practices of women in southern Cameroon.

## The role of periodic abstinence

Periodic abstinence accounts for more than half of all contraceptive use in Cameroon. In the 1998 Cameroon DHS, 16 percent of women reported that they were currently using periodic abstinence, and 11 percent reported current use of any other method. Over 37 percent reported ever having used periodic abstinence. Although also used for stopping childbearing, periodic abstinence in Cameroon is particularly important for spacing births, and even more for postponing the first birth. Indeed, a significant proportion of all contraceptive use in Cameroon is designed for spacing and postponing: nearly 80 percent of women who report current use of contraception say that they eventually want more children. This pattern fits with the claims of Bledsoe, Caldwell, and others that West African reproductive management is focused on spacing, in sharp contrast to a model of fertility control focused on number of children (e.g., Bledsoe et al. 1994; Caldwell, Orubuloye, and Caldwell 1992). Table 1 shows the proportion of women reporting current use of periodic abstinence, another contraceptive method, or no method by age, parity, marital, and educational status.

Periodic abstinence is the most common method used by women of most social categories; however, its use is most prevalent among the young and nulliparous, the unmarried, and the educated. What is particular about these women? What leads them so often to make a choice that appears, from the perspective of the international family planning community, to be ineffective and therefore irrational? Two explanations come readily to mind: either these women are not committed to contraception, or they are uninformed about the availability and low cost of biomedical contraception. As I will show, neither of these explanations holds. Indeed, the category of women who turn most often to periodic abstinence are highly motivated to avoid a mistimed birth and are amply informed about available methods. Their choice of a so-called traditional method is grounded precisely in the modern conjuncture that they face: postponing childbearing while finishing school and seeking formal-sector employment.

That users of periodic abstinence are highly motivated to avoid a birth now is evidenced by data from the DHS, from in-depth interviews, and from circumstantial data about their other reproductive practices. In interviews,



**TABLE 1** Percent of women currently using periodic abstinence, another method, or no method, by age, marital status, schooling, and parity

	Periodic abstinence	Any other method	No method
<b>Age (years)</b>			
15-19	19.3	6.7	74.0
20-24	20.5	13.1	66.4
25-29	15.8	13.3	70.9
30-34	11.9	12.8	75.3
35-39	11.8	16.0	72.3
40-44	9.9	16.1	74.0
45-49	5.4	10.2	84.4
<b>Marital status</b>			
Never married	25.6	13.4	61.0
Married	8.9	10.2	80.9
Widowed, divorced, or separated	13.7	16.3	70.0
<b>Schooling</b>			
None	1.5	2.2	96.3
Primary only	11.3	10.8	77.9
Secondary or more	27.9	19.0	53.1
<b>Parity</b>			
0	23.5	9.6	66.9
1	13.9	11.2	74.9
2 or 3	12.3	11.9	75.8
4 or 5	12.0	12.5	75.6
6 or 7	12.3	16.8	70.8
8 +	7.9	15.6	76.5

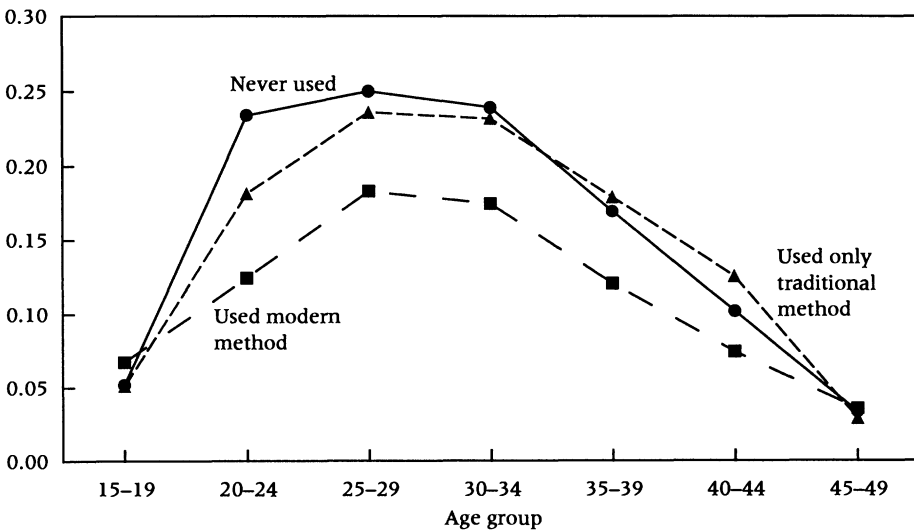
SOURCE: Fotso et al. 1999.

women using periodic abstinence often spoke about how strongly they felt about avoiding pregnancy. In no sense did women relying on periodic abstinence express less commitment to contraception than did women using other methods. For example, an eleventh-grade student explained that she and her boyfriend used periodic abstinence, because both giving birth and having an abortion were unacceptable outcomes. "We take precautions. That [a pregnancy] must not even happen. There must not be a history of aborting.... If I do get pregnant, I will give birth, but we do everything we can to avoid it from happening." This young couple is determined to avoid a birth for now, as both have plans for further schooling and training that starting a family would undermine. They also reject abortion, meaning that the consequences of unintended pregnancy could not easily be mitigated. Well-

informed and urban, these young people with strong motivation to avert pregnancy nonetheless have chosen periodic abstinence.

