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Profiles of Infertility in Southern Nigeria: Women's Voices from Amakiri

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ABSTRACT

This paper advances understanding of the consequences of female infertility in sub-Saharan Africa on the individual level. It illustrates how local meanings of infertility are shaped by the social and cultural context and how they influence the life experiences and coping behaviours of infertile women in an Ijo community in the Niger Delta. Infertility in Amakiri is a stigma. Barren women cannot attain full womanhood and join appropriate age associations since they cannot be circumcised without having given birth.

Uncircumcised women cannot be buried within the town, rather, their corpses are buried in a designated forest. The paper is based on over twenty years of ethnographic field work, a complete census of one of the town's quarters to estimate the level of infertility and on the life histories of infertile women. The life histories are used to illustrate how women of various ages, educational levels and occupations cope with their common experience of infertility. (*Afr J Reprod Health* 2003; 7[2]: 46-56)

RÉSUMÉ

Profils de la stérilité au sud du Nigéria: les voix féminines d'Amakiri. Cet article fait valoir la connaissance des conséquences de la stérilité en Afrique sub-saharienne sur le plan individuel. Il démontre comment les significatives locales de la stérilité sont façonnées par le contexte social et culturel. Il démontre aussi comment elles influent sur

les expériences des femmes stérilisés et sur les comportement qui leur permettent des s'en sortir dans une communauté ijo dans la région de Niger Delta. La stérilité est un stigmaté à Amakiri. Les femmes stériles ne peuvent pas devenir de vrais femmes et ne peuvent pas appartenir à des associations d'âge appropriées puisqu'elles ne peuvent pas être excisées sans avoir déjà enfanté. Les femmes qui ne sont pas excisées ne peuvent pas être enterrées à l'intérieur de la ville; plutôt, leurs corps sont enterrés dans une forêt désignée. Cette étude est basée sur une enquête ethnographique sur le terrain d'une durée de plus de vingt ans, sur un recensement total d'un des quartiers de la ville afin d'évaluer le niveau de la stérilité et sur l'histoire de la vie des femmes stériles. On se sert de l'histoire de la vie des femmes pour démontrer comment les femmes de différents âges, de divers niveaux d'éducation et d'occupation se débrouillent avec leur expérience commune de la stérilité. (*Rev Afr Santé Reprod* 2003; 7[2]: 46-56)

KEY WORDS: *Infertility , Amakiri, Nigeria, women, stigma*

INTRODUCTION

When in the summer of 2002, after almost twenty years of absence, I returned to Amakiri,¹ an Ijaw community in the Niger Delta, with my 16-year-old daughter, I was received with jubilation. It was extremely gratifying to see that people still remembered me - and so warmly - from 1982 when I spent a year in their community studying adolescence, and from 1985 when I returned to study fertility. During those times I was living alone in the community, although my 14-year-old niece and my male partner did come to visit for a brief period. It soon became clear that the jubilation was not due to my return but to the fact that I came back with a child, my own child. "And this is your baby! Welcome! Thank you for bringing your baby to us!" exclaimed various people.

A number of women told me that it was so good to see that I have become an adult woman and that bearing a child made me one of them. If I could only stay longer I could finally be welcomed to the women's associations as a full member. Even though I was very much aware of the importance of having children among the Ijo, until this experience I did not fully realise what a tremendous difference it made for a woman to be recognised as a mother and as a mother who has given birth. And by the same token, how much of a stigma infertility was. This was impressed on me so powerfully that I was afraid to tell my Amakiri friends that my baby was adopted.

The problem of infertility in sub-Saharan Africa received comparatively little attention from social science researchers, anthropologists and demographers until recently. It was obscured by the region's high fertility rates, which gave rise to a global climate of concern over population growth and high fertility that is not conducive to the perception of infertility as a real problem.² Currently, however, there is increasing awareness of infertility in Africa as a serious social and public health problem.³ Its prevalence on the

continent is much higher than that of the rest of the world, as evidenced from demographic estimates of infertility that are largely based on nationally representative surveys such as the demographic and health surveys (DHS), which provide data for country level analyses. Although the surveys are helpful in promoting an appreciation of the broad scale of the problem, it is still problematic to obtain regional infertility estimates for many countries even from these large sample sizes. In these analyses, the numbers per region are often so small that multiple regions are combined into single zones to increase sample size. In doing so, local variations in infertility are masked, in spite of evidence suggesting that infertility in sub-Saharan Africa varies markedly within small geographic areas.

