

CAUSES AND EFFECTS OF INFERTILITY AMONG COUPLES IN GOMBE METROPOLIS, GOMBE STATE, NIGERIA

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ABSTRACT

The study examined the causes and effects of infertility among couples in the Gombe metropolis, Gombe State Nigeria. Three research objectives were formulated which were to: determine the perception of married men towards infertility, identify the effects of infertility on the durability of marriage, and suggest ways of management of infertility problems among couples in the Gombe metropolis. Coping theory and the theory of social stigma were used. 217 samples were drawn based on the purposive and simple random sampling techniques. A questionnaire and interview were used as instruments of data collection. The data collected through the questionnaire were analyzed using SPSS while qualitative data was transcribed verbatim. The results obtained revealed that infertility has more negative effects on women than on men, infertility is caused by witches and witchcraft and early circumcision of male children were the perceptions of married men towards infertility. The study also shows that infertility leads to sexual stress when conceiving, it causes disagreements in marriages and causes fairness among partners. The results also revealed that some of the ways of managing infertility problems are medical treatments and the use of orthodox. It is recommended that: couples who are diagnosed of being infertile should form self-help groups for them to come together and manage their conditions effectively by providing helping hands to each other. Couples should support each other in the period when they are childless as this will go a long way to providing emotional support.

Keywords: Causes, Effects, Infertility, Couples, Gombe Metropolis.

1.0 INTRODUCTION

Globally, more than 80 million couples are considered to be infertile (Vayena, et al. 2016). However, the rates of infertility differ from one country to another, where the lowest begins from less than 5% to over 30% amongst the highest (Vayena et al., 2016). In the United Kingdom, one out of every seven individuals is said to be infertile (Robertson et al. 2015). About 4.3% of Iranian couples experience infertility in their life (KhodaKarami et al, 2020). West African countries have over the years recorded a very important negative development of infertility cases (BeryI, 2018). Expectedly, Africans consider the ownership of children as one of the sacred issues that prompted the marital contract. Hence cheap workforce is easily accessible and reliable within the family and the community at large (Beryl 2018). Couples with infertility mostly become frustrated and end up with anti-social behaviors and hopelessness for their future.

The World Health Organization (2019) stressed that infertility is one of the major challenges in the reproductive health of people. Beryl (2018) maintains that lack of confidence, tension in communication, loneliness and rejection encountering laborious treatments, depression, and frustration are among the negative experiences of infertile couples.

The desire to bear children is almost a universal one in Africa and some parts of Nigeria. While infertility is not a life-threatening condition, its negative social and mental impacts on individuals has been devastating and negatively experienced. In Nigeria and Africa at large, it is mainly the women who suffer adverse effects including stigmatisation, domestic violence and feelings of low self-esteem (Van Balen and Bos, 2016). The duo further maintains that the previous studies have shown a low level of the knowledge of causes of infertility in many countries in Africa despite the high prevalence of the condition.

Infertility, is defined as the inability to conceive after one year of regular sexual intercourse without the use of any contraceptive method is an old, and yet frequent problem (Schmidt, 2015). The cases of infertility are unprecedentedly increasing with approximately 30% of couples of fertile age unable to conceive, with female and male factors contributing equally with a 35% rate each; 20% of couples are unable to conceive due to male and female factors combined, and 10% are unable to conceive for unknown reasons (Graner and Barros, 2021).

Socio-culturally, the inability to conceive children is highly attributed to women which demoralizes them and unfortunately lowers their social recognition and respect from their husbands and the community at large (Bernal and Jorda, 2022). Thus, infertile couples are treated with contempt and dishonor by society, which views their infertility as a punishment for some social transgressions (Claudius, 2016). Ironically, in Belgium and Austria, 14% and 10% of men respectively do not want children, while in Slovenia and Latvia; it falls to below 1% for both sexes (Hakim, 2018). On the contrary, African marriages are highly attached to ownership of children, thus infertility causes polygamy and in the long run divorce in most African societies (Webber, 2019). Possession of children through marriage is seen as a very important asset in Africa, this is because they bear the name of the family as well as inherit the properties and renew the departed members of the kinship (Dyer, 2017).

Religiously, children are considered divine gifts from God thus infertility among couples may be attributed to sin or not being blessed by God (ibid). Similarly, some communities in Southern Nigeria considered fertility and childbirth as cardinal yardsticks for maturity and womanhood. Thus, childless women are labeled "men" to accuse them of their condition(s). This study intends to investigate the causes and effects of infertility among couples in the Gombe metropolis, Gombe State Nigeria.