The second form of evidence that women who use periodic abstinence are motivated to avoid a birth is that they in fact do so: if action provides evidence of intention, there can be no more convincing data than these. Data from the 1998 DHS demonstrate that Cameroonian women who have used periodic abstinence have lower birth rates in the youngest ages than do women who have never used a method. Figure 1 shows the age-specific fertility rates for women who have never used a method and those who have used periodic abstinence. In the age range 20–24, when periodic abstinence is most commonly used, there is a small but statistically significant difference in fertility between women who report ever use of periodic abstinence and women who report never using a method. In fact, several factors militate against finding any difference here at all, so that even this small difference means a good deal. First of all, these rates are for all women. The vast majority of women who have never had sex will also have never used a method, whereas all of the women who use periodic abstinence will have been sexually active. In the youngest age groups, where the entry into motherhood is most strongly at stake, the proportion of women who are sexually active will matter greatly for fertility rates. Second, some of the women who used periodic abstinence to avert an unwanted pregnancy have also used a clinic-based method at some point, in which case they are classified among the ever-users of modern methods. Third, having “ever used” peri-

**FIGURE 1** Age-specific fertility rates by ever-use of contraception



SOURCE: Fotso et al. 1999.

odic abstinence could mean a variety of things: we have no data on the duration or specific timing of use. For all of these reasons, what looks like a small difference in young-adult fertility rates is actually quite substantial.

The final form of evidence that Cameroonian women who use periodic abstinence are indeed committed to avoiding giving birth is that the category of women most likely to use periodic abstinence is also the category most likely to abort, should they fall pregnant by mistake (see Johnson-Hanks, *in press*). Although abortion is illegal and subject to substantial social opprobrium, educated nulliparous women do resort to it. Their willingness to abort, despite its substantial risks, further indicates that those who use periodic abstinence do so because it is the method they prefer, not because they are uncommitted to family planning.

A second potential explanation as to why so many Cameroonian women rely on periodic abstinence is that modern contraception is unavailable or too expensive. According to this reasoning, women would switch to more reliable biomedical methods if they could obtain them and afford them. In southern Cameroon today, this explanation does not hold. Not only is contraception accessible to most women, it is also available at relatively low cost. The fact is that most women find modern methods unacceptable.

Cameroon began to develop a population policy in 1985, with the creation of a National Population Commission. The policies promoted by this commission resonate with the language of the Cairo conference, advocating maternal and child health, girls' education, and the self-actualization of couples and families (MINPAT 1992). Contraception is part of this policy, but has not been forcefully promoted by the government. That said, at least in the Central Province an extensive network of dispensaries offers subsidized family planning methods. With international aid, dispensaries have a surprisingly reliable supply of pills, injectables, and IUDs. In some clinics I visited, supplies to treat malaria and diarrhea were exhausted, but they nonetheless had contraceptives. Pills at the local dispensary cost the equivalent of 90 cents a month: the cost of three cups of Nescafé. IUDs and Depo-Provera are also heavily subsidized. Largely because of the AIDS crisis, condoms are even more widely available, not only from dispensaries and pharmacies but also from small general stores. The expected wares in a small village shop now include condoms, alongside sugar, soap, bottles of soda and beer, batteries, and matches.

These supplies are on hand, and women know about them. According to the 1998 DHS, over 75 percent of all Cameroonian women, and over 99 percent of women with secondary schooling, knew at least one modern contraceptive method and its source. In my own research, most secondary-school students in the Central Province could name four or five modern methods and knew where to procure them. Women regularly visit local health clinics for other reasons, where they are told about contraception.

Neither lack of knowledge nor lack of access can explain why women prefer periodic abstinence. Periodic abstinence is the preferred method in Cameroon because its use conforms to a local conception of honorable action. As my research assistant put it, by practicing periodic abstinence a young woman “makes herself” (literally, “makes her own personality”).

