



## The Social Agony of Living with Infertility among Women in Zamfara State of Nigeria

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### Abstract

**Background:** Women with infertility have different experiences which vary from one country to the other including Nigeria, and that determine their social health. However, little is known about women's social health while living with infertility in Zamfara state. **Aim:** The purpose of this study was to explore the social experiences of women with infertility in Zamfara, Nigeria. **Methods:** An explorative qualitative design was used. Twelve (12) women who fulfilled the inclusion criteria were selected using a purposive sampling technique. Self developed semi structured interview guide was used for each interview after each woman filled out a consent form. Each woman was interviewed for 45 minutes, the interviews were audio-taped with permission from the participants, transcribed verbatim, and content analysed. **Results:** The findings of this research revealed that, majority of the women had experienced social isolation, social stigma, social pressure, educational and marital problems. **Conclusion:** There is the need for psychosocial counselling for women with infertility in Zamfara State.

**Keywords:** Social, Agony, Infertility, Women, Stigma

### Introduction

The experience of infertility in African societies has been described as a crisis. It is described as a public concern that was neglected within developing countries (Hardee, Gay, & Blanc, 2012a). Infertility affects the entire life of a woman because of its psychosocial consequences (Hosseini, 2009). For this reason, it is reported to be 16 times more frequent than maternal mortality (Hardee, *et al.*, 2012). African women with infertility have been subjected to domestic violence due to infertility (Sahin, Yildizhan, Adali, Kulusari, Kurdoglu, & Yildizhan, 2009) and couples with infertility live in fear and anxiety about the infertility diagnosis, treatment process, and treatment outcome (Ozcelik, Karamustafaloğlu, & Ozcelik,

2007). This situation may cause conflict between the spouses, a decrease in self-esteem, a decrease in the frequency of sexual intercourse, and the development of feelings of inadequacy in a female or a male. As a result, marriages are put under psychological pressure because of infertility (Moghadam, Salsali, Erdabili, Ramezanzadeh, & Veismoradi, 2011). Therefore, infertility can be a reason for marital instability and divorce (Moghadam *et al.*, 2011). Furthermore, domestic violence is found to be associated with the experience of infertility among women and these domestic vices are exhibited in the form of psychological torture, verbal abuse, ridicule, physical abuse and deprivation (Anozie *et al.* 2007). Socially, infertility is known to be associated with

frustration, pain, social ostracism, stigma, marital instability, and suicide (Moyo, 2014). In Africa, infertility has typically been presumed to be a woman's problem, and women with infertility are more culturally salient figures than sterile or impotent men because it is perceived that, it is the women who bear or fail to bear children (Akwame, 2013). In addition, Naab (2014), established that, in African society, women are solely blamed for infertility.

Compared to western societies, infertile couples in Third World countries feel a deeper depth of guilt, shame, worthlessness and depression if they cannot conceive (Dhont, Wiggert, Coene, Gasarabwe, & Temmerman, 2011; Dhont, 2011; Fledderjohann, 2012; Eshre, 2008).

Research has shown that in these parts of the world, women suffer more of the consequences than their male counterparts (Dembiska, 2014; Fledderjohann, 2012). For instance, the psycho-social experiences suffered by infertile couples in Rwanda are severe and similar to those reported in other resource-poor countries (Dhont *et al.*, 2011). Many women feel that they shoulder a disproportionate share of the blame for infertility and by extension face greater social consequences than male partners for difficulties in conceiving (Rouchou, 2013; Naab *et al.*, 2013). South African women admitted to intense emotions such as anger, profound sadness, bitterness, loneliness and depression and some of these women have confessed to suicidal thoughts (Dyer *et al.*, 2006). Similarly, depression and stress were found to be a more prevalent symptom and high among women with infertility in Ghana (Golhardo & Pinto, 2011; Naab, 2011). In Nigeria, almost 50% of women with infertility have been diagnosed with depression and they have a high prevalence of psychiatric morbidity (Upkong, & Orji, 2007). Among these psychiatric morbidities, depression and anxiety were significantly higher among poor

women who were divorced as a result of primary infertility (Upkong & Orji, 2007).