2.0 STATEMENT OF THE RESEARCH PROBLEM:

For many couples, infertility leads to personal distress and lower self-esteem. It is a medical condition that is disastrous to the Socio-psychological balance of the infected individuals which pushes them to learn how to cope with this unbearable pain and condition (Schmidt, 2015). Infertility causes a lack of love and insincerity in marital relationships, depression, polygamy, and divorce. These are potential challenges that can initiate marital instability not only for the couples but also for society at large. Relatively, the couples may decide to accept and endure their medical condition, but the familial and societal reactions may likely weaken the union

and ultimately lead to instability in the relationship. Thus, infertility is a monster that needs to be addressed to ensure the procreation of members of society. VanBalen and Gerrit (2018) opine that infertility is a socio-psychological challenge that causes depression, anxiety, helplessness, and social isolation, and the duo adds that the psychological effects can contribute to the development of infertility among couples.

Medically, there are many causes of infertility. According to Rasak and Oladipo (2017), infertility is most often caused by low or no sperm count and blockage of the tubes that transport sperm. In women, it is caused by the problem of ovulation and blockage of fallopian tubes, and physical damage to the uterus, sexually transmitted diseases, advanced age, smoking, and alcohol use are also risk causes of infertility.

However, the prevalence of infertility in different regions of the country is not the same. In Gombe State, infertility is one of the problems facing the society. On average, about 10-15% of couples in Gombe are infertile (Hosseini et al. 2017). Mary (2018) indicated that there are 11.1% cases of childlessness in the Gombe metropolis, Her study focused on the economic effects of childlessness on married couples. Thus this generates a knowledge gap as to what are the socio-psychological effects of infertility among couples in the Gombe metropolis, Gombe State Nigeria. Against this background, this study intended to investigate the causes and effects of infertility among couples in the Gombe metropolis, Gombe State.

3.0 OBJECTIVES OF THE STUDY

The main objective of this study is to investigate the causes of infertility among couples in the Gombe metropolis, Gombe State. The specific objectives are:

1. To determine the perceptions of married men towards infertility in the Gombe metropolis, Gombe State.
2. To identify the effects of infertility on the durability of marriage among couples in the Gombe metropolis, Gombe State.
3. To find out the ways of managing infertility among couples in Gombe metropolis, Gombe State.

4.0 CONCEPT OF INFERTILITY

Infertility as a concept falls within the broad spectrum of the health care system as it relates to reproduction. It could be viewed as a result and consequence of the couple not being able to produce a child. It could also be viewed from the health perspective and natural cause. Infertility can be a source in the wife or the husband and at times on both husband and wife (Dyer, 2017). There are different definitions for the concept of infertility. They are from various perspectives from which it could be viewed as the “lack of health effectiveness to affect reproduction. It was also considered a situation unfavorable to have a baby (Dyer, 2017; Roucho, 2017). The emphasis within their definitions is the feeling attached to the health of the masculinity and femininity traits of the individual and at the same time his/her dispositions towards reproduction. They also explained the term within the feelings that couples have about his or her marriage or marriage experience about having offspring. Infertility is seen as the poor state of health of the husband or wife's reproductive organs which invariably contributes to not being able to pregnant or conceive (Dyer, 2017).

Infertility is rarely seen as a serious public health problem in densely populated communities (Inhorn and Frank 2002). Worldly, infertility is seen as a solution to overcrowding, particularly in Western societies (ibid, 2018). According to (Dyer, 2017) perceived causes of infertility in many parts of Africa are mainly nonmedical and are commonly associated with supernatural or evil powers, and the treatment often involves traditional healers and spiritualists. Women's experience of infertility are documented to be multi-dimensional and includes stigmatization, ostracism and neglect, marital instability, abuse, and loss of social status and security.

Infertility is defined as the inability to conceive naturally after one year of regular unprotected intercourse. Most of the time, infertility is a degree of subfertility in which 1 in 7 couples need specialist help to conceive. Subfertility can be either primary or secondary. Primary subfertility is a delay for a couple who have had no previous pregnancies; and, secondary subfertility is a delay for a couple who have conceived previously, although the pregnancy may not have been successful for example, miscarriage, and ectopic pregnancy (Kakarla and Bradshaw, 2008). The chance to conceive depends on the length of sexual exposure, frequency of coitus, and the couple's age. Normal, young-aged couples have a 25% chance to conceive after 1 month of unprotected intercourse; 70% of the couples conceive by 6 months, and 90% of the couples have a probability to conceive by 1 year. Only 5% of the couples will conceive after one and a half years or two years (Kakarla and Bradshaw, 2008).

Infertility is typically defined as the inability to achieve pregnancy after one year of unprotected intercourse. If you have been trying to conceive for a year or more, you should consider an infertility evaluation. However, if you are 35 years or older, you should consider infertility evaluation after about six months of unprotected intercourse rather than a year, so as not to delay potentially needed treatment. If you have a reason to suspect an underlying problem, you should seek care earlier. For instance, if you have very irregular menstrual cycles (suggesting that you are not ovulating or releasing an egg), or if you or your partner has a known fertility problem, you probably should not wait an entire year before seeking treatment. If you and your partner have been unable to have a baby, you are not alone

4.1 Causes of Infertility

It is not uncommon for women the world over to experience blame, shame, and guilt for failing to reproduce. Generally, this manifests in terms of negative psychological consequences, social stigma, and community ostracism. In addition, in some instances, the risk to women in low-resource settings extends far beyond these harms to include severe economic duress, physical harm, and increased risk of suicide.

