

SOCIO-CULTURAL DETERMINANTS OF INFERTILITY AND MARRIAGE INSTABILITY AMONG THE NATIVES OF ONITSHA, IN ONITSHA NORTH LOCAL GOVERNMENT AREA, ANAMBRA STATE

Augustine Nwanosike Anyamene Department of Sociology and Anthropology Benson Idahosa University, Benin City Email: anayameme@biyedung

ABSTRACT

This paper examines the socio-cultural determinants of infertility and marriage instability among the natives of Onitsha. The objectives of the study were to examine the sociocultural determinants of infertility underlying marriage instability, the gender factors associated with infertility, the socio-cultural consequences of infertility and the societal opinions about the infertile couples. In this research work, descriptive survey was used to accurately portray the socio-cultural determinants of infertility and marriage instability among the natives of Onitsha. Consequently, 199 questionnaires were distributed to the individuals who have a close relationship with childless couples in Onitsha inland Town. The study employed descriptive statistics and chi-square to analyze the data obtained. It was found from the study that the cause of infertility cannot be attributed to supernatural causes. It was also shown that male and female gender contributes to infertility and marital instability is often a consequence of infertility. It was shown from the research that gender factors affect marriage instability. The study also found out that family members show disregard for infertile couples. It is therefore recommended that those facing the challenge of infertility should check out options available to them such as insemination or intracytoplasmic sperm injection. However, if all attempts fail, couples should accept their condition and stay strong. Further sensitization, counseling, and awareness are needed so that childless couples or individuals are not discriminated against.

INTRODUCTION

Marriage is the earliest social institution which dates back to creation when God created man. And the Lord God said it is not good that man should be alone, I will make a help for him. (Gen 2:18). God intended for man to have a harmonious relationship with woman hence he created the woman for the man to be his helpmate. He also intended for them to raise a family hence He commanded them to be fruitful and multiply and replenish the earth. Marriage is the legally or formally recognized union of two people as partners in a personal relationship. Marriage, also called matrimony or wedlock, is a socially or ritually recognized union between spouses that establishes rights and obligations between those spouses, as well as between them and any resulting biological or adopted children and affinity like in-laws and other family through marriage. The event is a socio-cultural one that is celebrated in many culture, it is a social institution that is globally recognized by government, religious and cultural practices as well as particular legal system. In Nigeria and among the natives of Onitsha in particular see marriage as family affair that involves the extended families of both the husband and wife. The definition of marriage varies around the world not only between cultures and between religions, but also throughout the history of any given culture and religion, evolving to both expand and constrict in who and what is encompassed, but typically it is principally an institution in which interpersonal



relationships, usually sexual, are acknowledged or sanctioned. In some cultures, marriage is recommended or considered to be compulsory before pursuing any sexual activity. When defined broadly, marriage is considered a cultural universal. A happy marriage is made up of many factors. One of these is making crucial and long-lasting decisions as a couple that will impact your life together, the decision whether or not to have children is a major lifechoice that should be given top priority (Kristen Houghton, 2011). With most cultures and beliefs, the end product of marriage is having children, as a marriage-union may be seen unfruitful if the couples do not bear children, without considering the factors which could vary from infertility, to the decision of not wanting to have children for the time being, or maybe their sexual orientation.

Statement of Research Problem

Infertility is a socio-cultural problem in Africa, as children in a marriage is a source of pride and fulfillment. They provide the binding force between a husband and wife. Children are seen as a social security for parents and insurance on old age. In Onitsha Inland Town an infertile couple is seen as one that has essentially failed in its fundamental responsibility. The birth of a child brings joy and laughter into a marriage as well as confidence in the continuity of the family into future generations. Children are regarded as treasure to a parent, relations and immediate community Many people suffer infertility for many reasons such as drug abuse, hard drugs effect of contraceptive, previous numerous abortions, infections and genetic, inherited sickness and in most cases psychological. Meanwhile, most couples are childless as a result of the degree of their waywardness while they were young and unmarried and illicit use of contraceptive. The numbers of infertile couples are tremendously on the increase; this is evident to the fact of attempt to initiate a move that would have been directed towards adoption is taken serious resistance in some place mostly by couples without even a child. Some couples attribute their problem of infertility to the supernatural with the hope in God to give children in the appropriate time, while some couples fall back to the act of adoption. They are comforted by being biologically infertile; they no longer want to know the cause of infertility and solve it or get rid of it. It is the view of the researcher that findings on the socio-cultural determinant of infertility, marriage instability and subsequent recommendation would be useful to the social welfare and women affairs ministry in Anambra State.

Research Questions

The study will attempt to answer the following questions.

- What is the socio-cultural determinant of marriage crises?
- What is the gender factors associated with infertility?
- What are the consequences of infertility on the marriage couple?
- What are the societal views of infertility in Onitsha Inland Town?

Objectives of Study

The main objective of this study is to examine the socio-cultural determinants of infertility and marriage instability. The subsidiary objectives were as follows:



Subsidiary Objectives

- To examine the socio-cultural determinants of infertility underlying marriage instability.
- To examine the gender factors associated with infertility
- To highlight the socio-cultural consequences of infertility
- To elicit societal opinions about the infertile couples.

Research Hypothesis

The research hypothesis of this study is designed to ascertain the socio-cultural determinant of infertility and manage instability.

The hypotheses are stated below:

- There is no significant relationship between supernatural causes like witchcraft or punishment of the gods to infertility and marriage crises.
- There is no significant relationship between marriage failure and its consequences on the couple.
- There is no significant relationship between gender factors and marriage instability.

