ORIGINAL RESEARCH ARTICLE

The Work of a Woman is to give Birth to Children: Cultural Constructions of Infertility in Nigeria

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Abstract

Infertility is a condition loaded with meaning spanning across biomedical, psychological, social, economic, cultural and religious spheres. Given its disruptive power over women's lives, it provides a unique lens through which issues of kinship, gender, sexuality, cosmology and religion can be examined. The paper presents the results of an ethnographic study of infertility in Central Nigeria. Explanatory models of infertility were variegated, encompassing biomedical, folk and religious elements. Like other ethnographic studies of help seeking for infertility in Nigeria, among this group resort was made to biomedical treatments, traditional healers and religious healing with no one system being hegemonic. The findings of this study accord with studies of infertility in other cultural groups indicating the disruptive influence of missing motherhood (*Afr J Reprod Health 2013; 17[2]: 102-117.*

Résumé

La stérilité est une condition chargée de sens enjambant les biomédicaux, psychologiques, social, économique, culturel et religieux. Compte tenu de son pouvoir perturbateur sur la vie des femmes, il offre une perspective unique par laquelle les questions de la parenté, du sexe, de la sexualité, de la cosmologie et de la religion peuvent être examinées. L'article présente les résultats d'une étude ethnographique de l'infertilité dans le centre du Nigeria. Les modèles explicatifs de la stérilité ont varié, englobant les éléments biomédicaux, folkloriques et religieux. Tout comme d'autres études ethnographiques de recherche d'aide pour la stérilité au Nigeria, au sein de ce groupe on a eu recours aux traitements biomédicaux, aux guérisons traditionnels et religieux, aucun système n'étant hégémonique. Les résultats de cette étude avec s'accordent avec des études sur la stérilité chez les autres groupes culturels indiquant l'influence perturbatrice du manque de maternité. (*Afr J Reprod Health 2013; 17[2]: 102-117).*

Keywords: Infertility, Nigeria, Gender, Ethnography, Infection

Introduction

Largely as a result of feminism and increasing numbers of women in the academy, there has been a heightened interest in the social and cultural aspects of women's reproductive experiences including 'disrupted reproduction' in which the standard linear narrative of pregnancy, birth and development is interrupted by pregnancy loss, abortion, reproductive pathology and childlessness[1]. Infertility resulting in involuntary childlessness in Western cultures is largely framed as a medical problem rather than as a social problem worthy of social analysis and consequently the focus has been on medicine, epidemiology and medical psychology. This phenomenon is further complicated by the taboo in speaking about infertility in cultures which associate it with sexuality and sexual performance. The rapid growth of new reproductive technologies has facilitated the growth of biomedical research in this area. In contrast infertility in non-Western cultures often conceptualised by policy makers as 'barrenness among plenty' has attracted considerably less interest compared to its western counterparts. Non-western women are considered 'hyperfertile' and certainly as not deserving the high priced high

tech, fertility interventions. But as these authors point out, in many non-Western countries suffering is exacerbated by the strong pronatalist norms that mandate parenthood.

While fertility and high fertility rates in Sub-Saharan Africa have long been an obsession of academics, health programmers, clinicians, demographers and a plethora of other professionals, there has been relatively little discussion of reproductive failure[2-5]. Studies of infertility in Africa have routinely missed many instances of indigenously defined problematic fertility in the lives of African women. Despite the fact that specific epidemiological data is missing for the region of Nigeria studied, other research suggests that infertility is widespread in Sub-Saharan Africa ranging from 13–17% (Infertility Survey in 27 Sub-Saharan African Countries including Nigeria) in most countries with pockets of high prevalence at 32%[6]. Across central Africa, such countries have been included into the 'Infertility Belt'[1, 7]. Within these figures, infertility prevalence is high amongst both women and men. After a long period of academic neglect, there is increasing recognition that infertility is a serious social and public health problem in Africa[8]. However the social and psychological impact of infertility on women in African countries remains understudied.

Sub-Saharan Africa is well known for its pronatalist cultural tradition, and subfertile and childless women are often seen as social deviants. The literature about Sub-Saharan Africa underscores the importance of children as a mark of prestige and wealth. The result of infertility is a traumatic life laden with suffering, personal grief, frustration, social stigma, ostracism and economic deprivation for both men and women, although women experience this to a far greater degree[1, 3, 9, 10, 11]. As Cornwall (2007: 249) notes, women who are unable to bear their own children have been portrayed in the literature as embittered figures and are frequently ostracized by others in the community, either because of fear of their jealous anger – stereotyped as ''witches'' (aje) – or because they are not regarded as whole people[12]. A woman's infertility may lead to rejection by her partner, social ostracism, and loss of access to land or other productive resources[13]. Childless women are considered not to be fully adult and are often seen to be of minimal economic and social value in terms of household wealth or lineage continuity[14].

A recent study in Nigeria suggests that there is marked variability of rates and meanings with the consequences of infertility being closely aligned to kinship patterns. Through in-depth ethnographic interviews and survey data the authors examined how the social and cultural context impacted upon the life experiences and coping in two communities: the Amakiri in Delta state who are patrilineal and the Lopon in Cross River state who are double unilineal i.e. the society recognises both the patrilineage and the matrilineage but assigns to each a different set of expectations. Additionally, infertility is more common in Lopon than in Amakiri. While infertility is a problem in both communities, it has less serious consequences in Lopon than in Amakiri due to differences in lineage structure and fertility rates. Amakiri women were generally more disadvantaged. Despite these differences, motherhood continues to define a woman's identity, self respect and understanding of womanhood in both communities[15]. For instance, among the Amakiri barren women do not attain full womanhood, cannot join age associations and are not circumcised and many live in marginal conditions. Burial may be problematic since it is the woman's son who usually pays the funeral expenses.

