MAASAI MOTHERHOOD:
the social experience of pregnancy loss in Eluwai & Enguiki

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M A A S A I  M O T H E R H O O D:  
the social experience of pregnancy loss in Eluwai & Enguiki

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For

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Summary

This thesis contains research and findings regarding women’s experiences of pregnancy loss in the villages of Eluwai and Enguiki in the Monduli region of Tanzania. The topic of pregnancy loss proved to be complex, reflecting a great deal about women, their lives and their larger communities. The great value placed on motherhood in Eluwai and Enguiki seems to be at the heart of the issue. In the words of one informant, “a woman without children is like a tree without leaves.” The significance of the role “motherhood” has for women both creates an atmosphere of community support in the event of a loss, as well as engendering a milieu in which women who cannot bear children are apt to suffer socially, emotionally and economically. This suffering is mitigated somewhat by the fact that in these communities motherhood is a social category, rather than strictly a biological one.

I arrived to the field with a set of questions that focused primarily on individual women who lose their pregnancies, their feelings and experiences as individuals and how their communities do or do not support them in their experiences. And while I indeed gained some insight into their experiences, coming to understand them as precious and unique, I realized that pregnancy loss is very much an event that occurs within a community. The women with whom I spoke certainly had-- and expressed in various ways-- emotions regarding their miscarriages but the boundary between “self” and the larger community seemed blurrier than that to which I am accustomed. The event of a pregnancy loss is one that happens to a woman, causing her to suffer, but the suffering does not remain contained within her experience but rather ripples out into the community around her. Family, friends and neighbors also grieve the loss, expressing their grief through visits, the offerings of condolences, and both practical and emotional support for the woman and her family while she recovers.
INTRODUCTION

Naisha

Finishing my interview with Ngaku I go out of the house to find Naisha, Nongishu, Mbaada, Mrema and the children sitting on the grass beside a tarp piled with ears of maize. They are all taking corn off the cob so it can be ground into cornmeal, a staple in the family’s diet. I sit with Naisha and grab an ear to help. Everyone giggles as Naisha shows me how to effectively pull the kernels off the cob. Deftly she dislodges the kernels with her thumb. I try to mimic her movements and, of course, am clumsy. Naisha laughs and shows me again, this time grabbing my hands and placing them in the correct position. We all sit together with the corn spread around us, chickens dashing in and out to grab stray kernels, and Naisha teaches me the Maasai greetings I already know: “sopai”, “epa”, “ta kwenya”, “iko”, with all the women and children smiling to hear my awkward pronunciation.

Something transpires between the women and Naisha stands up and brings over to me a 20 liter water bottle that she had earlier filled at the pump in the yard. The bottle has thick leather straps and loop with which to carry it. She sets the heavy bottle in front of me with a thunk and tells me to pick it up. I try, managing to lift it only inches off the ground. It is enormously heavy and I exclaim as much in Swahili: “Nzito sana, mama!” Naisha urges me again to pick it up, to carry it. “Mimi siwezi kabisa! Kweli!” I cannot. Really! She laughs and calls Ester over (Ester is 12-13 years old and slight), who with little effort picks the bottle up and places it on Naisha’s back, the leather strap around her crown. Naisha’s back is bent to accommodate the weight and balance the bottle. She hands me a 2.5 liter bottle of water and tells me we are going to her boma. Eight year old Benson, my interpreter’s son, appears and is told that he will accompany us in order to guide me back to the house later. Naisha, Ngaku (also with a 20 liter bottle of water on her back), Benson and I set off.

The day is sunny and blustery as most days on the mountain top are. The path is wide-open, the grass well-grazed with an occasional flat-topped acacia. We pass a collection
of “traditional” Maasai homes (wood and dung with thatched roofs), more “modern” cement block houses with shiny metal roofs, and mud houses that seem to be a combination of both: rectangular with metal roofs like the modern ones but made of dung, mud and wood, like the traditional houses. Naisha points out landmarks to me—the school far off in the distance, the sacred mountain of Oldoinyo Leng’ai on the horizon ahead. The two women chat amongst themselves, Benson gallops ahead. After about fifteen minutes I notice the bottle I am carrying beginning to feel heavy. I switch hands. Naisha immediately notices and asks me if it is too heavy. Are you tired? Here, I will take it. A little embarrassed by my own wimpiness, I quickly assure her, no, no, I am fine! For the rest of the walk I am more surreptitious when I switch hands, each time silently respecting her strength and fortitude.

We arrive at the boma Naisha shares with Ngaku, and Ngaku’s mother and two sisters-in-law. The boma is an open one, without the customary brush fence around the perimeter, and consists of four or five round traditional houses. Naisha’s has a lock on the door which she unlocks and welcomes me in. Karibu ndani. I am immediately struck by the extreme tidiness, what I recognize later to be a lack of dust due to the fact that she uses only mud, rather than dung, for her walls and floors. The house, like all “traditional” Maasai houses is nearly entirely dark inside and extremely smoky from the smoldering embers in the fireplace in the center of the main room. Coming in from the bright outdoors, my eyes take a full ten minutes to adjust enough to see the interior. Naisha, anticipating my blindness and unfamiliarity with her home, leads me by the hand and sits me down on the edge of a sleeping platform that opens into the main room. Benson squeezes in beside me. Naisha adds wood to the embers in the fire, blows it back life, and puts a combination of milk and water on for tea. She then explains to me the layout of the house: this is the room for sleep, this is also a room for sleep, there is for the goats, here are the gourds where I store milk and yogurt.

When the milky tea is ready, Naisha hands me a brimming enamel cup that is too hot to even contemplate sipping. She takes my cup back and pours the tea into another enamel
cup, and then back into the first, and again back and forth and back and forth, higher and higher each time, gradually cooling it down. I smile at the grace with which this is done, with not one splash or spill. Naisha hands me back my cup of tea with froth on top that is Starbuck’s-worthy, still hot, but drinkable. It is sweet and smoky. While we drink our tea, in a combination of Swahili and Maasai with Benson interpreting, she tells me how she made her house, demonstrating the strength and hardness of the mud (very), explaining where the wood came from (a nearby forest), how long it took to build (two days). When we finish, she asks if I am ready to leave, and it turns out that she is returning to the house with us in order to collect more water.

As we leave the house she asks me if I remember her name. Yes, I say. Naisha. On the walk back she keeps turning me around and telling me again and again to show her where her house is so I can return.

Naisha is the youngest sister of my interpreter, Maria’s, mother. She is about my height, strong and sturdily built. She looks youthful but does not know her age; after hearing some of her life history, I estimate her to be around 50. Her facial features are soft and rounded, her eyes deep set with dark circles beneath them and her cheeks bear the beautifying scars that some Maasai have; hers are twin circles, one on each cheek. Her head is clean-shaven and she wears beaded jewelry—many necklaces, bracelets and anklets encircling her wrists and ankles, a metal arm band around her upper arm, ears heavily laden with earrings, loops of white beads with pounded metal at the ends that tinkle when she moves her head. Today she is wearing a green t-shirt and several patterned wraps as a skirt. Her mobile phone is tucked in the folds of her skirt. Around her shoulders she has knotted another wrap, blue with dark red checks. Naisha is warm and outgoing, generous with her
smiles and nearly always places her hand on me when she speaks with me. I find her easy to like.

Naisha is separated from her husband and lives in Enguiki in a boma with a friend and her friend’s family. She has four goats of her own that provide her and her children with milk. Naisha has six living children, the youngest of which is now three years old. In addition, Naisha has miscarried three times. She had her first baby, Shina, a boy, before she married her husband. When she married Itwaine, who was chosen by her father, she was about fifteen years old. Naisha was his second wife and he later married three additional wives. In her opinion, Itwaine has too many wives and is not able to care for them properly and she has therefore separated from him. What follows is the story of one of her pregnancy losses.

During her fifth pregnancy with twins she was staying in Monduli Juu, and her husband was in Eluwai. Early in the pregnancy she found herself craving goat meat. She sent word to her husband in Eluwai that she wanted some goat meat, but he refused to slaughter a goat for her. “These are my mbuzi (goats). If you want to eat some meat, go get some goats of your own.” Later, when she was four months pregnant, she awoke one morning with severe pain in her back. Remembering her unmet cravings, she thought to herself “I wanted to eat meat and I did not get it, so now I must be having a miscarriage”. Indeed, later that day she began to bleed, miscarrying one of the twins. The baby was tiny but completely formed. When Naisha saw that baby “with everything” (i.e. all its body parts) she felt “pain because she wanted to get two twins.” The miscarried baby was wrapped in a black cloth and buried by her co-wife. Concerned that Naisha might lose the second baby, her eldest sister hired transport to take her to the hospital at the foot of the mountain in Monduli Chini. There she received some medicine and the nurse checked the baby, assuring Naisha that everything was OK but that she needed to avoid hard work in order to keep the pregnancy. She slept that night at the hospital with another sister, returning the next day to her eldest sister’s house, where she rested for the next six months. After the miscarriage, family, friends and neighbors came to offer their condolences, sometimes bringing gifts of sugar, or money to help with the hospital fees, and even a sheep to be made into soup to aid
her recovery. Her older children and sisters did the household work she would have otherwise done—gathering firewood, cooking, collecting water, doing laundry.

Her sisters and co-wife cried about the lost baby: “They cried. They all cried because they wanted her to get twins”. Gloria, the twin that lived, reminds Naisha of the baby she lost. Naisha, to this day, feels sad when she thinks about the loss of this baby. “Whenever she thinks about the lost baby she gets something in her heart like pressure. She thinks a lot about her miscarriage. When she sees the one who is alive [Gloria], she says maybe there would be two now.” Every time Naisha “feels” about this miscarriage or the two others she experienced, she gets a fever. This fever, “it stays a long time. When people come to talk with her, she forgets. But when she stays alone, she’s lonely and she gets that feeling.” She is sad about each of her miscarriages, she explains, because “they were her children”. “Now maybe if I had not had those miscarriages, I would have nine children.”

Statement of the Problem
In a study done in the United States and published in the New England Journal of Medicine, researchers found that approximately 30% of conceptions in healthy women result in miscarriage (Wilcox et al: 1988). In developing countries these rates increase to about 40-60% (Deluca & Leslie 1996). How women make meaning of pregnancy loss and cope with the event, however, varies from culture to culture. Women use various healing strategies depending on their individual needs and resources as well as their socio-political milieu comprised of a combination of gender relations, social networks, beliefs and expectations regarding women’s reproduction, as well as varying etiologies of miscarriage.

In Tanzania, as in much of the world, a woman’s social value depends upon her ability to bear children. This holds true within Maasai communities as well. Talle, an anthropologist who has worked with Maasai communities extensively, explains:

... [Bearing children is] life’s (and marriage’s) fulfillment: a married woman without children is indeed an unbecoming sight... she is greatly pitied by all Maasai. (2007: 355)
One of my informants, Nanyorrang, puts it more poetically: “a woman without children is like a tree without leaves.” Past literature emphasizes the importance in Maasai culture of fertility and procreation; to have many children is a social and moral obligation for both women and men. While the importance of bearing children is discussed, little attention has been paid to the experience of Maasai women who lose their pregnancies. In my research in the Maasai villages of Eluwai and Enguiki I sought out the stories of these women in order to contribute their experiences to the growing body of knowledge regarding women’s experience of pregnancy loss.

**Why pregnancy loss?**

I mourned the loss of a pregnancy while living in Tanzania several years ago. Tanzanian friends and colleagues who knew of my loss provided me heart-felt, tearful sympathy and support. Their emotional responses to my loss were markedly different than those of my European and American friends, who seemed acutely uncomfortable with the event itself and the grief I experienced after the fact.

Since my own miscarriage I have been given the gift of other women’s stories of pregnancy loss. Many of these stories have been first hand narratives, women’s own personal chronicles of loss. Interestingly, I have also heard a number of second and third-hand accounts of pregnancy loss as well, children and grandchildren passing on the stories of their mothers and grandmothers. The fact that these events are important enough to be told again and again as stories indicates to me the significance of pregnancy loss to individual women cross-culturally, as well as their significance within families and communities.

Some of the stories I heard prior to returning to Tanzania for my fieldwork involved feelings of grief or disappointment regarding a pregnancy loss; some women expressed ambivalence, while others expressed a sense of relief in losing an unwanted pregnancy. Regardless of the emotion experienced and expressed, judging by my own experience and the experiences that have been shared with me since, pregnancy loss is a memorable and emotionally-laden event in women’s lives. I did not know what to expect as I went back to
Tanzania for this project, but based upon my own experience of having heard other women’s stories regarding their lost pregnancies, and on cross-cultural research done on the subject I trusted such stories would be there. I knew that these women’s stories—whatever they would be—would be told by women within the context of their families, communities, and culture, including the wider global community. For me, the questions lay in how these individual women experience their loss, the coping strategies they employ, and how their families, communities, Maasai “traditions,” and global community shapes, and is in turn shaped by, their losses.

Research Question

In setting out to begin my research my primary research question was:

*How do individual Maasai women in Monduli Juu experience pregnancy loss?*

Not knowing what I would encounter, I intentionally left the question broad in order to accommodate the women’s own experiences, rather than impose my expectations on them. In order to give myself a place to start in my interviews and to provide some direction, I came up with some related sub-questions based on the literature I had reviewed regarding miscarriage. My sub-questions were:

*Is pregnancy loss considered a problem to the women in Eluwei and Enguiki? If so, how?*

*Was there blame allocated in relation to their pregnancy loss?*

*What sort of social and/or medical support did these women receive?*

*What emotions did individual women express in relation to their pregnancy loss?*

*How does miscarriage affect the status of an individual woman within her family?*

*Are there any rituals (personal, medical or spiritual) connected to pregnancy loss?*
Chapter outline

In Chapter One I provide an overview of relevant literature regarding pregnancy loss as it pertains to this project and discuss my theoretical perspective. Chapter Two speaks to the context of this research—Tanzania, a discussion about Maasai “culture”, history and gender relations; and descriptions of the villages of Eluwai and Enguiki. Chapter Three addresses the methodological approaches I used in my research and an introduction to the women with whom I spoke regarding their miscarriages. Here I also locate myself in the field, discussing some of the challenges as well as the pleasures I encountered while doing my fieldwork. I begin to present my data in Chapter Four, talking about the contradictory messages of “openness” and secrecy I received from my informants and interpreters. Chapter Five frames the experience of pregnancy loss against the backdrop of the importance of motherhood and the value of children in the villages of Eluwai and Enguiki. Chapter Six focuses on the etiologies of pregnancy loss. The care and support provided to women after the event of a miscarriage is discussed in Chapter Seven, as well as an exploration of the topic of emotion both generally and as it pertains to pregnancy loss, looking at both the expression and the manifestations of suffering. In the final chapter I discuss the wider tendencies I saw within my interviews with my informants, concluding with a recommendation for further research on the topic of pregnancy loss in Maasai communities.