Socially, African women suffer from social stigma as a result of infertility (Hollos & Larsen, 2008; Naab *et al.*, 2013). For instance, in Ghana women are reported to have a social stigma, social isolation, and are faced with marital strain and instability (Donkor & Sandall, 2007; Fledderjohann, 2012). In Nigeria, according to White house and Hallos (2014), divorce, permanent separation and polygamy were often the results of infertility. With all the above issues related to infertility, no reliable documentation about the situation in Zamfara. Hence, the need to explore the social experiences of women with infertility in Zamfara, to serve as a basis for intervention.

### Methods and Materials

An exploratory qualitative design was used. It allows the researcher to use naturalistic methods (Field & Morse, 1985) and elicits respondent's account of meaning, experiences or perception of a phenomenon (DeVos, Strydom, Fouche, & Delpont, 2002). According to Morse & Field (1995), individuals have unique perceptions and respond differently to their experiences, hence the overall purpose of choosing this approach. The Institutional Review Board of the Noguchi Memorial Institute for Medical Research in the University of Ghana reviewed the proposal and provided ethical clearance for the research and permission was sought from the Ethical Research Committee of Federal Medical Centre Gusau. Women with both primary and secondary infertility, aged between 18 and 49 years, and could read and write in English, could communicate in Hausa and were receiving treatment for infertility in a hospital were purposively sampled. A research assistant who was fluent in both English and Hausa was trained to interview and transcribe data on participants who could only communicate in Hausa. The content vetted and approved by the supervisors covers the key issues related to the social problems of women with infertility, interview guide, and

probing methods over two days. Each participant was interviewed for 45 minutes, using a self-developed semi-structured interview guide which was perused and approved by the supervisors and finally administered to five clients and responses were compared to the respective objective of the study. The data-saturated at the 12<sup>th</sup> interview. Each interview was audio-taped with permission from the participants and transcribed verbatim for content analysis.

Data coding was done in which the important phrases and sentences that were of relevance to the purpose of the study were highlighted and assigned a label or code. The coded passages were then compared for similarities and differences. Codes that had common elements were grouped to form main and sub-themes. The themes and sub-themes were continually revised for clarity and appropriateness.

## Results

### Demographic Characteristics of Participants

The participants were all females aged between 22 and 45 years. All the participants were married, Muslims by religion and Hausa by the tribe. Half of the participants suffered primary infertility and an equal number suffered secondary infertility. Four of the participants had one child each, one had three children (but still regards herself as infertile) and all the others had no children. Two participants were civil servants, five engaged in small-scale businesses and five were housewives.

### Social Experiences

These social experiences include isolation, which could be either self or social, social stigma, social pressure, educational and marital problems.

### Isolation

The women reported two forms of isolation-self-isolation and social isolation. Self-isolation was a choice made by the women

themselves as a way of life-based on their experiences. This was expressed in the quotes below:

*“I don’t be in the mix of my neighbours; i always prefer to do things alone”.*

The women gave various reasons for isolating themselves from society in order to avoid statements that may affect them negatively

*“I avoid taking part in their conversation because i don’t want someone to say a word that will hurt me”.***P6**

Others isolate themselves in order to avoid mockery as indicated below;

*“i prefer to stay alone because it makes me avoid people’s mockery”.***P8**

In the other hand, social isolation is as a result of the society isolating the women from social activities and decision-making. In this study according to many of the women, people isolated them whenever they had a discussion about children as shown below;

*“They use to say I am not an experienced mother, I can’t take part in decision making”.***P9**

Some of the women reported that their opinion was not sought any time their families had to make crucial decisions;

*“I am worried because they do things without consulting me”.***P1**

### Social Stigma

The women described two dimensions of stigma. These were actual stigma experienced and perceived stigma.

For actual sigma, women were branded controllers of their fertility. They reported the situation in which people described them as users of family planning, lovers of high education, being barren/infertile and being aggressive. Perceived stigma was described in the form of mockery.

Actual stigma was experienced in various ways as shown below;

*“People were telling me to stop taking family planning. I must be using family planning that is why i am not pregnant”*; **P1**

*“My neighbours think that i am having fertility problem because i am using family planning or i used them before”*.**P3**

Some of the women were also stigmatised for being aggressive because of their inability to conceive;

*“People say that i am aggressive and sometimes inhuman”*.**P3**

### **Social Pressure**

The women were faced with challenges that imposed pressure on them because of their infertility. The pressure was reported as actual or perceived pressure.

