



"The World is Unfair to Childless Women": Experience of Infertility among Igbomina Women in Kwara South, Nigeria

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ABSTRACT

Infertility as an integral aspect of reproductive health has often been ignored in developing nations where it is mostly involuntary, constituting grave ills to infertile persons and their families. Virtually all attentions are geared towards addressing more supposedly salient reproductive health concerns and the worries of high population growth to the point that the ills of infertility are deemed insignificant. This study reveals the lived experience of infertility among childless Igbomina women in Kwara South, Nigeria using a social constructionist approach. Data set from in-depth interviews of thirteen childless women were used. The results were analyzed using conventional qualitative content analysis. ATLAS.ti 8 was used to organize data, identify the codes, themes, and verify the analysis. The study showed that childless women experience infertility as a riddle, as sitting on a time bomb, as though the world is unfair to childless women and as an existential crisis. This study supports the claims that experience of infertility in Sub-Saharan Africa are somewhat founded on androcentric culture and religious sentiments. Nevertheless, it challenges studies that report that women are arbitrarily blamed for infertility. The findings show the need to renegotiate this sociocultural aspect of infertility and integrate them into designing culture-specific intervention programs on the management of infertility and other strategies aimed at improving reproductive healthcare in Nigeria.

Keyword - Infertility, childlessness, lived experience, reproductive health, cultural sociology

INTRODUCTION

Women in virtually all cultures strive to have biological children despite the changing norms of parenthood (Iwelumor et al. 2020). Those aspirations for children and the hopelessness of barrenness often come with huge consequences. These consequences differ greatly in non-western and western societies. While involuntary childlessness has been associated with tough psychological consequences in the developed countries (Shreffler et al. 2020) , an extensive body of research published on the effects of infertility in developing nations has revealed more social and cultural impacts than psychological (Nasim, Bilal, and Qureshi 2019). The traditional Nigerian culture, like most other cultures in African sociocultural settings, sees women as primarily responsible for all facets of reproduction while men play complementary roles. As such, women are held as primary culprits when reproduction fails. These perceptions are reinforced by studies that have shown that women unreasonably bear the overall burdens of infertility (Dierickx et al. 2019; Janković and Todorović 2021).

This study therefore offers a more comprehensive understanding of the cultural complexities of infertility by examining how childless Igbomina women are affected by infertility by presenting their unique experiences through the lens of cultural sociology. Culture affects not only how individuals are treated within various treatment settings for their reproductive health issues but impacts on a wide variety of everyday social practices from the remarkable to the ordinary (Spillman, 2020). The cultural forces and processes implicated in the representation of their experiences are discussed with a commitment to providing a meaning-centred analysis. This will expand the discourse of infertility and assuage the limitations of our current understanding of infertility by bringing out the cultural values, beliefs, and other social arrangements around the issue of infertility in the Nigerian context. This would, without doubt, contribute significantly to fulfilling the need for the cultural exploration of infertility across the globe. It would also be an important addition to the social sciences and the knowledge pool of infertility globally. It would also be useful in

sensitizing and designing culture-specific public enlightenment programs on the overall management of infertility.

METHODOLOGY

This study adopted a qualitative exploratory research design to better comprehend the sociocultural experiences of married Igbomina women in Igbominaland in Kwara South Senatorial District of Kwara State. An exploratory sample was obtained through cumulative sampling method (Denscombe, 2014). To obtain full information and explore the heterogeneity of the target population, the researcher employed three gate keepers who were very familiar with the terrain, people, and culture of the district. The gatekeepers were briefed about the research and informed about the categories of people needed for interviews. The gatekeepers made initial contacts with potential informants to ascertain their willingness to participate in the study. Upon their agreement, date and time were then fixed for an interview with the researcher. In other cases, interviewed persons also gave the contacts of others with similar problems in some communities who would be willing to participate or talk with the researcher.

Overall, thirteen informants were selected. The criteria for including participants in the study were, first, being in a socially recognized marital union for at least two years before participating in the study, experiencing primary infertility, being over seventeen years, which is two years above the reproductive age in Nigeria (NBS, 2019). Conditions for excluding respondents from the study were voluntary childlessness and secondary infertility. Individuals who voluntarily chose to be childless, those who have had biological children or children residing with them. Data collection was by semi-structured interviews with an open-ended interview guide. With the approval of research participants, all interviews were recorded and transcribed in their entirety. Interview transcripts were analyzed based on Erlingsson and Brysiewicz (2017) guideline on content analysis. The process of data analysis was facilitated with Atlas. ti 8. Codes and themes were derived inductively from interview data. Research quality was assured

based on the evaluative criteria of Lincoln and Guba (1986). Ethical approval to conduct the study was obtained from the University of Ilorin Ethical Review Committee.