As Kleinman (1988: 26) cogently points out, cultural meanings of illness shape suffering as a distinctive moral or spiritual form of distress[16]. The links between reproductive health and the moral order are particularly significant in cases of infertility where the inability to bear a child is seen to reflect moral status. Infertility frequently results in guilt, blame and accusation which profoundly affect women's moral identities and the local moral worlds in which these infertile women live. Unlike in the West where infertility may be 'politely hidden', in many non-western societies it is often the source of painful and open discussion and gossip. While the condition is problematic across African cultures including the Middle-belt of Nigeria studied here, there is relatively little known about the degree to which meanings and consequences differ across cultural contexts thus

calling attention to the need to document local influences on perceptions of infertility. This paper, dawn from a wider ethnographic study explores the cultural constructions of infertility in the Middle-belt of Nigeria. It examines how cultural beliefs influence perceptions of infertility, help seeking and the consequences which ensue.

Study Setting: The Plateau and Its People

Jos metropolis is the capital of Plateau State in the middle-belt of Nigeria. The official website of the Plateau State government reveals that the state has a population of 510,300 people. Its tribally diverse inhabitants include the indigenous non-Chadic tribes of Berom, Jarawa, Anaguta, and Irigwe. Indigenes from the Chadic tribes of the Plateau are commonly found in Jos though they originate from villages and communities outside of Jos. Culturally there are very close similarities between all of the indigenous tribes on the Plateau and wider more contemporary similarities, post-independence, with inhabitants from other Nigerian tribes including the Hausa, Yoruba and Igbo. Plateau people are predominantly farmers with women actively engaged in trading farmed goods in market places. In the colonial past the state was a hub for mining activity. In more contemporary times people are seen to engage in a variety of white and blue collar occupations.

Following a prolonged history of British colonialism for the past century until 1960 and a similarly long history of contact, both war and trade, with the Muslim Hausa people, Christianity and Islam have become the main religions of the Plateau. Christianity as a religion has experienced a shift from more Orthodox denominations to newer age Pentecostal healing and miracle churches prevalent across the country.

Both the Chadic and non-Chadic people of the Plateau have been described as having patrilineal descent organised in patri- and virilocal living arrangements. Kinship systems consist of nuclear and polynuclear families, extended families, lineages and clans. Amongst many Plateau tribes, the nuclear or polynuclear families formed the smallest political units comprising of husband, wife/wives and offspring. Oyewumi (2000) states that the predominant principle organising most African family systems is consanguineal and not conjugal[17]. Since blood relationships constitute the core of the family, kinship is forged on the primary basis of birth relations and not marriage ties. This family tree "forms the raison d'être of all social cooperation and responsibilities" providing social, economic, political and religious security for all members of the group[18, 19].

The result of such a kinship system is that childbearing is accorded great significance, manifesting itself in multi-lateral ways across numerous spheres[9]. Depictions of many African societies therefore present them as pro-natalist nations who place a premium on childbearing for personal, socio-cultural and economic reasons[7]. In the socio-religious sphere, children are a blessing from God and a societal necessity to ensure continuity of one's lineage[20, 21]. In the socio-economic sphere however, children are born to secure physical care and economic support for parents in their old age[20, 21]. On this basis, Smith (2004) argues that the fertility behaviour of Nigerians can only be understood and should be approached "in the context of the ways that children, parenthood, family, and kinship are inextricably intertwined with how Nigerians navigate a political economy organised around patron–clientism"[20]. Furthering the argument, Smith proposes that having children in Nigeria, is a means of ensuring the maintenance of biological and social kinship networks. Pearce asserts this as having children to "ensure group immortality and, hopefully, prosperity"[19]. Having children therefore becomes the concern of the extended family and the community, and not only primarily that of the couple. The salience of kinship and other social structural and cultural factors in shaping West African fertility values and behaviours translates thus: in a world of epidemic poverty, biological reproduction is precedent to economic reproduction.

Additionally, Motherhood is of prime significance in Nigerian culture. Scholars propose that in considering gender, it is difficult to ascertain: where does a biological woman's role as child-bearer stop and her role as mother, wife, trader, farmer or ruler, begin? From what realm does her responsibility to bear and raise children stem? Is it possible that roles in the biological and social realms exist without interweaving with and

constructing each other? We may go on to ask further, is the sole purpose of wifehood merely a step into motherhood or the involvement of other social and economic entities? Oyewumi (2000) along with Amadiume (1987) have argued that in some cultures across Africa, the category translated as 'wife' is not gender and we add, sex specific, but symbolises the subordination between any two people. Wifehood therefore functioned more as a strategically deployed role rather than an identity[17, 22]. Oyewumi (2000) goes on to suggest that wifehood is seen as a functional necessity, merely a transitional phase on the way to motherhood[17]. Motherhood is therefore the preferred and cherished self-identity of African women which is laden with respect and honour.

Methodology

The study deployed an ethnographic methodology where data was collected through observation, informal interviews, semi-structured interviews and focus group discussions. In-depth interviews were conducted with a total of 14 infertile and fertile persons (6 men and 8 women) aged 18 and over – 6 of the women were infertile while 2 were fertile; 3 men were infertile and 3 fertile. Key informants were recruited opportunistically from the Jos University Teaching Hospital (JUTH) and via a mobile clinic run by the Gospel Health and Development Services (GHaDS) of the local Anglican Church Diocese and from the community at large. The teaching hospital as the sole tertiary hub for help-seeking had special clinic days for patients with reproductive problems. On the other hand, the GHaDS team, through its strong connection with communities as a result of their widespread development interventions, had knowledge of women and men in various communities who were infertile or had contact people who helped to identify such infertile persons. Fertile persons were chosen alongside infertile persons to obtain a contemporary 'story' of infertility and what it means to the average person on the Plateau. Three of the informants were Muslim, the other 11 being Christian though at least three of them suggested they also practised some form of traditional religion alongside Christianity or Islam. Focus group discussions were held with 10 women who were part of a women farmer's loans and savings society. The researcher coincidentally came across this group while travelling through one of the communities.

