

**Quest for Conception: A Source of Marital Conflict
among Infertile Heterosexual Couples in
Anambra State, Nigeria**

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ABSTRACT

Fertility and parenthood are highly value in traditional African society to the extent that procreation is customarily considered the quintessential motive for marriage. Most heterosexual couples contract marriage with a lot of excitements and expectations. However, the inability to conceive exposes them to matrimonial conflicts such as emotional trauma and other relational problems. These challenges are mostly experienced by women who sometimes take more of the blames regardless of the sources/causes of infertility. The study was a cross-sectional survey. Both the quantitative and qualitative methods of data collection comprising the Questionnaire Schedule and the Key Informant Interview (KII) guide were used. A sample size of 589 married couples aged 18 years and above was selected using the multi-stage sampling technique. The quantitative and qualitative data were analyzed using descriptive statistics and thematic content analysis respectively. The findings show that extra marital affairs (91.2%}, constant squabbles (85.6%), isolation (80.1%), and domestic violence (47.7%) are some of the core manifestations of matrimonial conflicts arising from infertility in Anambra state. Consequently, it was recommended among others that couples should he enlightened on the actual sources/causes of infertility as well as create awareness on the use of Assisted Reproductive Technologies such as In-vitro Fertilization' (IVF) to aid conception.

Key words: Conception, infertility, in-vitro fertilization, heterosexual couples, matrimonial conflict

Introduction

The ability to bear children is very important in human societies all over the world generally and Africa in particular. Children are the fabric of the society, without which no meaningful social and economic progress is considered worthwhile (Sule, Erigbali & Eruom, 2008). That explains why conception is one of the fundamental reproductive health concerns that have consistently attracted the interest of the general public. However, infertility has been shown to be a problem across the globe (Umezulike, Efetie, 2004). Interestingly, studies indicated that since 1990 the prevalence of infertility has been on the increase globally particularly in Africa as reported from several African societies (Infertility: Facts, Disease prevention & Treatment strategies, 2006). Infertility is medically defined as the inability to achieve a pregnancy after a year or more of regular unprotected sexual intercourse (World Health Organization WHO, 2002; American Society for Reproductive Medicine ASRM, 2008). It accounts for over 50% of cases reported in gynecology clinics in the developing countries. In fact, "Infertility belt" has been described in sub-Saharan African countries (SSA) where about 20-35 million couples are affected by the inability to conceive (Fathalla, 2000; Daar and Merali, 2002; Vayena, Rowe, Griffin, Daar, & Merali, 2002; Brady, 2003; Leke 2003; Okonofua, 2005). Indeed, it is a disease of the reproductive system that affects individuals and groups. As a result, the quest for conception among heterosexual couples without a child especially is tremendously on the increase. That is also why new or improved infertility treatments are recently the subject of intensive scientific investigation (Fidler & Bernstein, 1999).

In Anambra State, as in most other parts of Nigeria, procreation is customarily considered the key motive for marriage; having a child is a key factor in gaining social status and children are regarded as great treasure to their parents, relations and their immediate community (Okafor, Ezeah & Udeobasi, 2015). This then implies that every man takes a wife apparently to have children with them, and where this core purpose for marriage is not forthcoming into accomplishment, it then result to tension in most cases which lead to misunderstanding, quarrels, fights and disputes in the marriage.

According to Adegbola (2007) and Akande (2008), the effects of 'infertility include loss of marital stability, loss of social status and isolation, lack of marital satisfaction, loss of social security, problems with gender identity, loss of continuity of family lines and general emotional distress. Affected couples are often desperately in search for babies and end up blaming the cause on one another. Females sometimes take more blames from the society regardless of the cause/source of infertility but, the problem may not be that of the woman alone. This is because approximately one-third of infertility cases can be attributed to a fertility issue with the woman, one-third with the man, and one-third with either both or the cause of the infertility is never found (Larsen 2000; Gottlieb, 2001; Okonofua, 2005; Isawunmi, 2007). Unfortunately, in many cultures as in Igbo culture infertility is viewed as 'women's problem' and they are often visited with discrimination, rejection, depression, stress, social isolation, marital problems, scorn and pity (Shackelford, Besser & Goetz, 2008). Consequently, many infertile women often want to hide their childlessness because, childlessness is considered an aberration. Again, the quest for conception in itself added to the high level negative emotional and social effects of childlessness. Earlier, in 1991 Blascovich & Tomaka reported that couples affected by infertility become more anxious to conceive, ironically increasing sexual dysfunction. Sex at this pain may likely become timed, mechanical and unemotional as the couple tries to conceive. Consequently, sexual difficulties such as erectile dysfunctions in men like lack of sperm in the semen and lack of lubrication in women are problems often faced by infertile couples. These problems pose serious challenges to the wellbeing and stability of many marriages especially among couples in a State like Anambra where parenthood and motherhood are deeply rooted. Therefore, the aim of this study was to investigate quest for conception and conflicts arising from it among infertile heterosexual couples in Anambra state, Nigeria. The following research questions guided the study:

What are perceptions of infertility among infertile heterosexual couples in Anambra state?

What are the core manifestations of marital conflicts arising from infertility among infertile heterosexual couples in Anambra state?

How can marital conflicts arising from infertility be ameliorated among infertile heterosexual couples in Anambra state?

2.0 Theoretical Framework

Karl Marx Conflict theory which is a variant of the conflict perspective with emphasis on the constant conflict in human society is adopted for the study in an attempt to explain human behaviour as it relates to quest for conception and its influence on marital relationship of infertile heterosexual couples in Anambra state. The theory argues that human being lives in a constant conflict situation and there are conflict issues in , the family; at work, in the community and in all aspect of human life, ' The inability to conceive in a society where infertility is viewed with disdain and is regarded as a monumental failure causes sufficient conflicts among heterosexual couples, individuals, clans and other relations. Most of the times, infertile women are at war with their spouses, their relations and in-laws, mostly the mother in-law and sister's in-laws that create problems for them with their utterances and actions. Some relations and in-laws go to the extent of fighting in order to make infertile wives uncomfortable so much that they would be frustrated and consequently leave their homes. Also, conflict is not only demonstrated in the family of the infertile couples but also with friends and neighbors and in the political decision making body in the society. Infertile couples are not recognized in the society and cannot boast of something which requires respect since they are not capable of procreating.

3.0 Methods

This was a cross-sectional study carried out in South-East region of Nigeria, specifically in Anambra state. The study exclusively was critically analyzed using both quantitative and qualitative methods. The sample size for the quantitative component was 589 married couples aged 18 years and above who were resident in Anambra state at the time of this study and selected using the multi-stage sampling technique made

up of cluster and simple random sampling techniques. First, Anambra State was clustered into three (3) Senatorial Districts made up of seven (7) LGAs each, then using the balloting variant of simple random sampling technique, two clusters were selected namely Anambra North and Anambra South. The LGAs in the selected two clusters were numbered and then with the application of the simple random sampling technique, two LGAs were selected namely Awka South and Nnewi North. Furthermore, the communities in Awka South and Nnewi North, were numbered and through the aid of the simple random sampling technique, one community was selected from each namely Awka town in Awka South LGA and Umudim in Nnewi North LGA. The households in the selected communities were numbered and a couple was selected randomly from each household. For the qualitative component, 4 respondents were purposively selected made up of 2 medical practitioners and 2 women receiving IVF treatment who were not part of the quantitative component. Data were collected using the questionnaire and the Key Informant Interview (KIT) Guide. Quantitative data obtained were analyzed using the Statistical Package for Social Sciences (SPSS), presented and interpreted using descriptive statistics such as simple percentages, frequency distribution tables and charts. The KIT interviews were transcribed and analyzed using thematic content analysis.

4.0 Results

4.1 Demographic Characteristics

The socio-demographic characteristics of the respondents are summarized in Table 1.

