

**The problem of infertility in high fertility populations: Meanings, consequences and coping mechanisms in two Nigerian communities**

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## **Abstract**

This paper examines local meanings of infertility as they are shaped by the larger social and cultural context; the impact of the prevalence of infertility on these meanings; and how the above affect community responses, life experiences and infertility treatment-seeking behaviors in two African communities. The interdisciplinary research was conducted among the Ijo and the Yakurr people of southern Nigeria. The methodology included a survey of approximately 100 infertile and a matching sample of 100 fertile women as well as in-depth ethnographic interviews with infertile and fertile women in two communities: Amakiri in Delta State and LoPON in Cross River.

The results from the in-depth interviews show that more stigma is attached to female infertility among the patrilineal Ijo in Amakiri than among the double unilineal Yakurr of LoPON. Childless women in Ijo society are not only disadvantaged economically but childlessness also prevents them from attaining full adult womanhood. The consequence is that they leave the community more often than other members. In LoPON there is also a strong preoccupation with fertility as a central fact of life. Infertile women, however, receive support from their matrikin as well as from voluntary associations that act as support groups. Findings from our survey data confirm that there are significant differences between the life experiences of infertile and fertile women and between the infertile women of the two communities.

The overall findings indicate that while there are variations in the extent to which infertility is considered problematic the necessity for a woman to have a child remains basic in sub-Saharan Africa. Motherhood continues to be a defining factor in an individual woman's treatment by others in the community, in her self-respect and in her understanding of what it means to be a woman.

## **Introduction**

After a long period of neglect, the problem of infertility around the globe and specifically in sub-Saharan Africa has finally gained the attention of demographers and anthropologists. There is an increasing awareness of infertility in Africa as a serious social and public health problem (cf. Feldman-Savelsberg 1999, Boerma and Mgalla 2001, Inhorn and van Balen 2002) and a growing body of literature that demonstrates the devastating affects of infertility, particularly for women. While the condition has been found to be stigmatizing across African cultures, this research neglects the variation in the extent to which infertility is considered problematic in various cultures and does not document the differences in its meaning and consequences. These differences may be due to a number of factors, including the level and the history of infertility in a particular location, the descent structure and the symbolic meaning attributed to infertility. Given this variability, there is a need to document local levels, trends and socio-demographic patterns of infertility and to understand its meanings and consequences for affected individuals in differing local fertility and infertility regimes.

In the present paper, we investigate local meanings of infertility as they are shaped by the larger social and cultural context; the impact of the prevalence of infertility on these meanings; and how the above influence community responses, life experiences and infertility treatment-seeking behaviors in two rural communities in southern Nigeria: Amakiri (a pseudonym) in Delta State, an Ijo community, and LoPON (a pseudonym) in Cross River State, a Yakurr community. The major difference between these localities is that descent in Amakiri is patrilineal, whereas in LoPON it is double unilineal. In addition,

high levels of infertility are historically documented in LoPON (Forde 1964, Obono 2001), whereas infertility levels in Amakiri are relatively low (Hollos and Larsen 1992).

The major hypothesis guiding the research is that infertility in LoPON has less serious consequences for women than in Amakiri due to the difference in the descent system and to the symbolic meaning of the infertile condition as it evolved historically.

## **Background**

### *Research on infertility in sub-Saharan Africa*

Our research builds on the foundation laid down by demographers and anthropologists who have shown the importance of the social and economic context in influencing local meanings of fertility and infertility. Much of this literature is situated in the broader anthropological discourse on reproduction (for example, Ginsburg and Rapp 1995). The research shows that regardless of the medical causes of infertility, in most cultures women suffer personal grief and frustration, social stigma, ostracism, and often serious economic deprivation. They receive the major blame for reproductive mishaps and in many places infertility is grounds for divorce, jeopardizing a woman's livelihood. For example, Feldman-Savelsberg (1999) reports that in Cameroon infertility is grounds for divorce among the Bangangte, causing a woman to lose her access to her husband's land. Infertile women are treated as outcasts and their bodies are buried in the outskirts of the town among the Ekiti Yoruba of Nigeria (Ademola 1982) and among the Aowin of Ghana (Ebin 1982). Among the Ewe and the Ashanti, a man or woman with no child is not considered fully adult and after death, and is not be buried with the full adult funerary ritual (Fortes 1978). In the Sudan (Boddy 1989) as well as in Egypt (Inhorn 1994),

children are a source of power for women vis-à-vis men and infertility threatens this. Similarly, fertility has been shown to be important in the progression of women through life stages and thus in the creation of their identity as mature persons. A childless woman among the Tswana in Botswana (Suggs 1993), for example, cannot attain full adult womanhood, which is predicated on having given birth.

Previous research on the factors associated with infertility by demographers shows an association between infertility and a number of socio-economic and behavioral factors (Larsen 1989, 1995, 2003; Ruthstein and Shah 2004). The research shows that Muslims tend to have higher infertility than Christians in Tanzania, while there is no association between religion and infertility in Kenya, and in Nigeria and Cameroon the association varies by region of residence. The level of schooling did not matter significantly in Nigeria, Cameroon, Kenya and the Sudan in the 1970s. In Nigeria, women with secondary and higher education had higher risk of infertility in the 1980s, and in Tanzania women with primary education had higher risks of secondary infertility in the 1990s. Women married more than once had consistently higher infertility compared to women married only once. In the 1980s women in polygamous unions had higher infertility than monogamously married women in Cameroon, while the opposite pattern held in Nigeria.