A second focus group discussion was held with a mixed group of 4 men and 6 women, opportunistically recruited from the market place. Informal discussions were also held with the Mai Angwa (community head), a herbalist, the head of the women's savings and loans cooperative society, a community health specialist at the local clinic and a retired nurse and Reverend of the regional Anglican diocesan. All informants were of non-Chadic Berom, Jarawa or Irigwe origin.

The approach for the study was entirely qualitative with a focus on eliciting perceptions and attitudes towards infertility amongst the people of Plateau. Key informant interviews lasted approximately an hour. Questions included inquiries about the role of women in the society, involuntary childlessness, its consequences, relationships between childlessness and suffering associated with infertility for both men and women. All informants were given an informed consent form – both Hausa and English versions of the consent form were used.

One focus group discussion was held at a local church following the women's savings and loans group meeting; the second focus group discussion was held in front of the village head's house. Focus group discussions also lasted approximately one hour.

Being the lingua franca of Jos, most interviews were conducted in Hausa. Some interviews were conducted in Pidgin English or English language. The researcher is fluent in all three languages. Interviews and focus group discussions were not held in any specific sequence, resulting in a non-linear research process.

A thematic content analysis of the data (FGDs and KIIs) was used to elicit recurring themes presented in the findings below. Interpretation of these themes was also supplemented with observation field notes taken during the course of the study.

Infertility: Setting the Context

A Gazetteer (1972) report during colonial times suggested that the nature of past sexual relationships on the Plateau historically gave

precedence to the spread of Sexually Transmitted Infections which was more prevalent amongst the non-indigenous Hausa in the Plateau Province and gradually spreading to the indigenes. In more recent times, the numbers of reported cases of infertility in Sub-Saharan Africa have been significant. This is particularly true across the 'infertility belt' which spans the western, eastern and central African nations[1, 7].

Infertility may be interpreted as two distinct entities. One entity presents as reproductive impairment which manifests as a physical inability to bear children but concurrently as a socially constructed reality[7, 19, 23]. Such reproductive impairment may have been preceded by other births. The other presents as the social construction of infertility which manifests clearly as the absence of children in a home[19]. The definition of infertility adapted very early on in this mini-ethnographic study was that of a person (man or woman) with an inability to procreate after a period of 6 months of trying, irrespective of previous childbirths. However, it may be posited that neither the definition of reproductive impairment, nor social infertility are mutually exclusive, and both entities feed into each other.

The classification of infertility as primary or secondary infertility is one well known by clinicians. The determinants and timelines used to achieve such classifications are however not universal. On the Plateau, reference to infertility was generally interchangeable with momentary childlessness. Vou is a 41 year old woman who had come to consult at the gynaecologist at the Teaching Hospital following a previous surgical removal of fibroids. She is married to a farmer who now had a second wife. They live in the same family compound approximately 25 kilometres away from the hospital in a town called Zawan. Since her marriage almost two decades ago, she has only given birth to one child. She narrated her story to me:

> *"Like the time I was pregnant, then I was 3 months. I started having problems. Ngo asked me what the problem is. I told her that my husband had used me while I was pregnant. Ngo told me that I have a small child, why did I let my husband use me. That was it. They took me to a herbalist and gave me some medicine. Nothing so from that time, till my girl grew up. When the girl grew up I started using my husband to see if we could get a child. Nothing, nothing, nothing; that is how it was going. When they were going to work on me that is when I am telling you about this. This is almost 15 years now."*

Even women who had been pregnant and had recurrent miscarriages were considered infertile like the case of the woman above. The local term for infertility is rashin haifuwa, literally translating to 'lack of childbirth'; infertile persons were referred to as mai rashin haifuwa, 'one who lacks childbirth'. Irrespective of whether the woman was nulliparous due to sterility or not, or whether she had previously had children, this was the umbrella term used to describe infertile women. Although local terminology was available to make distinctions between those who were nulliparous, 'wanda bata taba haifuwa ba' and those who had previously had children, 'wanda ta taba haifuwa da' the distinction was never used when speaking of infertile women. The term was also used to refer to infertile men, interchangeable with, wanda ba shi da haifuwa, 'one who does not have childbirth'. There was no distinction made between men who had previously had children and those who had not. The timeline to establish a person or couple as infertile was not defined, however, due to cultural expectations of pregnancy early in the marriage, as early as 6 months after their marriage, couples could be labelled as infertile. Their subjective experiences and meanings of infertility did not reflect Western criteria for diagnosis (usually one year of failure to conceive).

Rauta, a twenty nine year old trader, returned to her father's house following a short-lived marriage with her husband. She was from the Fobur community. Upon returning to her family home, she had gotten herself busily occupied with petty trading clothes and shoes. She had also become very religious. I was introduced to her by the woman selling bean cakes in front of the market. She invited me to her room at her family compound to have a chat with her. Her room was covered with a great amount of photos of herself. She recounted:

"You will see here, as soon as young people marry. If some six months pass and the woman still does not show signs of pregnancy, hmm... everyone will start asking, or is that she can't give birth?"

The Significance of Children on the Plateau

When asked about the significance of children, informants mentioned that children were a natural occurrence and should be born particularly so that parents would get physical, financial and emotional support in their old age.

