

INFERTILITY AND GENDER DIFFERENCE IN REACTION AMONG COUPLES AND FAMILY AND COMMUNITY TREATMENT: A STUDY OF PATIENTS ATTENDING N.K.S.T. HOSPITAL MKAR IN BENUE STATE, NIGERIA

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Abstract

The study investigated the incidence of marital instability among couples experiencing involuntary childlessness. The study employed the qualitative research design. Data was obtained from patients who reported for treatment at the infertility clinic in N.K.S.T Hospital, Makar, in Gboko LGA of Benue State, Nigeria through focus group discussions (FGD). Furthermore, healthcare providers and community members were also engaged through in-depth interviews. The result of the study shows that both men and women were in disbelief when they found that they were infertile. Similarly, men and women reacted differently to infertility and this is connected with family and community treatment. Furthermore, community members linked infertility to evil spirits, ancestral curses, witchcraft manipulations and promiscuity. The study concluded that community education and sensitisation is vital towards dispelling the myth associated with infertility causes, prevention and treatment and the understanding that only women can be infertile.

Keywords: Infertility, gender difference, community treatment, Tiv, Nigeria

1. Introduction And Problem Statement

This study at the N.K.S.T. Hospital in Mkar, Gboko Local Government Area of Benue State, Nigeria, is a study on gender differences

in reaction to infertility as a result of family and community actions and reported at the hospital for treatment and were requested to take part in the study. The study also examines community perception and beliefs surrounding infertility in Mkar. This study is necessitated by the assumption that infertility in patriarchal societies like Nigeria is usually blamed on the woman. It is further assumed that men determine who is infertile in the home and in every circumstance the woman is faulted. There are studies supporting this basic assumption. For example, Okonofua, Harris, Odebiyi, Kane and Snow (1997), found that infertility can be particularly cruel for the women folk. Their conclusions were anchored on the fact that when couples are found to be infertile, women in particular are singled out and ostracised and further ridiculed by their friends and neighbours, abandoned and beaten by husbands. Okonofua et al. (1997), further asserted that infertile women were not allowed to touch babies and are feared and branded as witches. The problem of blaming infertility on the woman in Nigeria is further compounded because, “irrespective of class, women in Nigeria as a category are disadvantaged and subjugated. This subordinate position ... gives rise to most of the health problems that women encounter” (Alubo, 1997 cited in Idyorough, 2007).

Alubo (1997, cited in Idyorough, 2007), attributed the problem of women in Nigeria in general to patriarchy which subordinates and marginalises women by denying them access to economic resources and political power. Whereas this may be true of spousal relationships in general and as it relates to health matters discuss above, this is not clear in relation to the experiences individuals faced when they first discovered that they were infertile and how this impacted upon their marital satisfaction.

Upton (2001), in his study in Northern Botswana reported that men and women reacted differently when they first received the news that they were infertile. The scholar found that majority of the male respondents were shock because they never believed that men can also be infertile, while women reacted by crying profusely. This gender difference in reaction to infertility remain unclear among the Tiv people of Mkar in Gboko LGA and hence the need to research and document it.

Furthermore, the issues surrounding infertility in Nigeria are problematic in nature because of the mystique associated with them. This may be because childbearing is viewed as a natural part of adult life in traditional African setting. For example, infertility has been labelled an act of God, a punishment from unhappy ancestors, or the result of witchcraft (Arowojolu, Okunlola and Adekunle, 2001). From the foregoing, there is need to assess community perceptions and beliefs surrounding infertility in Mkar community of Gboko Local Government Area and the reactions of couples who attended N.K.S.T. Hospital Mkar and received counselling from

medical caregivers on the causes of infertility. From the foregoing therefore, the study is poised to achieve the following objectives;

- i. To examine the kind of reactions individuals' couple who attend N.K.S.T. Hospital Mkar express after discovering that they are infertile;
- ii. To find out the gender differences in reaction to infertility among couples who attend N.K.S.T. hospital, Mkar;
- iii. To find out community perceptions and beliefs surrounding infertility in Mkar;
- iv. To make appropriate recommendations toward remedying the problems.

