

Sexuality and Infertility in Africa

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Abstract: Infertility, one of the reproductive health problems of family, is the inability of a man to impregnate or the inability of a woman to conceive and carry a pregnancy to term. The etiology is mostly linked with women in most traditional African societies but in biomedical sciences have discovered that men also contribute to the rate of infertility. The study explores relevant data to unearth various socio-cultural issues in relation to infertility in Nigeria. Findings show that cultural practices often mix infertility with sexuality. Couples who have failed to impregnate or conceive have been found to exhibit various physco-sexual disorders, which affect their self worth and self esteem. A man feels excessive pressure to perform which affects his ejaculatory ability. The need for infertile couples to move beyond the mind-set that all erotic and intimate activity must inevitably lead to penetrative sex, which is associated with reproduction, is recommended to manage the social and psychological impact of infertility.

Key words: Sexuality, infertility, reproductive, biomedical sciences

INTRODUCTION

In the African context, having a child is very important in order to ensure continuity. Thus, sexuality, fertility and reproduction are surrounded by complex rituals, norms and beliefs. Certainly, fertility is important to all societies and it is one very basic expression of sexuality. The inability to have children has traditionally been a source of pain, anxiety and shame especially in a patriarchal society such as we have in most parts of Africa. Sexual intercourse can be a wonderfully exciting and fulfilling aspect of sexuality. However, when coping with infertility and trying to bear a child, intercourse frequently becomes associated with obligation, work and failure. When childlessness is the expected and inevitable outcome of all sexual encounters, it now becomes oppressive, unsatisfying and something to be avoided.

The focus here will not be on the problematic nature of infertility, which tends to focus on sexuality only in relation to disease, stigma and violence; on the risks and dangers rather than the pleasures. The emphasis on the negative aspects of sexuality reinforce the stereotypes and fears around it that prevent infertile couples from having pleasurable and fulfilling sexual experiences.

MATERIALS AND METHODS

According to the working definitions of sexual health provided by the World Health Organization website, sexuality is a central aspect of being human throughout life and encompasses sex, gender identities and roles,

sexual orientation, eroticism, pleasure, intimacy and reproduction. Sexuality is experienced and expressed in thoughts, fantasies, desires, beliefs, attitudes, values, behaviors, practices, roles and relationships. Sexuality is influenced by the interaction of biological, psychological, social, economic, political, cultural, ethical, legal, historical, religious and spiritual factors. While sexuality can include all of these dimensions, not all of them are always experienced or expressed (WHO, 1987a).

Infertility is a disease of the reproductive system and it is defined as a man's inability to impregnate a woman or a woman's inability to conceive and bear a living child (WHO, 1987b).

Given these two definitions, it is clearly evident that the basic requirement for conception and reproduction is sexual intercourse. Sexual intercourse is any activity that one engages in for erotic pleasure or reproduction. It includes but is not limited to, vaginal intercourse, manual manipulation of the anus or genitals and mutual masturbation. Reproduction is the whole process involved in making a baby, which begins with vaginal intercourse and includes the entire period of pregnancy, as well as the child rearing period after birth.

SEXUALITY AND INFERTILITY

The relationship between sexuality and infertility can be assessed from either the causative aspect (where sexual dysfunctions are contributory factors to infertility) or the reactive aspect (where the diagnosis, investigation and management of infertility

can interact with a couple's or individual's sexuality and sexual expression). All these inevitably affect the sexual self worth of individuals, their sexual desires and the satisfaction they get from being intimate with their partners.

There are many reasons why a diagnosis, investigation and treatment of infertility can have a negative impact on a couples' sex life. The most common and obvious problem when couples are trying to conceive is that the purpose and goal of sexual intimacy changes from pleasure to reproduction. A man feels excessive pressure to perform, which affects his erectility or ejaculatory ability. The man and the woman can develop arousal difficulties because of the associated anxiety and stress of the need to perform. In addition, some partners may feel their masculinity or femininity compromised by being wanted only when conception is thought to be more likely to occur. For some men, one or two failures during intercourse may precede a vicious cycle of fear of failure, with anxiety leading to further failure. Failure to impregnate or conceive certainly destroys the self-esteem of many men. These failures all conspire to alienate the couple from the recreational aspects of sexual expression and focus them, sometimes obsessively, on the procreative aspect of sexual intercourse.

SEPARATING REPRODUCTION FROM SEXUALITY

Intercourse is great for reproduction but it can acquire other functions other than reproduction. Human beings are known to have non-reproduction-focused sex, apparently for the sake of pleasure. They engage in sexual relations even when the female is not at a point in her reproductive cycle suitable for successful impregnation. The uses of sex has evolved beyond reproduction to serve additional social functions. It is for companionship, giving and receiving pleasure and sometimes used for commercial or transactional purposes.

In my opinion, it will be useful and helpful if couples that are infertile can move beyond the mind-set that all erotic and intimate activity must inevitably lead to intercourse or penetrative sex, which invariably is associated with reproduction. There is an enormous range of pleasurable, intimate, sensual and other erotic activities that couples can enjoy other than intercourse. Activities such as kissing, caressing, massaging, fondling, holding,

licking, sucking, tasting, watching and reading are all often satisfying and enjoyable whether or not they end up with one or both partners being penetrated or having orgasm.

It would be useful for couples to talk to a counselor who can help separate sex from reproduction so that the feelings of frustration, anger and hopelessness, which affect their sexuality throughout the course of investigation and treatment, can be ventilated. This will to a large extent restore a sense of personal worth.

REPRODUCTIVE TECHNOLOGY

Human reproduction has enjoyed more and more technology support. It is interesting to note that, the more reproductive technology develops, the more room there is for reproductive equality between infertile and fertile couples. In the past, because reproduction could only take place inside a woman's body, her physical integrity is implicated. Now, reproduction can take place outside the woman's body through what is called Assisted Reproductive Technology (ART). Though, Okonofua (2004) opined that ARTs in much of the sub-Saharan Africa countries are inappropriate in the management of infertility because of the lack of material resources, in my opinion, ARTs should be subsidized in the same way contraceptives are.

CONCLUSION

One of the many myths surrounding infertility is that it is a negative reflection upon sexuality. However, in my opinion the two are completely unrelated. A person who is infertile can still enjoy a completely fulfilling and pleasurable sex life.

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