

Towards Eradicating the Victimization of Women in Infertile Marriages in South-Western Nigeria: A Case for Gender Emancipation

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Abstract

The problem of infertility in marriage is a global problem. Many couples find themselves unexpectedly caught in the web of being childless after years of marriage. However, it is believed that 'there is no infertile man' (*Kosiaganokunrin*) in Southwestern Nigeria. Consequently, the woman is entirely held responsible and often victimized for the infertility of the couple. This paper examines the problem of the evil of victimization of women in childless marriages in South Western Nigeria. The study revealed that males and females are equally responsible for primary and secondary infertility in marriages, and sometimes with a higher percentage in male culpability. It proffers pragmatic remedies towards the eradication of victimization of women in infertile marriages. The study used Social Learning theory of Albert Bandura as its framework.

Keywords: Eradication, infertility, marriage, southwest, victimization

Introduction

The Yoruba occupy the Southwestern part of Nigeria and parts of the adjacent Benin Republic. With their population at about 18million, they are one of the largest single ethnic groups in Africa. All Yoruba speak a common language (Koster-Oyekan, 1999). The World Health Organization (WHO) defines infertility as "the inability of a couple to conceive a child. A couple may be considered infertile if, after two years of regular intercourse, without contraception, the woman has not become pregnant (and there is no other reason, such as breastfeeding or postpartum amenorrhoea).

Primary infertility is infertility in a couple who has never had a child. Secondary infertility is failure to conceive following a previous pregnancy" (Okonofua, 1999). This is a social problem that threatens the fabric of marriage and that has subjected women to various forms of abuses. It is a serious problem in Africa, especially, among the Yoruba of South-western Nigeria where high value is placed on children for both economic and social reasons (Isiugo-Abanihe, 1994).

Worldwide infertility is generally quoted as occurring in 8-12% of all couples (Inhorn, 2003). The global prevalence of infertility varies from 10 to 15 percent of couples in industrial countries who experience primary and secondary infertility. A total of 20 to 25 percent prevalence rate was recorded for secondary infertility in Sub-Saharan African (SSA) countries (Okonofua, 1999). Between 20 to 30 percent of couples in Africa experience either primary or secondary infertility and the SSA is referred to as "infertility belt" of Africa. In Nigeria, infertility rate varies across ethnic groups. A prevalent rate of 13.5 to 14.3 percent were reported for Hausa, Fulani and Kanuri of Northern Nigeria while 14 percent were reported for the Yoruba of Southwest, 10 percent for the Tiv, 10.5 percent for the Nupe and 6.9 percent for the Chambas of the Middle Belt. The range is much higher in the Eastern block of Nigeria where 19.1 percent was recorded for the Igbos and 16 percent for other ethnic groups of Cross Rivers State (Jegede and Fayemiwo, 2010).

Available evidence shows that Nigeria has a high rate of primary and secondary infertility. Community based data suggests that up to 30 percent of couples in some parts of Nigeria may have proven difficulties in achieving a desired conception after two years of marriage without the use of contraceptives (Adetoro and Ebomoyi, 2000). The results of the Demographic and health Survey of Nigeria (1990) indicate that approximately four percent of women aged 30 years have never borne a child. Nigeria gynaecologists frequently report that infertility cases constitute between 60 and 70 percent of their consultations in tertiary health institutions (Megafu, 1988; Otubu and Olanrewaju, 1989).

Theoretical Framework

The Social Learning Theory is one of the most popular explanatory perspectives in the marital violence literature (Oladeji, 2009). Hence, the social learning theory as enunciated by Albert Bandura (1977) is the guiding

framework for this study. Social learning theory is a perspective that states that people learn within a social context. It is facilitated through concepts such as modelling and observational learning (Omrod, 1991). People, especially children, learn from the environment and seek acceptance from society by learning through influential models. Social learning theory is a perspective that states that social behaviour (any type of behaviour that we display socially) is learned primarily by observing and imitating the actions of others. The social behaviour is also influenced by being rewarded and/or punished for these actions.

According to Bandura (1997), observational learning can occur in relation to three models:

- Live model: This is the process in which an actual person is demonstrating the desired behaviour.
- Verbal instruction - in which an individual describes the desired behaviour in detail, and instructs the participant on how to engage in the behaviour.
- Symbolic - in which modelling occurs by means of the media, including movies, television, Internet, literature, and radio. This type of modelling involves a real or fictional character demonstrating the behaviour.

Bandura is known for his 1961-1963 experiments utilizing an inflatable clown known as a Bobo doll in order to test modelling behaviours in children. Children were divided into three groups - one of which was exposed to an aggressive adult model, one which was exposed to a passive adult model, and a control group, which was not exposed to an adult model. Adults in the aggressive group were asked to verbally and physically attack the doll, while those in the passive group were asked to play peacefully. Once the children were given the opportunity to play, results showed that those exposed to the aggressive model were more likely to imitate what they had seen, and to behave aggressively toward the doll. It was found that boys were four times more likely than girls to display physical aggression, but levels of verbal aggression were about the same. The results of Bandura's studies provided support for the influence of modelling on learning. Further, a later study in 1965 showed that witnessing the model being punished for the aggressive behaviour decreased the likelihood that children would imitate the behaviour (Shuttleworth, 2011).