Ngo, a 47 year old beer parlour owner, has two children. As a result of working in a pub environment where careless chatter was the order of the day, she had heard all the discussions about who was doing what, where and when. I met her one early morning at the beer parlour. Men usually stopped for a calabash of local beer before work. She was not feeling too well that morning and asked me to follow her to her home to chat. She lived in a double room hut with her children. She was able to recount some conversations she had heard at the beer parlour in our conversation concerning the importance of children:

"Well for you to take care of them, do everything for them and they too when they grow up they will do for you. That is purpose of children. That is how they are made. That is why when you don't have any you cry. There is no one to care for you."

Several informants mentioned that children were a necessity to continue one's family name and to protect the household. For this reason, male children were preferred because female children would get married and leave the home even though evidence exists that after marriage, women continually remained linked to their natal homes especially in regards to conducting rites and other social responsibilities[24].

Children are also viewed as a socio-economic investment suggesting that the success of the child would be regarded as that of the parents also. Davou, a 31 year old male painter from the Ta-Hoss community, is married with four children. I met him through the GHaDS team. He had regularly received services from the mobile clinic of the GHaDS. I spoke to him outside on the farm near his house: He asserted:

"Their use to me is a lot. Truthfully, a child, it is me who gave birth to him but he is not mine only, the child, if he gets a good education and is ambitious, then the child, I will like him a lot because he is useful to himself and us. I will never give birth to a child and say I will leave him without education."

Almost all informants considered children a blessing from God. A few went so far as to suggest that the absence of children in a home was a sign that God did not want that woman in that particular home or that she had married into the wrong home. Davou quickly introduced me to his friend Pam, a 33 year old farmer who has been married for close to three years without children. His sadness was apparent in his conversations and the demeanour with which he carried himself. All of his siblings had children. Pam explained:

"Yes, the work of a woman, it is not a necessity… yes, a woman should. the work of a woman is to give birth to children. It is not her job to come to the home without that blessing. If she has that blessing, then she will feel comfortable but once she does not have that blessing, she is not comfortable in the home because at anytime… maybe God is showing her she doesn't belong in that home".

Children were greatly desired by all people and the lack of children was the start of a journey of worry, despair and a plethora of other problems not only for those who did not have children but also for the family around them. Additionally, it was not merely having a child but having children that counted as one's blessings. One female informant Kaneng, a 45 year old storekeeper, mentioned:

Even if a person has one child in white people's land, he has children but for us, even one child is like you have nothing."

Pam above stated:

"See sometimes, at least, you have been worried for a long time, you don't have a child or anything, at least, when you see the child of your brothers or others outside at least, you feel that you too should have had children, a

child or two.

Hence, childless persons while facing calamity are not considered too far off from those who only had one child.

Causes of Infertility

The Plateau people's perceptions of infertility are variegated spanning supernatural and biomedical causes. These include the will or making of God, witchcraft and malicious curses, use of contraception, multiple abortions, the use-up of one's eggs, promiscuity, the notion of dirt in the womb, ciwon sanyi (a term used to describe gonorrhoea) and other infections, worrying and lack of peace, having bad blood, having problems with the womb and dreaming of being in water (extramarital relationships). Factors causing male infertility were cited as: the will/making of God, witchcraft and malicious curses, ciwon sanyi and other infections, insufficient sperm, weak/watery sperm, bad blood, lack of peace and lack of strength and impotence. Supernatural causes appeared to be the most commonly cited.

God's Will

Infertility is commonly considered to result from God's will. Ultimately God 'decided' whether or not a specific individual would be fertile or not. To the people of the Plateau, therefore, God blesses and endows married persons with the gift of fertility. However, what is not as readily accounted for is how God chooses those upon whom he bestows fertility. This is an occurrence simply deferred to the power of God and as Hemmings (2007) proposes from her work in Malawi, the God aetiology is an under-developed hypothesis[3]. This was clearly pointed out to me by Moses, a 43 year old civil servant. He had been married for close to two decades and was without children. He and his wife ran a small supply store at the front of their family compound in Fobur. I met him at a wedding 'send-forth' party being conducted for one of the young girls getting married in Fobur. My friend Rauta had invited me to this event. Moses willingly invited me to his home.

"Having children? It is by the will of God, if God gives. If God does not give, there is nothing you can do with his authority."

This conviction was so strong that even a herbalist popularly known for his potent cures for many diseases including infertility explained to me:

> *"This is why we make a contribution to ensure that pregnancy comes so they will not suffer with the medicines we give them to take, if God allows."*

His attribution of the reversal of infertility to God was in line with the overarching perspective where God was not a cause, but the ultimate determinant of fertility. He inherited the gift of herbalism from his father and grandfather and travelled miles from village to village on their market days to sell herbs to the sick. I met him near a small vegetable market in Jos where he had laid out a plethora of remedies, brown, green and grey looking powders and grains, cheetah skin, lion skin, and leopard skin. He also had pieces of flesh which he claimed were the testicles of lions and horses. He mixed this with the potions for impotent men.

Witchcraft and Malicious Curses

Dichotomies of good and evil exist in many cultures. On the Plateau, such a dichotomy is merely a representation of two worlds: The physical world in which my interviews were conducted and a spirit world or secret world comprising of "secret societies". Evil is created in the secret world but manifests in the physical world. To counter such evils and prevent their causing havoc in people's lives, people could visit witchdoctors to identify such evils or seek Christian pastors for prayers.

Malicious curses from persons in the physical world who also belonged to the spirit world could prevent pregnancy. Activities could also take place in the spirit world such that a woman's womb is tied up, blocked or turned inside-out in the physical world.

