

Tying to Conceive, Untying to Give Birth The symbolism of “egusi” pudding in the treatment of infertility and foetal mortality in Cameroon

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Abstract: Beyond its nutritional function, the *egusi* or pumpkin seed (*cucurbita pepo*) plays an important role in the treatment of infectious diseases. Its pudding symbolises pregnancy and childbirth. It is tied to conceive and untied to give birth. A category of "dirty" water "infected" and "vampirised" or made impure by a vampire is said to be the cause of infertility and infant mortality within couples. Yet it is recognised that untreated sexually transmitted infections are risk factors for infertility and infant mortality. There is a gap between the discourse of health professionals and traditional healers on the causes of infertility and foetal death. Health professionals engage in a more or less convincing discourse to explain the recurrent causes of infant mortality faced by women, while traditional healers' narrative is built around cultural values such as the dowry or the transgression of dietary prohibitions during pregnancy. This study stands at the crossroads of traditional and modern medicine to show how the two therapies can be reconciled to solve the problems of infertility and infant mortality faced by many couples. Social science research methods were used to assist in this study. This paper attempts to understand the diseases that cause infertility and infant mortality among individuals and couples, to understand the problems that affect the reproductive health of men and women, and to show that, apart from biomedical care, so-called traditional medicine provides many solutions to reproductive health issues today. The representations, preconceptions and assumptions surrounding these diseases create unnecessary and avoidable family conflicts. In the absence of effective medical care and due to a social construction or invention of the cause, people attribute a mystical origin to the ailment and try in vain to ward it off through medicinal plants and therapeutic rites.

Keywords: Clogged tubes, infections, pregnancy, stillbirths, cervical cerclage.

Résumé: La graine de courge (*cucurbita pepo*) au-delà de sa fonction nutritive joue un rôle important dans le traitement des maladies infectieuses. Le met issu de cet aliment symbolise la grossesse et l'accouchement. On l'attache pour concevoir et on le détache pour accoucher. Face à l'infertilité et à la mortalité infanto-juvénile auxquelles les individus sont confrontés dans leur vie conjugale, les explications des professionnels de santé ne rassurent plus. Une catégorie d'eau « sale » « infectée » et « vampirisée » ou rendue impure par un vampire serait à l'origine de l'infertilité et de la mortalité infanto-juvénile au sein des couples. Il est pourtant reconnu que les infections sexuellement transmissibles non traitées sont des facteurs de risque d'infertilité et de mortalité infantile. On assiste pour ainsi dire à un fossé entre les discours des professionnels de la santé et des thérapeutes traditionnels sur les causes de l'infertilité et de la mort foetale. Les professionnels de santé tiennent un discours peu ou presque pas convainquant pour expliquer les causes répétitives de la mortalité infanto-juvénile auxquelles sont confrontées les femmes tandis que les thérapeutes traditionnels tiennent un discours construit autour des valeurs culturelles comme la dot ou de la transgression des interdits alimentaires liées à la grossesse. Cette étude se situe au croisement de la médecine dite traditionnelle et de la médecine dite moderne pour montrer comment on peut concilier les deux thérapies pour résoudre les problèmes d'infertilité et de mortalité infanto-juvénile qui se posent à de nombreux couples. Les méthodes de recherches propres aux sciences sociales ont aidé à la réalisation de cette étude. Cet article tente de comprendre les maladies à l'origine de l'infertilité et de la mortalité infanto-juvénile dont les individus et les couples sont victimes, de comprendre les problèmes qui affectent la santé reproductive des hommes et des femmes et montrer que, en dehors des soins biomédicaux, la médecine dite traditionnelle apporte de nombreuses solutions aux questions de la santé reproductive aujourd'hui. Les représentations, les prénotions et les idées reçues autour de ces maladies engendrent des conflits familiaux inutiles qu'on pourrait éviter. Faute de soins médicaux efficaces et en raison d'une construction ou une invention sociale de la cause, les populations attribuent une origine mystique au mal et tentent en vain de l'éloigner par les plantes médicinales et les rites thérapeutiques.

Mots-clés: Trompes bouchées, infections, grossesse, mort-nés, cerclage.

Introduction

Sexually transmissible infections cause unsuspected human tragedies. In a WHO report (2021), more than one million people contract a sexually transmissible infection (STI), and the majority of cases are asymptomatic. The same report states that 374 million people contract one of the four STIs each year: chlamydia, gonorrhoea, syphilis or trichomoniasis. It is estimated that more than 500 million people aged 15-49 have a genital herpes simplex virus (HSV) infection and human papillomavirus (HPV) infection was responsible for 570,000 cases of cervical cancer in 2018, and caused more than 311,000 cervical cancer-related deaths each year. Further on in the same report, nearly one million pregnant women were infected with syphilis in 2016, resulting in over 350,000 adverse birth outcomes, including 200,000 stillbirths and neonatal deaths. In Cameroon, the Multiple Indicator Demographic and Health Survey (2011:253) indicates that, among women who reported having an STI or symptoms, 62% went to a health facility or consulted a health professional for treatment or advice. Among men, this proportion is 58%. In contrast, 26% of women and 19% of men did not take any action to treat their STI. Bruno Halioua and Françoise Lunel-Fabiani (2002) say that in the 1970s it was believed that, thanks to the therapeutic arsenal available to medicine, sexually transmitted diseases could be eradicated at global level. This period of elation did not last long. Doctors soon had to deal with infections that were increasingly resistant to antibiotics and highly contagious, such as anogenital condyloma, genital herpes and viral hepatitis. The infectious diseases are multiple and contaminate couples who wish to have a child. These infections also contaminate the foetus (mother-to-child transmission) which dies in the womb pre-term (foetal mortality) or post-term (post-natal mortality). Infections have become resistant to the range of drugs that health professionals do have and offer to treat patients. In the absence of effective results, doubt and dissatisfaction pushed patients towards herbal remedies. In this study, the theory of illness as proposed by Georges Foster and Gillian Anderson (1978) was put forward. In the Beti context, people refer to the majority of infections as "ndiba" when the disease is severe, "edip" when it is chronic and "kwara" in situations of infant and juvenile mortality, in people with an important and resistant infectious strain. Infections are the cause of irreversible human tragedies. They are responsible for the majority of reproductive accidents and they also put the health of the mother and child at risk, causing miscarriages and stillbirths. These infections have become increasingly important and frequent, posing major problems of prevention and treatment. They have become public health issues of concern. How can we understand people's perceptions of sexually transmissible diseases? How do couples who are unable to have a child or who lose one at birth behave? How does medical anthropology address the issue of treatment of infections, infertility and child mortality in order to give hope to those who seek to give birth? How does health anthropology address the issue of infertility? What role do pumpkin seeds and other medicinal plants play in the treatment of infertility and sexually transmitted infections?

