

Infertility among Yoruba Women: Perceptions on Causes, Treatments and Consequences

Winny Koster-Oyekan¹

ABSTRACT

The Yoruba of southwest Nigeria believe that infertility can be due to spiritual problems, for which orthodox medical treatment is not appropriate. Therefore, women frequently seek prevention and treatment for infertility from local herbal and spiritual specialists, and from churches. This article presents preliminary findings from an anthropological applied research on fertility regulation among the Yoruba of Nigeria, and explains how Yoruba women and local providers of fertility regulation services perceive the causes, treatments and consequences of infertility. It concludes by explaining how the fear of infertility influences decision-making concerning the use of contraceptives, induced abortion, and pregnancy before marriage. (*Afr J Reprod Health* 1999; 3[1]:13-26)

RÉSUMÉ

l'Infertilité chez les Femmes Yoruba : Perceptions sur les Causes, les Traitements et les Conséquences. Les Yoruba de la partie sud-ouest du Nigéria croient que l'infertilité est due à des problèmes spirituels pour lesquels les traitements médicaux orthodoxes ne sont pas appropriés. Ainsi, les femmes ont fréquemment recours à des spécialistes locaux en herbes et en « esprits » ainsi qu'aux églises, lorsqu'elles cherchent à se prémunir ou à se guérir de l'infertilité. Cet article présente les découvertes préliminaires d'une recherche en anthropologie appliquée à la régulation de la fertilité parmi les Yorubas du Nigéria et explique comment les femmes Yorubas et les prestataires locaux de services de régulation de la fertilité perçoivent les causes, les traitements et les conséquences de l'infertilité. L'article conclut en expliquant comment la peur de l'infertilité influence la prise de décision concernant le recours à la contraception, à l'avortement volontaire, et à la grossesse avant le mariage. (*Rev. Afr. Santé Reprod* 1999; 3 [1]:13-26)

KEY WORDS: *Yoruba, Nigeria, perception on infertility, traditional medicine*

¹Associate, Women's Health and Action Research Centre, P.O. Box 51126, Falomo, Ikoyi, Lagos, Nigeria. E-mail: kosteroy@infoweb.abs.net

Introduction

The Yoruba occupy most of southwestern Nigeria and parts of the adjacent Benin Republic. With their population at 18 million, they are numerically one of the largest single ethnic groups in Africa. All Yoruba speak a common language. The stories about their origin are strongly tinted with legend and vagueness. Ile-Ife is accepted as their common spiritual home and *Oduduwa* as the founder of their race. Although most Yoruba are Christians or Moslems, the traditional Yoruba religion, with its belief in many deities and ancestors who are believed to influence the lives of people on earth, is still strong. Kinship for the Yoruba is in theory bilateral, but in practice patrilineal. The patrilineal clan (*idile*) descends from a common ancestor. Traditionally, a marriage was a family affair, and not a personal affair.^{1,2} Nowadays, a man and a woman usually choose their partners for marriage, but still need the approval of the two families. The clan and sub-clan overshadow the nuclear family, because they are constant, and the nuclear family is not. A bride price is paid and, as is usual for patrilineal societies, the husband and his family have the right over the reproductive 'powers' of the wife; children belong to the clan of the father. Traditional Yoruba culture would plead for an abundance of the three good things in life (for a man) – wealth, women and children.³

Study objective and the fieldwork

Most of the fieldwork took place in the heart of Lagos, on Lagos Island. The residents are mostly Yoruba who originate from the various parts of Yorubaland in southwestern Nigeria. Lagos Island is densely populated. Residential areas co-exist with commercial and small-scale industrial areas. Modern office buildings, departmental stores and multi-storey residences adjoin colonial-period quarters with residential compounds and houses. People of Lagos Island claim to be the first residents of Lagos and

form a closely-knit community. They are outgoing people who show pride in their culture and traditions. Interviews were conducted with various traditional healers and their clients, and with the various members of staff in a maternity hospital. In another part of Lagos, self-administered questionnaires were completed and participatory education sessions were held with secondary school students. Furthermore, in-depth interviews were conducted with women of different socio-economic backgrounds in their homes in various parts of Lagos, or in the house of the researcher.^a

The fieldwork is for an ongoing applied research project on 'Fertility regulation among the Yoruba of Nigeria'. Fertility regulation includes everything that women do to influence their 'natural' fertility, including prevention of pregnancy (pre- and post-coital contraception), induced abortion, and infertility treatment. Overall, informants were surprisingly willing to talk about these sensitive topics, especially during the in-depth interviews.