**Note on language use: “miscarriage”, “stillbirth” “pregnancy loss”**

“Miscarriage” is a lay term for what biomedicine refers to as a “spontaneous abortion” or the loss of pregnancy by natural causes before 20 weeks. “Stillbirth” is a loss due to natural causes after the 20 weeks of pregnancy. The phrase “pregnancy loss” is a general one. Layne (2003) surmises that the term emerged with the advent of North American support groups for families who experienced pregnancy loss:

It... encompasses multiple terms from the somewhat overlapping languages of demography (“fetal wastage”, “intrauterine mortality”, “fetal loss”, “wasted pregnancies”) and biomedicine (“spontaneous abortion”, “stillbirth”, “perinatal” and “neonatal death”).
Throughout this paper I use the terms “pregnancy loss” and “miscarriage” interchangeably. I do not differentiate between miscarriages in early pregnancy and stillbirths, as my informants did not make such distinctions.
Chapter One

ANTHROPOLOGY AND PREGNANCY LOSS:
Relevant Literature and Theoretical Approach

Relevant Anthropological Literature

The anthropology of pregnancy loss is a growing sub-discipline within anthropology. While qualitative research has been done in a handful of other places, to my knowledge this is the first exploration of women’s experience of pregnancy loss within Maasai communities. The following is a review of literature on the wider subject of pregnancy loss, organized conceptually with examples from the United States, Taiwan, Cameroon, the United Kingdom, and Tanzania.

Pregnancy Loss: Culture(s) of silence, private mourning

In studies done in a number of different cultures, a common theme that seems to appear and re-appear is that of the social control of the emotional expression of women who have experienced pregnancy loss; social rules governing if, when and how much a woman can emote after such a loss. Layne (2003:70) describes a “culture of silence” that permeates pregnancy loss in the United States, often manifesting in friends and family pretending as though the loss has simply not occurred, or medical practitioners denying it as a loss of a “baby” by discussing it in medical terms: “...the body operating as it should.” At conception women are socially and medically considered, and consider themselves, “mothers-to-be,” and yet when a pregnancy is lost it is not culturally acknowledged as the loss of a person. There are no rituals, no cultural scripts to follow, no social acknowledgement of the loss as a death. The fetus that was a “baby” when its heart was beating is relegated socially to a “biological mishap” when it dies, leaving American mothers confused as to how to mourn their loss.

Hsu (2002: 388) also writes of the “culture of silence” around stillbirth in Taiwan. Due to powerful social prohibitions against speaking of or seeing death, pregnancy loss is
“treated as an event that never happened.” Bereaved mothers are discouraged from acknowledging that their babies even existed.

Letherby (1993), in her research on women’s experience of pregnancy loss in the UK, also observed social silencing of women after the event of a loss. Her respondents remarked upon the social and medical trivialization and diminishment of their losses, with family, friends and the medical establishment insisting that their loss was somehow “for the best” and wishing them “better luck next time,” urging them to “get on with life,” or simply pretending the pregnancy loss did not happen. These attitudes silence women, forcing them to grieve their losses in private, thereby compounding the distress they experience in losing their pregnancy. Letherby, Hsu, and Laye all speak in one way or another of the inadequacy of social support for women who have experienced pregnancy loss.

Savage (1996:101) has also looked into the issue of pregnancy loss in a study among Bakweri people in Cameroon. Like women in the U.S., U.K. and Taiwan, Bakweri women are discouraged from grieving publicly and are encouraged to become pregnant again as soon as possible in order to replace their loss. Bamileke people, also in Cameroon, believe that mourning a miscarriage risks angering God, who may express his anger by not sending a woman another pregnancy. The Bamileke do not speak of pregnancy loss outright for fear of drawing the attention of malevolent forces and possibly risking subsequent losses. Instead, miscarriage is obliquely referred to by the image of “water having poured from the calabash” (ibid). Unlike Layne, Hsu and Letherby, Savage’s research speaks to the social norms and expectations within Bakweri and Bamileke communities rather than discussing individual women’s experience of pregnancy loss.

**Pregnancy Loss: Blame & Ambiguities**

Layne (2003:19) argues that another set of problems arising for women with regard to pregnancy loss in the United States is related to American culture’s “moral judgments of failure and blame” surrounding their loss. The United States’ “culture of meritocracy” engenders a sense of personal responsibility in women for the outcome of their pregnancies. Women’s lifestyle choices during pregnancy regarding what foods,
medications, situations, emotions to either seek or avoid are culturally understood to affect the outcome of a pregnancy. After a loss there is typically a great deal of self-blame. “Was that hike I took too strenuous? Was the bath too hot? Maybe I lost the baby because of the medication I took before I knew I was pregnant?” Women are often assured by those around them that there was nothing that they could have done to avoid the loss, but that message contradicts the dominant cultural message of meritocracy and control.

Hsu (2002) similarly speaks of such self-blame in Taiwan: each of her twenty informants blamed themselves for the death of their babies. Their self-image and value as women lay, for them, in their ability to produce children and most specifically heirs to carry on their husband’s line. The Taiwanese study mentions the pressure these women often felt from suspicious or denigrating mothers-in-law demanding grandchildren.

In southeast Tanzania, pregnancy loss is often blamed on infidelity on the part of a male partner. Wembah-Rashid (1996) explains that such infidelity shocks and destabilizes both the fetus and the woman, resulting in the fetus’ demise. Women who conceive by means of sexual relations outside of marriage also risk miscarriage or stillbirth unless the midwife or female elders perform a ritual cleansing on her. In the early months of a pregnancy a couple is encouraged to have conjugal sex, as the fetus is thought to feed on sperm. For first-time mothers, though, sex after the seventh or eighth month poses a threat to the pregnancy as the baby’s head is too close to the birth passage and can be damaged by deep penetration. Women who have given birth before are permitted to have sex with their husbands so long as they use a position that avoids damaging the fetus.

According to Savage (1996), it is women who carry the responsibility for reproduction successes and failures in Cameroon; any problems regarding conception or the delivery of a child is seen as the fault of the mother (Savage 1996:103). Socio-culturally, women are expected to go to great measures in order to bear children, and failure to do so is a statement of personal “failure” or “irresponsibility.” A woman who loses a pregnancy, or who fails to conceive, is thought to have brought her situation upon herself by sexual promiscuity or misconduct, by pledging her unborn children to malevolent forces for personal gratification, or cultivating rifts within her social network.
Van der Sijpt, in her research on pregnancy loss in Cameroon, found the lives of women who experience pregnancy loss to be marked by “marginality and ambiguity” (2007:245). She describes a “patriarchal discourse” that idealizes women bearing many children and marginalizes women who cannot attain that ideal that conflicts with the reality of individual women's lives. Van der Sijpt argues that the gap between the patriarchal discourse and their lived reality places women who experience pregnancy loss in an “ambiguous” position in Cameroon, especially newly-married women who have not yet “proven” their fertility. The ambiguity, van der Sijpt contends, is apparent in the woman’s liminal status—neither mother nor not-mother—as well as in the various possible reasons behind the loss (physiological, violations of traditions, witchcraft, abortion, etc.). According to van der Sijpt it is precisely because of these “ambiguities” that women who experience pregnancy loss cannot simply be characterized as victims, but are also strategic actors who can use the different explanations of loss to their own advantage.

**Pregnancy Loss: Social Support**

As mentioned in the section above regarding culture(s) of silence and private mourning, research in North America and Taiwan indicates inadequate social support for women who experience pregnancy loss. From the narratives presented in the research of Hsu, Layne and Letherby it seems that the loss of a pregnancy often “opens a gulf” between social obligations/expectations and a woman's personal experience and needs (Saunders, 1989, as quoted in Letherby 1993:173). The lack of adequate support in the context of the U.K. left Letherby’s informants feeling what one of her informants described as “a compulsive need to talk,” yet with little social space to do so (1993:172).

The advent of the pregnancy support movement in the 1970s in the U.S. has attempted to bridge the gulf between women’s needs and social expectations. Layne (2003) feels that while pregnancy loss has become somewhat more visible to the American public as a result of the movement, the issue still primarily resides in the shadows. The pregnancy loss support movement, by means of support groups as well as electronic chat rooms and discussion groups, has created environments where bereaved parents can come together
and tell their stories, discuss their losses and offer each other peer support. Layne asserts that there is great value and healing in this sharing. She also contends, however that it is a “partial and imperfect solution” arguing that its flaws lie in the fact that such discussions occur “post facto,” with people only learning about pregnancy loss after they experience one; discussing it only with others who have been through the same experience (2003:238). Layne observes that “[t]hese types of support keep the topic hidden in protected real or virtual spaces.” The topic still remains primarily out of social view by virtue of the protected venues of the support groups and chat-rooms, and their insistence on confidentiality (ibid.). Quoting Kirmayer, Layne notes: “there is a crucial distinction between… a public space of solidarity and a private space of shame” (2003:239).

Wembah-Rashid indicates the presence and importance of social support for women who experience pregnancy loss in southeast Tanzania. For the people in this region pregnancy is considered a blessing from God and the ancestors, extending the familial lines of the parents. The loss of a pregnancy is considered legitimate cause for bereavement for the woman and her male partner, as well as the family and larger community. Women who miscarry or have a stillbirth are cared for in the same way as women who have live births: they are given vigorous massages, hot-water baths, and “plenty of food” in order to restore her strength and health (Wembah-Rashid 1996:88). These women are given special medicines to clean their wombs and restore her energy. The woman and her mate are given “great assistance, consolation and counseling from their relatives, friends and peers” (1996:92). Again, Wembah-Rashid’s research does not include women’s personal or individual accounts of pregnancy loss, focusing instead on general trends within the communities.

Theoretical Approach

In the communities of Eluwai and Enguiki, sitting and speaking with women about their experiences of pregnancy loss I felt very far indeed from the University of Amsterdam and from the more theoretical aspects of anthropology. In my informants’ dark and smoky houses, sitting on stools, drinking tea and talking, for the most part I was simply there. The
interviews and demands of daily life, the meals to be cooked, firewood to be gathered, tending to my own needs and those of my interpreters, Upendo and Maria, left very little time for contemplation or heady analysis of my daily interactions. And furthermore, I was never alone! Any deep thinking I did usually happened in the car on the way back to Arusha for supplies or heading back out to the villages.

Once back in Europe, back at my desk and my computer, the task of applying theory to the experiences I encountered in Eluwai and Enguiki, of turning women’s stories into “data” to “analyze” in some ways seemed absurdly disconnected from the reality of these women’s lives. Luckily for me many anthropologists have faced this same predicament before me and, as such, I look to them for guidance.

What is at stake?
From the stories I heard in the field, I inevitably considered the “meaning” these women made of their experiences of pregnancy loss, as well as the meanings the larger community made of such loss. However, the interpretative act of lending “meaning” to another person’s suffering presents a dilemma.

Kleinman and Kleinman (1996) discuss this dilemma in their article entitled “Suffering and its Professional Transformation.” They warn medical anthropologists against the dangers of de-humanizing an individual’s suffering by transforming it into the abstract, by theorizing and reinterpreting it in terms of “culture,” “social roles,” “strategies,” “symbols,” etc. These discrete terms and categories, while meaningful—and quite useful—to the anthropologist in her quest to understand and make sense of suffering, may hold little or no meaning for the sufferer. In order to avoid such distortion and abstraction Kleinman and Kleinman encourage ethnographers to undertake an “experience near” approach to their research by focusing on “the defining characteristic of overbearing practical relevance in the processes and forms of experience” (1996:200, italics in original). They suggest the following: “[a] central orienting question in ethnography should be to interpret what is at stake for particular participants in particular situations” (201).
Asking “what is at stake” for the women with whom I spoke in Eluwai and Enguiki was indeed of great practical value while I was in the field, and continues to be as I analyze the layers of data collected and begin to write about it. It is a question with its feet on the ground, the same ground that Naisha and I walked and talked on that day in Enguiki. While academic language and abstract theorizing and categories may be incongruous with the lived realities of my informants, “what is at stake” is a relevant question for us all.

While Kleinman and Kleinman encourage anthropologists to continually ask and investigate “what is stake” for their subjects, they are less clear about how to do so methodologically or analytically, beyond suggesting taking an “experience near” approach to one’s research. This is, I think, where ideas regarding embodiment become useful.

The body is simultaneously a biological and social artifact. Csordas (1990:5) argues that “the body is not an object to be studied in relation to culture, but is to be considered as the subject of culture, or in other words as the existential ground of culture.” Weiss (1997:338) describes embodiment as “a world-making process through which meaning, significance and value are generated, concretized, and experienced.” Our bodies are the canvasses upon which our social worlds are painted, be it the scars that beautify Naisha’s face, or the respect motivating the physical act of offering her my head to touch when I greet her. In considering the body as the subject of culture we must set aside, or “collapse”, epistemological notions of Cartesian dualities, “of mind and body, subject and object” being separate from one another (Csordas 1990:7). In doing so the body becomes a “productive starting point for analyzing culture and self” (1990:39).

Here I am speaking of embodiment as a concept, using somewhat complicated and abstruse language about “collapsing dualities” and bodies as the “existential ground of culture” to attempt to explain something best understood—obviously—in and with our bodies. To begin to bring it back to the ground, and back to the lived realities of the women in Eluwai and Enguiki, I will lean upon Scheper-Hughes and Lock (1987) and their discussion of the “three bodies”: the individual body, the social body and the body politic. A woman experiences pregnancy loss and its attendant physical sensations, emotions, cognitions through her own body, the “individual body.” This individual body is both separate and a
part of the “social body.” The social body is comprised of the social and symbolic aspects of her culture and shapes—and is shaped by—the experience of the individual body. Connected to both of these bodies is the “body politic,” that which has to do with control/regulation, gender and power dynamics within an individual as well as within the larger communities. “Miscarriages do not occur solely in a uterus, but in a woman; and miscarriages do not occur solely in a woman, but in a family” (Cain et al 1965, cited by Letherby 1993:167). Using the concept of the three bodies, I contend that miscarriages also happen within social and political systems.