Although Nigeria is located just outside the Central African infertility belt, evidence suggests that the country has high rates of infertility.¹⁻³ According to the 1990 Nigeria DHS, about 4% of women over 30 years have never given birth to a child. A recent population-based survey of women of reproductive age in Ile-Ife, Nigeria, however, revealed that up to 20% of women have secondary infertility.⁴ Other community-based data suggest that up to 30% of couples in some parts of Nigeria have difficulties in achieving a desired conception after two years of marriage without the use of contraceptives.⁵ These rates are variable even within the same region and there is indication that the meanings of fertility and infertility are also locally specific. Thus, there is clearly a need to document local levels, trends and socio-demographic patterns of infertility as well as to understand its meanings and consequences for individuals living under different fertility and infertility regimes.

METHODS

This paper represents an attempt to advance the understanding of the meanings and consequences of infertility in one community by documenting the lives and coping mechanisms of infertile women. It is based on extensive ethnographic work in the Ijaw community of Amakiri over a period of twenty years.⁶

In the summer of 2002, in-depth life history interviews were conducted with infertile women and a complete census taken of Makido quarter, one of the town's seven villages, in order to determine the level of infertility. The quantitative results are based on this census. Approximately 150 households of varying sizes were enumerated, ranging from large compounds of 25 occupants to small two-person households. The total population numbered about 1000. The infertility rate was estimated to be 3%.

DESCRIPTION OF THE STUDY AREA

Amakiri is located on the western bank of the Forcados branch of River Niger in Delta State of Nigeria. Its population in 1986 was approximately 7,000; its seven villages or

quarters form the central core of Torowei clan. These quarters are patrilineal descent groups that are segments of the clan, to which all of the Amakiri Ijaw, as well as those from the surrounding villages, belong. The town is predominantly Ijaw and it is considered to be 'owned' by Ijos, although there are sizable numbers of Isoko and Urhobo permanent residents. The town is an important regional commercial centre and transportation junction. It is the seat of the local government council, of an Anglican archdiocese, and the locus of a hospital and dispensary. It also has two primary schools and a secondary school for boys and girls. Its cosmopolitan features notwithstanding, in many respects Amakiri is a traditional community where social relations are based on kinship ties and where the economic base is still primarily horticulture and fishing.

The residents of Amakiri live patrilocally, that is, with or around the husband's male relatives. A usual household contains a man, his wife (or wives) and their unmarried children. Inheritance is patrilineal for all immovable property, including building plots within the quarters, rights to farmland and fishing sites. Other rights inherited patrilineally include membership in the family council, the right to serve the paternal ancestors and the responsibility to marry widows. Another manner of inheritance is through the mother. Children of the same mother share a common economic interest and constitute a subgroup among the patrilineally related siblings. During a mother's lifetime, this often manifests itself in increased financial assistance among full siblings and after her death in the sharing of her accumulated wealth or private property.

Marriage is frequently polygynous. There is neither a limit set on the number of wives a man may marry nor is there a simple correlation between a man's wealth and the number of his wives. Since it is the women who do the farming and provide for the everyday needs of the children, and since the amount of bride price is low, acquiring additional wives is not considered a difficult or expensive proposition. In contrast, since children represent an additional source of labour, it is believed that having many wives and, therefore, many children is one way to achieve economic success. Divorce is relatively easy and frequent. The most frequent reason for divorce is infertility or low fertility and it may be initiated either by the wife or the husband.