The study had started out concentrating mostly on (non-) use of contraceptives and induced abortion, because the low use of contraceptives and high rate of induced abortion contribute to the extremely high maternal mortality rate in Nigeria. The FMOH estimated the contraceptive prevalence rate for Nigeria at 11.3% of women of reproductive age.⁴ Renne cites figures on abortion in Nigeria of between 200,000 and 500,000 annually and a death-from-abortion figure of 10,000 annually.⁵ Concerning maternal mortality ratio (MMR), which is the number of maternal deaths per 100,000 live births, Royston and Armstrong gave a figure for Nigeria of 1,500,⁶ and Okafor reported between 800 and 1,500, based on hospital studies.⁷ All over the world, a MMR of over 1000 is considered extremely high. One of the objectives of the study was to give recommendations on how best to provide culturally acceptable services that would contribute to the reduction of MMR. At that time, the subject of infertility treatment was

considered as just one less important factor in fertility regulation. However, during the fieldwork it became obvious how big the problem and threat of infertility are for Yoruba women. Some 25 women who had problems with conception were interviewed, and these interviews showed how the fear of infertility may influence the decisions women make on contraceptive use and abortion. The threat for women that infertility is a legitimate reason for divorce, an infertile woman may become a social outcast, and may even be considered a witch.

Types of infertility – definitions

Okonofua and Larsen defined infertility as the failure of a couple to establish a pregnancy after one year of having sexual intercourse, be it that there was a pregnancy before or not, i.e., secondary or primary infertility respectively. Okonofua states that this is the case for about 20% of couples in Nigeria (compared with 10% of couples in USA and UK); Larsen reported about 33% of infertile women for Nigeria. Childlessness is the most serious case of infertility. Larsen derived from the Demographic and Health Survey 1990 that one per cent of women in south-western Nigeria, which is the Yoruba area, are childless.^{8,9} So much for the definitions from the literature and the figures which show that infertility (primary and secondary) in Nigeria is a considerable problem. The rest of the article will address the Yoruba perceptions of infertility as explained by the informants of this study. When any information came from other sources than from the informants, it is explicitly stated.

Infertility in Yoruba is *airòmǒbi* (literally: inability to bear a child). Not all infertility is regarded the same though; there is a difference between not being able to conceive at all (barrenness), not being able to deliver a live child, not having living children, and having only one or few children. Barrenness carries the highest stigma, and having only one or two children and being unable to get more, carries the least. There

is a special (nick) name for a woman who has never been pregnant (*agan*). Some women who suspect that they have this problem may tell their husbands, and others, that they are pregnant, in order to at least show that they are able to conceive, though not able to carry a baby up to term. There are women who get pregnant but never deliver a live baby (i.e., who had miscarriage(s) or stillbirth(s)), or women who delivered live babies, but these children died, usually at a young age. These women are called *iya abiku* (mother of *abiku*). *Abiku* is a spirit child who is conceived and born to die, even when still in the womb, and causes a lot of pain and sorrow to its parents.^b At least the woman has proved that she can conceive and is not completely barren and she is generally accorded 'higher' recognition than women who have never been pregnant in their lives. Women may also have one or two children and after that not be able to conceive anymore. This, more often than not, strains the relationship between her and her husband and his family, and there is no special name for her.

Causes of Infertility

The Yoruba regard infertility as a non-natural state of affairs. A traditional healer said:

All women and men who have come to this world are able to conceive. Even if the doctors have given up, God can still make you conceive,

And a diviner said:

There are no women who God created who cannot have children.

The women and providers gave various explanations on why a woman is infertile. Some of the causes, as set forth below, are also acknowledged by orthodox medicine, but others are more culturally based. Most respondents, women as well as providers of services, mentioned or recognised all causes.

Induced abortion

Induced abortion was mentioned as a major cause of infertility for women who had been,

at least, able to conceive. Abortion is very common among the Yoruba of Lagos. About half of the women informants in the structured and non-structured interviews reported that they have had at least one induced abortion. Having gone through five or more abortions is not uncommon. The main reasons for abortion were:

1. the pregnancy came at a time the previous baby was still young and the woman was afraid of gossip ('only animals have their babies so often', and there is an ideal period of at least two years between children);
2. the woman was too tired to have another baby;
3. the woman was still schooling;
4. there was no money for a baby (and abortion is cheaper).

Although abortion in Nigeria is illegal,^c it is easy to find providers for abortion. They are staff members in private hospitals, certain traditional healers, or quacks and unqualified personnel just in a 'room' (usually theatre nurses or others who have been watching doctors do abortions). Where the abortion is done depends mainly on the amount of money available. A client of the *olomọ wẹwẹ* said:

I was careless when I did my second abortion. My husband was jobless and I was not working. I went to a quack doctor because I could not afford to spend more than 400 naira (about 5 US dollars), so I started bleeding. The bleeding lasted for four weeks.

