

PERCEPTION OF WOMEN'S INFERTILITY AMONG THE YORUBAS IN IBADAN, OYO STATE, NIGERIA

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Abstract

Cultural beliefs are consequential in explaining the general perspective of any disease(s) and this has led to discrepancies in the description of the etiology of diseases between patients and professional health care providers, thereby affecting the care provided and patients' compliance with treatment. Infertility is also seen in that light. This study thus examined the perception of women's infertility and treatment of infertility among married men and women in Ibadan, Oyo State, Nigeria. Structured questionnaire copies were administered on 400 respondents while data were elicited from 12 married men and women that were yet to give birth (3 in each of the 4 selected LGAs) through Key Informant Interview (KII) guides. The study measured the perception of infertility, causes of infertility, solution to infertility and association between some demographic variables and the perception of infertility. The results revealed that infertility was majorly discerned as a spiritual problem (40%) and ancestral curses (24%). Solutions to the challenges were diverse as shown by indulgence in prayer (39%), consumption of herbal concoction (29%) and making sacrifices to appease the gods (15%). Statistically, the Chi Square test showed significant relationship between religion and perception of women infertility. The study recommends aggressive public advocacy programs and pragmatic reproductive health education programmes targeted at addressing misconceptions/fallacies about infertility coupled with accessible and affordable health care for couples horse-trading with infertility.

Keywords: Belief, Gender, Infertility, Perception, Treatment

Introduction

Infertility affects about 1 in 6 adults worldwide, or 17.5% of the population, demonstrating the critical need to expand access to high-quality, reasonably priced reproductive health services for those who need it. According to the World Health Organisation (2023), the incidence of primary infertility is 5% and secondary infertility is 8% in Nigeria. The inability to conceive after 12 months or longer of consistent, unprotected sexual activity is the hallmark of infertility, an illness affecting both the male and female reproductive systems (WHO, 2023). The risk factors for infertility in the African population include; occupational and environmental exposure to physical or chemical agents, infectious diseases, poor diet and exercise, excessive alcohol consumption, smoking, and the effects of genetic factors (Ajayi, Ajayi, Oyetunji, Biobaku, Aikhuele & Adedamilola, 2017). Additional variables affecting the female reproductive system include tubal illnesses, such as blocked fallopian tubes, which are brought on by untreated STIs, complications from botched abortions, postpartum sepsis, or surgery involving the abdomen or pelvis (WHO, 2023).

Infertility is a serious life crisis that causes severe psychological problems and negative experiences. It has been up for dispute for years how stress and infertility are related. Anxiety and despair are prevalent among infertile women (Rooney, 2018). As a matter of fact, infertility negatively affects men's and women's psychological and emotional health (Vitale, La Rosa, Rapisarda & Lagana, 2017). According to Vitale et al. (2017), those who are infertile may experience mental discomfort, despair, guilt, worry and frustration, loss of self-worth, and issues with their relationships with partners.

Children are highly valued in African traditional culture, and childless marriages are seen to be cursed, with the woman in particular being referred to be a "man" or a witch. Particularly in a patriarchal environment, belief systems significantly influence how gender-related problems are seen (Adeoye, Oriola, Odedokun & Adebayo, 2021). The lady is often subjected to physical and verbal abuse (Mark, 2021). According to this viewpoint, being a mother is seen as the most significant and inevitable outcome of being a woman in traditional, patriarchal societies.

Many cultures see infertility as both a medical condition and a feminine weakness (Aldemir, Eser, Ozturk, Dalbudak, & Topcu, 2015). Bimbola (2022) claims that having children is a requirement for marriage in several regions of Africa. For instance, some men in Nigeria demand that the bride be pregnant prior to the marriage. The Yoruba community

is especially prone to this. In Yoruba culture, being a mother is identical with being a woman. It is seen as a normal outcome of marriage, a way to establish one's social standing and self-worth, and an essential component of a family as one develops inner power. In certain parts of South West Nigeria, infertility is seen as a feminine deficit, flaw, or a humiliating and demeaning condition rather than a medical issue (Doğan, Duman, & Durgun, 2022).

