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tion of the waiting scenario is that active intervention to end the waiting is not only not 'heroic', but mostly against existing human and medical ethics. One wonders, however, if helping people to die in order to end their suffering is perhaps more heroic – especially if the alternative is endless rounds of treatment.

Kaufman broadens the problem of *a time to die* in part three of her book by posing questions back onto society, outside the hospital, and linking them to public discussion. She also confronts her readers with the consequences of heroic pathways and indecisive waiting by taking them to the 'Zone of Indistinction', institutions where patients are nursed who are doomed to 'live on' as a result of doctors and relatives making wrong decisions or not making a decision at all. About one third of them are in what is called PVS (persistent vegetative state).

Kaufman refrains from making explicit recommendations; she just describes. The reader must decide for himself. That restraint seems correct to me. Death remains the 'Great Unknown.' Of course, the patient should be the ultimate decision-maker but – as Kaufman points out – a terminally ill person may be incapable of making a decision. Researchers and others often overestimate the autonomy of patients. The ethnographer may not have any other choice than to 'wait' as well. On the other hand, I believe that Kaufman's incisive and empathic description of the suffering that occurs during and after heroic interventions and senseless waiting can not but raise people's awareness of the need for alternative pathways to death.

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Winy Koster, *Secret strategies: women and abortion in Yoruba society, Nigeria*. Amsterdam: Aksant, 2003. 385 pp., €35,00. ISBN 978-90-5260-103-8.

Toyin is a 16-year-old Nigerian secondary schoolgirl who died tragically after a late, secret, and unsafe abortion. In *Secret strategies* medical anthropologist Winy Koster poses the question why so many Nigerian women like Toyin resort to abortions, while these are often (known to be) unsafe due to their illegal status and could have been prevented by using effective contraception. She explores women's motivations and experiences and situates these within complex social, economic, political, and health-care contexts. Combining various qualitative and quantitative research methods in both an urban and rural area in Southwest Nigeria, this study is not only extremely *comprehensive*, but also explicitly *applied* – which, according to the author, is almost an unpreventable stance in research on moral and crucial issues like abortion. The book thus not only presents a general overview of the reproductive health situation and prevalence of abortion in Nigeria, but also describes the daily life dynamics underlying these statistics through numerous personal accounts from women, men, youngsters, traditional birth attendants, and biomedical staff. It ends with some recommendations to improve women's reproductive health in these settings. This is done in three subsequent sections.

The first part of the book explores the different normative contexts surrounding women's sexuality and fertility. The author describes how Yoruba women are supposed to initiate sexual activities and childbearing only when they marry. Once bridewealth has been paid and they have moved into the house of their husband (and his family), they are expected to produce offspring for the latter's patrilineage. A first consequence of this specific ideal of woman- and motherhood is that premarital sexual relationships and pregnancies conceived out of wedlock are heavily frowned upon – bringing shame over a woman and her family when publicized and devaluing her worth as a (future) wife. Secondly, this specific portrayal of women as wives and mothers enhances public disapproval and condemnation of induced abortions. Not only are these considered immoral in a religious and social sense, but they are also acknowledged to imply considerable health risks, such as infertility and death.

Norms like these do however clash with daily life realities, in which many single and married women have pre- and extra-marital sex, try to regulate their fertility, are faced with unwanted pregnancies, resort to unsafe abortions, hide subsequent complications, and, in the worst case, die tragically like Toyin. The different situations and motivations of single and married women are separately presented in the second part of the book. Where pregnancies are described to be extremely stressful for single women – exposing their forbidden premarital sexual behaviour and, in the case of secondary schoolgirls, interfering with much valued education and future job and marriage perspectives. Married women who are within the socially acknowledged framework for motherhood, are shown to resort to abortions for various reasons as well, although they may experience more help from outsiders and resort to safer abortion methods than their single counterparts. For both groups of women, it becomes clear that abortion is a form of problem-focused coping. Unwanted pregnancies form an unexpected emergency problem that should be dealt with within the existing web of social forces, economic constraints, unsafe abortion services, and normative disapproval of these 'secret strategies' – often with terrible health complications or death as a consequence.

Why do women then not prevent this emergency situation by using effective contraception, is the logical follow-up question posed in the last part of the book. By defining contraception in terms of women's intentional attempts to prevent a pregnancy (with whatever means they deem effective), Koster shows that most women who are faced with an unwanted pregnancy, had in fact tried to prevent it – often with ineffective or less effective methods. The relatively low use of modern contraceptives, then, is mostly due to their inherent immorality and ambiguity. Not only would an assertive use of modern contraceptives run counter the ideal of a sexually submissive woman without pre- or extra-marital sex, but also the contraceptives themselves are believed to cause negative side-effects and impair future fertility. In a society where fertility is highly valued and where the burden and stigma of infertility fall almost exclusively upon women, it is not surprising that this fear of infertility underlies the non-use of modern contraceptives.