### *The situation in Nigeria*

Nigeria is located just outside of the central African infertility belt but recent evidence suggests that the country has high rates of infertility (Larsen 1995, Okonofua et al. 1997). According to the 1990 Nigeria DHS, about 4 percent of women over age 30

have never borne a child. By contrast, a survey of women of reproductive age in Ile-Ife revealed that up to 20 percent of women suffer from secondary infertility (Snow et al. 1995). Other community-based data suggest that up to 30 percent of couples in some parts of Nigeria have difficulties in achieving a desired conception after two years of marriage without the use of contraceptives (Adetoro and Ebomoyi 1991). Udjo (1987) reported that Nigerian infertility was highest among the Kanuri in the Bornu region in Northeast Nigeria. More recent evidence in the south indicates that infertility was persistent among the Yakurr (Obono 2001).

The variability of these rates within the same country suggests that the meaning of infertility may also be locally specific. It indicates a need to investigate the meanings and consequences of infertility for individuals living under differing fertility and infertility regimes.

## **Research settings and Methodology**

### Setting

The research was conducted in two communities in southern Nigeria, in Amakiri, an Ijo community in Delta State and in Lopon, a Yakurr community in Cross River.

### Amakiri

Amakiri is located on the western bank of the Forcados branch of the River Niger in the Niger Delta, Delta State. Its population is approximately 7,000; its seven villages or quarters form the central core of Kabowei clan. These quarters are patrilineal descent groups which are segments of the clan to which all of the Amakiri Ijo, as well as those

from the surrounding villages, belong. The town is predominantly occupied by the Ijo. Although there are sizable numbers of Isoko and Urhobo permanent residents, it is considered to be “owned” by Ijos. The town is an important regional marketing center and transportation junction. It is the seat of the local government council, of an Anglican diocese, the locus of a hospital and dispensary. It also has two primary schools and a secondary school for boys and girls. Its cosmopolitan features notwithstanding, in many respects Amakiri is a traditional community where social relations are based on kinship ties and where the economic base is still primarily horticulture and fishing.

The residents of Amakiri live patrilocally, that is, with or around the husband’s male relatives. Inheritance is patrilineal for all immovable property, including building plots within the quarters, rights to farmland and fishing sites. Other rights inherited patrilineally include membership in the family council, the right to serve the paternal ancestors and the responsibility to marry widows. Another manner of inheriting is through the mother. Children of the same mother share a common economic interest and constitute a sub-group among the patrilineally related siblings.

Marriage is frequently polygynous. Since it is the women who do the farming and provide for the everyday needs of the children, and since the amount of bride price is low, acquiring additional wives is not considered difficult or expensive. On the contrary, since children represent an additional source of labor, it is believed that having many wives and therefore many children is one way to achieve economic success. Divorce is relatively easy and frequent.

The economic base of Amakiri is horticulture, with a number of secondary occupations. The women who marry into the landowning patrilineages do the farming

Fishing is the other primary economic activity, and women also do it almost exclusively. Most of them, as a matter of course, are involved in marketing and trading. The few women who are not engaged in the primary occupations work as seamstresses, shopkeepers or schoolteachers. The men take up the majority of the secondary and tertiary occupations. These include two categories: the traditional labor-intensive 'informal' sector (shoemakers, barbers, tailors, shopkeepers) and the more newly emerged 'formal' sector (primarily consisting of salaried occupations, such as clerks and teachers. Because of the relatively low cash intakes by the men for its daily needs, the household is, to a large extent, dependent on the primary activities of the women. The labor contribution of children of all ages is considerable.

### Lopon

The area occupied by the Yakurr people lies in the geographical centre of Cross River State, about 140 kilometers northwest of Calabar. Lopon is the headquarters of the Yakurr Local Government Area (LGA) with a population of about 120,000. The town is a sprawling semi-urban settlement that is composed of five semi-autonomous divisions, which are the residential territories of patrilineal groups. Political organization within these areas follows patrilineal principles but, within the town as a whole, political authority resides with priests of fertility spirits representing 23 independent matrilineal groups. At the head of this theocratic council is the *Obol Lopon* who, as *primus inter pares*, has jurisdiction over the entire town.

Like other Yakurr, residents of Lopon are a double unilineal people. They reckon descent through the matrilineal line for some purposes (e.g. ritual observance, marriage



payments and the inheritance of transferable wealth) and patrilineally for others (e.g. the use of land and houses and the provision of cooperative labor). As a general rule, full siblings belong to the same patrilineage and matrilineage but, owing to the rules of exogamy, fathers belong to the same patrilineage but different matrilineage as their children, while mothers and their children belong to the same matrilineage but different patrilineages.

Marriage in Lapon is both monogamous and polygynous. Polygyny was historically linked the desire to produce numerous children. Children are the primary reason for marriage and are seen as sources of future wealth and economic security and, inherently, as wealth themselves. With rapid population growth, virilocal residence is becoming more frequent as newlyweds develop patrilineal land holdings for residential purposes in areas on the outskirts of the town.

Lapon emerged as an important bulk-breaking point in the trade in perishable cash crops like tomatoes and onions between northern and southern Nigeria. Locally, its location along the Calabar-Ikom trade route and the Ediba axis attracts a steady flow of migrants into the area but the culture of the town remains predominantly Yakurr. Its status as LGA headquarters creates avenues for employment for locals as well as for people from other Yakurr settlements. Agriculture remains the main economic activity of its inhabitants and access to land is still determined by rules of kinship. Farming is performed on the basis of a sexual division of labor in which men are responsible for bush clearing and burning, while women do the planting, weeding and harvesting. While there is a growing significance of trading and the civil service as economic occupations, most trading is done by women.