The economic base of Amakiri is horticulture, with a number of secondary occupations. Farming is done by the women who marry into the land-owning patrilineages. As of this generation, there is no land shortage and each woman can generally acquire as much land as she can or wants to cultivate. A woman uses a large proportion of the crops she grows for her household and sells the rest. The other primary economic activity (fishing) is also done almost exclusively by women. Most of them, as a matter of course, are involved in marketing and trading. The few women who are not engaged in the primary occupations work as seamstresses, shopkeepers or schoolteachers. The majority of the secondary and tertiary occupations are taken up by the men. These may be divided into two categories: the traditional labour-intensive 'informal' sector (shoemakers, barbing, tailoring and shopkeeping) and the more newly emerged 'formal' sector (primarily consisting of

salaried occupations such as clerks, gravel diggers and block molders). Because of the relatively low cash intakes by the men for their daily needs, the household is to a large extent dependent on the primary activities of the women. The labour contribution of children of all ages is considerable.

THE MEANING OF FERTILITY

Under the prevailing social and economic conditions, high fertility can be seen as an adaptive strategy for the majority of men and women. From the men's point of view, additional offspring adds to the power and prestige of their sublineage or family. This is because, socially, in Ijaw society prestige is determined by the number of adult male followers a man can muster and, economically, because children are important in establishing claims to landholdings in the community in competition with other sub-lineages. The moral and political support that stems from large families is a conscious survival strategy in the present as it was in the past. In the more distant past, competition was thought to be a condition of physical combat between equivalent segments of the Ijaw society. The imposition of the nation state has not precluded the belief that kin support is still necessary for defending oneself. Parents see wealth as flowing from children to them. Many children represent social and economic goals; they also help with the education of remaining siblings. The economic burden of raising children, for men, is not great, given the polygynous situation in which women take care of their own children's daily needs.

Females share this perspective on the desire for children. With children, a woman's prestige and value is assured and increased with each additional child. Children also represent economic advantages for women. While a mother feeds and clothes her own children, the children also contribute to her activities, without which she cannot be as productive in farming, fishing and in caring for subsequent children.

A barren woman in Ijaw society is considered to be an unfortunate being. Not only is she thought to be disadvantaged economically, since she has no children to help her, but childlessness also prevents her from attaining full adult womanhood. The Amakiri Ijaw recognises a number of stages in life for which entry into the stage of *erera* (or mature woman) is dependent on two events. These are clitoridectomy and the subsequent performance of a dance during the annual town festival. Both of these are intimately bound up with marriage and pregnancy. Clitoridectomy is normally performed in the woman's seventh month of pregnancy and considered necessary if the child is to have human status.

Women who have not been pregnant, until recently, were not being circumcised. There are indications that this may be changing, however, with young women who plan to attend schools away from the community submitting to the operation prior to leaving. The same is often true for infertile women now. Uncircumcised women cannot be buried in the town

land since the Ijo believe that this will cause the fertility of the earth to diminish. Infertile women, thus, are considered to have a marginal status. They may be divorced by their husbands, they have no children to help them economically and socially, and morally they are in an in-between status, which is not fully adult. The consequence is that infertile women often leave the community to return to their paternal compound in old age. Women with secondary infertility, i.e., those with one or two children, fare somewhat better, but they may also be divorced by their husbands or they may choose to leave their husbands since they have not produced the desired number of offspring.

THE LIVES OF INFERTILE WOMEN

In order to capture the differences in the experience of infertile women over time, the women selected for the life history interviews ranged in age from quite old, middle-aged, to those in their childbearing years. Of the women whose life histories are presented here, one is in her 80's, one in her 70's, one in her 60's, one in her 50's, one in her mid-40's and one was 31 years old.

These life stories are presented to illustrate how the community's views on infertility affected the lives of these women and to show how they coped with the problem. These include the kinds of remedies they used in trying to achieve pregnancy and when the remedies failed, and the methods they used to improve their lot and circumvent the inevitable stigma that is attached to infertile women.

Porona Ebiki

Porona is over 80 years old (she actually claims to be 100) but spry and healthy even though she lives in one of the poorest houses in the community. It is an old mud house with a thatched roof that has not been repaired since her father died several decades ago. She said she can no longer sleep in the house during the rainy season since the roof leaks profusely. At such periods, she sleeps in her neighbour's house. She, however, wouldn't leave this house, as it is her own house. She inherited it from her father and it gives her independence.