RESULTS AND DISCUSSION

The findings of this study are based on data produced from one-on-one interviews of childless women. All the informants in the study are referred to by pseudo names. All the women recruited for the in-depth interviews were married and experiencing primary infertility. Most of the informants were Christians. This section starts with a description of the sociodemographic characteristics of the informants amidst other factors that might influence their interpretations of their experiences. The age range of informants was between twenty-four to fifty-two years, while the duration of infertility was three to twenty-two years. None of the informants reported having had any child(ren) through marriage, adoption, or fosterage. The profile of the informants is presented in Table 1.

S/N	Participants	Brief Description of Research Participants
1.	Shade	Shade is a thirty-five-year-old graduate and a housewife. She married for eleven years. She affirmed that infertility is the worst thing a woman can experience in marriage. She relied solely on seeking spiritual care because she believed God is averse to conceiving through donor gametes.
2.	Ayo	Ayo is a thirty-seven-year-old Christian, a graduate, and a businesswoman. She sees infertility as a great torment. She has been married for thirteen years. She has a patrilocal residence, and this to her is like sitting on a time bomb because of family interference. She believes the world is unfair to infertile persons, and she deals with her situation by seeking both medical and spiritual care.
3.	Faith	Faith is a forty-eight-year-old public servant with a BSc degree. She has been childless for sixteen years in her marriage to Moses. She is a Christian. She berates herself for following the advice of her pastor that could have salvaged her situation when she was younger. She seeks spiritual and biomedical care without any financial support from her husband.

4. Debbie Debbie is twenty-nine years old. She had only been married for three years. She has an NCE, has a business, and she is a Christian. She has resigned to fate since she is too poor to seek assisted reproduction.
5. Felicia Felicia has been married for fifteen years without a child. She is forty-three years old. She is a graduate, a Christian, and a businesswoman. She had unexplained infertility and had just resumed fertility treatment after a five-year break during the time of her interview.
6. Iyanu Iyanu is a forty-two-year-old teacher who holds a B.Ed. Certificate. Married at the age of twenty to Olopade, she has been childless for twenty-two years. She is a Christian. She reported she has contemplated suicide several times and hoping in a miracle.
7. Ola Ola is a young twenty-four-year-old woman. She has been childless in her seven years of marriage to Jaffar. She is a trader with an SSCE Certificate. She is a Christian by birth and a Muslim by marriage. She is the youngest female participant. She holds that she is spiritually afflicted with infertility.
8. Itunu Itunu is thirty years old. She has been married for four years and has not been able to achieve pregnancy. She has a postgraduate degree. She is a Christian.
9. Fatima Fatima has been married for nine years without a child. She was thirty-two years old at the time of this study. She is a Muslim in a polygamous marriage; she is a graduate and a businesswoman.
10. Seun Married at the age of twenty-five, Seun has been infertile for eleven years. She is a teacher with a bachelor's degree in education. She is a Christian, the first wife in a polygamous marriage.
11. Blessing Blessing is a housewife engaged in petty trading. She is twenty-nine years old and has been married for four years. She has a B.Ed. Certificate; she lives with her husband's family, and she is a Christian. She has unexplained infertility.
12. Ireti Ireti is a thirty-seven-year-old HND certificate holder. She is a civil servant with a twelve-year duration of infertility. She is a Christian with unexplained infertility.
13. Amina

Lived Experience of Infertility among Married Childless Persons

These represent a co-constructed account of informants lived sociocultural experience of primary infertility, as interpreted by the researcher. The lived experience of infertile married women are summed up in themes, as presented in Figure 1

