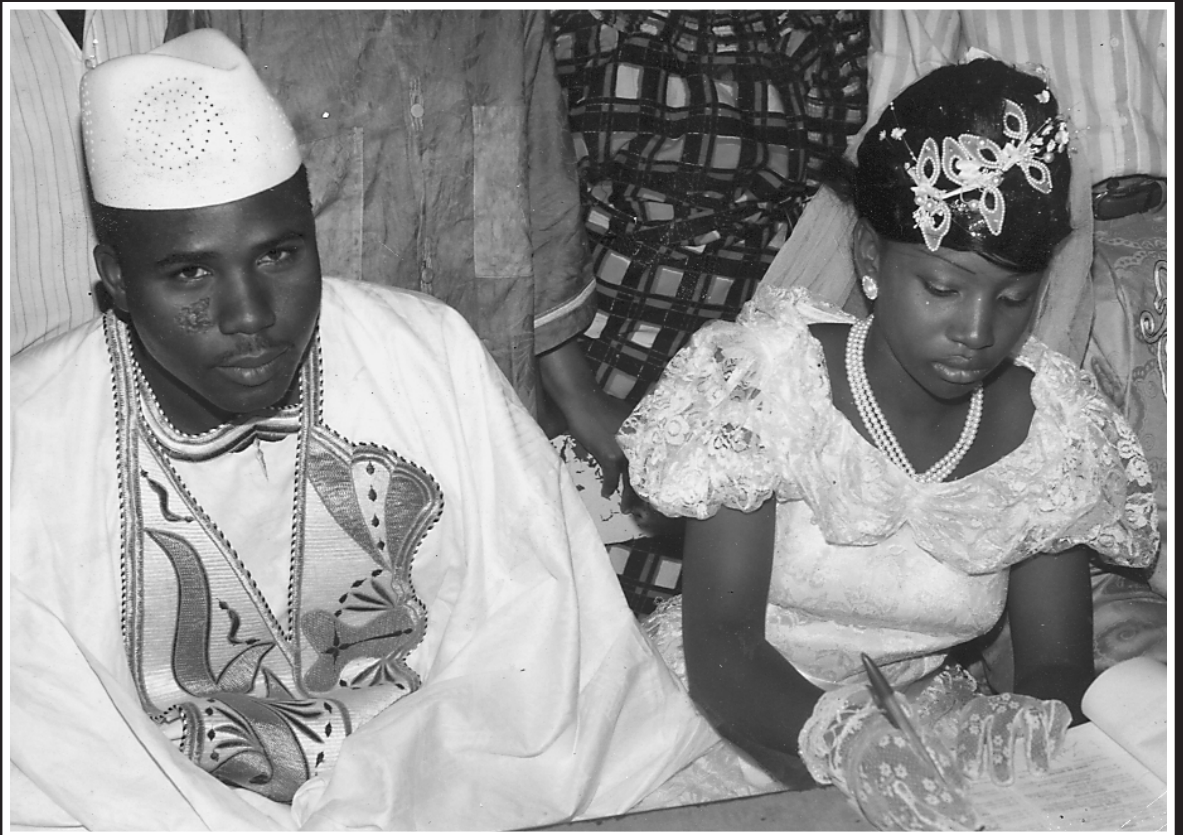


culture

**Zeitschrift für Ethnomedizin und transkulturelle Psychiatrie
Journal of Medical Anthropology and Transcultural Psychiatry**

hrsg. von/edited by: Arbeitsgemeinschaft Ethnomedizin e.V. – AGEM



**Special Theme: Reproductive Disruptions:
Perspectives on African Contexts**



Berichte • Buchbesprechungen • Dokumentationen

Cover picture *curare* 29(2006)1: foto of a marriage in Mali (© SEYDOU BOUARÉ/VIOLA HÖRBST)

Marriage in sub-Saharan Africa is intimately associated with the hope for offspring. But for many sub-Saharan couples this hope will be heavily challenged or even dashed through emerging difficulties to have children. Thus we understand marriage not only to refer to the hope for fertility but also to its shady side—the threats of reproductive disruptions, which form the subject of the *curare* issue at hand. We want to dedicate this *curare* issue to all those women and men who allowed us insights into their personal pain and worries.