She was born and grew up in the compound. She never went to school. She experienced her first menses when she was around 14 years old, by which time she was already married. Her husband was from a neighbouring quarter of Amakiri, whom she moved in with around 12 years of age. After her first menses they started having sexual intercourse but she never got pregnant. Her husband had earlier being married to another woman but had no children. She therefore thought that it was her husband's fault. Her husband eventually died and she was inherited by his younger brother who lived in the same compound. He also already had one wife but no children. She didn't want to marry this man but she had no choice, she was helpless and had to stay, even though she saw that the

marriage would not lead to pregnancy either.

After a couple of years she had intercourse with another brother of her husband and got pregnant. She was then circumcised by a traditional birth attendant during the pregnancy. The operation was done in her husband's house and he paid for the procedure. Then she came back to Makido, her father's quarters and did her coming out dance. Her husband gave her presents and money; it was a very happy occasion. She was finally able to take her place among the grown-up women. However, she was a female. She tried several times with her husband but she never got pregnant, and she didn't dare have intercourse with her brother again. Her husband then brought in two other wives, neither of whom was able to get pregnant, but it didn't stop his family from ostracising her. Her life was impossible, she got no respect from anyone and her mother-in-law would spit on her whenever she saw her.

After ten years, she felt she had had enough of the insult and returned to her father's house. Her mother and father were alive at the time and none of their other children was living with them. Her brother built a house adjacent to their parents'. She lived in one of the rooms in the old house and spent the rest of her life working in the fields with her mother. She never married again: nobody came for her; all the eligible men knew her problem.

Her daughter stayed in her father's compound, as he would not let her leave. When she was a little older, she would come to stay with her mother for a few days from time to time but never helped her. She however would ask her for help. She eventually got married from her father's house. She now lives in the northern part of the country with a man whom she is not married to and blames the mother for leaving her. She has had one child who is no longer alive.

Porona thinks that if she had a son, her life would have been completely different. For one thing, she would have stayed in her husband's compound, which eventually would have belonged to her son. Living under the care of her son would have been better both financially and socially. She would have had a social standing and would have been respected. As it was, she was just a daughter who was put up in her father's house, which gave her the low status of a dependent daughter.

In terms of medical attention, her husband did not take her to a doctor because he was not interested in finding out why she could not have any more children.

She is an adherent of traditional religion and worships a god called Benekurukuru. The shrine to this god is across the river. She used to go to the god, whom she said has helped her with her trading in the past. However, because he could not solve her infertility problem she has given up on going to him.

Nancy Ekberi

Nancy is a 75-year-old trader who lives in one room in a large compound owned by her brother. The house has many rooms, all of which are rented to tenants, and Nancy acts as the caretaker who collects the rent on behalf of her brother. The house is located in her father's family area; she was born there and she returned there after two failed marriages without children.

She got married to a man called Mr. Oruware in an arranged marriage when she was 14 years of age. He didn't pay her brideprice but he bought drinks, therefore, it counted as a regular marriage. Soon after marriage, her husband left for Lagos to work. She went to visit him there and he gave her some money but has never returned to live with her in Amakiri. After several visits to him without any pregnancy she decided to divorce him. This resulted in a quarrel with her father's family, so she went to live in her mother's village at Olomoru. She then met one Mr. Oletu, whom she decided to marry. Mr. Oletu was a trader who shuttled between Olomoru and Amakiri; she had known him before. He paid the bride price.

She claimed that she got pregnant twice. Each time her "belly would go up" but then it went down again. During the first of these so-called pregnancies she was circumcised and had her coming out dance in Amakiri, after which she made peace with her father's family.

After the second pregnancy "went down" she travelled to Jos where her brother was living and had "evacuation" of the pregnancy in the hospital. After this she never got pregnant again.

Consequently, she decided to marry two women for her husband and to have children by them. She paid the women's bridewealth and they bore 10 children. At that time they all lived in Lagos and she helped raise the children as her own. After a while her husband decided to move back to Olomoru and took all the wives and children with him. She did not follow them because by then she met a herbalist who told her the two other wives were responsible for her infertility. She then returned to her brother's compound about 11 years ago and has since been living there alone.

