Being Childless: Exploring the factors affecting involuntary infertility in South-East Nigeria

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Abstract

Childlessness among couples is a serious issue in many societies with societal reactions that are shaped by culture of the society that the couples find themselves. While several studies explored childlessness from different perspectives, this particular study examined the causes of involuntary infertility from the perspective of rural communities in Southeast Nigerian with particular focus on Imo State. They study adopted the mixed research method combining qualitative and quantitative methods to collect data from 256 respondents. Findings revealed that only a slight majority of the respondents 91(35.5%) associated infertility with harmful health practices; whereas in response to another question, up to 88 study participants representing 34.4% were of the view that infertility is caused by different spirits that could possess individuals. In response to another question, 102 (39.8%) of the respondents strongly disagreed that childlessness could be a voluntary decision or choice of couples involved. The study therefore concluded that the extent of awareness among couples and general public determines their perception of infertility and consequently recommended an increase in public enlightenment efforts within the communities.

Keywords: Infertility, Childlessness, Spiritual, Body Possessed, Medical, Assumption.

Introduction

The changing trend in population have remained of concerned to state actors, researchers, scholars and agencies involved in societal development (Okpan and Otega, 2021). Childlessness as a condition has recently emerged as a major factor contributing to low birth rates raising the prospect of population decline in developed countries (Roland, 2007). The condition of childlessness has been reported to be on the increase (Okpan and Otega, 2021), this is supported by data from Bos Van, Visser (1995) which revealed that approximately 70-80 million couples worldwide are currently infertile. Boivin et al (2007) further reiterated that tens of millions of couples are facing primary infertility or childless situation. Studies has shown that the reasons for infertility differs. Rybin'ska and Morgan (2018) were of the view that childlessness in some societies especially the US could be a result of choice to postpone childbirth by couples to allow

them the opportunity to pursue other life goals. However, Balan and Vos (2009), had a contrary opinion they were of the view that for some people, having children is immensely important; not being able to have children is a major problem. therefore, childlessness despite being a global phenomenon differs in rate and acceptability in different continents. In developed nations changing cultural norms are disposing women into voluntary childlessness, the contrary is the case in developing nations where child birth is considered vital (Okpan and Otega, 2021).

Infertility is seen as a situation where a woman having constant intercourse and without contraceptives, cannot be pregnant within 12 months or two years (National Institute for Care and Excellence (2015). African families consider the above situation a major problem. Infertility therefore results to childlessness which could be voluntary or involuntary in nature (Atang, 2016). Involuntary childlessness includes those who have not had a clinical diagnosis of infertility and they are unable to conceive pregnancy and those who have experienced pregnancy loss, stillbirth and infant/child loss (Ibisomi & Mudege, 2013).

Global statistics on the prevalence of infertility varies from 12-15% of couples in developed societies that experienced primary or secondary infertility. In Sub-Sahara Africa, a total of 20-25% prevalence rate was recorded for secondary infertility. In Africa, the prevalence rate indicates a total of between 20-30% of couples experienced either primary or secondary infertility. In Nigeria, the infertility rate varies according to ethnic groups. For the Hausa, Fulani and Kanuri of Northern Nigeria, the prevalence rate stands at 13.5 to 14.3% while 14% were reported for the Yoruba's of South West, 10% for the Tiv, 10.5% for the Nupe and 6.5% for the Middle Belt. The Eastern block was 19.1% for the Igbos and 16% for Cross River (Elhssein, Ahmed & Adamu 2019, Jegede & Fayemiwo, 2010).

Infertility or involuntary childlessness is traumatic human conditions. Many couples desire to have biological children of their own and where there is an inability to conceive, it creates marital breakdown. Marriage has been a crucial issue in every society because of its role as a medium of continuity especially in Igbo land where children are seen as an important element in family progression. Based on this, any marriage that does not at least produce a child is seen as fruitless and a great misfortune (Obioma & Manu 2019).

Infertility especially, in developing country like Nigeria is a public health concern due to it social implication in African society. Scholarly review of literature in Nigeria and in other parts of Sub-Sahara African countries indicates that infertility is caused by unsafe abortion, post-partum pelvic infections, genital mutilation, childhood marriage which increases the risk of developing vesicular vaginar fistula and problem secondary to sexually transmitted diseases/infections and severe pelvic inflammatory disease are said to be the contributor to female infertility (Fadare & Adeniyi, 2015).