## *Methods*

The material presented in this paper is based on extensive ethnographic and demographic research in the two communities, spanning 15 years in Lopon (Obono) and 25 years in Amakiri (Hollos). In addition, between 2005 and 2007, focusing specifically on the problem of infertility we applied a combination of qualitative and quantitative methods. We conducted an enumeration of all households in all seven quarters of Amakiri and of selected clusters of Ikpakapit division of Lopon during the summer of 2005 and 2006, respectively. Seven of Ikpakapit's 14 clusters of residential units were randomly selected for enumeration. The enumeration consisted of a listing of all households and their adult members, including the household head, his co-resident brother(s), if any, and their current wives as well as the wives' fertility history, in order to identify infertile women. We considered a household to consist of those individuals who regularly sleep in the same compound structure. In Amakiri, a total of 966 households were registered, in Lopon 812. This enumeration was conducted to serve as a sampling frame for the surveys, having identified the infertile women. In order to have a sufficient number of cases and to capture age-related differences, we included women in two age groups, 20 to 49 and 49 and above. These groups then were further broken down into five-year age groups. This sample of infertile women was matched by age and ward residence with fertile women (women who have had a child within the last two years). We chose a nested case-control design to reduce the required sample size needed for the surveys.

In-depth interviews with a sub-sample of approximately 25 infertile and 25 fertile women were conducted in each community in the summer of 2005 and 2006. The ages of the women selected for the life history interviews ranged from 30s to 80s. The sample for the qualitative interviews was selected on the basis of the women's status at survey interview date as infertile or fertile. Infertility was measured by primary and secondary infertility. A woman was considered infertile if she did not have a child within a period of 24 months, she engaged in regular unprotected sexual intercourse, was not postpartum amenorrheic and she wanted to have a child. Of these, childlessness or primary infertility pertains to women who have never had a child and secondary infertility to parous women. A woman was considered fertile if she had a child within the last 24 months from interview date or she had been married for less than 24 months. For the qualitative interviews, women whose child may have died at birth and consequently had no living children were considered childless. In Amakiri, the women selected were residents of Ekise quarters, the site of previous ethnographic research. In Lophon, the women came from Ebgizum and Letekom sections of Ikpakapit. The fertile women were selected to match the infertile women by ward of residence and age.

The survey instrument, administered in 2007, was constructed on the basis of the information gained through in-depth life history interviews. In the surveys women were asked about their age, parity and how long they have been trying to have a child, and what treatment they sought when they experienced problems. They were also asked about their perceptions regarding the following: prevention of involuntary infertility, the main causes of involuntary infertility, available treatment options and their effectiveness and their coping strategies. We also collected a complete marriage history and a labor

migration history, along with information about contraceptive use, the value of children, socioeconomic characteristics, and circumcision (including the age at which cutting was performed). The women were asked about disadvantages of infertility in the community, including inability to participate in certain activities, lack of advancement in age-appropriate life stages, as well as of possible alternative activities, including voluntary associations.

## **Findings**

### *Qualitative findings: Ethnographic data and in-depth interviews*

The interviews were conducted as life-history interviews. The narrative form of life histories provided a framework that made it possible for the informants to discuss intimate problems and enabled us to retrieve information they possessed but may not have been able to articulate explicitly. These interviews illustrate how community views on infertility affect the lives of infertile women, how they shape their evaluations of self-worth and the strategies they adopt to remedy the situation. The wide age range of the women also reveals changes between the experiences of the older and the younger women (which will be noted more fully in a subsequent paper). The extensive ethnographic work that preceded these interviews served as a background to interpret and complete the information. Entries from field notes and from interview transcripts were analyzed with the help of grounded theory (Strauss and Corbin 1991). The texts were scrutinized for categories which were linked in the search for potential themes. The following are the areas that emerged as particularly salient in the lives of these women, clearly showing the differences between the two community contexts.

## Life stages

The Ijo recognize a number of named stages in the life cycle. These are not well defined age-grades in the sense conceived of in many other African cultures, where cohorts have specific functions. Rather, the Ijo label individuals as being capable of performing certain tasks appropriate for them and allow members access to certain behaviors assigned to the stage. While universal schooling introduced new age labels, dependent on the grade in school, the traditional life stages still form an important part of the ideology and age-appropriate behavior is still judged by their criteria.

For women, to attain the adult stage, known as *erera*, a number of steps had to be taken. Entry into the previous stage of *ereso*, around 14 years of age, coincides with first menstruation and defines the young woman as “nubile,” or ready for marriage.

The movement from *ereso* to *erera* was traditionally dependent on pregnancy, circumcision and the performance of a *seigbein*, a special dance during the town’s annual spring festival, and some of this sequence is still kept. Circumcision is done in the seventh month of pregnancy. The husband (or the boyfriend) is responsible for paying a fee to the midwife, for buying a number of specified presents for the young woman and for sponsoring a small celebration in her parents’ home. If she had previously moved away, she now returned for the operation and for the delivery her first child. In recent times more and more girls prefer to have their circumcision done prior to becoming pregnant and either pay for the operation themselves or ask their fathers to pay for it. Circumcision without pregnancy, however, does not satisfy the criteria for entering into

the stage of *erera*. Earlier, the process was completed by the performance of the *seigbein*, which had to be performed by every woman before she died, whether she has had a child or not. If she died without doing so, her daughter would dance in her place or the community's well-being was believed to be endangered. For an infertile woman this presented a serious problem since her husband would not sponsor her during her life, nor did she have a daughter who could perform the rite after her death. Recently, there has been a growing tendency toward delaying the *seigbein* because of the expenses associated with it. Consequently, virtually no young woman performs it after the birth of her first child and an increasing number simply refuse to do it since it is considered to be "un-Christian" by the revivalist churches which have mushroomed in the community during the last decade. Nevertheless, with or without the performance of the *seigbein*, circumcision and pregnancy are prerequisites for entry into *erera*, the stage of mature womanhood.

