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Socio - cultural factors impacting male involvement in the management of infertile couples at the Kenyatta National Hospital

Ondieki DK[1], Wanyoike-Gichuhi J[2], M'imunya JM[2], Ndirangu G[2]

[1]Consultant Obstetrician Gynaecologist, P.O. Box 2568 - 00202, Nairobi, Kenya
[2]Kenyatta National Hospital, P.O. Box 19676-00202, Nairobi, Kenya

Correspondence to: Dr. D.K. Ondieki, P.O. Box 2568 00202, Nairobi, Kenya. Email: ondiekidk@gmail.com

Abstract

Objective: To determine socio-economic and cultural factors that may influence male participation in the management of infertility.
Design: A hospital based cross-sectional descriptive study.
Setting: Kenyatta National Hospital (KNH), Nairobi, Kenya.
Subjects: One hundred and sixty three infertile couples attending gynaecological and infertility clinics at the Kenyatta National Hospital.
Main outcome measures: The socioeconomic and cultural factors that may influence male participation in the management of the infertile couples attending the KNH Infertility Clinic.
Results: A total of 163 women and 34 men were recruited into the study. At least 114 (69.9%) of the women who participated were ever accompanied to the clinic by their spouses. There was no statistical significance between accompanied and unaccompanied women in terms of education and employment. Majority of the male participants (55.9%) had received pressure from the community to get children.
Conclusion: There is need to address the negative pressure from family and community about a couple's childlessness.

Introduction

Infertility remains a global health challenge with devastating psychosocial consequences especially in African communities. It is estimated that 50-80 million people worldwide are afflicted by infertility. The global prevalence is 8-12%, but this is higher in African countries (20-30%) (1). In a national infertility survey carried out in Kenya in 2008, infertility related consultations were found to be common; teaching and referral (tertiary) hospitals 31%, provincial hospitals 27%, district hospitals 15%, health centers 4% and 2% in dispensaries (2). In a WHO multicentre study, male factor was found to contribute 20% and both male and female to contribute 27% (3). Based on these statistics it is clear that male factors contributes significantly to the burden of disease, yet clinical and research work is mainly concentrated on the female. Failure to target men has weakened the impact of many reproductive health programmes (1,4).

Men, like women, experience psychological trauma accompanying the inability to bring forth children. A study among the Yoruba in Nigeria revealed that infertile men would be extremely sensitive to any discussion about children or pregnancy. There is a belief among this group that a childless person has failed since he does not have an heir to carry on his lineage (5).

Infertility may lead to risky sexual behaviour on the part of the man. Such a man will likely be encouraged by family members to either seek another wife or to impregnate another woman outside marriage so as to have a child and prove his fertility (5). If all therapeutic options are exhausted, the couple may opt to adopt, an option not widely practised in Africa due to cultural beliefs, stigmatization, financial implications and procedural bottlenecks (6).

This study sought to provide information on the socioeconomic and cultural factors influencing male involvement, hence facilitate establishment and strengthening of standard operating procedures that will better involve the male.

Materials and Methods

This was a cross-sectional descriptive study which was carried out in the infertility and gynaecology clinics in 2011 at Kenyatta National Hospital (KNH), Kenya. The study sample included all infertile couples attending the Infertility and the Gynaecological Outpatient Clinics at KNH. All the infertile patients consenting to the study were interviewed. From the list of the patients booked at the gynaecological and infertility clinics, initial screening using the files was carried out to identify the potential participants. Those consenting patients were then recruited, and the questionnaire administered by the researcher. There were separate male and female questionnaires for each couple but linked by the same study number. This was done so as to ensure that the participants were free to express themselves and were truthful. Each person was interviewed and the questionnaire filled privately. Data were analysed using SPSS (Statistical Package for

Social Scientists) data analysis programme version 19, Copyright 1989, 2010 SPSS Inc., an IBM Company. A correlation was made between accompanied and unaccompanied women to find out if there was value in male involvement. All continuous data had their measures of central tendency determined and presented as means together with their standard deviations. Comparison of continuous variables was done using the student t-test for normally distributed variables. All categorical data was presented in frequency tables and graphs where applicable. Associations between these categorical variables were tested using the Pearson Chi square or the Fishers Exact test. A p-value of less than 0.05 was considered statistically significant.