Table 1: Distribution of Respondents by Socio-Demographic characteristics

| Group | Demographic characteristics | Frequency (n=589) | Percent age % | |
|---------------------------|-----------------------------|-------------------|---------------|------|
| Sex | Male | 199 | 33.8 | |
| | Female | 390 | 66.2 | |
| Age | 18-22 | 5 | 0.8 | |
| | 23-27 | 64 | 10.9 | |
| | 28-32 | 142 | 24.1 | |
| | 33-37 | 129 | 21.9 | |
| | 38-42 | 83 | 14.1 | |
| | 43-47 | 79 | 13.4 | |
| | 48-52 | 41 | 7.0 | |
| | 53-57 | 20 | 3.4 | |
| | 58+ | 26 | 4.4 | |
| | Age Recorded | Younger (18-34) | 260 | 44.1 |
| | | Advanced (35+) | 329 | 55.9 |
| Age at first Marriage | 18-22 | 97 | 16.5 | |
| | 23-27 | 166 | 28.2 | |
| | 28-32 | 202 | 34.3 | |
| | 33-37 | 98 | 16.6 | |
| | 38-42 | 16 | 2.7 | |
| | 43-47 | 10 | 1.7 | |
| Marital status | Married/Living together | 533 | 90.5 | |
| | Married not living Together | 34 | 5.8 | |
| | Separated | 6 | 1.7 | |
| | Divorced | 10 | 1.7 | |
| | Widowed | 6 | 1.0 | |
| | Marriage Type | Monogamous | 545 | 92.5 |
| Polygamous | | 44 | 7.5 | |
| Marriage Duration | 0-5 years | 257 | 43.6 | |
| | 6-10years | 149 | 25.3 | |
| | 11-15 years | 92 | 15.6 | |
| | 16-50 years | 41 | 7.0 | |
| | 21-25 years | 12 | 2.0 | |
| | 26+years | 38 | 6.5 | |
| Frequency of marriage | Once | 564 | 95.8 | |
| | Twice | 22 | 3.7 | |
| | Thrice+ | 3 | 0.5 | |
| Educational Qualification | None | 2 | 0.3 | |
| | Completed primary | 22 | 3.7 | |
| | Completed secondary | 166 | 28.2 | |
| | Tertiary | 399 | 67.7 | |

| Group | Demographic characteristics | Frequency (n=589) | Percent age % |
|--|------------------------------------|--------------------------|----------------------|
| Educational Qualification Record Occupational Status | Lower education | 190 | 32.3 |
| | Higher education | 399 | 67.7 |
| | Professional | 18 | 3.1 |
| | Civil service | 237 | 40.2 |
| | Business/Trading | 165 | 28.0 |
| | Apprentice | 13 | 2.2 |
| | Artisan | 16 | 2.7 |
| | Farming | 6 | 1.0 |
| | Clergy | 15m | 2.5 |
| | Self Employed | 65 | 11.0 |
| | Unemployed | 52 | 8.8 |
| | Retired | 2 | 0.3 |
| | Occupation Recorded | Employed | 255 |
| Unemployed | | 54 | 9.2 |
| Self employed | | 280 | 47.5 |
| Rel. Affiliation/Denomination | Christianity-Catholic | 297 | 50.4 |
| | Christianity-Protestant | 266 | 45.2 |
| | Islam | 11 | 1.9 |
| | African Traditional Rel. | 15 | 2.5 |
| Religious Affiliation Recorded | Christian | 563 | 95.6 |
| | Non Christian | 26 | 4.4 |
| | Total | 589 | 100.0 |

Source: Field survey, 2014

The socio-demographic characteristics of the respondents in the table shows that majority respondents in the study 390(66.2%) were females between 28-47 age brackets and well matured. Their minimum and maximum ages were 20 and 65 year respectively. The mean age of respondents was 37.59 years with a standard deviation of 9.196 and a median age of 36.00 years. Majority of the respondents 545(92.5%) were engaged in monogamous marriages and living together with their spouse. The duration of infertility ranged from less than a year to 25 years. Furthermore, 399(67.7%) of the respondents had attained higher education. Majority of the respondents 255(43.3%) were employed, 280(47.5%) were self employed while 54(9.2%) were unemployed. An over-whelming majority of the respondents were Christians 563(95.6%) and Christian respondents were further divided along the line of

denomination; Catholic 297(50.4%), and Protestant 266(45.2%). This finding is indicative of the predominance of Christianity in southeast Nigeria.

4.2 Perceptions of Infertility in Anambra State

Respondents' views about infertility are summarized in Tables 2, 3, 4 and Figure I.