Yoruba people explain how abortion can cause infertility in different ways; the first is recognised by orthodox medicine, while the other two are more culturally defined:

1. During the procedure of abortion the uterus may have been tampered with, which causes inability to conceive, or habitual miscarriages. From the stories of the women who had difficulty to conceive, it can be gathered also that this was a major reason. Surprisingly though, the majority of these women

did not establish any connection between their own abortion and their inability to conceive, but talked about it for other women:

I have been married for three years now and did not get pregnant. Before I married my husband, I had four abortions and one miscarriage. My husband is encouraging, and used to bring home different types of medicine — local mixtures and black powder. I have also been to the Cherubim and Seraphim Church and they told me that there is hope, and I went to two different hospitals for dilation and curettage. My father-in-law was encouraging and he used to bring home local medicine. My only problem was my mother-in-law. She did not like me from the start ... No, I do not know what can be the reason why I cannot get pregnant yet. (*Client of the olomọ wẹwẹ, 31 years old, a secretary.*)

2. The woman may have aborted the only child she was going to get in this world. Yoruba traditionally believe in predestination; each woman comes to the world with a certain number of children inside her. She has pledged this at her birth. If the number of children she was going to have is only one, she may have aborted the only child she was going to have. Or, when the problem is secondary infertility, she may have used up her predestined number by aborting one or more after she had her first (set of) child(ren). Only few women said that they still believed in this. One woman added:

Anyway, Yoruba are optimistic and believe there would always be a way out by pleading with God to revoke their pledge.

3. When the abortion is not complete, the woman may still bleed in the womb. Yoruba generally believe that this blood may stay in the womb and form a fibroid. Fibroids cause infertility when they are too big (see below).

Fibroid in the uterus

All women are believed to have a fibroid (*iju*) in their womb. That is natural, and necessary for conception. It becomes a problem when the fibroid becomes too big. The fibroid is really the retaining of blood (of menstruation or after miscarriage or induced abortion) in the uterus. This big fibroid prevents conception in two ways. First, it can block the uterus, so the sperm cannot come in, and second, it can cause hotness, which makes the sperm watery and unable to fertilise the egg. The reason why fibroids get big is not certain; it just happens, but especially later in life. When the fibroid is too large, the woman will have one or all of the following symptoms: *somuroro*, *eda* and *eje dudu*. When she has *somuroro*, the woman will notice pain in her breasts, especially towards menstruation. The breasts will be heavy and 'shiny'. She has *eda* when the sperm comes out of the vagina after intercourse, because of hotness in the womb. There are two types of *eda*: *eda iduro* — the sperm flows out when the woman stands up, and *eda idubule* — the sperm comes out when the woman is still lying on the bed, or wherever the intercourse took place. This second type is the most serious. When the menstrual blood of the woman is very dark, she has *eje dudu* (literally: black blood).

Witchcraft and evil spirits

The Yoruba belief in a separate world of witches (*aje*), wizards (*oso*), and evil spirits (*ogbanjelerere*), is still strong. The newspapers, radio and television frequently carry live stories about them. They are around, but not everyone can see and recognise them. These evildoers just enjoy doing bad things to people, including making women to be unable to conceive or always miscarrying. When a woman is a witch or an *ogbanjelerere* herself, she does not have children in this world, but has them in the spirit world. *Abiku* are also believed to be mischievous spirits who enter the foetus in

the womb and cause miscarriage, stillbirth, or make the baby die young.

Juju

The *Babalawo* are diviners/spiritualists who can put *juju* spells on women, to cause infertility. They prepare special charms including *tira* (medicated pendant), *akaraba* (medicated padlock), *teso* (medicated feather), or may use soaked menstrual pads for very powerful *juju*. Other people who do not want the couple to have children, for whatever reason, usually ask for these spells. Co-wives may ask a *Babalawo* to put a spell on another wife to prevent her from having any child, or more children for their joint husband. There may also be someone in the family, or from outside, who is jealous of the otherwise good luck of the woman, i.e., her good marriage partner, her success in business, or her material wealth, and is trying to hurt her by preventing her from having (more) children.

Curse by ancestors or deities

There may also be a curse (*epe*) on the woman, or the couple, by their ancestors or family gods (*oriṣa*) who are annoyed because the woman, couple, or family did not observe certain taboos, did not fulfil their obligations towards them, or did other things that did not please them.

Aran giniṣa

Aran giniṣa is a worm, which lives in the womb of every woman. This worm has sharp teeth. It usually does not cause any problem. When the woman is pregnant, the worm plays with the baby. Sometimes, for no special reason, this worm gets nasty and causes miscarriage with its sharp teeth. It can also cause hotness in the womb, which prevents conception. *Aran giniṣa* is not known by all, but mostly by traditional providers and some women who had more information on traditionally recognised causes of problems.

Use of orthodox contraceptives

In the interviews, many women had stories about themselves or about other women who had problems of conception after using orthodox contraceptives. The harmful contraceptives are pills, coil (IUCD) and injectables; they believe these contraceptives would damage the womb or make their menstruation irregular (see below).

After my third child, I had family planning injections for about three years. In the clinic where I got the injections, they said it could take me some one year after I stopped to get pregnant again. Since the injections my menstruation comes irregularly. Before it always came on the same day. I think that because of the injections I have problems to get pregnant. I did not have any problem to get pregnant with my other children. — (*Client of* olomq wewę, 31 years)

The woman who told this story also admitted to having had an induced abortion last year, after she stopped the injections. However, she did not seem to infer that she failed to get pregnant after she stopped and that her problems to conceive may be due to the abortion.