1. Methodology

1.1. Background and rationale

Raimi Fassassi (al) (2010) note that at the International Conference on Population and Development (ICPD) held in Cairo in 1994, the speakers addressed the issue of reproductive health extended to the mother-child relationship. This relationship further extended to issues of birth, adolescence, reproduction, access to reproductive health care. All of these concerns were at the centre of the debates on basic human rights. In addition, the 1995 Beijing Conference on Women reaffirmed the right of all women to access reproductive health services, virtually reinforcing ICPD's achievements. In 2000, UN member States agreed on eight Millennium Development Goals (MDGs) to be achieved in the fight against poverty, three of which are directly related to reproductive health. In Marie Gisèle Guigma's report (2012), 3.7 million newborns die in their first 24 hours of life. In Cameroon, according to a Multiple Indicator Demographic and Health Survey (MIDHS) conducted in 2011, every 5 hours 8 newborns die. Out of 1,000 live births, 28 die before one month of life, 65 die before their first birthday and 129 die before their fifth birthday. The infection-related cause of maternal and infant deaths accounts for 23%. Infectious diseases are the consequence of the aggression of a living organism by one or more micro-organisms. The latter are disseminated in the environment such as air, soil and water, but they can also be found in reservoirs such as food, animals or humans, whether they are healthy or infected carriers. Transmission occurs either by direct contact with one of these reservoirs or by indirect contact through a living or non-living vector. These infecting micro-organisms, also called infectious agents, are viruses, parasites and fungi. As part of this study, we will focus on bacterial infections. Social sciences, and particularly anthropology, are thus being brought into the biomedical sciences to help understand patients' behaviour in the face of diseases and the steps taken for treatment. It is also a question of showing that, when faced with a health problem, the so-called traditional medicine has solutions that can help resolve certain reproductive health issues.

1.2. Materials and methods

The qualitative data for this study were collected in 2015 as part of a research project on malaria in the Mefou and Afamba Division, Centre region, precisely in the localities of Mfou and Soa. We got information by processing the data from that study. We interviewed 52 people through a cluster survey. We conducted a few in-depth interviews, particularly on the pidgin language terms 'ndiba', 'edip', 'Kwara' and 'Sugar-Sugar'. The snowball technique allowed us to meet women who were known and specialised in the treatment of this disease, and then to meet patients who came for consultation or treatment. We interviewed them to understand the meaning people give to infectious diseases and the therapeutic approaches they use to try to solve their problem of infertility, infant and child mortality caused by those infections. We looked at the endogenous medical practices that local therapists used to help women and men overcome their infertility and avoid losing their child in the womb or after birth. The patients' life stories about infertility and avoidance of mortality showed convincing results. We monitored the packaging of traditional medicines for these diseases and participated in the various practices that accompany this care. We checked the patients' care books and the medical tests related to reproductive health that had been recommended to them by medical specialists in different disciplines (gynaecology, radiology).

2. Outcomes

2.1. Meaning of illness in culture

The Beti people consist of several ethnic groups including the Bane, Bulu, Eton, Kolo or Ewondo, Ntumu, Fong, Mvele, Manguissa, Etenga, etc. These groups share the same culture: "the Beti culture". However, there are some differences that distinguish them from each other. These include linguistic accent, table manners, rites and rituals relating to marriage and childbirth. In terms of food, the Bulu have, for example, "mendzip mezong + ntuba ékon" (*eggplant broth*) as a traditional staple dish which is said to strengthen the sexual capacities of men, whereas the Bane and Eton have "kpem avué, nnam owondo ai mbong" and "okok+ndeng" respectively. Quite regularly, they also eat *egusi* pudding in various forms. The disease studied does not only concern this ethnic group, it affects all social strata. It is clear from the therapists' testimonies that any person confronted with the issue of infections, infertility and infant mortality can benefit from these treatments without distinction. The "Ewondo" language does not have a complex nosography of diseases. Illness is called "okoan" and health is called "mvoâ". Certain disorders are designated by the organ affected. This basic principle of naming pathological disorders is known in several languages. It is a metonymy of the affected organ by the pathology. Thus, a lexeme can often refer to different disorders in different languages. Certain pathological disorders are also often named by terms for locally perceived symptomatic manifestations. For example, "cold" to designate fever or malaria, "hot" or "warmth" for hot fever in infants, pregnancy to designate malaria in a pregnant woman "mbubun or iminga ane abum". They may also refer to the presumed cause or origin as "tsit" (animal) in the "Ewondo" language. The explanations given by the surveyed populations on this subject point out that this identification of the disease comes from the fact that it often causes their victims to lose weight and gives the impression that parts of their bodies are 'eaten' during the illness, just as the meat of an animal might be. The term "bididi" is used to refer to the "ossun" insect that "eats" or "weevils" the whole body after its bite.

