

# Life Histories of Infertile Women in Ugep, Southern Nigeria

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## Abstract

This paper discusses the main qualitative results of an investigation into the meanings and consequences of infertility among the Yakurr of southern Nigeria, based on life histories of infertile women in Ugep, Cross River State. Five out of the six respondents were ever-married and four had been divorced at least once, on account of infertility. By examining biographical narratives of infertile women among the deeply pronatalist Yakurr, the paper brings a variety of local structural factors and ideologies to bear on the understanding of infertility in southern Nigeria. The narratives promote appreciation of the context-specific factors that shape the human experience of childlessness. The results indicate that this experience is molded by the moral order, which is moderated by human agency. They show that treatment seeking behaviour is inconstant and gendered, and a function of the prominent considerations of infertile women as they move through the life course. In discussing these and related subjects, the paper contributes to the renewed emphasis in social demography on the human and existential character of population events.

## Introduction

Until recently, the problem of African infertility did not receive much attention in the social sciences. Interest in the subject was eclipsed by a "global climate of concern over population growth and high fertility that is not conducive to the perception of infertility as a real problem" (Frank 1983:142). There were two reasons for this. First, the medicalization of infertility resulted in its basic treatment as an obstetric pathology (Greil, 2002). Second, within neo-Malthusian positivist discourse, infertility came across as an inverted blessing, and was always defined negatively (as the absence of fertility). It seldom stood on its own and was always bedimmed by demographic conventions which took antinatalism as a political and intellectual point of departure, a disciplinary *raison d'être*, instead of a contingent part of demographic inquiry.

This tendency has well-established sources. In the Davis-Blake intermediate variables framework (Davis and Blake, 1956) and the proximate determinants framework (Bongaarts, 1978), the conceptual subordination of infertility is evident. The latter framework identified sterility with seven other "biological and behavioral factors through which socio-economic, cultural and

environmental variables affect fertility” (Bongaarts, 1987: 105).. Infertility thus became a means of explaining fertility growth rates or decline, but was not perceived as a problem in its own right, despite the fact that it (infertility, not high fertility), is a more recognizable crisis in pronatalist societies (Inhorn and Van Balen, 2002). Indeed, in the orthodox religious systems of sub-Saharan Africa, high fertility is widely regarded as an ancestral blessing and evidence of divine favour (Ukaegbu, 1979; Isiugo-Abanihe, 1994). Within this region, therefore, infertility is a cosmic contradiction that poses severe constraints on the cultural realm.

The present paper discusses the main qualitative results of an investigation into the meanings and consequences of infertility among the double-unilineal Yakurr of southern Nigeria, based on life histories of infertile women in Ugep, Cross River State. The ethnographic and demographic research was conducted in June – September, 2002, with a repeat visit in June, 2003. It surveyed 1,669 persons in 325 households and produced an infertility rate of 8 percent among ever-married women. This high rate of infertility reflects the situation described by Daryll Forde’s report in the 1930s, in which “A sample of the marital histories of women in Umor<sup>[1]</sup> confirmed the high incidence of sterility, miscarriage, and neo-natal death...[and] deep and frequent anxiety concerning the hazards of pregnancy and childbirth existed among the Yakö<sup>[2]</sup>” (Forde, 1964: 274)..

The survey estimate of average household size (5.1) is comparable to the 4.8 obtained for households in the area by the National Population Commission (NPC) in 1990 in the demarcation of enumeration areas (EAs) for the 1991 census. Five out of the six life history respondents were ever-married and four had been divorced at least once, on account of infertility. Household headship is male-dominant (97.3 percent), and all female heads of household (2.7 percent) are aged over 60. Male household headship is higher than the national rural average (84.4 percent) or the South-South sub-national estimate (71.8 percent) obtained by the *Nigeria Demographic and Health Survey 2003* (Nigeria and ORC Macro, 2004: 13). This might indicate that, although household composition and household headship are evolving in Nigeria, their evolution is slower among the Yakurr, possibly owing to an insufficiently diversified economic base and strong patriarchal ideologies governing land tenure.