2. Literature Review And Theoretical Orientation

Most of the available literature on involuntary childlessness and marital adjustment is sparse and largely conceptual and many focus on the psychological impact of involuntary childlessness on couples. For example, a study by Greil (1997) showed that involuntary childlessness is associated with emotional distress particularly depression, guilt, anxiety, social isolation and decreased self-esteem for both men and women. This emotional distress associated with involuntary childlessness become more intense when it has been medically confirmed through diagnosis. These distresses include but not limited to sexual functioning and the quality of spousal relationship with each other and family networks (Newton, Sherrard, & Glavac, 1999), and its severity contribute to unconstructive outcome and marital dissatisfaction. Though, findings remain unclear and at times confusing (Amir, Horesh & Lin-Stein, 1999), because it is common sense particularly in traditional African setting for couples desiring a child to be devastated when such a child is absent as a result of infertility. This is also true as procreation in traditional African setting represents an exceedingly and emotional bond and public display of manhood and womanhood of the couples (Leiblum, 1996).

Since procreation in marriage is central in traditional African setting, its absence means an insult to both the man and woman and further threatens the acuity of masculinity and femininity and cause psychological stress (Maillet, 2002). In addition, because of the unanticipated nature of involuntary childlessness, couples normally perceive a loss of a primary life goal (Forrest & Gilbert, 1992), hence, their reaction in most circumstance is the same with other people experiencing a crisis. Some of such reactions include denial, anger, isolation, guilt and depression. Furthermore, because of the much premium placed on children in traditional African setting (Abari and Audu, 2013), experiences of involuntary childlessness marshal in different reaction for both men and women and further lay an enormous burden on the marital relationship. Guz, Ozkan, Sarisoy, Yanik, and Yanik

(2003), for example found that anxiety and sorrow increased in women who are involuntary childless when their period and span of remaining childless increased. This further intensifies the distress and depression of the couples (Berg and Wilson, 1991). This finding corroborates that of Anate and Akeredolu (1995), who reported that inability to conceive is associated with many psychological reactions such as anxiety, shame, grief, social loneliness and self blame in couples. Findings further indicated that the level of distress and depression was high in females but not in men. The study concluded that couples with higher congruence had higher and better adjustment in their marital relationships.

Similarly, Shaprio, Palmer, and Capute (2003), conducted a study on 82 newly married (4-6 years) couples. Out of the 82 couples in the study, 43 of them had children and 39 could not have a child. Couples with children were interviewed when wife became pregnant and again when the baby was three months old in order to determine the level of marital satisfaction. Married females in the study reported an initial higher level of satisfaction in marriage but this was no longer the case as time passed, because the level of marital satisfaction decreased as compared to wives without children. Among couples with children, 33% of the wives reported higher satisfaction in their marital relationship. On the other hand 67% of the wives with children reported decrease in the marital satisfaction. Out of the couples without child, 51% of wives reported improvement in the satisfaction of their marital relationships whereas 49% reported a decrease in the marital satisfaction. The most important finding of the research was that 33% of the couples undergoing highly stressful transition to parenthood manage to improve their satisfaction in their marital relationships. Hence, validating the findings of Anate and Akeredolu (1995), that marital adjustment is dependent on whether or not there exist high congruence amongst the couple.