In her article on women’s experience of stillbirth, Hsu observes that a “...woman’s change of identity during the early stages of motherhood entails the integration of another human into the self” (2002:388). She is referring to the shifts in identity that occur when a woman discovers she is pregnant and therefore becomes a “mother.” “Mother” is a role that has personal as well as social and political significance. A subsequent miscarriage likewise affects the three bodies, requiring a shift in personal, social and political identity.¹

As a researcher I, of course, brought with me to the field my own body. Ethnographic research and fieldwork is inevitably an embodied undertaking as researchers cannot “divorce our scholarly endeavors from the bodily reality of being in the field” (Coffey 1999:68). And why would we want to? Far from being irrelevant, my body provided means for understanding everyday realities of the woman with whom I spoke. It is only through and with my body that I could begin to have a sense of the physicality and intensity of the daily chores of women in Eluwai and Enguiki. The meaning and preciousness of fire could only be comprehended after I built them day in and day out, and that of water when I experienced its scarcity. It was the shared embodied experience of pregnancy and pregnancy loss that gave me and the women with whom I spoke common ground—I know

¹ Either complicating the three bodies concept, or perhaps making it even more interesting, is the fact that a woman who loses a pregnancy loses a fourth “body”, that of her baby. The baby itself, of course, is comprised of Scheper-Hughes & Lock’s three bodies, but there is an aspect of the relationship pregnant woman has with her baby in utero that is unique and ineffable, and arguably distinct from any of the three bodies.
from my own body memories the full-feeling in my breasts first indicating my pregnancy, and later felt for myself the extraordinary pain of cramping, contractions, blood and attendant emotions of a miscarriage.

“Good enough ethnography”
Scheper-Hughes calls for the practice of “good enough ethnography”, are also helpful as I struggle to find the balance between the lived experiences of the women I interviewed and the intellectual demands of the discipline of anthropology. In the Introduction of Death Without Weeping, an ethnography of “mother love and child death” in Brazil, Scheper-Hughes (1992:28) offers the following:

I grow weary of these postmodernist critiques, and given the perilous times in which we and our subjects live, I am inclined toward a compromise that calls for the practice of a “good enough” ethnography. The anthropologist is an instrument of cultural translation that is necessarily flawed and biased. We cannot rid ourselves of the cultural self we bring with us into the field any more than we can disown the eyes, ears, and skin through which we take in our intuitive perceptions about the new and strange world we have entered. Nonetheless, like every master artisan (and I dare say at our best we are this), we struggle to do the best we can with the limited resources we have at hand—our ability to listen and observe carefully, empathically, and compassionately.

Approaching my research and my analysis with the embodied perception, care, empathy and compassion of which Scheper-Hughes speaks is what I aspire to do. With this passage in mind I move forward, remaining mindful of my concerns and the precarious balance, taking care not to tread heavily on the gifts I have been given in these stories.
Chapter Two

CONTEXT

The roots of any story we tell or hear lie deep within the context of that story. The context of stories is always complex multi-layered, composed of the smallest of concrete details and the broadest of abstract ideas: sociopolitical and socioeconomic realities, gender dynamics, social interactions and patterns, a sense of what is important in daily life, the pace at which life is lived, jokes shared, preparing maize to be ground into meal, smoky cups of tea. This following chapter provides the reader with some broad brushstrokes regarding the context, as I perceive it, of the stories I heard from women in Eluwai and Enguiki.

Tanzania and Monduli District

Tanzania is in located in eastern Africa and includes the mainland, as well as the islands of Zanzibar. Covering more than 940,000 square kilometers, Tanzania is one of the largest countries in sub-Saharan Africa. The current estimated population of Tanzania is 40.3 million people.² There are more than 120 ethnic groups in the country, most of which are Bantu in origin (though the Maasai are not Bantu). Each ethnic group has its own language, but Kiswahili serves as the national language. The country was colonized by both the Germans and later the English, with independence finally achieved in 1961.

² www.indexmundi.com/tanzania/demographics_profile.html
The rural villages of Eluwai and Enguiki, where I did my research, are on top of Monduli Mountain in Monduli District, approximately two hours and an hour and a half's drive from Arusha town, respectively. Monduli District is in the northeast part Tanzania, stretching along the border with Kenya. According to statistics provided by a Tanzania District Health Service website and developed in part by the Tanzanian Ministry of Health and Social Welfare, in 2002 Monduli District had a population of around 195,373. At that time, 43% of the population lived below the poverty line (ibid). In the communities in which I did my research people were pluralistic in their approach to health care, using a combination of “traditional” herbal remedies, oloboini (Maasai healers with the power of divination and prophesy) and biomedicine, depending on the malady. In Eluwai and Enguiki there are no designated midwives. Rather most older women, as a result of having experienced their own births and assisting with those of their livestock, serve as midwives for younger women during pregnancy and birth.

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4. The poverty level is defined by this website as “the minimum spending per person needed to provide 2200 calories a day for one month, based on the food consumed by the poorest 50% of the population. A higher basic need poverty line allows for other essentials such as clothes” With food prices rising dramatically over the past few years, undoubtedly this percentage has also risen.
Maasai: “Culture”

The concept of culture has been widely debated in the last decades. One of the most influential ethnographers of the particular, Abu-Lughod (1991), contends that the concept of culture actually serves to construct and maintain cultural difference as it seeks to explain and understand it. It is, as she succinctly states, “…the essential tool for making other” (ibid). Despite anthropology’s good intentions the concept of “culture” does not allow for the multiplicity and fluidity that characterizes societies and social interactions within and between them. The other that is constructed is a discrete and seemingly coherent category, often frozen in time and place (1991:146). This construction is also undeniably an exercise in power.

Maasai culture, like all cultures, is not static or homogenous, nor does it occur in a vacuum. Maasai people, historically and contemporarily, are a part of a world community consisting of members of other African tribes and countries, European colonizers, European and American missionaries, as well as social scientists, public health practitioners, travelers and business people from all corners of the globe. These inter-relationships inevitably have created and continue to create shifts and changes in a multitude of directions, affecting all aspects of “culture”: socio-political-economic practices, health care, spiritual practices, language, education, demographics, gender relations, land management. The following literature regarding Maasai is presented in order to provide readers with a sense of what has previously been written about the group pertaining to the subject of reproduction and pregnancy loss. It is in no way exhaustive (as Maasai are widely-studied) and is intended only to provide additional context of the lives of the women with whom I worked.

Maasai: History/ context

Although there is some debate on the subject, Maasai are considred a Nilotic people thought to have migrated to Kenya from Sudan in last part of first millennium A.D., eventually moving into what is now Tanzania around the fifteenth century (Hodgson 2005:7). Throughout their history, “[t]hrough social political and cultural processes of
fission and fusion, groups of Maa speaking peoples came together and moved away, formed and reformed, expanded and contracted” (ibid). This movement included the assimilation of non-Maasai, with the inevitable incorporation of “outside” practices/ideas/traditions, as well as groups breaking off and creating separate tribal identities (e.g. the Samburu and the Wameru) (ibid).

In contemporary Tanzania most Maasai live in what is referred to as Maasailand (which includes much of the Arusha Region) as well as on the Maasai Steppe south of the Pangani River. The Tanzanian census does not ask any questions regarding ethnicity, so the exact number of Maasai in Tanzania is unknown (Coast 2002). Talle (1994:280), however, estimates a total population of around 300,000 Maasai along the Tanzania-Kenya border.

In Maasai communities, men tend to have more and higher education than women. Most Maasai are pastoralists and agro-pastoralists, with 98% of all Maasai households owning livestock, primarily cattle, goats and sheep (Coast 2000, in Coast 2007:390). Children, alongside wives and cattle, are an indication of a man’s wealth and power. Fertility and fecundity are highly thought of in Maasai culture for both men and women, with female fertility being especially “critical for the survival and well-being of the group” (Talle 2007:358).

**Maasai: Gendered relations**

Gender and age sets are important organizing mechanisms within Maasai culture. The social roles of men are organized in terms of age sets “composed of a group of male contemporaries, united by their communal circumcision” (Coast 2007:392). After their circumcision these young men are at the “age grade” of ilmurrani (olmurran, sing.) or warrior, and move together through subsequent grades as new age sets are circumcised; from ilmurrani to junior elders to elders, to senior elders, to venerable elders. The age set system not only dictates and regulates power relations among men, but also structures relations between genders and serves as a basis of Maasai patriarchy (Talle 1994:280).

Talle (1994:280) considers the ilmurrani to be central in what she refers to as the “cultural construction of female fertility” in Maasai culture. From the age of ten onwards
girls traditionally choose an *olmurran* or *ilmurrani* with whom they will engage in sexual play. In exchange for milk, these lovers will, gradually and over time, penetrate the girl thus preparing her for marriage and conjugal sexual relations. The semen of the *ilmurrani* also plays a role in the “construction” of female fertility as it helps girls develop breasts and buttocks, indications of maturity and fecundity: “[m]ale vigour is transformed into female growth and regenerative potential” (Talle 2007:362).

Around the age of 13 or 14, or when their breasts have developed sufficiently, Maasai girls are initiated into adulthood by means of a circumcision rite. This rite consists of the removal of the clitoris and labia minora. Maasai say that the clitoris continues to grow, risking the obstruction of a woman's vagina. Failing to remove the clitoris results later in either a girl's inability to conceive, or if she manages to conceive or, the deformation of her child or an inability to deliver her baby (Talle 2003:610). For a Maasai girl, the circumcision rite ends a period of sexual “freedom” and “play” and readies her for marriage and to bear children.

The rite of circumcision, as well as the discourse regarding it, is changing within Maasai communities. While some families continue to perform the rite, others are refusing, citing the extreme pain and health risks it imposes. Those who refuse have adopted the acronym FGM, standing for Female Genital Mutilation, and often seek to educate other women on the dangers of the practice. Those that continue to circumcise their daughters are often doing so when the girls are quite young so as to later avoid trouble with school officials, as well as to prevent the circumstance of young women refusing the rite by running away.

This dynamic is apparent within the communities of Eluwai and Enguiki, where circumcision is a subject of contention. Both Eluwai and Enguiki have “women’s groups” headed by respected local elders and in partnership with an Arusha-based NGO. The groups

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5 Dangers can include hemorrhaging and infection at the time of circumcision, as well as potential long-term effects of difficulties during childbirth.

6 “Three years or three months,” according to my first interpreter, Upendo.
support women’s economic development through bead-work and jewelry-making as well as providing basic women’s health education, including education regarding the prevention of female circumcision.

In the first days of my fieldwork I had the opportunity to attend one of the weekly women’s group meetings in Eluwai, and witnessed the education regarding circumcision. Three elders spoke at length during the meeting and, though I could not understand their words, I was impressed by the preacher-like intensity with which they spoke. Later, my first interpreter, Upendo, explained what was said, including a statement made by one of the elders: “If you women are speaking the truth [when you suggest that you are not circumcising your daughters], then I will take your young babies and check for myself whether or not they are circumcised!,” implying that she was certain she would find the babies circumcised. In a later discussion my second interpreter, Maria, explained to me that some women believe that if they do not circumcise their daughters then they will never be able to find husbands. Others, she explained, believe that “when you don’t get circumcised you get very thin and you are not happy and you want all the time to kusugua (Swahili, lit: to scrub)”. The “scrubbing” she explained is due to a disease that uncircumcised women get called lawalawa.

A Maasai wife is expected to bestow many children to her husband and his family. A woman’s first child stabilizes her marriage as well as her status in her husband’s family, making “the first sign of pregnancy... a great relief to a young wife” (Talle 2003:615). According to Talle, a Maasai woman’s value is ultimately measured by the number of children she bears and how she cares for those children. For the Maasai, procreation is a moral obligation and one that fulfills their life’s purpose. Women without children are considered “nature’s failure,” and are pitied by the community (Talle 2007:355). According to Maasai standards, “[a] barren woman does not have any beauty” (2007:361).

In general married women are not permitted to engage in sex with ilmurrani, and are expected to be sexually passive. In the case of women who cannot conceive with their husbands, these rules are sometimes temporarily lifted. For example, ilmurrani who have been secluded and ritually feasting on meat and medicinal herbs in their olpul camps are
considered extremely fertile. In some situations an elderly man who cannot impregnate his wife sends her to these camps in order to conceive. Talle also speaks of “fertility delegations” (olamal) in which (infertile? Talle didn’t specify, but I assume) women travel together for one or two months, visiting each homestead in their locality. Ordinarily sexually passive, women on olamal have a reputation for being sexually voracious and apt to “attack” any man they happen upon in hopes of conceiving. Such “sexual extravagance” is seen by barren women as a cure for their infertility (Talle 2007:365). In examples such as these, the “pragmatics” of the social and moral obligation to reproduce takes precedence over the ordinary rules governing sexual behavior (2007:364).

From the third or fourth month of pregnancy a Maasai woman is strictly prohibited from sexual activity due to the possibility that her partner’s blood may come into contact with the fetus and thus damage it (Talle 2007:366). In discussions with my informants I found this prohibition to begin earlier, beginning after the first month of pregnancy. Stillbirths are sometimes considered a consequence of a woman having broken this rule. If traces of semen are found in the mouth or nose of the stillborn child or in the woman, a punitive delegation of neighborhood women severely punish her, cutting her with a razor blade along the nose, the ear and the pubic bone (ibid). This extreme punishment was mentioned once during my fieldwork, in a focus group discussion. I was told that since women understand they will be punished in this way if they engage in sex during pregnancy they never do it.

Pregnant Maasai women often fast during pregnancy to prevent the fetus from growing too large to deliver easily. There is biomedical speculation that this fasting tradition may occasionally result in miscarriages (Doenges & Newman 1989:108). In my research I found that women did not often speak of fasting during pregnancy but I did get the impression that it was still practiced to some degree. It could be that the women don’t speak of it openly because the development discourse in the local medical clinics strongly discourages the practice. When asked whether women fasted when they were pregnant, a doctor in a local clinic vehemently shook her head no, “Nowadays we are educated and we eat food.”
Whether the women in these communities comply is another story. Based on what little I heard in my interviews it would appear that the “education” the doctor speaks of may simply be educating women simply not to disclose the fasting practice. My informant, Maria, said that after three months a pregnant woman drinks porridge and milk “kidogo” (a little bit). “You don’t want to eat all the time”, she explained, because it can be difficult for women who are circumcised to deliver big babies due to extensive tearing and the challenge of stitching through scar tissue to repair tears. One woman, Mela, said that after six months of pregnancy she only drank one cup of tea per day.