Infertility is not a woman's 'problem,' however, though it may be experienced as such in terms of self-blame and blame by others. Contrary to popular beliefs and practices, when a couple has trouble conceiving, 40% of the time this is due to male factor infertility, 40% of the time this is due to female factor infertility, and 20% of the time this is due to combined infertility (infertility resulting from both male and female factors) or unexplained infertility. The causes of infertility are many and varied. For example, 5% of infertility can be attributed to genetic conditions, anatomical defects, and endocrinological or immunological dysfunction. Exposure to environmental toxins (e.g., heavy metals, biological metabolites, and pesticides) also may account for some cases of infertility.

Chemotherapy, radiation therapy, and surgery for cancer treatment can cause temporary or permanent infertility. Lifestyle factors including delayed childbearing, smoking, and extremes of weight can also have an adverse effect on fertility. For personal, professional, and financial reasons many Western women are delaying pregnancy until they are of advanced reproductive age (35 years of age or older), at which time their fertility is usually in decline. Smoking has a negative impact on sperm production, motility, and morphology and also negatively affects developing sacs. Obesity and low body weight can cause hormone imbalances and ovulatory dysfunction, which in turn can affect reproductive function (Mary, 2018).

According to Mary (2018), the most common causes of infertility among men are low sperm count and problems with sperm motility (i.e., the percentage of sperm that are moving). The most common causes of infertility among women are obstructed fallopian tubes and ovulation dysfunction. Reproductive tract infections (especially sexually transmitted infections) and unhygienic healthcare practices (especially in obstetrics and midwifery, after childbirth or abortion) may lead to obstructed fallopian tubes. Inappropriate diet and exercise may lead to ovulation dysfunction. In addition to the above, some persons are infertile as a result of forced surgical sterilization (vasectomy for men and tubal ligation for women). In the recent past, numerous countries have legally permitted the surgical sterilization of the 'feeble-minded,' the 'disabled,' the 'habitual offender,' and the 'genetically (racially) inferior.' These sterilizations would have been part of a eugenics program designed to prevent certain individuals from reproducing. Involuntary sterilization is ethically problematic because it deprives individuals of the opportunity to make reproductive choices.

4.2 Effects of Infertility on Durability of Marriage

Although infertility is a problem of both sexes, it is the woman who is mostly blamed for the reproductive failure and suffers the negative consequences of being childless. Consequences of being childless for women include disrespect and social exclusion, name-calling, mocking, evil eye accusation, denial of means of livelihood (especially access to land), and violence in some instances (Rasak and Oladipo 2017). In their study on the experience of women who undertake infertility treatment in an urban setting in South Africa (Dyer (2017) found out that most of the infertile women experienced negative consequences such as marital instability, stigma, and abuse. The level of abuse even pushed some women to the extent of thinking about committing suicide. Studies in Nigeria and Malawi also showed that women were more likely to suffer the social and psychological consequences of infertility such as physical and mental abuse, neglect, abandonment, economic deprivation, social ostracism, and marital breakdowns (Purewal and Vanden 2017).

For instance, Ile-Ife women of Nigeria have been reported to have experienced abuse by husbands' families, accusations of being a witch, husbands taking other wives, and exclusion from some social activities (Obeisat et al 2020). The Yoruba infertile women experienced social exclusion as they were often accused of being a witch and of having 'devoured' their children (Rasak and Oladipo 2017). A qualitative study in Macua Northern Mozambique revealed that childless women were excluded from certain social activities and ceremonies (VanBalen and Gerrits, 2018). For example, they were not allowed to assist deliveries, to be involved in conversation about such events, or to be around the bodies of the dead. While several infertility studies explored childless women's experience, the male partners of infertile

women are most often not included in the studies. This is partly because infertility is seen as a woman's problem and men are unwilling to participate in studies (Fledderjorhann 2021). However, this does not mean that childless men are not negatively affected by infertility. For example, a clinical-based quantitative assessment of psychological distress among men suffering from couple infertility in South Africa found that the male partners in a childless marriage experienced significantly more psychological distress compared with male partners of pregnant women (Dyer 2017).

A couple is considered infertile if they have not had a pregnancy after one year of unprotected sexual intercourse. It may be possible to discover an easily treatable cause for infertility by taking a careful history and performing a good examination (Umeora and Eze, 2013). Infertility in women may be due to:

- i. A hormonal Problem: if her menstrual cycle is normal, her hormones are probably normal.
- ii. A physical problem: An abnormality in any of the female organs can cause infertility.
- iii. Infection: An infection in the vagina or cervix can affect sperm movement, tubes infection can cause blockage of the tubes and a uterine infection can prevent implantation of the fertilized egg.
- iv. Sexual Habits: The most favourable position of sexual intercourse for conception is with the man on top and woman lying on her back. The woman should remain lying down for at least ½ hour after sexual intercourse. Sexual intercourse should be encouraged during the woman's fertile period, mid-way between her menstrual periods (day 10 to day 18). They should have intercourse every other night during this period.