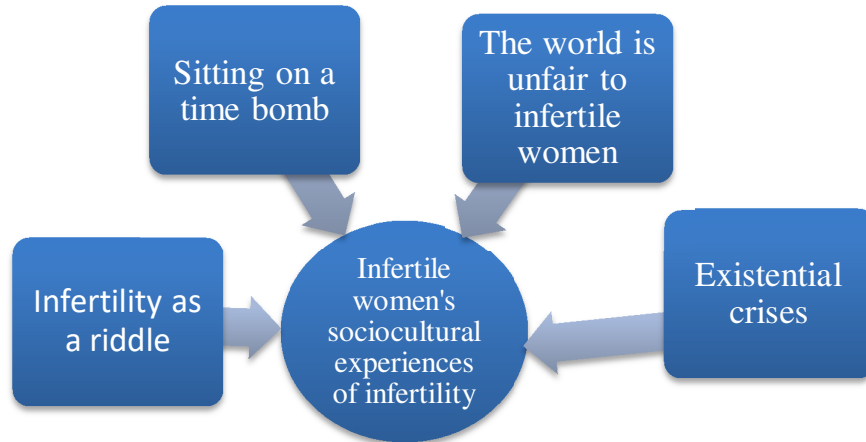


Figure: Extracted Themes on the Lived Experience of Infertility among Childless Igbomina Married Women in Kwara South, Nigeria

Infertility is a Riddle

This theme describes how experiencing infertility is both general and unique to each childless woman. Infertility is common, yet people know little about the lived experiences of infertile persons. Much of what we know about infertility is from outsiders' assumptions of the effects of infertility on people. Infertility, as perceived by participants, is a condition that can only be described by those that have experienced it directly. Virtually all the women affirmed that it is difficult to describe how they live daily as childless. Some of the women argued that the pain from childlessness is so much that they cannot wish their enemies were infertile. They alluded that the pain of not been pregnant is worse than the pain of miscarriage.

"People do not know what we see and go through. It is not easy... Someone that has not experienced it can never know how it feels not to have a child. It is very painful." Faith

"... the pain is too much. It is a bit better for those that have stillbirths or miscarriages though one will not pray for such" Shade

Sitting on a Time Bomb

This theme describes the experiences of participants largely within marital and familial domains. The experience of infertility for most women starts as fear of infertility after failed attempts at pregnancy within the first few months of marriage. Their journey of childlessness commences with their decision to seek or not to seek fertility diagnosis with or without their spouses and the outcomes of these diagnoses.

Many women experienced infertility as a private burden. This set of women often affirm their childlessness is self-inflicted and would rather seek investigation without their husbands. If the outcome of the investigation confirms their suspicion, many continue to keep it as a secret from their husbands. They would blame their condition on other factors like husbands' absence from home, stress to mention a few.

"I had known before marriage that I might not be able to conceive because of the things I did when I was young. I do not menstruate and ovulate, but my husband does not know. I am really scared to go to the hospital with my husband for help. I look for an excuse whenever it comes ... I could not tell my husband. And thank God he is not always at home so our childlessness can be blamed easily on his absence." Shade

Infertility also breeds suspicion amongst couples. While most women with female infertility like Shade would rather keep their status a secret from their husbands, a few women distrust their husbands' fertility status, especially when the couples' infertility is unexplained. Itunu well-articulated the reason for this distrust when she said she suspected her husband is infertile despite going for doctors' consultations together with her husband.

"I think the problem should be from my husband. He told me not to go for the complex and expensive tests, I went for the tests. He knows I am fine. I was afraid and went without just to be sure I was not the

one with the problem and to know what I would do first if I were really having a problem.” Itunu

The category of women who held that their condition is self-inflicted also reported living a life of regret. They live in constant fear that their secrets will be revealed, leaving them with little or no self-esteem and possible loss of family.

“Personally, it is a burden that is too much to bear. I know I am guilty... My pastor said I must confess to my husband for total healing that God might turn my situation around if I tell him. But I think I am just not prepared to face my fears; I do not want to lose my home.” Shade

“It is not easy to bear the burden alone. The burden is so much and the pain. I tried telling my husband but could not. Personally, telling my husband the medical reason is a great hurdle for me to cross, I cannot face the likely consequences that might follow me telling him.” Ayo

All the women held that marriage provides the legitimate ground for childbearing, which doubles as a source of marital security and symbol of personal growth and accomplishment. The findings revealed that the utmost proofs of marital failure for participants were their inability to have biological children, separation from spouse, and divorce. Ola, for instance, has no fertility problem; her husband has a low sperm count. She, however, reported that she experiences constant fear and anxiety.

“I am sometimes scared because a woman without a child has no permanent stay in her husband’s house, no matter what. Although my husband has low sperm count, I would not want a situation where my husband will be healed, and I will have a problem because men are always gentle when the problem is from them; if there is a little change, they can easily impregnate another woman.” Ola

While some women experience marital infidelity, others endure family abuse/domestic violence to stay married or because they are responsible for their childlessness. Participants opined that it was easier for men to engage in extramarital affairs than women. Most of the abuses are physical, emotional/psychological, and financial. However,

most of the physical, emotional, and psychological abuses are perpetrated by kins rather than the husbands.