In Lupon, life stages exist but are not as discrete as they are among the Ijo. Membership is defined by age, although unexpectedly childish behavior by an adult member of society could attract his or her temporary (pejorative) description as a child (*wen-wen*). Gender terminological distinctions do not appear until adolescence. Adolescent girls are referred to as *ben-mono* (in singular form, *wen-mono*), while male adolescents are *ben-dom*. Corresponding gender distinctions are then maintained throughout the life course. Men and women are segregated as the norms defining social conduct and propriety crystallize. Among Lupon women, *sanen*, or adult woman status, is achieved more commonly through marriage, although an unmarried woman is still viewed as such if she is old enough to be considered so. Crucially, though, a married

female teenager has her status upgraded from *wen-mono* to *sanen* by fact of her marriage or childbirth even if this occurred outside of marriage. It is said of the latter girl that “she has grown old”. In this sense, childbearing outside marriage attracts subtle condemnation whereas entry into *sanen* through marriage is a form of promotion.

A childless married woman is still considered *sanen* but may be described derogatory as *odom* (a man) in reference to her inability to bear children. In other words, nominal womanhood appears to be achieved by age or marriage, but full *sanen* status by a combination of marriage and childbirth. While it is clear that a married or adult woman may not be referred to as *wen-mono*, the conditions of marriage and childbirth are required for full adult female status to be achieved.

### Marriage process

In Amakiri, marriage is a long and elaborate process and involves several steps over a period of time. It begins with libations presented by the groom’s male relatives to the bride’s family and continues with a number of cash payments and gifts to the bride and her parents. Traditionally, these payments and gifts were substantial and included items such as a canoe and a yam barn for the mother-in-law and help to the father-in-law with building a new house. More recently, the bridewealth has been set at fifty naira (about \$0.40 US), the major part of which is paid to the father of the bride. Smaller amounts are given to her mother and to the bride as consent fees. The significant expenses associated with marriage payments come at the time of first childbirth when the child’s father is required to present the mother with a number of specified gifts, and with the wife’s performance of the *seigbein*. Childless women whose husbands did not have to

make the birth payments and refused to pay for the dance are unable to attain full adulthood and not considered to be properly married. This reflects poorly not only on the woman but on her family as well.

In Lupon, marriage is a similarly complex process occurring between members of exogamous matrilineages. Traditionally, courtship could last up to two years, and bridewealth was divided into six components, each of which had to be paid before sexual relations could take place. The bride relocated to the groom's household only upon getting pregnant, and the marriage ceremony was performed during pregnancy. After circumcision and pregnancy, a woman's transition from childhood to adulthood was celebrated; she was incorporated into her husband's lineage gradually, and only completely left her parents' household well after the birth of her first child (Forde 1950). Behavior with respect to courtship and marriage has been changing in recent years; women today are less likely to be associated with many customary institutions including circumcision, not least because they perceive them as incompatible with Christianity.

Women who were unable to conceive children with their husbands are seen as anomalous, and many of our childless informants reported that husbands and in-laws insulted them as "men" once it became clear that they could not bear children. The community, however, reserved a particular ritual to help infertile women conceive and thus achieve full married status. While all new brides had to undergo a form of circumcision, a special form of circumcision known as *kekpolpam* was reserved for women who did not become pregnant, and included special prayers and sacrifices offered to chase away the wife's presumed infecundity. This practice is evidence of a more supportive social environment for infertile women in Lupon than that in Amakiri.



## Polygamy

Polygamous marriages were frequent in Amakiri in previous generations and a number of households still exhibit this pattern. The number of wives in the polygynous unions range from two to six, with two wives being by far the most usual number. Having plural wives does not represent a particularly heavy expense for men, since bridewealth payments are relatively low and since it is the women who do most of farming as well as trading and provide for the needs of their own children. On the contrary, it is believed that having many wives, and therefore many children, is one way for a man to achieve both social and economic success. Co-wives in polygamous unions compete against one another in producing children, particularly sons, who represent shares in the family estate. An infertile woman in this context finds herself at a serious disadvantage not only with her husband but also vis-à-vis her co-wives who frequently taunt and disrespect her and can make her life very unpleasant. Thus, infertile women most frequently leave these unions and either migrate out of the community or return to their natal compounds. If a woman is the first wife and finds herself infertile—which eventually results in the husband taking a second wife—she will invariably leave the marriage. This may account for fewer polygamous marriages in the current generation and for the fact that none of the childless women in our interview sample were at the time of the interview married polygamously.

In Lopon, anthropologists have long observed a high incidence of polygyny and there has been no formal limit on the number of wives a Yakurr man may take. Most of the women we interviewed in Lopon grew up in polygynous households. Incentives to

take additional wives included the need for farming labor and the desire to expand one's prestige within the lineage through increased fertility. These have been offset in recent years by the rising cost associated with larger households, but polygamy remains common especially for older, established males. While it is not difficult for Yakurr wives to leave their husbands, a wife who proves to be infertile often remains married to her husband even after he takes another wife possibly because these women do not seem to be ostracized by their in-laws or co-wives.

### Divorce

In the patrilineal society of Amakiri, where the major purpose of marriage is the replenishment of the lineage, divorce is among the most prominent consequences of infertility. If a woman does not give birth or bear enough children, divorce inevitably follows even if her husband "loves" her. All the women in the interview sample were married at least twice. Divorce was either initiated by the man or the woman, but most frequently by the woman for two reasons: one, because she found her marginalized position in the household unacceptable and two, because she hoped that she may get pregnant by a new partner. Thus, the life course of an infertile woman is characterized by multiple marriages or by multiple partners and often risky sexual behaviors.

Divorce is similarly frequent in Lophon, and has been at least since the first half of the twentieth century (Forde 1951). Both husbands and wives could initiate divorce. As noted above, neither infertility nor her husband's taking another wife automatically results in a woman's divorce. It remains true, however, that infertile women are more likely than fertile women in Lophon to be divorced from their first husbands, and in these

cases divorce usually occurs at the husband's request. Divorced women tend to return to their paternal households until such time as they remarry.

### Associations

In Amakiri, there are a number of women's associations, on the town, quarter and family level. The members in the town and the quarter associations are women who entered the life stage of *erera* and *okosiotu*. The latter are women over the age of 70; they serve as spiritual leaders whereas the *erera* do the work. This includes organizing a harvest festival, sponsoring the town cleansing festival, dancing and cooking for burials and occasionally mediating disputes between local women. They allow infertile women to participate only under special circumstances, such as successful business women, but have no support functions regarding infertile women, whom they ignore for the most part.