**Eluwai**

To get to Eluwai, one must drive to the village of Emairete at the top of Monduli Mountain and turn left into what basically looks like an enormous soccer pitch zigzagged with walking paths, cattle tracks and car tracks. The practiced eye can make out which track to follow through the pitch; for the unpracticed it is not quite so easy. My first time driving up I followed what I believed to be a car track turned out to be a cattle path and we ended up stuck axel-deep in a small ravine. Oops. Maria, my Maasai interpreter, and two passing strangers that thankfully materialized out of nowhere managed to lift my tiny car out of the ravine and Maria then helped me find the correct track to follow. It was Maria’s first day working with me, and for the duration of our time together I don’t believe she ever fully trusted my skills as a driver when it came to avoiding ravines; she would always animatedly (for her) point them out to me, and then visibly tense up and hold on until we were safely past.

From the soccer pitch it is about a forty-five minute drive further up the mountain to Eluwai. The closer to Eluwai you get, the more arid the land becomes, until you get to what reminded me of my years in the high-mountain deserts of Colorado in the United States. All around Eluwai one sees sturdy, shrubby plants that need little water, forests of acacia and other trees that do well with little precipitation. As I was there in the winter, most days were sunny and cold, the wind was always blowing.
The village itself is spread out, and I found it impossible to know where the village began and where it ended as the bomas (Maasai homesteads) were so far from one another. There were no shops or churches in Eluwai, visits to either required a long walk back to Emairete. There was one secondary school and one pre-primary school in the area both started by a local NGO.

A typical boma is comprised of four or five round mud, dung and wood houses with peaked thatched rooftops. It is often, but not always surrounded by a tall thorny brush fence. In addition to the houses, there are kraals in which the livestock spend their nights, protected from the odd leopard or hyena seeking a meal. The baby goats and lambs spend their nights inside Maasai homes, where a third of the house is often walled off for them. A boma typically has an open area in which the day’s communal activities take place—milking, beading, socializing.

The homes themselves vary somewhat depending on the needs and aesthetic of its inhabitants, but tend to consist of two sleeping rooms, a main area in which the cooking is done, and a section for the livestock. The front door, if there is one, does not open directly into the main room, but instead into a vestibule. An open door illuminates the vestibule, but no other part of the house, as light cannot turn corners. The houses therefore are most often completely dark with little ventilation and no windows, making them very warm and very smoky. The sleeping rooms consist of a platform of large smooth sticks with goat skins on top. I was told that women and girl children sleep in one room, while men and boy children sleep in the other.
Eluwai. A particularly picturesque livestock kraal in Nanyorrang’s boma. Inside you can see a rough structure for young goats and sheep, to protect them from the cows who sometimes “beat” them.

Eluwai. The inside of Nanyorrang’s home, taken with a flash. You can see the storage shelves on the left, the rear sleeping room with its platform covered in goat skins. Bottom left is the fireplace.
Age and gender dictate how your day is spent in Eluwai. Mornings begin with the sound of goat and cow-bells as the young boys take the goats, sheep and young cows to graze. The young men, *ilmurrani*, bear the responsibility of grazing the cows and bulls. The youngest boys, those too young to herd livestock, go to the pre-primary school. I encountered very few male elders during my time in Eluwai, aside from the Babu (Swahili: grandfather) whose boma I stayed in who would join me for an evening cup of tea or meal. Traditionally, according to Hodgson (2005:9), male Maasai elders “decide where and when to water and graze the livestock, and made other ‘management’ decisions for the herds and homesteads”. Hodgson (*ibid*) also speaks of meetings called by male elders in communities in order to make community decisions and arbitrate disputes. In my years in Tanzania, my fieldwork time included, I have frequently seen many such meetings of Maasai men, hard to miss by the size of their groups and their eye-catching bright red and blue wraps. What happens in those meetings, however, I cannot speak to as all of my time in Eluwai was spent with women and children.

Some of the youngest girls go to the pre-primary school in Eluwai. Slightly older girls assist their mothers by taking care of their younger siblings, collecting kindling, cooking meals, and re-surfacing the houses with fresh dung. Women’s work is heavy and hard; they are responsible for milking cows and goats, taking care of sick and very young livestock, cultivating and harvesting fields (if they have them) of maize and beans, gathering logs for firewood, and collecting water from the distant water source. Each Saturday, there is a weekly market in Emairete, about a two hour walk in each direction, where women can buy household goods, food stuffs like sugar, tea and maize meal, and clothes. For many, but not all, women Sundays are often dedicated to church, either Lutheran or Catholic.7

**Milk, Exchange and Changing Sexual Mores in Eluwai**

While men are in charge of the distribution of the meat after a slaughter—whether for a feast, a celebration or to honor a visitor—women control the distribution of the animals’ milk

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7 For an interesting discussion the appeal of Christianity to Maasai women in northern Tanzania I refer the reader to Dorothy Hodgson’s book, *The Church of Women: Gendered Encounters between Maasai and Missionaries*. 

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and skins. The distribution of milk is no small thing in a community where milk is a primary food source. Women, explains Hodgson (2005:9), decide “when to give milk, and how much, to themselves, their children, husband, other immediate kin, visitors and strangers.” Milk also serves as an item of exchange for women whose husbands, or who they themselves, have many livestock and therefore an abundance of milk. Once the family’s hungry bellies are filled, surplus milk can be sold or traded at the market. This money is then hers to spend, whether it is on household items, food, clothes or children’s school fees.

Women may also give milk to their daughters so that they may then use the milk in the sexual exchange with the *ilmurrani* as discussed above. At the women’s group meeting I attended, the mothers of young girls and women were told by the elders that they “must not be giving out milk out to their daughters” because it is “bad”, encouraging sex out of wedlock, thereby increasing the risk of HIV transmission. “Boyfriends,” either those of the young unmarried women or those of married women, are strongly discouraged by the elders of the group, even those boyfriends who “treat you well.” The rhetoric is that a married woman’s priority must be her husband, and for an unmarried woman her chastity, in order not to become “harlots” or “prostitutes” who spread HIV. To me this sounded like a combination of the HIV prevention public health discourse and that of the Christian church. I had to wonder if the young men and fathers attending the men’s meeting being held simultaneously heard any such admonitions.

**Cultural Tourism and NGO Connections**

The village of Eluwai, as remote as it is, has a recent history of cultural tourism and collaborations with NGOs on different projects. Aang Serian, an NGO created by a Maasai from Eluwai named Lesikar Enolengila, and his British wife, Gemma. Aang Serian describes itself as an organization “dedicated to preserving indigenous traditions and knowledge,

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8 Naisha, Noseuri and Maria’s mother all have goats of their own. Maria’s mother also has many cattle.
developing culturally appropriate programmes of education and training, and promoting intercultural dialogue across the world.”

Aang Serian, along with the women in the community of Eluwai, helped form the Olomayani Women’s Group, responsible for education regarding HIV prevention and female circumcision, among other things. Also the women’s group and Aang Serian built a pre-primary school in Eluwai in order to teach about 40 pre-primary age children in the Eluwai area “mother-tongue literacy” in the Maasai language alongside the national language of Swahili (Enolengila 2008:19). In the two years since the school’s inception, various foreign volunteer teachers have come from abroad to volunteer teach and live in Eluwai.

A tour company called Oreteti, also run by Lesikar and Gemma, is one of a new breed of tour companies in Tanzania that cater to foreign visitors who want to know about local cultures as well as, or instead of, the classic 4x4-in-the-bush-game-viewing safaris. Oreteti offers “cultural immersion tours,” in which visitors can “participate fully in homestead life” in one of several villages, one of which is Eluwai.

When such visitors arrive, whether for a day trip or a stay of a few nights, the women’s group gathers at what they call the “Cultural”, a “boma” set up with mud houses for guests around a large tree and open area nearby the pre-primary school. The women greet the guests by singing and dancing. The women also lay out a display of their beaded jewelry in hopes of selling it to the guests. On most days, however, the “Cultural” serves as a meeting place for villagers and the area in which village meetings are held.

**How I ended up there**

Gemma is an acquaintance from Arusha; we knew one another through a mutual interest in plant medicine and traditional healing. When I decided to do research in Maasai communities, I contacted her to ask if she could recommend sites for fieldwork. She wrote

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9 www.aangserian.org.uk

10 www.oreteti.com/maasaivillage.htm#cultural
back and generously offered for me to stay with her husband’s family and do research in their village. She mentioned the women’s group and said that I could possibly volunteer there in order to get the visa I needed to live in the village. Concerned about a permit, I eagerly accepted without understanding the situation fully. I was under the impression that the family lived in Emairete, the village at the top of Monduli Juu. When I arrived to discover that she meant I could live in Eluwai I was a bit concerned as I was reluctant to do my fieldwork in a village that sees a fair number of wazungu (Swahili: foreigners) coming and going. I was worried the villagers might think of me as a tourist rather than a student, and feel as though they had to put on some sort of show for me. But time constraints and my need for a visa surpassed my reluctance, so I went ahead with it.

In the six weeks that I was in the field there were few foreign guests in Eluwai, perhaps two or three small groups all-together. There was, however, a young American volunteer who ended up staying with me and my first interpreter, Upendo, our first week in the field. She was there to teach English to the pre-primary school teacher who ended up traveling away from Eluwai the week she was there. Through some miscommunication and misunderstandings, she arrived in the village with very little food or water, and no way in which to prepare meals. Despite the fact that I was very much “learning the ropes” myself in the village, I took her in and acted as her big sister/mama for the time she spent with us, feeding her and easing some of her extreme culture shock.

**Enguiki**

After running out of informants in Eluwai I went to the village of Enguiki, where my second interpreter, Maria, lived with her large extended family. Enguiki is on the main road further up from the village of Emairete. Enguiki is lush and green, receiving more precipitation because it is in the caldera of Monduli Mountain. Every morning the clouds spill over the edges of the forested hills around the valley of the caldera. On most days by midmorning the sun burns them off, making for bright and often warm afternoons. Enguiki is more economically developed than Eluwai: six small shops provide the village with basics such oil, sugar, flour, candy, phone cards, salt and matches. A Saturday market in Emairete provides
the rest: sheep, goats, cows, vegetables, rice, dried beans, soap, house wares and beads for jewelry making. There is one primary school and one secondary school serving the children in the area. Enguiki has one Catholic church, one Lutheran church and one Association of God church.

Enguiki.
Within the caldera, the land is fertile, easily supporting grazing livestock and agriculture.
Homes in Enguiki are a combination of the “traditional” mud and dung houses with thatched roof tops and more “modern” cinderblock homes with windows. The community is pastoral, but the precipitation and fecundity of the land also allow for a great deal of agricultural activity, all throughout and around the village are fields of corn, wheat and beans, as well as flower farms producing seeds for commercial growers. The community is primarily Maasai, though there are a few Chagga people as well. “The Chagga that live here are the ones that have [government] jobs here—polisi [police], teachers, nurses…” explains Maria.

**Maria’s House and Family**

The week and a half spent in Enguiki, I lived in Maria’s mother’s house with her enormous extended family. Theirs is a “modern” boma surrounded by a tall manicured hedge. Cows graze in the yard, chickens run between old broken down cars. The house itself is large and made of cinderblocks, probably built in the late 70s or early 80s. The indoor plumbing no longer works and the kitchen is outdoors. Water is piped into the boma and accessed
through a faucet in the yard. This faucet is used by the family and family friends, including Naisha and Ngaku’s boma, for drinking, cooking and washing.

The home is owned by Maria’s mother, Nekiteto, the matriarch of the family. She lives there with Maria and her children Benson and Irini. Mbaada, Maria’s cousin lives there as well, along with and her six children, Inoti, Upendo, Naema, Tali and two little ones whose names I never learned. Three other cousins of Maria’s stay there as well, Nongishu (an informant) and her baby daughter, Esta, and their youngest sister Mamaye. There were also a couple of young boys living in the compound who were also related and who spend their days herding the family’s goats and baby cows.
Chapter Three

M E T H O D O L O G Y

Data Collection

Data for this project were gathered through unstructured interviews, two spontaneous focus group discussions and participant observation. I was assisted in these activities by an interpreter. The sample I used was self-selected, with women deciding for themselves whether or not to speak to me about their experiences of pregnancy loss. The sample “snowballed” in the village of Enguiki; women would speak to me and then tell one of their friends or family about me, resulting in more interviews. This snowballing also allowed me to have some sense of the relationships between women in the village; an understanding somewhat beyond the intellectual of the interconnectedness and “community” of women. Due to my inability to speak Maasai my participant observation in Eluwai was primarily “observation”, with my interpreter translating. In Enguiki, however, where more of the women I spoke with are formally educated, I had more opportunity to use Swahili. Being able to speak with women directly without the go-between of a translator was a pleasure.

I began my research in Eluwai where I spent about three weeks. All of the interviews done there were conducted in the women’s own homes. It was Eluwai where the spontaneous focus group discussions took place. Both occurred at the “Cultural”, a central gathering place where women socialize with one another during the day. Also in Eluwai I attended a meeting of the women’s group and the first day of a week-long workshop on FGM and HIV prevention for all the women’s groups in the region. During my time in Eluwai I conducted only about four interviews with women who had experienced pregnancy loss, all of whom were elders in the community. I might have stayed on in hopes of some younger women coming forward to speak with me about miscarriage, but due to time constraints and a pressing need for data, I moved my research to the village of Enguiki.
In Enguiki many women were eager to speak with me. The interviews there all occurred in my interpreter’s boma, either in the house or in the outdoor kitchen. Additionally, I visited four of the women’s homes.

In both villages the interviews happened in more or less “public” space, meaning that although I attempted to keep the interview private, with only the participant, the interpreter and myself, inevitably there were other people present. Children, grandchildren, daughters-in-law, visitors to the boma would typically wander in and out. I was initially concerned about whether the women would feel comfortable disclosing in such circumstances but found there was not much I could do. What was going to happen was simply going to happen regardless, so I quickly relinquished any sense I had of “control” over the interviews in terms of where they occurred and who was present. While I imagine there was probably some degree of self-censorship in these interviews, I began to realize that the more “normal” the interview setting was, the more comfortable the woman appeared to be. My informants’ “normal” at first felt chaotic to me with women, children, goats and chickens coming and going, but then I too began to find it normal.