Cultural beliefs are important determinants in explaining the general public perspective of infertility, this led to discrepancies in the description of the etiology of infertility between patients and professional health care providers, affecting care provided and patient compliance with treatment (Fehintola, Fehintola, Ogunlaja, Awotunde, Ogunlaja & Onwudiegwu, 2017). Some women under pressure are more prone to develop high-risk sexual behaviours, melancholy, illness, and other mental health issues as a result of the ongoing stress of infertility in the absence of sufficient counselling from husbands and the healthcare system. (Fehintola et al., 2017). The pressure increased six months after marriage and became stronger after her first three years of infertility (Fehintola et al, 2017). Infertility as a social and personal problem in both rural and urban Nigeria having many facets, despite the country's high birth rate.

Infertility can have harmful social and psychological consequences, from alienation and divorce to social stigma leading to isolation and psychological distress (Taebi, Kariman, Montazeri & Alavi, 2021). Infertility affects men and women equally, but is mostly attributed to women (Małgorzata, 2019). This makes the infertile woman feel guilty and face threatened self-esteem. Because of this, infertile women endure higher levels of psychological stress than infertile men do, and they are often stigmatised for being childless and infertile (Taebi et al, 2021). Although stigma surrounding infertility is present in both developed and developing nations, it is probably more prevalent in poorer nations (Gerrits, 2023).

The topic of infertility stigma is linked to a number of psychological and social issues, particularly for women since reproductive issues are often seen as a woman's concern (Adeoye & Olatunji, 2020). A feeling of shame and concealment are linked to stigma (Taebi et al., 2021). Infertility stigma causes interpersonal issues, guilt, anxiety, and depressive disorders (Kaini et al., 2022). In addition, it may result in psychological issues, poor self-worth and self-efficacy, and a tendency towards self-stigma (Ying Cui, 2021). Social pressures and the stigma surrounding infertility have an impact on women's life and overall

wellbeing in many spheres (Taebi, Kariman, Montazeri & Alavi, 2021). Hence, this study focuses on perceptions of women infertility among the Yorubas in Ibadan, Oyo State, Nigeria.

Research Objectives

The primary objective of this work was to evaluate the perception of infertility in women, in Ibadan, Oyo State. In addition to the main objective, this research had the following specific objectives are to:

- i. Examine peoples' perception on the causes of infertility among women in Yoruba land.
- ii. Investigate how people perceive women that are infertile.
- iii. Investigate the sociodemographic variables that influence perceptions of infertility.

Literature Review

Cultural Perception of Infertility in Sub-Saharan Africa

In contrast to Western countries, infertile couples, particularly women, encounter a variety of societal challenges in Africa, a continent renowned for its cultural heritage of pro-fertility. (Adeoye, 2015; Jousse, 2021). Tabong and Adongo (2013) claim that children in sub-Saharan Africa are seen as symbols of prosperity and authority in their culture. Therefore, the effects of infertility include a terrible existence filled with pain, sorrow, despair, dissatisfaction, social shame, monetary challenges, and other physiological or psychological effects (Hasanpoor-Azghdy, 2014). Children are highly valued in traditional African society, and a childless marriage is seen as cursed. The lady in such a marriage was even called a "man" or a witch (Ikeke, 2021). The traditional concept that having biological offspring is ethically required for everyone in Nigeria still persists (Ademiluka, 2020). Many times, Nigerian men just won't acknowledge that they may be the issue (Adeoye, 2016), while women feel pressured by society to assist spouses who adopt children from outside their country out of desperation (Ademiluka, 2016).

According to a study in traditional Igbo society, a childless woman is believed to be possessed by a sea spirit called 'Ogbanje' who gave birth to a spiritual child (Onyekelu, 2019). Another cause of infertility, always the reason for not having children, is seen in traditional Igbo society as a punishment from the spiritual world or his deceased father or relatives are often thought to have done a lot of evil on this earth that still haunts his children. There is evidence that sacrificing to appease certain spirits or gods solves this problem. Infertility appears to have significant psychological and social impacts on individuals,

especially in situations where fertility is a priority. However, research conducted in these contexts has not clearly distinguished between choice and forced childlessness (Rasak & Oladipo, 2017). Findings show that childlessness, whether voluntary or not, evoked strong negative feelings among families (Rasak & Oladipo, 2017).

