

ORIGINALARTICLE**INFERTILITY: PERCEIVED CAUSES AND EXPERIENCES IN RURAL SOUTHWEST ETHIOPIA**

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ABSTRACT

BACKGROUND: *The experience of infertility causes harsh, poignant and unique difficulties to infertile individuals. In Ethiopia, very little has been explored regarding the way people perceive and experience infertility. This study attempted to describe perceived causes, experiences and perceptions of infertility in rural Ethiopia.*

METHODS: *A community based cross-sectional study was conducted from May 12-26, 2005. Two hundred twenty-five randomly selected infertile individuals were included in the study. A pre-tested structured questionnaire was employed for data collection. Data were analyzed using SPSS for windows Version 11.0.*

RESULTS: *Two hundred twenty-five infertile (167 women and 58 men) individuals participated in the study. The perceived cause of infertility in this study was mainly mystical power. One hundred Twenty (53.3%) of the respondents reported God's wrath as the cause of infertility and 134 (59.6%) noted that it could be cured. The frequently reported methods of cure were God's will 57 (42.5%) followed by modern medicine 56(41.8%). Forty-three (19 %) had history of sexually transmitted infections (STIs), and 62(28%) had extra marital sex for the sake of child bearing. Eighty-four (37.3%) of the participants faced some difficulty related to their infertility. One hundred thirty seven (60.9%) of the respondents hope to have a child in the future.*

CONCLUSION: *This study showed that there is lack of knowledge of both causes and treatment of infertility in the study community. Therefore, community-based programs to increase public awareness and to reduce myths related to infertility are needed. Further community based study is recommended.*

KEY WORDS: In fertility perceived Causes, South west Ethiopia

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INTRODUCTION

The desire to have child is virtually universal, and the right to reproduce is recognized by many international conferences as basic human right. Whether driven by biology, emotional needs, or social pressure, at some point in their lives most adults seek to have a child, generally taking for granted that they would be able to do so by the usual biological route. However, all individuals are not successful in attaining this dream (1). Today there are over 186 million couples in developing countries alone (excluding China) that are affected by infertility. Rates of infertility vary considerably from country to country, in the worst affected areas, over 25% of couples may be unable to have children (2).

The psychosocial consequences of fertility problems are extensive, ranging from mock, disrespect, social exclusion and discrimination to feelings of depression, worry, anger and sorrow. Infertile women are also likely to experience partner neglect or abuse, marital instability, and poverty; as in some areas infertile women are not permitted to own or inherit land (3, 4, 5). The experience of infertility causes harsh, poignant and unique difficulties: economic hardship, social stigma and blame, social isolation and alienation, guilt, fear, loss of social status, helplessness and, in some cases, violence (6). Many families in developing countries including Ethiopia depend on children for economic survival. Without children, men and women may starve to death, especially in old age. In some communities, infertile people are ostracized as they are perceived to be unlucky or the source of evil, or they become the object of public humiliation and shame. Some, even, choose suicide over the torturous life and mental anguish caused by infertility. In other communities infertile men and women are often denied to proper death rights. For women in developing countries, infertility may result in life-threatening physical as well as psychological violence (7, 8).

Childless women are generally blamed for their infertility, despite the fact that male factor contributes to at least half of the cases of infertility around the world. In Africa, being childless has more negative social, cultural and emotional repercussions for women than, perhaps, any other non life-threatening condition (9).

In different studies respondents gave a wide range of explanations of the causes of infertility, supernatural, physiological and psychosexual disorders. Infertility in women was most commonly attributed to supernatural causes, particularly evil spirits, which affect menstruation. An evil spirit is manifested by menstrual problems and as such affects only women. Women are therefore most often held responsible by society for infertility and hold themselves responsible as well; others also attribute the cause of infertility to God's will (7, 10).

Infertility in men was mostly attributed to psychosexual and physiological disorders. Infertility was related to anxiety about loss of sexual power, small penis, and too much liquid in the semen or infertility during the previous marriage. Some believed that men who masturbate too much before marriage, men who commonly experience nocturnal emissions and men who have extremely active sex lives were more susceptible to infertility as well (7,10).

Experience of infertility in developed countries has a profound influence on the personal well being of the women and men concerned (11). International Conference on Population and Development (ICPD) Program of Action states that reproductive health services should include prevention and appropriate treatment of infertility (12).

In Ethiopia very little has been explored regarding the way people perceive and experience infertility. Rigorous research is required on these issues and their implications for program needs. The present study attempted to describe popular concerns, experiences and perceptions of behaviors on infertility in the social and cultural context of Ethiopia and highlight the key areas requiring recommendations for programmatic and community action as well as policy directions.

METHODS

This study was conducted in Illubabor Zone, which had an estimated population of 1,290,000 in 2005 projected based on the 1994 census. During the study, Illubabor was divided in to 14 administrative woredas. Its capital, Mettu Town is located 600 Km Southwest of Addis Ababa via Jimma.