I met Vou, whom we have discussed above, at the hospital where she had come to consult with an obstetrician. This visit was a follow up following her myomectomy (removal of fibroids). She

explained the cause of her infertility as resulting from dual surgeries in both worlds – she believed that while she was having her myomectomy surgery, witches in a supernatural world were also operating on her abdomen:

> *"When they operated on me, I hadn't gotten up yet. Then I saw the two old women. One on my head and the other, right on my abdomen. Then one who sat on my abdomen asked me to sit so they could work on me. Then she started squeezing my abdomen. Then I woke up."*

> "*When one of the old women was about to die she sent for me to go and see her. She told me to forgive her for what she had done to me. That I should forgive her. That if the other woman had agreed, she would have undone what they did and I would give birth. She said that they have already worked on me now so there is no way I can give birth.*"

Additionally, women who were thought to belong to secret societies which operated in a supernatural realm could be fertile there. Children borne in this supernatural world are not seen here on earth, but their occupation as her children could prevent her from having children in the physical world.

Kaneng, a 45 year old storekeeper, was accused of belonging to a secret society. Living with her husband's family, there were problems amongst the wives in the compound as is not uncommon in such settings. Following the death of two of her husband's nephews, the accusation of her being a witch emerged. She had been married for close to twenty years and never had a child though her husband had a son from a previous relationship:

> *"They took the child and to the hospital. The thing is that all this time, they had a hunch that it was me who would kill the child. As they went into the hospital, they never said to me, this is it. I came and heard about it and said I should go and visit. I never knew there were any grudges. I went. They brought the child back home. With time… it was not long since they brought back the child, the illness came again. When the illness came again and they were about to rush the child to the hospital again then it's like the strength left him whether it was on the way or at the hospital? So they came back in the evening and said that it was me that killed the child because I don't have children; I am eating their own and giving birth to mine in the water."*

Although such persons are not blatantly named as witches, it is a daunting stigma for one to be named the cause of death of another. Renne (1997) notes that Witchcraft provides a way for people both to explain the misfortune of infertility and to find a possible avenue for obtaining fertility through divination, and by assuaging witches through sacrifices and anti-witchcraft medicine[25].

Infections, Bad Blood and Lack of Peace

Infections were believed to cause both male and female infertility. In many cases, informants could not specifically name diseases that caused infertility with the exception of gonorrhoea, ciwon sanyi, 'disease of the cold' as it was popularly known. Notions about infections were that they could cause dirt in the body which would block the womb or they would eat up one's 'insides' and damage them. Additionally, it was believed that infections caused bad blood whose compromised quality was no good for procreation or optimal sexual functioning.

'Bad blood' was also used to describe perceptions around the nature of the person's blood. Such blood was created when a person had a partner with whom they were incompatible. A child would not be created under circumstances of incompatibility; if both individuals would find new partners, it might be possible for them to create new blood which might be good. Such descriptions of bad blood were interchanged with personalities which were deemed unpleasant for example, a woman who was always seen to stress/be a pest to her husband or a husband seen to treat his wife in a condescending manner or even abuse her physically.

Stemming from the bad blood of people with unpleasant personalities, couples who did not live peacefully together could be infertile. Children born under such unpleasant circumstances would not live long since he had been born into a house with no peace. My friend Rauta recounted:

"Some children, when you give birth to the child, he will see that there is no peace between his father and mother, he will go back. He will say 'so this world has so many problems?!', and he will just go on his own. He will leave the world."

Ngo explained similarly:

"The Berom say that a house with no peace, the blessing will pass over them. Blessing will not come down on that home."

Use of Contraceptives, Promiscuity, Abortions, and the Use-up of Eggs

Contraception was commonly referred to as 'family planning' and was deemed a cause of female infertility especially among younger women. Some held that the use of exogenous hormones would eventually disrupt the body's natural functions, and lead to infertility. The use of contraception was linked vicariously to promiscuity: Promiscuous women were linked to the use of contraception, multiple abortions and disease or infections. It was also thought that the prolonged use of contraception could affect the body/damage the womb and cause infertility though no informant could specifically explain how. Ngo explained:

"You know prostitutes, because they take a lot of medicines, they dampen down the womb but in the end it is them who go to look for children."

Less commonly, the link between promiscuity and infertility was suggested to be the consequences of moral sin. Very few people believed that promiscuous men could also be infertile. They linked this closely with infections.

In the same manner, it was believed that multiple abortions caused female infertility. While it was thought that abortions could physically damage a woman's womb, it was also believed that with each abortion, a woman had discarded another egg allotted to her by God. If she used up all her eggs through abortions, then she would not be able to have children. Using up eggs was also used to explain why women who had previously had children became infertile.

The Dirt That Sits in the Womb

The perception that a womb must be 'clean' to accommodate a child was not uncommon. The presence of dirt in a womb could therefore impede pregnancy. Curative for this, though not always successful, is the procedure of "wanke ciki", a term which literally translates as 'washing of the womb'. This term was used to refer to Dilatation and Curettages, 'D & Cs' performed in hospitals but also to the use of herbs which were thought to purge the womb of impurities that prevented pregnancies. Pam explained:

"There are herbalist medicines which they can give in times of illness and the rest, or they say to them this medicine washes out dirt, either the dirt that has prevented them from getting pregnant or… they say the dirt sits in the womb where the child is meant to sit. It is the dirt that sits there and doesn't allow the child to sit there."

Being in the Other Water

Women who were promiscuous were described as women who were out and about the town, 'er iska' – she is one of the wind. Such women were deemed as likely to become infertile. A further elaboration to the scenario is that such women could dream of having intercourse with a man other than their husband. The phenomenon, described as 'being in other water' was responsible for infertility – water in dreams being synonymous with another man and infidelity. The herbalist described this:

"A woman, if the wind follows her, even if she gets pregnant and dreams of water, that pregnancy will come out".