To confirm any of the above causes of infertility in women, the following must be examined menstrual history, gynecology history, obstetric history, contraception history, sexual history, and medical history. Umeora and Eze (2013) observed that infertility in men may be due to blockage in the tubes, chronic illness, and mumps after puberty, congenital malformation including undescended testes, or absent sperm count. Male infertility can be explained as inability to initiate a pregnancy after one year of unprotected regular intercourse. It affects approximately 15% of couples, many of whom have a medical history to suggest the likelihood of reproductive disorder. According to Dente (2021), 30% of infertility in couples is caused by male factor alone. In another 20%, both partners have detectable abnormalities. Thus, a male factor plays a prominent role in about 50% of infertile couples.

4.3 The Coping Theory

The theory is credited to the work of Richard Lazarus and Folkman(1984) the duo viewed psychological stress as a relationship between the person and the environment that is appraisal as potentially endangering the (a) cognitive appraisal, which is an evaluative process that determines why and to what extent a particular transaction between the person the environment is stressful and (b) coping the process through which the individual manage the demands of the person's environment relationship and ensuring the emotions generated from the situation.

The cognitive appraisal can be seen as the process of categorizing an encounter and its significance to one's well-being. Three appraisals make of these processes, the first being the primary appraisal, which serves as a judgment of the encounter as being irrelevant, being-

positive, or stressful primary appraisals of stressful situations can be one of the three forms: harm/loss (i.e., damage the person has already sustained) threat (i.e., anticipated harms or loss), or challenge (i.e., events that hold potential for mastery or gain). The secondary appraisal is a judgment concerning what might be done, it serves as a strategy, given the person's goals and constraints. Finally, the reappraisal is a successive valuation that is based on new information obtained from the environment and/or person during the circumstance. The reappraisal, as well as the individual's psychological adjustment. Coping is defined as "constantly changing cognitive and behavioral efforts to manage specific external demands that are appraised as taxing or exceeding the resources of the person" (Lazarus and Folkman, 1984; 141).

Coping is not considered a personality trait or style that remains across situations. Instead coping is considered as a set of strategies that are available to be implemented to match specific situations. Coping may take one of two general forms: emotion-focused. Emotion-focused coping strategies are focused on internal emotional states, rather than external situations that trigger emotional responses. Emotion-focused coping is most likely the harmful, threatening, or challenging environmental conditions. This form of coping is directed towards altering the individual's emotional response to the problem and includes strategies such as wishful thinking, minimization, or avoidance.

4.4 Critical Assessment of Coping Theory

Coping research has been criticized in terms of its generalization and relevance to clinical interventions (Mary 2018). Mary (2018) further argued that participants are often asked to reflect upon too broad of stressors (e.g. "How do you cope with cancer"), causing respondents to focus on widely different stressful episodes, and thereby limiting valid practically applicable conclusions. In addition, the authors suggest that characteristics of stressful situations and characteristics of individual participants are easily confounded in coping research. For example, even when asked to complete the Ways of Coping Questionnaire about the well-defined class of stressors, respondents may still draw upon very different goals and options for coping. Coyne and Racioppo cited in Mary (2018) also advise that distress reduction may not be a universally appropriate indicator of a successful outcome. People often approach difficult situations with multiple goals, some of which (e.g. maintaining a relationship) may cause short-term increases in distress. They argued that current measurements used in descriptive coping research are too limited to measure such a complex process.

Finally, Tobin, Holroyd, Reynolds, and Wigal cited in Mary (2018) observed that although coping has been used greatly as an explanatory construct in psychological literature, few studies attempted to delineate the primary dimensions of coping, however, little has been concluded about the actual structure of coping. Without clear empirical information about this structure, it remains difficult to integrate and compare findings that utilize varying dimensions of coping. Lazarus and Folkman (1984) hypothesized that primary coping strategies can best be organized into two higher-ordered categories: problem-focused and emotional-focused.

4.5 Application of Coping Theory

Lazarus and Folkman's theory can be applied to the causes and effects of infertility among married couples in the Gombe Metropolis. Infertility is a problem or challenge that childless couples are confronted with, which affects them psychologically, socially, and economically.

Hence being childless causes emotional stress: anger, low self-esteem, verbal assault, trauma, insecurity, and prejudice, and general stigma, discrimination from their relatives, friends, and the general society.