### The social motivation for periodic abstinence

Young, educated Cameroonian women overwhelmingly prefer periodic abstinence for two reasons. First, it is not associated with any negative side effects—reproductive, sexual, or social—in contrast to nearly all other methods. Second, periodic abstinence is perceived as uniquely modern and honorable, as it conforms almost perfectly with local notions of self-discipline, temporal management, and measured self-restraint. Some older women, whose identity as honorable mothers is already established, might be willing to give up their future fecundity for the ease and convenience of sterilization; for young women, however, periodic abstinence has little competition. Most Cameroonian women and most users of periodic abstinence are highly motivated to protect their sexual and reproductive health, ensuring their physical desirability and their future fecundity. As noted earlier, 80 percent of women who report current use of periodic abstinence in the 1998 DHS say they want another child. Bledsoe, Banja, and Hill (1998) have argued that Depo-Provera and other long-term contraceptive methods are used by West African women to protect their future fecundity, assuring a reproductive rest when it is most needed: an extreme solution to a dire situation. Periodic abstinence represents a complementary strategy: perceived as a method without side effects, it offers avoidance of pregnancy for exactly the duration required, with no risk of subfecundity. The only perceived cost is the difficulty of self-mastery that periodic abstinence entails, and given the form of the Beti honor system, as I will show, this difficulty might alternatively be seen as a benefit.

Concerns about side effects of contraceptive methods other than periodic abstinence are widespread and significant. This finding is consonant with the research of Rutenberg and Watkins (1997), who found that concerns about the possible side effects of contraception played a major role in women’s conversations related to reproduction. Hormonal and barrier methods, as well as the IUD, are seen as invasive, disruptive of the body’s natural rhythms, and potentially deadly. Feldman-Savelsberg et al. (2000) studied the social history of the Cameroonian rumor that vaccinations offered as part of the Year of Universal Child Immunization would sterilize women. Like that rumor, the worries that circulate about many modern contraceptives are at once medical and social; contraceptives are seen as physically

dangerous, but in ways that are socially significant. Mrs. Ebene, whose case I cited at the beginning of this article, noted that the IUD could make one bleed uncontrollably, and that pills could damage the skin, causing it to peel and turn white. Women report that condoms can come off and get stuck in a woman's body, shutting off her reproductive system or clogging the valves of her heart. The sexual education instructor at one high school was quite explicit in her opinion that pills were dangerous for young women, claiming that they could cause permanent sterility by backing up the production of eggs in the ovaries. As another informant explained, "When you stop like that, the body will never find itself again." Similar concepts of blocked flows and thwarted life events as the basis of ill health have been documented in a variety of Central and West African contexts (e.g., Janzen 1978; Levin 1996).

In addition to causing physical harm, many Cameroonian women are concerned that medical contraceptive techniques will inhibit a natural and healthful sexual life, making the woman unattractive or destroying her desire for sex. In southern Cameroon at least, a healthy sexual life is considered essential to physical well-being, both for men and for women, and disturbances to pleasurable sex are considered severely problematic (see Laburthe-Tolra 1977; Ombolo 1990). It is not considered merely inconvenient or undesirable, but actually physically dangerous to disrupt normal sexual function. Long-term abstinence is rejected for this reason. Thus, when contraceptive methods are perceived to inhibit good sex, they are largely rejected. This rejection applies to condoms, much as it does in the United States, but also to pills, which are said to make a woman unattractive and decrease her physical desire for her partner. One of my informants explained: "Taking the pill, I find that ugly, bad, whatever. That will come to change your body, the way your body works. So it is not useful to take the pill." Similarly, many women consider the IUD harmful to sexual welfare, because a partner could perceive it during sex, making intercourse physically uncomfortable and emotionally tense. Finally, long-term hormonal contraceptives are thought to make a woman listless and physically undesirable, and to inhibit fertility far longer than the clinic staff claim.

The so-called modern methods are also rejected because they are perceived as encouraging undisciplined and disorderly behavior, particularly in reference to the social management of time. The same sexual education instructor mentioned above explained how French women "take the pill in a disorderly fashion," because they are not concerned about whom they will have sex with, or when. A student explained that she rejects the IUD because it can encourage women to be "sexual vagabonds" and to neglect proper discretion and social decorum. Provocatively, its equation with disorderly conduct makes biomedical contraception, from a Beti perspective, antimodern. Periodic abstinence is perceived not to have the risks, dangers,

and disadvantages of other contraceptive methods—it does not threaten a woman's physical or sexual health, and it does not lead her into inappropriate behavior. In addition, periodic abstinence is thought to have an additional, social benefit. By practicing periodic abstinence, a young woman is able to claim an identity as a disciplined, educated, and modern woman. Periodic abstinence is a social practice “basically related to power and knowledge” (Foucault 1988: 10), a “technology of the self.”