2.1 Theoretical Orientation

The symbolic interactionist approach was adopted as a theoretical orientation. The approach is anchored on the idea that people do not respond directly to the world around them, but to the meaning they bring to it. Furthermore, the approach assumes that society, its institutions and social structure exist as a result of human interaction (Blumer, 1969). This means that reality is what members of society agree to be reality and this is shaped in social interaction. During such interactions, objects and symbols are developed and used (Blumer, 1969), which denotes things in the real world whose meaning is defined by the actor. Therefore, different objects have different meanings for different individuals. For example, people interact on the basis of how they see and understand a situation and the meaning they attach to the situation or encounter. Consequently, each person's definition

of the circumstances surrounding the interaction influences others definition. This means that the meaning attach to social interaction can be modified because people bring their own definitions of situations. These definitions shape the way people see and experience the world. Consistent with Blumer's view, every time social interaction occurs, people creatively construct their own understanding of it whether "real" or not and behave accordingly. Furthermore, these shared meaning and or understanding do not necessarily need to be accepted by all – hence the capability and autonomy for unique and independent choices. This aforementioned view agrees with the assertion of Thomas and Thomas (1928), that "if men define situations as real, they are real in their consequences", allowing for the possibility of individuals' definition of situation in which people modify meanings and symbols.

For example, in doing gender, the interactionists approach contend that concepts used to collectively categorise people do not exist in actuality but emerge through socially constructed process. Thus, concepts such as gender are found in the meaning people bring to them, since gender emerges not as an individual characteristic but something consummated through the process of interaction with others. People, therefore basically do gender and doing gender is an interactional aspects of daily life that take place in social situations with others (Fenstermaker, West and Zimmerman, 2002). Doing gender is therefore consistent with Goffman's dramaturgic view, an offshoot of the interactionist approach which maintained that to understand social interaction is to consider it as a performance in a theatre, where different strategies are adopted by actors to impress people by showcasing information and cues to others in order to present themselves in a favourable light (Goffman, 1977).

We therefore assume that differences in gender reaction between men and women may be associated with the fact that from early childhood these groups are usually gender segregated even on their roles and ways of reaction. Girls are expected to be emotional and anytime they acted tough they are scorn for being tomboyish. We further assume that this segregation is likely to create a gendered subculture that may strengthen the perception of gender difference and possibly erode the common ground upon which status-equal genders are formed. Hence, differences in reaction are more likely to be noticed, defined and acted on. This difference in reaction may also be connected with familial and community treatment overtime as a result of the possible definition and meaning collectively held by community members on who is defined as been infertile.

3. Methodology

A qualitative research method was utilized in conducting the study which was carried out in N.K.S.T Hospital Mkar and its surrounding environs, in Gboko Local Government Area of Benue State, Central Nigeria. The population of the study consisted of all patients seeking treatment for involuntary childlessness in N.K.S.T Hospital Mkar at the time of the study and community members on their perceptions and beliefs surrounding infertility. A total of 40 respondents participated in the study; twenty four (24) respondents were patients seeking treatment for involuntary childlessness in the hospital. Furthermore, four (4) healthcare providers and twelve (12) community members were purposively selected for the study.

In-depth interviews and focus group discussion were the two major instruments used for data collection. In-depth interview (IDI) respondents included community members and as well as senior modern health service providers, while focus group discussions (FGD) consisted of homogenous (female alone and male alone) and heterogeneous (both male and female) participants who reported to the N.K.S.T hospital Mkar as a result of involuntary childlessness after a 12 calendar months of sexual intercourse without protection. These respondents were purposively selected with the assistance of a research assistant drawn from Mkar community who arranged initial meetings and liaised between the researchers and would-be-respondents in each of the communities. Furthermore the counsellor in-charge of the infertility clinic arranged all the three FGD held within the hospital with the consent of the patients (couples). Three (3) FGD were conducted in the hospital, one (1) heterogeneous (men and women) and two (2) homogenous (with only men and only women).

Interviews and discussions were conducted in Tiv and English languages and auto-recorded. The principal researchers and a research assistant were involved in data gathering, transcription and translation of data into English language as well as in the examination and coding of key variables in relation to the issues and themes covered by the research instruments. Thereafter, results were written from translated texts, coded master sheets, and researchers' memos to ensure that reported responses were contextual. Some of the findings with contextual connotations were reported verbatim, most were summarized and others that were not so relevant to the study objective were left out. Reported findings were then compared with those of previous studies on similar issues and discussed.