Therefore, this begs the question of how couples that are childless manage or cope with the emotional stress and challenges when relating with those who do not have similar problems. The theory revealed that childless couples seek haven or comfort zones to deal with the stress of being labeled, stigmatized, or verbally abused.

4.6 The Theory of Stigmatization

This theory is credited to the work of Erving Goffman(1963) he was interested in the gap between what a person ought to be, “Virtual social identity” and what a person is, “actual social identity”. Anyone who has a gap between these two identities is stigmatized. Stigma focuses on the dramaturgical interaction between stigmatized people and normal. The nature of that interaction depends on which of the two types of stigma an individual has. In the case of discredited stigma, the actor assumes that the differences are known by the audience members or are evident to them. (For example, a paraplegic or someone who has lost a limb). A discreditable stigma is one in which the differences are neither known by audience members nor perceivable by them (for example, a person who has had a colostomy or a homosexual passing as straight). For someone with a discredited stigma, the basic dramaturgical problem is managing the tension produced by the fact that people know of the problem. For someone with a discreditable stigma, the dramaturgical problem is managing information so that the problem remains unknown to the audience.

4.7 Criticisms of Social Stigma

Goffman focuses more on the stigmatized person and pays no attention to the stigmatizers. Since stigma is defined in a social relationship then he should have talked about those whose discovery of the defect in an individual makes him/her stigmatized. In this case, Goffman leaves us with nothing to say about how childless couples become stigmatized by the members of society. Again, Goffman’s theory goes too far as it makes it difficult to differentiate between stigma and concepts like prejudice and dehumanization.

4.8 Application of the Theory

Goffman’s theory can be applied to the causes of infertility among married couples in the Gombe metropolis. First, infertility is a stigma, since it falls into one of his typologies-abominations of the body i.e. body defects, and because of the importance people attach to having a child, childless couples feel stigmatized. In other words, the couples have discredited stigma. Therefore, when relating with others especially those without a similar problem, the childless couples have the dramaturgical problem of managing the fact that people know the problem. This condition makes other people label them intentionally or otherwise because of the defect. Victims inadvertently become stigmatized and this causes more psychological harm than physical harm. About the research location under study, infertility is seen as an abnormal behavior and thus generally not accepted by society at large. However, society defines childbearing proficiency as a normal behavior therefore couples without children are stigmatized by friends, neighbors, families, and the community at large.

5.0 RESEARCH METHODOLOGY

This study adopted a mixed research design. This procedure has provided the opportunity to cover a broad area of observation using a selected sample from a fraction of the population to analyse the population. This research design was also applied in this study owing to its validity in combining two different research approaches i.e. quantitative and qualitative to present comprehensive data. The targeted population of this study was the couples both males and females that are practicing cohabitation. The justification behind the choice of this population was that they have several married men and women who are experiencing infertility cases. A total number of 217 sample sizes were selected based on the Morgan sample size determination table. The study adopted purposive and simple random sampling techniques in choosing the sample in the Gombe metropolis because of the researchers' convenience and suitability of the techniques in this study. The samples were divided into three groups: married couples (who are infertile), community leaders, and medical personnel. These people were selected based on their knowledge of the topic under review. 200 questionnaires were distributed while 10 community leaders and 7 medical personnel were interviewed purposively based on their professional experiences. The researchers used primary and secondary sources of data. The primary data was generated using questionnaires and interviews which were in the form of both open and close-ended questions because the entire population was too vast to be covered by studying every element in it. Furthermore, an interview schedule was also employed to gather primary data. The secondary data on the other hand were collected from books, journals, articles, reports, newspapers, research, and relevant internet materials. In addition to this, a consent letter was given to the targeted population and it was after the approval was given that the data were captured or collected. Questionnaires and interview instruments were used in this study due to their cheapness and reliability in reaching out to the population of the study. The data collected from the field were analyzed using Statistical Package for Social Sciences (SPSS). It was presented using frequency distribution and percentages. However, for the qualitative data, it was reported verbatim to compliment the quantitative data. Thus, this has facilitated the presentation of comprehensive data.

6.0 RESULTS OF THE FINDINGS

The analyses were based on the 160 questionnaires out of the 200 that were distributed, only 160 were retrieved and found to be validly filled by the respondents. 10 interviews were conducted with the religious and traditional leaders as community leaders while 7 were done with the medical personnel based on the objectives of the study.

