THE PLIGHT OF INFERTILE WOMEN IN NIGERIA

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Abstract
This work examines the experiences of African women who are faced with infertility problems after marriage and the derogatory attitudes meted to them by their husbands, mother in-laws, sister in-laws and other relatives who might be related to the husband in one way or the other. This case which is considered very unique to Africans and highly noted in Nigeria is quite different in the Western Countries where some people from there on their own might consider not to have children. Even also when it is a female child she is cherished and highly adored and respected developed countries. But amongst most of the African countries when such women end up not providing a male child which is considered heir to inherit landed properties and continue the family line she the woman is not treated with respect.

Introduction

All human beings are expected to be treated with respect and dignity. That is why section (18) of the 1999 Nigeria constitution, dealing with the fundamental principles of state policy reflects the nation’s commitment to equality of all irrespective of race, sex or gender (Osokoya, 2008). On the contrary, Assimang (1990) noted that even though African Women have been making immense contributions to family and nation development, they still face a number of inequitable difficulties that limit their potential in promoting personal and collective wellbeing. In support of this, research studies have pointed to inequality in the treatment meted out to infertile women. Infertility is supposed to involve the couple but women are always singled out.

This is basically because Africans traditionally have a patriarchal structure characterized by gender inequality between males and females. Patriarchy is defined as a set of social relation with a material base that enables men to dominate women (Okojie, 2001). It is a system of stratification and differentiation on the basis of sex which provided material advantages to males while simultaneously placing severe constraints on the roles (child bearing) and activities of females. Patriarchy also conditions the spatial segregation of male and female; the male space consisting of the public domain while the female space consists largely of the household and its
immediate environment. Thus, in patriarchy structure, women’s activities are largely confined to the household. In this wise, African women are expected to get married early enough, produce and care for their children. Where they fail to produce these children, the dominant male society turns against such women.

That is why an infertile woman in Nigeria cried thus:

*The problem with infertility is not that you have nobody to help you but also that society does not respect you. For a woman, respect is only due if she is a mother of children. Even young people do not respect you when you are not mother of their mates (Hollos, 2003: 54).*

Women, whether as a child or wife, are naturally, biologically and socially meant to be pampered, nurtured, respected and even tolerated. It is believed that women especially wives are fragile. Their husbands are expected to be supporting cushions. In most cases, this expectation is carried out by men when their wives are pregnant. But in marriages without children, the women are left to lick their own wounds.

In spite of this, infertility in African is only being given serious concern in recent time. However, infertility has been overshadowed by a global concern for over population and high fertility that is not conducive for the societal growth. The reason for this are that treatment of infertility is closely related to obstetric pathology and infertility is a blessing according to the neo-Malthusian positive discourse (Inhorn and Van Balen, 2002). So, the question is why border about a “good” situation that had naturally helped to reduce population? As such, infertility is only a means of explaining fertility growth rates or decline but was not seen as a problem in its own right, despite the fact it is a serious crisis in any pronatalist society (Frank, 1983; Greil, 2002 and Obono, 2004).

The negative consequences of infertility are much stronger in developing countries than in the Western societies and these are mainly characterized by personal suffering and social stigmatization (Van Balen and Gerrist, 2001). In fact, infertility affects the personal well-being of women that are involved (Abby et al, 1991; Stanton et al, 1991 and Hollos, 2003). In these areas, infertility has been an unbearable social problem for the woman, the couple, the extended family and the entire community. It is seen as an agent of genealogical termination and as such it is hated by all, but feared most by women. In particular, childless women suffer a lot because women are always blamed for childless situation and motherhood so often the only way for a woman to stabilize her position with her husbands family and community.