For example, some of the women with female infertility in monogamous marriages said they are aware their husbands have other women and children outside marriage, a few had to accept second wives formally.

"My worse fear materialized recently when my husband impregnated our house help. It happened when we were having a misunderstanding because sometimes, he gets fed up and we fight. I just had to accept my cross... Though she was sent out of the house, I fear my husband will continue illicit affairs with her". Shade

Fatima, who had always assumed she was infertile because she did not conceive within the first year of her marriage despite marrying as a virgin, also reported she was starved sexually and "chased out" of her home for four years because of her childlessness. During what she called her "crises," she stated she had to go for a medical check-up that showed she was fertile.

"My home was destroyed, but I thank God for restoring peace and love. During my family crises, anytime my husband comes back from family meeting, he is always moody. I suddenly got a call from my father-in-law one day. I even went with one of my friends only to be introduced to another woman as my husband's pregnant wife. I had to accept her as my co-wife because Yoruba people believe that the luck of a child brings another child. After she had her baby, my husband did not have sex with me until she was pregnant with her second child - for more than two years. It was then I heeded my friends' advice to get tested medically, and I was told I was perfectly fine. I told my husband about it so he could go for a checkup, and he told her. I was eventually chased out of the house for about four years." Fatima

Besides, participants with low income and financially buoyant spouses reported been abandoned financially and sexually.

"Because my husband has another wife who has children for him, he hardly visits me..., we almost do not have sex whenever he comes, and getting him to save up for another IVF for me is really a problem." Seun

Findings also show that childless women whose husbands have male infertility experience little or no domestic abuse because of the couples' childlessness compared to those with unexplained infertility and female infertility.

"Between my husband and me, we fight, and we settle. We have not abused each other based on our problem before. My In-laws do not abuse me at all. My husband already told his parents and siblings that he is the one with the problem. So, they always pacify and beg me when I am depressed." Ola

It can also be deduced from this study that marital tensions resulting from childlessness are influenced greatly by the duration of couples' childlessness, proximity to in-laws, and their significant others, especially from the woman's family of orientation and husband's kin. Depending on the latter's disposition towards the wife's childlessness, her burden can be aggravated or lessened.

While participants like Debbie said she felt no "disturbance" from their in-laws because they are far from them, other participants reported "coldness" or "trouble" from spouses whenever they return from visiting in-laws. Seun and Fatima blamed their mothers-in-law for instigating their husbands to have second wives because their troubles stopped as soon as the other wives bore children.

More so, participants residing with or near in-laws experienced more painful situations like humiliation, name-calling, and outright physical abuse.

"My problem is like sitting on a time bomb, and I do not know when it can explode... My husband and I built a house in his family compound, so anything can happen to me at any time. It is more difficult that way because of family interference. I work and prepare for whatever may happen, you know a child legitimizes a woman's place in her husband's house." Ayo

Fatima, though loved by her father (a renowned cleric) and sister-in-law, said her life is filled with "lots of painful experiences." She labelled her mother-in-law as her "archenemy" who would "taunt and slap her at any opportunity" and would not eat any food she prepares. She also

described festive periods as "hellish" since she must go to her father-in-law's place together with other wives. She reported wishing she could be sick to avoid going on such occasions. She narrated that her co-wives despise her as they abused and fought her at every opportunity they had. She recounted been recently united with family after she discovered the second wife was promiscuous and that her husband had a low sperm count and could not have fathered her children.

"There are lots of painful experiences I do not even want to talk about or recall. Festive periods are hellish for me because I must go to my father-in-law's place been a renowned cleric with a large family. All the wives gather to cook and do other things to distribute to neighbours and the needy. Sometimes I wish I could be sick so I don't have to go. My relationship with my co-wives is anything but harmonious. They abuse me at every opportunity they have. I cannot forget during the last Eld Fitri; one of them told me categorically that since I do not have children, the money I have is a waste. Then they started murmuring that why would God give more to a barren woman and less to those with children. They told me I live in vain and work for another to reap. My mother-in-law, I can say, is my arch enemy. She comes to our house at will to abuse me, she does not eat at my place, she treats me very badly, always asking for her grandchildren or that I should go so she can bring in someone that will give her grandchildren. She taunts me that the house is big for nothing and echoes since it is just my husband and me that stay there. I will never forget the time she forced me to pick pepper for a large party though she knew I had whitlow. She forces me to do things her grandchildren would have done since I do not have, and she tells me that.