Her life as an infertile woman was not as bad as it could have been because she was the senior wife. Also, because she paid their brideprice the other two women looked up to her. The children respected her and took very good care of her. They still come and see her. However, she ended up living alone in her brother's compound. If she had her own son she would have been living with her husband instead of being barely tolerated by her brother.

Her own son could have straightened out her situation but the children of these other women cannot.

Tubolayefa Odozi

She is 57 years old. She was born and raised in Amakiri. By the time she was five years old there was school in the community and she wanted to enroll. Her mother however refused, saying that female children who go to school end up going from one husband to another. Hence, girls should get married, have children, and not go to school.

When she was 11 years old she got married to a man from another large and important family in Makido. Many years after the marriage she didn't move in with the man; she was still waiting for her menses. When she had her first menses she was circumcised. Circumcision is usually done during pregnancy but her mother thought she should have it at that point so she wouldn't have to be moving back and forth between her husband's and her father's compounds. The important thing being that she would have it done before she delivered her first child, which the mother assumed would happen immediately.

Her mother and grandmother sponsored her coming out ceremony and dance. She had a big ceremony, with many people dancing and cooking. Her family paid for this because her husband was rich. They only agreed to the marriage to make sure she wouldn't move away from Amakiri even though the match was not even.

When she was finally ready to move in with her husband, he was already travelling around on various jobs, coming and going. She then stayed with her parents. They had sexual intercourse but she did not get pregnant. She finally got tired and left the man for good. The husband was not happy because he was concerned about their inability to achieve a pregnancy.

After her divorce, she waited for one year and re-married. The new husband was a naval officer from the neighboring community of Angiama. After the marriage they moved to Lagos. In Lagos, while waiting for pregnancy she engaged in petty trading. Later on she sold clothes and became a long distance trader. She went as far as to London, Liverpool and West Germany to buy clothes for sale in Lagos. Her husband did not help her; she saved money from the petty trading to start the cloth business. As a matter of fact, she was helping her husband. Eventually she bought cars in West Germany and sold them in Lagos. She became a powerful and wealthy trader.

At that time she was experiencing miscarriages. She went to the hospital and had a D and C. She got pregnant and miscarried again. She would carry the baby up to four months and then lose it. She was so depressed that she wanted to take her own life. Her husband married two other women who had nine children for him. She had a terrible time when the other wives started having children. They all lived together in Lagos. She didn't have much to do with raising the children; rather she took the children of one of her brothers to

raise. She also took two children from her father's brother. They all stayed with her in Lagos. This was however not like having her children. Even though she took care of them, they have now all abandoned her, except a 26-year-old boy whom she sent to the university. He now works as an engineer in the nearby town of Ughelli. "Raising other people's children can never be the same as having yours," she said. The husband still loved her but she always had to take care of her medical expenses. He did not help in anyway; he had many children and didn't need any more from her.

She started constructing two large blocks of two-storey buildings in Amakiri while she was still in Lagos C about 20 years ago. She also bought five buildings in Lagos, which are rented out. The land she has in Amakiri was given to her by her family; it belonged to her father. About five years ago her husband retired and moved back to Angiama with one of his other wives. She, on the other hand, moved to Amakiri and her husband came there from time to time to stay with her. For some years she continued to trade, but she had to stop because of a motorcycle accident in Ughelli, which left her paralysed. Her houses are almost completed now; some parts are already rented out. She is a fairly wealthy woman but she is very much alone. Her husband has died and her foster children are gone. She would trade all the wealth for just one child.

Grace Sogio

Grace is 50 years old and lives downstairs in a large, brand new two-storey building that was built by her brother, Francis, on the family plot. Francis lives in Boston, Massachusetts, where he worked and saved money to build the house. Francis uses the top of the building, which is securely locked. He rarely comes home. The daughter Frank had from his divorced wife and two other teenagers in the family live downstairs with Grace. Grace is the caretaker of the building and tidies it up whenever she receives a message that Frank is coming.