Zum Titelbild *curare* 29(2006)1: Hochzeitsfoto aus Mali (© Seydou BOUARÉ/VIOLA HÖRBST)

Hochzeit und Ehe sind im subsaharischen Afrika eng mit der Hoffnung auf Nachwuchs verknüpft. Für viele subsaharische Paare aber wird diese Hoffnung durch Schwierigkeiten Kinder zu bekommen in Frage gestellt oder gar endgültig zerschlagen. Deshalb bezieht sich Hochzeit und Ehe für uns nicht nur auf die Hoffnung auf Fruchtbarkeit, sondern auch auf deren Schattenseite – die Bedrohungen durch reproduktive Umbrüche, die Thema des vorliegenden *curare*-Heftes sind. Dieses *curare*-Heft möchten wir allen Frauen und Männern widmen, die uns Einblicke in ihre persönlichsten Sorgen und Schmerzen erlauben.

***curare* 29(2006) 2+3: Migration, Medizinethnologie zu Hause und Islamische Kultur in Europa heute,**
Zusammengestellt von HANSJÖRG ASSION, WOLFGANG KRAHL und EKKEHARD SCHRÖDER mit Reprints
von TOMMASO MORONE: Nostalgia (Reprint aus *Ethnopsychologische Mitteilungen* 1994) und KALERVO
OBERG: Cultural Shock: Adjustment to New Cultural Environments (Reprint 1960)

Arbeitsgemeinschaft Ethnomedizin – AGEM, Herausgeber der

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Die Arbeitsgemeinschaft Ethnomedizin (AGEM) hat als rechtsfähiger Verein ihren Sitz in Hamburg und ist eine Vereinigung von Wissenschaftlern und die Wissenschaft fördernden Personen und Einrichtungen, die ausschließlich und unmittelbar gemeinnützige Zwecke verfolgt. Sie bezweckt die Förderung der interdisziplinären Zusammenarbeit zwischen der Medizin einschließlich der Medizinhistorie, der Humanbiologie, Pharmakologie und Botanik und angrenzender Naturwissenschaften einerseits und den Kultur- und Gesellschaftswissenschaften andererseits, insbesondere der Ethnologie, Kulturanthropologie, Soziologie, Psychologie und Volkskunde mit dem Ziel, das Studium der Volksmedizin, aber auch der Humanökologie und Medizin-Soziologie zu intensivieren. Insbesondere soll sie als Herausgeber einer ethnomedizinischen Zeitschrift dieses Ziel fördern, sowie durch regelmäßige Fachtagungen und durch die Sammlung themenbezogenen Schrifttums die wissenschaftliche Diskussionsebene verbreitern. (Auszug der Satzung von 1970)



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VIOLA HÖRST & SYLVIE SCHUSTER

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Preface

I am delighted to write this preface for the special issue on “Reproductive Disruptions: Perspectives on African Contexts,” guest-edited by Viola Hoerbst and Sylvie Schuster for *curare*. The papers represented in this special issue emerged from an international conference on “Reproductive Disruptions: Childlessness, Adoption, and Other Reproductive Complexities,” which was held from May 19-22, 2005, at the University of Michigan in Ann Arbor, Michigan, USA. This conference represented the third international effort to bring together social and behavioral scientists and humanities scholars from around the world who study childlessness, adoption, and other forms of reproductive disruption and complexity. The first conference was held at the University of Amsterdam, Netherlands, in November 1999, and the second in Goa, India, in September 2002.