Sexual behaviour and gonorrhoea

When a woman has sex with different men it could cause infertility, because she is likely to be infected with gonorrhoea (*atqsi*). Chronic gonorrhoea, or 'too much' gonorrhoea, causes infertility. This is because when the gonorrhoea becomes too much, it causes hotness in the womb and this hotness makes the sperm watery and to come out from the vagina after intercourse (*ęda*).

Menstrual irregularity

Yoruba women are pre-occupied with the regularity of their menstruation. Menstruation is a sign that the woman is fertile. Just after menstruation, when the womb is cleansed from the blood and other dirt gathered, the womb is open to conceive. If there is any ir-

regularity, including too short or too long intervals between menstrual periods, too few or too many days, blood clots, dark blood (*ęje dudu*) caused by retention of menstrual blood, and foul smell, then these women consider themselves not able to conceive.

Dreams of having sex and dreams of the spirit husband

When a woman dreams of having sex, it can cause miscarriage or inability to conceive. Reading of psalms and fasting should stop such dreams. Dreaming of having sex with the spirit husband is a special case. All women have a spirit husband (*ękq ęrun*) in the other world. Usually this *ękq ęrun* keeps quiet, but when he starts to bother the woman in her dreams, she may not be able to conceive. There are special ceremonies to get rid of such dreams. They are organised by spiritual Christian churches and traditional spiritualists. A woman, who had gone through such a ceremony to get rid of a spirit husband that could be responsible for her (secondary) infertility, reiterated her experience with the spiritualists from the Celestial Church:

Many times I dreamt of having sex. When I was young I found it interesting, but when I heard that it is a bad thing, I knew I had to do something about it. I told my husband who agreed. I did it through a spiritualist from the Celestial Church — those dressed in white — some three years ago. She is an old woman from Cotonou, from the Egun people, who do not speak Yoruba. The ceremony costed me 7,000 naira (that time about 125 US dollars). With the money, the spiritualist bought many things, so many that I could not imagine that the money was enough. The spiritualist also did not ask for more, what a Yoruba certainly would have done. Egun people are very straight and honest. The spiritualist had found that my dreams about having sex were caused by a spirit husband and not by a witch or wizard. The ceremony resembled a wedding. I was dressed like a bride; put on new clothes, necklace, earrings, bracelets and slippers, all bought for me.

The spiritualist and her seven helpers brought me into the bush, near Badagry. I had to carry a heavy basket with gifts for my spirit husband, that was covered with a cloth and I never saw what was in it. I was warned not to let it fall. There was also much food cooked. The seven helpers, all Egun, fasted that day and were spiritually high. We came at a small hut made of palm leaves. I had to stand in front, but with my back towards it. I was not allowed to look back. I had to kneel down, put the basket down and put all my jewellery and clothes on top of the basket. I told my spirit husband to leave me alone, I prayed that I would give him everything, and I talked to him. Then I had to throw the basket back over my head and not look back, else I would see my spirit husband and be lost. Then I had to run away, with the spiritualist behind me telling me all the time not to look back so as not to see my spirit husband. We stopped at a certain place. I had to take handfuls of the cooked food and throw it away to all sides, as in a wedding; also saying it was for the husband. The spiritualist prepared water to bath; water that had been prayed upon. I washed my whole body and then was given a new cloth. Since then I never had the dream again. (*Woman in in-depth interview, teacher, 38 years.*)

Unfortunately for her, about eight years after the ceremony, the woman has still not conceived. She did have an induced abortion after her first child.

Infertility caused by men

Nowadays, it is recognised more that when a woman is not able to conceive, the cause can also be the 'weak' sperm of the man. A man may have weak sperm if he is suffering from chronic gonorrhoea, perhaps because he had sex with too many women or if he drinks too much of alcohol. When he has 'too much' gonorrhoea (*atpsi*), his body becomes too hot and this makes his sperm watery and not able to fertilise an ovum. His sperm will come out of the woman's vagina after intercourse.

Service Providers and their Treatment for Infertility

Because infertility is considered a non-natural state of affairs, Yoruba women who have problems in conceiving do not give up, but they keep on looking for providers who would help them to get pregnant. Says one woman who tried to get a second child for 15 years and has visited almost all types of providers mentioned:

We Yoruba people never loose hope. We have a miracle God who can do and undo.

Yoruba women in Lagos town have many providers they can choose from for infertility treatment or prevention. They shop around the different providers and use several of them at the same time or one after the other.

Orthodox medicine providers

The women said they get oral medicines and injections to treat infertility in orthodox medicine hospitals and clinics — private and government-owned. In these centres they can also do a scan of the uterus, testing of hormonal levels, and can have operations for fibroids or opening of ovarian tubes. Some of the local healers said they sometimes would send their clients to the hospitals for investigations. With the results of the tests done, they would know what treatments to prescribe. As a way of preventing infertility, women do dilation and curettage after delivery, miscarriage or abortion, or just when they want to get pregnant. They call it *fṣ inu* (literally: to wash the inside).