Table 2: Distribution of Respondents by Perception of Infertility

| Response | Male | Female | Total |
|---|------------------|------------------|------------------|
| Infertility is a medical condition | 20(10.1%) | 38(9.7%) | 58(9.8%) |
| It is a public health problem | 3(1.5%) | 14(3.6%) | 17(2.9%) |
| It is an individual/private problem | 9(4.5%) | 23(5.9%) | 32(5.4%) |
| Undesirable | 14(7.0%) | 34(8.7%) | 48(8.1%) |
| It means that one is childless | 13(6.5%) | 53(13.6%) | 66(11.2%) |
| It is Socio-culturally constructed | 10(5.5%) | 24(6.2%) | 34(5.8%) |
| It is a problem of women only | 31(15.6%) | 40(10.3%) | 71(12.1%) |
| It is a problem of men only | 1(0.5%) | 11(2.8%) | 12(2.0%) |
| It is men and women problem | 18(9.0%) | 32(8.2%) | 50(8.5%) |
| It is predestined by God/supernatural problem | 44(22.4%) | 57(14.6%) | 101(17.1%) |
| It is a punishment for ungodly behaviours | 3(1.5%) | 13(3.3%) | 16(2.7%) |
| It is a threat to procreativity/continuity of lineage | 33(16.6%) | 51(13.1%) | 84(14.3%) |
| Other, specify | - | | |
| Total | 199(100%) | 390(100%) | 589(100%) |

Source: Field Survey, 2014

Table 2 shows that most of the respondents perceives infertility in four major ways: (a) out of 101(17.1 %) respondents that said that infertility is a predestined supernatural problem, 44(22.1%) were males while 57(14.6%) were females (b) 84(14.3%) noted that infertility is a threat to men's procreativity/continuity of lineage, out of Which 33(16.6%) were males while 51 (13.1 %) were females (c) of all the respondents that said infertility is women's problem only 31(15.6%) were males while 40(10.3%) were females, and (d) of all the respondents that noted that infertility is when one is childless 13(6.5%) were males while 53(13.6%)

were females. However of all the respondents that noted that infertility is a medical condition 20(10.1%) were males while 38(9.7%) were females.

A respondent for the KII however did not agree with the major perceptions about infertility in Anambra state. According to him:

Infertility is basically a medical condition which equally requires a medical cure. However because Igbo culture particularly is rooted in a lot of fetish or supernatural projections, this therefore, tend to influence people's perceptions of things or events in Anambra state. Most people believe that their inability to conceive is usually caused by evil spirits/people and that is the reason for incessant increase in spiritual or traditional treatments for infertility in Igbo culture. Some others erroneously may perceive infertility as a punishment from God. Scripturally, God said that none shall be barren, however, we have evidence in the scripture where God can actually curse a couple not to have children. This can be seen in the story about Isaac, Rachael and Leah. It was recorded that when God saw that Rachael was loved and Leah hated, God closed the womb of Rachael and opened the womb of Leah. Such thing gives' us the indication that God is the author of everything. He can delay pregnancy for a couple for a purpose, a lesson' or for the power of God to be made manifest at the appropriate time (Male medical practitioner, aged 50 years).

To further assess views of respondents on causes of infertility, their responses are shown in Table 3.

Table 3: Distribution of Respondents by Causes of Infertility

| Response | Male | Female | Total |
|--|------------------|------------------|------------------|
| Blocked fallopian tube | 32(16.1%) | 41(10.5%) | 73(12.4%) |
| Perforated fallopian tube | 2(1.0%) | 15(3.8%) | 17(2.9%) |
| Sperm abnormalities | 35(17.6%) | 54(13.8%) | 89(15.1%) |
| Infection/STDs/Abortion | 21(10.6%) | 49(12.6%) | 70(11.9%) |
| Previous use of contraceptive device | 9(4.5%) | 41(10.5%) | 50(8.5%) |
| Destiny/Spiritual attack/Witchcraft | 39(19.6%) | 65(16.7%) | 104(17.7%) |
| Exposure to toxic waste | 3(1.5%) | 11(2.8%) | 14(2.4%) |
| Nutritional deficiency | 8(4.0%) | 11(2.8%) | 19(3.2%) |
| Life style | 29(14.6%) | 47(3.6%) | 76(12.9%) |
| Early age of marriage & first conception/attendant problem | 5(2.5%) | 14(3.6%) | 19(3.2%) |
| Unexplained/Unknown | 16(8.0%) | 42(10.8%) | 58(9.8%) |
| Other specify | - | - | |
| Total | 199(100%) | 390(100%) | 589(100%) |

Source: Field Survey, 2014

Table 3 indicates that of all the couples who are experiencing a disproportionately high rate of infertility, 39(19.6%) and 65(16.7%) male and female respondents respectively said that it may be due to destiny or spiritual attacks/witchcraft, 35(17,6%) male and 41(10.5%) female respondents respectively said Sperm abnormalities, 29(14,6%) and 47(12,1%) male and female respondents respectively said life style, and 32(16.1%) male and 54(13,8%)female respondents said blocked fallopian tube, while 21(10,6%). and 49(12.6%) male and female respondents respectively said infection/STDs/ Abortion, However, 16(8.0%) and 42(10.8%) male and female respondents respectively were of the view that some causes of infertility are sometimes, unexplained or unknown As a KII respondent stated: .