Results

A total of 163 infertile couples (only 34 men accompanied there partners during the study period) on follow up in the infertility and gynaecology clinics were recruited into the study between the months of August 2010 and February 2011.

Table 1: Sociodemographic characteristics of men and women seen in the KNH infertility clinic

Sociodemographic characteristics	Female (n=163) No. (%)	Male (n=34) No. (%)
Age (Mean, SD) years	31.1 years (SD 5.3 years)	35.3 years (SD 6 years)
Marital status		
Married	145(89)	33(97.1)
Single	7(4.3)	0
Widowed	2(1.2)	0
Divorced/Separated	9(5.5)	1(2.9)
Education level		
None	4(2.5)	0
Primary	69(42.3)	16(47.1)
Secondary	71(43.6)	13(38.2)
Tertiary	19(11.7)	5(14.7)
Employment status		
Unemployed	34(20.9)	4(11.8)
Self employed	91(55.8)	16(47.1)
Salaried employment	30(18.4)	8(23.5)
Casual laborer	8(4.9)	6(17.6)
Religion		
Catholic	52(31.9)	8(23.5)
Protestant	108(66.3)	25(73.5)
Muslim	3(1.8)	1(2.9)

The sociodemographic characteristics of the men and women recruited into the study are presented in Table 1. The men were older than the women, mean age of men being 35.3 years (SD 6 years) and of women 31.1 years (SD 5.3 years). Most of the men 33 (97.1%) and most of the women 145 (89%) were still married. A majority of the participants had some form of education whether primary, secondary or tertiary, 159 (97.5%) women and 34 (100%) men.

B. Socioeconomic and cultural factors that may influence male participation in the management of infertile couples attending the KNH infertility clinic.

Table 2: Male perspectives on the effects of childlessness on the relationship with partner and family (n=34)

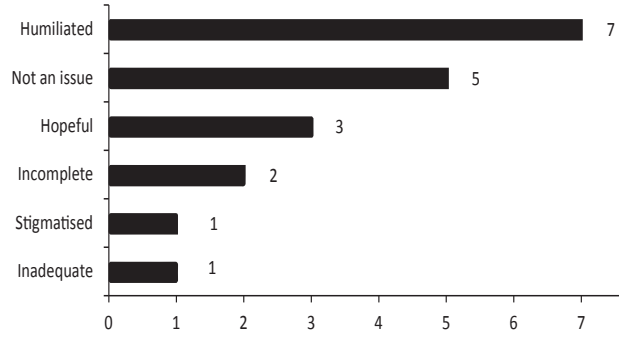
Effect of relationship	No. (%)
Lack of children affecting relationship with female partner	18(52.9)
Lack of children affecting relationship with in laws	11(32.4)
Support partner when pressured by relatives	30(88.2)
Receive pressure from the community	19(55.9)
Prefer knowing who is infertile	32(94.1)
Would divorce their wife	4(11.8)
Would you divorce your wife if relatives advocated	2(5.9)
Would you accept sperm donations	10(29.4)
Would you take a second wife	11(32.4)
Would you allow another woman to carry your baby (surrogacy)	10(29.4)
Would you consider adoption	20(58.8)
Would you consider witchcraft as the cause of your infertility	1(2.9)
Would you consider religion to be related to your infertility	0

At least 18(52.9%) men responded that their relationship with the female partner was affected by the lack of children and 11(32.4%) that the relationship with the in laws was affected. Most men, 30(88.2%) supported the partner when pressured by relatives

(Table 2). Only 4(11.8%) would divorce their wives and 2(5.9%) would divorce if the relatives advocated. Only one man considered witchcraft the cause of infertility and no one considered religion to be related to their infertility. This was also reflected in their practices as most men 31(91.2%) first sought treatment from a medical person. Only 3(8.8%) of the men went to traditional healers and herbalists as a primary resort and another 3(8.8%) as a secondary resort. Only one man went for spiritual intervention as a secondary resort.