This third international conference at the University of Michigan involved more than 225 scholars from 31 countries, including several scholars from Africa (particularly Nigeria, but also South Africa and Kenya). The conference was devoted to a broad range of reproductive topics including, but not limited to, local practices detrimental to safe pregnancy and birth; reproductive losses including miscarriages, stillbirths, and child deaths; the contested meanings of contraception, sterilization, and abortion; cultural anxieties over infertility, adoption, donor parenthood, and childhood disability; conflicting reproductive goals between women and men; miscommunications between women and reproductive health care providers; and the globalization of new reproductive and genetic technologies.

As reflected in this special issue, the continent of Africa was richly represented in the papers presented at the conference. On the one hand, this reflects a wealth of emerging scholarship on reproduction in Africa, by both indigenous and western researchers. On the other hand, this plethora of papers reflects the fact that most sub-Saharan African nations are still facing numerous disruptions to women’s (and men’s) reproductive health, particularly the devastating epidemic of HIV/AIDS. However, there are

many other reproductive disruptions on the African continent that do not receive sufficient attention, including in international reproductive health initiatives. These include, among others, reproductive tract infections leading to an “infertility belt” around central and southern Africa; reproductive morbidities of many kinds, including the postpartum complications of obstetric fistulas and uterine prolapses, as well as the complications of female genital cutting; maternal mortality from unsafe abortion and childbirth; low rates of contraceptive prevalence, including condom use, leading to epidemics of unplanned pregnancy and HIV/AIDS infection; and informal child fostering systems that have been literally overwhelmed in some countries by a surfeit of AIDS orphans. Indeed, as we enter the new millennium, the unfortunate reality is that Africa suffers from the largest number of the gravest reproductive disruptions of any continent in the world. Preventing and overcoming these reproductive disruptions represents a daunting task for public health.

Before effective, culturally tailored prevention and treatment programs can be put into place, nuanced behavioral research, of the kind generated by medical anthropologists, medical sociologists, health psychologists, and behavioral health scientists, must be undertaken. To that end, there are now many social scientists, including a large number of medical anthropologists, working on reproductive health issues throughout the continent of Africa.

This special issue is dedicated to medical anthropological work of this nature and represents a broad spectrum of relevant research. The papers focus mostly on West Africa (Cameroon, Mali, Nigeria), but also on East Africa (Tanzania) and African immigrants in the diaspora (France). Read together, the papers clearly show how reproductive disruptions of many kinds are intricately connected. For example, fears about contraceptives—including that contraceptives induce sterility—lead to low contraceptive prevalence rates. Low rates of contraception lead to unplanned pregnancies and abortions, especially among teens, in many countries where abor-

tion is still criminalized. Unsafe abortions lead to both maternal mortality and pelvic inflammatory disease, the latter of which leads to tubal infertility. Infertility as well as miscarriage and child death are generally highly stigmatizing reproductive disruptions, which are typically blamed on women. Without effective social support, many women embark on relentless quests to overcome these reproductive failures, through both traditional ethnomedical and biomedical means. However, because infertility health care services in Africa are so poor and assisted reproductive technologies such as in vitro fertilization are so inaccessible, few infertile women overcome their infertility through biomedical means.

In short, lack of contraceptive access, unplanned pregnancy, abortion, maternal mortality, infertility, and lack of effective biomedical health care services are all intimately connected in Africa, in ways that are extremely detrimental to women's health and social well-being. As these papers point out, reproductive disruptions affect not only women's bodies, but also women's social and marital relations in a part of the world where women's economic and social safety nets are not well developed. In such settings, reproductive disruptions may engender both physical and "social death" for African women. These are profound gendered consequences in societies where successful reproduction and high fertility levels are major sources of women's power.

This excellent set of papers is a testament to the importance of reproductive disruptions in women's lives, not only in Africa, but around the world. Several other volumes emerging from the Michigan "Reproductive Disruptions" conference are planned for publication in the coming months. However, this special issue represents the first major publication, and the only one dedicated to a regional theme. As such, it is a major contribution to the anthropological literature on reproduction, as well as to African studies. We can only hope that other special issues of this nature will emerge from the next conference, tentatively scheduled for Norway in 2008. Please join us there in our efforts to present cutting-edge research on reproductive health around the globe.

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