In relation to the victimization of women and holding women responsible for infertility in families in Southwestern Nigeria, it is a situation that arose out of the learning process in the society. Children both male and female, as they grow up saw the fate, treatment and perception of women in barren families. The children saw the believed culpability of women "as no man is considered barren" (*kosiaganokurin*) for infertility among couples as the 'norm' and thus, when they grow up and become adults they live their lives according to the 'norm'. This accounts for the reason why many men in the past, and some even till now, saw no reason in going for medical examination to ascertain their fertility or otherwise in their marriages. Consequently, the women continue to bear the blame of infertility.

Victimization of Women in Infertile Marriages South Western Nigeria

The reasons for wanting children by the Yoruba include to maintain the lineage or family name and to ensure inheritance, for assistance at home and work, for security in old age, to obey the command of God to 'go forth and multiply'; for joy and companionship; and to gain respect and status in the community. A woman's status both in the family (with respect to the husband's family and/or other wives) and in the community is dependent upon the number of children she produces (Okonofua *et al*, 1997), hence for Inhorn (1994), infertility produces profound social consequences for African women. Regardless of the medical cause of infertility, women receive the major blame for the reproductive setback and they suffer personal grief and frustration, social stigma, ostracism and serious economic deprivations. Among the Ekiti people of Southwestern Nigeria, infertile women are treated as outcasts and their bodies are buried on the outskirts of the town with those of demented persons (Ademola, 1982). Since it is widely believed by many that a man cannot be infertile since he is able to have normal erection and have sex with his wife, the woman then bears the brunt of the couple's infertility. Sometimes the woman is expelled from her husband's house, with or without divorce, which is commonly referred to as 'send her packing'. Having children is even rated higher than loyalty to the husband which is evidenced by the common practice of humiliation, victimization and eventual divorce because of childlessness. The forceful ejection of the wife from the husband's home is either carried out by the husband or by his family. She is seen as a total failure in life and must be prevented from inflicting her bad luck on the husband's family. The woman becomes an outcast and often excluded from inheriting property,

from decision making in the family, and from any type of financial and social security. It is common for people to avoid women known to be infertile and often tell their children to avoid these women, either because they think the women might harm their children because of bitterness, or because they might now know how to look after other people's children properly (Okonofua, 1997).

Furthermore, at the death of her husband, a childless woman is never allowed to have access to her husband's property and inherits nothing even if the properties were jointly acquired through the efforts of the couple. She is simply seen as having no stake in the family and thus sent out of the house even if she built the house through her sweat with her dead husband. Hence, Moronkola (2009) posits that, the desire to 'own' children is the most troubling and humiliating health needs and concerns of most women of reproductive age especially in Nigeria. All cultures in Nigeria value "own" or biological child or children as it confers societal respect for women and claim to husbands' properties after death.

It is also strongly believed that some infertile women are witches who had given birth to children in another 'spiritual' world, and taken a secret vow never to bear children on earth (Okonofua, 1997). Such women are beaten or sometimes killed and further accused of being responsible for any misfortune in the extended family. Also, if a woman is divorced because of infertility, she is stigmatized as an empty shell in the community. Though she can remarry, the former husband's family may try to jeopardise her chance by warning men away from her, unless she moves away from the community.

The religious bodies have also contributed in no small measure to the victimization of women in infertile marriages. It is common knowledge in Southwestern Nigeria that churches and mosques hold numerous regular prayer sessions for women who are considered to be barren, while leaving out the men, as if the cause of infertility only lies with the women. While the man who may be having low sperm count sleeps in the comfort of his room, the woman is busy attending organized night vigils and all-night prayers. This attitude of the religious bodies further exposes women to ridicule and victimization as it reinforces the belief that women are responsible for barrenness among couples. The victimization of women in infertile marriages is not limited to the Southwest people of Nigeria. For instance in Cameroon, infertility is a ground for divorce among Bangangite

tribe causing a woman to lose her access to land distributed by her husband. Where she is able to avoid divorce, an infertile woman receives fewer gifts from her husband and is abandoned at old age with no child to till the land for her. Also in Egypt, women go through a complicated ritual known as *kabsa* (a form of fertility producing, polluting boundary violation) in efforts to overcome infertility (Okonofua, 1997; Inhorn, 2003).