The family meetings are held for all members of the extended family with a depth of several generations. Sons and daughters of the family can attend whether they live in Amakiri or elsewhere. The issues the meetings handle include land disputes with neighbors, the granting of building sites in the common family land and the burial of members. While the local infertile women are eligible to attend, they rarely do so and claim that they are not regarded as equal members. Rather, they are considered to be a burden on the family which will have to pay for their burials.

Formal associations are an extremely important part of the social landscape for Lupon women today. In the past, these were composed of customary groups such as age grades and initiatory societies with highly ritualized functions, but most contemporary associations are of a voluntary nature. They include rotating savings associations, co-ops

and church-based groups as well as “cultural associations” such as dance troupes which perform for ceremonial occasions. Some groups are open only to women of a certain age, while others are open to women of all ages. One customary association of particular note is the *kekonakona* society, which is for infertile women from specific matrilineal clans and which has played an active role in community festivals and other rituals. While the explicit mission of *kekonakona* is to help its members conceive through supernatural means, it also acts as a support group for infertile women and provides them an avenue for participation in community life. They have benefited from a highly visible presence at town rituals and festivals, including the annual *leboku* (first fruits) festival during which members receive a blessing from the town’s paramount chief. Today the *kekonakona* has all but died out: its two surviving members are both very elderly, while younger women we interviewed saw the group as at best a quaint reminder of bygone tradition, and at worst as an abomination against their Christian faith. Its existence, however, symbolizes the fact that infertility is publicly acknowledged as a condition that needs support and help.

Other groups also enable childless women in Lopon to take part in the life of the town, and perhaps because of these groups informants generally believed that even a woman with no children could be “an important member of the community.” While there are some mothers’ associations in Lopon for which fertility determines eligibility, other groups including cultural, church, and credit associations do not bar childless or infertile women from their ranks and can serve as an important outlet for infertile women with special abilities, such as singing or dancing..

## Migration

In Amakiri, a frequent consequence of infertility and subsequent divorce is out-migration from the community, usually in search of a cure or because the woman finds her position in the confines of a relatively small place to be unbearable. Because of this tendency to migrate, it is likely that many of the younger infertile women are absent from the community, and it is from the stories of the older infertile women who have returned toward the end of their lives that these life paths are revealed. It appears that much of the lives of infertile women is taken up by migration from one place to another, from smaller towns to increasingly larger ones. Most of the Amakiri women migrate as petty traders and eke out a marginal living. Some of them, however, became successful regional traders and managed to amass considerable wealth. Often much of this wealth, however, is spent on trying to find a cure for their condition and thus when they return to the community, they are usually penniless.

By contrast, women in Lopon are considerably less likely to leave their home town even in the event of childlessness and divorce. While women may go elsewhere for schooling or to accompany their husbands (particularly when the latter are in the army or national police force), none of the women we interviewed described having left Lopon on their own, whether for trade, medical treatment, or any other reason. After divorce, infertile women usually live in their fathers' household, even if their fathers had passed away.

## Old age and death

Eventually, most migrant women from Amakiri return to the home community in their old age. For the infertile women, where to live in their later years was among their major concerns. Not having a son means not having a rightful place as an older person in this society. A wife has no residence rights in her husband's place after his death except through her son. Although, presumably, daughters of a family are welcomed back to their paternal compound where they have a right to be, in practice this is usually a difficult situation for them. There they live in a marginal situation, often only tolerated and sometimes maltreated by their brothers and brothers' wives. In several cases, there is a striking discrepancy between the economic level of the infertile woman and the rest of her extended family members. The women also feel that they have no respect from their wider kin and that nobody would care for them.

The problem also extends to their burial after death which usually takes place in their paternal compound and which, in the case of individuals with many children, are elaborate feasts. In earlier days, infertile women could not be buried in the town land, since there was a belief that this would harm the fertility of the land, and they were consequently disposed of in the forest. This is no longer the case, but the burial of infertile women remains a problem since the expenses for this are usually borne by the women's sons. Their funeral costs are consequently paid for by their paternal kin, resulting in very small scale and quiet burial rites.

Elderly women in LoPON are also reliant on support from kin, particularly their children. Childless women are therefore in an especially precarious position. While informants almost universally stated that divorced, childless women return to their

fathers' households to live, many also emphasized that such women may seek assistance from maternal relatives, i.e. members of their matrilineage. In this way the Yakurr double-unilineal system affords multiple options to vulnerable women. Moreover, unlike in Amakiri, there are and have been no restrictions in Lapon on where a childless or infertile woman may be buried.

### Searching for remedy

It appears from the life histories of infertile women in Amakiri that much of their lives is geared toward the objective of having children. Women with primary and secondary infertility lead complicated lives in which their inability to have (enough) children forces them to switch directions many times. In addition to divorce, remarriage and migration, these women incessantly seek remedies for their condition. Most of them begin locally, with a therapist who promises conception by massaging the uterus. Many of these therapists also prescribe herbal remedies. Other herbalists do this without the massage therapy. The older women (those in their 80s and 90s) used to sacrifice to a deity across the Niger called *Benekurukuru* who is supposed to be the patron of infertile women. When the local attempts fail, the majority of the women look for medical practitioners, starting at the local hospital, then moving to health centers in the neighboring town of Ughelli and eventually to Warri and even Benin and Lagos. The wealthier women have subjected themselves to D & C's and tubal X-rays. The less affluent have been taking medications that promote ovulation. As all of these are costly remedies, much of the resources that infertile women manage to accumulate through trading or other work are spent on them.