Grace was born in this compound, which is part of the large Obibio family holdings. Her mother had ten children. When she was growing up, there was already a primary school in town and she attended up to primary five, where most girls stopped then. She was about 12 years old at that time and had already started her menses.

She then got married to Onitsha, a young man from another prominent family in Makido. Onitsha's brother, Adausi, arranged the marriage for his brother, who worked in Lagos as a seaman. She saw him for the first time when he came for the drinks ceremony signalling the sealing of the marriage contract. Her older sister had however met him before then and knew him to be a good man. She was 13 years old when she got married. Onitsha already had one wife but no children. His family thought that if he had another wife he could perhaps have children. The first wife, Agnes, soon left; they cannot say whether she ever got married again and had children.

Onitsha paid her bride price and they decided that she should be circumcised before moving to Lagos, where it might be hard to get it done. She also had her coming out dance, all of which was paid for by the husband. She then went to Lagos to join her husband. There she had several miscarriages and finally went to the doctor who gave her drugs. She got pregnant again and miscarried.

While she was in Lagos she engaged in trading. She was there throughout the period of the Biafra war, since it wasn't safe to travel. But she finally decided to leave her husband. It was clear that she was not going to have a child with him. She came back to Amakiri and after one year she married an Isoko man, whom she chose by herself. The man was a trader and already had two wives and children, so she believed that he would also give her children. They all moved up north to Abuja and all the wives traded in provisions, beer and clothing.

She soon got pregnant but miscarried again. She went to the doctor and she had D and C done for her, but this didn't help. She became upset about not having her own children, but she accepted the other wives' children. The husband was very careful to be equitable in his treatment to all the wives; he bought them the same gifts. However, he only shared his thoughts and plans with her. The other wives were jealous. The husband was willing to take her to the doctor and pay for an operation to help her, because he knew how unhappy she was.

Eventually he married yet another woman seven years after her, because men were using the women to support their businesses. He set all of them up in their stores, which they ran and gave him the profit. When the new woman came, he stopped loving Grace and he told her so. He also said she was useless as a woman and that she should kill herself. She believes that the new wife used charm to turn the husband's love away from her. She soon had three children and was happy.

After some time the first wife left, followed by Grace, and later the new wife. Only the second wife remained with the husband. It was easy for the others, when they left they took their children with them but she had no right to any of them.

Twelve years ago, Grace came back home, stayed for one year and went back to Abuja to trade. She started a small restaurant, which flourished for some time with several employees. However, the economic situation in the country worsened and she left for Makido again. She lived in her father's house until Francis built the new house where she moved into about nine years ago. She is well tolerated, has a nice place to live and helps raise the children in the family. But this has not solved her problem. She said: "You can never satisfy other people's children whom you have not given birth to. They read some meaning into every statement you make, they don't love you."

Rosalind Fiya

Rosalind is 45 years old and a secondary school teacher across the river in Bayelsa state. Her husband was the Anglican minister in Makido, which is the reason they came to live there. But now he has taken a leave of absence and gone back to school to study clinical psychology. She is an Ijo but her family is from across the river. As a young child, she lived in many places; her father was a rural development officer. The father had only a standard six education but was erudite and smart. He had two wives and many children and he traveled around with all of them.

After finishing primary six, Rosalind continued on to the teacher training college and became a primary school teacher. She got married in 1978. By that time she was almost through with her training. Her husband was from the same area with her, but he lived in Benin City, where he was a coach for the Bendel State swimming team. Rosalind was a swimmer and they met at a swimming meet. After they married she stopped swimming and concentrated on getting pregnant. She finally got pregnant after three years of marriage. She met a gynecologist in Benin who told her that she had blocked tubes. She had a surgery to unblock her tubes after which she got pregnant and delivered a son. However, after this she kept on having miscarriages. After the birth of her son she was circumcised and she had her coming out dance. She went back to school, completed her teacher training and eventually got a job.

It was a good life but she was still uneasy and dissatisfied with having only one child.