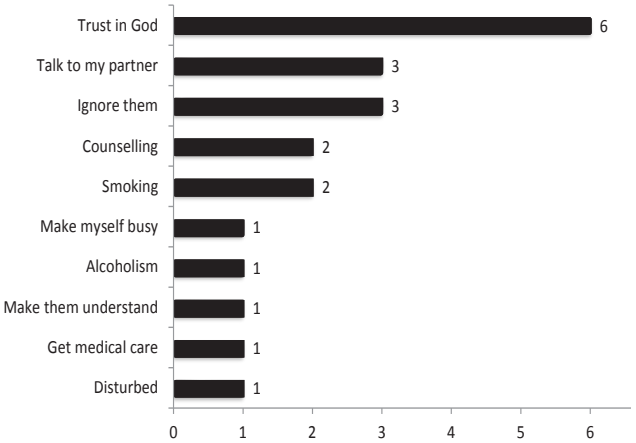
Of the 34 men, 15 did not experience pressure from the family or community. Of those who did, 7 felt humiliated (Figure 1).

Figure 1: Feeling by the men attending the infertility clinic about pressure from the family and community



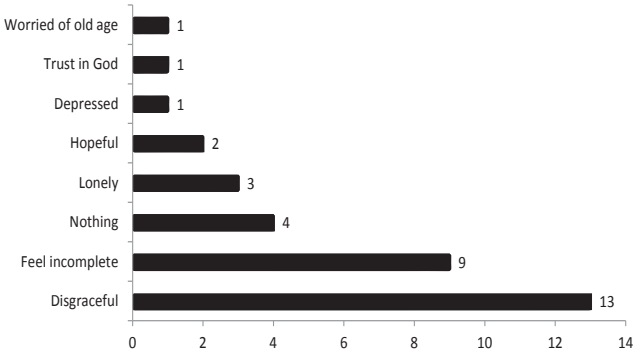
Most of the respondents [6] said they trusted in God to get them through their situation. However, one respondent said he was disturbed and unable to cope (Figure 2).

Figure 2: How the men attending the KNH infertility clinic cope with the pressure from family and community



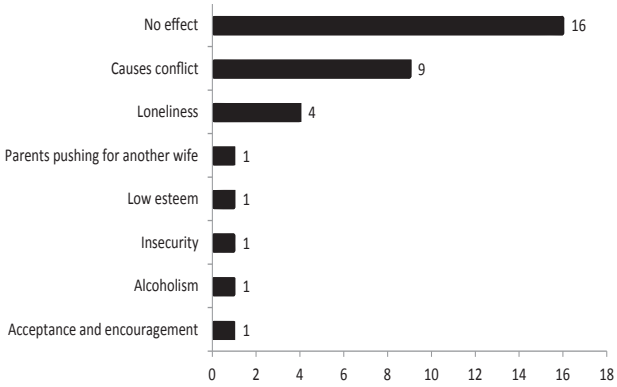
A majority of the men [13] felt it was disgraceful not being able to get children (Figure 3).

Figure 3: Feeling by the men attending the KNH Infertility clinic about not being able to get a child



A majority of the men [16] reported no effect of childlessness on their marriage (Figure 4).

Figure 4: Effect of childlessness on marriage as viewed by the men attending the KNH infertility clinic



Out of 163 women, 72(44.2%) reported that their relationship with their male partner was affected by the childlessness (Table 3).

For most of the female respondents reported they were experiencing marital conflicts; in that they were being abused, beaten or that their spouses were indifferent to their needs (Table 4).

Table 3: The effects of childlessness on the relationship with partner and family as perceived by women attending the KNH Infertility clinic (n=163)

Effect of relationship	No. (%)
Lack of children affecting relationship with male partner	
Yes	72(44.2)
No	91(55.8)
Lack of children affecting relationship with in laws	
Yes	71(43.6)
No	92(56.4)
Supported by partner when pressured by relatives	
Yes	135(82.8)
No	28(17.2)
Prefer both partners knowing who is infertile	
Yes	155(95.1)
No	8(4.9)
Would consider adoption	
Yes	32(19.6)
No	131(80.4)

Table 4: Effect of childlessness on the relationship of the couples attending the KNH infertility clinic

	Frequency (n=72)
Marital conflicts (Abused, wife beating, indifference from spouse)	26
Blames me for infertility	11
Lonely and despised	9
Separated	7
Alcoholism	6
Extramarital affairs	5
Cultural issues (Not living up to cultural standards, delaying dowry payment, husband to remarry)	4
Divorced	2
Interference from in laws	2

Discussion

Infertility is regarded as a major life crisis that has the potential to threaten the stability of individuals and relationships. About half of the men reported being pressured by the community to get children and that their marriages were affected. Some reported conflict, others loneliness, low self esteem, insecurity, alcoholism and pressure to get another wife. One reported a positive effect of acceptance and encouragement. Women who were still married were more likely to be accompanied to the clinic by their spouses.