By the time we sat down for an interview the women already knew who I was and a little about the project on which I was working. I would typically begin the interviews by thanking the women for speaking with me and explain a bit more about my project, including the fact that I had also experienced a miscarriage a couple of years ago. I would always let them know that they were free to ask me questions as well. On occasion an older woman would ask me a question early in the interview, but ordinarily they would wait until the end when I finished with my questions and I re-issued an invitation for them to ask me questions. Every one of them had something they wanted to ask me, except my very youngest informant, Nongishu. Most asked me quite a few questions, often leading into very interesting discussions on different issues such as fostering/adoption, community support and the etiologies of miscarriage. These questions not only led to interesting discussions but also served as a guide for me to better understand what the women themselves find interesting and important around the topic of pregnancy loss.
The women:

<table>
<thead>
<tr>
<th>Name</th>
<th>Village</th>
<th>Estimated Age</th>
<th>Number of living children</th>
<th>Number of miscarriages experienced</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maria</td>
<td>Eluwai</td>
<td>50-60</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Mela</td>
<td>Enguiki</td>
<td>35-40</td>
<td>7</td>
<td>3</td>
</tr>
<tr>
<td>Naisha</td>
<td>Enguiki</td>
<td>45-50</td>
<td>6</td>
<td>3</td>
</tr>
<tr>
<td>Nalari</td>
<td>Enguiki</td>
<td>30-40</td>
<td>4</td>
<td>2</td>
</tr>
<tr>
<td>Nanyorrang</td>
<td>Eluwai</td>
<td>60-70</td>
<td>8</td>
<td>1</td>
</tr>
<tr>
<td>Ngaku</td>
<td>Enguiki</td>
<td>35-40</td>
<td>5</td>
<td>2</td>
</tr>
<tr>
<td>Nongishu</td>
<td>Enguiki</td>
<td>18-20</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Noseuri</td>
<td>Eluwai</td>
<td>65-75</td>
<td>1</td>
<td>unknown</td>
</tr>
</tbody>
</table>

Working with an interpreter

As I cannot speak Maasai, Upendo, a young Maasai woman completing her undergraduate degree in sociology and anthropology, worked as my interpreter for my first week in Eluwai. She had first-hand experience doing qualitative research in women’s health issues in Maasai communities, was fluent in Swahili, and fairly fluent in English. Unfortunately, after four days in the field, Upendo developed a post-surgical infection from having had both her appendix out and an ovarian mass removed several weeks earlier. On doctor’s orders she rested for the remainder of my time in the field. Maria, a 33 year-old Maasai mother of two who completed secondary school, was fluent in Swahili and spoke English, though not fluently, became my interpreter for the weeks that followed.

Working with an interpreter is not an ideal situation for an anthropologist. Without going into the obviousness of this statement too deeply, I will simply say that much is lost in translation. This is certainly true in terms of what is said, but also in terms of how it is said, and importantly what is not said. It is only when one speaks a language that one can begin to have a sense of the nuances within and between words.

Having said that I will also add that there were some benefits to working with an interpreter. Maria and Upendo interpreted not only what was said by my informants but
they also helped me understand a great deal about the hows and whys of what was happening socially. We lived in very close quarters for the time we were together; in Eluwai we shared the small mud house, sleeping, cooking, eating, chatting all day every day. This provided me with a lot of time to observe them (and vice versa!). Through these observations I learned quite a bit about them personally, but also about more general aspects of the community, for example, the respect paid and hierarchy acknowledged in local greetings: “so pai” to men and boys, female women who are your equals and girls, “takwenya” to female elders, to elders of both genders it is respectful to offer the crown of your head to be touched as you greet them. They modeled for me what behavior was expected of me by the people in the communities in certain situations. The closeness also allowed me to ask questions I might not have otherwise asked for fear of being considered rude.

**Locating Myself in the Field**

Prior to coming to the Netherlands to take part in the Amsterdam Master’s in Medical Anthropology, I lived in Arusha Tanzania for about four years. I originally moved there to temporarily work on a community conservation project for the Tongwe people in the Mahale region of western Tanzania. One of the mini-projects I did for the Tongwe Trust (prior to it formally becoming a “trust”) was to begin archiving information on the medicinal plants used by the Tongwe and, combined with a series of botanical drawings I had done, putting this information together into a small book. When it came time to start earning a living again I stayed on in Tanzania.

My academic background was in psychology and women’s studies. After college I went on to study a number of different complementary and alternative healing modalities with an emphasis on women’s health, particularly pregnancy, birth and post-partum care. I developed an eclectic post-partum doula practice in the state of Colorado in the United States, also assisting clients of both with nutritional consults, cooking instruction, hand-crafted body care products and massage. My interest in different forms of herbalism led me to Tanzania, my experience in Tanzania in turn led me to AMMA, my year in AMMA married
my interests in women’s health, my own experience of miscarriage and how people in
different cultures and social groups approach health and healing, finally leading me back to
Tanzania to speak with Maasai women about their experience of pregnancy loss.

Participating, Observing

Collecting data for this project was my first formal experience with fieldwork (my
experience in Mahale with the Tongwe was more free-form, making it up as I went along). It
was also my first time living in a Maasai community. In Eluwai, Upendo and I, and then Maria
and I, lived in a mud house about 10 feet in diameter. The floor space was completely taken
up by three single beds (two for sleeping and one for storage) and a small table. We did our
cooking outside with two small stoves, using a combination of firewood and charcoal.

Starting the fire was always an ordeal, as the stoves burnt the wood in such a way
that there were never embers left over from the last fire. An unbelievable amount of time
was spent simply preparing meals and heating water to clean up after them. The fire, and my
need to constantly build it and re-build it from scratch three or four times a day, quickly
became central activity in my daily life in Eluwai. I came to long for the kind of fireplace the
Maasai women have within their homes, where the embers glow throughout the day,
waiting for some kindling and blowing to coax them back into a blaze.

Our house was in a central location on the path to the “Cultural”, so we would get
visits from people in the community throughout the day–the kokos (Maasai: grandmothers,
elders) would visit on their way to do chores, or to go to the cultural in the morning, and pay
another visit on their way home again. The babu (Swahili: grandfather) whose boma we
were staying, visited every evening, usually with an entourage of grandsons. During the day,
when they were not busy helping their mothers, groups of young girls would come to visit
with baby brothers or sisters strapped to their backs. Some evenings they would return with
a handful of boys to sing and dance, “so I would not get bored”. There was a near constant
gaggle of little children from the boma, from about age two to five, tumbling and playing
like puppies in the area in front of our house. Three baby goats, umbilical cords still
attached, were also daily visitors to the house, wandering in and out, eating termites off the
walls or napping in a pool of sunshine near the front door. When an adult would drop in I would re-start the fire to put water on for tea, chatting while it heated. Between the stream of visitors and my need to tend to the fire, the village more often came to me, rather than me going out into it.

Both in Eluwai and later in Enguiki, participating in the daily life activities, fetching firewood, building fires cooking, cleaning, tending to (or in my case, playing and teaching) children and making the elders the seemingly endless cups of tea took up a great deal of my time. I was surprised at how much work it was just to live. I fell into bed each night utterly exhausted. In the beginning there were mornings when I would have preferred to plunge directly into the day, forgoing a hot breakfast or cup of tea. I soon realized that making the fire, boiling water for morning tea is part of the day, and a necessary one for women in a Maasai community.

As I mentioned in the previous chapter, the water source for Eluwai is quite far from the village. Water is therefore an extremely precious commodity, as are bottles in which to haul it. I brought in bottles of water from Arusha for Upendo, Maria and I to drink, cook with and wash with. Nevertheless there was very little to spare. Bathing was a rare pleasure for me and my assistants and we had the luxury of hauling water up the mountain in my car, rather than with donkeys or on my own back. On one day when Maria and I were headed into Arusha to re-stock supplies I set the remainder of a bottle of water, about three liters, out for a few children to wash with. Almost immediately most of the children from the boma materialized, all nine or ten of them eager to wash. With the older girls overseeing the distribution and helping the tiniest children, all of them washed their dusty faces, hands, arms and legs with more whoops, grins, giggles and excitement than I had yet seen.

In Enguiki I stayed with Maria’s family in their modernized boma. As in Eluwai, a good portion of each day was spent preparing meals. Here however, we used a combination of the fireplace in the outdoor kitchen whose embers were always waiting to be teased into a fire and a portable kerosene stove that proved even faster. Maria and I would typically prepare a large lunch and dinner to be shared in part by everyone in the boma. The clean up
from these meals was usually done by one of Maria’s young cousins who washed the dishes outside at the water faucet in the yard.

As is the case with everyone in the communities of Eluwai and Enguiki I had virtually no privacy. First Upendo and I, and then Maria and I shared our small house, with our beds side by side. As my assistants and interpreters, and like me, guests in the village, we were together nearly every moment of every day. In Enguiki, I shared a bed with Maria’s little boy, Benson, who became my shadow. He followed me everywhere, curiously and intensely observing my every move, asking me questions about everything. He speaks Swahili, so he and I could communicate fairly well. In the rare moments I was on my own in Enguiki, writing in my field journal or preparing for an upcoming interview, Maria would appear to sit beside me or she would send one of the other children in to be with me. After a few times of this occurring, I realized that she was concerned that I would get lonely on my own and remembered that loneliness is something avoided at all costs in these communities. I will return to this issue of the avoidance of loneliness later in my discussion of the value of children, as my day to day experience living in Maasailand slowly taught me the importance of it in regards to understanding the meaning of pregnancy loss.

In the eyes of the women with whom I spoke and lived with in both the villages of Eluwai and Enguiki I was somewhat of an oddity, and certainly a character inspiring great curiosity. I am an mzungu (Swahili: European person) and an mgeni (Swahili: foreigner, stranger, guest). I speak no Maasai, but can speak some Swahili. I am a grown woman, yet I am also a student. I have no children, but I have experienced pregnancy loss. Our similarities and our differences inspired inquisitiveness in both directions, leading us to discover new areas of shared experience or chasms of difference.

**Time**

One of the “difference chasms” I encountered was the very different relationship I have to time than the women I interviewed. After a few interviews in which women could not tell me their ages or how long ago an event occurred I began to notice my own preoccupation with time in order to understand “what happened when.” In my interviews I recognized a
reflexive imposition of a linear chronology on the stories the women shared with me. Some of this I think was in anticipation of my own re-telling of the stories to a western audience. When I noticed myself doing this I attempted to stop but found it almost impossible. I compulsively asked women how old they were when they got married, or how old their oldest child was, and I always got a similar response: laughter and “I don’t know”. Stranger than their answers was the fact that I kept asking. I began to feel as though my brain was socially hard-wired to think in a linear way, to help me understand and cognitively organize the stories I encountered. Clearly, I derived meaning from numbers, ages and chronology that my informants clearly did not.

When I asked Mela, who completed Standard 7 in Enguiki, how old she was when she married, she laughed and told me she does not know exactly, that she married after she finished school. She went on to explain to me through Maria: “Now it is hard to remember ages because when [Mela] completed Standard 7, she moved into Maasai culture so it is hard to remember about years, numbers. She is thinking about home all the time.” For Mela, school is the realm in which “years, numbers” have value. In “Maasai culture” or “home” there is little use for these concepts.

It is not as though the concept of time or age is completely irrelevant in these communities, in fact in certain areas it very much matters. The importance of age-sets points to the social value time and age hold in Maasai communities. Young women may not marry men in the same age-set as their father, and married women are ordinarily not permitted to have sexual relations with ilmurrani. I also noticed that occasionally an informant would say something like, “My first miscarriage happened in Olarri Langare”. When I later asked Maria the meaning of “Olarri Langare” she explained to me that it means the “Year of Water”, a year in which there were floods, “Olarri Lesumai” was the “Year of Famine”, and so on. Some years are named for significant events that occurred in that year.

The value of time also is apparent in the answers women gave when asked how long they rested after a miscarriage or a birth. Without missing a beat most of them replied that they rested for about three to six months after a miscarriage and for six months after a
Spacing births is also practiced among the women I spoke with, with them typically waiting for about “three” or “four” years after the birth of one baby, or until that baby is no longer breastfeeding, before becoming pregnant with another. From what I saw however, women seem to have children much closer in age than they indicate. This could point to the possibility of “three” or “four” years being more of a cultural norm or ideal than a hard and fast rule, or that the women’s “three” or “four” years are marked and pass differently than the calendar I use.

“Stories”, the interview format and imposed chronology

Related somewhat to the concept of time and chronology is that of “stories”. With the naiveté of one who has never before done fieldwork, I went to Eluwai and Enguiki with the notion that I would hear “stories” from the women with whom I spoke. While I was privileged to have women share their stories of pregnancy loss with me, they were different from the “stories” I had imagined when crafting my research proposal at my little desk in Delft.

To begin with the interview format: while it was necessary given the time allotted by AMMA for fieldwork, felt somewhat contrived when I was actually sitting on stools in women’s homes. The form of an interview is familiar to people for whom radio, television, newspaper and magazine interviews are the heart of the dissemination of information. This is not the case for women in Eluwai and Enguiki, and here the form felt alien and artificial. I felt as though the abruptness and directness of my questions were indulged because I was an outsider. I wished I had more time to allow relationships to evolve organically, without the push and rush and what sometimes felt like a form of aggression that my schedule required of me.

Further, stories are ordinarily told within a certain context, with certain intentions; while the story itself has social meaning, inevitably to whom and when and why that story is told has social meaning as well. Relying solely on interviews, a researcher misses the meanings between the words. If I were to return to do further research I would rely more upon the “deep hanging out” approach to fieldwork. Ideally, I would spend more time
observing, listening to when and how the topic of pregnancy loss arises without my prompting, and only directly asking questions regarding the issue after I had a stronger foundation of understanding and only when I needed clarification.

Despite these limitations, I nevertheless managed to collect women’s stories. I do not want to discount the value of my data or diminish the generosity of what was shared with me in the field. I simply seek to be clear that these stories were gathered in a way that does not reflect their “natural habitat,” the chronology is imposed by the form and their presentation is my own.
Chapter Four

PREGNANCY LOSS: “Problem from God, no reason to hide” vs. Secrecy

Openness

My first day in Eluwai Upendo and I went down to the Cultural to visit with the women who were there. My intention that day was to meet people and begin to get a sense of the Cultural and the village. Not intending to do any interviews, I only brought my notebook with me to jot down observations but unfortunately left my digital recorder at home. I soon regretted this. Upon arriving at the Cultural Maria and I were brought by Nanyorrang, an elder in the community who soon proved to be a warm and generous informant, over to a felled tree near a small house and invited to sit down. We sat, Nanyorrang sat, and before long other women wandered over to join us. Before long, there was a group of about 12 of us squeezed on the log, leaning on the house and sitting on the grass, engrossed in what turned out to be a spontaneous focus group discussion on pregnancy loss.