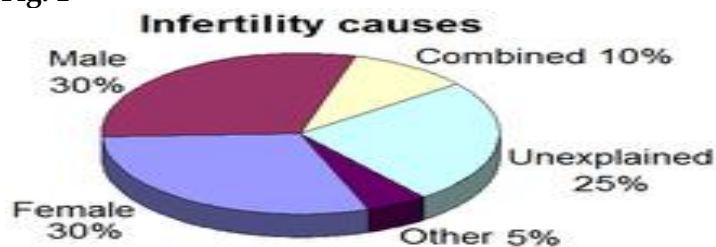
However, regarding gender differences in the aetiology of infertility, several studies in the literature indicate that disorders in males and females account for an equal proportion of infertility, with the male factor being associated with the greater percentage of cases of primary infertility (Kuku and Osegbe, 1979). Also in a community study by Okonofua and Snow (1995), 17 husbands whose wives have been accused of being infertile, 8 of the husbands (47%) were found to have severe semen abnormalities that could have been responsible for the infertility for which the women were accused.

Who is responsible for Marital Infertility?

Research has shown that both male and female are responsible for infertility in marriages. According to Okonofua et al. (1997), the causes of infertility in men include low sperm count, or abnormal sperm morphology, erectile dysfunction etc, while causes of infertility in women include improper ovulation, induced abortion performed by quacks, malfunctioning fallopian tubes etc. The Yorubas of Southwest Nigeria also believe that attacks and spells from witchcraft and ogbanje through which a woman swears an oath never to give birth on earth can also cause infertility.

The United Kingdom Department of Health presented its proportion of causes of infertility as below:

Fig. 1



Source: Department of Health, UK; Wikipedia/infertility

In view of the above, both male and female are to be held responsible for infertility in marriage and both should seek help, instead of victimizing the female. The female in the infertile marriage is unjustly subjected to series of humiliation, battery, isolation, deprivation and victimization because across various cultures in Nigeria, the status of women is low in comparison to their male counterparts and she is held responsible if her marriage is unable to produce children as expected. Akujobi (2010) argues "since primordial times, it has been established that the woman has always suffer many hardships from the family circle to the public sphere and this is because they are considered inferior to men. It is often said that men are the subject of history, they determine concepts and creates structures for others to adhere to and this is highly documented in literature as well as in real life. Men make all the rules and this has not helped the woman's position/image much. It is therefore a clear case of a show of gender discrimination and superiority to continue to hold women responsible for infertility in marriages without subjecting the men to medical examination. For instance, in a study conducted in Ile-Ife, Southwestern Nigeria by Owolabi, Fasubaa and Ogunniyi (2013), the results of the semen analysis of 661 male partners of the infertile couples were retrieved and analyzed. The patterns of semen parameters noted in infertile males were oligozoospermia, teratozoospermia, asthenozoospermia, azoospermia, oligoteratozoospermia, oligoasthenozoospermia, and oligoasthenotetrazoospermia, asthenotetrazoospermia found in 25.6%, 18.5%, 11.5%, 6.2%, 3.2%, 2.3%, 2.1% and 0.9% respectively. Among the age groups, age group 31-40 had a higher prevalence of oligozoospermia (13.3%), while among the occupational groups, the civil servants had the highest prevalence of oligozoospermia (12%). There was a high level of leucocytospermia and bacterial infections in both normospermic and oligospermic semen (Owolabi *et. al.* 2013). The men in the study and their families prior to the tests are likely to have been accusing and victimizing their wives as responsible for the childlessness of the marriages. The study however revealed that some men also have varying degrees of serious infertility problems which could be responsible for the state of childlessness in their marriages.

Conclusion and Recommendations

There is urgent need for advocacy for men to accept responsibility for their contribution to infertility in families and to stop stigmatization of

women for infertility. This advocacy must be pursued vigorously by civil society groups, health practitioners and the government. This will help to educate society on the true causes of infertility among couples.

There should be proper counselling by marriage counsellors before marriage is contracted in order to prepare the mind of the couple adequately for marriage. This will help them to keep a balanced state of mind in the event of infertility after marriage and not hold the woman as the scapegoat.

Husbands in infertile families must be encouraged to also go for medical tests. A situation where the woman is the only one running around for solution must be discouraged by medical practitioners. The woman seeking medical help must be told to come with her husband.

Religious institutions must desist from organizing prayer programmes for women in infertile marriages without their husbands. If prayer must be done for infertile couples, it should be done for the couple as a family.

Government should also put in place mechanisms and laws that will prevent families from depriving infertile wives of the right to inherit their late husband's properties. The practice of throwing a woman into the streets empty handed after the death of her husband should be abolished.

There is also the need for proper education and direction for young girls on the dangers of seeking to have abortion from quack 'doctors' who are not qualified to perform safe abortions, as well as the need to avoid careless sex life and promiscuity.

It is the contention of this study that victimization of women in infertile marriages is unjustifiable. If the above recommendations are implemented, it will go a long way in saving womenfolk from being subjected to further humiliation, degradation, deprivation, stigmatization and victimization the society.

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