4. Findings And Discussion

The result of the study is discussed here under three sections. First, the socio-demographic data of respondents was presented. Second is the kind of reactions individual couple expressed when they first discovered that they

were infertile. Third, the researchers examined the gender difference in reaction to infertility among couples and lastly the community perceptions and beliefs surrounding infertility.

4.1 Socio-Demographic Data of Respondents

Forty (40) respondents participated in this study. Out of the 40 respondents, 24 of them (12 males and 12 females) were patients seeking treatment for involuntary childlessness in the N.K.S.T. hospital, Mkar; 3 out of the 4 healthcare providers were females while 1 was male. Furthermore, 6 male and 6 female community members participated in the study. Reason for this was to ensure a balance view from both male and female participants.

Age distribution of respondents shows that all study participants were above 25 years. The study attracted less educated participants (67.5%, n=27) than the educated ones (32.5%, n=13). This is so as only 32.5% of the respondents indicated to have attained a tertiary education. The remaining 67.5% of the respondents had diploma and secondary education and lower. The implication of this was associated with the fact that those with tertiary education were likely to have other activities with which they were engaged in at the time of the study and or were seeking medical assistance in more sophisticated hospitals because of their ability to pay for such services as this hospital is a missionary hospital and hence defined as a hospital for the poor.

Religious distribution indicated that all the respondents that participated in the study were Christians. This is associated with the fact that Christianity is the dominant religion among the Tivs of central Nigeria.

4.2 Reactions Expressed by Individual Couple when they first Discovered that they are Infertile.

All the respondents' particularly male respondents were at first shock to discover that they were the cause of their spouses' involuntary childlessness. Many never believed that a man can be infertile because of their ability to sustain an erection. This finding corroborates that of Ola (2004), who found the ability to sustain an erection as a general believe among community members thereby equating fertility and potency in an urban area in Southwest, Nigeria. Female respondents on the other hand reacted more than the male respondents when they first discovered that infertility was the reason for their involuntary childlessness. The reason connected with female respondents' emotional and disturbing reaction was linked with the treatment they are likely to face in the family and community at large. Many of the female respondents stated that they did not know how to relate the message to their husbands for fear of losing their marriages. For example, a discussant stated:

My neighbour next door was considerate with his wife when he found that she could not give him a child. Surprisingly, one morning the man's mother came around and brought another woman from a nearby village and sent the former woman packing stating that her son cannot continue to stay with another man in the same house instead of a woman (referring to a woman who cannot bore children or who is involuntarily childless) (FGD, female, aged 37 years).

This kind of behaviour is common among most mother-in-laws whose daughter in-laws are involuntarily childless in Mkar. The reason associated with this kind of behaviour with most mother-in-laws is by and large associated to the premium place on children in traditional African societies particularly those practising patriarchy. Furthermore, female discussants reacted more than male respondents because in African setting, they suffer and bear the brunt of infertility problems because they are mostly blamed for it. This is in line with the findings of Inhorn and van Balen (2000) and Inhorn (2003). Other reasons for the negative emotional reaction express by female discussants was the fear of been stigmatised in the family and in the community. For example, a discussant stated how one woman in her village was verbally abused by community members and friends at the slightest provocation.

Corroborating the position held by many of the respondents, a healthcare provider in the study setting stated that many patients experience dumbness when they first found out that the result of the infertility test showed that infertility was the reason for their involuntary childlessness. Furthermore, continued another healthcare provider that male patients remain quiet for a long while and further ask how possible the result might be. Many male patients also ask if there is anything that can be done to remedy the problem. Contrary to dumbness associated with male patients, all female respondents in this study stated that they broke down in tears when they first discovered that they were infertile. This is in line with the findings of Dyer, Abrahams, Hoffman, and van der Spuy (2002) who reported how infertile women cried during interviews. All the discussants reported a drop in their marital satisfaction after finding out that the reason for their involuntary childlessness was infertility. For example, a male discussant stated:

After I discovered that I could not impregnate a woman, I could not have sex with my wife for several weeks. I could not even have an erection around her because my mind was always troubled. My wife kept asking me what the problem was but I could not tell her. I felt ashamed of myself. I started drinking and keeping late nights. I also regretted spending such huge amount of money for my wedding; at least I should have used the money to enjoy myself (FGD, male, aged 36 years).