Additionally, the herbalist explained to us that dreaming of having intercourse with an animal such as a black snake could also cause the woman to lose a pregnancy; he said:

"You will see that a woman has dreamt of sleeping with a snake or another animal... by morning, the baby will drink the water in the womb and come out".

Abnormal Sperm and Lack of Strength

Insufficient sperm was popularly believed to cause male infertility though the insufficiency was

something natural and dictated by God at the time of birth. It was not common however, that male infertilities were linked to physical abnormalities of the male genitals. Low quality or watery sperm also emerged as cause of infertility.
Commonly, penile strength or impotence was considered a cause of infertility although in many cases this was linked to a lack of physical strength as a man's characteristic which resulted in man's inability to procreate.

Help Seeking

Unlike in the Western world, for most members of this society the new reproductive technologies are simply unavailable. Even low-tech interventions are out of reach for the majority of the population and when deployed may cause significant iatrogenic effects. As Van Balen and Inhorn (2001) point out, couples are dependent upon ancient medical traditions and healing practices and the persistence of ethno-gynaecologies attests to the viability of traditional healing systems[26].

Explanatory models were closely aligned with help-seeking strategies. The treatment of infertility in the community was usually directed specifically towards women and most individuals used three treatment outlets: churches (spiritualists), traditional healers and hospitals (orthodox medical treatment). There was a strong sense that people often used the three treatment methods in combination and possibly in sequence; the initial method chosen was often determined by the explanatory of the couple regarding the causes of the infertility. Since supernatural causes of infertility were widespread, it is unsurprising that infertile people often visited traditional healers and religious leaders early on. Herbs and herbalists were commonly the first point of call for infertile people. Usually, the herbalist would mix various herbs, animal fat and animal's skin such as lion's skin. These herbs were thought to clean a woman's womb making it suitable for conception or make a man potent. Other mixtures were also made to cure sexually transmitted infections. Herbalists would usually listen to a person's problem before making a herbal powder mix for them to take home. Patronizing herbalists was especially common when women held the cause of their infertility to be 'dirt in the womb' – herbs were held to cleanse the womb of impurities. This is exemplified by Pam discussed above. Recourse to visiting witchdoctors was commonplace when curses were suspected as causing infertility. Despite the fact almost everyone held witchcraft to be a cause of infertility witchdoctors were not always seen as a source of help. Again, underlying this is the dichotomy of good and evil. A witchdoctor uses evil to counter evil therefore even if a witchdoctor gave a woman a child, which he could and would, the child would not survive till birth or die early in his life. Like in many cultures, healing and harming are held to be closely related.

Orthodox medical practitioners were often consulted later when religious and traditional methods had failed to provide a solution to the infertility. The medical approach was often not used immediately since biomedical factors were infrequently recognised as prominent causes of infertility. Some held that Western medical treatment was effective only if there is a Western medical cause of infertility; if the infertility was caused by a curse or spell, or by God, they would seek an appropriate solution, which might not include the medical practitioner. Although infertile people would visit hospitals, there was a brooding belief that many people who visited hospitals remained infertile. The result of repeated hospital visits would be help-seeking from other outlets though this could also occur concurrently.

Social Diagnoses

The labelling of infertile persons was done, not through tests or investigations but simply by the pointing of a finger to a house where there were no children. What ensues from such labelling is a series of actions played out to affirm or disprove this label. Woman could 'test' their fertility outside of their marital home by 'drinking water' elsewhere. Testing it out would either take the form of a new marriage or an affair with a lover. The practice of drinking 'other water' should not however be confused with the secondary marriages which many scholars described on the Plateau[18, 24, 27, 28]. Secondary marriages had been described as taking the form of a woman being able to be bigamous though residing with only one

husband at a time. I did not come across any secondary marriages and most young people had only heard of them through oral history. What did seem consistent with past accounts of women relating to marriage and relationships was the degree of 'liberty' of women as Netting (1968) suggests to retain considerable control such that, "she cannot be ordered to work, restricted in economic matters, regulated in extra-marital affairs or constrained from changing spouses[29]. The power to undertake and subsequently reveal the result of this diagnostic test resided entirely with the woman. It was she who would choose to expose or conceal her or her husband's inability to bear children.

This diagnosis would pre-empt the bringing in of another wife to the home. While this could take the form of a second marriage, such a marriage may be subsumed only under the broader category of 'ethnosurrogacy'. A man's family would usually take any action possible to ensure that another woman is married into the home and though many times unsaid, the underlying reason for this is solely childbirth. When such a second wife gives birth, the child does not become that of the first, the second wife has merely done what the first was incapable of doing and therefore in many cases becomes the favourite wife, if not of the husband, then certainly of his family.

On the other hand, ethnosurrogacies also occurred for men as have been said to exist in other parts of Nigeria. Women would 'drink other water', returning to their marital home to make the man believe that he is responsible for the conception of the child. Likewise for men in other parts of Nigeria, friends or siblings could be contracted in clandestine marriages to get their wives pregnant so as to cover the shame of their infertility[19, 30]. Kaneng describes how this may play out:

> *"Men are smart. It is women who will say it is not good for them. Men who understand that they have gone to the hospital and have low sperm counts, a man will go and find a young girl, one who wants money. He keeps giving her money and she understands that he cannot give birth. She will go and get pregnant elsewhere and run back to him like it is his. People have known that he cannot give birth and he also knows that his sperm does not work. He will take the child and behave as though, yes, he can have children and the problem was from his previous wife. Like in my case, I have not told you it is from my husband because I know the problem is from me. But that of men, I know someone who did that. When he brought a second wife and she went and got pregnant, then the first wife went and also got pregnant for another man."*

The stigma of infertility: Abused Women and the Shame of Men

Women were more likely to suffer verbal and physical abuse as a consequence of their infertility though it was not denied that men suffer significantly also. More commonly abuse was verbal rather than physical. It would seem that female infertility was more of a norm since it is more apparent and therefore more commonly known. Male infertility frequently remained silent and so when exposed could create considerable discord.