In the Ewondo belief system, a simple illness is one that is known and can be easily treated by conventional medicine. A serious illness is one that is beyond the scope of medical expertise and requires the help of a traditional healer. People no longer have much confidence in modern medicine: before even when going to the health centre, a relative goes to a healer to see if the Evil One is involved in the illness in question. In this respect, the illness is said to be caused by "evu" or witchcraft and only the "Nganga" or healer can do something. Either the disease is natural or it is interpersonal. The medical anthropology approach does not disassociate itself from this local approach; on the contrary, it provides an alternative viewpoint concerning the issue of infertility and infant and child mortality.

These two causal categories therefore distinguish between diseases attributable to an external agent and diseases whose causes are either human (the sorcerer) or natural (cold, heat). In the first causal category, diseases of procreative conception seem to be more dangerous than others in terms of patient's vital prognosis. An illness that occurs suddenly often is mainly caused by an 'evu' or sorcerer. The pathogenic agent is then the vital principle of a sorcerer who splits into two and metamorphoses to transmit the disease. Concerning this, Manga Essomba, a 49-year old informant in Soa, says: "*The mosquito itself does not transmit malaria, it is the evil sorcerer who metamorphoses into a mosquito to suck the blood of a person at night while he or she is sleeping*".

At night, the sorcerer who has become a mosquito by metamorphosis arrives and starts with violence and aggression, and the patient becomes agitated, fights, and defends himself or herself by saying, for example, that he or she has done nothing wrong, that they should leave him or her alone, and that they should stop the walls of the house from falling on him or her. The interviewed patients acknowledge that malaria-like symptoms occur

when the infection has reached a chronic state (hot flushes at night, sweating at the slightest movement, itching and sores on the genitals, pelvic pain during sexual intercourse, buzzing in the stomach, loss of desire for sexual intercourse, tingling in the legs, loose stools, exaggerated craving for sweets...). This aggression causes an alteration of the anthropological compounds (body, spirit and soul) of the patient, which results in a deterioration of bodily functions. From this perspective, the sorcerer is responsible for the disease. However, the clinical symptoms of severe malaria or neuromalaria show that the patient can have seizures and convulsions that put him or her in a hallucinatory state. An auditory hallucination will make the patient hear strange voices in a heavenly world and a visual hallucination will make him or her see men with tails, women with horns, musicians in concerts, aggressors with the most sophisticated weapons, etc. Health professionals do not often mention the psychological care of patients in the fight against malaria, a dreaded disease that is largely responsible for infant and child mortality.

In the "Ewondo" context, the aggressor's motivations are numerous. He may decide to kill one of his descendants in the agnatic lineage out of pure jealousy. For example, if your son succeeds at school and his own son fails, he kills your successful son out of jealousy. One aspect where witchcraft regularly comes into play is inheritance in relation to land tenure. The rules of succession and inheritance among the "Ewondo" are laid down and observed from generation to generation. Conflicts degenerate into illness when an heir wants to take over the land left to the family without sharing it. The relationship between the disease and the pathogenic situation is established by the family based on representations and sometimes on what the village soothsayer says. Several myths bear witness to the existence of illnesses, their origins, medical practices and related representations.

It is therefore understandable that witchcraft is a causal category of diseases with a persecutory interpretation. A distinction can then be made between the spiritual witchcraft of the "Ewondo" – where the witch doctor 'attacks' the vital principle of a person through an illness – and instrumental witchcraft, which requires various material recourses (dangerous plants, fetishes, poisons) and which directly attacks the human body. The former aims at the destruction and death of the human being, while the latter seeks above all to defeat an adversary in order to gain control over his will. The "Ewondos" complain about these witchcraft practices which do not help build or develop, but only wreak harm.

In the "Ewondo" language of the Central region, "mvoâ" and "okoân" are two generic terms for health and illness respectively. The location of a disease on the body will be added to the word "okoân" to specify the disease. For example, "okoan a boum" means stomach ache. "Edip" causes buzzing in the stomach and the patient feels sick. When the disease has a specific name, it is no longer referred to as "okoân", but by that name itself. Some diseases are also referred to by the affected organ, for example "okoanésseuk"; "ésseuk" meaning liver and "okoân" disease. Literally, "okoânésseuk" means liver disease and refers to hepatitis. It goes without saying that sexually transmissible infections attack the liver, the lungs and cause hepatitis and gastric ulcers.

Cultural idioms of health and disease often give meaning for the understanding of these concepts in any given socio-culture. In a study conducted by Peguy Ndonko in 2009 among the Bangangté in the West region of Cameroon, health in the "medumba" language is called "Ntswê'me bwó" (*to be well seated, sound*). To be well seated is the ideal position of a healthy person as opposed to a person who is lying down, bedridden, ill and unable to stand up. In this same culture, lying down or remaining bedridden during the day is synonymous with "bad health" compared to the night, which corresponds to the time of rest "fite" and sleep "miag'louh". Certainly, human societies did exist where lying down or being bedridden was synonymous with death. When it was time to sleep, people would hang on to a tree trunk and hold their bodies tightly to it with a rope.