LITERATURE REVIEW

Conceptualization of Infertility

Infertility refers to an inability to conceive after having regular unprotected sex. According to Merriam-Webster Dictionary (2012) been infertile is been incapable or unsuccessful in achieving pregnancy. Infertility in men and women is a widespread global phenomenon. However, socio-cultural beliefs and practices have been associated with failed reproduction processes in Africa. Infertility is a major world problem. The world highest rate of infertility is found in the non-Western societies, especially those in the "infertility belt" of Central and Southern Africa ('WHO, 2013). Infertility is commonly defined as the inability or failure to conceive a clinical pregnancy despite having frequent, unprotected and timed intercourse for at least one year (Adamson, P.C. et al, 2011). There is a distinction between primary and secondary infertility. Primary infertility describes a woman who has never conceived or given birth to a live child. Scientists believe that there are many causes of infertility in both women and men. In women, ovulation disorders affect an estimated 25% of women experiencing infertility (Bhattacharya, S. et al 2009). Ovulation disorders are a condition where a woman may ovulate irregularly or not ovulate at all. This can be caused by flaws in the regulation of reproductive hormones by the hypothalamus or the pituitary gland, or by problems in the ovary itself. Some common conditions that fall under ovulation disorders include hypothalamic dysfunction, premature ovarian insufficiency and excessive prolactin (Bhattacharya, S. et a! 2009).

Damage to fallopian tubes also known as tubal infertility is responsible for many cases of infertility in developing countries. Fallopian tube is a pair of thin ducts found on both sides of the uterus. The tubes connect the ovaries with the uterus and the eggs are transported from the ovaries to the uterus for fertilization to take place. Damaged or scarred fallopian tubes can be caused by the infection, pelvic inflammatory disease (PID), previous surgery on the pelvis or nearby areas, or pelvic tuberculosis. Such damages hinder



eggs from ovary from being transferred to the uterus and the same hinder sperms from swimming through uterus and fallopian tube for fertilization to take place (Ericksen and Brunette, 1996). Uterine or cervical infection can interfere with implantation or increase the likelihood of miscarriages. These include fibroids, polyps, uterine abnormalities present from birth, cervical stenos is and mucus problems in the cervix (Battreman, 1995). Male infertility refers to inability to attain pregnancy in a fertile female. Male infertility factors account for 40-50% of infertility in human (Larsen, 2004). Men tend to face sperm production problems in the testes. In some cases men tend to experience low numbers of sperms. Mumps viral infection in men can make 30% of men to fail to attain pregnancy in females. Chromosomal abnormalities or errors can also lead to azoospermia which is a condition where a man completely lacks sperms hence is not able to contribute to conception (Ferlin, Raicu, Gatta, Zuccarello, Palka and Foresta, 2007). Worldwide, 10 to 15% couples are unable to conceive a child, at some point during their reproductive lives (Reproductive Health Outlook, 1999). The World Health Organization (WHO) estimates that 60 to 80 million couples worldwide currently suffer from infertility (Adamson, Krupp, Freeman, Klausner, Reingold and Madhivanan, 2011). According to other reports, infertility affects between 60 million and 168 million people worldwide and this represents one in ten couples who experience either primary or secondary infertility (Butler, 2003). A more recent and shocking statistic reveals that one out of six couples face infertility related complications worldwide (Pittman, 2013).

Conceptualization of Marriage Instability

Marriage is the oldest social institution ordained by God as a social contract between two individuals to become husband and wife. Marriage as ordained by God gives legitimacy to sexual relationship and reproduction for legitimate children (Sarker, 2007). Marriage is the state of being united with a person of the opposite sex as husband or wife for the purpose of companionship, procreation and maintaining a family. However, marital instability has become a thing of concern in this contemporary society and this is associated with separation, divorce, and widowhood. Separation and divorce are social phenomena created by either husband or the wife or both, but widowhood is beyond the control of human being, it is related to death and thus universal. Meanwhile, separation may be in two categories: physical Separation i.e. when the husband and the wife reside separately without resolving their marital tie; mental separation i.e. when the couple decides to live together in the same household but without having biological and psychological relations. It is imperative to note that when marriage is dissolved in the court of law, it is called divorce, but when it is dissolved by death is called widowhood. Meanwhile, the term marital instability is used to refer to the process whereby marriages breakdown through separation, desertion or divorce.

SOME FACTORS OF MARITAL INSTABILITY

Impotency on Either of the Spouses

Impotency is one of the causes of marital instability. This is the situation where the husband cannot impregnate the wife because of lack of erection and which does not allow fertilization to take place. This problem also arises from the wife if she is unable to



produce children. Childlessness is a very great problem in marriages, especially in Nigeria where traditionally some people's aim of getting into marriages is to raise children who will bear their names in future. As a result of that, any marriage that does not bear issue does not mostly survive. In most cases the man may be forced to marry another wife or to look for means of getting a child no matter where the child comes from.

Poverty and Economic Problems on Either spouse

The major problems that contributed to the instability of marriage is poverty, when marriage lacks material needs for sustenance, it becomes a problem. In some homes the maintenance of the wife and children becomes so difficult that the wife have no option than to seek those things needed outside their homes. For instance the woman may start having extra marital affairs in trying to meet up with their family needs. And this can result to disagreement here by leading to marital instability.

Parental Influence on Marital Planning and Family Decisions

This is another cause of marital instability. It contributes to marital instability in many ways. It could be interference from the wife or husband parent's side; especially of mother in-law. The mother in-law often is been too protective of their children thereby creating trouble between the couples which can later lead to instability of the marriage. They (parents) want to look into everything and to make sure that their sons are not cheated. They want to make sure that their daughter in-laws do not use up all their sons money on expensive wrappers and all that. 'The parent especially mothers, on the other hand will make sure that their daughter gets all the respect due to them without asking her if she gave enough respect to her husband's people

Cultural and Gender Factors

Religious beliefs and cultural adaptation are important factors in the stability of the family, as in the study of the causes of divorce; Rayhani and Ajam (2003) reported that 73% of the marital instability predisposing factors are due to religious and cultural factors. On the other hand, another study in Australia revealed higher levels of religious beliefs as a barrier for breakdown of marriage both among men and women. Marrying someone from a different culture or religion can present some unique challenges, it can also provide some beautiful and enriching opportunities for growth. Research indicates that couples are generally more satisfied with their marriages when their belief systems are more similar or homogenous. In fact, the findings revealed that divorce rates were lower when spouses had the same religious affiliation, they are generally more religious, and regularly attended religious services together. Additionally, the degree to which couples did not share the same religious or theological beliefs predicted the frequency and type of conflicts they experienced, including an increased likelihood of divorce. Interestingly, more disagreements were found among highly religious couples who had different belief systems. Generally, religiousness, or religiosity, was found to be a predictor of marital satisfaction. Joint religious attendance among homogenous couples, for example, led to greater marital satisfaction, and greater religiosity was related to higher levels of marital adjustment.