It is perhaps significant that a young woman need not be a perfect user of periodic abstinence to benefit socially from the esteem accorded “modern girls,” given that even allowing for some error, most couples will not conceive for months or even years. Planned Parenthood estimates that with “average use,” periodic abstinence has an annual failure rate around 20 percent. Although this is high compared to other methods, it nonetheless implies an average waiting time to unintended conception of five years. Thus, even without managing what Planned Parenthood calls “perfect use,” a young woman is unlikely to confront an unintended pregnancy right away. Since conception is the only clear indicator that a woman's calculus is in error, even an “average” user of periodic abstinence may reap the social rewards of practicing honorable timing for a considerable time.

The claim to modern honor matters because *Beti* social organization is largely oriented around honor and shame. For a woman, honor lies first and foremost in her sexual, marital, and maternal relationships. Because educated women orient their actions toward conformity with the contemporary honor system, it plays a significant role in explaining the reproductive practices of young, educated women, who seek to represent themselves as honorable through their discipline and modernity. Periodic abstinence conforms to the dictates of modernity and self-discipline in local logic. It is taught in school, it requires both mastery of a calendar technology and temporally defined self-control, and it is acceptable to the Catholic Church, of which most *Beti* are members. By visibly—or vocally—practicing periodic abstinence, an educated woman can therefore legitimate her claims to modern honor, in addition to averting births. Indeed, southern Cameroonian women are proud of their success with periodic abstinence, as it demonstrates their ability to perform a modern task well.

Most schools in southern Cameroon, both Catholic and public, now teach courses in “Love and family life,” integrating home economics and sex education, starting in the seventh grade. The curriculum in eleventh grade, which I observed as part of my school-based study, includes instruction on how to care for imported fabrics, the translation of dry weight measures into liquid measures, and human reproductive biology. The course is not subject to external examinations, but it is mandatory. The course includes explicit instruction in the temperature method of fecundity awareness, as well as intermittent discussion of the calendar method (the preferred means of avoiding

pregnancy). In her first lecture on contraceptive methods, the teacher began with a division between “natural” and “artificial” means of birth control. Periodic abstinence was the only method listed as “natural.” Under “artificial,” she included the IUD, pills, condoms, diaphragm, and abortion. Although the distinction between “natural” and “artificial” invokes, to a degree, the “traditional versus modern” distinction, its moral valence is quite different. Whereas “traditional” may imply conservative, old-fashioned, or even backward, “natural” is associated with health, well-being, and even godliness. Thus, although other methods of contraception are also explained, the contraceptive segment of “Love and family life” likely encourages the use of periodic abstinence over the use of other methods.

The centrality of periodic abstinence to the sexual education curriculum has two significant consequences. First, many women perceive periodic abstinence as something modern and connected to schooling. Young women do not learn it from their mothers or older sisters, but from a teacher. Second, almost all women who have attended secondary school are explicitly trained in how to calculate the menstrual cycle and when to abstain. The 1998 Cameroon DHS found that nationwide nearly 50 percent of all women, and close to 90 percent of women using periodic abstinence, could accurately identify the fecund period of the cycle. One of my informants explained that she was confident she would not fall pregnant unintentionally, because she and her boyfriend are careful to avoid pregnancy; “because when it is during the fecund period, we wait. I learned to count my cycle.” Like most of the young women I interviewed, her counting method is the one she learned in school: starting on the tenth day after the onset of menses, abstain for eight days.<sup>4</sup> The method relies on formal knowledge, however simple, of biology and calendrics. It requires a technology that corresponds well to the image of the educated woman as literate and numerate: indeed, periodic abstinence is known in the local version of French as “le calcul,” the same term that refers to arithmetic and calculus. Whereas the IUD or Depo-Provera requires almost no school-based skill on the part of the woman, periodic abstinence relies on the correct application of formal knowledge.

A significant element of modern *Beti* honor is adherence to a rigorous self-discipline. Self-discipline is enacted in all domains of life, from not laughing too readily or too loudly, to engaging in hard work, to timing life transitions (such as childbearing) well. Just as long-term abstinence and sexual repression are thought to be unhealthy, excessive and uncontrolled sexuality are also seen as morally corrupt and potentially physically deleterious. One woman explained: “I am going to say how Cameroonians interpret this honor [*dignité*] in women. You first look at the way she manages her sexuality; you can’t avoid that. The less you are a sexual vagabond, the more you are honorable [*digne*].”