The state of health of the individual can also be read from his or her attitude and physical ability. In the "Medumba" language, illness is referred to as "ngou'kád". The attempted ethnolinguistic analysis of this concept shows that this term consists of two words. The word "ngou" means "belonging to" on the one hand, and on the other hand, it is also used as a noun of praise such as "ngou'ntse" (the daughter of the water, the fish). This word is found in the expression "ngou coè", a name of praise which means in this same language the *daughter of war*, "ncoè" meaning war. The word "kad" is a diminutive of the pronominal verb "kadte" meaning to go for a walk. If the verb "kadte" loses its final "e", it becomes "kad" and means to prostitute oneself. In another sense, "ngou kád" means the girl who moves up and down, prostitutes herself and exposes herself to sexually transmissible diseases by having sex with multiple partners. The expression "ngou kád" therefore refers to the disease that one catches while roving around or, better still, while prostituting oneself. The sick person or the carrier of the disease is then referred to as "nga.ngou'kád". Seen from the perspective of diseases, almost everyone in this culture is a sick person who may not know it. But there are also generic expressions for a person's state of health. The expression "wud'kébwó" refers to the state of health of the body, whereas "ngoukád" refers to illness. The expression "wud'kébwó" refers to the state of health of the body, whereas "ngoukád" refers to illness. Illness can also be referred to as pain by indicating the part of the body affected. For example, "yatu" is

used to refer to headache or cephalalgia. The disease may also be simply referred to by the part of the body affected.

2.2. Manifestations of the disease known as "edip", "ndiba", "Kwara"

The respondents define "edip" as the evolving form of "ndiba" and compare it mainly to a trap that catches and kills fetuses in the womb so that women give birth to stillborn babies. In fact, 37-year old Mimbé Solange, residing in Soa, says that "ndiba" *is the disease that kills children in the womb and even after birth. The disease spreads throughout the woman's body, then into the child's body, in the womb, the fetus lives, grows and at one point, it is eaten away by the disease, it lacks oxygen, it struggles and the woman finds that her child has moved a lot today, tomorrow it will not move any more, she would think that her child is sleeping. This sleep is for good, the child has just died, a week later the woman starts feeling pain in her lower abdomen, when she arrives at the hospital she is told that her child is no longer alive... Edip is a bad disease.*" The outward signs of the disease depend on the body composition of each person. Some women complain of itchy breasts, others of itchy genitals. "Edip" manifests itself as itching on the skin, especially the armpits, forearms, breasts and private parts. They become wounds when care is not taken. Women experience itchy legs and continuous vaginal discharge, while men experience premature ejaculation, impotence (inability for a man to achieve or maintain an erection), sexual weakness (difficult erection) and pus in the sperm, sometimes wounds or pimples on the penis and scrotum. In children, the itching turns into boils and they are constantly scratching. Chapping (black spots) can be seen on the armpits, thighs and breasts in women. The genitals are affected by pimples in both men and women, as stated by the majority of our informants. A woman suffering from "kwara" will lose her child in the womb or a few hours after giving birth. Marleine, 27 years old, thinks that what is happening to her child is incomprehensible: "I carried my child in my womb for 9 months and he dies at birth, I don't understand. Yet I went to all the antenatal consultations, I took all the prescribed medication. A mother told me about the dirty water that kills children in the womb and that I should eat *egusi* pudding. In these circumstances, the stillborn child may even reach a state of advanced maceration. The foetus may start to decompose while in the womb and it is the excruciating pain that will alert the mother as she no longer feels the child's heartbeat. A living child, in the womb, cannot spend 72 hours without movement, without beating.

2.3. "Edip" and "ndiba": a cause of human infertility

According to *Larousse Médicale* (2007), infertility is the inability for a couple to conceive a child. It is defined by people as the unsuccessful attempt to give birth to a live child, a woman conceives without being able to carry a pregnancy to term. Patients who go to health facilities to consult for reproductive problems and who do not find a suitable solution most often turn to traditional therapists specialising in the treatment of "edip" and "Ndiba". These diseases are the cause of infertility and sterility in many people. Some traditional healers construct or invent a cause for this infertility and suggest that couples who are victims of this ailment would be confronted with the issue of dowry. This is what emerges from the testimony of 36-year-old Didier, residing in Yaoundé: *"At the beginning, we were told that it was a dowry problem, we went and paid the dowry, but nothing changed, then we were told that it was the evil spirits, we were treated against evil spirits, nothing! In the end, we don't know which saint to turn to"*. Seen from this perspective, illness calls on men who take women without paying their dowries to return to this practice which ensures and guarantees the bonds of marriage. It is also common to hear that the death of the foetus is linked to the anger of the ancestors and that they must be appeased at all costs so that this does not happen again. Odile Journet (1990) notes the case of a woman in Casamance who lost four young children in a row, and hints at the long ritual she must perform to ward off this painful recurrence. In the majority of the areas surveyed as part of this study, the ritual of eating "egusi" pudding wards off this occurrence. Medical analyses and ultrasound examinations of women with these infections indicate that they develop myomas, ovarian cysts, clogged tubes or tubal impermeability, hydro salpingitis, impaction, and pelvic fluid effusions that often occupy the Douglas and may cause appendicitis. When the results are out, the woman is biologically and psychologically impacted and this would worsen her health condition if she does not find a solution.

Men with this disease experience disturbances in their sexuality. Characteristic sexual weakness, decreased libido, partial or total liquefaction of semen, varicocele, pain in the testicles, inflammation of one or both testicles, and loss of sexual desire. The semen analysis of patients with this disease does not augur well for them. The people who seek treatment have had convincing results, as Jean Paul, 49 years old, tells us: *"After so many years of medical prostitution, I finally understood that "Ndiba" is a nasty disease for people seeking to have a child. After our treatment, my wife conceived 2 months later and as I speak, she is 6 weeks 3 days pregnant."* Men affected by this inability to impregnate their wives usually become confirmed drinkers, hoping to find a refuge for peace of mind. But they all know that alcohol consumption affects the production of

testosterone, a hormone that fosters sperm production in the body. In their practice, therapists know of herbal treatments that can overcome these health issues.