Female discussants on the other hand faced different forms of trauma and shame as a result of family and community scorn. Many described how they cried on daily basis and feared that they may be thrown out of the house by their husbands and or mother-laws at any point. Many indicated that they could not question their husbands' behaviour after the news of their been infertile was related to their husbands, while others described how they were no longer given the opportunity by their husbands to contribute to the overall development of the home. A discussant, for example stated:

I cried every day after the news that I cannot get pregnant was related to my husband. He refused to have sex with me and usually sleeps in the living room. Anytime I make an attempt by requesting that he come to the bedroom, he would look at me and retort 'woman, I don't want to waste my sperm – what do you know how to do than cooking' (FGD, female, aged 40 years).

Overall responses indicated that, such situations often results in these husbands marrying younger wives with prospects of child bearing and further convert the first wife into a domestic servant.

4.3 Gender Difference in Reaction to Infertility

Gender differences existed in the way couples reacted when they found out that they were infertile. The difference in their reaction was dependent upon the behaviours and attitudes of relations, friends and community members but women face more terrible consequences as a result of involuntary childlessness, including loss of status within the family and the immediate community. Women showed more emotional disturbance than men. For example, a discussant stated:

I was abandoned by my friends, my husband's family member and some people within the village. I was further ridiculed by neighbours, and beaten by my husband on several occasion by the slightest provocation. Many women in the neighbourhood will not allow me to touch their babies because I was seen as a witch and will have the intention of killing their babies since I do not one of mine (FGD, women, aged 39 years).

Women face a lot of challenges as a result of involuntary childlessness. Even when male infertility is responsible for the childlessness, women are blamed and further denied certain rights in the household. The problem at the family level is the pressure for women to get pregnant and blamed for the failure to bear children for the family even when male infertility is the reason for the involuntary childlessness. Corroborating this, Gerrits (1997), reported how women are taunted by their family and family in-laws, and Papreen, Sharma, Sabin, Begum, Ahsan, and Baqui, (2002), described how a woman was told by her mother-in-law that '*it is better to see the face of a dog than to see your face this early in the morning*'.

On the other part, the general belief held by most male respondents was that men cannot be infertile since they have the ability to retain an erection. And hence, those who later found out that they were the cause of their wives involuntary childlessness reacted by feeling ‘disabled’ and ‘emasculated’ and further described themselves as ‘losers’. Despite that some of the men discovered that they were responsible for their wives involuntary childlessness, many were reluctant to seek counselling and treatment because some of them did not want their wives to know that they were responsible for their involuntary childlessness. Other male respondents reaction came from jokes and teases they received from their peers and friends. Jokes such as ‘gbakela’ (a failure) or ‘agundu u ichongu’ (castrated cow), ‘bad swimmer’, ‘blank shooter’ and ‘water penis’ etc. Teases like ‘bring your wife and let me show you how it is done’, ‘you know I do not miss targets like you, so try me and you will not be disappointed’. All these teases may sound like jokes among peers and friends but most of the men reported that they do feel insulted and sad during moments of lonesomeness. Furthermore, the reaction of male discussant only advanced their manly ego as many were simply worried about the continuation of their family names, support in old age and who will morn them when they die and eventually take care of their funerals. This finding is in line with the findings of Gerrits (1997).

Regardless of the perception and belief surrounding involuntary childlessness and or whoever is responsible for the problem of involuntary childlessness among spouses, women receive the major blame for the reproductive setback and they suffer personal grief and frustration, social stigma and economic deprivations and hence react more compared to men. Corroborating this, Sundby (1997), Reisman (2002) and Upton (2001) reported that infertile women are always bothered by gossip, ridicule and are often compared to barren animals.