Such abuse usually came from female members of husband's families especially his mother, the sister's, other wives or the brother's wives. They would say to the woman who married into the home, "we are feeding you and you are throwing it away in the toilet, what useless work!" Sometimes they would blame a man for bringing an infertile woman into the home. Ngo explained:

> *"The relatives will say to him, what sort of woman have you brought to us to ruin our house?"*

It would seem that the pressure to bear children was easily heightened by a woman's age knowing that her reproductive capabilities are bound by time. Informants suggested that those who scorned infertile persons did not know God and hence did not have his patience.

Men were less commonly scorned or abused and certainly this occurred less openly although it was not uncommon for people say to an infertile man, "you are not well functioning… we do not see your purpose in the world as far as you cannot produce". There were many jokes made about mothers going to their sons' bedrooms windows to 'listen out' and hear the bedroom 'activities' in a

bid to ascertain the manhood of their sons.

Separation and Divorce

Infertility in several cases resulted in strained or failed marriages. Usually, the way women (more so than men) were treated not uncommonly by the husband or mother-in-law were the underpinnings for their divorces. Other women themselves initiated divorce because they felt guilty for being unable to bear children for their partners. Afunu, a 60 year old female market seller, described her situation. She had been experiencing severe stomach aches before she got married. She had a hysterectomy later on and felt that she was no longer useful in her marital home. Both Afunu and her sister were infertile and aged. They both had several co-wives who had children and had lived in the same compound with them. They had soon come to raise the children as their own. I chatted with Afunu's sister Amarka early hours of the morning. She had been out on the farm for a round of farming with her step-daughter. The food was for her husband's household including the children that were not hers. Afunu said:

> *"It is unfair for him to suffer because I cannot give birth. You know that even if he is suffering and has pain in his heart, he will not show it. I didn't want him to feel this so I went myself and got him another wife. She had five children and has even left the house. Two have even come after her. When I found him a wife, I packed up my things and went back to my father's house. What was I going to stay there and do?"*

None of our male informants who themselves were infertile or had infertile wives had divorced their wives. Pam said to me:

> *"At least some people will say that if that is the case that your wife cannot give birth, marry again. At least the wife that you see is responsible for you and respecting; you will see that as for you to leave her, hai, it is not good. Also, you will see that leaving her, for you to get another wife like her will be very difficult at this stage."*

It was apparent that for infertile couples, years of co-inhabiting, bonding and love precluded against divorce. Such is the confidence in such marriages that even when challenged by her husband's family members, Kaneng was able to defend her marriage:

> *"I told her… don't you think that I am scared of you! Don't you dare think that…You see, even the way I have not given birth, my husband loves me. I feed and drink and have a good life."*

As Inhorn (1996) suggests from her fieldwork in Egypt, despite widely held expectations of marital demise, husbands remain married to their wives[31]. This, she suggests is a result of "conjugal connectivity" or an intense bonding of the couple. I posit that the same phenomenon is responsible for the stability of many of the marriages of the persons I met.

Additionally however, it would seem that the culture of divorce on the Plateau as has been described by scholars contributes to the seeming stability of marriages. Danfulani (1995) cites Neiers (1979: 88) that:

> *"The power to divorce lies with the woman and in ninety-percent of breakdowns, it is she who takes the initiative as regards the actual separation"*[18,28].
>
> *Hence, if a woman did not initiate divorce, the likelihood of divorce would be less. The marital conditions that would ensue from such a sustained marriage could however be unpleasant as some my informants recounted in their experiences prior to divorce. The culture of initiating such divorces, I believe accounted for three of the aforementioned four divorces.*

Discussion

This study has examined the experience of infertility among one group in the Middle belt of the plateau in Nigeria. The study has produced novel data regarding the knowledge about the causes and appropriate treatment of infertility; and its social consequences in this under-researched region of central Nigeria and develops the literature on infertility in Nigeria. A major finding of this study is that individuals predominantly hold traditional understandings of infertility and resort to orthodox treatments is rare; biomedicine is seen as lacking efficacy. Traditional and religious healing modalities are considered the major

sources of help in this condition.

The results of this study should be treated cautiously given the small number of informants and the results are preliminary. Given this convenience sample they may not represent the views of the general population. There is a need to conduct a larger study to assess the validity and reliability of these results. However the data accord with previous studies examining the experience of infertility using Nigerian society as a larger context (e.g. Hollos 2009) and ethnographic studies of a range of societies including Egypt[31], Mozambique[10] Thailand[10] and Bangladesh[5] where 'missing motherhood' is highly stigmatised and associated with ostracism, emotional duress, alienation and harassment by kin and threat of divorce. As in our study, in these aforementioned societies help is sought from multiple sources: the medical system, herbal and spiritual healers, diviners and religious establishments. This is not to ignore the fact that the effects of infertility may vary greatly from one society to another and may be influenced by factors such as class, race, religion and age[32].

Unlike in Western cultures, childlessness is rarely a voluntary option. On the Plateau where there are important social and economic rationales for having children, infertility presents itself as a multi-faceted experience shaped by a variety of biological, social, cultural, religious, natural and supernatural factors. While each works to mould the experience of infertility differently, very rarely does it appear that any one element functions exclusively without the other. Explanatory models of infertility on the plateau were variegated encompassing biomedical, folk and religious elements. This is to be compared to the West where understandings of infertility are informed by the perspectives of modern scientific medicine.