The elders in the group, Nanyorrang, Maria Meijo (who would also become an informant), Naraha and a couple of others dominated the discussion, with the younger women listening. The conversation began in earnest after I explained (through Upendo) again who I was: my background as a doula and my interest in women’s health, the fact that I experienced a miscarriage a couple of years ago, that I was a student in Ulaya (Swahili: Europe) focusing my research on women’s experience of pregnancy loss. I must have mentioned the “culture of silence” around pregnancy loss in the U.S. and the social pressure I felt around my European and American friends to limit my discussions of my own miscarriage. Nanyorrang told me this was definitely not the case in Eluwai: “[the topic of miscarriage] is not so sensitive because everyone in the village needs courage and support. Miscarriages are a problem from God, so there is no reason to hide.” There were nods and murmurs of what seemed like approval from the other women gathered.

“Miscarriages are a problem from God, so there is no reason to hide.” It was this comment that opened the door to a very lively discussion that day, as well as opening a
metaphorical door to my fieldwork experience. I was relieved to hear Nanyorrang say what she said as I believed such openness would facilitate my research. The discussion that followed seemed to reinforce this impression of openness as we went on to speak of etiologies of miscarriage, laughing about the strength of Maasai men’s semen, clucking over a woman’s story of a pregnancy loss, all the elders speaking at once to describe the herbs that are used and how they are prepared. I scrawled pages and pages of notes until my hand was tired. When Maria and I left the Cultural that afternoon to return home in order to prepare dinner I felt thrilled to be so lucky as to encounter such openness and excited to learn what lay ahead.

Throughout my time in the field I frequently heard different versions of this same sentiment. Naisha, at the beginning of our interview, told me, “[Talking about] miscarriage is not difficult because everything is from Eng’ai [God].” She explained that speaking about it openly within the community, with family and friends, is not difficult because “it is all OK”. Speaking about it with me was also not a problem because, she assured me, she “wants [me] to understand the problem.” Mela, a woman from Enguiki of about 35 or 40 who has seven living children and 3 miscarried children, echoed the same attitude in our first meeting: “It is easy for me to discuss my miscarriages because I know the losses were from Eng’ai [God]... [After all] we are women together discussing women’s problems.”

**Closed Doors**

In the second week of my research in Eluwai, at an impromptu gathering of women at the Cultural, Noseuri told Maria and me that she had experienced pregnancy loss and would be interested in speaking with us. I eagerly accepted and we decided to meet a few days later for an interview. We were to go to the house she shares with her daughter and grandchildren in the same large boma that we were in. On the appointed morning Maria and I arrived at Noseuri’s house for the interview. From inside the house she invited us in and urged us to sit on two stools nearby the door; she was by the fire making tea.

Noseuri was the oldest of my informants, around 65-75. She was slight, but still extremely strong, judging from the very large bundle of firewood I had seen her carrying on
her head a few days previous. Her face was smooth, except for a handful of deep wrinkles around her eyes and mouth, her hair close-cropped and white. She appears to have lost an eye. Noseuri grew up in the village of Eluwai, the eldest of four girls and four boys. She was the aunt of Maria, my interpreter, but they did not have a close relationship. Noseuri was the first wife of Milay who also grew up in Eluwai. She had six co-wives and her husband had two bomas.

During the interview six baby goats wandered in and out of the house, bleating, butting heads with one another and against my leg, nibbling on the edge of my wrap. Between shoo-ing them off, balancing the cup of tea I was graciously given and taking notes on a wobbly stool, I found the interview to be a difficult one. The interview began with me explaining again the purpose of research and thanking her for speaking to me about her miscarriages. Through Maria, Noseuri told me bluntly: “I have not had any miscarriages.” Confused, I explained that I thought she said the other day at the Cultural that she had had a miscarriage. “No. I have not.” OK, I thought to myself, I must have misunderstood somehow. She went on to tell me that she has ten children, all alive but living far away, save the daughter she lives with. Knowing that older women serve as midwives I quickly changed mental gears and began her to ask her questions about pregnancy in general and the etiology of miscarriage. Each answer Noseuri gave me was short and opaque, a closed door. We never really got off the ground, and I felt awkward and as if neither of us was engaged in the interview. I was relieved when we both ran out of questions, frankly grateful to leave the house and what felt to be a “failed” interview.

Later that afternoon, after Maria and I returned to our house, we discussed our morning with Noseuri. Maria told me that Noseuri had lied to me, that she does not have ten children, that the one child she does have had been given to her. “She is a bad woman, she does not like to be open”, further insisting that “if someone asks you something, you must tell them.” When I asked her why she thinks Noseuri might have lied, Maria told me that it could be because her reproductive history is too painful to talk about. Why did Noseuri offer to do an interview with me in the first place? Maria told me she does not know for certain but imagined that Noseuri had heard I would make a donation to the women’s center when I
left and wanted to be certain she would benefit, and perhaps she wanted the kilo of sugar I had brought as a gift. Maria also said that Noseuri’s peers, knowing her history, may have expected her to speak with me and so she offered without intending to reveal anything.

The fact that Noseuri lied took me by surprise because I had taken Nanyorrang’s statement about the openness around the topic of pregnancy loss at face value. After my initial surprise evaporated I realized that my interview with Noseuri had been anything but a “failure”. Her answers had been “closed doors” to the details of her experiences of loss but they opened another door that I had not even known was there into the experience of women without children. Her secrecy brought to my awareness the potential sensitivity of pregnancy loss, depending on who is losing the pregnancy. Yes, there was openness that was “openly” spoken of, but there were secrets as well, events and experiences held close and not necessarily spoken about. Noseuri showed me the complexity surrounding the occurrence of loss, leading me to wonder what is shared, what is held close, and above all, why?

Secrecy

In a later interview with Nanyorrang, my second with her, I asked her why a woman might not want to share with me her experience of pregnancy loss. She assured me that while she had been nothing but open with me about her own experience, other women might not tell me the truth because “they [think] maybe you have many things you want to know about them and they say, ‘this is my secret. I don’t want to talk for [just] anybody.’” She went on to say that, “…other people are open for their friends but for the new people they don’t want to be open, to talk about their miscarriages because they are feeling very bad.” Speaking of difficult or painful “secrets” with a stranger, and especially as strange a stranger as myself makes perfect emotional sense. In their examination of the lie and lying as related to suffering, Van Dongen and Fainzang (2002:90) assert that such examination “gives us a better understanding of human relationships, but also opens up paths for critical examinations of those relationships, because lying as an act... often evokes the hidden
nature of social structures that shape the relationships.” Indeed, Noseuri’s ten fictional children pointed to the existence of social structures hidden from me.

What I found curious, and simply ended up creating more questions that I cannot answer, is why Noseuri was characterized by Maria, and later by Nanyorrang, as a “bad” woman because she “keeps secrets from everyone.” After my interview with Noseuri I watched her more closely as she related to her peers. She is the eldest woman that I met in Eluwai, and in a community where elders are respected I sensed that she did not receive the same respect and high regard as say, Maria or Nanyorrang. I got the feeling that she was somehow marginalized. But what was the source of this marginalization?

It cannot be simply that she keeps secrets because the longer I spent in Maasailand the more “secrets” I discovered people keeping. Social secrets—hidden in plain view, not topics for everyday conversation—ambiguity about who is whose biological child, about who circumcises their daughters while still nodding their heads in agreement at the meetings condemning FGM, about lovers, pregnancies, illness. Honesty and truth are held in high regard in these communities—this was apparent by Maria and Nanyorrang’s extreme disapproval of Noseuri’s lies: but it is not quite so simple as lying is “bad” and truth-telling is “good”. Not for us in Euroamerican societies, nor in Eluwai or Enguiki. Van Dongen and Fainzang (2002) summarize Sisela Bok’s discussion of the development of the Western philosophical understanding of lying. Bok argues “there is the general view that there is the moral law that one should not lie, and there are exceptions to this moral law” (van Dongen & Fainzang 2002:87). There is simplicity and accuracy in this argument, and I believe it reflects the understandings in Eluwai and Enguiki as well.

While this is a useful observation it still does not address the question of why Noseuri is marginalized. Is it the fact that she has no children? Cross-cultural research has shown that infertile women suffer a great deal—socially, physically, economically—as result of their infertility, especially in societies in which bearing children and motherhood are
idealized. Maasai societies certainly give great meaning and significance to motherhood; the next chapter begins to discuss how this manifests in Eluwai and Enguki.

As Dowrick and Grundberg (1980) matter-of-factly note, “Our lives are as they are because some of us have children and some of us do not” (in: Letherby 1999:359). Noseuri’s life is indeed different from that of her peers: she lives in the boma of someone with whom she is not related, from what I understand her husband does not help her financially and with just a single foster daughter she continues to work very hard despite her advanced age.

If miscarriages are seen as “from God”, was there perhaps a perception that Noseuri was punished by God, never bearing any children of her own? Was her inability to bear children, rather than her lying about it, an indication to her peers that she was a “bad woman?” If women who otherwise have borne children lose a pregnancy, perhaps it a comfort to understand that the event was out of their control, “from God”. Perhaps what comforts them actually creates further suffering for infertile women such as Noseuri. Perhaps such suffering cannot simply be shared with, or its depth accurately conveyed to, anyone who inquires. Perhaps women who have already proven their fertility can afford to be open about their reproductive histories. This is of course speculation, as I was not in Eluwai long enough to understand what was beneath Noseuri’s marginalization.

Later in the same conversation with Nanyorrang regarding why women might lie to me about their pregnancy losses she told me, “... others they do not want to be open because they say when I am talking to you, you don’t have anything to give me like money and so on.” I understood this to mean that speaking to outsiders about intimate and personal experiences and not being given anything valuable in return makes it not worth the trouble.12

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11 See Nahar (2007), Letherby (1999), Bledsoe, Banja & Hill (1998), Inhorn (1994) and countless others for discussions on infertility and women’s suffering.

12 I understand the importance of exchange in such situations. Grateful to the women for sharing their stories, and aware that their stories make my graduate degree possible, I made certain to bring gifts of sugar or tea to an interview or when I visited someone’s home in both Eluwai and Enguki. According to both what I know of Maasai communities and to feedback given to me by my interpreters, this was appropriate. When I left, according to my plans, I made a financial donation to the women’s group, as well as purchasing big bags of beads for them to distribute amongst themselves to make jewelry to keep or sell.
“Everybody ‘knows’ the Maasai” observes Spear (1993:1), and there is truth in this statement. Maasai people have been researched, photographed, filmed and romanticized, appearing in coffee table books or safari snapshots. Maasai “tradition” has become a commodity. This is evident as Maasai boys in their post-initiation feathers and face paint stand on the side of the road so tourists will stop to photograph them and give them money. Similarly this can be seen in the transformation of villages such as Eluwai that have become destinations for the growing market of cultural tourism. The women in Eluwai certainly understand this, as they see tourists and volunteers come and go from the village, leaving behind fleece jackets and donations to the school, taking with them souvenirs of beaded jewelry they have bought from the women’s group. Their “traditions”—and secrets—have a value and will not necessarily be given away for “free” to an anthropologist swanning in for number of weeks to ask personal questions, even if she has the best of intentions. The fact is that I will receive a graduate degree thanks to the women of Eluwai and Enguiki sharing their lives and stories with me, I am aware of this and the women in Eluwai and Enguiki are aware of this. What they know, and their stories have value to me, to those who will read this thesis. Certain types of information hold more power and therefore are more valuable than other types; that which is in plain view can be gathered by anyone. Lying or holding back information is one way to maintain power or protect oneself from further suffering; it is also perhaps a way in which to regain power in situations where it has been lost. In lying to me and withholding her secrets Noseuri illuminated the power dynamics at play. The contradictions, ambiguities and complexities— the existence of openness and secrecy— regarding pregnancy loss in Eluwai and Enguiki provide us a backdrop for the meaning of motherhood and value of children in these communities.
Chapter Five

IMPORTANCE of MOTHERHOOD, VALUE of CHILDREN:
“A woman without children is like a tree without leaves”

Nanyorrang

Nanyorrang, around 60-70, lives in Eluwai with a young unmarried daughter, two of her grown sons, their respective wives and three grandchildren, Liarin, Mona and Songoi. Her boma was about a fifteen-minute walk from where I stayed, down through rocky gullies and up again, through small patches of forest where seemingly each tree had medicinal value for the community. Upendo and I were met at Nanyorrang’s grand gate of felled trees by Liarin, her grandson, a little boy of about nine who would soon become a regular visitor to my Eluwai home. Goofy as any nine year old anywhere, Liarin had peeled a sticker off of a sufuria (Swahili: aluminum cooking pot) the family had recently purchased and is sporting it
proudly on his forehead. Nanyorrang appeared to greet us. Smiling broadly, she grabbed my hand and I greeted her as an elder, “Koko Shikamu. Ta kwenya?” Out of respect, I offered her my head and she responded by touching my crown with her palm.

She invited Upendo and me into her home and offered us stools. A few minutes passed and one of her daughters-in-law came in with a sufuria of freshly cooked maize, giving us each an ear and leaving the rest by the fire. We munched on our maize, made small talk and brushed away flies. While we were eating there was the sound of bleating and bells from goats returning from grazing. Upon finishing our corn we went outside to find the daughters-in-law milking nanny goats into big enamel cups. Nanyorrang and Liarin sat and held on to the baby goats whose mamas were being milked, allowing them to go nurse only when the women had filled the cups. Nanyorrang’s two littlest grandchildren sat with her, clamoring for her attention. When the milking was over we began the interview. I would ask a question and Upendo translated, while Upendo translated Nanyorrang looked at me deeply, listening and responding to each question slowly and thoughtfully. The interview felt relaxed to me, and completely enjoyable. The babies toddled around between their grandmother and mothers. Nanyorrang’s daughter and daughters-in-law came and went in between chores of washing, bringing us tea made with the fresh goat milk, sitting to listen before getting up again to go do more chores. When the interview was over, one of the girls appeared with the remaining ears of corn for us to take home with us.
Value of Children: “Kids are nice more than anything”

For women in the communities of Eluwai and Enguiki having children is extremely important. Nanyorrang states it best when she says, “If you don’t have children, you don’t have anything.” For women for whom children are everything, pregnancy loss is undoubtedly a problem. When I asked women why it is important for a woman to have children I received a variety of responses. For these women their children are valuable socio-emotionally and practically, as well as in terms of a woman’s social status.