Regarding gender differences, the more that husbands attended religious services and were generally more religious, the lower the frequency of marital arguments and the higher the marital adjustment scores in first marriages and remarriages. For women in a remarriage, however, there were no differences in levels of marital adjustment regardless of the wife's level of religiosity. In fact, religiosity wasn't as strong for either men or women in remarriage, so it may not be a strong predictor of marital adjustment. However, when both the wife and husband were religious, they reported higher levels of marital adjustment. The risk of divorce in first marriages increased when the husband attended religious services more frequently than his wife. Theories speculate that regular joint church attendance provides a protective effect for the marriage by providing consistent social networks of like-minded individuals and strengthens bonds by reinforcing ideology and lifestyles. In addition to religious service attendance, regular in-home worship activities and other joint religious activities, coupled with fewer religious differences, increased marital satisfaction. In sum, these findings seem to indicate that the greater the similarities in religious beliefs and behaviors, the higher the marital happiness. Further, couples are more satisfied in their marriage when they are similarly religious.

Lack of Trust and Personal Lapses of Either Spouse

One of the commonest causes of marital instability is lack of trust. Some marriages are contracted nowadays without genuine mutual understanding between couples. Some wives form the habit of accusing their husband falsely, whenever their husband stay out late, the only thing that will come into their mind is that their husband has gone to see another woman, even when the husband comes back and explain, the wife will still be doubting him In some homes, husbands suddenly change their character towards their wife, he no longer cares about the welfare of the wife like before or he starts complaining on any slight thing the wife does, this sudden change might be as a result of extra marital affairs on the side of the husband In such home where trust is lacking, its result is always marital instability.

Effect of Marital Instability on the Growth of Children: Low Defense against Peer Group Influences

Influence of peer group on children from unstable home is very enormous when parents are not in good terms, they will not have time to bring up their children in a proper way, thereby the children learn from their peer group. The children do whatever their peers does not caring to know if it is wrong or not. They may learn all sorts of vices like armed robbery, drug pushing, prostitution etc from their peers (Salami, 2007:8).

Lack of Love Form Both Parents

According to Salami (2007:8) children from divorce or separated homes usually lack love. Love is the basic ingredient which forms the basis of all life on earth. It is a feeling which cannot be quantitatively measured but which nevertheless is vital for the coexistence of all forms of living beings on this planet. Love between parent and children forms the basis for any upbringing. It is not merely confined to the likes of upbringing but goes a long way in deciding the emotional quotient of an individual. There are several ways in which parents



can show their affection and love toward their children, some of them are: saying "I love you", these three simple plain words can lend a huge assurance to your children. Although many would argue that saying is not everything, but saying conquers half the battle! The words bridge the emotional gap which exists between parents and their children. A simple "I love you goes a long way toward developing and then strengthening a relationship. Development of some rituals such as a bedtime stories or a game of baseball with your kid. Such a gesture makes him / her believe that you as a parent are beside him / her. Love they say is Life, children from unstable homes may not have opportunity to all these parent-child relationships and this can lead to emotional breakdown.

Low Parental Advice for Life Direction

Another effect of marital instability on growth of children Salami (2007:8) pointed is the lack of direction. Children whose parents are separated or divorced are usually exposed to all kinds of problem. They usually have no sense of direction in doing things in the right way and have no one to correct them. The child that lacks sense of direction develops habits such as deliquesces, vandalism, pocket picking child labour and some of the social ills which pose threat in the society.

Low Mental Assimilation Due to Depression

When there is marital instability, it affects the life of the children. This is so because in a family where there is instability in marriage, the children in that family will be emotionally depressed, and this may be so due to inadequate provision of all that they needed for their educational upbringing. In a situation where they manage to enroll in schools, you find out that they are not performing well. Even when they are able to perform well they get intimidation from their peers.

Infertility and Marriage Instability

Infertility may cause stress not only individually, but to a marriage as well. Making sure to have the support for yourself and your marriage is important during your fertility journey. Yes, it can be stressful, when you are busy with tests, fertility charting, timed intercourse, and medical procedures, a couple could stop connecting deeply like they once did (Dalene, 2015). In the Holy Bible, God's first commandment to humankind: "Be fruitful and multiply.." (Genesis 1:28) It appears that God infused this commandment to procreate into the fiber of our beings. It seems to be written in our hearts, dreamed of in our minds, ached for in our bodies, and yearned for in our spirits. Thus, when a couple is unable to have children, it causes great pain emotionally, intellectually, physically, and spiritually. The feelings of emptiness and loss are overwhelming. The search for reasons and remedies becomes a relentless passion. Doctors, procedures, the time, the cost, the hope, and the hurt are constant companions on the lonely road walked by couples searching for the destination of parenthood. The cultural pressures that make new moms and dads ignore their marriages act with just as much force on those of us who are only trying to have children. A common consequence of infertility is the expulsion of the women from the husband house with or without divorce. People most commonly respond that the husband would send her packing, thus having children is clearly important that



loyalty to one's spouse, which is evident by the common practice of divorce because of child lessness forceful ejection of the wife by the husband himself or by the family.