Many of the women also consider the newly popular revivalist churches to be a source of help. The pastors of these churches seem to be more sympathetic to the plight of infertile women than those of the traditional Anglican and Catholic churches. A number of interviewees said they joined these churches because the pastors convinced them that their prayers would be instrumental in making them pregnant.

Infertile women in Lopon also resort to local healers as well as to modern biomedicine in their efforts to conceive children. Each matriclan has a shrine and an associated priest, and in the past women having trouble conceiving made sacrifices at their matriclan shrine and sought the intervention of their priests. Today, however, very few informants report consulting matriclan priests, with most instead preferring biomedical treatment, local healers and herbalists, or some combination of these. In interviews, women often expressed frustration with conflicting medical diagnoses and with treatments that were expensive but ineffective. Many of these women placed their hopes in the power of prayer, and said that fertility is a matter only for God to decide—one that is completely beyond human control. In this community, the Catholic Church remains by far the most popular for infertile and fertile women alike, but revivalist churches have been growing in recent years and their leaders have staked out hostile positions toward certain Yakurr customs. These churches instill the notion that only through Christian spiritual development—“seeking the face of God,” as many informants put it—can a woman’s problems be solved. While these women may pursue various options, then, their search does not appear desperate and they certainly do not spend their last naira searching for a remedy.



### *Survey findings*

Levels of infertility in the survey data were estimated from questions about ‘how long a woman has tried to have a child’ and date of last birth in the household enumeration, or time since marriage for childless women, as well as questions as to whether the women ever experienced difficulty in conceiving children.

Rates of infertility could not be calculated on the basis of the household enumeration: the rates were vastly inflated in many cases by fertile women registering as infertile, once the interest in infertility on the part of the research team became public and women thought that infertile status would result in financial advantage. Historically, as documented by Forde (1951) and Obono (2000), infertility rates were relatively high in Lophon, compared to those in Amakiri (Hollos and Larsen 1992). Since the household enumeration conducted in the previous year turned out to be unreliable, it could not be used as a sampling frame.

The final sample for the surveys was selected by snowball sampling. We believe that in Amakiri, the sample of 107 women represents the universe of infertile women. In Lophon, the sample of 120 almost certainly represents an incomplete selection of infertile women in the two selected clusters of Ikpakapit. The fertile sample was selected by matching the infertile sample by residence and by five-year age groups. Table 1 (Panels A through D) displays various characteristics of the sample for both communities, including age distribution, education and current occupation.

**[TABLE 1 ABOUT HERE]**

In order to examine the differences in the life experiences of infertile and fertile women in both communities, we performed a number of cross-tabulations which we then tested for significance. As described below, the data highlight a number of differences between the lives of fertile and infertile women and reveal important distinctions between the two communities.

#### Marriage, divorce, polygyny, and child fostering

Infertile women in Amakiri are more likely than women in all other categories to have been married at least twice (Panel E). 45 percent of infertile women in Amakiri reported having been married two or more times, compared to 35 percent of infertile Loapon women, 20 percent of fertile Amakiri women, and just 11 percent of Loapon fertile women. Marriages of infertile Amakiri women are also much more likely to end in separation than those of women in any other category: 33 percent of infertile Amakiri women had separated from their first husbands, compared to 17 percent of infertile Loapon women, 16 percent of fertile Amakiri women, and 3 percent of fertile Loapon women.

In Loapon and Amakiri alike, having an infertile wife makes a man significantly more likely to take a second wife (Panel F). This trend is especially pronounced in Loapon, where 48 percent of infertile women reported that their husbands had taken another wife subsequent to their own marriage (compared to 13 percent of fertile Loapon women). In Amakiri, the difference is not as great, in part because levels of polygyny appear to be relatively high even for the husbands of fertile women. 42 percent of

infertile Amakiri women reported that their husbands had later taken another wife, as against 31 percent of fertile Amakiri women.

While it may seem predictable that infertile women in each community would be much more likely than fertile women to take in foster children, we observed only a slight difference between fertile and infertile women in this regard (Panel G). Amakiri women were somewhat more likely to foster in children than Loapon women, however.

### Lineage system

Our survey instrument included a number of questions intended to uncover differences between the two communities in the ways women related to their kinship groups.

#### **(TABLE 2 ABOUT HERE)**

Differences were greatest when comparing the infertile women of both towns. Responding to the question “Whom do you feel closest to in your family?” (Panel A), Loapon infertile women reported feeling closest to mother (29 percent) and sister (21 percent), while Amakiri infertile women reported feeling closest to mother (23 percent) and brother (21 percent).

Responding to the question “If you had economic problems, whom would you approach for help?” (Panel B), infertile Loapon women chose their sister with about the same frequency (17 percent) as their brother (18 percent). Infertile Amakiri women, however, were twice as likely to choose their brother (22 percent) as their sister (11 percent).

Given the question “Who in your family would be most likely to ask you for help?” (Panel C), the most common choice for infertile Lopon women was sister (26 percent), while infertile Amakiri women were most likely to choose their mother (20 percent).

With respect to the question “Who will take care of your burial?” (Panel D), a clear preference for maternal kin emerges among Lopon women with primary infertility (32 percent). Amakiri women with primary infertility, on the other hand, overwhelmingly responded that paternal kin would take care of their burial (62 percent).

We also asked women having taken in foster children who the parents of those children were (Panel E). Lopon women were more than twice as likely to take in sisters’ children as brothers’ children (34 percent compared to 16 percent), while Amakiri women took in brothers’ and sisters’ children with roughly equal frequency (22 and 23 percent). We also observe that maternal kin are slightly more likely to be the birth parents in Lopon (10 percent) than in Amakiri (7 percent), but paternal kin are slightly more likely to be the birth parents in Amakiri (7 percent) than Lopon (4 percent).

### Seeking remedy

Treatment-seeking behaviors differed noticeably between the two communities. In Amakiri, women with secondary infertility are more likely to seek treatment than their counterparts in Lopon (Panel A).