*Beti* women’s self-discipline is intimately tied to concepts of temporality, and timing is a key object of honorable control. This constant self-man-

agement applies at multiple levels and in a variety of domains, but most clearly, perhaps, to the various aspects of sexuality and motherhood. Properly managing the social timing of things great and small—from a conversational intervention to the birth of a first child—constitutes a critical element of the modern Beti honor. The mother of a new infant, for example, has her days entirely filled by the schedule of baby care, which must be completed in an orderly and, above all, timely fashion. In the villages, the baby is washed twice a day, with water that has been boiled and allowed to cool. The baby is fed and changed on a regular schedule. Should the baby fall ill, others will accuse the new mother of laxity and negligence. Honorable motherhood is associated with the production and caretaking of infants in good time (see Gottlieb 1998).

Thus, periodic abstinence has the moral advantages of being associated with modern schooling, corporeal self-mastery, and good timing. In addition, it matters that the Catholic Church considers periodic abstinence acceptable. In southern Cameroon, some 90 percent of babies are baptized Catholic, and the Catholic Church plays an important social role. Over 25 percent of secondary school students in the province attend church-operated schools, and for uneducated older people the church offers literacy lessons. Many health centers are managed by the Catholic Church, even when they are publicly funded. Certainly for educated women seeking to identify themselves as modern, participation in the church and acceptance of its teachings plays an important role. At the same time, the Cameroonian Catholic Church has been extremely liberal in regard to contraception. The church there does not explicitly oppose other methods of contraception. Indeed, Catholic-funded clinics carry IUDs, pills, and injectables, as do clinics funded by other organizations. Thus, the church's support of periodic abstinence can be seen as working to encourage it, but not necessarily to diminish the use of other methods.

### The abstaining couple

I have argued that Beti girls see the use of periodic abstinence as demonstrating their membership in a category of "modern," disciplined women, defining female honor. However, it is not only the individual woman, but also the sexually active couple of which she is a part, that is subject to this categorization. Just as certain Beti women are subject to sexual stigma as less-than-modern, so too are certain sexual relationships. It is commonly assumed that periodic abstinence, like withdrawal or condoms, requires the active collaboration of both partners for its success (e.g., Gray et al. 1999: 43). Following my informants, however, I would suggest instead that effective use of periodic abstinence requires either collaboration or significant sexual autonomy for the woman and that either of these implies sexual relations of a different kind from those practiced in the past.



Many of the relationships in which periodic abstinence is practiced are visiting unions: noncohabiting but relatively long-lasting and "serious." As Calvès (1996) has shown, in southern Cameroon these unions are rarely monogamous and are not necessarily assumed to be so. Partners often harbor substantial mutual mistrust, and one of my informants characterized the relationship as defined by "a total lack of confidence." This opinion is widely held by young Beti women. In another example, when I asked what kind of man she hoped to marry, an informant answered: "One who is faithful, but as that is impossible here in our country, I don't know what kind I will marry." It would be unlikely that a woman could rely on consistent collaboration in contraception from a partner in whom she has so little trust. Yet, some women in unions lacking all confidence in their partner nonetheless manage to avert pregnancy through periodic abstinence. They appear to do so by managing their availability during those crucial eight days; for these women, periodic abstinence is associated with contriving periodically not to see their boyfriend at all. To do so is not impossible, as the partners do not cohabit and the men may well have other sexual partners at the same time. However, it does require that the woman be able to enforce her will upon her partner, to refuse sex should he visit unexpectedly, and that implies that women have significant negotiating power in sexual relationships. This is in strong contrast to available descriptions of Beti sexual relations in the past, which emphasized women's subordination to men (e.g., Vincent 1976). Without the wholehearted collaboration of her sexual partner, abstaining periodically requires that a woman control not only her own, but also—at least to some degree—his sexuality.

In other relationships, such as that of Mrs. Ebene with whom we began, the partners agree and collaborate in the use of periodic abstinence. This, too, implies a significant shift in the nature and character of sexual relations. Although romantic love does not appear to be a new idea in Cameroon (Tessman noted its existence in 1913), companionate marriage may indeed be. It is certainly considered to be a recent, foreign introduction by many young Beti women, who explicitly cite the dubbed re-runs of the American television series "Beverly Hills 90210" that are shown once a week on Cameroonian television as a preferred source of knowledge about sexual partnerships. Although rarely cited by Cameroonian women as a source, the Catholic Church has also been important in changing models of legitimate gender relations and introducing the concept of the companionate marriage. The shaping of Beti women as potential bearers of honor finds its genesis in the early-twentieth-century Catholic instruction of the equality of men and women before God (Dillinger 1991; Nkoé 1991; see also Johnson-Kuhn 2000 for a discussion). The monogamous couple, ideally married in a Mass, making joint decisions with only the limited input of natal kin, is gaining ground as an ideal worth pursuing. This model of sexual relations also makes collaboration in contraception feasible. Thus, whether

acting autonomously in doubt-filled relations or jointly in companionate ones, contemporary Beti women often find themselves in sexual unions that make periodic abstinence practicable.