Apart from the medical diagnosis of infertility, studies showed that supernatural powers such as bewitchment and disobediences of social norms within the family contribute to infertility (Tabong & Adongo, 2013). Infertility is not without its consequences; Sociological and Anthropological evidence indicates that childless couples suffer from stigmatization, marital instability, abuse, social isolation, economic deprivation, murder and suicide (WHO, 2015, Jegede & Fayemiwo, 2010).

Infertility or involuntary childlessness is traumatic human conditions. Many couples desire to have biological children of their own and where there is an inability to conceive, it creates marital breakdown. Marriage has been a crucial issue in every society because of its role as a medium of continuity especially in Igbo land where children are seen as an

important element in family progression. Based on this, any marriage that does not at least produce a child is seen as fruitless and a great misfortune (Obioma & Manu 2019). The causes of infertility as reported by Fadare & Adeniyi (2015) indicates that unsafe abortion, genital mutilation, post-partum pelvic infection, early marriages and other behavioral, social and beliefs contributes to infertility. The misconception associated with infertility especially in South East Nigeria has led to dire marital consequences ranging from separation, empty shell marriage and divorce. This paper is therefore focused on eliciting empirical data on the perceived causes of infertility with South East Nigeria as focus.

Study Objective: To understand the perceived causes of infertility in South East Nigeria

Literature Review : Understanding Causes of Infertility or Involuntary Childlessness

Many authors had written on the causes of involuntary childlessness. According to Fadare & Adeniyi (2015), infertility in developing counties is caused by unsafe abortion, post-partum pelvic infection, genital mutilation, childhood marriage which increases the risk of developing vescovaginal fistula and tubal problem secondary to secondary sexually transmitted infections and severe pelvic inflammatory disease. This implies that infertility in this context occurred as a result of unsafe abortion, early marriage and the practice of genital mutilation. However, these authors did not consider the fact that delayed marriage, education and individual's inability to make choice of partner can cause infertility.

Similarly, Osazuwa, Aiguobarueghian, Alekwe, Imade &Ibadin (2019) identify chlamydial trachomatis, my coplasmal infection, gonorrhea and tuberculosis are some common STDs that have been indicated to be the cause of block fallopian tubes in female infertility. Such resultant cause is as a result that infertility is strongly associated with social, behavioral

and cultural factors that expose women to infertility due to STDs and other reproductive tract infections (Aseffa (2011). For men, infertility occur as a result of reproductive tract infections which relates to poor semen count and morphology (Abarikwu,2013). This implies that infections in men contributes to poor semen which causes the man to be barren whereby resulting to infertility.

Scholars like Masoumi, Parsa, Darvish, Mohtari, Yavangi &Roshanaei (2015) identify anatomical, physiological and genetic, environmental and acquired factors may influence fertility and may lead to menstrual and ovulation dysfunction and uterine factors are the most common causes of impairment infertility. In an African context, Ochieng (2015) identified sorcerers, spirit of dead, breaking of taboos and hereditary as a major factor responsible for infertility. However, authors who blame infertility on infection, unsafe abortion and educational attainment of couples had not considered the spiritual and cultural causes of infertility especially as it affects African couples.

Infertility as a public health concern

Involuntary childlessness in developing society requires medication which then requires an adequate understanding of public health and health. According to the Institute of Medicine (2010), public health is seen as what the society does collectively to ensure that everybody is healthy. From the definition, promoting health is a collective responsibility of the society. It also shows that the society should do everything possible to ensuring a conducive environment for her members. The IOM do not cover the definition of health, therefore, the medical definition of health according to WHO (2021) depict complete physical, mental and social wellbeing not merely the absence of infirmity. This definition has been criticized by scholars by concluding that it is too broad and difficult to understand. In spite of this, the definition is still considered valid as WHO still considers it as the most authoritative definition on health. By this definition, public health should be a concern of the government to make sure that members of the society are living in a conducive and healthy environment. Invariably, in the area of infertility issues, every citizen has a right to adequate medical treatment on both voluntary and involuntary childlessness. Therefore, promoting the health of citizen should be a collective responsibility between the government and her citizen. Health of members of a society

has to do with individual physical, mental capacity and social wellbeing not just an infirmity situation. This means that the government should be concern about individual physical, mental and social wellbeing by providing necessary supports on these areas.

