



Reproductive pathologies according to diagnosis in the local healthcare system among the Ngomalá of Batoufam in the Western Cameroon

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Abstract: This paper examines possible origins of reproductive disorders as determined by diagnosis in its primarily endogenous approach, without excluding that of so-called conventional medicine. This reflection dwells on the knowledge of Ngomalá ethnomedicine to show how health practitioners work to identify reproductive disorders in women and men. It reports on the typology of pathologies identified through diagnosis according to the healthcare systems in the Ngomalá ethnic society in Batoufam, with the aim of preparing each patient to receive treatments suited to their condition. Data were collected from 19 therapists and 19 patients identified through snowball sampling and purposive sampling. Data were gathered through semi-structured interviews. It follows from this that reproductive disorders are grouped into two categories, including “apparent pathologies,” that is, those mainly treated with medication, and “non-apparent pathologies,” whose treatment requires the performance of endogenous magical-religious rituals before any medicinal treatment.

Keywords: reproductive disorders, pathologies, endogenous healthcare system, Batoufam.

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Introduction

In Africa, indigenous medicine has always been the therapeutic approach used by local populations, especially when they encounter health dysfunctions. Several health crisis situations have contributed to driving the dynamism of African medicine, which was weakened by the advent of biomedicine (Bâ, 1996: 817). Today, this Black African medicine occupies a prominent place in the public health system, particularly when it comes to managing reproductive disorders, including primary and secondary infertility, spontaneous abortion, etc. Since the pursuit of health and social well-being is the ultimate interest of any health system, the concern for reproduction through the medicine of African peoples is therefore at the center of this paper. Procreation, understood as the process through which humans ensure regeneration and the future in order to perpetuate the human species, constitutes the framework of this article through the disorders associated with it.

In West Cameroon, specifically among the Bamiléké, a child grants their family increased social consideration. In large families, children are an invaluable wealth (Godelier, 1982). Thus, a child is a source of honor (Héritier, 2012), ensuring the inheritance and strength of the lineage. In cases of infertility, that is, when reproduction is affected, the absence of offspring is viewed from

multiple perspectives, often with negative implications. Regarding reproductive issues, statistics indicate that in Cameroon, particularly in the western region, about 10 to 15% of couples are affected by infertility, including 5 to 8% primary infertility, which is the inability to have a first child, and 7 to 10% secondary infertility, or the inability to have a second child¹.

Moreover, the prevalence of infertility shows that 40% of these cases are due to female factors, 30% are due to male factors, and 30% remain unexplained from a biomedical standpoint². Despite this situation, access to care for reproductive disorders indicates that only 15% of couples turn to biomedicine, whereas more than 70% of infertile couples consult traditional healers, particularly as a first way out. Rather than focusing on the use of biomedicine and endogenous therapy among the Ngomalá of Batoufam, this paper looks at the outcomes of diagnoses as revealed by the two health systems that the populations of Batoufam consult to address reproductive pathologies, that is, procreation issues. The aim is to draw inspiration from these diagnoses carried out on both sides, in

¹ National Strategic Plan 2021-2025 of the Community in Cameroon, 2021 Edition.

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order to make an inventory and develop a typology of procreation-related pathologies according to the healthcare system that the Ngomalá of Batoufam use.

1. Methodology

For the purpose of this research, snowball sampling and purposive sampling techniques were used to identify informants. There were 38 informants, evenly divided into two categories: therapists within the local healthcare system and individuals who have experienced or are experiencing reproductive disorders. Data were collected through semi-structured interviews and observation. Following Mucchielli's (1984) theoretical approach, logical-semantic analysis was applied to analyze collected data.

2. Results

2.1. Links between endogenous medicine and biomedicine

This research enables the framing of integrated care systems adapted to rural areas, contributes to public health policies, and inspires reproductive approaches in regions facing health challenges. The management of reproductive disorders by the local healthcare system considers it in a context where the recognition of endogenous medicine is controversial (Kenne Djuatio, 2022). Numerous authors before him note that the current process of recognizing this medicine is essentially divisive and limited for these reasons:

- the desire to subordinate it to Western biomedicine;
- the ethnocentric orientation of social sciences;
- the unequal distribution of power;
- the reduction of Negro-African medicine to pharmacopoeia.

From the above, these controversies surrounding the medicine of Black African peoples do not always allow it to be considered in its entirety, hence its reduction to the dimension of 'pharmacopoeia.' Its subordination to biomedicine poses both an epistemological and paradigmatic problem, insofar as the two approaches have different methods of care in practice.