2.4. Rite and sitz bath to treat "ndiba"

Marie-Paule (de) The (1970), Jeanne-Françoise Vincent (1976), Theodore Tsala (1958) identify the rites reserved for women who wish to become mothers and who believe that a personal or hereditary defilement or "olanda" (incest, clandestine slaughter of a domestic animal, burial of a corpse by a woman, etc.) is the cause of their barrenness. Sometimes, the whole family is involved. The medicine for "ndiba" not only treats the barren woman but also the pregnant woman, the woman who has just given birth, and even any man, woman or child with pustules or immunological blisters on the genitals or on another part of the body. Other patients have those blisters on the navel and in the mouth or even all over the body. During the rite that accompanies the treatment, the patient sits on a dry log. The therapist stands in front of the patient(s) and holds a horn made with "mian" leaves in his left hand and a jar of medicine in his right hand. Presenting the pot to the patient, he shouts three times: "ndiba"; then he pours the medicine into his/her mouth through the small horn. The pregnant woman then makes a poultice of all the ingredients. The healer then hands over a pot containing crushed bark, leaves and wild onions or "medzun", as well as Guinea pepper or "ndong", all mixed in palm wine. "Ndibu" maybe comes from the verb "ndi" which means to pierce. The ingestion of the medicine through a small horn would illustrate this action. Those who have eczema or pustules are smeared with liquid on the affected parts by a man; they then rub this product themselves on their wounds to wash out the "ndiba" and purify, fortify the blood, thus relieving stomach aches.



A nutraceutical: medical food for the treatment of "edip"

Source: Photo Peguy Ndonko, 2017.

2.5. Women between foetal death and miscarriage

Questioning pregnant women and their children in Cameroon means seeking to improve access to care and their medication compliance. In order to achieve this objective, we need to understand and analyse the systems of popular interpretation of the disease in question. The literature shows that in many contexts, anthropology, sociology, clinical psychology and sociolinguistics studies attempt to explain the lay representations of symptoms evoking illnesses and to understand how a language and the culture it reflects and determines break down misfortune according to specific features.

This approach seems useful insofar as it makes it possible in the long run to build up a lexicon of existing pathologies by relating terms of the language to symptoms which, from a medical point of view, for example, may evoke malaria. Otherwise, how can we dialogue and conduct a clinical interview without understanding each other? This is one of the specificities that health actions geared towards the populations must take into account to be effective. From the interviews, biomedical care providers do recognise that the patients who come for consultations are from a wide variety of cultural backgrounds and are confronted with issues of fundamental values of social justice and altruism. The encounter of these uses with increasingly complex, compartmentalised and specialised health organisations can be a source of misunderstanding in the provision of support or care.

Social representations contribute to the orientation of behaviour and social relationships. They serve as a communication tool between members of the same group and at the same time constitute a code for exchanges between the individual of a given social group on the subject matter of the representation. In the case of "ndiba"

and "edip", as linguistic indicators, the local languages in the country allow for the naming of pathological disorders. Taken into account, the syntagmatic dimension (the linguistic context in which each term appears) present in the collocations and phraseology of each language, can provide information on the presumed severity of a pathological disorder, its cause, its outcome and possibly other cultural features. Knowing how chlamydia is referred to in a local language can contribute to the perception of the disease and, sometimes, to the practices of the language-speaking social group towards this pathology. How can we understand this disease and its issues?

2.6. Women and the loss of their newborn babies

Motherhood is an important phenomenon in the life of a woman and a family. A couple without a child, a woman, a man without a child feels diminished in every way. The loss of a child while still in the womb or at birth is a difficult moment that psychologically and socially affects the couple and especially the woman. Odile Journet (1990) had already noted the status of women in the obligations of procreation in the Diola societies of Senegal and Guinea-Bissau. In these societies, the author studied the accidents of procreation with which women are confronted. Infant mortality, spontaneous abortion and sterility are frequent situations. Secondly, the woman who loses her child is not culturally at peace; she has to undergo rituals to keep the misfortune away from her womb, her body, her couple and her family. This type of things is noted in the locality of Mfou by Leonie, 34 years old, who narrates her capture or escape after a long period of prostration and wandering in these terms: *"When I lost my eighth child, I wanted to die, my life no longer had any meaning, I stayed home with my arms folded, thinking about how to kill myself because nothing was going right for me. Any time I saw women passing with their children on their backs on their way to their farms, I would burst into tears. In the evening, when the other women of my age went dancing, I would ask myself a thousand and one questions. Sometimes I slept under the stars until my husband would take me back inside. It was better to be killed by something. Or I would wander around the village at night until someone brought me back. There is nothing we did not do, there is nothing we did not hear."*

In Soa, Laurentine, a 31-year-old mother of two, had lost a child in the womb in 2014, she had a stillbirth in 2015. The third she delivered by caesarean section died the day after his birth. The fourth died in the womb, when it came out, the foetus was already in an advanced state of decay. Despite the cervical cerclage, the fifth came out eight weeks later. Until I was referred to a man who helped me have a baby without any cerclage and without any difficulty. At the hospital, the midwives and nurses told her that she had "edip" and that she had to be treated traditionally. This disease is therefore recognised as one that cannot be treated in a hospital (biomedicine). She was crying and in her crying she told people that this is the second time this has happened to her. She would cry every time she felt isolated. Back from the hospital, she unpacked the bag containing the layette, shared the clothes to her friends who came to visit her. Her head was aching and her whole body was weighing down. She had been given 45 days' rest, for that matter. She was becoming abusive in her comments. She was jealous of the other pregnant women and those who had just given birth and whose children had been born alive. To go home, she asked her little sister who had just given birth to come so that she could carry her child and give the neighbours the impression that she had given birth normally. The neighbours came to welcome her as usual and found that she had returned home without her newborn. She cried her eyes out, she narrated.