According to America Public Health Association (2019), public health entails the protecting the safety and improving the health of members of the community through education, policy making and research for disease and injury prevention. What this means is that the government of any nation should be responsible for the health concern of her citizen by providing them with adequate information on health-related issues. Verweij &Dawson (2013) in their conceptualization of public health tried to give meanings to the health of the public as against that of individuals and also look at that of the public which he sees it as a collective nature of interventions. Therefore, for them, public health intervention should go beyond individuals. This simply implies that health of individual must be a concern of the government and that individual's health intervention should be included in the health policy of any nation. Achieving the holistic wellbeing of an individual means that there is health objective of widening access to ARTs in developing societies. This is because the provisioning of such service may not only provide the involuntary childless with more prospects of achieving a desired pregnancy, but would also lessen the mental and social anguish they experience as a result of inability to conceive. The same broad-based concept of health is enshrined in WHO documents that deals with reproductive and the International Conference on population and Development Programme of Action.

United Nation Health Policies (2017) defines reproductive health as a state of complete physical, mental and social well-being and not merely the absence of infirmity or diseases in all matters relating to reproductive system. This implies that people are able to have safe sex life, the capability to reproduce and the freedom to decide if, when and how often to do so. Reproductive health care includes having access to family planning, prevention and appropriate treatment of infertility, prevention of unsafe abortion and management of the consequences of unsafe abortion, prevention of harmful practices, such as genital mutilation, information, education and counseling as appropriate on human sexuality, reproductive health and other reproductive health conditions.

WHO in his clinical definition defines infertility as covering disease of the reproductive system by failure to achieve a clinical pregnancy after 12 months or more of regular unprotected sexual intercourse? In limiting infertility to diseases of reproductive system, this clinical definition provided by WHO appears to have ignored the equally important aspects of its other definition on reproductive health which include mental and social well-being in all matters relating to reproductive health. This narrow definition of what constitute infertility has led to the use of involuntary childlessness. Involuntary childlessness is not confined to physical disease of the reproductive system. It is a condition that can occur when a person is reproductively capable is unable to do so due to underlining condition of a partner or spouse. Therefore, male infertility may be the underlining causes of involuntary childlessness in Sub-Saharan African country.

There are many reasons behind the inclusion of infertility in the public health agenda. These are: potentially and increasing prevalence and associated possible threat to social perpetuation, the prevention nature of many causes, the consequences for well-being, the interactions with the fulfillment or non-fulfillment of social expectations, the associated stigma, the close relationship between Human Immunodeficiency Virus (HIV) and infertility and related risk behavior in developing countries, the mention of reproductive health as a human Rights in various declaration, the involvement of health inequalities and the potential benefit of public health tools such as data collection and surveillance, public debate, policy development, education and prevention in decreasing and managing infertility (Macaluso et al 2010). This implies that infertility like any other health related issues are important especially in policy formulation in developing countries. The risk associated with HIV, the way of preventing and adequate data generation and for the education of the general public is found in the public health agenda. Therefore, issues relating to infertility are explained in the public health agenda for public consumption.

Scholars had argued on the contention about reproduction as a human right and the liberty to procreate includes the liberty to access reproductive technologies to overcome infertility (Rivard, 2014). In developing societies, infertile women and couples suffer a great deal of ostracism due to cultural expectations and behavior that are detrimental to public health issues (Egede, 2015). Again, many societies face severe challenges relating to negative birth rates. On the backdrop of increasing healthcare costs for the ageing

population, the younger working population is struggling to meet the demands while immigration and international adoption can be part of the solution, they also involve their share of complications and promoting local fecundity remains an important tool (Hess, Ross & Gililland Jr, 2018). Invariably, the cost of accessing public healthcare facility such as the ARTs in developing society is on much for the infertile couples, therefore alternative method for them is the use of adoption.