Social-Cultural Determinants of Infertility

Everyman takes a wife apparently to have children with them. When this is not forth coming into fulfillment it is then visited with a lot of socio-cultural consequences. From the available literature, infertility is surrounded by many mistaken beliefs about its causes, such as witchcraft and possession by evil spirits, and these beliefs negatively affect its management. In Africa infertility is attributed to two factors grouped as traditional factors and Western biomedical factors. Traditional factors are categorized as mystic and natural factors. Mystic factors involve interpersonal conflicts and manipulation by witches and traditional healers. There is a strong connection between mystic and biomedical factors. Some societies believe that spiritual forces can be invoked to hinder a woman from ovulating and hence unable to conceive. There seems to be a very thin line between the natural and biomedical explanations on infertility. Further literature reveals that only a small proportion of people are able to connectly, identifies when infertility is pathological and know about the fertile period in women's cycle. In a previous study on an adult population in Pakistan, only 25% correctly identified when infertility is pathological and only 46% knew about the fertile period in a woman's cycle, (Nwobodo & lsah, 2011). Evil forces and supernatural powers were widely held as causes of infertility. In Kuwait, the most educated women blamed infertility on nutritional, marital, and psychosexual factors, but those who were not literate blamed their infertility on supernatural causes, such as evil spirits, witchcraft, and God's retribution (Waterton & Wynne, 1999). In Madagascar, a breach of a given taboo was believed to cause infertility. In the same way, infertility was attributed to a husband's and wife's blood failing to mix, a woman's marriage to a spirit, or burial of pubic hair (Greil, Blevins & MeQuillan, 2010). Among the Macua of Madagascar, the initiation rites conducted after menarchel, involves the burial of pubic hair. If this is tampered with by a witch, there is a belief that infertility may result. In Nigeria, there is a strong belief in the phenomenon of Ogbanje where infertility is determined by destiny; women giving birth to a child who is not destined to live beyond the first birthday (Okonofua et al. 1997). Among the Yoruba of Nigeria, it is believed that all women have a fibroid (iju) which is natural and allows conception to take place. It only causes infertility when the fibroid becomes big, blocking out the sperms or causing hotness, thus preventing the sperm from fertilizing the female eggs.

Theoretical Framework

In sociological analysis, theories are indispensable. They form an integral part of sociological research as it is a general principle that explains or predict facts, observation or events. The theory of social stigma is adopted for this research study.

The Theory of Social Stigma

Goffman (1963, p.3) defined stigma as "an attribute that is deeply discrediting" so that the stigmatized will be reduced in the minds of others "from a whole and usual person to a



tainted and discounted one." He also identified three types of stigma: abominations of the body (based on physical deformities), blemishes individual character (such as addiction, homosexuality, and mental illness), and tribal stigma (connected to race, nation, or religion). Later on, the definition of stigma has been expanded to include other components as well. Sartorius (2006). Link and Phelan (2001) provided an even more comprehensive definition of stigma. For them, stigma exists when "elements of labelling, stereotyping, separation, status loss, and discrimination co-occur in a power situation that allows the components of stigma unfold". Scambler (2004, p. 215) in his study on the impact of stigma on the lives of people suffering from epilepsy, distinguished between two types of stigma: enacted stigma which is "intentional discriminatory attitudes and behaviours of 'normal' people towards the stigmatized", and felt stigma which refers to "the shame felt by the stigmatized because of their internalization of the stigma or because of their deviation to live up to the accepted standards of the society." Stigma affects not only the person who carries the stigma but also families, close relatives, and friends as they may face what scholars refer to as courtesy stigma or stigma by association (Ostman and Kjellin, 2002). Ostman and Kjellin (2002) defined courtesy stigma or stigma by association as "the process by which a person is stigmatized by virtue of association with another stigmatized individual" (ibid, p.494). Stigma has adverse effects or consequences on the lives of the stigmatized. One common consequence of stigma is discrimination or enacted stigma. Link and Phelan (2001) identified three types of discrimination. The first one is individual discrimination which refers to overt actions or comments directed to the stigmatized (enacted stigma). The second type is structural discrimination which is related to institutionalized practices that hinders the life chances of the stigmatized. The third one is discrimination that operates through the stigmatized person's beliefs and behaviours due to fear of stereotyping attitudes (felt stigma). In more specific terms, stigmatization damages self- esteem, leads to status loss, and creates stress.

However, the stigmatized groups are not always passive victims as they also actively resist stigma (Link and Phelan, 2001). Generally, the theory of social stigma is useful for this study to understand the experience of infertile informants as 'deviating' from the social expectation of parenthood in general and motherhood in particular and the consequence of this experience on the lives of the informants most times, is instability in marriage. The infertile woman become an outcast and is often excluded from family rites. It is common for people to avoid infertile women, tell their children to avoid them because they feel the women can harm them or they feel the infertile woman would not be able to take care of them properly. A significant number of persons believe that the infertile women are witches, who gave birth to children in another world and taken a secret vow not to bear children on earth. These belies justify their attempts to ostracize these women and expel them from their homes.

Research Design

The research design for this study is the descriptive survey method. The population for this study is based on selected number of residents in Onitsha inland town which



amounts to 399. The proportionate stratified sampling techniques was adopted to selected 199 respondents from different locations of Onitsha inland town. The research instruments used for this study are the questionnaire and indept interview. Section A deals with personal data, Section B deals with socio-cultural determinant of marriage crises. Section C deals with gender factors associated with infertility, Section D deals with societal views of infertility in Onitsha inland town. Section F deal with consequences of infertility. Sources of data are the primary source mainly for first hand information and secondary data generated from other materials already written such as journals, books, magazines, newspapers, internet etc. The data collected were analysed in simple percentage and presented in frequency distribution tables. The percentage will be calculated as:

In testing the hypothesis, a chi-square techniques was used. This is usually calculated as : $X^2 = (fo - fe)^2 fe$

Where

fo = Observed Frequency

fe = Expected Frequency

 $X^{\scriptscriptstyle 2}={\mathcal M} easured$ fo the departure of observed frequency from the frequency expected by chance

Data Presentation, Analysis and Interpretation

This is the presentation analysis and interpretation of data collected for the study. A total of one hundred questionnaires were recovered from 199 questionnaires distributed to the respondents which consisted of individuals who have a close relationship with childless couples.