## Conclusion

It is important to remember that the European fertility transition was achieved not through modern, medical contraceptive methods, but rather with a combination of periodic abstinence, withdrawal, and abortion—two of which are also central to fertility management in southern Cameroon. In fact, the similarities between the historical European transition and the contemporary Cameroonian one are notable in several respects. Not only are the methods similar, but so are the moral and ideological frameworks. Schneider and Schneider (1996) demonstrate that in Sicily in the late nineteenth and early twentieth centuries, what constituted a respectable family changed from large to small. The practice of withdrawal came to define the moral family not only because it enabled couples to limit family size, but also—especially—because it required sexual self-mastery and sacrifice (hence the euphemism *fare sacrifici*; 1996: 149). Thus, in Sicily, as in Cameroon, early in the fertility transition people made an explicit ideological “connection between family respectability and sexual continence” (ibid.: 270); in both instances, the method was perceived as foreign, even specifically French, and as associated with “progress” and schooling (ibid.: 226). Similarly, Simon Szreter (1996) argues that a “culture of abstinence” pervaded Britain in the 1940s or before, such that “small family norms were underpinned by a set of closely related negative moral judgements, which acted to identify, label and stigmatise parents of large families as sexually undisciplined, socially unrespectable and liable to be bringing up unhealthy citizens” (1996: 521; see also Fisher 2000).

But the widespread use of periodic abstinence in Cameroon also differs from the European experience of withdrawal and abstinence in several significant ways. First, in contemporary Cameroon, other methods are available and are even subsidized as part of a well-organized, international campaign. Second, periodic abstinence is used primarily by young, unmarried women to postpone a first pregnancy, or by low-parity women, regardless of marital status, for birth spacing. That is, its primary use is not to terminate childbearing after reaching a certain desired number; in this way, most use of periodic abstinence in Cameroon is not parity-specific, and is therefore not “family limitation” in the classic sense. Thus, the object of social opprobrium, the sign of sexual indecency and lack of self-control, is not a large family, as in the Sicilian case, but rather ill-timed births. Indeed, local cultural logic puts surprisingly little focus on child numbers. Watkins (2000) shows how Kenyans have navigated three partially competing models of reproductive practice. The first two models are defined in terms of family

size ("large families are rich" and "small families are progressive"), and the third in terms of the means of attaining specific family sizes ("it is acceptable to use contraception"). A similar mapping of the Beti perception of reproduction would focus not on family size, but on its composition and timing. The new model of childbearing practice being pursued by young, educated Beti women will probably result in smaller completed family sizes, but its motivation, first and foremost, is that births be well-timed with reference to a social calendar.

I have argued in this article that the prevalence of periodic abstinence in Cameroon is not a mystery if we examine contraceptive use as a social practice, rather than as a narrowly medical one. In practicing periodic abstinence, Beti women are not only averting births, but also asserting a modern, educated, and disciplined identity. They are using a method classified as "traditional" in a biomedical perspective to express their commitment to, and alignment with, "modern" values and goals. Periodic abstinence conforms to emerging local concepts of women's honor; it provides a mechanism for women to express a modern identity. This case illustrates a much broader issue: contraception is not only about averting pregnancy, but also about living a sexual and social life. Contraceptive prevalence rates measure not only the commitment to averting births, but also willingness to use certain methods within a given social context. I have argued elsewhere that actors' orientations to social action are always multiple and often contradictory (Johnson-Hanks, in press). The data presented here suggest further that some orientations are neither universal nor visible at first glance to the outside observer. Contraception is not only about fertility intentions. Thus, studies of family planning methods and programs must be grounded in an understanding of the social system of which they are a part.

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## Notes

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1 A pseudonym.

2 Cameroon's dependence on periodic abstinence is uncommon, but not unique; Madagascar and Togo have similar patterns.

3 In contemporary national politics, Beti identity is defined in opposition to the Bamilike of the west and the "Nordistes" of the north. All three self-declared ethnicities are to some degree recent agglomerations of related but previously distinct groups, oriented toward access to national resources (see Feldman-Savelsberg 1999: 193–194 for a related discussion). What joins the Beti are their related languages and broadly common history as swidden horticulturalists at the northern fringe of the tropical forest.