Ọlọmọ wẹwẹ

Ọlọmọ wẹwẹ (OW) are Yoruba specialists in reproductive health. They take care of women during pregnancy and delivery, give local contraceptives, and have ways of treating problems of conception. The name, *ọlọmọ wẹwẹ*, literally means 'owner of small children'. They take care of the mother's health, because this is a pre-condition for the health of the baby. Most

OW are trained 'on the job' by their father, grandfather or another relative. After payment of some amount of money, a person can also become an apprentice to an OW. Strange enough, the vast majority of OW are men.^d Most *ọlọmọ wẹwẹ* give both physical and spiritual treatments. OW prevent and treat infertility by giving *agbo* (herbal drinks), *asejẹ* (soup made of herbs, fish, snails and other ingredients), medicinal soap, and black powder to be added to porridge. There are many types of these medicines. The type of medicine given depends on the cause of the infertility. One *ọlọmọ wẹwẹ* reiterated how he treats a woman who comes with complaints of infertility;

I start by listening to the history of the woman, the number of days she menstruates, how regular it comes, how the substance and colour of the blood is, etc. Then I will ask her if she has *ẹda*, i.e., if the sperm flows out when she has met her husband. I also I ask her about her breasts, if they are shiny just before menstruation. My treatment is really trying out different medicines (*trial and error treatment*). If the woman still does not get pregnant after every medicine she tries, after many months, I may ask her to bring her husband. I will interview the husband, and may ask him to go for tests in the hospital to see if his sperm is weak. If it is so, I will then give medicines to make the sperm strong. I can also ask the woman to go to a hospital for tests, which may point at the cause of her problem. Or, if I suspect that the cause of the infertility are witches or other evil forces who are stronger than I, I will send the woman to the *Babalawo*.

Babalawo

A *Babalawo* (*Ifa* priest),^e uses divination to find out the cause of the infertility. He uses cowry shells or kolanuts, or any other divination instrument to consult the *Ifa* oracle. The oracle may tell him that certain deities or ancestors are annoyed with the woman or her family, because they did not fulfil their ceremonial obligations or did not observe certain

taboos. Bascom explains that nearly all *oriṣas* (deities) can be bringers of children, but that *Ọṣun* is the one major *oriṣa* who brings fertility.¹ The *Babalawo* will tell her what sacrifices to make for the deities or ancestors to appease them. Or, he may hear from the oracle that witches or other *Babalawos* have put a curse or spell on the woman. In that case, he will have to use all his power to uplift the spell and the woman has to buy the ingredients for the ceremony, such as kolanuts, gin, a cockerel, a goat, and pay him some fee.

Elewe ọmọ

The *elewe ọmọ* (literally: owner of herbs) are herbalists, mostly women, who provide herbs for the medicines of the *ọlọmọ wẹwẹ*, who are also sometimes called *alagbo ọmọ* (literally: owner of medicinal herbal drinks for children). The OW mix the herbs, grind them, add other ingredients and 'power' to make their medicines. Tradition says that women should not touch these medicines when they are having their menses, because the medicines would spoil. Nowadays, more *elewe ọmọ* also mix the herbs to become medicines, and also provide medicines for infertility treatment.

Spiritual churches

In spiritual churches, including *Aladura* and Pentecostal churches, there are special weekly sessions for women who have problems in conceiving. *Aladura* (literally: 'owner of prayer') churches are African independent churches which combine elements of the traditional beliefs with orthodox Christian dogma. Besides the *Aladura* churches, which date from the beginning of the 1920s, many spiritual Christian churches which recognise the existence of bad witches and spirits who try to harm people have sprung up in Nigeria. These churches have special ceremonies and sessions to deal with the evil spirits in the world. An attendant of the Cherubim and Seraphim Church tells

about the sessions for *agan* (barren women):

On Tuesdays, the *agan* come to the church with water and fruits. Fruits are important, because when you throw fruits anywhere they will grow. The fruits to bring are banana and oranges. No pawpaw, because evil powers have possession of it. Many women may have gone to other healers first before coming to this church. The *Woli* (priest) will tell them to fast, pray, and take a sip from the mixture of perfume and olive oil that he has prayed upon. When women do this a few times they will conceive after sleeping with their husbands. The women will also bath in the stream. Sometimes there are special prayer nights from 12 midnight to 5 a.m. This is the time witches and *ogbanje* meet. The *Woli* may point to the *agan* and say that she is an *ogbanje*, and that that is the cause of her infertility in this world. The woman would be told to get ready for treatment to get the *ogbanje* out of her. It may also be that the *Woli* says that she has spoilt her womb by sleeping with too many men, or has done abortions. Women who come for treatment would in turn promise something to the church when they get pregnant, it can even be a car.

Prevention of Infertility

Infertility is a threat to the happiness and social position of all Yoruba women; therefore, women take precautions against all evils that may prevent them from having a baby. When a Yoruba woman is pregnant, she will try to avoid the threat of miscarriage by taking preventive measures. To protect herself from witches and evil spirits that are out to tamper with the foetus, she will not walk outside in the hot sun between 12 mid-day and 3 p.m., and in the night between 12 midnight and 6 a.m., when the evil spirits are believed to be out. It is believed that not only can these spirits cause miscarriage, they can also cause the baby to be born malformed or cause the baby to be possessed by an evil spirit. She will always walk around with a safety pin and a small stone that will protect her and her baby from those spirits.