She finally decided to go back to school and obtain a bachelor of science (B.Sc.) degree so that she could teach in secondary school. It seemed that with only one child at home, she needed something more challenging to do professionally. She was to start school on the Monday after the Sunday that her husband was killed in a car accident. Her son was seven years old. Her older brother encouraged her to go back to school anyway. She eventually completed her bachelor's degree in physical and health education at the University of Port Harcourt in 2001. It took her many years. Her son is 18 years old now and a university student in Delta State.

In 1999 she re-married. Her current husband was visiting all the churches in the diocese and came to Bomadi, where she was teaching in a primary school. She was a member of the CMS church. He was divorced with four children, two of whom were living with him at home. The older of the two is now 18 years old, but he left to live with his mother. The younger one is a girl, now 12 years old, and she lives with them.

She is trying desperately to have a child with this husband. She went to a doctor in Ughelli who did D and C for her and said there is still hope, but she has recently miscarried again.

As much as she is trying to have another child and thinks that children are a blessing, she realises that if she had more children she would never have gone to the university. "More children, more trouble," she said.

Jeannette Okosibo

Jeanette is 31 years old; she is from Ogume in Delta State, Nigeria. She is Kwale by tribe. Her husband is from Amakiri. He is a member of the Adoni family, one of the largest prominent families in Makido. He recently built a new house in his family's area and came back to live there. She has been married to him for nine years.

She had earlier been married to another man when she was 15 years old. Before this time, she attended primary school and completed primary six. She had experienced her first menses at 14 years of age. A year later (1980) she got married and moved to Lagos with her husband. Her husband was a driver from her home community. In 1983 she had a male child. While she was pregnant she was circumcised and had her coming out dance. She had a second child in 1984 but lost him. Soon after this her sister came to live with them and she ended up marrying her husband. This is unacceptable by their custom and it made her life miserable. Her husband neglected her and considered her useless since she couldn't get pregnant again. She finally left him in 1986 and moved in with an uncle, but she had to leave her son with her husband.

With encouragement from her uncle, she went to school in 1987 to become an auxiliary nurse. The course took three and half years. She lived with her uncle, who helped her throughout the period. After she completed her course she worked in a private clinic in Lagos for about four years. She could see her son but he couldn't stay with her.

She came to marry her present husband, Kofi, through arrangement by Kofi's stepmother, who is from her home community. Kofi was separated from his wife, who had four children for him. The children were still in primary school and he needed a wife to take care of them. First, they lived in Lagos, but after some years they left her. The children now live with their elder brother and only come for vacations, with the exception of a girl who is now 18 years old. She came to live with them in Lagos after finishing secondary school.

She has been trying to have a child with this husband since she got married. She got pregnant four times and miscarried. The husband is aware of the problem but doesn't show any interest in helping her. He already has many children; therefore, he won't pay for treatment. She has no money; hence, she has never gone to a medical doctor but she went to a native doctor on her own. He gave her massages to put the womb in the right position. He told her that her problem is that her veins are stiff and cannot accept the pregnancy. She still hopes to engage in some petty trading and save money to pay for the treatment

herself. She would have to go to Ughelli for it, which is expensive.

Her problem is that when she gets old there will be nobody to help her. She does not believe that her husband's children would help her. She also knows that whenever her husband dies she would have to go back to her home community, since she will have no right to remain in his compound. His son will come back and kick her out. "The problem with infertility is not only that you have nobody to help you," she said, "but also that society doesn't respect you. For a woman, respect is only due if she is a mother of children. Even young people don't respect you when you are not mother to their mates."

DISCUSSION

These life histories document the experiences of infertile women in the context of their communities. There are a large number of common elements in these lives as a result of their infertility or sub-fertility, and the women also share a number of common concerns.

Divorce is among the most prominent consequences of infertility. The interviews demonstrate that in this patrilineal society, if a woman doesn't give birth or doesn't have enough children divorce will inevitably follow even if her husband "loves" her. All the women interviewed were married at least twice. Divorce was either initiated by the man or the woman, but most frequently by the woman. In a polygynous society, husbands of infertile women have the opportunity to marry other wives if one of them does not produce enough children. The consequences of this include painful neglect and marginalisation in the household. These inevitably make her to leave the home. A related consequence is that the woman has multiple partners, and many of them sleep around with the hope that they would get pregnant.