My husband's second wife was my mother-in-law's ally; she reports everything in the house to her and constantly lied against me. Her friends visit whenever my husband was away to display and abuse me. It was during the time I was chased out of the house that I got to know she has a grown boy and that she is still promiscuous even while married to our husband. I was able to convince my father-in-law to tell my husband to go for fertility tests and probably check the children's DNA. My husband now knows he has a low sperm count,

and he is not the biological father of the children. I moved back to the house last year." Fatima

In another vein, Faith recounted been dissociated from her family of orientation because they felt disappointed as Christians when her husband reported the cause of her childlessness. She also reported been neglected by her husband; she pays for all treatments and procedures without his financial assistance though he is economically buoyant. She affirmed that she would continue to pursue biological children through assisted reproduction, even if it is financially draining.

"Someone that has not experienced it (infertility) can never know how it feels not to have a child... It is very painful. I believe even if one has a delay, you will spend more looking for fruits of the womb than when you have children. I cannot think of how much I spent on IVF last year, which did not yield any result. The money wasted ... I have been to many spiritual places, still nothing. The pressure was too much from my husband being the firstborn ... neglect from my people as well as pressure from friends and relatives. My husband also has another woman who is pregnant for him already. We pretend each party does not know." Faith

Some participants reported that a woman's wealth or success has no value without children. Ayo, for example, felt her wealth is inconsequential because of her childlessness.

"No matter how successful a woman is without a child, it is all in vain. You will not be regarded as a woman ... If I were to choose between a child and wealth, with my experiences now, I would have gladly taken children". Ayo

It must be noted that four participants, Ola, Blessing, Aminat, and Ireti, expressed tainted joy because they were either not "infertile," they had unexplained infertility, or their husbands have low sperm count. They recounted enduring stigma to conceal their "husbands' shame" since society blame infertility on women. More so, they were worried that

they had had unsuccessful intrauterine inseminations (IUI), and by the time their husbands get healed, they might be too old to conceive.

The World is Unfair to Infertile Women

This theme depicts the social consequences of infertility on study participants in their community. Participants' community includes their extended social network of friends, colleagues, neighbours, and members of their societies. Many participants reported feeling ashamed about their situation and awkward to the extent of not being able to engage in meaningful social interaction with people or friends. They often felt people blame them for their childlessness, and their actions and inactions could be misunderstood. They also fear they might misinterpret other people's goodwill to their hurt as well. Thus, they isolate themselves by avoiding certain places, people, and occasions that would further lower their self-esteem.

"I was very, very ashamed of myself. I isolate myself from people because I always have this assumption that people are mocking me, gossiping about me. I don't like going for occasions, especially birthdays and naming ceremonies. I weep and cry almost every time seeking for my baby. The pain, the wish, the expectation cannot be explained, and it is like an internal agony. It is something you don't know why it is beyond you, very bad experience." Itunu

All the participants expressed frustration at moments when people ask about their situations: when they try to get at the root of their problems, enquire about what they are doing about childlessness, or offer unsolicited advice.

"People ask me questions that I basically find so painful... The questions are too much to bear, and they affect me badly..." Blessing.

This study shows that childless women are often confused and sometimes act irrationally in their quest for children. Some women alluded that the numerous unsolicited advice they entertain makes them "weak" and "foolish" as they try to follow every advice, not minding the consequences.

"A person seeking a child is always foolish because you will be pushed directly and indirectly to get a solution. One might be thinking; maybe

God will do it at this place or that, so one will want to cover everywhere.” Ola

Faith, for instance, lamented listening to her pastor’s guidance at the onset of her condition and blamed the persistence of her infertility on the advice. Like a few other women, she also affirmed that pressures from everywhere have made her take other decisions which she regretted.

“From about two to three years of my marriage, forces from my husband, pressure from my side, pressure on my husband from his family, as well as pressure from me, friends, relatives, have forced me to make decisions that I would never have believed I could make because of that issue (infertility). Things that I did not even dream of doing were suggested to me. Because I was not strong enough to make decisions, I was compelled to make them — many of which I later regret. I will never forget when a doctor advised us to either do an operation to remove a blockage or try adoption. We contacted our pastor because we carry him along. He advised us not to go for the operation because he had someone that they cut the fallopian tube too short that it was damaged. So, he said we should hope for a miracle. But now I am more knowledgeable because the level of blockage might be different. If I had known, I would have gone for the operation a long time ago. If it doesn’t work for A, it doesn’t mean it wouldn’t work for B.” Faith

Several participants also reported feeling their efforts were underestimated and unappreciated. Some participants recalled been forced to take some decoctions to prove they were doing enough to have children.