According to Dube and Nwaomah (2019), childlessness is not only a clinical picture, but also a sociocultural construct. Sociocultural perceptions of childlessness by individuals and community members limit perceptions of medical causes and solutions to infertility. The Nigerian environment is overshadowed by serious stigma and abuse of childless women (Nwosu & Onwe, 2015). The woman has experienced physical and verbal abuse on a regular basis. The male or the lady's in-laws often cause the woman to find her marriage intolerable and unpleasant (Ikeke, 2021).

Effect of Infertility on Marital Dissolution

Many studies examine the connection between infertility and divorce. According to a 2014 research including around 48,000 women, couples experiencing infertility treatment failure had a threefold increased risk of divorcing (Abbey, 2020). Onyekelu (2019) claims that this has resulted in a large number of divorces, separations, accusations, humiliations, disdain, and an unfavourable environment that has caused discord and mistrust amongst spouses. According to biological anthropologist Helen E. Fisher, infertility may be a common biological cause of marital issues that result in divorce. According to her, Charles Darwin postulated that marriage is largely a means of procreation, and that an infertile couple cannot have a viable partnership (Dixon, 2023).

According to a Ghanaian research, infertility undermines the stability of marriages by fostering disagreement between partners (Nyarko and Amu, 2015). A study in Irhirihi community southern Nigeria revealed childlessness as second major cause of marital dissolution among couple (Obarisiagbon, 2016). According to Shaibu's (2023) research, which examined the connection between marital discord and infertility among married individuals in Kogi State's Igala area, a quick glance at many childless households reveals that they are rife with marital problems.

Theoretical Framework

The Labelling theory was adopted as theoretical framework for the study. The concept of the social construction of reality, which is fundamental to sociology and connected to the symbolic interactionist viewpoint, is the foundation of labelling theory. In

American sociology, it was quite popular in the 1960s. Howard Becker is the earliest and most well-known labelling theorist (1963). Labelling theory is explained by Herbert Mead and Howard S. Becker in terms of how words used to describe or categorise people have an impact on their conduct and sense of self. According to the labelling hypothesis, deviance is not inherent in an act; rather, it stems from majorities' propensity to negatively label minority or those who are seen as deviating from accepted cultural standards (Mead, 2021).

According to Macionis & Greber (2010), stigma is a strongly unfavourable term that modifies a person's social identity and self-concept. According to the labelling theory, a person acquires a label when they accept it as a part of their identity. To demonstrate this research using this theory, it just suggests that people consider childless couples as unproductive because of their social identity. A society's workforce concepts expand with reproduction, and when a couple chooses not to have children - that is, when they fulfil their main role as a pair - the community labels them as unproductive.

The labelling hypothesis looks at how society views these individuals. Childlessness is seen as an aberrant conduct in marriage, according to Gerber (2010). He went on to say that producing children (procreation) is the main goal of marriage and that if this goal is not fulfilled, it is seen as abnormal conduct and the couple is stigmatised. Couples without children are seen by society as an unproductive body or structure and as failures of the social system. This creates a lack of respect for couples, especially from family and other society members. Derision from close friends and family members as well as from society at large; verbal and physical assault are among the taunts directed against childless couples.

Childless couples face stigma and significant marginalisation with isolation, which includes exclusion from ceremonies and social gatherings, rejection, being an outcast, and physical abuse perpetrated by community members (Balen, 2009). In conclusion, labelling theory postulates that the elimination of the stigma associated with not having children might be shown by the society's acceptance of childless couples. As long as they are seen as less deserving than other couples due to inhibiting societal influences, childless couples will likely continue to experience severe social effects.

Methodology

The study was conducted among married men and women in Ibadan, Nigeria. Ibadan is one of the ancient cities in Nigeria with strong cultural beliefs and practices. Ibadan is also the second largest city in Africa (Agboola, 2021). Ibadan metropolis has a total

population of 1,343,147 based on the projected 2020 population estimate. Fifty-one percent of the population of Ibadan are female, and 20% are adolescents and young women. (Demographic, 2018). Therefore, the study population is 940,203 people. Using Yamane's formula (1967) to determine sample size from the study population, 399.829 was arrived at but this was approximated to 400. Four local governments out of eleven local governments in Ibadan were selected using simple random sampling. In each local government, 50 households were purposefully selected making 200 households and, in each household, 2 married adults who were available and ready to provide relevant information were selected. A total of 400 respondents were used for this study.