Mela, bouncing Mbaada’s baby on her knee, expressed the socio-emotional value of children for a mother. “Kids are nicer than anything,” she explained, “When a mother sees her child, she gets furaha (Swahili: joy) in her heart.” In addition to making mothers feel joy in their hearts, I often frequently heard women say that their children also prevent them from feeling lonely. Mela describes this:

When you are alone in your house and you don’t have kids to talk with, it is bad. You talk with your baby when she is three months old or six months—oh! It’s good because when you don’t have anyone to talk with you, you talk with your child.

Naisha explains that for Maasai women who do not have children “it is very bad because you don’t have anyone to talk to.”

Children have great “practical” value for mothers as well. As we saw with Nanyorrang above, her daughter and daughters-in-law help her a great deal with the tasks of daily life: cooking, washing, milking. Young daughters take care of their younger siblings, allowing their mothers to do heavier work. Mela’s children help her plant corn and beans, as well as harvesting them at the end of the season. Naisha describes why children are important for a woman to have:

It is nice to have children because when you have children they have to collect firewood, to take some water and then if they finish school and get a job they help you.
Poignantly, Noseuri explains that children “take care of you when you get older.” Mela also describes the reciprocity between a mother and her children: “You were a child from your mother and then she cared for you. So now you care for her because you have a job or are in school.” She goes on to explain that when a daughter gets married the family receives goats and sheep. And sons, as we could see from Nanyorrang’s boma, often stay with their mothers to provide for them as they get older.

In Eluwai and Enguiki a woman’s social status is also dependant on her ability to bear children. Having children, as we saw from the literature on Maasai, is central to being a woman, it is the fulfillment of both life and of her marriage; a woman without children is “greatly pitied” (Talle 2007:355). “A woman without children is like a tree without leaves”, Nanyorrang explains, going on say, “the husband loves you when you have a child.” Naisha tells me that when a woman does not have children, “[her] husband gets angry and says that ‘you must return to your family because I don’t want to stay with you.”

**Fostering and Social Motherhood**

Fostering is one way that these communities address the problems of women who do not have living children of their own. Mela explained how fostering works to me. If a woman does not have a child of her own she may ask someone close to her who is pregnant, for example a sister or co-wife, if she may have the baby when it is born. Usually this is a woman who already has a number of children. The sister or co-wife is then more or less obligated to give her the baby for fear that if she does not, the other woman may curse the newborn: “If she asks you if they can have the baby and you say no, the baby will die when you give birth.” That child is then raised by the foster mother as if it is her own, though the birth mother can ask that child to “get firewood or water” if she ever needs help.

According to her niece, Noseuri was on the receiving end of such an arrangement and the daughter with whom she now lives is a foster daughter. Mela has given two of her children away to be fostered; here she speaks of the second: “... [w]hen I sit here I have a little baby that is now one year and one month. Last year I gave my baby to [someone] who doesn’t have children.” Nanyorrang gave her newborn daughter to her sister who could not
have children. She explained to me that parting with the infant did not make her sad: rather it made her happy to give her sister a baby. Mela expressed the same, telling me that once you give a baby away it is no longer yours and you no longer have feelings for it like a mother.

While adoption and fosterage occur in Western societies, it is not the norm; most children are raised by their biological parents. The concepts of reproduction, fertility, and parenthood are understood in these societies as being essentially biological. In an essay on fertility, demographics and anthropology, Townsend (1997) observes that the concepts of fertility and parenthood are often presented—or misrepresented—demographically with a seemingly “unambiguous connection of each child to its biological mother” (1997:101). In certain places, however, the concept of motherhood is quite ambiguous. In West Africa, for example, fostering is an extremely common phenomenon. In 1985 researcher Isiugo-Abenihe reported that one in three Ghanaian mothers between the ages of 15 and 34, with one or more living children had a child living outside of the home (1985:61).

Research has shown that there are many types of fostering in west African countries: “crisis fostering” in cases of death or divorce of parents, “kinship fostering” when a child is sent to live with a relative, “alliance” or “apprentice” fostering when a child is sent to strengthen political connections between families or to learn a trade, “education fostering” where children are sent to kin or non-kin for education opportunities, and “domestic fostering” in which children are fostered in families who need children for emotional support or to perform household duties (Isiugo-Abenihe 1985). Within the category of “domestic fostering” children are sometimes sent to live with couples who have no biological children of their own to prevent them from becoming “discouraged” or to provide companionship (Sinclair in: Isiugo-Abenihe 185:58). From the limited information I gathered in the field regarding fostering, it would seem that in Eluwa and Enguiki, babies raised by a non-biological mothers tend to fall in latter category of “domestic fostering”.

Conclusion
Motherhood in Eluwei and Enguiki is central to women’s lives. It is not however, a category necessarily dependant on biological relations between a woman and her children; as Townsend argues: “[b]ecoming pregnant and bearing a child do not make a woman a mother” (1997:102). Based on my conversations with women, motherhood appears to be a social category, with fosterage as a substitute for, or alternative to, biological fertility. My assumption is that while motherhood may be social category, biological fertility remains of importance. I of course am thinking of Noseuri and her reproductive history and marginalization.

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13 The same is true for men: in Maasai communities, where a man’s age-mates have sexual access to his wives and the wives may have lovers of their own, a child born to his wife will not necessarily be his biological offspring. Nevertheless he is the father to these children.
Nongishu

Nongishu was the youngest of my subjects, somewhere around 18-22 years old. She grew up in the Manyara region, the first born of six children. In a marriage arranged by her father, Nongishu married Kispan around six years ago. She is his sixth wife. At the time of the interview, Nongishu was visiting family for about a month in Enguiki along with her baby daughter, Nangakwi. They ordinarily stay in Nanja, also in Manyara region.

Nongishu has large brown eyes and a full mouth. Like Naisha, she has twin circles beautifying her cheeks. She wears beaded jewelry and bands, but considerably less than my older subjects. During the interview I first noticed that Nongishu was soft spoken and seemed nervous, not looking at me directly but rather at her lap or the floor. Her nervousness softened my questions, and I found myself unintentionally lowering my voice to calm her. She was the only informant who does not ask me any questions; I attributed this to the fact that I am older than she is. Beneath her nervousness I also sensed a certain confidence and self-possession and over the week I spend in Enguiki, I saw more and more of that aspect of her personality. She never addressed me directly but on my last day she presented me with a bracelet she had made, one that usually encircled her wrist. The following is the story she shared with me regarding her two miscarriages.

Shortly after her marriage to Kispan, Nongishu’s periods ceased and her breasts became full-feeling and tender. From this she knew she was pregnant. During the pregnancy, as the only wife in this boma, she continued on with her work, as Maria interpreted, “She is doing everything. She is going to the farm to bring the maize, to bring the water, to collect firewood... She [must] work because nobody [is there to] help her.” At around three months she developed a fever. This fever went to her stomach and her stomach began cramping. This cramping lasted for a month and eventually she miscarried
the pregnancy. When the blood came she was alone and frightened. She called upon a co-wife in a neighboring boma who explained to Nongishu that she had lost the baby. She bled heavily for one month but rested only four days because there was too much work to be done in the boma, and her mother was too far away to come and help her. Friends and neighbors came to give their condolences, bringing gifts of sugar and firewood. Nongishu cried during the miscarriage from the pain of the cramping and felt for a year afterwards, and even now sometimes remembers the event and feels sad.

Her older friend, Kopia, explained to Nongishu that pregnant women should not work too hard and encouraged her stick to easier chores in order to keep her next pregnancy. She became pregnant again a year later once again recognizing the signs of ceased periods and tender breasts. This pregnancy was a problem from the beginning; she felt pain in her stomach and was concerned she might lose this baby as well. Her husband took her to the clinic where the nurse gave her both medicine and some advice: “You must stop working so hard.” But as there was still no one to help her in the boma, she carried on working.

One day she went to fetch water. When she returned she found that she was bleeding. When she saw the blood she sent a child to fetch one of her co-wives. The co-wife, Meso, arrived with some dawa ya asili (Swahili: traditional medicine) and made Nongishu a medicinal tea. Later she miscarried the fetus; it was about the length of her finger. The co-wife buried the baby in a black cloth. She rested for a week with Meso staying to take care of her and help with the chores in the boma. Neighbors came to visit her, again bringing gifts of sugar and bananas.

After this second miscarriage Nongishu asked herself “What is the problem in my stomach? Each time [I am pregnant] I get a miscarriage.” Shortly afterwards she returned to her family’s boma because her husband was taking care of her as he had “too many wives”. Nongishu was happy to be home and her family was also very happy to see her. She stayed for nine months but finally had to return, despite his neglect “because he is her husband.” Upon her return, Kispan took somewhat better care of her by providing her with food and
some money. He also took Nongishu to the hospital where they “washed the tumbo (Swahili: stomach) for getting another mimba (Swahili: pregnancy).” She still did not get pregnant. Her husband was not angry about this, but her co-wives were hostile and unfriendly towards her, and “they [say] maybe you don’t want to be pregnant.” With the hostility and questions, Nongishu thought to herself, “Maybe I have some problems with these people [the co-wives].” She then consulted an olboini (Maasai: diviner, prophet, healer). He “gave something special to her [i.e. a treatment] and he said another one of the wives does not want her to get pregnant.”

After this treatment she soon became pregnant. Afraid that she would lose the baby again, she returned to the olboini and he gave her some medicine to wash with and to drink in order to protect Nongishu and her baby from macho mbaya (Swahili: literally, bad eyes). The pregnancy progressed normally and Nongishu delivered Nangakwi, who was a year and a half at the time of the interview.

![Nongishu and her daughter, Nangakwi](image)

**Etiologies**

Women in Eluwai and Enguiki, like women everywhere, attempt to understand and make sense of lost pregnancies. We see from Layne’s (2003) research how women from the
United States often feel a great deal of personal responsibility in the event of a miscarriage. They sometimes blame themselves for lifestyle choices they have made regarding what foods, medications, situations and emotions they did or did not avoid for the event of their loss. Like women in Eluwai and Enguiki, some women in the U.S. consider their miscarriage as a “problem from God.” And like women in the U.S., women in Eluwai and Enguiki seek to understand the etiology of loss by looking at their own behaviors and the situations they find themselves in to make sense of miscarriage. The following is the data collected in the interviews on this topic, organized conceptually.

**Cravings**

Naisha explains that sometimes a woman knows she is pregnant in the first place when she finds that there are certain foods she no longer wants to eat. The pregnant woman, she says, “wants to eat [certain foods] but the baby in that stomach doesn’t want to eat [them].” She says that women also crave certain foods when they are pregnant. Nalari, for example, craved different foods for each of her pregnancies: with her first she craved goat meat, which her husband provided. When she became pregnant a second time she wanted milk and yogurt, which she had access to. In her fourth pregnancy she wanted bananas. When Nongishu’s mother was pregnant with her she also craved bananas; Nongishu’s nickname in the family is now “Ndizi” (Swahili: banana). Naisha craved meat and milk during all of her pregnancies. Being in charge of the distribution of milk from the goats and cows from her boma allowed her to provide herself for the milk she craved. For the meat, however, she depended on her husband, who gave it to her in her first four pregnancies but refused during her fifth. Because she did not receive the goat she craved, she lost one of the twins. She managed to keep the second twin, Gloria, because someone provided her with meat after she miscarried the first. Maria Meijo also attributes one of her two miscarriages to an unmet craving, in her case for sheep meat. When she was three months pregnant she found herself craving sheep but was afraid to ask her husband to slaughter one for her. At eight months she lost the baby.

*Kazi nzito: heavy work*
The first day in the spontaneous focus group discussion when women were thinking of causes of pregnancy loss several mentioned *kazi nzito* (Swahili: heavy work) as being a common cause. Witnessing the hard and heavy work that women undertake every day—hauling heavy bottles of water or enormous bundles of firewood long distances, hoeing fields, carrying loads to and from the market—it is easy to see why that might be a problem during a potentially fragile pregnancy. As we saw with Nongishu, heavy work played a role in the loss of her first pregnancy. She was told twice by nurses at the hospital that working too hard might be detrimental to her pregnancies; her friend Kopia also told her this.

Unfortunately for her she was not in a position to delegate work to anyone else; she was the youngest of her husband’s wives, alone in that particular boma, and far from her family. If she did not do the *kazi nzito*, nobody would. Most women seem to have a social system to support them while they are pregnant, whether they are co-wives, sisters, or other family living nearby.

**Sex during pregnancy**

Women in the focus group also mentioned that sex during pregnancy can cause miscarriages. The energy contained in the semen of Maasai men’s semen is very potent and induces miscarriages. “This is because Maasai men don’t wear condoms. They have a lot of energy because they eat meat and drink *madawa* (Swahili: medicines). When the sperm comes in it is so strong it will remove the baby.” “The *maji* (Swahili: lit. water, in this case to mean semen) of Maasai men is very strong because they drink the blood of cows.” The women were curious if women in my country are permitted to have sex during pregnancy. When I explained that they are, the women clucked and shook their heads, “They [American men] must use condoms”, it was concluded. “We do not allow that. The man has energy and makes the baby come out. When the baby comes out the baby has white things on the body and we beat the woman. Everybody knows [this so] no one does it.”

In my second interview with Nanyorrang she asked if I had had sex with my boyfriend when I was pregnant. I told her that I had. “Maybe that’s why you had a miscarriage!” She went on to give me advice, “When you get pregnant again for one month you can have sex,
but after that, no. One month to give your pregnancy blood, but second month, no. Three months is bad [and will make you miscarry].” I understood this to mean that the fetus needs contact with semen for the first month in order to grow, but after the first month it becomes dangerous. As we saw in Talle’s (1994) discussion regarding the role of semen in the “construction” of female fertility, semen also seems to play a role in the growth of a fetus, but only up to a certain point, after which the energy the semen contains can actually destroy the fetus.

Noseuri also explained to me that having sex up to two months with one’s husband is permitted, but after that he will no longer want to have sex with his wife for fear of harming the baby. Boyfriends, however, may not feel so protective of the unborn child and still seek sex from a pregnant woman. Nanyorrang mentioned boyfriends as well in this context as well: “they will still want to have sex with her [a pregnant woman] because they don’t take care of her.”

Fever

Fever is another commonly mentioned cause of pregnancy loss in Eluwai and Enguiki. Maria Meijo developed a fever in the ninth month of her first pregnancy, and despite the fact that her husband slaughtered a goat and brought her medicine to make soup, she still lost the baby. As a result of all her hard work when she was pregnant with her first child, Nongishu developed a fever that “went to her stomach” and eventually resulted in the loss of that pregnancy. When Nalari was three months pregnant with her third child she had a fever that culminated in a miscarriage. In my interview with Noseuri, she also brought up fevers as a cause of women’s miscarriages, explaining that nowadays pregnant women go to clinics as soon as they feel a fever coming on in order to get medicine to prevent loss.