“The tension is too much... My mother-in-law used to bring concoctions and herbs and force me to take. Initially, I use to reject it, but after a while, so that they will not blame me too much, I take them. I use the ones I will, and I throw others away when she leaves.” Seun

Many of the women reported having no friends. This is because they usually are too self-absorbed in their situation, or they cannot trust their friends around their husbands as they fear the friends would eventually backstab them.

"I do not have friends... I just live my life one day at a time. Friends cannot be trusted; I do not want friends that will be having affairs with my husband." Debbie

Conversely, very few participants reported having good friends who understand and support them even during their lowest moments.

"I go to friends.... I have very supportive friends that understand my situation well." Ireti

All the participants reported having experienced taunts and verbal abuses from members of society, especially "unfriendly neighbours and colleagues." Debbie described situations where people mockingly ask if she did not want children or if she "eats" them? These questions suggest that she is a witch who kills her children in the spiritual world.

"If you buy new clothes, a car or anything, they say you are extravagant because you are barren. Even in my business, some debtors will turn it to fight and start abusing me if I refuse to sell things to them on credit. Everywhere, even in the church, they still gossip and sometimes expect you to do more financially because you do not have children's expenses ... The people will be counting days for me, even some of my in-laws while fighting ma will be telling me the date I got married telling me that I am a witch." Ayo

Findings also revealed the spiritual and financial exploitation of participants. Many participants, while seeking solutions to childlessness, reported falling prey to scammers who extorted them because they were desperate to have children.

"I have been to Pastors, Imams, and herbalists. I am prey to scammers. Some people that know your situation may come to you with lies about solutions if you can give them money ... Some pastors will say you should sow seeds in the church because they know you are desperate, even Imams are not left out. However, I think they are all fakes just using religion for money." Ola

Many women seeking fertility care lamented the pains of some procedures and the embarrassments they feel while receiving treatment. Another striking finding was that informants expressed distrust in health facilities and healthcare providers. Many are wary of

the “unprofessional doctors and nurses” who sexually exploit them and are also talebearers.

“I feel the pains because the procedure is not just to lie down and get pregnant. Before that stage, you might have gone for many examinations, pelvic scans, in the stomach, inside the vaginal to check the two ovaries. All those things I see as shameful acts to someone that is not even my husband and to someone that cannot give me baby after everything. But I continue to open legs for every doctor. I see it as something that bothers me very much. Every time I need to go to the hospital, I keep thinking about how many times people will continue to see my vagina. I am usually angry whenever I go to those hospitals ... There was a time I had to stay back in the hospital after a procedure when the doctor almost raped me. I could not tell my husband because I did not want problems.” Blessing

“Personally, I do not like teaching hospitals because a doctor or sometimes doctors will come with students during evaluations/tests, and you would become like an exhibition object. Some nurses mock, gossip, and blame women without children, so I do not like seeking treatment here. Some of the doctors and the nurses are not disciplined; you will just discover that you are the talk of the town.” Seun

Several informants, while reflecting on their experiences, emphasized the notion of pervasive inequality in the world. While some stated that they sometimes envy women who had no delay in childbearing, others revealed feeling sad at certain events like birthdays and graduation parties. This feeling, however, was not to cause harm but usually to question why God would give some children and deny others. They explicitly reported feeling angry at God or parents, especially when they see neglected or abused children.

“Sometimes, I just hate everything and everyone. I am sometimes jealous, and I envy those with children, but I cannot hurt anyone.” Shade

“I am a very sad woman, sometimes having a bad temper, angry at the slightest provocation. I seriously feel bad when I see less deserving people have children they cannot even take care of. You see them

abusing those children that some of us are crying and begging God for. Seriously this world is not fair." Ayo

Existential Crises

This theme defines informants' description of how infertility affects their self-image, meaning, and life purpose. The interview transcript showed that participants were concerned about what the meaning, purpose, and values of their lives were without biological children. They live in a culture that sees childbearing as a valued prerogative of women. Thus, most times, they constructed life without biological children as meaningless, hopeless, and worthless.