Table 4.2.1: Socio – Demographic Characteristics of the Respondents

Sex	Frequency	Percentage (%)
Male	50	26.3
Female	110	57.8
Total	160	100
Age	Frequency	Percentage (%)
Below 20 years	40	21
21 – 30 years	20	10.5
31 – 40 years	55	28.9

41 years and above	45	25
Total	160	100
Tribe	Frequency	Percentage (%)
Fulbe	80	42.1
Bolewa	20	10.5
Tera	35	18.4
Tangale	25	13.1
Total	160	100
Level of Education	Frequency	Percentage (%)
Primary	60	31.5
Secondary	45	23.6
Tertiary	55	28.9
Total	160	100
Religion	Frequency	Percentage (%)
Islam	90	47.3
Christianity	60	31.5
Traditional	10	5.2
Total	160	100
Occupation	Frequency	Percentage (%)
Public servant	50	26.3
Private servant	20	10.5
Self employed	90	47.3
Total	160	100

Source: Field Work, 2023

Table 4.1 shows the socio-demographic characteristics of respondents. 57.8% of the respondents who responded to the questionnaire were females which constituted the majority. In terms of age, the majority of the respondents are within the age brackets of 31 – 40 years with 28.9%. Also, in terms of tribe, the dominant tribe at the time of study that responded to the questionnaire are Fulani people with 42.1%. The results in terms of level of education, the majority of the respondents are primary certificate holders with 42.1%. Similarly, the results show that of 160 respondents, the predominant religion identified in the study area was Muslims (they believed in Islamic religion) and in terms of occupation, the predominant occupation identified in the study was self-employed (they engaged in various forms of businesses).

Table 4.2: Perceptions of married men towards infertility in Gombe Metropolis, Gombe State

S/N	Items	Agree	Disagree	Undecided
1.	Infertility is caused by witches and witchcraft	42 (26.2%)	60 (37.5%)	58 (36.2)
2.	Infertility is caused by watery sperm	45 (23.6%)	55 (28.9%)	60 (31.5%)
3.	Infertility is caused by early circumcision of male child	65 (34.2%)	50 (26.3%)	45 (23.6%)

4.	Infertility is caused by eating certain foods or vegetables e.g. Okro.	40 (21%)	65 (34.2%)	55 (28.9%)
5.	Infertility is caused by sperm back flow	60 (31.5%)	48 (25.2%)	52 (27.3%)
6.	Infertility has more negative effect on women than on men	70 (36.8%)	45 (23.6%)	45 (23.6%)
7.	Delay in ability to achieve pregnancy/infertility could be inherited from parents?	50 (31.2%)	30 (18.7%)	80 (50%)

Source: Field Work, 2023

Table 4.2 shows the responses based on perceptions of married men towards infertility in Gombe Metropolis, Gombe State. 26.3% of respondents agreed that infertility is caused by witches and witchcraft followed by 31.5% of respondents who disagreed while 26.3% of respondents remain undecided. Also, 23.6% of respondents agreed that infertility is caused as a result of watery sperm, 28.95 respondents disagreed and 31.5% respondents remained undecided. Also, the results show that 34.2% of the respondents agreed that infertility is caused by the early circumcision of a male child, 26.3% of respondents disagreed and 23.6% of respondents remained undecided. Similarly, the results show that 21% of the respondents agreed that infertility is caused by eating certain foods or vegetables like Okro, 34.2% of respondents disagreed while 28.9% of respondents remained undecided. Equally, the results show that 31.5% of respondents agreed that infertility is caused as a result of sperm backflow, 25.2% of respondents disagreed and 27.3% of respondents were undecided. Also, 36.8% of respondents agreed that infertility has more negative effects on women than on men and 23.6% of respondents were between disagreed and undecided.

This is supported by KII interview conducted and reveals that:

Infertility is a disease that is caused as a result of male or female inability to give births during pregnancy.

This is further supported by KII interview conducted and reveals that:

Infertility is perceived as a watery sperm problem that is caused by witches and witchcraft, it causes delay in pregnancy.

Table 4.3: Whether infertility affects durability of marital age among couples in Gombe Metropolis, Gombe State

S/N	Items	Agree	Disagree	Undecided
1.	Females experienced greater discontent over time	30 (18.7%)	60 (37.5%)	70 (43.7%)
2.	Female had greater emotional investment than males	80 (50%)	20 (12.5%)	60 (37.5%)
3.	Sexual stress when trying to conceive	35 (21.8%)	65 (40.6%)	60 (37.5%)
4.	Infertility leads to disagreements on when to seek help	85 (53.1%)	25 (15.6%)	50 (31.2%)

5.	Infertility leads to disagreements on telling other people	90 (56.2%)	40 (56.2%)	30 (18.7%)
6.	Infertility leads to fairness of partner leave	68 (42.5%)	40 (25%)	52 (32.5%)
7.	Infertility leads to tension and resentment	70 (43.7%)	30 (18.7%)	60 (37.5%)

Source: Field Work, 2023

Table 4.3 above shows the responses of the respondents on whether infertility affects the durability of marital age among couples in Gombe Metropolis, Gombe State. Of the 160 respondents, 18.5% respondents agreed that females experienced greater discontent over time, 37.5% respondents agreed and 43.7% respondents remained undecided. The results also show that 50% of respondents agreed that females had greater emotional investment than males, 12.5% of respondents disagreed and 37.5% of respondents were undecided. Also, 21.8% of respondents agreed that sexual stress when trying to conceive affects the durability of marriage followed by 40.6% of respondents who disagreed and 37.5% of respondents were undecided. Also, the results show that 53.1% of respondents agreed that infertility leads to disagreements on when to seek help, 15.6% of respondents disagreed with the statement and 31.2% of respondents remained undecided. Equally, the results show that 56.2% of respondents agreed that infertility leads to disagreements on marriage which affects its durability and 21.8% of respondents are in between the disagreed and undecided. The results also show that 42.5% of respondents agreed that infertility leads to fairness of partner to leave, 25% of respondents disagreed and 32.5% of respondents remained undecided. Also, 43.7% of respondents agreed that infertility leads to tension and resentment, 18.7% of respondents disagreed and 37.5% of respondents remain undecided.