Questionnaire copies were distributed, adequately attended to by the respondents due to proper monitoring by the researcher. Snowballing techniques were used in selecting 3 women (experiencing infertility) in each of the 4 selected local governments, making a total of 12 KII for qualitative data. The justification for using women experiencing infertility is that they were able to give personal and accurate information about the situation of infertility. Quantitative analysis was done using SPSS while qualitative data were content-analyzed. Respondents were adequately informed about the purpose of the research and assured of confidentiality. They were asked to tick the consent form indicating their personal willingness to filling the questionnaire.

Results

Table 1 shows the socio-demographic and economic characteristics of the respondents.

Distribution of Respondents by Socio-Demographic Characteristics (n=400)

Variables	Frequency	Percentages
Age		
20-25	40	10.0
26-35	108	27.0
36-45	140	35.0
46years and above	112	28.0
Sex		
Male	160	40.0
Female	240	60.0
Education		
No education	92	23.0
Primary	24	6.0
Secondary	92	23.0
Higher	196	49.0

Employment		
Not employed	176	44.0
Employed	112	56.0
Self Employed	112	56.0
Religion		
Christianity	184	46.0
Islamic	196	49.0
Traditional	20	5.0

Source: Researchers' field work, 2023

From table 1 above majority (35%) of the respondents were between age 36 and 45years old, while only 10% were between the age 16 and 25years old. Also, majority of the participants (60%) were female while 40% were male. In addition, majority, and 49% had higher education while 5% had primary school education. Furthermore, 56% of the research participants were employed and self-employed while 44% were not employed. Lastly, 49% of the respondents are Muslim, 49% were Muslim and only 5% are Traditional believer. This is not far-fetched because the study area is a Muslim dominated state in the south western region of Nigeria.

Table 2 reveals the findings of the assessment of the respondents about infertility and persons experiencing infertility

Table 2: Distribution of Respondents on their Assessment of Infertility (n=400)

Variables	Frequency	Percentage
How do you know about infertility		
Personal experience	132	33.0
Friend/relative experience	176	44.0
TV/Radio	60	15.0
Newspaper	32	8.0
What is your thought about infertility		
It is a natural disease	92	23.0
It is a curse on women	44	11.0
It is a punishment from God	32	8.0
It is a spiritual attack	232	58.0
What is the perception of people about women that are yet to give birth years after marriage		
They are witch	40	10.0
They live a sinful lifestyle	80	20.0
They are promiscuous	104	26.0
They are cursed	108	27.0
They have ancestral spirit in them	68	17.0
Belief of people of Ibadan about infertility		
It is women's problem	108	27.0
It etiologies are more spiritual and tradition than medical	160	40.0
It is as a result of punishment from God	36	9.0
Infertility run in some families as a result of ancestral curse	96	24.0

Source: Researchers' field work, 2023

From table 2, 33.0% got to know about infertility through their personal experience, 44.0% from friend/relative's experience, and 15.0% from TV/Radio while only 8.0% read about infertility in newspapers. Also, spiritual attack (58.0%) perceived infertility to be a natural disease, 11.0% sees infertility as a curse on women, 23.0% sees infertility as natural disease while only 8.0% perceived infertility as a punishment from God. Furthermore, 10.0% think people perceive infertile women as witches, 20.0% as people who have previously lived a sinful life, 26.0 as being promiscuous, 27.0% as being cursed while 17.0% think people see infertile women as having ancestral spirit in them. Also, the cultural beliefs of people of Ibadan has shown that 27.0% culturally believe that infertility is women's problem, majority (40.0%) believe that infertility etiologies are more spiritual and traditional than medical, only 9.0% believe that infertility is as a result of punishment from God and 24.0% believe infertility run in some families as a result of ancestral curses. In corroboration of the above findings, a woman in one of the KII sessions said:

I am not finding it easy with my in-laws especially my mother in-law. She believes I'm having spiritual problem that I don't want to disclose to them. They have forced me to different spiritualists; I don't even know what to do with myself in this situation (KII/Female/ 43years old/ Akinyele LGA/Ibadan)

Table 3: Distribution of respondents on cultural perception of infertility in women (n=400)

Statement	Strongly agree	Agree	Disagree	Strongly Disagree
Infertility may include not having more than one child or having no male children irrespective of the number of children	9.57	29.79	26.60	34.04
Infertility is women's problem	26.60	45.74	17.02	10.64
Infertility etiologies are more spiritual, and traditional than medical	24.47	38.30	26.60	10.64
Infertility is has a result of punishment from God	7.45	31.91	32.98	27.66