According to Ayo, infertility makes her doubt her existence.

"The world is just so unfair to those without children, and it makes one doubt one's existence..., like what is one even living for?"

Blessing, on the other hand, equated infertility with an unsuccessful life and a sign of severance from God.

"One sometimes sees it as the end of life. Just like living with HIV, one will have doubts that can one make it in life again?... I have been praying, does that mean my sins are too much for God to forgive?"

Informants' description of their self-image or self-identity stems from their assumption of how others in society perceive them usually as less valuable compared to fertile women. Many of the women described themselves as "failure," "incomplete women," while a few have contemplated suicides. They also recounted living a life of "anger," "regret," "sadness," and "pain."

"Sometimes, it is hard to survive. Because childlessness is like a constant stab on the heart, everything around reminds one of one's situation, it is difficult to cope... I think of ending my life sometimes. I weep myself to sleep and think I am just a failure. I am not a woman, or will I say a complete woman. I am always ashamed of myself." Shad,

"It always saddens my heart, and it is really affecting my health. I have contemplated suicide several times. I weep myself to sleep almost every night." Iyanu

Involuntarily childless women experience infertility as a riddle, an unbearable chronic sorrow. Women remain in a state of emotional

tumult. Every month hopes of conceiving are raised, only to be dashed with the onset of menstruation. They oscillate between hope and failure. As months go by, the disappointment, frustration, hopelessness, and sorrow deepen. Some barren women ache to be pregnant at least once in their marriage even if it will lead to a miscarriage. This shows that for such women, the lost hope and dream of what might have been, in some ways, is worse than an actual loss. This means that they prefer to experience the joy of conceiving a child and then lose it than the agony of not conceiving at all. This corresponds with studies that have reported that the process of the grief of infertility is more onerous and more complicated than the death of a loved one (Assaysh-Öberg, Borneskog, and Ternström 2023).

These cause long term psychological stress for them. While some have unsuccessfully attempted suicide, the emotional burden of infertility has led to physical ailments in other women. This finding corroborates reports that infertility is experienced as grief and proved that the emotional state of infertile women is like those with terminal illnesses like cancer. They are susceptible to more psychiatric disorders than their fertile counterparts and unmarried women (Fehintola et al., 2017).

The decision to seek or not to seek fertility diagnosis with or without their spouses is hugely influenced by their sexual and family history and perceived cause of delay in achieving pregnancy. The assumed cause of childlessness also tends to determine the type of diagnosis sought. While those who have led promiscuous lives and could afford the cost of check-up prefer to go without their spouses to have first-hand knowledge of the cause of delay and eventually decide on what to do about it, others without the financial and monetary resources prefer to wait until their husbands decide when and whom to go to for diagnosis.

Many women who affirmed their childlessness is self-inflicted (when an investigation confirms this) tend to keep their fertility status a secret from their husband, some refuse to seek further investigations with their spouses and blame their childlessness on more socially acceptable

factors to ease some of their burdens. The reason for these could be because they believe that confessing such would further compound their degradation and, ultimately, marital failure. Women with medically unexplained infertility sometimes doubt their husbands' fertility status, either because they distrust the outcome of their diagnoses or their husbands refused to investigate with them. It must be noted that infertile women are not usually content with one type of diagnosis, thus they both utilized spiritual (faith and traditional medicine) and medical diagnoses as much as they can afford. This reflects the reports of some studies in Nigeria that submits that Nigerians prefer patronizing a plural healthcare system in search of care for illnesses or diseases ((Fehintola et al. 2017; Jegede 2002). Regardless of these, women experience infertility as a private burden. They experience guilt, powerlessness, and anxiety. Women who perceived their conditions were self-inflicted mostly feel guilty about their "past," many feel incapacitated to do anything to salvage their situation. Comparable to reports by Cudmore (2005), infertile women live in constant fear of been abandoned by their spouses or losing their homes/marriages.

This study revealed that although women relatively enjoy more empowerment and economic independence than traditional times, their lives and social worth still revolve around familial responsibilities. Virtually all study participants held that a woman's value is determined by marriage, especially if she is of marriageable age. At the same time, her social acceptance as married is defined by successful childbearing. Thus, women generally strive to be married and have biological children. Their failure to have children within the society's timeframe aggravates their fear of marital failure. This perception could be reinforced by the belief that childlessness is customarily acknowledged as a legitimate reason for marriage dissolution or an invitation to polygamy. These perceptions, as shown by several studies, are widespread in many developing nations (Baloyi 2017; Obarisiagbon 2016)

Marital pressures experienced by infertile women are influenced greatly by the cause of infertility, duration of childlessness, husband's position within the family, proximity to inlaws, and husband's kin. Depending on the latter's disposition towards the wife's childlessness, her burden can be heightened or lessened. While some women enjoy relative peace because their inlaws were far from them, childless women whose husbands have male-related infertility experience little or no family abuse from family members. Rather, they are pitied and pampered.