### **(TABLE 3 ABOUT HERE)**

47 percent of Amakiri women with secondary infertility reported having sought treatment, whether on their own (28 percent) or together with their husbands or partners

(19 percent). By comparison, just 26 percent of Lopon women with secondary infertility had sought treatment, including 14 percent on their own and 8 percent with husbands or partners. Treatment-seeking behaviors were more similar for women with primary infertility in both communities.

When we sort respondents into age groups, we find that Amakiri women in two of the three age groups are also more likely than their Lopon counterparts to have sought treatment (Panel B). 32 percent of infertile Amakiri women aged 25 to 34 had sought treatment, compared to 22 percent of infertile Lopon women. For infertile women aged 50 and above, the community effect is especially striking: 26 percent in Amakiri had sought treatment, but only 4 percent in Lopon.

## **Discussion**

The major hypothesis guiding this research was that infertility, while clearly a problem, would have less serious consequences for women in Lopon than in Amakiri, due to differences in the lineage structure and in the infertility rates, leading to historically different treatment of the condition in the two communities. This hypothesis was confirmed by both qualitative and survey findings.

Although unfortunately we could not reconfirm the current rates of infertility for either community, previous findings (Forde 1964, Obono 2004) show that infertility in Lopon was consistently high when compared to Amakiri (Holloos and Larsen 1992). We found no evidence that would contradict this finding.

The differential effects of the lineage system and of the two communities' attitudes toward infertility are seen both in the interview data and in the survey findings.

From ethnographic findings and interview data we found a number of significant differences in the lives of the infertile women in the two communities. These included the succession to an adult life stage, completion of the marriage process, divorce, out migration and membership in associations, in all of which Amakiri women were found to be more disadvantaged than women in Lopon. The full burden of these was primarily borne by childless women and particularly by those who had never delivered a child. However, women who by our survey criteria would be considered as “secondary infertile” but had not had a live child or only had a single girl child were also found to share many of the disadvantages of the childless women. While these women’s succession to an adult life stage was assured, their marriages often ended in divorce, their membership in associations was problematic and they suffered deprivation in their old age.

The survey data further demonstrated the differential effects of the lineage system by showing that Lopon women were more likely to rely on matrikin than were Amakiri women, for assistance, for foster children and for burial. The survey data also confirmed the findings of our in-depth interviews regarding the effects of infertility on remarriage, divorce, polygyny, fostering and treatment seeking behaviors. In all these areas, Amakiri women were again found to be more disadvantaged than their Lopon counterparts.

While we cannot test the chain of causality that may have led to these differences in the two communities’ conceptualization and treatment of infertility, we can speculate that they emerged in response to historically differential infertility rates. This, in combination with the matrilineal emphasis in Lopon, may have brought about the current attitudes and practices regarding the condition.

Overall, these findings confirm that infertility is a major life-altering problem in sub-Saharan Africa. However, community mechanisms and different family structures can go a long way toward mitigating its effects. While infertile women in Lupon also suffered the consequences of their condition, in them we did not observe the desperation exhibited by the Amakiri women. As a consequence, we found Amakiri women to be more agentive in attempting to remedy their situation, pursuing a number of strategies to cope with the problem. These included frequently switching partners, migrating, fostering children and seeking traditional and biomedical remedies. Some of them have been quite successful in overcoming the difficulties associated with their infertility and in developing alternative life paths. Nevertheless, all these women claimed that they would gladly give up whatever success they may have achieved or worldly goods accumulated to have a child. The same could be said of the infertile women in Lupon who, despite the more welcoming community and family context in which they find themselves, find that their lives without children are less meaningful. Fostering in children was found to be no substitute for having a child in either community, either in terms of emotional satisfaction or care-giving in later life, as much as they were considered useful in the short term by providing labor.

In closing, the findings indicate that regardless of the variations in the meaning and treatment of infertility in a particular location, the necessity for a woman to have a child remains basic in sub-Saharan Africa. The achievement of motherhood represents a milestone for women as it confers on them an adult identity and represents normative fulfillment of what is considered to be female destiny.

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**Table 1: Sample characteristics**

	Lopon (fertile)		Lopon (infertile)		Amakiri (fertile)		Amakiri (infertile)	
<b>A: AGE DISTRIBUTION</b>	<b>n</b>	<b>%</b>	<b>n</b>	<b>%</b>	<b>n</b>	<b>%</b>	<b>n</b>	<b>%</b>
25-34	34	28	34	28	23	21	23	21
35-49	39	33	39	33	52	49	52	49
50 and older	47	39	47	39	32	30	32	30
<b>B: CHILDREN EVER BORN</b>	<b>n</b>	<b>%</b>	<b>n</b>	<b>%</b>	<b>n</b>	<b>%</b>	<b>n</b>	<b>%</b>
None	2	2	58	48	0	0	27	26
One	7	6	30	25	3	3	26	25
Two to three	23	19	24	20	12	11	34	32
Four or more	88	73	8	7	92	86	18	17
<b>C: EDUCATION</b>	<b>n</b>	<b>%</b>	<b>n</b>	<b>%</b>	<b>n</b>	<b>%</b>	<b>n</b>	<b>%</b>
None	28	23	30	25	27	26	17	18
1-6 years	29	24	25	21	27	26	31	32
7-12 years	38	32	28	23	28	27	25	26
More than 12 years	25	21	37	31	21	21	24	25
<b>D: CURRENT OCCUPATION</b>	<b>n</b>	<b>%</b>	<b>n</b>	<b>%</b>	<b>n</b>	<b>%</b>	<b>n</b>	<b>%</b>
Trading	32	29	23	20	51	53	40	42
Farming	54	50	49	43	22	23	25	27
Teaching	13	12	16	14	5	5	8	9
Nursing	3	3	3	3	1	1	0	0
Office work	1	1	15	13	14	14	16	17
Other	6	5	9	7	4	4	4	4
<b>E: NUMBER OF TIMES MARRIED</b>	<b>n</b>	<b>%</b>	<b>n</b>	<b>%</b>	<b>n</b>	<b>%</b>	<b>n</b>	<b>%</b>
Still in 1st marriage	100	83	58	49	69	67	41	40
1st marriage ended, hasn't remarried	7	6	20	17	14	14	16	16
Twice	11	9	27	23	17	17	42	41
3 or more	2	2	14	12	3	3	4	4
<b>F: MARRIAGE TYPE</b>	<b>n</b>	<b>%</b>	<b>n</b>	<b>%</b>	<b>n</b>	<b>%</b>	<b>n</b>	<b>%</b>
Husband later took another wife	16	13	57	48	33	31	45	42
<b>G: FOSTERING</b>	<b>n</b>	<b>%</b>	<b>n</b>	<b>%</b>	<b>n</b>	<b>%</b>	<b>n</b>	<b>%</b>