Adoption is an alternative method for couples who could not afford the ARTs, the degree of social/cultural acceptability and the challenges surrounding its acceptability make it unfair and its puts pressure on the infertile to adopt rather than using ART (Nwachukwu, Cadmus, Adebayo, Nwachukwu & Owoaje, 2020). Adoption method in developing society is associated with cultural problems. Its acceptance by the society affects people's decision to adopt whereby people now struggle to make use of the ARTs method.

Socio-cultural beliefs Relating to infertility or childlessness

Infertility is surrounded by many mistaken beliefs about its causes, such as witchcraft and possession by evil spirits and these beliefs negatively affect its control. In Africa, infertility is caused by two factors, namely traditional and biomedical factors. Traditional factors are classified as mystic and natural factors. According to Atang (2016), beliefs are informed by perceptions and while others like Rossster (2009) argued that common sense epistemology regards perceptual experience as a distinctive source of knowledge of the world around. People then see belief as just the way they hold the world or certain part of the world to be, which suggests that what people think about the world may not be an absolute true. Thus, there is a difference between what people belief the world is, and what the world truly is. Philosophers maintained that to find a better way to find out what people truly believe is to carefully observed how they behave or deal with things around them. This implies that people will always react according to what they believe, rather than what they say they believe. On this regard, infertility in Africa is attributed to cultural beliefs of the society.

Erroneous belief or misconception is a source of misleading information which may influence ones 'attitude towards the uptake of reproductive healthcare. Even though these beliefs are misconceptions, Jones, Jensen, Scherr, Brown, Christy & Weaver (2015)

in the explanation of the Health Belief Model maintained that what people have already know should be taken into consideration in order to have an understanding of reasons for not complying with the measures approved which could help in conception.

This implies that the Health Belief Model also gives room for infertility caused by cultural beliefs. Many people do not really know much about infertility and its causes which may impact on their treatment seeking behavior especially among involuntary childless couples. For instance, Ali, Sophie, Imam, Khan, Ali, Shaikh & Farid-ul-Hasnain (2011) maintained that couples need to have adequate knowledge for infertile couples seeking medical care in timely manner and prevalent myths and misconceptions can be rectified. This implies that couples' adequate knowledge of their reproductive health and factors responsible could help to guide against reproductive problems.

Previous studies by Gerhard et al (2014) explain socio-cultural beliefs and practices associated with infertility observed that women are born with an unknown number of children in their bodies except for women who are born fertile (without children in their womb) and cannot be cured. These children can be used up through abortions and contraceptive use, and one could find herself infertile when she decides to have children (Gerhard et al 2014).

In Pakistan, Ali, Sophie & Farid-ul-Hasnain (2011) report that belief in evil spirit and supernatural powers are the causes of infertility especially among couples with low educational level. In like manner, Tanzanian, Daniluk (2001) maintained that evil forces are responsible for infertility, thus, they engaged in an unhealthy practices and gross traditional remedies to resolve their infertility problem. Such unhealthy practices include standing on ones' head after sexual intercourse and eating one's fecal matter to bring out vomiting (Daniluk, 2001). Viewing from this perspective, people from these cultural environments are influence by the perception that such practices can only help them to solve their childlessness since they believe on it.

In Nigeria, there is a strong belief in the practice of Ogbanje where infertility is determined by destiny; women given birth to a child who is not destined to live beyond

the first birthday (Okonofua et al, 2010). Among the Yoruba's of Western Nigeria, it is believed that all women have fibroid (iju) which is a natural phenomenon and it allows conception to take place. According to them, it only causes infertility when the fibroid becomes big blocking out the sperms causing hotness, thus preventing the sperm from fertilizing the female eggs.

Women inability to conceived and get pregnant in Nigeria has become one of the issues that cause conflicts among mother in-laws in Nigeria. Socio cultural factors associated with infertility according to Antony, Jamin, Omar, Charity & Munyoe (2017) are witchcraft and possession by evil spirits and these beliefs negatively affects the management of infertility. In Africa, infertility is attributed to two factors grouped as traditional biomedical factors. Traditional factors are categorized as mystic and natural factors (Gerrits,2010). There is a strong connection between mystic and biomedical factors. Some believe that spiritual forces can be invoked to hinder a woman from ovulating and hence unable to conceive (Ali e tal,2011). This, by implication means that apart from the medical diagnose of infertility, supernatural forces can prevent couples from conception. These are basically assumptions and myths because there is no evidence to prove.