This testimony from 32-year-old Gustave is also heartbreaking: *"My wife and I have been married for three years and twice in a row we lost our babies. The first time, the baby died a few hours after birth and the second time, which was a few days ago, the baby died three months after. After spending two weeks on oxygen, for reasons that can't really be explained, the hospital said it was some kind of pneumonia, but after a course of antibiotics, she finally died. Just after her death, tongues started wagging about dowry issues, and many other supernatural things, but also some people told me that it must be "edip". During the pregnancy and even up to date, my wife has itching, even on her breasts, after the delivery itself, abscesses, (she has already taken antibiotics, to no avail so far), pimples on her private parts that leave black spots. When she even put to bed, she was told that her breast milk is spoiled, because when the child sucked, he would pass greenish stools, so she took some medications, still to no avail..."*

2.7. The "woman worm": animal responsible for foetal death?

It is common to hear women talk about a "worm" in their womb that is responsible for foetal death. The discussions we had with some of our informants attest to the fact that there is a "worm" that is causing the death of foetuses in the womb. This "worm" they identify as long, pointed and agitated, stings the foetus, prevents it from moving, and extends from the navel to the vagina, is very dangerous. It is so dangerous that it even attacks the pregnant woman, spoils the milk, makes the mother lose weight and causes other ailments (nausea, vaginal discharge, foul smell of the vagina, etc.). In fact, the medical approach does not recognise a worm that is only meant to live in the womb of women, and particularly women who are pregnant or trying to give birth. This is a

representation of the symptoms of infections when they become chronic. Let's read 30-year-old Emilienne's account of the woman worm: *"I went to several female therapists due to the problem of women's worms and when I explained what I felt, something that stung in the belly, everyone would say that it was the women's worm (nsong gnoo) and that it could not be killed or cured permanently, but that it could nevertheless be deadened. I had already discussed this with my mum who didn't believe it, she wondered how a worm could walk in the belly to the point that you could feel it... as soon as I became pregnant, from 6 weeks onwards, I would start feeling the stings, the attacks of this worm, it stung like a needle in the lower abdomen. An old woman administered some medicines but without any effect, it is your medical approach that solved the problem. We have toiled for more than 10 years, we have met every type of person we were told could cure this worm, including roadside medicine vendors, nothing. We went to Leboudi, Soa, Mbalmayo, we ingested medicines to wash away "edip" and "ndiba" here and there. The Lord saw our suffering and put you on our path."*

2.8. Place of traditional medicine in sexual and reproductive health

African medicine, which has long served as a springboard for its populations, is today beset by criticism, stripped of its heuristic heritage and is still struggling to regain a pride of place in the reasoning of several scientific disciplines. Today, it is no longer a question of showing the strengths and weaknesses of traditional medicine. It is more a question of showing its accomplishment in all acts of care. Cases of infertility, infant and child mortality were resolved by combining the two therapies, and the testimonies of patients speak volumes about this combination. 47-year-old Martin residing in Yaoundé says this about his couple: *"My wife had seven miscarriages in five years. We were already wearied when we were referred to a man who treats with plants, we went there and the 8th pregnancy reached full term without cerclage as recommended to us at the hospital. Since that day, I have understood that traditional medicine must be combined with modern medicine to solve certain health problems.* Henceforth, it stands to reason that certain resistant infectious diseases require a combination of both therapies for a successful outcome. Medicinal plants have this peculiarity not only to cure the diseases of the body, but at the same time to nourish the body by providing it with indispensable nutrients. The pumpkin seed alone contains nutrients that the body needs for its functioning. It is recommended that people who suffer from an infection consume it regularly.

2.9. "Ndiba" and "edip": a trap disease

The populations surveyed repeatedly mentioned the presence of a rash as a common disease. The clinical signs are easily noticeable. Rashes have a mostly sudden onset of skin lesions or broken mucous membrane. We all know that a rash can be of infectious origin, such as the contagious febrile rashes of childhood (measles, chickenpox or shingles). They may be associated with viral infections or parasitic diseases. The diseases that cause a rash and are recognised by the population are *"ndiba"* or *"edip"*. The disease is so named depending on societies and cultures. It finds its meaning in a particular cultural context. Each culture has its own attitude towards people who are ill. The interpretation of the disease, the name and the treatment will vary, so to speak, across cultural settings.

The "etic" approach to the disease suggests that it is a sexually transmissible disease, which is contagious due to germs and is transmitted from a sick person to a healthy person through sexual intercourse, saliva, sweat, exchange of soiled clothes, use of common showers and poor hygiene. In an "emic" approach, the disease is also contagious as a result of cultural transgression. "Ndiba" or "edip" manifests itself by skin eruptions on the genitals in general, the breasts or the lower abdomen and sometimes on the whole body if nothing is done. Biomedicine identifies it by a series of infectious diseases with skin manifestations such as rubella, toxoplasmosis, mycoplasma, syphilis, gonorrhoea and chlamydia.