Taking preventive measures against miscarriage is called *ideyun* or *oyun dide* (literally: to tie the pregnancy). The *olomọ wẹwẹ* have various methods of preventing the pregnancy from aborting, and each *olomọ wẹwẹ* has his own methods. One of the methods reported was to rub an egg upward over the abdomen of the woman. The *olomọ wẹwẹ* would then keep the egg somewhere until one week before the expected delivery date, when he would rub it downwards over her abdomen, to free the foetus. The *olomọ wẹwẹ* will give the pregnant woman who is looking for protection an *oruka* (medicinal ring) around her finger. The OW would have put the ring in *aseje* when he was preparing it. The woman has to eat the *aseje* and wear the ring till she is ready to deliver. Some women who feel embarrassed to walk around with an *oruka*, obviously from an OW, give the OW their wedding ring to charm. Adetunyi described this *ideyun* process for Yoruba women in Ondo State. He explained how different healers prescribe different food taboos and have different ingredients for their herbal soups and drinks. Adetunyi found that the women use various providers — orthodox, spiritual and traditional — at the same time. According to him, the major goal of this mixing is to maximise protection, since potential dangers could be physical and spiritual.⁸ Women in Lagos have the same pattern of going to different providers.

Some women, when they want to become pregnant, will not even wait to find out if they are fertile or not, they rather go to the *olomọ wẹwẹ* to get herbal drinks to prevent everything that could go wrong. Maclean, in her study among the Yoruba in Oyo State, also found that all women had used traditional medicines and consulted traditional practitioners for ensuring conception and avoiding infertility.⁹

Consequences of Infertility for a Yoruba Woman

Being infertile has many negative consequences for a woman as are set forth below:

Unhappiness and lack of insurance for the future

Children are a source of insurance for the future, and they bring happiness and joy to one's life. "A woman without a child has no reason for living, and will always be unhappy," said the secondary school students in response to questions on the value of children and their perceptions of women without children. Children are there to take care of their parents in old age, to take over the family business, inherit the properties that their parents have worked for, and have to bury their parents when they die. A person without a child has nobody to bury him or her. The life of a person without a child is miserable. It is more miserable for women than men. Until recently, however, infertility of a couple was always believed to be the fault of the woman. The man was advised to take another wife. A woman in the in-depth interviews said:

Even if he had married ten wives who could not conceive, people would still say that it was his destiny to always marry an infertile woman!

Abuse by in-laws, husband taking a second wife and breaking up of marriage

The pressure from in-laws on a barren woman is high. They do not think of the happiness of the woman, but of the continuation of their lineage. Children are the connection between the ancestors and future generations. A barren woman is useless to her in-laws and may be abused. One woman who has not conceived and whose husband has taken a second wife said:

They say that instead of giving birth to children I just eat and drink in the house.

The second wife has now delivered two children for him. Not all barren women are abused, but there is always pressure on them.

Some of the women interviewed recited many examples of how a man sent away his wife because she was unable to give him a child. Often the men are forced by their families. The

stories were either from a woman who was sent away, or from the second wife of a man who divorced his first barren wife. If the husband is 'nice' to the barren woman or the woman who cannot have enough (according to him) children, he may not send her away, but will take a second wife, or have children outside the marriage.

I had tried for 15 years of marriage to get pregnant. Everybody was very sympathetic including my husband, and we kept on hoping. I went to all sorts of doctors and traditional healers in Nigeria and also had examinations and operations abroad. My husband had two daughters from another woman. The two girls were just brought to the house when they were about ten years old. I did not know anything about them till that time. (A woman of high socio-economic status, 50 years old, who was so fortunate to finally conceive at ages 44 and 48.)

It is generally accepted for men to have affairs outside the marriage, or to have more than one wife, although none of the women I interviewed liked it. Women who are (still) the only wives of their husbands say they recognise that it may happen one day. They are not sure what they would do; leave the man, stay but not sleep with him anymore, or just accept? All of them foresee trouble when it does happen. There is much jealousy between the wives of one man. They can do terrible things to each other and each other's children. One can try to put curses and *juju* on the others to prevent them and their children from progressing above her and her own children in life.

Not only the barren women risk losing their husbands through divorce, or to a second wife: any woman who is no longer producing more children, because she does not want any more, or because she cannot have more children, is at risk of her husband marrying a second wife. The 'no children-producing' woman is not attractive to the man. Sex with a woman after menopause is even considered to be bad for a man's health. The semen will just stay inside the woman and will not be cleansed by her monthly menses. This dirt may affect the man and cause *atpsi* (gonorrhoea).