Religion is another cultural factor regarding infertility and childlessness in Sub-Sahara Africa. Study by Egede (2015) explain how religious beliefs and practice influence involuntary childlessness in Africa. According to him, African traditional religion has contributed to involuntary childless couples. For instance, he made mention of evangelical churches in Africa who treats infertility as a woman problem in Judeo-Christian beliefs. Here, he explains about how churches organize programs on infertility targeting waiting mothers or women seeking the fruit of the womb. Viewing from this perspective, the church perpetuate that the idea of infertility and involuntary childlessness are female problems. This religious practice is also among the Muslim faithful. In Islam, if a woman is venerated for the role as a mother, it is inevitable that this may lead to gendered consequences for involuntary childless women. In another literature on traditional Africa beliefs, childless couple cannot become ancestors after death. In societies where the veneration of ancestors is so fundamental, this may have many consequences on people who are unable to reproduce. On this regard, Ndegwa

(2016) argues that the only alternative arrangement should be through religious sects, witchdoctors, herbalist and self-medication from traditional birth attendants.

Theoretical thrust: Symbolic interactionist theory.

This study is anchored on symbolic interactionist theory which is one of the major frameworks in Sociology. The origin of the theory could be traced to Max Weber but it was George Herbert Mead who elaborated much on it in the 1920. The assumption of this theory is as follows:

1) That people do not respond directly to the world around them, but to the meaning they bring to it
2) That the society, its institutions and social structure are created through human interactions. This means that reality is what members of the society agreed to be reality and this is shaped by social interaction (Audu e tal,2012).

3) This theory also portends that many unique features of the human thoughts are captured through symbols and that the use of symbols enable individuals to predict possible actions and to derive common meanings among the community members. In the process, objects and symbols are developed and used which denotes things in the real world whose meaning is defined by the actor. Therefore, different objects have different meanings for different individuals. For example, people interact based on how they see and understand a situation and the meaning they attach to the situation or encounter. Consequently, each person's definition of the circumstances surrounding the interaction influences others definition. This means that the meaning attached to social interaction can be modified because people bring their own definitions of situations. These definitions shape the way people see and experience the world (Audu et al,2013).

The theory is anchored on the idea that people do not respond directly to the world around them, but to the meaning they bring to it. Furthermore, the approach assumes that society, its institutions and social structure exist as a result of human interaction (Audu et al, 2013). This means that reality is what members of society agreed to be reality and this is shaped in social interaction.

During such interactions, objects and symbols are developed and used (Audu et al 2013), which denotes things in the real world whose meaning is defined by the actor. Therefore, different objects have different meanings for different individuals. For example, people interact on the basis of how they see and understand a situation and the meaning they attach to the situation encounter.

Consequently, each person's definition of circumstances surrounding the interaction, influences others definition. This means that the meaning attach to social interaction can be modified because people bring their own definitions of situations. These definitions shape the way people see and experience the world.

Consistence with Audu et al, 2013 view, every time social interaction occurs, people creatively construct their own understanding of it whether real or not and behave accordingly. Furthermore, these shared meaning and or understanding do not necessarily need to be accepted by all, hence the capacity and autonomy for unique and independent choices. This aforementioned agrees with the assertion of Thomas & Thomas (1928) that if men define situations as real, they are real in their own consequences, allowing for the possibility of individuals' definition of situation in which people modify meanings and symbols. Symbolic interactionist theory appreciates the value of interaction with other community members. It is through such interaction that individual and group meanings of infertility related issues are realized. In explaining this theory in relation to infertility, it simply means that reality is what members of the society agreed to be reality and this is controlled and shaped by social interaction. The social

reality and conception or perception of fertility is largely socially construed especially within developing societies whereby at some instance involuntary childlessness is rather attributed to biological deficiency but rather certain reality of myths and cosmotological immortal existence which controls the affairs of the mortals. Consequently, each person's definition of the circumstances surrounding the interaction of childbirth influences others definition. This means that the meaning attached to social interaction can be modified because people bring their own definitions of the situations. Consistent with the theory, in most developing societies which Nigeria is one, the state of infertility and its attendant consequences are socially defined through conceptualization of barrenness which leads to segregation and discrimination. Such society, like Nigeria where fertility and childbirth are socially desirable norm, infertility is consequently defined in interactions as abnormality.