Paradoxically, however, this avoidance of modern contraceptives out of fear for future infertility exposes women more to unwanted pregnancies and unsafe abortions,

which may bring about exactly the fertility problems that are so heavily dreaded. But, as the author argues in her conclusion and as the many personal accounts throughout her book show, in the on-the-spot decision-making around unwanted pregnancies, the immediate advantages of abortion – allowing to prevent financial problems or to maintain current social position and future perspectives – mostly outweigh longer-term disadvantages in terms of future health and reproduction. Abortion thus appears to be the most appropriate emergency strategy within the given circumstances. Moreover, within the particular gender- and inter-generational relationships of Yoruba society, it also forcibly remains a secret strategy for most women. Rather than only interpreting this hiddenness as a sad confirmation and perpetuation of the existing norms and relative subordination of women, however, Koster concludes that secrecy itself can also be seen as a strategy for women who, within these constraining environments, attempt to manage their reproductive lives and pursue their own goals. Some women achieve these goals successfully; others unfortunately do not.

The contents and conclusions of *Secret strategies* are detailed and multi-layered, rendering the book interesting for a large public. Where the statistical background – showing exceptionally high rates of abortions and contraceptive efforts for Yoruba women – makes the argument convincing for reproductive health workers and policy-makers, it is especially the conclusions on the situationality and sociality of reproductive decisions that interest me as a medical anthropologist. Both insights, while forming the greatest contribution of this book in my eyes, could even have been elaborated a bit more. For, where the author describes in a wonderful way the situationality of abortion *practices*, we do not see the situationality of its meanings and definitions. It would be interesting to explore in which situations women designate their reproductive interventions as abortion, post-coital contraception, or just menstrual regulation – and how they do so strategically. Although the author states that ‘abortion’ is approached emically, it remains unclear how it gets defined by women themselves. And although it is argued that, even in women’s own definitions and experiences, abortion is not to be seen as just another form of (post-coital) contraception, one is left to wonder where and how women draw the boundary and in which situations they talk in terms of the one or the other. An in-depth understanding of this kind of situationality would shed light on, and is inherently related to, emic notions of conception, pregnancy development, and embryology – notions which are remarkably absent in the book.

The important insights about the sociality of abortion practices offer wonderful material for an elaborate reflection on the relationship between (social) structure and agency, but this theoretical discussion remains somewhat meagre and takes an unexpected turn in the conclusion – focusing on whether abortions should be seen as individual strategies or as women’s counter-hegemonic group resistance against ‘the patriarchal system’. Although this is an interesting question, I think the book’s demonstration of how women’s abortion decisions depend on their specific positions within different social relationships – and the concomitant behavioural norms and expectations these imply – would rather allow for a critical reflection on the relevance of exactly these individualist notions of agency, autonomy or individual strategy. To

what extent are these able to take into account the inherent social contingencies of abortion choices that have been so well described? Relatedly, exactly because the author has so convincingly shown the complex sociality of daily life reproductive decision-making, one is left to wonder whether the proposed recommendations – of targeting young women, promoting modern contraception, providing safe (post-) abortion and infertility services, integrating ethno- and biomedical systems, and involving acknowledged leaders – are not too simplistic to be effective in a socially complex and dynamic world. Nevertheless, the clearly involved approach of the author and the many personal accounts in the book affect the reader in such a way that, if not entirely convinced by these recommendations, one would at least want to believe that something can, and should, be done to prevent women like Toyin from dying.

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Benedicte Ingstad & Susan Reynolds Whyte (eds.), *Disability in local and global worlds*. Berkeley: University of California Press. 334 pp., €17,99. ISBN 978-0-520-24617-1.

This second anthology of comparative disability research in anthropology fills a gap in the literature. It brings together eminent medical anthropologists known for their research among people with physical, mental, occupational and age-related impairments, but who mostly do not refer to disability theory or literature. It shows what medical anthropology has to offer to disability studies: a rich and contextualised understanding of what it means to live with physical and mental differences in particular local contexts. It also raises important disability issues and shows how the experience of disability intersects with gender, religious beliefs and socio-economic and political circumstances.

The first two essays show how a change of geographical location and context may influence people's experiences of impairment and disablement. Talle's comparison of feelings of completeness versus feelings of impairment among circumcised women who migrate from Somalia to the United Kingdom is a fine example of the relativity of impairment and disability. She illustrates how the circumcised female body at one time and place may be valued as a socio-cultural asset and at another time and place be viewed as a mutilated, impaired body in need of rehabilitative surgery. It also shows that circumcised women do adapt to their new socio-cultural situation. Haualand describes the opposite process in her contribution *The two-week village: the significance of sacred occasions for the deaf community*. The two week village is a temporarily space created outside of everyday reality of most deaf signers to celebrate shared experiences as deaf people. In this space being deaf is an asset not a disability. This is done by presenting signing fluencies as part of the (performance) of international deaf citizenship. A practice that is also threatened because sign language is increasingly inaccessible as a first language to deaf children. Future deaf adults may