This disease is recognised in this society as one that affects highly fertile women. In this culture, a sexually active woman must undergo washings or purges to cleanse her body of these ailments. In the opinion of some informants, "edip" is regarded as a "poison" because a woman who is affected cannot have children. She may be able to conceive, but with very little chance of reaching full term and she will face problems of miscarriage, stillbirth, prematurity or malformations if they survive. Flore, a 29-year-old married resident of Yaoundé, narrates her case: *"I have had five consecutive stillbirths without any medical explanation. The sixth was born with a malformation and died a week later. I went to revival churches in search of solutions, in vain. At one point I thought I was under spiritual attack until I read your work on this disease."*

Children born with a malformation are labelled as witch children and sometimes rejected by the family, left to fend for themselves. Infections will cause malformations and disability in the majority of children. From another perspective, a woman with the disease may be able to maintain her pregnancy, but the child's chances of survival are very slim because the mother is ill and her disease also attacks the breasts, making it impossible for her to breastfeed the infant. The "edip" turns into a yellowish body fluid called "dirty water, vampire water"

which flows out of the vagina and mixes with the menstrual blood. During treatment, this fluid comes out of the vagina in yellowish, sometimes bloody clots. The patient feels pain during sexual intercourse and this gradually quenches the urge. The infant who survives this disease and is breastfed with milk poisoned by the mother's "edip" will not be able to survive until the age of 15, the informants explained during the survey.

As "edip" becomes chronic over time, it causes a bout of fever that leads to his death. The child is never well; he may have a physical defect, the skin bears traces similar to ringworm. In the case of a stillborn, the skin is torn off and the flesh is visible, the head is macerated at several grades. We speak of macerated stillbirth Grade I, Grade II and Grade III. Eveline, a 26-year-old resident of Yaoundé, explains: *"When I did the ultrasound, I was told that I have a maceration Grade I in my womb and it had to be evacuated quickly. The child came out dead after almost 24 hours of labour. The pain, the crying, I was on the verge of a fit of madness, losing your child in the womb is truly horrible, evacuating it as well, noooo!"*

The ailment (mal-a-die) says we should look for its meaning in culture. The etymology of the word "edip" in the Beti language has the root "dip" which means to block and expresses the fact of being blocked. The verb is formed from the noun to describe the action. Thus the noun is preceded by "a" which is pronounced [ä]. For example: "adip" means to block. According to the initial idea in the history of this disease in the Beti context, the ancestors compared it to the trap used to catch birds, using a liquid made from the sap of the "ekekam" tree, the product of which is called "nkam". Anyone who contacts the "edip" finds him/herself stuck like a bird that cannot escape the trap.

Jeanne, 21 years old, residing in Megong, testifies: *"Edip is a bad sickness that worries people here in the village. When you don't know about it, "edip" either kills your child in the womb or you have stillbirths. To know that something is wrong, the woman suddenly runs a fever, she feels too cold or too hot, when the child is already dead in the womb.* This woman's testimony may help understand the reasons for children's deaths due to malaria or fever. In chronic state, "Edip" or "ndiba" becomes asymptomatic and is manifested by fever and malaria symptoms.

"Edip" is a contagious disease and is transmitted in various ways: from mother to child through the umbilical cord, exchange of clothes or shared use of linen, sexual relations with multiple partners, saliva, etc. The word "edip" derives from the verb "dipe" in the Beti language, which means to take what does not belong to you. "Edip" appears here as an instrument of social control. The disease allows and in a way obliges couples to be faithful to each other. It sanctions unfaithful couples. It can also come from the transgression of cultural prohibitions, for example: a girl who crosses a tree root still producing sap on a path. The girl who transgressed the tree root has committed adultery.

A pregnant woman contaminated with "edip" makes the foetus drink this dirty water as early as the second month of pregnancy, and it is rare for it to reach full term. Foetal death occurs after four, six, eight months of pregnancy. On several occasions, a woman who suffers foetal death poses serious problems for those around her because of suspicion of witchcraft. Either the husband is accused of "selling" the children in the "nkong" right from the foetus, or an aunt with an evil eye, or someone who had problems with the pregnant woman during the pregnancy.

This assertion gives comfort to women who lose their child during pregnancy. "Edip" prevents women from conceiving and renders them infertile when the disease becomes chronic. Its dirty water accumulates in the uterus and enlarges the stomach or causes cysts and multiple myomas (polymyomatous uterus). And if an ultrasound shows that she has myomas, these tumours will be blamed for the infertility, whereas this is not always the case. The clinical manifestation of "edip" in women is also itchy skin or breasts that leaves black spots. The menstrual blood forms a dark black clot and then leads to an absence of menstruation (amenorrhoea). Although different from "ndiba", "edip" is treated in almost the same way.

2.10. Therapeutic practices of "ndiba" / "edip" and communication

Those entitled to treat this disease are generally post-menopausal women and people who have been initiated into this practice. They are recognised as specialists. It is said that patients must be treated by at least three different post-menopausal women or initiates. Both partners will receive intensive non-biomedical care for ninety days depending on the severity of the disease. The treatment is available in several forms, ranging from purification baths to oral, nasal and anal treatment. The plant species for this therapy are known and the packaging is a preserve of specialists. During the surveys, we identified all the plants that contribute to curing this disease; we packaged them as indicated by the practitioners and administered the decoctions to several other people suffering from it. We followed them up during their treatment and at the end, the majority of these patients were healed. The results were convincing and many of them recommended their loved ones going through the same ordeals or suffering from similar ailments to contact us for treatment. Grateful persons were coming back to present their offspring as an expression of gratitude and a gift as a souvenir. In Africa, care is

not only paid for with money, but also with gratitude, building of a social relationship between the caregiver and the care receiver.

To eradicate "edip" in a couple, both spouses must jointly take the treatment and treat the children born before the discovery of the disease, otherwise these children may also die. The complexity of the disease and its treatment require specialised skills. Patients undergoing treatment for "edip" must observe dietary restrictions throughout. They are strictly forbidden to eat certain food crops such as: okra, pineapple and many others depending on the allergies of each patient in order to avoid recurrence and not to disrupt the treatment.