Actual pressure was described as the one imposed directly on the women by the family, husband or society. Majority of the women reported actual pressure as one of the problems they faced;

*“My husband shows that my rival is more important than i because she gets pregnant and delivers which i could not”*; **P6**

*“Whenever my rival delivers, my husband changes towards me and gives her more attention than me”*. **P5**

Some of the women received pressure from their husbands because the husbands expressed their desire to marry another wife;

*“My husband found it to be his hobby to be telling me that he will marry another wife. He always threatens me with such offensive words”*. **P4**

Some had the memory of their husband's attempting to send them away because of their inability to get pregnant;

*“It has been hurting me whenever I remembered that some years back, my husband sent me out of his house because I couldn't get pregnant!”*. **P2**

Because the majority of the women were married and living in polygamous families, they reported having pressures from their rivals;

*“My rival despite the good things i have been doing for her, there were times when she said i was jealous of her pregnancy”*. **P6**

Pressure from mother-in-laws was reported by the women and described in different ways. For instance, some mother-in-laws threatened divorce as follows:

*“My mother-in-law asked my husband to divorce me because of my inability to get pregnant”*. **P2**

### **Marital Problems**

Marital problems are the misunderstandings that occurred between the husbands and their wives as a result of infertility. In polygamous families, it also involved rivals. Marital problems reported by the women include divorce, marrying another woman, and conflicts. Few women who were divorced just before they were interviewed had these to share;

*“I heard that he said the reason why he divorced me was because his relatives mocked at him”*. **P3**

The women reported that their husbands married other women because of their infertility. All the women described either their mother-in-laws or husband's relative as the driving force behind marrying other women;

*“Actually when they came to understand that I have a problem, his parents told him to get another wife and he did so”*. **P2**

The conflict was another marital problem described by women. The women reported having misunderstandings with their husbands, rivals, and husbands' relatives as a result of their inability to get pregnant.

*"I fight my husband and my rival because they call me infertile who fills their toilet with stool" P8*

Consequently, it is worth noting that infertility appears to be a recipe for many marital problems.

### **Discussion**

One of the major experiences of women with infertility was the social aspects of their lives. Women in this study were found to suffer social isolation in which they were isolated by people around them as seen in other parts of Africa (Donkor & Sandall, 2007; Naab *et al.*, 2013; Odukogbe *et al.*, 2011). However, the present study reported self-isolation, which was not described in previous studies. In addition to that, women gave reasons for isolating themselves, which were all based on avoiding conflicts with others during social interactions. Given the fact that these women experienced various forms of mockery in the family and society, their self-isolation may be justifiable. Furthermore, actual stigma was reported in this study, where women were branded controllers of their fertility. They reported situations in which people described them as users of family planning, lovers of high education, being barren, and aggressive. These kinds of stigma identified, if it became part of the community, it can affect the uptake of contraceptive among women in Zamfara.

This study found that the women were faced with challenges that imposed pressure on them because of their infertility. The women were mocked and abused mostly by their mother-in-laws, husbands' relatives and sometimes husbands and society. This is similar to many studies such as that of Naab (2007), in Ghana and Anozie *et al.* (2007). These social challenges could possibly be attributed to the fact that many of

the women were in polygamous marriages, which compounded their negative experiences. In this study, mother-in-law had great negative influence on the psychosocial experiences of these women.

Infertility has been reported to cause marital problems among couples. One of the major marital problem found in this study was divorce, where women were threatened for divorce or been divorced, suggesting that women with infertility have a greater possibility of unstable marriages. This is in accordance with the assertion made by Golhardo and Pinto (2011). For those who may not be divorced, they stand the chance of being coerced into polygamy because of their husbands' desire to marry second wives. Invariably, the result of this current study suggests that husbands threatened to marry another wife based on family influence, which obviously leads to conflicts in the marriage and in the family.

### **Conclusion**

This study is the first of its kind conducted in Zamfara state to explore the social experiences of women with infertility. The findings revealed that, women with infertility in Zamfara state experience a lot of psychosocial problems that are associated with their infertility. It may be deemed appropriate to envisage infertility as a psychosocial health problem rather than just a purely medical problem.

### **Recommendation**

Psychosocial counselling may be a good panacea to women with infertility in Zamfara. There is also a need for policy development and public enlightenment regarding infertility stigma

### **Conflict of Interest**

None

### **Acknowledgement**

I appreciate the support provided to me Dr Florence, Auwal Shuaibu, Suwaiba Maru and Malan Sani

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