This is supported by KII interview conducted and reveals that:

Infertility is caused as a result of women age, over weight and exercise issues. Some of the religious views on infertility include children multiplication and socio cultural problem and education.

This is further supported by KII interview conducted and reveals that:

Some of the problems of infertility include: divorce, tension and resentment and sexual harassment.

Table 4.4: Ways of managing infertility among couples in Gombe Metropolis, Gombe State

S/N	Items	Agree	Disagree	Undecided
1.	Infertile couple will achieve pregnancy after being managed/receiving treatment	80 (50%)	30 (18.7%)	50 (31.2%)
2.	Spiritual means is the best way to treat infertile couples	20 (12.5%)	60 (37.5%)	80 (50%)
3.	Orthodox method is the effective means of managing infertility	35 (21.8%)	68 (42.5%)	57 (35.6%)

4.	The only reliable way of managing infertile couple is through medical treatment	90 (56.2%)	20 (12.5%)	50 (31.2%)
5.	It is easier and cheaper to manage infertility in men than in women	70 (43.7%)	30 (18.7%)	60 (37.5%)
6.	It is easier and cheaper to manage infertility in women than in men	60 (37.5%)	38 (23.7%)	62 (38.7%)

Source: Field Work, 2023

Table 4.4 shows the responses of the respondents on the ways of managing infertility among couples in Gombe Metropolis, Gombe State. Of the 160 respondents, 50% respondents agreed that infertile couples will achieve pregnancy after being managed/receiving treatment, 18.7% respondents disagreed and 31.2% respondents remained undecided. Also, 12.5% of respondents agreed that spiritual means are the best way to treat infertility among couples, 37.5% of respondents disagreed and 50% of respondents remained undecided. Similarly, 21.8% of respondents agreed that the orthodox method should be used in the management of infertility, 42.5% of respondents disagreed with the statement and 35.6% of respondents remained undecided. Also, 56.2% of respondents strongly agreed that the only reliable way of managing infertile couples is through medical treatment, 12.5% of respondents disagreed and 31.2% of respondents remained undecided. Equally, 43.1% of respondents agreed that it is easier and cheaper to manage infertility in men than in women, 18.7% of respondents disagreed and 37.5% of respondents remain undecided.

This is supported by KII interview conducted and reveals that:

Some of the ways of management of infertility included spiritual means, orthodox and medical treatments.

7.0 CONCLUSION

The study concludes that infertility has more negative effects on women than on men. Infertility is caused by witches and witchcraft and early circumcision of male children are the perceptions of married men towards infertility. The study also concluded that infertility leads to sexual stress when conceiving, causes disagreements in marriages, and causes fairness among partners. The results also concluded that some of the ways of managing infertility problems are medical treatments and the use of orthodox.

8.0 RECOMMENDATION

Based on the findings of this study, it is recommended that:

1. Couples who are diagnosed as being infertile should form self-help groups for them to come together and manage their conditions effectively by providing helping hands to each other.
2. Also, couples should support each other in the period when they are childless as this will go a long way to provide emotional support.

3. It is also recommended that the hospital authorities should collaborate with institutions within Gombe State to embark on public education focusing on how to change people's perception of infertility.
4. Regular visits to health institutions by couples who are infertile are another way of addressing their challenge.
5. Non-governmental organizations should intensify their awareness of the need for the members of the public to stop stigmatizing infertile couples.
6. Infertile couples can adopt children to minimize the pains associated with their condition.
7. If possible polygyny should be encouraged, in addition to intensification of fertility treatments.