In examining infertility among Yakurr women from a biographical perspective, the paper brings a number of local structural factors and ideologies to bear on the social demographic understanding of infertility in southern Nigeria. The life histories promote better understandings of the context-specific factors that shape infertility, and foreground the lived-in environments, or milieus, in which the phenomenon is both situated and experienced.

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<sup>1</sup> “Umor” is the indigenous name for Ugep, or what the people call their town.

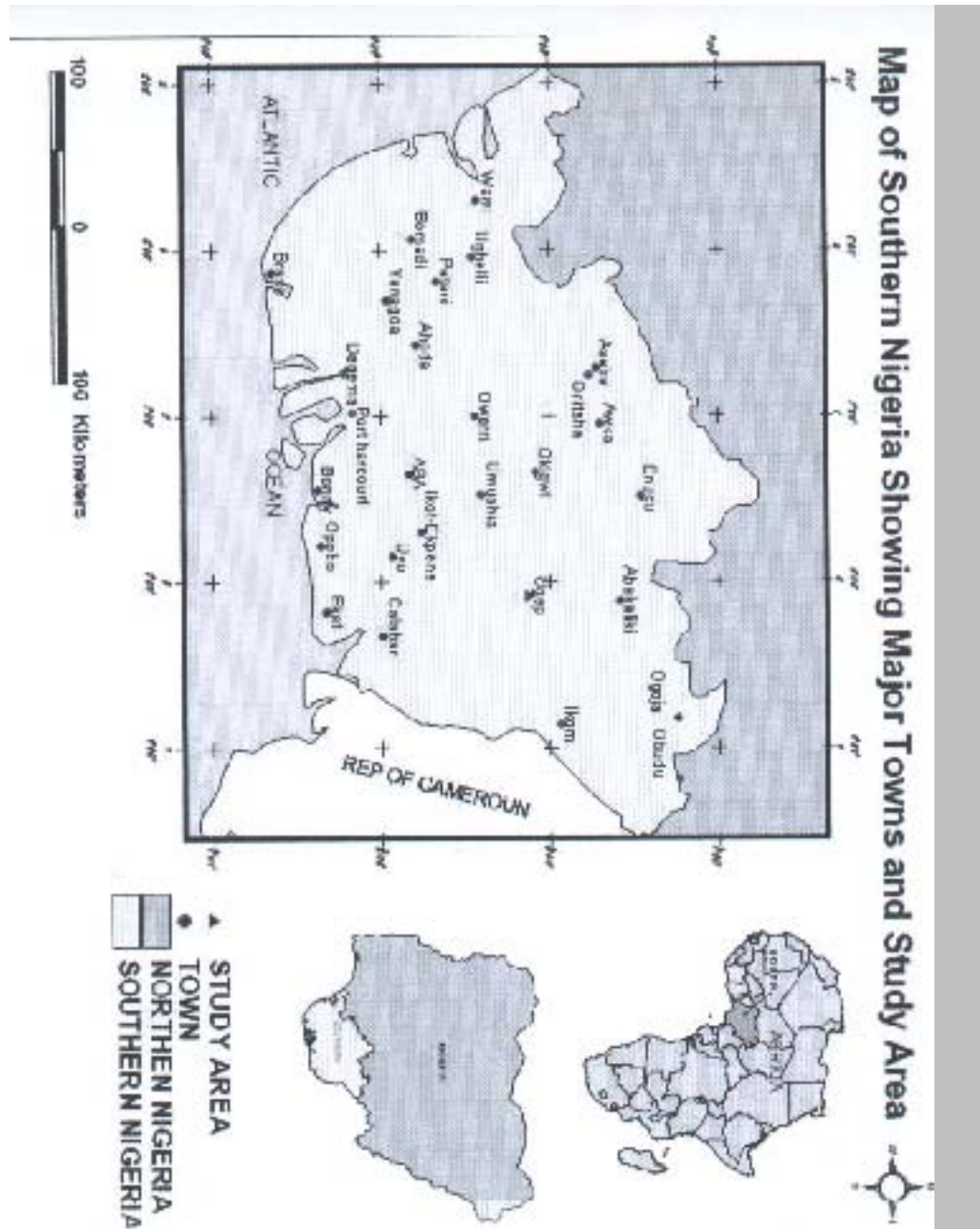
<sup>2</sup> “Yakurr” is the more contemporary spelling of “Yakö”.