Source: Researchers' field work, 2023

Table 3 examined the cultural perception of infertility. It was observed that 9.57% and 29.79% of the respondents strongly agreed and agreed that it may include not having more than one child or having no male child irrespective of the number of children, while 26.6% and 34.04% disagreed and strongly disagreed with the statement. Also, 26.6% and 45.74 percent strongly agreed and agreed that infertility is women's problem while 17.02% and 10.64% disagreed strongly disagreed with this statement. Furthermore, 24.47 percent

and 38.30% strongly agreed and agree that infertility's etiology is spiritual and traditional than medical while 26.6% and 10.64% disagreed and strongly disagreed with the assertion. In addition, 7.45% and 31.91 percent strongly agreed and agreed that infertility is as a result of punishment from God while 32.98% and 27.66% disagreed and strongly disagree with the position. Finally, 20.21% and 53.19 percent strongly agreed and agreed that infertility runs in some families as a result of ancestral curses while 13.83% and 12.77% disagreed and strongly disagreed with this statement

Table 4: Distribution of the respondents on perceptions of the causes of infertility (n=400)

What are the causes of infertility			
Abnormal menses	32	8.0	
Blocked tube	32	8.0	
History of genital tract in female	112	28.0	
Smoking	4	1.0	
Previous use of contraceptive pills	52	13.0	
Jinn/supernatural forces	88	22.0	
Black magic	52	13.0	
Psychological stress	12	3.0	
Being obese	16	4.0	
Total	400	100	

Source: Researchers' field work, 2023

Table 4 shows that 8.0% reported abnormal menses as the cause of infertility, 8.0% reported blocked tube, 28.0% reported history of genital tract in female, 1.0% reported smoking, 13.0% reported previous use of contraceptive pills, 22.0% reported Jinn/supernatural forces, 13.0% reported black magic, 3.0% reported psychological stress and 4.0% reported being obese. The findings revealed that majority in the study area hold on to superstitious believe about the causes of infertility.

Table 5: Distribution of Multiple Responses about the Perception of the Causes of Infertility

Statement	Strongly Agree F %	Agree F %	Disagree F %	Strongly Disagree F %
Medically, too much of abortion may cause infertility	47.87	38.30	6.38	7.45
Jinn/Supernatural forces causes infertility in women	37.23	39.36	13.83	9.57

Psychological stress causes infertility in woman	30.85	30.85	32.98	5.32
Women attack with black magic from family/friends may be infertile	37.23	25.53	26.60	10.64
Women that are obese may be infertile	19.15	46.81	24.47	9.57
Previous use of contraceptive pills may cause infertility in women	28.72	48.94	15.96	6.38
History of infections of genital tract in women may cause infertility	36.17	23.40	23.40	17.02

Source: Researchers' field work, 2023

Table 5 identifies the causes of infertility among women. It was observed that 47.87% and 38.30% strongly agreed and agreed that medically, too much of abortion may cause infertility while 6.38 percent and 7.44% disagreed and strongly disagreed with this statement. 37.23% and 39.36 % strongly agreed and agreed that jinn/supernatural forces causes infertility in women while 13.83% and 9.57% disagreed and strongly disagreed with this statement. Also 30.85% strongly agreed and agreed that psychological stress causes infertility in women while 32.98 percent 5.32% disagreed and strongly disagreed with this statement. In addition, 37.23% and 25.53% strongly agreed and agreed that women attack with black magic from family friends may be infertile while 26.6% and 10.64% disagreed and strongly disagreed with this statement. In the KII sessions one of the women experiencing infertility said:

What doctor told me make no sense to me. I know this is a spiritual attack and I know God will come through for me with prayers (Woman with infertility, 41 years, Akinyele LG).

Another person said:

I know those that are behind this infertility God will soon consume them with fire (KII/Women with Infertility/ 38years/Lagelu LG).