Accusations of being a witch

“Barren women are under suspicion of being a witch”, said women in the interviews. Many secondary school students also stated this in their self-administered questionnaires. Witches are believed not have children in this world, but in the spirit world. Witches are bad; they are a threat to other people’s children who they want to use for their ceremonies. They may use other women’s wombs to carry their children thereby causing death and havoc, they always try to entice people to become part of their (bad) world. Witches can only be ‘seen’ by the *Babalawos* and other spiritualists. There are many witches’ stories around, here is one told by a woman in the in-depth interviews:

There was a woman who did not have children. She was very friendly. She used to cook yam porridge and sell it. She lived in a big house. Mysteriously, young people started to die in that house. A young woman in her thirties was electrocuted when she wanted to put off the fridge. By the time she left the house, NEPA (the electricity) was off. But just when she wanted to put off the fridge, NEPA got back. She died. Another man in the house, 42 years old, also died mysteriously. The family became suspicious and went to investigate the deaths. (They were talking to the ancestors.) After that the woman started confessing that she was the one who caused the deaths in the neighbourhood and that she was a witch. After her confessions she herself died.

How the Fear of Infertility Influences Decision-making

The fear of the severe social consequences of infertility causes a woman to make decisions, some of which are contrary to tradition and/or may be detrimental to her health.

Ways of securing a child

Infertile women are always suspecting, and may go to any extent to secure a child for themselves. Informants reported that some women,

suspecting their husbands to be infertile, and who want to continue to stay with the men, would be advised by their families and their doctors to have pregnancy from other men and pretend it was from their husbands. It was not possible to get this as a first-hand information, because a woman would not disclose this to anyone. If her husband should find out, he would definitely divorce her. However, a medical doctor reiterated the story of a man with two wives who had only daughters. He had his sperm tested, because he wanted a son. His semen appeared to be infertile. The women both, but separately, admitted to the doctor that they had their children from other men. The doctor, therefore, did not say anything to the husband about his infertility.

There are always stories of barren women snatching babies from other women, and babies are sometimes reported to have been sold in the hospital. A woman who is late in conceiving will have to show her pregnancy, obviously so as not to be suspected of having snatched a baby, i.e., if she had a baby without anybody knowing that she was pregnant.

Adoption is not common among the Yoruba, while there are so many orphans in the orphanages. The fear is that one never knows where the child came from and that the child may turn out to be against the interest of the family. The only form of adoption is that from a family member, but this is not common.

Marriage

Traditionally, a woman should be a virgin before her marriage and this is still the ideal. After the night of her wedding, there should be a proof of her virginity by showing the bedsheet stained with blood from her private part. If she proved not to be a virgin, it would be shameful for her and her family. Nowadays, most women are not virgins by the time they get married. Not only do they have intercourse before they are married, but many of them get pregnant or have a baby, before they get mar-

ried. In this way they prove their fertility to the husband-to-be and his family, and that they are worth having as a wife. Many women said they would move in with their future husband only when they have got pregnant or have had a child.

Use of contraceptives and abortion

Not to have been pregnant at all is worse than never having delivered a child. Therefore, single women may decide not to use contraception, they rather get pregnant and submit themselves to the danger of aborting such pregnancies. At least they have shown that they are fertile! Women with children talked, surprisingly, openly about their abortions and some seemed almost proud to have had so many, as if to say they were very fertile. Also women who had difficulties in conceiving shared their experiences with abortion, but did not show pride. Many women expressed a great fear that oral and injectable contraceptives cause infertility, and this fear prevent them from using these devices. The women also feared the speculum examination before the insertion of IUCD — they suspect that something inside could be tampered with that could cause infertility.

Discussion

Fertility and infertility are central issues in Yoruba life. Infertility makes a woman's life useless, therefore, the threat of infertility looms over her happiness not only in the sense of personal fulfilment, but also in the sense of being a full and respected member of the society. The threat of infertility causes women to take decisions that are really against traditions such as not having sexual intercourse before marriage. The fear of infertility could also provide an explanation for the seeming paradox: why so many women abort unwanted pregnancies, and so few use contraception to prevent their unwanted pregnancies. The explanation may be that the pregnancy *per se* is not

unwanted, because it shows the woman's fertility to the family and her husband. The family knows she is worth having in the lineage, and for the husband she is attractive and 'clean'. The part that is unwanted is the carrying of the pregnancy to term, because having a baby may not be timely for economic reasons, or it may not be compatible with work, schooling, or the woman's health. This preliminary theory will be further explored in the following phases of the study.

Since the Yoruba, as many other ethnic groups in Africa, unlike people in Western Europe and North America, regard infertility as a serious health and social problem, infertility should be addressed as a public health problem. Infertility prevention and treatment should be integrated into regular public/reproductive health services in which orthodox medicine and traditional healers should work together. The dangerous vicious circle of (fear of) infertility, non-use of contraceptives, and the practice of unsafe abortion should be broken.