A community based cross-sectional study was conducted from May 12-26, 2005, to describe perceived causes, experiences and perceptions of behaviors about infertility in four weredas of Illubabor zone (Yayu-Hurumu, Mettu, Gore and Bedele). The study focused on these four districts (weredas) as there was no similar program in others at the time of the study. One hundred sixty six Community Based Reproductive Health Agents (CBRHAs) trained and supported by Menschen fur Menschen Foundation (MfM) provide reproductive health services in the four weredas since September 2003.

The study subjects were infertile men and women who were selected from the list of individuals from Community Based Reproductive Health Agents (CBRHA's) register book. These CBRHA's register individual as infertile, when couples engaged in marital relation, living together and could not have child for a year while they had demand. The sample of study was determined using a formula for cross-sectional study. The expected proportions of infertile individuals (16%) were taken from study

conducted in the area which is in agreement with the estimate for sub Saharan African countries (13, 14). The other assumptions were 95% CI and 5% margin of error. This gave a sample size of 207, 10% was added for non-response and giving a final sample size of 228. Of the 903 registered infertile individuals, 228 were selected for the study using simple random sampling using the total registered infertile individuals found from the four woredas.

Data collectors were 12th grade complete CBRHAs who knew Oromifa language, got orientation on the purpose of the study and trained on the instrument. A structured questionnaire was employed for data collection. The variables included were socio-demographic characteristics, knowledge on infertility, future expectation and experiences in living with infertility. Data were entered to computer and analyzed using SPSS for windows Version 11.0.

An official permission was obtained from Illubabor Zone Health office and from the four respective woredas

offices. The respondents gave their verbal consent for participation in the study and all information obtained was kept confidential.

RESULTS

Out of total 228-sampled infertile individuals, 226 volunteered to participate in the study; one questionnaire was discarded due to incompleteness, yielding a response rate of 98.7%. One hundred sixty seven (74.2%) participants were women and 58(25.8%) were men, making the sex ratio 1:3.1. One hundred forty two (63.7%) of the respondents were 35 years or above. Most of the respondents 208(92.4%) were Oromo by ethnicity, farmers 136(60.4%) by occupation and orthodox-Christians 97(43.1%) by religion. Fifty-one (22.8%) of the respondents had attended at least primary school. Two hundred two (90%) were married; the mean stay in marital relation was 18.5 years (Table 1).

Table 2. Perceived infertility among women and men respondents southwest Ethiopia 2006.

Variables	Women		Men	
	No (%)	Men No (%)	No (%)	Men No (%)
Who do you think is infertile?				
My self	78 (46.7)	16 (27.6)		
My Partner	21 (12.6)	8 (13.8)		
Both of us	12 (7.2)	7 (12.1)		
Not known	56 (33.5)	27 (46.6)		
Total	167 (100)	58 (100)		

Table 3. Knowledge of respondents on infertility Southwest Ethiopia, 2006.

Variables	Number	Percent
Cause of the infertility (N=225)		
God's Wrath	120	53.3
STI	21	9.3
Inherited from family	12	5.3
Evil spirit	10	4.4
Curse of family	8	3.6
I do not know	13	5.8
Others	41	18.2
Infertility can be cured (N=225)		
Yes	134	59.6
No	73	32.4
No response	18	8.0
How can be cured?(n=134)		
God's will	57	42.5
Modern medicine	56	41.8
Traditional medicine	5	3.7
Witchcraft	1	0.7
Others	5	3.7
No response	10	7.5
Do you think male can be infertile? (N=225)		
Yes	137	60.9
No	66	29.3
No response	22	9.8

Table 1. Socio-demographic characteristics of respondents, southwest Ethiopia 2006.

Characteristics	Number	Percent
Sex (N=225)		
Female	167	74.2
Male	58	25.8
Age (N=223*)		
<20	2	0.9
20-24	15	6.7
25-29	36	16.1
30-34	28	12.6
35+	142	63.7
Religion (N=225)		
Orthodox	97	43.1
Protestant	51	22.7
Muslim	77	34.2
Occupation (N=225)		
Farmer	136	60.4
House wife	80	35.6
Merchant	7	3.1
Others [†]	2	0.9
Ethnicity (N=225)		
Oromo	208	92.4
Amhara	15	6.7
Tigre	2	0.9
Marital status (N=225)		
Married	202	90.2
Divorced	11	4.9
Widowed	11	4.9
Duration in the marriage (N=202)		
<3	10	4.8
3-5	8	3.8
6-9	27	12.9
10+	157	78.6
Educational status (N=224*)		
Illiterate	146	65.2
Can read & write	27	12.1
1-6th grade	42	18.8
7-12th grade	8	3.6
12+	1	0.4

Some variables do not add up to 225 as there are non responses for the specific question and missing values & Daily laborers

Seventy-eight (46.6%) of the women said they were infertile and 21(12.6%) said their partner was infertile. Only 16(27.6%) of men participants said that they are infertile. The rest noted that either their wife was infertile or both of them (Table 2).