Also, 19.15% and 46.81% strongly agreed and agree that women that are obese may be infertile while 24.47 percent and 9.57% disagreed and strongly disagreed with this statement. Furthermore, 28.72% and 48.94 percent strongly agreed and agreed that previous use of contraceptive pills may cause infertility in women while 15.96% and 6.38% disagreed or strongly disagreed with this statement. Lastly, 36.17 percent and 23.40% strongly agreed and agreed that history of infections of genital tract in women may cause infertility while 23.40% and 70.02% disagreed and strongly disagreed with this statement.

Table 6: Distribution of Respondents on the Treatment of Infertility

Do you thinks infertility is curable		72	18.0
No		72	18.0
How can infertility be treated		328	82.0
Medical intervention		58	14.5
Medical intervention & spiritual measures		148	37.0
Prayer		58	14.5
Rituals		60	15.0
Eating herbal concoction (ASEJE)		76	19.0
Cultural solution to infertility apart from orthodox medicines			
Spiritual and medical		156	39.0
Spiritual cleansing		68	17.0
Herbal concoction		116	29.0
Sacrifice to appease gods		60	15.0

Source: Researchers' field work, 2023

From table 6, majority of the respondents (82.0%) think that infertility is curable while only 18.0% think differently. Also, 37.0% noted that infertility in women can be treated by utilizing both spiritual and medical intervention, 14.5.0% think it is curable by medical intervention only; 14.5.0% believe it is through fasting and prayer alone, 15.0% think ritual bathing cures infertility and 19.0% think eating the herbal concoction (aseje), can cure infertility. Lastly, majority (39.0%) suggest mixture of spiritual and medical intervention as solution to infertility, 17.0% suggest spiritual cleansing, and 29.0% advocate herbal concoction while only 15.0% favour sacrifice to appease the gods as a cultural solution to infertility.

Table 7: Distribution of Respondents by Cultural Solution to Infertility (n=400)

Statement	Strongly Agree F %	Agree F%	Disagree F%	Strongly Disagree F%
Eating of concoction (Aseje) will help solve infertility	34.04	53.19	7.45	5.32
Spiritual cleansing will help put end to infertility in women	26.60	55.32	10.64	7.45
Infertile women who carry sacrifice to appease gods will conceive sooner	26.60	52.13	14.89	6.38
Performing ritual prayers and bathing on infertile women will help cure infertility in women	28.72	45.74	12.77	12.77

Source: Researchers' field work, 2023

Table 7 displays the cultural solution to infertility among the Yorubas in Ibadan. It was found out that 34.04% and 53.19%, strongly agreed and agreed that taking concoction (Aseje) will help cure infertility while 7.45% and 5.32% disagreed and strongly disagreed with this statement. Also, 26.6% and 55.32%, strongly agreed and agreed that spiritual cleansing will put an end to infertility in women, while 10.64% and 7.45% disagreed and strongly disagreed with such assertion. Furthermore, 26.6% and 52.13 % strongly agreed and agreed that infertile women who appease the gods will conceive sooner than later, while 14.89% and 6.38% agreed and strongly disagreed. Lastly, 28.72% and 45.74 percent strongly agreed and agreed that performing ritual, prayers and bathing on infertile women will help cure infertility in women while 12.77% disagreed and strongly disagreed. This result corroborates the findings of a study conducted by Onykelu (2019) in traditional Igbo society, which revealed that a childless woman is believed to be possessed by a sea spirit called 'Ogbanje' who gave birth to a spiritual child or punishment from certain evil spirit, thereby necessitating sacrifice to appease certain spirits or gods to mitigate the challenge. In addition, Dube and Nwaomah (2019) noted that childlessness is not only a clinical issue, but also a sociocultural construct. Sociocultural perceptions of childlessness by individuals and community members limit perceptions of medical causes and solutions to infertility. This implies that culturally, in Africa and Nigeria, in particular, medical therapy alone may never be accepted as the solution to infertility.