## The Study Area

Although much of the previous demographic literature has centred on “an infection-related ‘infertility belt’ wrapped around its now AIDS-ridden center”, i.e. Central Africa (van Balen and Inhorn, 2002: 11; Ericksen and Brunette, 1996; Larsen, 1994) – encompassing Cameroon, Central African Republic, Chad, the Democratic Republic of Congo, and Gabon – high rates of infertility have been reported for some Nigerian communities (Larsen, 1995a and b; Okonofua *et al.*, 1997; Obono, 2001)..

According to the 1990 *Nigeria Demographic and Health Survey (NDHS)*, 4.3 percent of currently married women age 25- 49 have never had a child (Nigeria, 1992: 29). The 1999 NDHS reports a comparable figure of 4.2 percent for the same cohort (Nigeria, 2000: 39). The percentage of women in their 40s who have never given birth provides an indicator of the level of primary infertility, which the 2003 NDHS estimates at less than 3 percent among married women aged 45-49 (Nigeria and ORC Macro, 2004: 55). By contrast, however, a survey of women of reproductive age in Ile-Ife, a southwestern Nigerian town located 100 kilometres from Ibadan, and 170 kilometres from Lagos in a northeasterly direction, revealed that up to 20 per cent of women suffer from secondary infertility (Snow *et al.*, 1995). In some communities, 30 percent of married couples have difficulties in achieving a desired conception after two years of marriage (Adetoro and Ebomoyi, 1991)..

The Yakurr people of southern Nigeria occupy an area that lies between latitude 05° 40' and 06° 10' North and longitude 08° and 08° 50' East, in the geographical centre of the Cross River State, about 140 kilometres northwest of Calabar (Figure 1). They are related by strong linguistic, affinal and historical ties established by a tradition of common origin and reinforced by frequent intermarriages and “a continual interchange of visitors and permanent migrants” (Forde, 1964: 3). Ugep is the largest of five Yakurr settlements, and is the headquarters of the Yakurr local government area (LGA). It is located at the southern end of the LGA, about 11.2 kilometres east of the Cross River, between latitude 05° 50' North of the Equator and longitude 08° 05' East, in southeastern Nigeria, and forms a sprawling semi-urban settlement that is composed of five major geopolitical divisions (Bikobiko, Ijiman, Ijom, Ikpakapit, and Ketabebe). Conservative estimates place the Ugep population at 300,000 (Obono, 2001). All six life history respondents were resident indigenes of Ugep at the time of study. The areas selected for the study (Ebgizum and Letekom) are contiguous dwelling areas, which are, respectively, the largest and smallest single clusters of residential compounds in Ikpakapit ward. One life history interview was conducted in Biko-Biko ward.



## **Materials and Methods**

Fieldwork for this study was carried out from June – September, 2002, with a second round of interviews in June, 2003. In all, there were six in-depth life history interviews with infertile women, which serve as the basis for the discussions in this paper. The women were selected by snowballing. To facilitate rapport, I enlisted the assistance of a middle-aged woman (Grace) with whom I have enduring research collaboration in the study community. Her networks of relations, and the respect she commands on grounds of her church and other affiliations, were a great help to my field entry behaviour. In this respect, arriving at the doorsteps of prospective life history respondents with a known member of their community was consistent with community norms of first visit. Survey research tends to disregard this courtesy, and yet we cannot say how respondents' resentment of this lack of courtesy and consideration affects the completeness, adequacy or validity of the data collected. In all but one case, the interviews were conducted in the Lokurr language.