The perceived causes of infertility in this study ranged from supernatural power to genetic factors. Approximately half, 120(53.3%) of the respondents said God's wrath is the cause of infertility. The other perceived causes were Sexually Transmitted Infections (STIs) 21(9.3%), inherited from family 12(5.3%) and curse of family 8(3.6%). Many of the participants among the participant 43(19 %) who had history of STIs, 62(28%) had extra marital sex for the sake of child bearing. Eighty four (37%) of the participants faced some difficulty related to their infertility. Most of the participants said that they felt sad about their situation of infertility and they reported to have relational problems with their partners caused by their infertile status.

Most of the infertile women expressed that their husbands had lost interest in them. A woman who does not conceive within a defined period is considered as mule.

Seven infertile women were divorced due to their childlessness. Many respondents said that women who cannot have children do not get proper care and respect from their husbands. The husbands may treat them like a

attributed the cause of infertility to God's wrath. Some of the men associated infertility with physical weakness in their side.

One hundred thirty four (60%) of the participants noted that infertility could be cured. The rest either do not know or said it could not be cured. Those who claimed that it could be cured were asked how it could be cured. Fifty-seven (42.5%), said it was based on Gods will followed by modern medicine 56(41.8%). Other ways includes traditional medicine, witchcrafts and religious ceremonies. One hundred thirty seven (61%) of the participant agreed that males could be infertile (Table 3). servant, threaten them with divorce, refuse to give them food and clothing, throw them out of the house. A number of respondents said that husbands and in-laws abused and violently attacked infertile women.

The men expressed that they felt weakness and inferiority as well as helplessness. Most of the respondents said that they felt loneliness and are concerned about having helpers in old age. Some of them said that they are angry at God.

All participants were asked about their future expectation related child bearing. Most 137(61%) of them hope to have a child in the future. Their expectation was based on God's will, modern medicine, traditional healing and religious practices. Some of the men had planned to have another wife for this purpose (Table 4).

Table 4. Experience and future expectation of a child among respondents, Southwest Ethiopia 2006

Variables	Frequency	Percent
Had history of STI's? (N=219)		
Yes	43	19.1
No	169	75.1
No response	13	5.8
Have you ever had extra marital sex for the sake of having a child? (N=225)		
Yes	62	27.6
No	139	61.8
No response	24	10.7
Do you think you will have child in the future? (N=225)		
Yes	137	60.9
No	80	35.6
No response	8	3.6
Faced any problem from your partner or the community because of the infertility? (N=225)		
Yes	84	37.3
No	125	55.6
No response	16	7.1

DISCUSSION

Childlessness is stigmatized in Ethiopian society (15) as fertility defines parenthood. The ways of property inheritance, carrying name and helper in old age are also responsible for the intense significance given to fertility. An infertile individual faces personal, psychological, familial and societal pressures to produce a child. The experience of infertility is marked by disquiet and threat to infertile individuals' especially women's identity, status and economic insecurity. In addition, children are seen as source of happiness and they let a parent forget all their troubles. It is believed that children make a house full of life and pleasure (16).

This study highlighted important findings, which could indicate the situation of infertility in the study area. Women were more likely to accept that they are infertile compared to men. In addition, considerable number of the participants noted that male could not be infertile. This shows that the belief women are solely responsible for infertility is much deep rooted in the study area (15). Infertile women are named as mule (Beqlo) by the society implying the stigma associated with childlessness and also some women were divorced due to childlessness.

Consistent with other studies, individuals in this study had poor understanding of possible causes of infertility (7, 8), which is completely different from modern medical facts. It is important for health workers to understand such misconceptions, as they affect treatment-seeking behavior for infertility. In agreement with another study conducted on Ethiopian immigrants in the United Kingdom (15) many of the participants attributed causes of infertility to God's wrath. They turn to medical attention only when they have exhausted a range of treatment options that fail to resolve the problem (8).

Considerable numbers of study participants do not know that infertility can be cured. Such lack of information further discourages people from accessing medical care. Similarly, a study conducted in South Africa indicated that women in the study were lacking information (17). Even though, it is encouraging that more of respondents indicated infertility could be cured through modern medicine, some of the participants noted that the way to cure infertility is traditional medicine.

A study conducted in Tanzania on past sexual behavior showed that infertile women had more marital breakdowns, more lifetime sexual partners and a higher level of exposure to sexually transmitted diseases including HIV/AIDS (18). Our finding also showed that 19% had history of STIs and 28% had extra marital sex. These indicate that in hope of having child, infertile individuals engage in extramarital relations, a behavior that places them at risk of STI including HIV. It has been also found that extramarital sex is higher among younger individuals that may be explained by strong desire to have children.

As there are common public health problems in the Ethiopia, the existing government policies do not give priority to infertility services (19-20).

In conclusion, there is lack of knowledge in both causes and treatment of infertility. This study also indicated that treatments sought were mostly in the traditional domain and unsuccessful, leading people to believe that infertility is difficult or impossible to treat. This demands devising strategies to increase public awareness to improve preventive behaviors. Successful programs for dealing with infertility need to include both appropriate and effective sources of treatment, interventions to clear myths about the causes of infertility and to inform people of the actual causes, so that they know why infertility occurs and where best to seek care.

Moreover, the importance for further study with the inclusion of diversified samples is recommended.

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