I able I: Distribution and Keturn of Questionnaire			
Questionnaires	Frequency	Percentage	
Number of questionnaires distributed	199	100%	
Number of questionnaires returned	100	50.3%	
Number of questionnaires unreturned	99	49.7%	

Table 1: Distribution and Return of Questionnaire

Source: Researcher's Field Survey, 2019

Table 1 shows that out of the 199 questionnaires distributed, 100 questionnaires representing 50.3% were returned, while 99 representing 49.7% were not returned.

Section A: Demographic Characteristics of Respondents
Table 2: Sex Distribution of Respondents

Frequency	Percentage
12	12%
88	88%
100	100%
	12 88

Source: Researcher's Field Survey, 2019



Table 2 shows that there were 12 (12%) male respondents and 88 (88%) female respondents. This implies that there are more female respondents than the male respondents.

Table 3: Age distribution of the respondents

Age	Frequency	Percentage
20 years and below	IO	10%
2I-30 years	34	34%
31-40 years	44	44%
4l and above	12	12%
Total	100	100%

Source: Researcher's Field Survey, 2019

Table 3 shows the age distribution of the respondents. 10 (10%) respondents fall between 20 years and below, 34 (34%) respondents fall between 21-30 years; 44 (44%) respondents were between 31-40 years while 12 (12%) respondents were 41 years and above. This show that more respondents were between 31-40 years

Table 4: Marital status of respondents

Marital	Frequency	Percentage
Single	53	53%
Married	26	26%
Divorced	4	4%
Widowed	14	14%
Total	100	100%

Source: Researcher's Field Survey, 2019

Table 4 shows the marital status of the respondents. 53 (53%) respondents were single; 26 (2 6%) respondents were married, 4 (4%) were divorced while 14 (11%) of the respondents were widows/widowers.

Occupation	Frequency	Percentage
Student	73	73%
Civil servant	15	15%
Public servant	12	12%
Trader	0	0%
House wife	0	0%
Total	100	100%

Table 5: Occupation of Respondents

Source: Researcher's Field Survey, 2019

Table 5 shows the occupation of the respondents. From the table 73 respondents representing 73 (73%) of the study were students, 15(15%) respondent were civil servants, while 12 (12%) respondents were public servants. This shows that a higher ration of the study were students.



Table 6: Religion of respondents

Educational Qualification	Frequency	Percentage
Christian	86	86%
Muslim	14	14%
Traditional	0	o%
Total	100	100%

Source: Researcher's Field Survey, 2019

From the table above, 86 (86%) of the respondents were Christians, while 14(14%) were Muslims. This shows that most of the respondents were Christians.

Analysis of Research Questions

Variables	Frequency	Percentage
Agree	28	28%
Strongly agree	18	18%
Disagree	41	41%
Strongly Disagree	7	7%
Not sure	6	6%
Total	100	100%

Table 7: Socio-cultural determinants are beliefs about cases of infertility

Source: Researcher's Field Survey, 2019

From table 7 above, 28 (2 8%) of the respondents agreed that socio-cultural determinants are beliefs about cases of infertility, 18 representing 18% strongly agreed, 41 (41%) disagreed, 7 (7%) of the respondents strongly disagreed, , while 6 (6%) respondents were not sure. This implies that socio-cultural determinants not beliefs about cases of infertility.

Table 8: The cause of infertility can be attributed to supernatural causes, fate, dest	iny or
infection	

Variables	Frequency	Percentage
Agree	12	12%
Strongly agree	29	29%
Disagree	13	13%
Strongly Disagree	44	44%
Not sure	2	2%
Total	100	100%

Source: Researcher's Field Survey, 2019

In response to the above statement that the cause of infertility can be attributed to supernatural causes, fate, destiny or infection, 12 (12%) agreed, 29 (29%) strongly agreed, 13 (13%) disagreed, 44 (44%) strongly disagreed while 2 (2%) were unsure. It can be concluded that the cause of infertility cannot be attributed to supernatural causes, fate, destiny or infection.



Variables	Frequency	Percentage
Agree	9	9%
Strongly agree	8	8%
Disagree	42	42%
Strongly Disagree	31	31%
Not sure	ю	10%
Total	100	100%

Table 9: Most infertile women are witches

Source: Researcher's Field Survey, 2019

In response to the statement that most infertile women are witches, 9 (9%) agreed, 8 (8%) strongly agreed, 42 (42%) strongly disagreed, 31 (31%) disagreed while 10 were unsure. This implies that most infertile women are not witches.

Variables	Frequency	Percentage
Agree	38	38%
Strongly agree	34	34%
Disagree	6	6%
Strongly Disagree	ю	10%
Not sure	12	12%
Total	100	100%

Table 10: Excessive body fat can lead to infertility

Source: Researcher's Field Survey, 2019

In response to the statement that excessive body fat can lead to infertility, 38 (3 8%) respondents agreed, 34 (34%) respondents strongly agreed, 6 (6) disagreed, 10 (10%) of the respondents strongly disagreed while 12 (12%) were uncertain. Therefore, it can be said from the analysis that excessive body fat do not lead to infertility, however, it is: uncertain in most cases.

Variables	Frequency	Percentage
Agree	0	٥%
Strongly agree	9	9%
Disagree	8	8%
Strongly Disagree	43	43%
Not sure	40	40%
Total	100	100%

Table II: Excessive Low fat can lead to infertility

Source: Researcher's Field Survey, 2019

From table II above, 9 (9%) of the respondents strongly agreed that excessive low fat can lead to infertility, 8 (8%) disagreed with the notion, 43 (43%) of the respondents strongly disagreed while 40 (40%) were unsure. This implies that excessive low fat do not lead to infertility, however, most of the respondents were uncertain.