Most infertile women experience marital infidelity. While participants whose husbands were the first male children or only sons of their parents were already in polygamous unions because their husbands could no longer wait nor hope with them, others reported that they are aware of their husbands' infidelity and children outside wedlock though no official marriage has taken place. Most of these women would rather stay married than leave their husbands because of adultery. Some even excuse their husbands' infidelity and blame it on themselves and the recurrent quarrels they have with their husbands. Surprisingly, unlike popular reports that show that infertile women experience spousal abuse and are more at risk of divorce, none of the women reported being threatened with divorce or has been divorced; neither are they physically abused by their husbands because of childlessness. Instead, they faced sexual and financial deprivation because of their husbands' many extramarital escapades. Women who are financially buoyant pay for their fertility treatments and procedures without their husbands' financial assistance, while those who are poor resign to fate or save money for some years to afford treatment primarily because they are to be blamed for the couples' childlessness. The reason for this could also be because most men have cheaper alternatives to having biological children (concubinage) than investing in expensive assisted production with low success outcomes. This adds credence to reports by Fehintola et al. (2017) that infertile women are mostly deprived economically, and they seek funds to treat infertility with no inputs from their spouses. Since a woman's wealth or success

has no social value without children (Mair 2013) most infertile women will readily exchange their wealth for biological children.

Infertile women residing near in-laws experience more painful and stigmatizing situations like humiliation, name-calling, and outright verbal and physical abuse, especially with in-laws and husbands' relatives. Yet, some women with male-related infertility tolerate these to conceal their spouses' shame and fear because they have had unsuccessful artificial inseminations. Within the community, childless women are acutely stigmatized and marginalized. Thus, a childless woman faces more pressure to bear a child from in-laws and husbands' kin than her husbands and other members of society. While childless women are sometimes excluded from certain events like naming ceremonies, birthday parties, and graduation parties because of the general perception that they could hurt people or infest them with ill-luck (Tabong and Adongo 2013), they also isolate themselves from situations that would compound their burden and lower their self-esteem. The result of this study also shows that childless women experience been judged and blamed. They expressed frustration at people's curiosity at wanting to get to the root of their problem, people giving unsolicited advice, and knowing their efforts are underestimated unappreciated. Hence, their social withdrawal and isolation. Because of their desperation for biological children, this study shows that infertile women are sometimes financially and sexually exploited by spiritualists and health professionals alike. Some women claimed that doctors in private hospitals occasionally sexually assault them; at other times, they inflate the prices of some procedures. While women are aware spiritualists could sexually assault them, some of them do not mind if they would not be raped, and they could have children. This is like reports in Nigeria and Senegal that some infertile women perceive this as part of the cost of childlessness (Dyer and Patel 2012). Another striking finding is that while some women feel closer to God because of their situation, others reported being angry at God for unanswered prayers and giving children to undeserving people who mistreat them and care less about them. Similar to previous studies, the

women reported being jealous of women with children and those who had no delay in childbearing, howbeit with no intention to cause harm (Hesseltvik 2018).

The findings of this study also strengthen the reports by Prinds et al. (2014) and Hesseltvik (2018) that childless women experience infertility as an existential crisis by trying to evaluate their lives without biological children. Because their society advocates childbearing as a valued prerogative of women, they construct their lives without biological children as meaningless, hopeless, and worthless. Most of the women described themselves as "failure," and "incomplete," and lived daily with "anger," "regret," "sadness," and "pain."

CONCLUSION

This study affirms that childless women experience infertility in different but unique ways. This would enable the reader to understand the types of burden they experience, how these manifests, and the implications of their manifestation. Informants' overall lived experience in marriage, among kin, the community, and by implication, their self-identity is determined mainly by perceptions of the cause of infertility, husbands' positions in his family, the age of participants, the duration of infertility, and proximity to in-laws. One can surmise that childlessness is a condition that is negotiated among couples, their families, kin, and society at large. Infertility is a huge sociocultural problem with devastating effects on people.

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