One consequence of the divorce is that as menopause approaches, the women find themselves without a place to live and return to their family compounds. There they live in a marginal situation, often only tolerated and sometimes maltreated by their brothers. In several cases, there is a striking discrepancy between the economic level of the woman and the rest of her extended family members.

This was among the major concerns of all the women regarding their infertility. Not having a son means not having a rightful place as an older person in the society. A wife has no rights to residence in her husband's place, especially after his death, except through her son. Although, presumably, daughters of a family are welcomed back to their paternal compound where they have a right to be, in practice this is usually a difficult situation for the women. The women feel that they have no respect from their kin and that nobody would stand and care for them.

The concern about lack of respect by members of the society runs across all age groups;

the older and younger women alike. They feel that their age mates and even the younger ones show little or no respect for them. Even though all the women interviewed have been circumcised, which allows them to attain full womanhood, not having a live child or having only one child still puts them in a marginal position.

Interestingly, none of the women was particularly concerned about the consequences of infertility on their work load. In Amakiri, as in other rural African societies, having sufficient hands in agricultural work is often considered a motivating factor for high fertility. These women, however, solved the problem by fostering or taking in any number of children, most often from their father's side. Fostering thus solved the problem of workload, but in none of the cases did it make up for the emotional void that was felt by infertile women.

It is therefore clear from the experiences that infertility is a major life-altering problem for the women. What also emerges from the accounts is that although they suffer from the consequences of infertility, they are far from being passive victims. As shown in much of recent scholarship in anthropological demography, women actively use resources at their disposal and devise strategies to challenge or alter oppressive systems.⁶ This has proved to be operative in the numerous strategies they have devised to regulate fertility and in their quest for solution for infertility.

Amakiri women have adopted a number of strategies to cope with their infertility. To begin with, they seek both biomedical and local remedies, and often a multiple of these. When these fail (if they feel the man is to blame) they may resort to getting pregnant by another man, sometimes the brother of the husband. Many of them also claimed to have had a number of miscarriages, and one of them claimed to have had a "belly" at least twice. This is particularly important in Ijaw society where circumcision and the attainment of full womanhood are linked to pregnancy. In this context, it is important to note that all the women interviewed have been circumcised and have had their coming out dance, mostly during "pregnancy". Another way to lay claim to children is to "marry other women" for the husband, pay their bride wealth, thus becoming more of an owner of the children than by simple fostering. But if all fails, fostering relatives' children is the last resort, which provides children for the woman.

An outsider would think that most of these women have been quite successful in overcoming the difficulties associated with their infertility. All of them have managed to get circumcised, mostly by feigning pregnancies or miscarriages. This helped them combat the worst stigma associated with infertility, the inability to become a full fledged woman. One of the women became a wealthy and successful trader, while another completed a university course. Grace Sogio said she is "extremely well-accommodated"; she lives in a beautiful house where she has a bedroom and a parlour. A third one, the oldest woman in the interview, has outlived all her age-mates, and her neighbours jokingly commented that not having many children is in fact good for one's health. Nevertheless,

all these women claimed that whatever success they may have achieved or worldly goods accumulated, they would gladly give it up if they could have a child, preferably a son.

A larger random sample of infertile women would have to be interviewed before one can generalise the findings from this study. It is clear from the interviews, however, that infertility represents a major concern for the women affected by it. But it is unclear how much of a community problem it is. The relatively low estimated level of 3% infertility does not presently seem to make infertility a major reproductive health problem at the community level. However, the risky behaviours associated with it may soon alter the situation. With the increasing prevalence of HIV/AIDS in Nigeria, multiple partnerships and the frequent switching of partners by infertile couples may represent a potentially dangerous situation with wider implications for the community. It is, therefore, not only essential but also urgent to pay attention to the problems expressed by the voices of these women and to institute a programme of education aimed at prevention.

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