Table 12: Infertility is mostly caused by women

Variables	Frequency	Percentage
Agree	5	5%
Strongly agree	4	4%
Disagree	40	40%
Strongly Disagree	45	45%
Not sure	6	6%
Total	100	100%

Source: Researcher's Field Survey, 2019

In response to the statement that infertility is mostly caused by women, 5(5%) respondents agreed, 4 (4%) of the respondents strongly agreed, 40 (40%) disagreed, 45(45%) of the respondents strongly disagreed with the notion while 6 (6%) were unsure. This implies that infertility is not mostly caused by women.

Table 13: Male potency is synonymous with fertility

Variables	Frequency	Percentage
Agree	30	30%
Strongly agree	5	5%
Disagree	45	45%
Strongly Disagree	10	10%
Not sure	10	10%
Total	100	100%

Source: Researcher's Field Survey, 2019

In response to the statement that male potency is synonymous with fertility, 30(30%) of the respondents agreed, 5(5%) strongly agreed to the notion, 45 (45%) of the respondents disagreed, 10 (10%) strongly disagreed while 10 (10%) were unsure. This implies that male potency rarely synonymous with fertility.

rate 14.7 are and female de concluded to morther		
Variables	Frequency	Percentage
Agree	37	37%
Strongly agree	36	36%
Disagree	4	4%
Strongly Disagree	IO	10%
Not sure	13	13%
Total	100	100%

Table 14: Male and female do contribute to infertility

Source: Researcher's Field Survey, 2019

In response to the statement that male and female do contribute to infertility, 37 (37%) of the respondents agreed, 36 (36%) agreed, 4 (4%) of the respondents disagreed, 10 (10%) of the respondents strongly disagreed while 13 (13%) were unsure. This implies that male and female do contribute to infertility.



Table 15: The infertile man is o	ften more accommodated than the in	fertile women by relatives

Variables	Frequency	Percentage
Agree	34	34%
Strongly agree	48	48%
Disagree	6	6%
Strongly Disagree	10	10%
Not sure	0	0%
Total	100	100%

Source: Researcher's Field Survey, 2019

In response to the statement that the infertile man is often more accommodated than the infertile women by relatives, 34(34%) of the respondents agreed, 48 (48%) of the respondents strongly agreed, 6 (6%) disagreed while 10(10%) strongly disagreed. This implies that the infertile man is often more accommodated than the infertile women by relatives.

Table 16: Infertile couple have failed in their fundamental function

Variables	Frequency	Percentage
Agree	22	22%
Strongly agree	7	7%
Disagree	8	8%
Strongly Disagree	59	59%
Not sure	4	4%
Total	100	100%

Source: Researcher's Field Survey, 2019

From the table above, 22 (22%) respondents agreed that infertile couple have failed in their fundamental function, 7 (7%) strongly agreed, 8 (8%) disagreed, 59(59%) strongly disagreed while 4 (4%) were not sure. This implies that infertile couples have not failed in their fundamental function.

|--|

Variables	Frequency	Percentage
Agree	Ι	1%
Strongly agree	6	6%
Disagree	31	31%
Strongly Disagree	59	59%
Not sure	3	3%
Total	100	100%

Source: Researcher's Field Survey, 2019

In response to the statement that infertile couples should not be given pubic post, I(I%) of the respondents agreed, 6(6%) strongly agreed, 3I (3 I%) disagreed, 59(59%) respondents strongly disagreed while 3 (3%) were unsure. This implies that infertile couples should be given public posts.



Table 18: Infertile couples are a source of harm to children

Variables	Frequency	Percentage
Agree	ю	10%
Strongly agree	9	9%
Disagree	44	44%
Strongly Disagree	33	33%
Not sure	4	4%
Total	100	100%

Source: Researcher's Field Survey, 2019

In response to the statement that infertile couples are a source of harm to children, 10 (10%) agree, 9 (9%) strongly agree, 44 (44%) disagree, 33 (33%) respondents strongly disagree while 4 (4%) respondents were unsure. This implies that infertile couples are not a source of harm to children.

Table 19: Infertile couples are seen as social misfit

Variables	Frequency	Percentage
Agree	5	5%
Strongly agree	IO	10%
Disagree	6	6%
Strongly Disagree	48	48%
Not sure	31	31%
Total	100	100%

Source: Researcher's Field Survey, 2019

In response to the statement that infertile couples are seen as social misfit, 5(5%) agreed, 10(10%) of the respondents strongly agree, 6(6%) disagree, 48(48%) strongly disagree, while 31 were uncertain. This implies that infertile couples are not seen as social misfit.

Variables	Frequency	Percentage
Agree	18	18%
Strongly agree	10′	10%
Disagree	58	58%
Strongly Disagree	10	10%
Not sure	4	4%
Total	100	100%

Table 20: Infertility may prevent couples from achieving their societal roles

Source: Researcher's Field Survey, 2019

In response to the statement that infertility may prevent couples from achieving their societal roles, 18 (18%) of the respondents agreed, 10 (10%) respondents strongly agreed, 58 (58%) of the respondents disagreed, 10 (10%) respondents strongly disagreed, while 4 (4%) were unsure. This implies that infertility may not prevent couples from achieving their societal roles.



Variables	Frequency	Percentage
Agree	22	22%
Strongly agree	13	13%
Disagree	34	34%
Strongly Disagree	29	29%
Not sure	2	2%
Total	100	100%

Table 21: Marital instability is often a consequence of infertility

Source: Researcher's Field Survey, 2019

From the table above, 22 (22%) of the respondents agreed that marital instability is often a consequence of infertility, 13(13%) of the respondents strongly agreed, 34(34%) of the respondents disagreed with the notion, 29(29%) of the respondents strongly disagreed, while 2 (2%) of the respondents were unsure. This means that marital instability is not always a consequence of infertility.