Has taken in foster children	58	49	66	55	63	60	69	66
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**Table 2: Community and kin relations**

	Lopon (fertile)		Lopon (infertile)		Amakiri (fertile)		Amakiri (infertile)	
<b>A. WHOM DO YOU FEEL CLOSEST TO?</b>								
	<b>n</b>	<b>%</b>	<b>n</b>	<b>%</b>	<b>n</b>	<b>%</b>	<b>n</b>	<b>%</b>
MOTHER	14	14	32	29	21	20	23	22
FATHER	9	9	5	4	4	4	5	5
SISTER	7	7	24	21	11	11	16	16
BROTHER	5	5	18	16	10	10	21	20
SON	22	23	15	13	16	15	19	19
DAUGHTER	19	20	8	7	21	20	8	8
OTHER	21	22	10	9	21	20	10	10
<b>B. WHOM WOULD YOU ASK FOR HELP?</b>								
	<b>n</b>	<b>%</b>	<b>n</b>	<b>%</b>	<b>n</b>	<b>%</b>	<b>n</b>	<b>%</b>
MOTHER	19	18	21	19	13	13	15	15
FATHER	11	10	10	9	9	9	9	9
SISTER	7	7	19	17	3	3	11	11
BROTHER	9	9	20	18	18	17	22	22
SON	15	15	11	10	14	13	9	9
DAUGHTER	8	8	1	1	10	10	4	4
OTHER	36	36	30	27	36	35	30	30
<b>C. WHO WOULD ASK YOU FOR HELP?</b>								
	<b>n</b>	<b>%</b>	<b>n</b>	<b>%</b>	<b>n</b>	<b>%</b>	<b>n</b>	<b>%</b>
MOTHER	19	19	20	18	13	13	20	20
FATHER	1	1	5	5	0	0	2	2
SISTER	28	27	29	26	13	13	19	19
BROTHER	11	11	24	22	13	13	13	13
SON	11	11	9	8	16	16	18	18
DAUGHTER	22	22	12	11	22	22	12	12
OTHER	10	10	11	10	21	21	17	17

**Table 2 Community and kin relations (continued)**

<b>D. WHO WOULD TAKE CARE OF YOUR BURIAL?</b>	<b>n</b>	<b>%</b>	<b>n</b>	<b>%</b>	<b>n</b>	<b>%</b>	<b>n</b>	<b>%</b>
SONS	100	83	28	23	90	84	40	37
DAUGHTERS	66	55	12	10	62	58	19	18
FOSTER CHILDREN	0	0	0	0	0	0	2	2
BROTHER'S CHILDREN	7	6	23	19	0	0	5	5
SISTER'S CHILDREN	8	7	21	18	0	0	0	0
OTHER MATERNAL KIN	54	45	56	47	0	0	5	5
OTHER PATERNAL KIN	41	34	47	28	18	17	33	31
NON-RELATIVE	3	3	6	5	0	0	0	0
OTHER	6	5	8	7	7	7	5	5
<b>E. WHOSE CHILDREN DID YOU FOSTER?</b>	<b>n</b>	<b>%</b>	<b>n</b>	<b>%</b>	<b>n</b>	<b>%</b>	<b>n</b>	<b>%</b>
SISTER	28	48	33	50	22	35	23	33
BROTHER	16	28	13	2	21	33	22	32
PATERNAL KIN	4	7	4	6	7	11	7	10
MATERNAL KIN	9	16	9	14	5	8	8	12
HUSBAND'S KIN	20	34	13	20	16	25	17	25
HUSB. W/OTHER WOMAN	8	14	9	14	17	27	18	26
NON-RELATIVE	5	9	5	8	1	2	7	10
OTHER	1	2	1	2	2	3	4	6

**Table 3: Treatment seeking**

	Lopon (primary infertile)		Lopon (secondary infertile)		Amakiri (primary infertile)		Amakiri (secondary infertile)					
	n	%	n	%	n	%	n	%				
<b>A. Has sought medical help for infertility (sorted by infertility status)</b>												
No	40	56	35	70	12	24	33	47				
Yes, w/partner	12	17	4	8	5	10	13	19				
Yes (self only)	17	24	7	14	11	22	20	28				
Yes (partner only)	2	3	4	8	2	4	4	6				
<b>B. Has sought medical help for infertility (sorted by age group)</b>												
	Lopon 25-34		Lopon 35-49		Lopon 50+		Amakiri 25-34		Amakiri 35-49		Amakiri 50+	
	n	%	n	%	n	%	n	%	n	%	n	%
No	19	59%	18	46%	37	82%	10	45%	20	43%	15	48%
Yes, w/partner	6	19%	5	13%	5	11%	3	14%	9	19%	6	19%
Yes (self only)	7	22%	15	38%	2	4%	7	32%	16	34%	8	26%
Yes (partner only)	0	0%	1	3%	1	2%	2	9%	2	4%	2	6%