4.4 Community Perceptions and Beliefs Surrounding Infertility

Community perceptions and beliefs surrounding infertility came in various forms. Most of the respondents related their perceptions and beliefs on taboos and norms and only few of the respondents associated infertility to past acts of commission and omission by individuals. Community members associated infertility to supernatural beings and other forces like spirits and witches. The African man’s believe in witchcraft is associated with his perfection and believe that God is an African. Hence, when an individual is sick or not feeling well (in this case inability to conceive), it is believed that either the person have offended the gods or somebody somewhere is operating witchcraft practice against the person. Witchcraft is said to be done by jealous people, for example co-wives, mother-in-law and neighbours.

This is in line with the findings of Idyorough (2008) and Mariano (2004), who reported the ability of individuals to operate witchcraft practice against others and the ability of such witches and spirits to cause ill-health and infertility as a result of bad behaviour.

Overall responses indicated that most infertility is associated with the fact that individuals might have offended the gods and the gods are simply punishing them for their wrong doing. Such disobediences are women's neglect of ancestors, disrespectful treatment of parents and husbands and eating of certain foods. For example, dog meat is a delicacy among the Ngas speaking people of Plateau State, central Nigeria, whereas, the mere presence of a woman where a dog is been killed among the Tivs in Benue State, central Nigeria, has implication for infertility. This means that not only do food taboos have implication for infertility but the mere presence of a woman where a dog is killed is believed to have implication for infertility among the Tivs of central Nigeria. This corroborates the findings of Upton (2001) and Feldman-Savelsberg (1994). A minority of respondents however associated infertility to regular 'misuse of the body'. This misuse includes but not limited to promiscuity and other sexual behaviour and abortions. Majority of the community responses associating infertility on beliefs and norms only blamed women for such acts of violations and no male violations of such taboos were mention, thereby validating the findings of Ola (2004), who reported the ability to sustain an erection as being synonymous with fertility. Though, the ideas regarding community perception and beliefs surrounding involuntary childlessness vary over time and further lack a cultural consensus. This finding corroborates that of Inhorn (1994), who reported a lack of cultural harmony for the causes of infertility.

5. Conclusion And Recommendations

Conclusively, it is important to note that infertility questions go beyond the core of the individual in African setting. Nevertheless, how men and women respond and the language they use reflect their individual experiences. Listening to their accounts and experiences, one cannot help but imagine the physical and emotional challenges they face on a daily basis in their homes and the community at large. For those who have chosen a treatment option, it is important to understand that infertility treatment in Nigeria is not an easy option because of the emotions and physical difficulty involve and with every failure, the feelings of never becoming a parent are re-visited, in some cases even after success. Moreover, it is clear from African understanding that infertility is strictly a woman's problem and thus the possibility that her human rights will be violated is heightened, even when the aetiology of the problem is not directly attributable to her. On the basis of the foregoing therefore, the following suggestions are put forward:

- There is need for comprehensive community education and sensitisation on infertility: its true biological causes, prevention and treatment. Incorporated into such a programme ought to be the information that the causes of infertility are equally distributed between men and women.
- The government in partnership with NGOs must strive to provide quality infertility services to infertile couples. This must comprise upgrading the available convention treatment centres and possibly integrating such services into the primary healthcare in order to make them appropriate and affordable.
- The potentials to integrate modern and traditional medicine for the management of infertility must be explored because of the opportunity such integration offers for effective communication between the different types of providers, and to reduce the confusion and complications resulting from visiting multiple practitioners and further provide a more holistic care.
- Non-Governmental Organisations ought to be encouraged to organise programs directed at providing economic and educational empowerment to women in order to relieve them of the social burden associated with infertility in order to enable women face the challenges posed by infertility with the same boldness and confidence as men.

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