Variables	Frequency	Percentage			
Agree	31	31%			
Strongly agree	42	42%			
Disagree	9	9%			
Strongly Disagree	10	10%			
Not sure	8	8%			
Total	100	100%			

Table 22: The infertile couples tend to have self esteem

Source: Researcher's Field Survey, 2019

From table 22, 31(31%) of the respondents agreed that infertile couples tend to have selfesteem, 42 (42%) of the respondents strongly agreed to the notion, 9 (9%) disagreed, 10(10%) of the respondents strongly disagreed to the statement while 8 (8%) of the respondents were unsure. This implies that infertile couples tend to have self-esteem.

Variables	Frequency	Percentage
Agree	30	30%
Strongly agree	45	45%
Disagree	6	6%
Strongly Disagree	14	14%
Not sure	5	5%
Total	100	100%

Table 23: Family members show disregard for the infertile couples

Source: Researcher's Field Survey, 2019

From table 23 above, 30 (3 0%) of the respondents agreed that family members show disregard for the infertile couples, 45 (45%) of the respondents strongly agree, 6(6%) of the respondents disagreed with the notion, 14(14%) of the respondents strongly disagreed,



while 5(5%) of the respondents were unsure. This implies that family members show disregard for infertile couples.

Test of Hypothesis

Our null hypotheses are upheld when computed chi-square value is less than and equal to critical (table) value otherwise, we accept the alternative hypothesis.

Hypothesis 1

There is no significant relationship between supernatural causes like witchcraft or punishment of the gods of infertility and marriage crises.

Where: $X^2 =$ computed value

O =Observed frequency

E = Expected frequency

	0	E	(O-E)	(O-E) ²	(O-E)²/E
SA	9	20	-II	121	б.1
А	8	20	-12	I44	7.2
U	42	20	22	484	24.2
D	31	20	II	121	б.і
SD	IO	20	-IO	100	5
	100	100	0		$\chi^{\text{acal}} = 48.6$

Table 24: Hypothesis I Contingency Table

In Table 24, the computed chi-square value is 48.6 and the critical value is 9.49 at 5% level of significance, we would REJECT the null hypothesis (Ho) which state that there is no significant relationship between supernatural causes like witchcraft or punishment of the gods of infertility and marriage crises.

Hypothesis 2

There is no significant relationship between marriage failure and its consequences on the couple.

Where: $X^2 =$ computed value

o = Observed frequency

E = Expected frequency

	0	E	(O-E)	(O-E) ²	(O-E)²/E
SA	22	20	2	4	0.2
A	13	20	-7	49	0.7
U	34	20	14	196	9.8
D	29	20	9	81	4.I
SD	2	20	-18	324	16.2
	100	100	654		$X^{\text{2cal}} = 3I$

Table 25: Hypothesis 2 Contingency Table



In Table 25, the computed chi-square value is 3 I and the critical value is 9.49 at 5% level of significance, we would REJECT the null hypothesis (Ho) which state that there is no significant relationship between marriage failure and its consequences on the couple, and accept the alternative hypothesis, that there is a significant relationship between marriage failure and its consequences on the couple.

Hypothesis 3

There is no significant relationship between gender factors and marriage instability. Where: $X^2 =$ computed value

o = Observed frequency

E = Expected frequency

rable zon nypochesis i Concingency rable					
	0	E	(O-E)	(O-E) ²	(O-E)²/E
SA	34	20	14	196	9.8
A	48	20	28	784	39.2
U	6	20	-14	196	9.8
D	IO	20	-10	100	5
SD	0	20	-20	400	20
	100	100	0		$X^{\text{2cal}} = 83.8$

Table 26: Hypothesis I Contingency Table

In Table 26, the computed chi-square value is 83.8 and the critical value is 9.49 at 5% level of significance, we would therefore REJECT the null hypothesis (Ho) which state that there is no significant relationship between gender factors and marriage instability, and accept the alternative hypothesis which states that there is a significant relationship between gender factors and marriage instability.

Discussion of Findings

On the basis of the finding of the study, the first hypothesis was tested which states that there is no significant relationship between supernatural causes like witchcraft or punishment of the gods of infertility and marriage crises, and was rejected. Thus, it was found that there is a relationship between supernatural causes like witchcraft or punishment of the gods of infertility and marriage crisis. It was also found from the study conducted, that there is a significant relationship between marriage failure and its consequences on the couple. Therefore, the second null hypothesis was rejected, which states that "there is a significant relationship between marriage failure and its consequences on the couple". According to the findings of the study, the third null hypothesis was rejected, which states that "there is no significant relationship between gender factors and marriage instability". It was found out that gender factors affects marriage instability therefore, it can be said that there is a significant relationship between gender factors and marriage instability.



Summary of Findings

On the basis of the finding of the study, it was shown that the cause of infertility cannot be attributed to supernatural causes, fate destiny or infection. Therefore, the first hypothesis was tested which states that there is no significant relationship between supernatural causes like witchcraft or punishment of the gods of infertility and marriage crises, and was accepted. It was also found from the study conducted, that male and female do contribute to infertility, and marital instability is often a consequence of infertility. Thus, there is a significant relationship between marriage failure and its consequences on the couple. Therefore, the second null hypothesis was rejected, which states that "there is no significant relationship between marriage failure and its consequences on the couple". The study showed that family members show disregard for infertile couples. Therefore, the third null hypothesis was rejected, which states that "there is no significant relationship between gender factors and marriage instability". It was found out that gender factors affects marriage instability therefore, it can be said that there is a significant relationship between gender factors and marriage instability.

Conclusion

This research study has discussed extensively on the socio-cultural determinant of marriage crises, the gender factors associated with infertility, the consequences of infertility on the marriage couple and the societal views of infertility in among the native of Onitsha. It can be said that supernatural causes like witchcraft or punishment of the gods of infertility and marriage crises do not have effect on infertility and marriage crises. It was also found from the study conducted, that there is a significant relationship between marriage failure and its consequences on the couple. It was found out that gender factors affects marriage instability therefore, it can be said that there is a significant relationship between gender factors and marriage instability.