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14 This anti-boyfriend sentiment was also reflected in the women’s group meeting I attended in which women were told that only “harlots” and “prostitutes” have sex outside of their marriages. This was spoken of in terms of HIV prevention and minimizing sexual partners but also seems to reflect values monogamy put forth in local churches.
Curses

Curses, or *macho mbaya* (Swahili: bad eyes), were also mentioned by my subjects as causes of pregnancy loss. In my interview with Naisha she says that women frequently lose their babies because they have been cursed. “When the person doesn’t want you to get a child she [looks at you in a] bad [way] so you get a miscarriage.” In Nongipa’s story at the beginning of this chapter we see that both she and the diviner she consults after her second loss believed that her miscarriages occurred in part due to the bad feelings of co-wives. Naisha also mentioned that she also encountered problems with a co-wife in her boma who “wanted to be with” her husband. She said that this co-wife did not want Naisha to have more children to help her with the work and made problems for Naisha. This situation, along with the fact that her husband did not provide for her sufficiently, contributed to her decision to move to Enguiki to stay on her own.

Noseuri mentioned curses in more general terms. Noseuri explained to me:

> When you never have a child, maybe you have a friend, maybe she is pregnant... you don't like to stay with her and you say ‘Jesus why don't I have children?’ [If] you say something bad for her [your pregnant friend], she will get a problem.

She then went on to assure me that this no longer happens, that such cursing only happened among “the old Maasai.”

Naisha said that not only other women can curse one another but that men, especially boyfriends or men sexually interested in the woman, can also cause problems in a pregnancy. She explains:

Naisha: ... maybe he come to find you to be his friend.
Svagita: Like a boyfriend?
Naisha: Yeah. If you don’t want him and you get pregnant from another one he [doesn’t like that], he wants you to be with him. So [then] you must get a miscarriage [because] he doesn't like it in his heart.”
Conclusion

Seeking to make sense of their lost pregnancies, women and communities look at the circumstances around such a loss. Cravings unheeded, “heavy” work, engaging in sex after the second month of pregnancy, fevers and curses all provide explanations for the possible different causes of pregnancy loss for women Eluwai and Enguiki. What follows is a discussion on how women—and the communities—cope with loss and grief after a miscarriage.

Oluwai. The medicinal tree after which the village of Eluwai is named. Used both to prevent pregnancy loss and to treat women after they have miscarried.
Chapter Seven

AFTER the MISCARRIAGE:
Community Support and Grief

Nanyorrang

At the end of my first interview with Nanyorrang I asked her if she had any questions she wanted to ask me. Here I provide the transcript of the brief discussion that followed regarding the differences between community support and grief expressed regarding pregnancy loss in the United States as compared to that in Eluwai:

Upendo: She’s asking, for example in Marekani [America], if [a woman miscarries] does all of the community cry or just the one who lost that baby?

Svagita: Usually only the one who had that baby.

U: (surprised) Do they come to say pole [give condolences]?

S: Maybe, but not like here, I think that people keep quiet about it. (pause) And this why I am interested in this topic, because women like me who lose their babies, sometimes it feels like hoo! It’s very difficult! And you want people to say pole sana [to give their condolences], you want this, except no one is there. You are asking where are my friends, where are my people? No one is coming and making me food...

U: Not even your mother?

S: I think my mother… if I were home my mother would come, but I don’t think it is the same as here. It’s very different. You can explain this to her.

U: (Translates. Discussion follows.)

S: What does she think of that?

U: She says, she is commenting about American people, that it is very bad that they don’t say pole to each other, that they don’t help... OK, but in our
country, she appreciates our culture—should I use the word culture? She is appreciating it because people come and bring even cows, some come with sugar, some come with money...

Community Support

In my interviews I asked women questions about what happened for them after pregnancy loss event. All of my informants discussed the support their communities offered them both during and after a pregnancy loss. They were provided physical and emotional care during the event, as well as after the loss. During the miscarriage itself, every woman spoke of having someone with her to assist, usually a co-wife, sister, mother or grandmother. This helper, or helpers, would stay with the woman while she miscarried, or go with her to the clinic in the cases of Naisha and Maria. Typically, if there was a recognizable fetus miscarried it was wrapped in a black cloth and buried by a female attendant, a sister, co‐wife, mother or mother‐in‐law. If there was only blood or unidentifiable tissue it was simply thrown away. After a pregnancy loss friends, family and neighbors came to offer condolences and often, though not necessarily, bringing gifts of sugar, firewood, goats or sheep to slaughter for soup, or money.

*Mafuta* (oil), *madawa* (medicines), and *supu* (soup) were three words I invariably heard for what women need to eat following the event of a pregnancy loss. The oils are usually the fat from a slaughtered goat or sheep, and from what I understand, mixed with a decoction of *madawa*, or plant medicines, for women to eat. Soups of goat or sheep meat are used to facilitate the woman’s healing process as well, with her husband, family or neighbors providing the necessary meat.

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15 Maria’s husband went with her to the clinic as well. From the stories I heard it seems that husbands often accompany their wives on visits to the clinic or hospital.

16 My informants did not speak of the significance of the black cloth, but when a fetus was miscarried it was always “wrapped in a black cloth” before it was buried. According to Hodgson (2005:32) black is a color traditionally worn by fertile Maasai women and by those in liminal states “to entreat Eng’ai’s special protection.”

17 Nalari spoke of using the cream of cow milk as well, but she was the only informant to mention using cream in this time.
Consensus among my informants is that “if you have anyone to help” women should rest for about two or three months following a miscarriage. All of my informants had significant support from their family or community after their pregnancy losses, except for Nongishu. Unfortunately her family was far away and co-wives only helped her for a few days after the first miscarriage and a week after the second.  

During the customary two or three months of rest and recovery, Mela explained to me the importance of a woman to stay indoors where it is warm, venturing outdoors only to use the toilet or when the sun is hot.

In the months following her miscarriage Naisha’s children collected firewood and water for her, as well as cooking the family meals and boiling dawa (medicine). Ngaku’s mother is a known herbalist and she collected special medicines for Ngaku after her miscarriage. She also gathered firewood and fetched water. Ngaku’s neighbors did her washing and brought her a goat for soup. Nalari’s co-wives helped her with her work after her miscarriages, her mother brought her cream from her cows with which to make medicine, and her father brought her a sheep for soup.

Expression of Grief

“She’s asking, for example in Marekani [America], if [a woman miscarry]s does all of the community cry or just the one who born that baby?” --Nanyorrang

From our discussions it was clear that when a woman miscarries in Eluwai or Enguiki her loss is also grieved by her family and community. As we saw with Naisha’s story in the introduction, her sisters and co-wife cried with her when she lost a baby: “They cried. They all cried because they wanted her to get twins”. Each one of my informants spoke of their family and community coming to their bomas when they were recovering from a miscarriage to acknowledge the loss, express their own grief and sorrow regarding the event and offer their condolences and comfort. Evident from their descriptions is the fact that a pregnancy

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18 By most American or European standards this is still quite a bit of support following a miscarriage, but is extremely little by Maasai standards, making for a difficult time for Nongishu.
loss is an event for the entire community, rather than one primarily experienced by an individual woman.

I also sought, however, to gain insight into the nature of the women’s grief as individuals. This proved to be more of a challenge than I expected. An obstacle to my “understanding” the emotions surrounding pregnancy loss was simply my expectations of what a discussion regarding those emotions might look like or sound like. At first, with Maria, when I would ask an informant about the feelings she had following a miscarriage I consistently received the response, “She says she felt bad” and then no more. I tried to think of different ways to ask the question to elicit answers that touched on the depth and gradation of emotion I thought I knew was there. I was not much more successful. Frustrated, I began to think that it was a problem with Maria’s English, that perhaps she was not able to properly translate for me what the woman were actually saying.

Finally, Maria and I sat down to have a talk about “emotions.” We began with what I thought were simple translations of English words into Swahili and Maasai: sadness, disappointment, grief, annoyance, anger, joy, happiness. It was soon apparent that this was not nearly as simple as I had thought. The Maasai words did not come easily, and for that matter even the Swahili words proved somewhat difficult for both of us. In thinking of the Maasai word for sadness or grief, Maria finally told me, “It’s hard. I will try to remember. I am a Maasai but it is hard for me.” And with these words I suddenly had a flash of clarity. I realized that the approach I had taken up until that moment, of attempting to discuss emotions surrounding pregnancy loss, of trying to attach words to something ineffable and embodied, of expecting women to provide me a self-reflective and detailed account of their feelings, springs directly from my cultural understanding of the concept of emotion.

Lutz (1986) speaks of emotion as a cultural category, one that is so pervasive that it becomes difficult for us to even recognize it as such. She examines what she calls the Euroamerican cultural schema of emotion, methodically unpacking the ideological functions within the category in order to better understand what we mean when we speak of “emotion.” This unpacking and thoughtful reflection is especially important for social
scientists looking into the emotional lives of people in different societies because “... translating between two cultural systems requires explication of the relevant meaning systems on both sides” (1986:288). If we are unaware of the assumptions we bring with us to the field then how can we begin to make sense of what we encounter with our subjects? If we don’t know ourselves how can we even begin to know the “other?”

Lutz (1986) begins by illuminating how in Euroamerican culture the concept of emotion generally stands in contrast to the concept of thought. After we understand this constructed duality we become aware of the many other similar paired and opposed concepts that shape and are shaped by our epistemological understandings: heart/head, irrational/rational, impulse/intention, chaos/control, passion/reason. Lutz (1986:289) points out that while these concepts are in opposition to one another they share the quality of being

[W]ithin the boundaries of the person; they are features of individuals rather than of situations, relationships, or moral positions. In other words, they are construed as psychological rather than social phenomena. Although social, historical, and interpersonal processes are seen as correlated with these psychic events, thought and emotion are taken to be the property of individuals.

My approach to understanding the emotions around the event of pregnancy loss was based on my understanding emotion to be a psychological phenomena and one that was contained within individual woman who miscarried. What I found is that while there certainly are emotions felt and expressed, the event of a pregnancy loss seemed more of an event occurring to the social body of the women with whom I spoke.

Based on the extensive social support provided to women following a pregnancy loss, the avoidance of solitude during such an event—or in general—grief and its expression seemed to be more of a shared, social experience than an individual introspective one. The grief and suffering seemed to be almost taken for granted—“of course we were very sad!”—but not one necessarily discussed a great deal. While I would characterize the event of a miscarriage and attendant emotions as primarily social, when I asked them about their feelings, many women also spoke of grief they experienced as individuals.
Naisha for example, said that speaking of her pregnancy losses is painful to this day, despite the many years that have passed. She told me that when she remembers these lost pregnancies she develops a fever and feels “sad” because “they were her children. Maybe if I did not have miscarriages I would now have nine children.” Nongipa shared with me that for an entire year after her first miscarriage she felt sad and that “sometimes she remembers even now.” When I asked Ngaku if it is difficult to discuss her pregnancy losses, she nodded yes, saying “it is painful, but it is OK [to talk about it].” She went on to say that she most often remembers her lost pregnancies when she is lonely because there is “nobody to talk with.” At these times “she feels a lot and then gets a pain in her heart”; she does not speak with anyone about her pain but rather “prays to God”. Nanyorrang explained to me that the grief for a miscarried baby is not the same as that for an older baby because one does not “know” that child yet nevertheless after her miscarriage she described feelings of “shock, psychological shock.”
Chapter Eight

CONCLUSION

My original intention was to explore the experience of pregnancy loss for women in a Maasai village. I went into the field not knowing what to expect, trusting that women would have stories to share with me regarding the loss of their pregnancies. I was not disappointed. I spent only six short weeks in Eluwai and Enguiki, but even in that brief time managed to gain some insight into the lives of the women with whom I spoke and began to understand the meaning pregnancy loss holds for them. As is inevitable with any research undertaken, I found pregnancy loss to be a complex topic reflecting a great deal about women, their lives and their larger communities. The great value placed on motherhood in the villages of Eluwai and Enguiki seems to be at the heart of the topic. The significance of the role “motherhood” has for women both creates an atmosphere of community support in the event of a loss, as well as engendering a milieu in which women who cannot bear children are apt to suffer socially, emotionally and economically. This suffering is mitigated somewhat by the fact that in these communities motherhood is a social category, rather than strictly a biological one.

As is to be expected at the “conclusion” of any research project, more questions were created than were ultimately resolved. Undoubtedly this topic is one that demands further research for deeper insights. Over the weeks in Eluwai and Enguiki, and in the time since spent analyzing my data, I have become aware that if I were to return to these communities as a researcher I would want to give a great deal of thought to my research questions beforehand, especially those regarding concepts and categories such as “motherhood”, “truth”, “lies”, “body”, “thought” and “emotion”. While I learned a great deal, in retrospect I realize that I went to the field with questions that were very much a reflection of my social upbringing and values. On one hand this has been beneficial because I have been able to use my own understandings of these issues as a reference point—not as the truth, of course, but certainly as place from which to start. On the other hand, there are
inherent limitations to not questioning the questions themselves. Rosaldo (1984) encourages anthropologists who are grappling with the slippery concept of emotion to continue grappling with it, only mindfully, attempting not to hang our understandings of “others” on a framework built of our own epistemological understandings. The framework has value, and it simultaneously does not; the “other” is like us and also is not. She explains that:

[w]hat is at stake is not so simple as the abandonment of ‘our’ constructs in confrontation with a people who appear to challenge our discourse but rather a reflection on the limits of the ways in which the problem has been posed.

I arrived with a set of questions that focused primarily on individual women who lose their pregnancies, their feelings and experiences as *individuals* and how their communities do or do not support them in their experiences. And while I indeed gained some insight into their experiences, understanding them as precious and unique, I also came to realize that the pregnancy loss is very much an event that occurs within a *community*. Lutz (1986) points out how Western societies often consider thoughts and emotions as phenomenon that occur within an individual. In speaking with the women in Eluwai and Enguiki I would say that this is not the case for them. The women with whom I spoke certainly had—and expressed in various ways—emotions regarding their miscarriages but the boundary between “self” and the larger community seemed blurrier than that to which I am accustomed. The event of a pregnancy loss is one that happens to a woman, causing her to suffer, but the suffering does not remain contained within her experience but rather ripples out into the community around her. Family, friends and neighbors also grieve the loss, with this grief expressed through visits, offerings of condolences, and practical and emotional support for the woman and her family while she recovers.
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