Katz and Katz (1987) had observed that in society where childlessness carries a strong social stigma and where children offer assurance of both personal immortality and old age insurance, infertility is always a serious problem for the childless women. Maquet (1961) made similar observation in his study of the Tutsi in Ruanda where the most cherished items are children and cows. In short, women actually bear the brunt when the child refuses to come. Constantly, childless women complain about domestic violence and disrespectful attitude (from their partners and relatives) and quite often dehumanizing treatment by husband and in-laws. There have been cases where their husbands abandoned them for a second wife. This issue is made clearer by the situation reported by Abiodun (2010) in which he pointed out the case of
Madam Comfort Olufunmilayo Aderibigbe who was going through hell because she was childless. In the victim’s own words:

> when my husband died in 2003, I cried and cried. 
> Immediately after the burial, my property was thrown outside while the children mocked me saying I have no inheritance in the family. 
> They said I am not supposed to stay in the main house where I had lived all my life with my late husband and that I should go to the boys’ quarters where I belong. 
> In fact, I have never witnessed or experienced such in my life. I was in a mess just because I did not have a child.

However, there are few exceptions. For instance, in matrilineal Macua, Northern Mozambique, men are quite often blamed for infertility. Studies in India and Thailand indicate that husbands are supportive of their childless wives (Bharadwaj, 2000 and Boonmongkon, 2000). In spite of this, in most places (Africa, in particular) women suffer a lot of maltreatment as a result of their inability to have children. In fact, the pressure on childless women have made existence a reproductive trap.

**CONTRIBUTION OF WOMEN TO INFERTILITY POOL**

In Nigeria, there has been a general belief that women are at fault for any case of infertility. That is why in some communities like Mbano, a name for infertile women (Nwanyiaga) but no name for an infertile man. However, researches conducted by Ajabor et al (1981) have proved that male contribute up to 40.9% to the problem of infertility. On the other hand, many scholars have provided figures for the rate of female infertility-10% (Middleton, 1997), 20-30% (Larsen, 2000) and 8-12% (WHO, 1993). Majority of the figures emerging are for women. The rate of infertility in men have been very difficult to ascertain. The reason is perhaps, due to the culture of men’s dominance in African societies. It is difficult to establish the number of men that are infertile because it is difficult to ascertain whether it exists or not. On the other hand, absence of pregnancy in a woman definitely is an indicator of infertility. But in the case of men, there is no obvious sign that will serve as indicator of infertility. At times, some of the men whose wives could not be pregnant do marry other women, who finally give birth. In such situation, such men are exonerated from infertility. However, a recent study (Nwosu, 2010) has shown that at times such men may not be true biological father of such children. Reports have it that some of the men do secretly contract the job to trusted friends or relatives. In other cases, the wives knowing that their husbands cannot impregnate a women; on their own secretly seek assistance from other men.

The same report shows that while rate of infertility among women was 21%; that of men was 10%. The reason for difference can be attributed to the prolonged role that women play in the reproductive process. Man’s major biological role in the reproduction process terminates at the point of pregnancy. So, the ability of a woman’s system to sustain the pregnancy to birth is
part of the test for fertility in women. If the pregnancy does not lead to live birth, the woman’s fertility is still questionable.

However, in spite of the fact that men contribute about 40% to the infertility pool, yet only less than 20% of people in Africa believe strongly that men could be infertile. Over 90% of the African people overtly or covertly believe that infertility is a woman issue that does not concern men.

To buttress the fact men contribute to the infertility pool, some causes of infertility have been ascribed specifically to men. These include abnormal sperm production or function, varicocele, undescended testicle, testosterone deficiency; inflammation of the prostrate, urethra or epididymis; erectile dysfunction, premature ejaculation, retrograde ejaculation, blockade of ejaculatory ducts, lack of semen to transport sperm, anti-sperm antibodies and depressant drugs.

With all these causes belonging to men, it becomes difficult to say that men do not have major contribution to the problem of infertility. The only reason for the low awareness of men’s infertility is because most men do not present themselves for fertility test. And this has made successful treatment of infertility very difficult because if you offer therapy to the wife while the husband is the problem, no positive result can be achieved. And the woman continues to suffer for the husband’s shortcomings.