Hypothesis

H0: There is no significant relationship between level of education, religion and perception of infertility among women

Table 8: Distribution of the Perception of Infertility and Socio-Demographic Characteristics (n=400)

Variable	Perception of infertility among women				Chi-square	P-value
	It is a natural disease	It is a curse on women	It is as a result of punishment from God	It is a spiritual attack		
Education						
No formal education	45.45	18.18	0.0	36.36		
Primary	100.0	0.0	0.0	0.0		
Secondary	54.55	22.73	4.55	18.18		
Post-secondary	70.21	4.26	2.13	23.40	11.5614	0.239
Religion						
Christianity	83.72	2.33	0.0	13.95		
Islamic	45.65	21.74	4.35	28.26		
Traditional	20.0	0.0	0.0	80.0	25.0862	0.000

Source: Researchers' field work, 2023

Table 8 shows the relationship between level of education and religion of the respondents and their perception of infertility among women. Result from level of education shows that the p-value of 0,239 is greater than 0.05. This shows that there is no significant correlation between education and perception of infertility among women. This coheres with the findings in table 2, in which majority of respondents believed that the etiology of infertility among women are more spiritual and traditional than medical. On the other hand, religion with a p-value of 0.000 implies a strong significant association between respondents' religion and perception of infertility among women. The finding revealed the influence of belief systems (cultural and religion) on both the perception of etiology and treatment of infertility among women in the study area. This finding tallies the submission of Fehintola et al (2017) that cultural beliefs are important determinants for explaining public perception on infertility. Thus leading to discrepancies in the description of the etiology of infertility between patients and professional health care providers with regards to the care provided and patients' compliance with treatment. In addition, in line with the theoretical frame work of this study, belief system rooted in culture and religion forms a basis for labelling and stigmatization in the case of infertility. Societal perception of childlessness informs their attitude to the situation and persons involved (Gerber, 2010). This implies that the effect of belief system cannot be undermined in etiology and treatment of infertility.

Discussion

The main objective of this study was to examine the perception of infertility among women in Yoruba land. Based on the findings, majority (94%) of the respondents claimed to have knowledge of infertility with the main source of knowledge being family and friends. Majority (59%) believed the main cause of infertility to be spiritual attack, 40% believed that the etiology of infertility among women are more spiritual and tradition than medical. In one of the KII sessions a woman said: *What doctor told me make no sense to me. I know this is a spiritual attack and I know God will come through for me with prayers (Woman with infertility, 41 years, Akinyele LG)*. This implies that majority of the people of Ibadan believe that infertility was more of a spiritual than medical challenge, peculiar to women.

Furthermore, 57.45% and 34.04% strongly agreed and agreed that infertility has psychological impact on couples especially the women. Though quite a number of respondents agreed that infertility affect both male and female, majority still agreed that

infertility can be associated with women alone, therefore suggesting that women should be held responsible for infertility in the society. This assertion corroborates the findings of Onyekule (2019) to the effect that in the Igbo society, a childless woman is believed to be possessed by a sea spirit called 'Ogbangje' who gave birth to a spiritual child.

In addition, in the quest to know what people perceive to be the solution to infertility, the study revealed that majority (39%) of the respondents believed in combining spiritual options with medical intervention for the treatment of infertility, followed by those that believe in taking concoction (Aseje), spiritual prayers/cleansing and rituals. In a KII session a woman intoned: *I've eaten different types of things brought by families and friends all in the name of healing from infertility, coupled with the drugs and treatment from different gynecologists recommended by friends. I just pray all these will yield positive results soon* (Woman with infertility, 46 years, Ebeda LG, Ibadan)

Statistically, it was only religious belief that had significant relationship with how people perceived infertility and since perception often informs attitude, it may be useful to conclude that religion has great influence on how people see and react to infertility and those contending with infertility. From the research hypothesis, it was found that education had no significant association with the perception of infertility among women in Ibadan while religion shows a significant association with the perception of infertility among women in the study area.

Conclusion

Culturally, infertility is perceived as women's problem and its etiology is believed to be more spiritual problem than medical. The study suggests collaboration between spiritual measures with medical intervention to address infertility. In line with the findings, perception of infertility is influenced by religious beliefs. More importantly, level of education has no statistical significant relationship with how people perceive infertility.

Recommendations

Based on the study findings, the following recommendations are made:

- i. Campaigns and advocacy through religious and cultural leaders on the damaging effects of stigmatization and labelling on infertile women through the promotion of positive imagery of infertile women should be steeped up in the study area.
- ii. Medical personnel should provide adequate and appropriate counseling to couples contending with infertility on how best to treat or positively manage their condition.

iii. There is the urgent need to increase public awareness on the twin dimensions of infertility (as it affects both men and women and not only women). Such awareness should aim to demystify the notion that infertility is solely a woman-specific medical condition. That done, infertility will become a collective marital collective responsibility and not a female burden.

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