There are male factor causes (no sperm, low sperm, abnormal sperm, blocked spermatic passage/dot, erectile dysfunction,

systemic diseases like neurological problem etc.). Female factors (factors affecting the womb e.g. fibroid, abnormal womb, absence of the womb; tubal factors e.g. blocked fallopian tube; ovulatory factors e.g. lack of or poor egg production; peritoneal; factors e.g. adhesions from previous operation; endometriosis, stress, etc.). Unexplained or unknown factors, which are causes that all available medical examinations has not been able to ascertain the cause of the infertility condition (Male medical practitioner, aged 55 years).

To measure awareness level of respondents on experience of infertility and the nature of infertility they suffer from, the views of respondents were also sought. The findings are shown in Table 4.

Table 4: Distribution of Respondents by Experience of Infertility

| Response | Frequency | Percentage |
|-----------------|------------------|-------------------|
| Yes | 323 | 54.8 |
| No | 250 | 42.4 |
| Don't know | 16 | 2.7 |
| Total | 589 | 100.00 |

Source: Field Survey, 2014

A look at Table 4 shows that more than half of the respondents 323 (54.8%) have experienced one form of difficulty or another in getting pregnant or impregnating their spouse and 250 (42.4%) said they never did, while 16 (2.7%) of the respondents were uncertain in their response. This implies that majority of the participants in the study have had problems of infertility. The study further tapped the views of the respondents on the types of infertility they have suffered.

Graphic presentations of their responses are shown in Figure 1

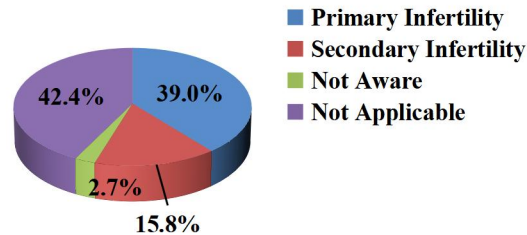


Figure 1: Respondents' Perception of Nature of Infertility Experienced

Figure 1 shows that the commonest form of infertility reported by the respondents is primary infertility 230(39.0%). This result shows that married couples are aware of the nature of infertility that they suffer from. This result is not surprising especially in Anambra State generally and Igbo culture in particular where couples with secondary infertility who may have one child, especially a male at least may not be considered childless. It has been observed that with one child the Couple has crossed the border of bareness even :in Igbo culture: For instance, in Igbo culture, '*ume omumu*' (that is those who often miscarry or are unable to can)' pregnancy to term) are still respected and empathized with because there is hope of successful pregnancy outcome more than those affected by primary infertility, regarded as '*nwanyi aga*' - (that is those who have never experienced conception at all) who are viewed with disdain.

4.3 Core Manifestations of Marital Conflicts arising from Infertility in Anambra state

Views of the respondents about Core manifestations of marital conflicts arising from infertility among infertile heterosexual couples in Anambra state are shown in Table 5.

Table 5: cross Tabulation of Gender and Manifestations of Marital Conflict among Infertile Heterosexual Couples