REFERENCES

- Bernal, Z.D. and Jordá, D.G. (2022). Cultura sobre maternidad y paternidad y su repercusión en la concepción de la infertilidad. *Rev Cubana Salud Publica*. 36(3):198-203.
- Beryl, L.J. (2018). *A gynaecological guide for life*. 2nd ed. London: The Chancer Press Ltd.
- Claudius, K.U. (2016). *Maternity nursing*. 4th ed. London: Lippincott Company.
- Dyer, S. (2017). Infertility management in Africa-setting priorities: review article. *Obstetrics and Gynaecology Forum*; 2002
- Dente, C. (2021). The value of children in African countries: insights from studies on infertility. *J Psychosom Obstet Gynaecol*. 28(2):69-77. doi:10.1080/01674820701409959.
- Fledderjohann, J.J. (2021). 'Zero is not good for me': implications of infertility in Ghana. *Hum Reprod*. 27(5):1383-1390. doi: 10.1093/humrep/des035.
- Graner, V.R. and Barros, S.M.O. (2021). Complicações Maternas e Ocorrências Neonatais Associadas às Gestações Múltiplas Resultantes de Técnicas de Reprodução Assistida. *Rev Esc Enferm USP*. 43(1):103-9.
- Hakim, C. (2018). *Infertility in Europe: Research Report to the Economic and Social Research Council (ESRC) on the Project Funded by Research Grant RES-000-23-0074*. London: LSE/ESRC.
- Hollos M. and Whitehouse B. (2018). Women in limbo: life course consequences of infertility in a Nigerian community. *Hum Fertil (Camb)*. 17(3):188-191. doi:10.3109/14647273.
- Hosseini, M.C., Jalal, M.A.S., McDonald, P. (2017). Fertility, marriage and family planning in Iran: Implications for future policy. Doi: 10.1515/Pophzn-2016-0005.
- Inhorn, M. and Frank, V.B. (2002). *Infertility around the globe: New thinking on childlessness, gender, and reproductive technologies*, California: University of California Press.

- KhodaKarami, B., Masoumi,Z.,Shayan,A.,Ahmania, H.(2020).The effects of counseling on stress in infertile women admitted to an infertility centre in Hamadan city,Iran. Doi: 10.2174/2666082216999200905134548.
- Kakarla, N.and Bradshaw, K.D. (2018). Evaluation and management of the infertile couple. Doi:10.3843/GLOWM.10321.
- Mary, S.(2018). Causes and effects of childlessness among married people in Gom be Local Government, Gombe State Nigeria. An undergraduate project, Department of Sociology, Gombe State University.
- Rasak, B. and Oladipo, P.(2017). Childlessness and its socio- cultural implications on on married couples within some selected Yoruba communities in south western Nigeria. International Journal of Innovative Social Science and Humanities Research. Vol.5(1) 42-54.
- Rosanna, F.H., Ratchneewan,R.and John,L.G.(2018).Infertility, psychological distress, and copying strategies among women in Mali,West Africa: A mixed method study.Doi:10.29063/ajrh2018/v22i1.6.
- Obeisat, S., Gharaibeh, M.K., Oweis, A. and Gharaibeh, H. (2020). Adversities of being infertile: the experience of Jordanian women. Fertil Steril. 98(2):444-449. doi:10.1016/j.fertnstert.2012.04.036.
- Purewal S. and Vanden, A. O. (2017). The socio-cultural and biological meaning of parenthood. J Psychosom Obstet Gynaecol. 28(2):79-86. doi:10.1080/01674820701409918.
- Robertson, S., White, A. and Gough, B. (2017). Promoting mental health and Wellbeing with Men and Boys: What works? Report for the November Foundation. 2015. http://eprints.leedsbeckett.ac.uk/1508/1/Promoting_MentalHealth__Wellbeing_FIN_AL.pdf. Accessed 14 Jan 2017.
- Rouchou, B. (2017). Consequences of Infertility in Developing Countries. Perspectives Public Health. 2013;133:174-179. doi:10.1177/1757913912472415.
- Schmidt, L., Christensen, U. and Holstein, B.E. (2015). The Social Epidemiology of Coping with Infertility. Human Reproductive Health. 20(4):1044-52.
- Sundby J, Mboge R. and Sonko S. (2018). Infertility in the Gambia: frequency and health care seeking. Soc Sci Med 46(7):891-9. doi:10.1016/S0277-9536(97)00215-3.
- Tabong PT. and Adongo PB. (2021). Understanding the social meaning of infertility and childbearing: a qualitative study of the perception of childbearing and childlessness in Northern Ghana. PloS One. 8(1):e54429. doi:10.1371/journal.pone.0054429.
- Umeora O, Nzerem U. and Eze J. (2023). What drives grand multiparous women in rural Nigeria to seek treatment for infertility? Afr J Med Health Sci. 2013; 12(1):15

Van Balen, F. and Bos, H.M. (2016). The Social and Cultural Consequences of Being Childless in Poor-Resource Areas. *Facts Views Vis Obgyn*. 1(2):106-121.

Van Balen, F. and Gerrits, T. (2018). Quality of Infertility Care in Poor-Resource Areas and the Introduction of New Reproductive Technologies. *Human Reproduction*. 16:215–9.

Vayena, E., Peterson, H.B., Adamson, D. and Nygren, K.G. (2016). Assisted Reproductive Technologies in Developing Countries. *Fertile Sterility*. 92:413–6.

Webber, P. (2019). *Lasting love*. London Mercury Publishers Ltd.