Infertility in Africa: A Great Manifestation of Gender Discrimination

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I. Introduction

Infertility, barrenness or involuntary childlessness is a health problem that affects many couples culturally, socially and also psychologically. It is the inability to reproduce by natural means (Dyer, Abrahams, Hoffman & van der Spuy, 2002:1657-62). Infertility could be primary meaning the couple have never carried a pregnancy after at least one year of having sex without using any birth control method or inability to carry a pregnancy until birth. Secondary infertility which means couples have been able to get pregnant at least once but now are unable (Tabong & Adongo, 2013:Online).

It is estimated that 10-20% of couples in the world suffer from infertility. The problem is more common in the low and middle income countries where 1 every 4 couples suffers from infertility (WHO, 2012: Online). The major cause of infertility in Africa is infection related which accounts for 85% compared to 33% worldwide (Ombellet, 2011:257-266). Other causes include low sperm count or sperm disorders and dysfunctional ovaries and hormonal imbalance. Although infertility is contributed 50% by men and 50% by women, the African woman bears the blame whenever a couple are infertile(Kumar & Singh, 2015:191:196). The challenges stated below are the observations of the authors who are from different communities in Kenya and findings from studies on infertility in Africa.

Challenges Faced by the African woman when a couple are infertile.

The challenges faced by the African woman may differ from county to country. However the mistreatment of these women cuts across most of the African society. The consequences of infertility are traumatic Below are some of the challenges:

Stigma.

Infertile women are stigmatized in most societies throughout their life time. Infertility which initially is a private distress transforms itself to be a hush public stigma with complex devastating consequences. Many people believe that the infertile woman may have been promiscuous and may have aborted thus damaging their reproductive organs rendering them infertile. Infertile women are sometimes prevented from holding the babies of other women and told that they have no experience of taking care of any child. Infertile women have been denied to hold babies with the notion that they can kill other people’s children in the manner that they have killed their own in the womb. In some churches, infertile women have been denied to teach in Sunday school and the reason given is that they have no experience in communicating with children. In some societies, when an infertile woman dies, they are not buried in the land since they are thought to harm the fertility of the land so they were disposed in the forest probably to be eaten by wild animals. Stigmatization of the male partner is sometimes observed especially when it comes to choosing of leaders but cannot be compared to that of the infertile woman (Ombellet, 2011:257-266 ; Tabogo & Adongo, 2013:Online)

Divorce.

Many couples who are infertile end up having a divorce as having children constitutes the reason for marriage. It should however be noted that some of the divorced women get remarried and start bearing children while their previous husbands remarry and remain childless in their second marriages. In such a situation, the problem is with the man but society but the society always lays the blame on the woman (Panti & Sununu, 2014:7-11; Tabogo & Adongo, 2013: Online ; WHO,2010:877-953).

Polygamy and its consequences.

When the first wife is deemed infertile, the husband is pressurized by his parents, other relatives and friends to marry a second wife in an effort to have children to carry the name of the family and the clan. When
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Alternative forms of marriage

Infertile women among some communities in Kenya and other African counties are forced to marry other women to come to the family and bear children on their behalf. These marriages are in two forms. In one type, the infertile women marries a young woman paying dowry as in any other marriage then she dictates the man whom she (the woman husband) would have her young wife to have sex then bear the children who will be called by the name of the infertile woman. The infertile woman assumes the role of a husband in all aspects except the biological form of making a woman pregnant. This arrangement used to work in the past when the moral standards of the society were good. The young woman of today may not abide by such arrangements and there have been cases where the elderly infertile women have come out complaining that their new wives are disobedient and are leading their lives as independent women (Singoei & Choge, 2012). There is also another form whereby the infertile woman marries a woman then gives her to her husband to have sex and bear children on her behalf. It has been reported that in some cases the young women upon coming to the family of the infertile woman teams up with the others in mistreating the elderly woman who is childless. In both situations, the infertile woman is subjected to a lot psychological and financial distress (White house & Hollos, 2014:122-139).

Extramarital relationships and its consequences

When a couple are infertile, there is a great temptation to try checking out if it is possible to have a child with a different partner. A number of problems have resulted from such relationships such as sexually transmitted disease to include HIV/AIDs, divorce and psychological distress. When the man discovers that he can get children from the other women, he will marry her and divorce the infertile woman. On the other hand if he is unable to get any child, he will be happy to remain with the infertile woman to cover his shame of being known to be responsible for the infertility (Obi, 2006: 72-75; Tabogo & Adongo, 2013:Online).

Disinheritance.

A woman who is infertile is not allowed to inherit anything from her husband’s family. When her husband dies, she is chased from the matrimonial home and all the property that she and her husband had acquired are taken away from her (Ombelet, 2011:257-266).

Physical violence.

A number of women are physically abused when a couple are infertile (Farzadi, Ghasemzadeh, Bahrami Asl, Mahini & Shirdel, 2014:147-151; Ombelet, 2011:257-266). Many of this physical violence against infertile women are not reported but in Kenya there is a case that hit the headlines recently in all media houses which was the case of Jackline Mwende whose face was disfigured and both hands chopped off due to infertility. It was however later established that the husband was infertile as Patricia was made pregnant by another man.

Psychological stress/violence.

The infertile woman experiences psychological harm as they are isolated from other members of the society especially where there are ceremonies celebrating childbirth and other events where parenthood is being celebrated. Infertile women undergo a lot of psychological trauma especially from the Mother-in-law. Some infertile women have been told that the only thing they do in their matrimonial homes are to eat and fill the toilet. This is traumatizing to the woman who has the desire to get children and are unable. The women in the village gossip about them whenever they appear and this makes them isolate themselves in their houses as they try to get treatment for infertility (Farzadi, Ghasemzadeh, Bahrami Asl, Mahini, & Shirdel, 2014:147-151; Ombelet, 2011:257-266).

Lack of information regarding infertility.

There is limited information regarding infertility to include cause, treatment and prevention of infertility. The infertile couple and especially the woman fear to discuss issues infertility because of the views people have developed regarding the causes of infertility. In most cases the infertile woman is suspected to have done some criminal abortion and when they get married they are unable to carry a pregnancy. It is believed that the gods are repaying her for the evil she did. Many of the infertile women may also not be literate and be able to access information from other sources such as the internet which could give them an idea of step they may need to take (Dyer, Abrahams, Hoffman & Spuy, 2002:1657-1662; Chhabra, Srujana & Annapurna, 2012:10-13).
Inaccessibility of services to manage infertility.

Management of infertility is expensive and out of reach by the common citizens in Africa. The average cost of investigations and treatment may be 4,500 US dollars which only a few people can afford. Moreover, even with such treatment a number of couples (will still not be able to bear) This makes the situation worse as the woman will be blamed for having cost the family to spend so much money in vain (Ndegwa, 2016:128-130; Ombelet, 2011:257-266; Dyer & Patel, 2012:102-109).

II. Conclusion

In view of the prevalence of infertility affecting 1 in 4 couples and the negative effects on the affected couples, the governments in the low and middle income countries where is problem is rampant should endeavor to increase access by lowering the cost of investigations and treatment. Advocacy and provision of relevant information on infertility should also be intensified in an effort to reduce gender discrimination on this matter.

References