All interviews were tape-recorded and transcribed. A manual content analysis was conducted for establishing thematic regularities, differences in the women's self-concepts, coping mechanisms, treatment seeking behaviour, and the evolution of future strategies across the life course. The life histories required an average of three formal sessions to conclude. By the end of the formal meetings, however, I had developed such rapport with the women that I found I could drop by to exchange pleasantries or patronize their business, and we could pick up our discussion from there. In this way, the interviews, which had begun with some awkward formality, grew into very open conversations that deepened and enriched the information collected in the formal sessions. My experience of it was paradoxical: although the subject of infertility was uncomfortable for the women, it had cathartic results. Once confidence was established, the women spoke with rare candor about their lives. They were highly vocal, articulate, and self-assured. The findings do not bear out, or validate, the passivity with which infertile women have been portrayed and mischaracterized in the media, lay conjecture and, sometimes, within scientific circles.

## **Life Histories of Infertile Women in Ugep**

The narrative in this section of the paper is deliberately informal. This results from a decision to present the women's experiences in a style that reflects the quality and atmosphere of the interviews themselves. Thus, the narrative is not as tightly structured as the rest of the paper. The in-depth interviews on which the material was based often followed twists and turns that were unanticipated by the research script. In some respects, this deprives the narrative of a smooth forward-looking perspective, the staple of linearistic reporting. In its place,

uncertainty and indecisiveness convey a sense of the cheerlessness that surrounds female infertility in a pronatalist rural or semi-rural environment. An attempt has nonetheless been made to re-organize the material in order to achieve coherence in the flow and systematization of respondents' ideas. The narrative looseness that remains in spite of this effort points to two essential difficulties. The first is the experiential difficulty of female infertility as such. The second is the epistemological difficulty of representing the burden of somebody's subjective experience in words and categories that may be different from that person's. Life, history, and reality are, after all, nothing apart from interpretation. There is, therefore, the ever-present possibility that in life history analysis, the researcher's own subjective stories might color or discolor the narration of the original life events. With this consciousness in mind, effort has been made to keep such possibilities at bay, keeping things emic, and minimizing the use of constructs of the second degree. The women's names have been changed to protect their privacy and in strict adherence to applicable ethics in research. Other than this, no literary liberties have been taken with the material.

### *Veronica Marcus: a Standard Response*

Veronica is a 49 year old Roman Catholic secondary schoolteacher in a second marriage. She has been teaching for 22 years. She lives in a modern painted house in Biko-Biko quarters. Her first marriage was to policeman Hillary in 1966 - "during the coup" - at Ikom, where she remained until her return to Ugep early in 1968. She has a national certificate of education (NCE) and is enrolled on a degree programme at the University of Calabar. Her final exams were for the following day.

Her marriage ended in 1974. She had been unable to have a child. Before that, Hillary had "married a second wife for me", who also never got pregnant. He took a third. This wife had children for him "and lay down and died". Hillary lives only with the second wife and the children of the third (deceased) wife. Veronica is convinced that the children borne by the third wife were not Hillary's biological children, because Hillary suffers from secondary impotence. In her estimation, the third wife was already pregnant for another man before she married Hillary.

Veronica married again in 1996. She was her new husband's third wife. At the time of her marriage to this man, only one of his previous wives was still married to him. Both his wives had children for him, so she believes her new husband loved her "naturally". He married her even when her inability to conceive had at that point become common knowledge in Ugep society. She first became aware of her possible infertility while she was still with Hillary, her first husband. They both went to an Ikom hospital for treatment. The doctors

said, "Hillary's sperm was not productive, that his cells were dead". Veronica was naïve ("a small girl") at this time and "left the matter like that". She did nothing concrete about the situation, never realizing that, left untended, "it could turn against me".

After the divorce, she visited Mater Hospital, Afikpo, and consulted one Dr. Tilley, a white doctor, "who told me that my fallopian tubes were ready to receive, but I had not found the rightful thing that could enter". Being a Christian, she could not have extramarital relations, so she remained childless until she remarried, by which time she had attained menopause: "It was already too late for me". Hillary never accepted the childlessness to be his fault, especially since his third wife had "vindicated" him.