4 Planned Parenthood recommends abstaining from day 8 to day 17.

## References

- Alan Guttmacher Institute. 1994. "Women and reproductive health in sub-Saharan Africa," *Women, Families and the Future*. New York and Washington, DC.
- Bayart, Jean-François. 1993. *The State in Africa: The Politics of the Belly*. London: Longman.
- Bledsoe, Caroline H., Allan G. Hill, Umberto D'Alessandro, and Patricia Langerock. 1994. "Constructing natural fertility: The use of Western contraceptive technologies in rural Gambia," *Population and Development Review* 20: 81–113.
- Bledsoe, Caroline, Fatoumatta Banja, and Allan G. Hill. 1998. "Reproductive mishaps and Western contraception: An African challenge to fertility theory," *Population and Development Review* 24: 15–57.
- Brazza, Pierre Savorgnan de. 1887–88. "Voyages dans l'ouest africain," in *Le Tour du Monde*. Paris.
- Caldwell, John C., I. O. Orubuloye, and Pat Caldwell. 1992. "Fertility decline in Africa: A new type of transition?" *Population and Development Review* 18: 211–242.
- Calvès, Anne-Emmanuèle. 1996. "Youth and fertility in Cameroon: Changing patterns of family formation," unpublished Ph.D. Thesis, Pennsylvania State University.
- Campbell, John K. 1974. *Honour, Family, and Patronage: A Study of Institutions and Moral Values in a Greek Mountain Community*. Oxford: Oxford University Press.
- Dah, Jonas N. 1989. *One Hundred Years: Roman Catholic Church in Cameroon, 1890–1990*. Owerri, Nigeria: Nnamdi Press.
- Dillinger, Edmund. 1991. *Kirche in Kamerun—Kirche der Hoffnung: Zur Hundertjahrfeier der Gründung der katholischen Kirche in Kamerun*. Friedrichsthal, Germany: Verlag der CV-Afrika-Hilfe.
- Feldman-Savelsberg, Pamela. 1999. *Plundered Kitchens, Empty Wombs: Threatened Reproduction and Identity in the Cameroon Grassfields*. Ann Arbor: University of Michigan Press.
- Feldman-Savelsberg, Pamela et al. 2000. "Sterilizing vaccines or the politics of the womb: Retrospective study of a rumor in Cameroon," *Medical Anthropology Quarterly* 14: 159–179.
- Fisher, Kate. 2000. "Uncertain aims and tacit negotiation: Birth control practices in Britain, 1925–50," *Population and Development Review* 26: 295–317.
- Fotso, Médard et al. 1999. *Enquête Démographique et de Santé, Cameroun, 1998*. Calverton, MD: Macro International.
- Foucault, Michel. 1979. *Discipline and Punish: the Birth of the Prison*. New York: Vintage Books.
- . 1988. *Technologies of the Self: A Seminar with Michel Foucault*. Amherst: University of Massachusetts Press.
- Froelich, Jean-Claude. 1956. *Cameroun, Togo: territoires sous tutelle*. Paris: Berger-Levrault.
- Goffman, Erving. 1959. *The Presentation of Self in Everyday Life*. Garden City, NY: Anchor Books.
- . 1967. *Interaction Ritual: Essays on Face-to-Face Behavior*. Garden City, NY: Anchor Books.
- Gottlieb, Alma. 1998. "Do infants have religion? The spiritual lives of Beng babies," *American Anthropologist* 100(1): 122–135.
- Gray, Alan, Jamil H. Chowdhury, Bruce Caldwell, and Ahmed Al-Sabir. 1999. "Coitus-dependent family planning methods: Observations from Bangladesh," *Studies in Family Planning* 30(1): 43–53.
- Guilkey, David K. and Susan Jayne. 1997. "Fertility transition in Zimbabwe: Determinants of contraceptive use and method choice," *Population Studies* 51: 173–189.
- Guyer, Jane I. 1984. *Family and Farm in Southern Cameroon*. Boston: Boston University African Studies Center.
- . 1996. "Traditions of invention in equatorial Africa," *African Studies Review* 39: 1–28.
- Hammel, E. A. 1990. "A theory of culture for demography," *Population and Development Review* 16: 455–485.
- Herzfeld, Michael. 1980. "Honour and shame: Problems in the comparative analysis of moral systems," *Man* 15: 339–351.