Materials and Methods

The study focused on the entire South-East region of Nigeria, but specifically Ohaji Egbema Local government of Imo State which was selected as a representative sample of the entire study area.. The choice of the community is based on the diverse cultural issues relating to child birth within the local government (Ukpabi and Okpan, 2017). The study adopted a cross sectional survey design. According to 2006 National Population figure, the area covering Ohaji-Egbema has a total population of 182,538. The target population for this study were adults male and female aged 18 years and above. The multi stage sampling method that involves successive random sampling was employed in selecting communities, households and respondents in the study. The multi –stage design was very

relevant because the study population was very large and made up of several clusters like towns, streets, and households.

The multi –stage sampling technique made up of cluster, simple random sampling, and systematic sampling techniques were adopted in selecting the sample for the study. First Imo state was clustered into three senatorial districts. Then using the random sampling technique, Orlu senatorial district was selected. The LGAs in the selected cluster were numbered and then with the application of the simple random sampling technique, one LGA was selected –Ohaji-Egbema. This was done by first numbering all the elements in the sampling frame out of which the above named LGA was selected through the balloting method. Furthermore, the communities in Ohaji-Egbema were numbered and through the aid of the balloting method of simple random sampling technique, five communities were selected namely Ilile, Umuokanne, Umuagwo, Oloshi, and Umuapu autonomous communities respectively. Then the villages in the selected five autonomous communities were numbered and through the balloting method of the simple random sampling technique one village was selected from each of the five autonomous communities namely; Ubeke, Umuobogwo, Umuezenwere, Oforola and Umualum villages respectively. Finally, households in the selected streets were numbered and the systematic sampling technique was employed to select every Kth household in the sampling frame from which an adult was selected as a respondent for the study. The sequence continued until a total of three hundred and ten were drawn from the streets. However, only persons of 18 years and above were allowed to participate.

A sample size of (310) was selected using the Fishers, Laing, Stockel, and Townsend (1998) statistical formula and was used for the study and the major instrument for collecting data was questionnaire. A uniform set of questionnaires validated were

administered to all the respondents. The researcher got approval from the respondents before administering the questionnaires. Quantitative methodologies are complemented with qualitative work, including in-depth interviews with families, medical professionals, NGOs and opinion leaders. Four sessions of In-depth interview (IDI) were conducted with five families, purposively selected based on their knowledge of the subject matter, two medical nurses and director of an NGO that specialized on Reproductive Health Rights. The interviewees gave their consent before the in-depth interviews were conducted.

Data Analysis

Out of the (310) questionnaires distributed, (256) were correctly filled and returned, giving a response rate of 96 percent. Data were analyzed using Statistical Package for Social Sciences (SPSS). Descriptive statistics such as frequencies and percentages were used to analyze the quantitative data. For the qualitative data, in-depth interviews were subjected to manual content analysis. However, illustrative quotes were identified and organized under distinct themes.

Results

Socio-demographic Attributes of Respondents

This section presents the socio-demographic attributes of the respondents. The attributes are age, gender, marital status and educational qualification of respondents.

Socio –Demographic characteristic	Frequency (F)	Percentage (%)
Age		
18 - 28	16	6.3
29 - 39	18	7.0
40 - 50	44	17.1
Above 50	178	69.5
Total	**256**	**100**
Gender		
Male	21	8.2
Female	235	91.7
Total	**256**	**100.0**
Marital Status		
Single	59	23.0

Married	109	41.8
Widow	88	34.4
Total	**256**	**100**

Educational Qualification		
Primary	76	29.6
Secondary	161	62.9
NCE/OND/HND	7	2.7
University Degree or Higher	12	4.7
Total	**256**	100

Source: Field Survey 2016

Table 1 clearly indicates that majority (69.5%), of respondents were aged 50 and above and that while (91.7%) of the respondents are females. The number of female respondents who participated in the study outweighs the male respondents because many of the males who declined to participate felt it was a female issue. In terms of marital status, most of the respondents are married (41.8%). The educational qualification of the respondents' shows that majority of them have secondary education (62.9%), while 29.6% of them have primary school.