Some men reported that the relationship with the in-laws was affected. At least half of the men reported pressure from the community. A majority (68%) of the childless men said they felt humiliated, disgraced, stigmatized, depressed, incomplete and inadequate. This led to them engaging in vices like smoking and alcoholism. Men have been reported to have lower overall life satisfaction, heightened distress and higher treatment-related stress after being diagnosed as responsible for the couple's infertility (7,8). The effect of infertility on marital relationships can also be modified by personal coping strategies, sharing and communication between spouses and partners' involvement in infertility treatment (9,10).

A majority (88%) of the men supported their partners when pressured by family. Very few men would divorce their wives even if the relatives advocated for the divorce. Few men would take up a second wife. In a South African study, many men felt pressurized by social expectations, but none of the informants expressed concerns regarding the stability of their relationships (11). A study by Nene and colleagues (12) found that as the number of childless years increased, the inter-spouse relationship gets stronger and more supportive.

Very few men would accept sperm donations or allow a surrogate to carry their baby. Sperm donation carries a threat of the man being dispensable. Also partly contributing to this decision would be poor or lack of knowledge of ART and its benefits.

Although not commonly quoted, concepts of witchcraft and ancestral power exist. In our study, very few men considered witchcraft to be the cause of their infertility and none considered religion to be related to their infertility. This was also reflected in their practices as majority of the men first sought treatment from a medical professional. Some of the men went to traditional healers and herbalists either as a primary resort or as a secondary resort. Others went for spiritual intervention. This is in contrast to other studies. In a study done by Shai-Mahoko (13), infertility was the most common reason for visits to traditional healers. In another study done by Dyer and colleagues (11), causes of infertility quoted were religious (either God's will or God's punishment), lifestyle (bad living,

use of drugs, diet and stress) as well as witchcraft. A person may have been bewitched by a jealous person with the help of a witch doctor. Others felt it was a punishment from the ancestors who disapproved of the couple's relationship or were offended by their non-conformity with traditional rituals. In the study some of the participants had seen a traditional healer and others were contemplating doing so. It was evident that traditional medicine and modern health care were viewed as complementary rather than opposing options (11).

Half of the men and women felt that lack of children was affecting the relationship with the partner. Majority of these women were having marital conflicts, were being abused and beaten, their spouses were engaging in alcoholism, extramarital affairs and proposing divorce. Others were already separated or divorced and one woman said the spouse was delaying to pay the dowry. Some women were lonely, discouraged, felt despised and ostracized. Some reported that the childlessness had affected their relationship with the in-laws. In our society, there are deeply ingrained expectations about women's reproductive obligations as payment of bride wealth signifies a woman's requirement to bear children. Infertility generates marital discord, wife beating, and opposition from members of the extended family. Physical abuse and reprisals from the extended family pose substantial threats to women (14).

Male factor infertility threatens the traditional male/father role and results in a feeling of personal and sexual inadequacy. This may resolve itself in extramarital affairs or other anti-social behaviors (15).

Adoption was an unpopular option by both men and women. The common reasons given were wanting or hoping they would get their own biological child or that they already had a child with their spouse or other partner. Others reported refusal by the other partner. Others were ashamed and afraid of the stigma associated with adopting. Others said it was costly and took long. Marrying a second wife was an option to some. This is in contrast to a study done by Wole (16) in Northern Uganda, where most men and women would accept adoption. A majority of the men (94%) and women (95%) preferred both partners knowing who was infertile. This in our opinion was a positive finding since it could mean improved acceptance and participation in investigations and treatment.

Conclusion

Male participation in infertility treatment remains low despite their significant contribution to the problem. There is therefore need for health institutions to come up with strategies to improve male partner participation by having health care providers contact the male partners and have community education on infertility so as to reduce stigma hence make it easier for men to accept the problem and access health care. A key element in reproductive health needs to be the inclusion of the sexually active couple.

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