Veronica visited other hospitals. She went to see Nkem (a local medical practitioner), who performed a dilation and curettage ("D and C"), but there was no positive result. Since then she has lost hope of getting pregnant again – "I have taken the matter like that. I do not menstruate any more, so I have resigned myself to this fate". She adopted a daughter, Ewoni, from a neighboring village. At different times, two men paid bridewealth and Veronica was in this way able to have grandchildren.

In Veronica's view, the *Leboku* (Harvest Festival) period is a difficult one for infertile women because they are overwhelming images, reminders and metaphors of the town's fundamental fertility ethos. What the town celebrates most on an annual basis presents a most difficult experience for infertile women. The month of August, ordinarily a season of joy for it is the month in which the society's most important rites of intensification are celebrated, is also one of apprehension, anxiety, dread, and denial for infertile women. August ushers in the annual elaboration of a fundamental pain for these women. Veronica's opinion,

God cared for me. I "used my hand" by His grace to give birth to a child, and that child gave birth to children for me. The first is 18 years old. She was born deaf and dumb. But they are my grandchildren and no one can suggest that I do not have children. These other girls are my husband's. I have children. Everything you do for your children is the same thing I do for my children. I have children like any other person. That is my standard response to people who say that I have no children.

### ***Obibi Esang: An Unsatisfactory Life***

Obibi is a 34 year old trader and farmer, who sells palmwine and fried meat in a bar – a canopied extension of a single room in her father's house. When I first visited her, at 8.30 p.m., there were no customers at her bar although a

neighbouring bar seemed to be having a busy night indeed. Loud talk, raucous laughter, and cigarette smoke drifted across to where we sat. I wondered if the absence of customers had anything to do with local comment that Obibi was a difficult and uncooperative woman who had very few friends.

Her education ended at Primary Six. She took up typing but currently suspects that her proficiency would be low; she has not typed in a long while. Early in her life, she traveled to Ikom for seven years, from 1976 to 1983. On her return to Ugep, she married John-John in a marriage that was contracted at the Social Welfare Office, and lasted from 1983 to 2001. The marriage ended on account of her infertility. There was no quarrel. It was a simple parting. Over time, she had simply sensed that he was no longer pleased with her. She left him. Obibi believes an early premarital ectopic pregnancy was the cause of her infertility. It required major surgery. [A key informant suggested that Obibi's "ectopic pregnancy" was actually a complicated abortion]. Her husband already had two wives living with him before she married him. Both had children. They eventually divorced him. One later returned to him, and John-John would go on to marry yet another wife. Obibi never remarried. She is currently seeing a married man. She plans to marry him if he made her pregnant.

She has been to scores of hospitals, seeking treatment. She had x-rays and underwent many tests. She was asked to have a second operation but, "as you know the lives of men, my husband insisted that he and I should jointly contribute [money] for the surgery. But before I could come up with any sum of money at all, he grew tired of me and the marriage came to an end". Obibi now relies on "native medicine", but she has not drunk any for a week. The native doctor she sees is an Ugep man nicknamed *Nkau Ndebong* in recognition of his great healing powers. Her partner also drinks his potions, which is ironical because he has no fertility problems of his own. He is married with children. "His wife will give birth any time from now", she said. "He is just providing me with moral support by drinking it".

The herbal mixture she had been taking had helped reduce her menstrual period to two days. Her periods now last for upwards of six days. She feels uncomfortable in her father's house, and regards her life as unsatisfactory. She does not go to church because "the messages pass in through one ear and pass out through the other" and she found the "altar calls" embarrassing:

The pastor would call people out to the front of the congregation. What does he want us to do there? They would then start casting things out of me. For what [reason]? They say I am an *Oghanje* and that is why I cannot get pregnant. They would be casting demons out of me. They should just leave me alone.