As has been found in other anthropological studies, the burden of infertility in terms of blame for reproductive failure, frustration, personal anxiety, grief, fear, identity, social stigma and ostracism falls on women affecting their local moral worlds and having significant social consequence[1]. Based on a distinction framed by Delaney (1991), men, the givers of life, are seldom blamed for infertility, rather it is women, those who give birth, who cannot facilitate conception and provide a gestational home for the child, who carry the blame[31]. Certain sociocultural elements present saliently in the experience of infertility. On the Plateau it is more than a medical problem; its associated guilt, blame, accusation and gossip profoundly affect women's moral identities and the local moral worlds in which these infertile women live. Firstly, notions of morality and moral good standing are accorded much significance in the causation of infertility where impliedly, the morally unclean or bad are punished for immoral behaviour through infertility. Moral good standing predicts the blessing of bountiful productivity, first of children and subsequently economically, through the success of children. Additionally, the continuity of family lineage is accorded great significance in a culture with salient ethos of such social, economic and reproductive productivity. The inability to be productive is hence immensely calamitous both for men and women. However, it would seem that the abuse and scorn of infertile persons is 'gendered', tilting more towards women. This may be attributed, not merely to the subaltern position of women in the society as would be proposed but to what Inhorn (1996) describes as "missing motherhood"[3,31,34]. This should be placed within wider context of women's roles in Plateau society, notions of productivity and the significance of Motherhood – all as a means to more abundant productivity. Hence, vicariously motherhood with its physical elements and lifelong attachments is heavily weighed upon, its absence giving rise to intense stigma. Infertility strikes at the very sense of a woman's identity and draws on deep cultural images of what constitutes a woman.

For men, the lack of fertility is egocentric, playing out as a failed manhood and a failure to be productive. However, as made evident, it is easier for men to hide this shame, and like other traditional societies, blame for the infertility is usually placed on the woman and most men would never acknowledge the possibility of their own sterility. Although many women in this study experienced abuse from their husbands and kin, some found ways to overcome this stigma by managing their relationships; for them the intense bonding to their husbands militates against divorce.

Finally, it is not to go unsaid that all relating to fertility and infertility is subsumed under the arch of 'God'. The blessing of God, albarka, was most commonly mentioned, referred to and it would seem strongly believed to be an ultimate determinant of fertility. Though a closer look of the stigma and suffering infertile persons experience would pose as a threat to this belief, it maintains a position of many from which they extend to delve in other spheres but return to time and time again. Renne (2002) asserts that his way of thinking about fertility is associated with traditional religious beliefs about creation and procreation, as well as with certain Christian interpretations of the Bible which view human attempts to intervene in God-given fertility as fundamentally immoral[25].

In relation to help seeking, as Sundby (2002) points out, in Sub Saharan Africa competent medical personnel are scarce and the great gulf between infertile patients and physicians in terms of their social status, levels of education and belief systems renders compliance with lengthy and poorly explained diagnostic and treatment protocols unlikely[35]. It is unsurprising that women seek out ethnomedicine where rich traditional resources support infertile individuals medically and psychosocially. Like other ethnographic studies of help seeking for infertility in Nigeria (e.g. Hollos 2009 among the Amakiri and Lopon, Koster Oyekan 1999 among the Yoruba of Southwest Nigeria) which indicate the importance of ethnomedicine and spiritual healing, among this group resort was made to biomedical treatments, traditional healers and religious healing with no one system being hegemonic[15,36]. There was a prevailing belief that hospitals were unable to treat infertility although biomedical treatments such as dilatation and curettage were frequently resorted to. It was however the traditional healers, 'ethnogynaecologists' and churches who were perceived to be more effective and to deal with the religious-moral aspects of the problem. However resort to Western based 'biogynaecological' treatments were rare. There is little evidence suggesting that these traditional methods were effective and furthermore delay in the use of orthodox methods may actually worsen the infertility and make it more difficult to treat at a later date.

One final point is worth discussing. Nigeria, like other African countries and the developing world can be considered antinatalist, emphasising control over fertility compared to North America and Europe which are more pronatalist[37]. For two decades the Nigerian government has recommended that families limit themselves to four children but with little effect. In June 2012 Nigerian President Goodluck Jonathan caused controversy by saying that his country may need "birth control legislation", potentially along the lines of China's one child policy and disempowering women. As in previous studies, in our study the use of contraceptives was considered to be a cause of infertility. Women were often cautious about their use. The reluctance to use contraception might undermine efforts to provide comprehensive reproductive services for these women. Contraception is regarded as a major strategy to eliminate deaths from unsafe abortion and reduce maternal mortality in Nigeria[38]. These authors note that many African communities that have high levels of infertility are also known to have high rates of fertility. In these communities, there is mounting evidence that high fertility rates are driven in part by the persistently high rates of infertility. Such high rates of infertility in many African communities perpetuate a general reluctance among all women to initiate contraception for fear of jeopardizing subsequent fertility.

Conclusion

In accord with studies in other non-Western societies it is women who bear the blame for reproductive failure and consequently experience significant social disadvantages. The findings concur with these studies in demonstrating the stigma associated with infertility. In the Nigerian context infertility is more than a medical problem; it presents as multi-faceted condition encompassing reproductive impairment, cultural and religious beliefs and sociocultural expectations including gender roles. It is unsurprising that help is sought from multiple sources and traditional and religious healing play a significant role in alleviating suffering brought on by missing

motherhood. Whereas there are now programs that seek to reduce the high rate of fertility in Nigeria, there are at present none that address the high rate of infertility. This should be a focus for future research and policy planning and ethnographic data are essential for informing this.

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