- Janzen, John M. 1978. *The Quest for Therapy in Lower Zaire*. Berkeley: University of California Press.
- Johnson-Hanks, J. (in press). "The lesser shame: Adolescent abortion in contemporary Cameroon," *Social Science and Medicine*.
- Johnson-Kuhn, J. 2000. "An uncertain honor: Schooling and family formation in Catholic Cameroon," unpublished Ph.D. Thesis, Northwestern University.
- Kincaid, D. Lawrence. 2000. "Social networks, ideation, and contraceptive behavior in Bangladesh: A longitudinal analysis," *Social Science and Medicine* 50: 215-231.
- Kohler, Hans-Peter. 1997. "Learning in social networks and contraceptive choice," *Demography* 34: 369-383.
- Kohler, Hans-Peter, Jere R. Behrman, and Susan Cotts Watkins. 2001. "The density of social networks and fertility decisions: Evidence from South Nyanza District, Kenya," *Demography* 38: 43-58.
- Laburthe-Tolra, Philippe. 1977. *Mínláaba: histoire et société traditionnelle chez les Bèti du Sud Cameroun*. Paris: Honoré Champion.
- Largeau, Victor. 1901. *Encyclopédie pahouine, Congo français: éléments de grammaire et dictionnaire français-pahouin*. Paris: Ernst Laroux.
- Lembezat, Bertrand. 1954. *Le Cameroun*. Paris: Editions maritimes et coloniales.
- Levin, Elise. 1996. "Menstrual management and abortion in Guinea, West Africa," paper presented at the IUSSP conference "Socio-Cultural and Political Aspects of Abortion from an Anthropological Perspective," Trivandrum, India.
- LeVine, Victor. 1961. *The Cameroun from Mandate to Independence*. Berkeley: University of California Press.
- Lindsay, Jo, Anthony M. A. Smith, and Doreen A. Rosenthal. 1999. "Conflicting advice? Australian adolescents' use of condoms or the pill," *Family Planning Perspectives* 31: 190-194.
- Mbembe, Achille and Janet Roitman. 1995. "Figures of the subject in times of crisis," *Public Culture* 7: 323-352.
- MINPAT (Ministère de la Santé Publique). 1992. *Déclaration de Politique Nationale de Population*. Yaoundé, Cameroon.
- Montgomery, Mark R. and John B. Casterline. 1996. "Social learning, social influence, and new models of fertility," *Population and Development Review* 22(Supp.): 151-175.
- Morgen, Curt von. 1893. *Durch Kamerun von Süd nach Nord: Reisen und Forschungen im Hinterlande, 1889 bis 1891*. Leipzig: Brockhaus.
- Mveng, Engelbert. 1963. *Histoire du Cameroun*. Paris: Présence Africaine.
- Ngongo, Louis. 1987. *Histoire des institutions et des faits sociaux du Cameroun*. Paris: Berger-Levrault.
- Nkoé, Benjamin. 1991. *De la procuration à la conviction: cent ans d'évangélisation du Cameroun*. Yaoundé: SOPECAM.
- Ombolo, Jean-Pierre. 1990. *Sexe et société en Afrique noire: l'anthropologie sexuelle beti*. Paris: L'Harmattan.
- Périsiany, Jean G. 1966. *Honour and Shame: The Values of Mediterranean Society*. London: Weidenfeld and Nicolson.
- Potter, Joseph E. 1999. "The persistence of outmoded contraceptive regimes: The cases of Mexico and Brazil," *Population and Development Review* 25: 703-739.
- Quinn, Frederick. 1987. "The impact of the First World War and its aftermath on the Bèti of Cameroun," in *Africa and the First World War*, ed. Melvin E. Page. New York: St. Martin's Press.
- Rutenberg, Naomi and Susan Cotts Watkins. 1997. "The buzz outside the clinics: Conversations and contraception in Nyanza Province, Kenya," *Studies in Family Planning* 28: 290-307.
- Santow, Gigi. 1995. "Coitus interruptus and the control of natural fertility," *Population Studies* 49: 19-43.

- Schneider, Jane. 1971. "Of vigilance and virgins: Honor, shame and access to resources in Mediterranean societies," *Ethnology* 10: 1–24.
- Schneider, Jane C. and Peter T. Schneider. 1996. *Festival of the Poor: Fertility Decline and the Ideology of Class in Sicily, 1860–1980*. Tucson: University of Arizona Press.
- Szreter, Simon. 1996. *Fertility, Class and Gender in Britain, 1860–1940*. Cambridge: Cambridge University Press.
- Tessman, Günter. 1913. *Die Pangwe: völkerkundliche Monographie eines westafrikanischen Negerstammes*. Berlin: Wesmuth.
- Trilles, R. P. H. 1912. *Le totémisme chez les Fân*. Münster: Aschendorff.
- Vincent, Jeanne-Françoise. 1976. *Traditions et transition: entretiens avec des femmes beti du Sud-Cameroun*. Paris: ORSTOM.
- Watkins, Susan Cotts. 1990. "From local to national communities: The transformation of demographic regimes in Western Europe, 1870–1960," *Population and Development Review* 16: 241–272.
- . 2000. "Local and foreign models of reproduction in Nyanza Province, Kenya," *Population and Development Review* 26: 725–759.