WOMEN AND TREATMENT OF INFERTILITY

It is the common practice in Nigeria that after marriage, most couples pray and try very hard to achieve pregnancy as early as possible. If the new bride shows signs of fever; it is usually assumed that their expectation is about to be fulfilled. Where this is followed by protruding belly few months later, everyone rejoices secretly. On the other hand, if a new bride remains very healthy without signs of fever for over six months after marriage, then suspicion sets in. Everyone watches silently, thereby the situation becomes tense for the couple. In fact, it is the wife that first reacts to this situation.

It is from this moment that such a woman begins to feel susceptible to infertility. She weighs the consequences and feels that her world is collapsing. Most of the time, such woman’s first point of call is her mother (if she is alive) or any woman that can serve as a mother to her. She dutifully explains everything concerning her situation to this “arbitration” who may from experience give her advice on what to do or not to do. Such advice is usually implemented religiously and if pregnancy refuses to occur, the journey is extended to experienced and trusted friends. At this time, the husband does nothing but keep on watching. However, most husbands follow the instructions of the wives at this stage.

In Nigeria, most infertile women do not usually seek treatment for their problem until between twelve and twenty months into the marriage. But before this period, they take certain precautions such as avoiding certain food, drinks or work. The husband is usually asked to take enough palm wine, especially, its dregs. It is believed that this enhances the man’s power. What really determines when a woman does began seeking for treatment against infertility include in-laws’ reactions and threat of second wife. Other factors are love for children and other women’s remarks. The earlier these factors raise their ugly heads, the sooner the infertile woman begins the journey of redemption.
Even though, the majority of childless women visit traditional infertility healers most, their first point of call is usually the hospital. This is because in most parts of Nigeria people believe that there is a close relationship between traditional infertility healer and traditional religion but as Christians or Muslims, they wish to distance themselves from the opposite faith – traditional religion. However, when the hospital could not provide quick answers, the next treatment point of call is traditional infertility healer (TIH). Sometimes, the woman may be visiting the hospital and the traditional infertility healer simultaneously. But she does not normally use both medications jointly because TIHs forbid it.

Ironically, in most of these visits (by the childless women to various places for treatment), their husbands do not usually accompany them, but a few and considerate ones do cooperate by giving them moral and material support. To some, it is the woman that has problem and she is the one that requires treatment. In severe cases, some husbands refuse to visit the healers even when they are invited. Men behave this way because they always have a second option to marry another wife. That in effect slows down the woman’s treatment seeking behavior against infertility. It is that the decision of when to seek for treatment, where to seek for treatment and how to seek for infertility treatment is usually taken by the woman with little or no input from their husbands.

STIGMATIZATION OF INFERTILE WOMEN

Negative consequences of infertility are usually stronger in Africa and are characterized by social stigmatization. The greatest stigmatization comes from mother-in-law. The attitude of mother-in-laws towards their infertile daughters-in-law is usually unfavorable. The attitude of in-laws is relatively unfavorable towards the childless woman and in the long-run; they do support her dehumanization because they believe that the childless woman is aiding the termination of their lineage. As such, in-laws encourage the marriage of a second wife in attempt to ensure the continuation of their lineages.

Other women do look down on the childless women, most of the time believe that the childless women are the architect of their condition. The unfavourable attitude exhibit against the childless women by other women include, gossip, scornful laughter downgrading looks, direct/indirect reference to their plight and sometimes open confrontation.

The attitude of most children to the childless at times demands pity. The attitude exhibited by most children towards infertile women is not good. They do not usually respect the childless women. Children feel that they do not have peer in the childless woman’s house and as such do not have much to benefit from her. Sometimes, children do mock the childless women, calling them witches and they hardly help or assist them in any chore. However, this attitude changes when the childless woman fosters a child and as a result of the presence of that child, their attitude automatically becomes favorable.