Recommendations

The following recommendations are proffered:

- 1. Those that, for whatever reason, are affected from involuntary childlessness do have options available to them. A person or persons that have the necessary components to reproduce may have a low sperm count or problems with ovulation could look into options such as artificial insemination or intracytoplasmic sperm injection
- 2. Today surgery, hormone treatment and Assisted Reproductive Technology have reduced childlessness but their success depends on factors such as age, health status of couples and even luck. This research recommends that if all attempts fail, couples should accept their condition and stay strong. Knowing that you can never have children is not easy but denying it actually hurts more. Take interest in other people's children in the neighbourhood, social organization and church. They will benefit from your time and your interest.
- 3. In further pursuit of the issue of socio-cultural beliefs, it is important that reproductive health policies appreciate socio-cultural beliefs that enhance human health



- 4. Further sensitization, counselling, foster care and awareness are needed so that the childless couples or individuals are not discriminated against.
- 5. A new discussion need to be established in which the entire community can renegotiate the meaning of parenthood with a view to lessening the burden on those reporting cases of inability to conceive

REFERENCES

- Adamson, P.C., Krupp, K., Freeman, A.H., Klausner, J.D., Reingold, A.L and Madhivanan, P. (2011) Prevalence and correlates of primary infertility among young women in Mysore, India, *Indian J Med Res.* 134(4): 440-446.
- Battreman, R. (1995). A comprehensive approach to treating infertility. *Health and Social Work*, 10, 46-54.
- Bhattacharya, S., Porter, M., Amalraj E, Templeton A, Hamilton M, Lee AJ, Kurinczuk JJ. The epidemiology of infertility in the North East of Scotland. Human Reproduction 2009;24:3096–3107.
- Butler, P. (2003). Assisted Reproduction in Developing countries: Facing up to the issues Progress in reproductive health research. *World Health Organization*, Geneva, Switzerland. 63,1.
- Dalene, (2015). The effect of marital instability on children in Ukehe, Ibbo-Etiti LGA, E ugu State. A project work.
- Ericksen, K. and Brunette, T. (1996). Patterns and predictors of infertility among African women: Across National-Survey of 27 nations. *Social Science and Medicine*, 42(2), 209-220.
- Ferlin, A, Raicu F, Gatta V, Zuccarello D, Palka G, Foresta C (2007). Male Infertility: Role of Genetic Background. *Reprod Biomed Online*; 14:734-45.
- Freeman, A. H., Klausner J. D., Reingold, A. L, Madhivanan P, Adamson PC, Krupp K. Prevalence & correlates of primary infertility among young women in Mysore, India. *Indian J Med Res* 2011; 134: 440-446.
- Goffman, E. (1963). *Stigma: Notes on the management of spoiled identity*. Englewood Cliffs, NJ: Prentice-Hall.
- Greil AL, Slauson-Blevins K. S., McQuillan J. Decline in ethical concerns about reproductive technologies among a representative sample of US women. Public Understanding of Science. 2018;26:789–805.
- Kristen Houghton, (2011) Knowledge, Perceptions and Myths Regarding Infertility among selected Adult Population in Pakistan: A Cross-sectional Study. BMC yublic Health.1 1:760.
- Larsen U. (2004).Infertility in Sub Saharan Africa. In Reproductive Health in the Developed And Developing Countries: From knowledge to action. (Quetelet Seminar). Institute of Demography, University of Louvain.
- Larsen, U. and Raggers, H. (2001). Levels and trends in infertility in SSA Report.
- Lechner, L.; Bolman, C., van Dalen, A. (10 October 2006). Definite Involuntary Childlessness: Associations between Coping, Social Support and Psychological Distress". *Human Reproduction*, 22 (1), 288-294.23.



- Link, B., & Phelan, J. (2001). Conceptualizing stigma. Annual Review of Sociology, 27,363-385.
- Linka, M. L. (2002). The psychological impact of infertility on African women and their families. *Unpublished Doctoral Thesis*, University of South African, Pretoria
- Merriam-Webster (2012). Online dictionary of contemporary English
- Nwobodo, E. I. & Isah, Y. A. (2011). Knowledge, Attitude and practice of child adoption among infertile female patients in Sokoto North-West Nigeria. *The Nigerian Postgraduate Medical Journal*, 18, 272-275.
- Okonofua FE, Ako-NaiKA., and Dighitoghi MD (1997) Lower Genital Tract Infections in Infertile. Nigerian Women Compared to Controls. Genitourin Med. 71:163-168.
- Ostman, M. and Kjellin, L. (2002). Stigma by association: Psychological factors in relatives of people with mental illness. *British Journal of Psychiatry* 181: 494-498.
- Pbovalingam, J. and Docrat, o. (2011). *Research methods*, New Delhi: Sharpook Ltd.
- Pittman, J. (2013). Almost one in Six Couples Face Infertility. Mediline Plus, Available at http://www.nlm.nih.gov/medlineplus!news/fullstoryl 3 3034.html (accessed 5/ April,2013).
- Reproductive Health Outlook (1999). Infertility: Overview and lessons learned. Website:http://www.rho.org.
- Reyhani T & Ajam M (2003). The survey of divorce causes of Gonabad city in1381. Ofogh-e-danesh. 2003: 8(2):96-loo.
- Salami (2007&2009) The Effect of Marital Instability, Problems and Trend.(A project work).
- Sarker (2007). Socio-cultural meanings of reproductive processes and well-being in a rural Community in Kenya, *Research Review NS* 22.1 (2006) 1-14.
- Scambler, G.(1984). *Perceiving and coping with stigmatizing illness in the experience of illness*. R. Fitzpatrick, J. Hinton et al, eds. London: Tavistock.
- Waterton, C., and Wynne, B. (1999). Can Focus Groups Access Community Views? In R. Barbour and J. Kitzinger (Eds), Developing Focus Group Research: Politics, Theory, and Practice (Pp. 127-143). Sage Publishers. London.
- WHO (2013). Maternal Health and Safe Motherhood Programme, Care of Mother and Baby at the Health Centre: A Practical Guide, World Health Organization, and Geneva, Switzerland WHO, 2013