2.2. Diagnosing, the pathologies of procreation

If diagnosis within the framework of biomedicine refers exclusively to diseases that are physically and physiologically recognizable, the one conducted within local endogenous medicine goes further. In addition to identifying pathologies observable through dysfunctions of the reproductive system, it enables the detection of diseases that pertain to a socially recognized metaphysical dimension.

2.2.1. Apparent pathologies

Reproductive disorders, such as conception defects, miscarriages, congenital malformations of the fetus, erectile dysfunction, sexual weakness, etc., are said to be apparent when they have biological origins, that is, those linked to infections or physiological dysfunctions recognizable through clinical examinations.

2.2.2. Apparent pathologies resulting from infections

They refer to infectious diseases that result from the contamination of the human body, particularly the reproductive system, by pathogens such as bacteria, viruses, fungi, etc. These pathologies can be propagated due to inappropriate hygiene, generally characterized, among other things, by poor dietary habits and

unhealthy sexual practices, which can consequently influence the procreation process.

Locally, the aforementioned disorders are recognized in Batoufam by the terms Ngomalá of *Yotou*³ and *Ngaktiti*⁴, which specifically refer to sexual itching and gonorrhea. Similarly, the term *ɲtoúɲ*⁵ simultaneously indicates cysts and fibroids from an apparent standpoint. However, it should be noted that other terms are applied to these diseases according to their non-apparent aspects. This unique characteristic is discussed further when establishing the link between apparent and non-apparent pathologies.

From the above, and according to therapists from both biomedicine and endogenous medicine, a woman may not be pregnant because she has a STD⁶. She may not quickly become pregnant simply because her partner does not have active sperm due to sexually transmitted infections confirmed by biomedical tests. In this regard, a therapist said: "...very recently, I received a couple who wanted to have their first child. After consultation, I referred them to the hospital, and the tests showed that the couple had infections and that the husband's sperm was weak."

In general, STIs⁷ or STDs, organic and hormonal dysfunctions identified through biomedical examinations, as noted by Bonnet and Guillaume (1999), or through observations made by the healthcare practitioner, are the cause of apparent reproductive disorders.

2.2.3. Organic dysfunctions as an apparent pathology of procreation

In the collective mindset, a man carries the seed of life which he deposits in the woman so that after probably 9 months, this bears the fruits. Thus, among the Ngomalá in Batoufam, it is commonly accepted that the failure to procreate is due to the woman's organic dysfunction. Since this belief is generally shared, it seems to be supported by one of the therapists met, who states that, "when a woman does not ovulate at a regular frequency, her chances of conceiving are reduced (...) She would not know the day of her ovulation. Therefore, even with a man, her ovum cannot be fertilized except by chance."

Then, it must be understood that the regular organic functioning of a woman ensures her chance of conception. In this case, male infertility and miscarriages, whether or not evidently associated with infections, can constitute human reproductive disorders.

Overall, men, just like women, can be carriers of biological dysfunctions that hinder reproduction. For some, the failure to reproduce may also be explained by the fact that a man's sperm is not vigorous and degenerates before fertilizing the woman's egg; for others, irregular menstrual cycles in women can cause a reproductive disorder.

³ *Yotou*: it is a term in the Ngomalá language that literally refers to sexual itching and sexually transmitted infections (STIs) that manifest in this way.

⁴ *Ngaktiti*: also refers to the disease by its manifestation. It means 'difficulty urinating'.

⁵ *ɲtoúɲ*: the term literally means 'the balls.' In this context, it refers to the balls in the genital area. It can also refer to tumors in other parts of the body.

⁶ STI: Sexually Transmitted Diseases

⁷ STI: Sexually Transmitted Infection

Reproductive disorders, because they stem from infections or dysfunctions that are either well-known or unknown, and those that are universally recognized by biomedical therapists and practitioners of Ngomalá endogenous medicine, are those detected through laboratory tests. In this case, these are apparent pathologies linked to known dysfunctions. When the dysfunctions are not universally known, it goes without saying that only those initiated into the ancestral wisdom preserved through magico-religious practices possess knowledge of the pathologies that are thus hidden. Accordingly, one must consider the non-apparent diseases or disorders that need to be presented here.