Besides these measures, the practice of the piacular rite is an integral part of the treatment. Like any other form of death, foetal death gives rise to a series of representations. In this context, any misfortune, anything ominous, anything that instils anxiety or fear requires a "piaculum". The child must be tied up in the womb and then untied so that the woman can give birth. The *egusi* pudding is a symbol of fertility, pregnancy and childbirth. Tying it (originally kneaded with water and other medicines) in the leaf and putting it in the pot (representing the womb of the woman who is carrying the child to full term) to cook it means: tying the child in the womb. To untie, to open the pudding after cooking, thus the maturity of the foetus, is to open the womb, to give birth, to show to the eyes of all.

In addition to these therapeutic practices, communication through prevention and education seems to be essential. The fight against this sexually transmissible disease, that is "ndiba" or "edip", will only be truly effective if the information is adapted to the needs of the target population, i.e. women and men at childbearing age and children born in an infectious context. The time for a single campaign for all is over. Different channels are currently used to try to ensure the most effective prevention of this bacterial disease. We recommend the creation of information centres in the maternity departments of health facilities. Their role will be to deliver individual information adapted to the profile of women who attend antenatal clinics. It addresses the problems presented by the patient and remains confined to the duality of the consultation. It will focus on the possible modes of contamination of interest to the subject: sexual, salivary, sweating, contact. It is complementary to that carried out in the field, because unlike the latter, which are collective, the individual relationship created by the consultation makes it possible to address the specific problems of the subject. Other forms of communication can complement the previous one.

3. Discussion

The findings of this research do confirm that the populations recognise the existence of sexually transmitted diseases and use symbols linked to water to designate their manifestations. Recourse to traditional medicine for treatment is the rule in this community, where people shuttle between the modern medicine with an arsenal of drugs to treat infections and the pharmacopoeia, which is closer and less expensive. They adopt a behaviour of "therapeutic prostitution" by resorting to several treatments, and this is something which makes these infections resistant to drugs. The results obtained on the practice of rituals to treat an infection raise an initial question about the place of rituals in the treatment of an infectious disease and about lifestyles. In fact, in this community, as in many others, there are many socio-cultural factors that foster sexuality. According to Mburano Rwenge (1995), "These factors reflect the fact that sexuality is not an isolated phenomenon, rather it is embedded in the cultural norms and values of each social group. They are associated with norms and values regarding sexuality, nuptiality, family and fertility. The proposed review shows, where necessary, how they affect the sexuality of young people and/or parents. Sexual mores and the decline of social control. Traditional sexual and reproductive values that fuel the spread of STD/AIDS were also observed in East Africa, particularly in Uganda. In Rwanda and Burundi, for example, a married woman is allowed to enter into extramarital relations in the event of her husband's prolonged absence, and a widow to remarry into her deceased husband's family. These values were established as norms in order to reduce the reproductive losses that would result from a prolonged absence of the spouse or a marriage break-up". Van Balen (1958) holds that the high level of sterility observed among the Mongo people in Congo was due to the social and cultural disorganisation that followed colonisation. Anne Retel-Laurentin (1974) points out that denatality is primarily a consequence of ancient syphilis or heredosyphilis. Michael Schofield's *Sex Education* (1971) underscores that the interest and time parents give to their children's sexual education is also a determinant of young people's sexual behaviour. It is recognised that in sub-Saharan Africa, as in many other developing countries, most parents rarely talk to their children about sexuality. There are many reasons for this: "The first is that the traditional education that parents received gives very little room to explanation and verbalisation. The second reason is the lack of adequate knowledge on the part of parents in matters of sexuality". For Jean Madzouka (1991: 194); "most parents consider sexuality as a taboo and are afraid that their children, especially pubescent and adolescent children, will take educational information on sexuality for an incitement to debauchery. On the other hand, those who are able to talk to their children about this subject belong to the wealthier social strata of the population, but in most cases they spend more time on their activities than on supervising their children. The problem of sex education

for adolescents in the family setting therefore concerns all social strata, but for different reasons". Through this study, the issue of sexual behaviour is finally brought to the fore.

Conclusion

At the end of this reflection on infectious diseases that are causing infertility in couples, infant and child mortality, it appears that populations attribute a mystical cause to their state of health and to the death of the ante-partum or post-partum foetus. Each society or culture has its own conception of any disease and even its own attitude to disease. Each culture has its own representations of illness and an appropriate treatment for an ailment, because the illness of an individual is in close correlation with his or her culture. We understand here that illness is no longer just a biological fact, but a social fact and a total social fact, because it calls into question other facts of the social structure. "Edip" and "ndiba" are two terms for sexually transmitted infectious diseases. "Kwara" is the term for the disease that kills the foetus in the womb or at birth. Yvan Toutou (2002) says that "*an infectious disease is the consequence of the aggression of a living organism by one or more micro-organisms. These are disseminated in the environment such as air, soil and water, but they can also be found in reservoirs such as food, animals or humans, whether they are healthy or infected carriers. Transmission occurs either by direct contact with one of these reservoirs or by indirect contact through a living or non-living vector.*". In this study, people are familiar with the disease and explain its origin by the multiplication of partners whose relationships lead to sexuality. These are indeed diseases linked to the infidelity of partners in a couple and sex workers or prostitutes are the people most exposed. Socio-cultural factors also encourage risky sexual behaviour. In this cultural context, this disease appears as a "poison" which first kills the foetus in the wombs and even if the child is born, it dies afterwards because it is born with the disease and the maternal milk it takes is also poisoned, dirty and infected. Therapeutic devices from this society allow the disease to be eradicated, ultimately through baths and ritual meals. Sensitisation through social mobilisation can go a long way towards reducing the infectious disease gap in Cameroon.

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