Table 2: Infertility Is caused By Possession of the Spirits

Responses	**Frequency (F)**	**Percentage (%)**
Agreed	88	34.4
Strongly Agree	49	19.1
Undecided	47	18.4
Disagree	52	20.3
Strongly Disagree	20	7.8
Total	**256**	**100**

Source: Field Survey 2016

Table 2. shows the distribution of respondents on their view about infertility being caused by possessed spirit above a majority of the respondents 88(34.4%) strongly agreed that infertility is caused by spirits possessing the individual. While 20(7.8%) strongly disagreed. Results from the qualitative data revealed a divergent view about the issue. One of the elderly female respondents stated thus

> *If you like continue to deny it, but evil spirit posses some of these girls. let me explain some of them have spiritual husband. And they have spiritual family, so they can't give birth again in real life. It is not imagination its very real and true trust me. Take them*

for very deliverance in church they demon leaves and they become normal. It's not funny but true (Female, 78 years, Trader).

However, another respondent didn't very much agree, she stated thus;

This idea of being possessed is a little funny. I don't really know what to make out of it. You know the problem of belief in our society. My problem is why do we always think women are possessed; how come men are not possessed too. I don't know if its true or not. But I don't belief in such please (Female, 34 years, School Teacher).

Another Respondent argued that its not a factor, actually it is an outdated belief system. although some persons so hold to it. but people should do away with such because its actually very fake (Male, 71 years, retired civil servant).

Table 3: Infertility is Caused by Harmful Health Practices &Infection

Responses	**Frequency (F)**	**Percentage (%)**
Agreed	47	18.4
Strongly Agree	91	35.5
Undecided	39	15.2
Disagree	24	9.4
Strongly Disagree	55	21.5
Total	**256**	**100**

Source: Field Survey 2016

Table 3 shows the distribution of respondents on if infertility is caused by harmful health practices & infection. It can be observed that 91(35.5%) strongly agreed that infertility is as a result of harmful health practice & infection. The view that infertility is caused by harmful health practices we denote such practices as abortion, post-partum pelvic infection, genital mutilation, childhood marriage which increases the risk of developing vesco vaginal fistula and tubal problem secondary to secondary sexually transmitted infections and severe pelvic inflammatory disease. While 24(9.4%) disagreed that it is caused by harmful health practices & infertility. The data from the qualitative study shows thus:

Everyone knows this is actually very true. some young ladies leave reckless life, they do all manner of things and later will deceive one man to suffer with them. Well, I don't know but those things surely affect them later. For instance, a lady that has no womb can't give birth you know what I mean (Male, 47 years, Physician)

Table 4: Infertility is caused by Voluntary Decision

Responses	Frequency (F)	Percentage (%)
Agreed	46	17.9
Strongly Agree	38	14.8
Undecided	18	7.0
Disagree	52	20.3
Strongly Disagree	102	39.8
Total	**256**	**100**

Source: Field Survey 2016

Table 4 shows the distribution of respondents based on infertility being caused by voluntary decision among the couples. The table shows that a majority of the respondents 102(39.8%) strongly disagreed while 18(7.0%) were undecided. The qualitative data brought a divergent view. a respondent stated thus;

> *I don't think this is the case in our community. What do you even mean by voluntary, why did they now marry? it is not possible. I think we marry so that we can give birth. So, there is nothing like voluntary infertility (Male, 56 years, Farmer)*

Another respondent argued thus: Well, I can't really say, I know in the Western nations they do such things, but am not sure if our people has started doing so. Its left for couples to decide. But I don't think it's a good practice though. (Female, 65 years, Teacher).

Conclusion

Although infertility could be involuntary in some societies, in some other societies being childless is rather considered a major problem. couples are expected to give birth immediately after child birth as this is seen as major essence of consummating marriages. This is the case within the study location in Imo State, the study revealed that many persons still belief infertility is caused by certain spirits while many do not really accept that voluntary infertility is a reality in the study area rather medical conditions were seen as an issue leading to infertility. Consequently, the paper recommends effective awareness and advocacy to enlighten the community on the fact that infertility is not a spiritual issue but rather should be seen as medical health condition.

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