2.3. Non-apparent diseases

The fundamental principle of endogenous medicine views humans as beings who are both spiritual and physical (Mbonji, 2009; Ndjalla and Batibonack, 2019:100). Similarly, Fromaget (2017) speaks of the soul/body dualism which, according to him, is analogous to the dual spiritual and physical dimensions of humans. The conception of humans among the Ngomalá of Batoufam does not deviate from this dual understanding of life, which shapes the thoughts and practical knowledge applied in endogenous medicine, especially when it comes to ensuring humans can reproduce free from disorders. Following this logic, it is acknowledged within the Ngomalá community of Batoufam that beyond the apparent reproductive disorders, there are those that are not apparent, which originate in the invisible realm, that is to say, in a supernatural dimension, through mystical attacks or spells that can be inflicted on individuals for various reasons known only to the perpetrators, and perhaps also to certain key figures of these phenomena, culturally considered to be above the laws of nature.

Furthermore, it should also be emphasized that these non-apparent pathologies may be the result of curses stemming from sacrileges or any offense affecting the metaphysical order, which includes deceased parents, those admitted to the rank of ancestors, and the gods. Similarly, the sacrilege that gives rise to curses may pertain to a physical order, in the form of desecration or disrespect towards living ancestors, such as parents or the heirs of deceased parents who ensure the continuity of the works left by the latter. According to Pradem-Sarinic (2001:91), a curse can be cast over several generations. It can affect houses, land, livestock, trees, and people, and is different from a spell. In this sense, a patient reports their experience:

“When I arrived in the village during a ceremony, a mother told me that the reproductive health problem in my marriage might be caused by the heir of my wife’s maternal grandfather. She said that ‘his word is very powerful, and every time, he curses you by saying that you took his little girl in marriage with the complicity of his son-in-law without giving him his grandfatherly rights.’ Afterwards, I went to see this adoptive grandfather with what was required for the bride price for his little girl, who is my wife. It was after that that he confessed to me that he was very angry with my wife and me to the point of cursing us. In these words, ‘given that this girl has my blood and you left without meeting me, I do not see how she can have a child.’” This is how the adoptive grandfather uttered curses, and did so repeatedly. But once I met his expectations, he told me, ‘I cancel my words’. Then, I went to see my wife and gave her the soil I had brought from her adoptive grandfather’s house as a sign of blessing, and in the same month, she became pregnant with our first

daughter. My wife, who had always been ill since the evening she came to my home and had repeatedly experienced miscarriages, recovered as soon as her grandfather’s heir stopped being angry. She spent more than 25 years without needing hospitalization for illness, except to give birth to any of our five children.

The curse relates to an obstacle placed against an individual through words, which in the account above prevents the young girl and her spouse from having offspring by blocking the reproductive process. From the above, it should be noted that the curse endured by a man or a woman can manifest as infertility within their couple. The reality highlighted here is the strength of the bond that exists between the person who suffers the curse and the one who utters it.

As evidenced by the statements of this informant who explains: “...sometimes, the poor relationship between parents and children provokes disparaging remarks or curses, which may lead to childlessness and, consequently, can only be cured by performing purification rites,” as reported by a therapist. This reality becomes even more significant when the issuer of the curse is related to the person who suffers it through biological or social heredity, or through belonging to the same spiritual community, provided that the one who pronounces it occupies a superior position and utters a normatively justified curse with respect to the individual who suffers it.

In general, non-apparent reproductive disorders can manifest through, even if not always, organic dysfunctions mentioned in relation to apparent disorders. In these cases, it can be observed that these pathologies are difficult to treat given their causes are considered unusual. These are then referred to as “Ciptsu”⁸ to mean organic disorders of mystical origin, that is, caused by spells. These can affect the victim to the extent of preventing them from reproducing. This corresponds to what Maignan (2023) and Féval (2020) understand as vampirism. Thus, the perpetrator of vampirism, whether male or female, draws the victim’s energetic resources for their own revitalization, and consequently, the devitalization of the victim. This practice of vampire revitalization can be observed through the practices of what is locally known as “night layers”⁹ and the consumption of “night foods”¹⁰ by people thus bewitched, which most endogenous therapists mention.

Other forms of infertility may be caused by the effect of a spell that blocks the reproductive abilities of a man or a woman. It is not easy for a couple to conceive if one of the

⁸ This is a polysemous term; “Cip” means “poison” and “tsu” means “night.” Literally, the term refers to “night poisons,” which can manifest in various forms depending on the type of attack received by the victim. In the context of this research, Ciptsu’ is said to result from mystical attacks, whose agents can reach their victims invisibly to deposit substances in their organs or remove some. In cases of reproductive disorders, Ciptsu’ can cause organic dysfunctions such as fibroids, cysts, blocked fallopian tubes, sexual weaknesses... which can be detected through biomedical examinations for apparent pathologies, and are sometimes present but not identifiable by the same means.