| Response | What is your sex? | | | | X ² |
|-----------------------------|-------------------|-------------|------------|------------|--|
| | | Male | Female | Total | |
| Extra marital affairs | Yes | 146(73.4) | 326(83.6) | 472(80.1) | X ² =8.651, N=589, df=1, P=003 |
| | No | 53(26.6) | 34(16.4) | 117(19.9) | |
| | total | 199(100.0) | 390(100.0) | 589(100.0) | |
| Constant squabbles | Yes | 92(46.2) | 288(73.8) | 380(64.5) | X ² =43.893, N=589, df=1, P=000 |
| | No | 107(53.8) | 102(26.8) | 209(35.5) | |
| | Total | 199(100.00) | 390(100.0) | 589(100.0) | |
| Isolation | Yes | 183(92.0) | 309(79.2) | 492(83.5) | X ² =15.520, N=589, df=1, P=000 |
| | No | 16(8.0) | 81(20.8) | 97(16.5) | |
| | Total | 199(100.0) | 390(100.0) | 589(100.0) | |
| Verbal abuse and harassment | Yes | 113(56.8) | 278(71.3) | 391(66.4) | X ² =12.411, N=589, df=1, P=000 |
| | No | 86(43.2) | 112(28.7) | 198(33.6) | |
| | Total | 199(100.0) | 390(100.0) | 589(100.0) | |
| Domestic violence | Yes | 118(30.3) | 22(75.4) | 412(69.9) | X ² =16.225, N=589, df=1, P=000 |
| | No | 81(40.7) | 96(24.6) | 177(30.1) | |
| | Total | 199(100.0) | 390(100.0) | 589(100.0) | |

Source: Field survey 2014

In Table 5 male respondents 146(73.4%) and female respondents 326(83.6%) were of the view that extra marital affair is one of the manifestations of marital conflict. The distribution showed also that male 92(46.2%) and female 288 (73.8%) of the respondents indicated constant squabbles. Those respondents who indicated isolation were 183(92.0%) males and 309(79.2%) females, while, of all the respondents those who pointed out verbal abuse and harassment were 113(56.8%) males and 309(79.2%) females. The table showed also that male 118(30.3%) and female 22(75.4%) of the respondents indicated domestic violence. The result of the $x^2=8.651$, $X^2=43.893$, $X^2=15.520$, $X^2=12.411$, $X^2=16.225$, and $P=.003$, .000, .000, .000, .000, respectively shows that there is a significant statistical difference in gender and manifestation of marital conflict in the study area. This' result shows that some individuals in Anambra state have suffered one form of marital conflict or another as a result of the inability to conceive. This finding was supported by a KII respondent who said that:

It is a daily struggle, when you cannot conceive, the most demanding, stressful and disheartening experience of my life ... I don't know how I got through those depressing years of my life (Female aged 56 years).

4.4 Measures to ameliorate Marital Conflicts arising from Infertility in Anambra State

Respondents' views on how to ameliorate marital conflicts arising from infertility in Anambra state are shown in Table 6.

Table 6: Cross Tabulation of Gender and Measures to ameliorate Marital Conflicts arising from Infertility

| Response | What is your sex? | | | | X ² |
|---|-------------------|-------------------|-------------------|-------------------|--|
| | Yes | Male | Female | Total | |
| Improved reproductive health Knowledge on the actual sources/causes of infertility to reduce misconception and stigma attached to infertility | Yes | 100(50.3) | 249(63.8) | 349(59.3) | X ² =10.087, N=589, df=1, P=001 |
| | No | 99(49.7) | 141(36.2) | 240(40.7) | |
| | total | 199(100.0) | 390(100.0) | 589(100.0) | |
| Creation of awareness on the use of Assisted Reproductive Technologies such as IVF to aid conception using the media | Yes | 168(84.4) | 368(94.4) | 536(91.0) | X ² =15.889, N=589, df=1, P=000 |
| | No | 31(15.6) | 22(5.6) | 53(9.0) | |
| | Total | 199(100.00) | 390(100.0) | 589(100.0) | |
| Spousal co-operation and support | Yes | 59(29.6) | 162(41.6) | 221(37.5) | X ² =7.946, N=589, df=1, P=005 |
| | No | 140(70.4) | 228(58.5) | 368(62.5) | |
| | Total | 199(100.0) | 390(100.0) | 589(100.0) | |

Source: Field survey 2014

Table 6 shows that female respondents 249(63.8%) and male respondents 100(50.3%) indicated improved reproductive health knowledge on the actual sources/causes of infertility to reduce misconception and stigma attached to infertility. Majority of the respondents female 368(94.4%) and male 168(84.4%) indicated awareness on the use of Assisted Reproductive Technologies such as IVF to aid conception using the media while female respondents 162(41.5%) and male respondents 59(29.6%) indicated that spousal Co-operation and support is one the major ways to ameliorate marital conflict arising from infertility. The result of the $x^2 = 10.087$, $x^2 = 15.889$, and $x^2 = 7.946$ respectively which shows that improved reproductive health knowledge on the actual

sources/causes of infertility was statistically significant at $p < 0.001$, creation of awareness about IVP treatment was statistically significant at $p < 0.000$ while spousal co-operation and support was statistically significant at $p < 0.005$. This implies therefore that creation of awareness about IVP treatment and improved reproductive health knowledge on the actual Sources/causes of infertility are strong determinant factors for ameliorating marital conflicts arising from infertility in Anambra state. The KII respondent interviewed also supported these findings and emphasized that:

To prevent conflicts arising from infertility, there should be a lot of enlightenment about the condition, the treatment and care centers including IVF should be introduced in the tertiary hospitals which will drastically reduce the cost. In the entire state, only one or two hospitals have IVF clinic. Some people are not aware of it and those who knew about it could not afford the high cost with low success rate. Government should provide a lot of fund for research, training and treatment. They should subsidize the setting up, treatment and training of medical personnel (Male medical practitioner, aged 55 years).

Another KII participant emphasized the importance of the couple's mutual support and submitted that:

The love and support of my husband, is extremely helpful... Support from family and friends has been one of the most important factors in dealing with my Infertility. Their support has been able to sustain me and give me hope, even in extreme periods of sadness (Female aged 40 years).

5.0 Discussion of Findings

Fertility and parenthood are highly valued in Anambra state and indeed Nigeria to the extent that procreation is usually considered the main purpose of marriage. Results of this study show that people have

different perceptions of infertility as it were. It is predominantly perceived as a curse, a condition predestined by God/supernatural problem. Some see it as a natural occurrence and that with necessary prayers and patience the person can be fertile. While some view it as preternatural issue where evil/supernatural hands are noted to be the causative agents and some of the sufferers feel rather fatalistic about it as they have resigned to fate and assumed that nothing could happen again. This finding is consistent with Ali, Raafay, Imam, Khan, Ali, Shaikh et al. (2011) who opined that beliefs in evil forces and supernatural powers as causes of infertility are still prevalent especially among people with lower level of education in Karachi Pakistan. However this is in contrast with the findings of Ikechebelu (2003), Okwelugo, Azuike, Ikechebelu & Nnebue (2012) in south eastern Nigeria which attributed the aetiology of infertility as a disease or a medical problem than a social problem. This disparity in findings may have been coloured by the researchers' medical biases. Sociologically, the present study found that in Igbo land, the predominant perception of infertility as a condition predestined by God/supernatural problem, or a threat to procreativity/continuity of lineage is not farfetched. This could be because Igbo people are predominantly, religious and therefore, they attach a lot of religious connotations to many social events or conditions. It was found that inability to conceive among the Igbos in Anambra State comes with an array of conflicts, such as extramarital affairs/marital infidelity, domestic violence, verbal abuse and harassment among others. This implies that infertility among heterosexual couples has a lot of social, economical, political and psychological impact on affected couples.

5.0 Conclusion

Motherhood has deeper social roots in Anambra State, to the extent that, the social, cultural and psychosocial consequences of childlessness are often very severe. Outside the clinical perception of infertility, there are so many other meanings that are attached to the concept of infertility and these have negative implications for the infertile, especially, the woman. Infertility challenges have resulted in series of traumatic experiences for many infertile heterosexual couples in Anambra state. There is therefore

an urgent need to vigorously create awareness about the actual causes of infertility to dispel the misconceptions about this health condition that causes conflict among affected couples in Anambra state,

Recommendations

The study has shown that majority of respondents experiencing infertility lamented that it is a traumatic condition that leads to series of conflict among affected couples. There is therefore the need government as well as, Non-Governmental Organizations (NGOs), demographers, health personnel and other stakeholders to embark on massive enlightenment programmes to educate the society on the actual source/causes of infertility so as to dispel misconceptions about the condition. Vigorous awareness should also be created to educate infertile couples on the use of Assisted Reproductive Technologies such as In-vitro Fertilization (NF) to aid conception. Tremendous support and" co-operation from infertile couples should be encouraged and sustained to give hope even in extreme periods of sadness and conflict. The study also recommends that to help reduce the rate of stigmatization attached to infertility treatment procedure like NF in Anambra state it is important for government in addition to relevant NGOs and the private health sectors to subsidize the cost of infertility treatment.

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