NOTES

- a. The first exploratory interviews for the fieldwork started in November 1996. More intensive fieldwork has been going on since May 1997. The study populations include Yoruba women and men of different socio-economic status and ages. The fieldwork has so far concentrated on urban populations, but will include rural Yoruba in subsequent phases. Data collection started with exploratory interviews with Yoruba women, selected through networking. The sampling of study locations was also done through networking, ensuring that a sampled location was not atypical. One average state government secondary school was selected through networking with teachers, one government maternity hospital through networking with doctors, and two Yoruba reproductive health specialists (*olompo wewe*) through one informant of exploratory interviews who had

used these providers. One church (Celestial Church of Christ — an *Aladura* church), a herbalist (*elewe ọmọ*) and a spiritualist (*Babalawo*) were also selected. In the sampled locations, various data collection techniques were used to collect information from students, hospital workers, providers and clients: (1) self-administered questionnaires with 200 secondary school youths, between 13 and 19 years of age. Among other questions, the students were asked about their future families and career plans, and their perceptions of infertile women and men; (2) more than one in-depth exploratory interview classes, with four women (individually) from different socio-economic backgrounds; (3) in-depth interviews with two *ọlọmọ wẹwẹ*. With one *ọlọmọ wẹwẹ* some 15 interviews took place, while three were conducted with the other OW; (4) one in-depth exploratory interview with three women (individually), one *elewe ọmọ* (herbalist), a *Babalawo* (*Ifa* priest), and a *Woli* of the Celestial Church and 25 women visiting the OW for infertility treatment; (5) interviews using a semi-structured questionnaire with 109 women visiting the OW for antenatal care; (6) exploratory interviews with staff members of different departments of the Lagos Island Maternity Hospital — the biggest maternity hospital in Lagos.

- b. There are many ceremonies that are intended to try to keep suspected *abiku* children alive, including making *gbere* (incisions) on the cheeks so that the spirit children in the other world will not recognise the child and will not call him/her to join them in the other world, thereby leaving their earthly parents.
- c. Induced abortion is illegal in Nigeria, except when the life of the woman is in danger.
- d. Informants gave different explanations for the fact that most *ọlọmọ wẹwẹ* are men: “Delivering babies is a very heavy and tiring work and can be better done by men” — (*An OW*). “When women who menstruate

touch the medicines they will spoil” — (*An OW*). “You need courage to face the evils that can cause problems during pregnancy and delivery, and that can cause infertility, and men have more courage than women” — (*An OW*). “It is just a way of keeping the knowledge within the patrilineal family” — (*A female nurse*). “Men just want the monopoly and say that menstruation spoils the medicines. I have been making medicines my whole life and they never got spoilt when I had my menses” — *A female herbalist, elewe ọmọ*.

- e. *Ifa* is the intermediary between, on the one hand, the Supreme Being/God (*Olodumare*) and other deities, and on the other hand, the people on earth. Through *Ifa*, people can know the actions of deities and try to influence actions those actions for their own good. Only the *Babalawo* can talk to, hear, and understand *Ifa*.

Acknowledgements

This article, in a slightly different form, under the title ‘*Ọlọrun a ẹ̀ ẹ̀ ni inu*’, has been published before in *Medische Antropologie*, a journal mainly in the Dutch language, in a special edition on ‘culture and reproductive health’ (1998, No.2). The editors of the journal did not have objection against publishing the article in an English language journal, for wider distribution. Financial support for the study is from the Ford Foundation through the Women’s Health and Action Research Centre, Benin City, Nigeria. Thanks to Prof. Sjaak van der Geest and Prof. Corlien Varkevisser of the University of Amsterdam for their technical advice on the study, and to Olukemi Williams who edited the earlier version of the article.

REFERENCES

1. Bascom W. *The Yoruba of Southern Nigeria*. New York: Holt, 1969.
2. Fadipe NA. *The sociology of the Yoruba*. Ibadan: Ibadan University Press, 1970.

3. Hallgren R. *The good things in life: a study of the traditional religious culture of Yoruba people*. Loberod: Plus Ultra, 1988.
4. Federal Ministry of Health, Nigeria. Country report for the International Conference on Population and Development, Cairo 1994. Lagos: FMOH, 1994.
5. Renne EP. The pregnancy that doesn't stay: the practice and perception of abortion by Ekiti Yoruba women. *Social Science and Medicine* 1996; (42): 483-94.
6. Royston E and Armstrong S (eds). *Preventing maternal deaths*. Geneva: World Health Organization, 1989.
7. Okafor CB and Rizzuto RR. Women's and health care providers' views of maternal practices and services in rural Nigeria. *Studies in Family Planning* 1994; (6): 353-61.
8. Okonofua FE. Infertility in Africa, the need for pragmatic intervention. *Women's Health Forum* 1996; 1 (2): 1-2.
9. Larsen U. Trends in infertility in Cameroon and Nigeria. *International Family Planning Perspectives* 1995; 21 (4): 138-42.
10. Adetunji JA. Preserving the pot and the water: a traditional concept of reproductive health in a Yoruba community, Nigeria. *Social Science and Medicine* 1996; 43 (11): 1561-67.
11. Maclean U. Folk medicine and fertility: aspects of Yoruba medical practice affecting women. In: MacCormack CP (eds). *Ethnography of fertility and birth*. London: Academy Press, 1982.