During the first two years of marriage, the attitude of most husbands of childless women is that of empathy, pampering, tolerance and love towards their wives. As time passes by couple with pressure from relative and friends, these husbands change their attitude negatively. Most of
the time, they blame their wives for the absence of children in the homes and quite often they do beat their wives on flimsy provocation. Eventually, they do take second wives to have children.

In some cases, the childless woman is frustrated and sent packing from her matrimonial home. In such situation, all her in-laws will support the action and even heap a lot of blame on her. There are times when the childless woman would not be allowed to take anything from her husband house. She is forced out empty handed. The things that may accompany her home are tears and broken heart.

In addition, most husbands of childless woman do flirt around with other woman for two major reasons. Firstly, to know if they cold strike gold (child) through other women. Usually, this is how the journey to second marriage begins. When the other woman becomes pregnant, she is then brought home as second wife. Secondly, to serve as punishment to their wives, whom they believe had refused to perform their social duty of procreation. So, the husband often attempt to get at their wives through making their flirtation known in the social and even to their wives, in particular.

Even at death, there is also disparity in the attitude of people towards the deceased childless women. In most places, such a woman is not given full burial rites. For instance, in some part of the south-eastern Nigeria, the usual gunshots that accompany people’s burial are absent. The ceremonial dance that is supposed to be led by her children is also missing, understandable because she had no children. Other cultural practices may also be denied. Similarly, Goody (1969), opined that African partrilineal and European bilinear inheritance replicates materials and social position as the unit through which wealth or status inheritance could be attained. Hartung (1982) also pointing that the son based inheritance of wealth result from greater reproductive benefit to which men can employ wealth than women, that is, the men in many instances use such wealth to obtain more additional women (mates) and children.

In most party of Nigeria, a childless widow’s life is one of misery. Childless widows struggle to survive in a deeply patriarchal and superstitious world, which grossly abuses them. An international organization –Empowering Widows in Development (EWD) noted that the stigma and shame of their (childless women) state means that such widows are ostracized and forced to endure extreme poverty,ill health, violence,homelessness and discrimination in law and custom.

In most parts of Nigeria, culturally speaking widows themselves are part of the inheritable property. Some widows may be lucky to be inherited by the brothers of her deceased husband who are wise and kind. But nobody ever inherits a childless widow. There is always superstition surrounding her existence. The discrimination against widows in inheritance is responsible for woman’s desperation to have children. And this desperation has its own consequences.

The childless woman inherits not a single piece of land from her husband’s estate. However, she may be allowed by her husband’s relatives to farm on some of her husband’s land especially the particular piece of lands which she was given at the point of her marriage to the family. If there is a second wife with male children, all the land will be transferred to her.
children. Quite often, the childless widow may receive some token out of pity provided she has favourable relationship with her in-laws.

In terms of accommodation, the childless woman at the death, of her husband is allowed to occupy her husband’s house. But at her death, such a house is transferred to the relatives of her husband. Were there is second wife with male children,such a house belongs to the male children who may allow the childless widow one or two rooms in the house. In the same vein, childless widow hardly inherit her husbands investment. Ironically, the childless widow inherits her husband’s debts together with some household materials. She bears responsibility over the debts because it is believed that the deceased husband must have spent the money on her. The inheritance of other property at times depends on the evidence that they were purchased solely by her.

CONCLUSION

Researches have shown that childless women are strongly stigmatized in Nigeria. It has also been noted that the major tormentor of the childless women is her mother-in-law. This has accounted for the desperation of infertile women to get children. This desperation takes different forms such as engaging in extra-marital affairs as well as surrogate marriage or surrogate mother hood. All these have severe health implications. They are perfect conducts for the spread of STDs and even HIV/AIDS. As a result, efforts should be made to fashion out policies that will address the problems faced by the infertile women. This will help to reduce the pressure on such women and prevent their possible negative actions and reactions which have grave health consequences for the people and the society

References


