

Infertility and the Incidence of Marital Instability among Couples: 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 has implication for marital instability. Furthermore, community members associated 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.

Key words: Infertility, gender, marital instability, Tiv, Nigeria

INTRODUCTION

This study at the N.K.S.T. Hospital in Mkar, Gboko Local Government Area of Benue State, Nigeria is a study on the incidence of marital instability among couples as a result of infertility who reported at the hospital for treatment and were requested to take part in the study. The 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 *et al.* (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 cited in Idyorough, 2007).

Idyorough (2007) and Alubo 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 discussed earlier, 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 shocked because they never believed that men can also be infertile while women reacted by crying profusely. This gender difference in reaction to infertility remains 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 *et al.*, 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:

- To examine the kind of shock individuals experience after discovering that they are infertile and its impact on marital satisfaction among couples who attend N.K.S.T. Hospital Mkar
- To find out the gender differences in reaction to infertility among couples who attend N.K.S.T. Hospital, Mkar
- To find out community perceptions and beliefs surrounding infertility in Mkar
- To make appropriate recommendations toward remedying the problems

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 *et al.*, 1999) and its severity contribute to unconstructive outcome and marital dissatisfaction. Though, findings remain unclear and at times confusing (Amir *et al.*, 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 and 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 *et al.* (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 *et al.*, 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.

In the same way Shaprio *et al.* (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 3 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 by Anate and Akeredolu (1995) that marital adjustment is dependent on whether or not there exist high congruence amongst the couple.

Theoretical orientation: The symbolic interactionist approach was adopted as a theoretical orientation. The approach is based on the premise that human beings, unlike lower animals are endowed with the capacity for thought and this capacity for thought is further 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. It therefore, means that individuals learn the meanings of objects or symbols during socialisation process by naming, categorising and further remembering the objects they encountered in the material and social world. Additionally, these symbols improve individuals' ability to perceive the environment and through the process of interaction develop shared meanings. These shared meanings 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 by 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.

The researchers, therefore assume that they (those affected by problems of involuntary childlessness) may in time with tradition interpret their involuntary childlessness, as a witchcraft attack and that may mean consulting soothsayers and herbalists for treatment and further confronting their relations with witchcraft accusations thereby establishing blood feud or they may interpret it as a pathological problem affecting them or their wives/husbands thereby consulting orthodox physician for medical assistance. These interpretations are largely dependent on the shared meanings which individuals attach to the object or symbol of involuntary childlessness.

MATERIALS AND METHODS

A qualitative research method was utilized in conducting the study which was carried out in N.K.S.T. Hospital Mkar, Gboko Local Government Area of Benue State in 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. A total of 40 respondents participated in the study. Total 24 of the respondents were patients seeking treatment for involuntary childlessness in the hospital. Furthermore, 4 healthcare providers and 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 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). Total 3 FGD were conducted in the hospital, 1 heterogeneous (men and women) and 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.

RESULTS AND DISCUSSION

The result of the study is discussed. First is the shock of infertility on marital dissatisfaction. Second, the researchers examined the gender reaction to infertility among couples and third the community perceptions and beliefs surrounding infertility.

Shock individuals experience after discovering that they are infertile and its impact on marital satisfaction: All the respondents' particularly male respondents were at first shocked 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 were more shocked when they first discovered that infertility was the reason for their involuntary childlessness. Many 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 to a large extent connected to the premium place on children in African societies particularly those practising patriarchy. Furthermore, female discussants were more shocked 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 by Inhorn and van Balen (2002) and Inhorn (2003). Other reasons for the shock express by female discussant was the fear of been stigmatised in the community. A discussant stated how one woman in her village is 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 shows that infertility is the reason for their involuntary childlessness. Furthermore, continued another healthcare provider that male patients remain quiet for a long while and further ask how comes. 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 patients broke down in tears when they first discovered that they were infertile. This is in line with the findings by Dyer *et al.* (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 did not only felt a drop in their marital satisfaction but further faced shame and ridiculed. 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 them 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 do not 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 result in these husbands marrying younger wives with prospects of child bearing and further convert the first wife into a domestic servant.

Gender difference in reaction to infertility: Gender differences exist in the way individuals react 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 members and some people within the village. I was further ridiculed by neighbours and beaten by my husband on several occasions 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 (FDG, 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 *et al.* (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 mourn them when they die and eventually take care of their funerals. This finding is in line with the findings by 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), Reissman (2002) and Upton (2001) reported that infertile women are always bothered by gossip, ridicule and are often compared to barren animals.

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 God 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 by Mariano (2004) who reported the ability of witches and spirits to cause 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 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 corroborates the findings by 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 by 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.

CONCLUSION

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 involved 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.

SUGGESTIONS

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 should be the information that the causes of infertility are equally distributed between men and women.

The government in partnership with NGOs should strive to provide quality infertility services to infertile couples. This should comprise of 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 should 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 should 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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