⁹ It refers to sexual intercourse experienced by a victim in their dreams.

¹⁰ It refers to sexual intercourse experienced by a victim in their dreams.

partners habitually has sexual relations with known/unknown people in their dreams. These practices prevent the woman from conceiving and the man from impregnating a woman. In such cases, they need to undergo expiatory rites in order to regain their fertility.

From quite another perspective, they also exhibit the characteristics of normal organic functioning, with a reproductive system without any visible ailment, even following biomedical examinations. However, the person's reproductive system, for example, cannot result in childbirth. When asked about the possible origins of reproductive disorders in endogenous medicine, a therapist admits that the absence of fertility is attributed to the supernatural to explain why certain treatments do not produce the expected effects in patients. Non-compliance with customary norms is cited as being at the root cause of reproductive defects in couples. To this effect, an informant states: "I was told that I had a ritual to perform in my paternal family and that if this ritual was not done, I would no longer be able to have children (...) after taking many medications without satisfaction, I finally performed the ritual in question, and that same month, I became pregnant."

Furthermore, other problems related to the disregard of ancestral tradition, such as the observance of the marriage ritual (Bakam, 2023), can cause reproductive disorders. For example, a therapist noted that marriages without a dowry can lead to reproductive issues within the couple. "For a woman who is unable to conceive because she was married without a dowry, this dowry must be paid to the appropriate person according to customs; otherwise, her condition will not improve."

The Ngomalá culture, like culture in general, is based on cultural and contextual norms, the transgression or non-compliance of which leads to consequences that only traditional remedial measures can address (Saha Thinda, 2016) and (Khichane, 2020). Moreover, it acknowledges the continuity of traditional values among the Bamiléké to the extent that even encounters with other peoples do not prevent them from being highly esteemed. That said, reproductive disorders most often manifest in women through menstrual irregularities, miscarriages, pain in the reproductive system, and so on. In men, they can include sexual weakness, the absence of erection in situations where it would normally occur, among others. As soon as apparent disorders become resistant to biomedical treatments or cannot be explained within the framework of clinical medicine, one must "without any doubt" seek for the reasons, and by extension the measures of resolution, from practitioners of magico-religious rites, as they are the custodians of ancestral knowledge for remedying non-apparent disorders, including those related to procreation.

Following the above analysis, it should be specified that any hidden disorder may have an irreversible effect on the person who suffers from it if this curse has not been broken by the words of the one who uttered it or by their successor in the event of their death. Because the curse arises not only from the words but also from the transgression of traditions, it can also be lifted through certain expiatory rites.

Conclusion

Procreation as a result of maturity and fertility among the Ngomalá of Batoufam has a significant importance because it is regarded as a symbol of wealth and power. It is through procreation that families, and by extension societies in the broader sense, ensure

their continuity. This article is based on the fact that this continuity can at any time be disrupted by reproductive health issues within couples. Thus, drawing inspiration from revelations arising from diagnostic practices by both clinical health practitioners and Ngomalá indigenous medicine therapists, the paper addresses the fundamental causes of reproductive disorders, including both recognized (apparent) and unrecognized (non-apparent) pathologies. The analysis conducted in this way allows them to be categorized according to their causes and establishes that the apparent reproductive disorders result from: bacteria, viruses, fungi, and organic dysfunctions; whereas those that are not apparent are caused by curses and spells. Notwithstanding the fact that non-apparent reproductive disorders have the particularity of not only arising from supernatural causes or even metaphysical nature, but also, depending on the individual and their personal experiences, sometimes manifesting in ways similar to the apparent disorders that disrupt human reproduction among the Ngomalá. It results that forms of reproductive disorders can be treated according to the prescriptions of biomedicine as well as through the treatment approaches of Ngomalá ethnomedicine pharmacopoeia. On the other hand, the latter appeal to the interference of the numinous, the sacred, the supernatural, through the execution of expiatory rites that only those who are custodians of traditional knowledge perform to treat individuals affected by non-apparent reproductive disorders. That said, it may be necessary to go further in the reflection to find and understand how care is administered to those with non-apparent pathologies related to reproduction.

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