The *Leboku* festival depresses her. Parents are happy at this time and delight in their children. Gazing intently at her toe or something else on the floor, she takes a swipe at a meddlesome mosquito, and remarks, "It is difficult not to notice one's own unhappiness".

### ***Ada Essien: I Will Adopt a Child from a Calabar Orphanage***

Ada Essien is an intense looking 48-year-old woman who lives with her mother in her late father's younger brother's house. She regards this man, Ete Essien, to be her "noon-time father". Her mother is aged and arthritic. Among her four siblings, only one sister has survived. Ada sells smoked tilapia for a living, and does a little farming on the side. She suffers from syphilis.

Her father was an ex-soldier. He died when Ada was four years old. She received no education. At 12, she lived with her soldier brother in Lagos. She left Lagos in 1966, at the outbreak of war, and married in Ugep, at 16, soon after her first menses. She was his first wife. She became pregnant in 1970, the year she married. She almost lost her life in that pregnancy. Its outcome was a stillbirth. She then went to Port Harcourt for a year, became pregnant a second time, carried the pregnancy to term, but the baby died at eight months. Her husband's relatives began to pressurize him to leave her. In 1973, he did, not knowing that she was pregnant yet again. He was about to take her back when he found out she was pregnant, but she had yet another miscarriage and has remained infertile and unmarried since. Living alone is difficult because:

At my stage it is difficult to live alone. Someone must help with the dishes and run errands for me. But just when you are getting used to the child, the parent comes along and says they want their child back, and that is how life has been treating me.

She remarried in 1974 for another 5 years, but never got pregnant again. The marriage ended in 1979, the same year she married a third time. This marriage lasted for four years until the divorce in 1983. She then gave it all up. She has painful memories of the suddenness with which she was sent packing from her first husband's home. She was driven out "*igbin-igbin*" [hurriedly; suddenly; with great alacrity and commotion]. Her pregnancies in that marriage had raised her hopes in its stability. But these were dashed. In addition to the hospitals, she made several abortive visits to traditional healers (*yabono*) in Ugep. Disillusioned, she joined a church in 1977, hoping that, in God's time, she would have a child. She plans to save up to adopt a child from an orphanage at Calabar. She says:

That is what I hear people are doing. Nne Michael, the chief's wife is also infertile. She adopted a child. The one that delights me is the case of Okwo Ukwu Nnanna. She adopted a daughter who looks exactly like

Okwo - almost as though Okwo were her biological mother. It is so wonderful. That is what I expect to do, but life is hard. I am struggling without support. I work hard because if one is experiencing a hard life such as I am, and is not occupied, or engaged in something, one's mind will wander into all kinds of disconcerting and depressing thoughts. With money, you can solve other problems even if the infertility remains. My thinking is that I should adopt a child.

In her opinion, this is a more permanent solution under the circumstances.

Your junior sister could let you have her child for a while, such as when she travels. But she could take the child away and that can cause you to have very hard feelings. The problem with not having a child lies beyond what people may or may not say or think about you. It concerns your own personal feelings about your condition. Being alone in that way is simply not good. An adopted child may in future care for you in the same way she cares for her biological mother. Without this option, you will have no one to defend you. In a quarrel, someone might accuse you of being a man who does not know it. They would say, "Get lost, you man!"

Her advice to a woman in a situation like hers is that she should be patient, cheerful and well-behaved. In this way, her husband would not immediately divorce her and, during that time, she just might become pregnant. Other than this, "any little problem, there would be no brakes". His anger would be swift. Ada reasons that, since there is something that is not pleasing to the man, the woman's behaviour should serve as a palliative. She should be gentle and cook for him early and in time. In her view, and based on her troubled experience, people find fault faster with infertile women. "They see more things", but these things are an expansion of a single problem. Sometimes it may be the man's fault. He might be infertile, or "the man's blood and the woman's blood may not agree", so they should both go for fertility tests in the hospital.

### ***Joyce Hillary: My Co-wife Was a Wwitch***

Joyce Hillary is a cheerful looking 45 year old childless farmer who lives in Egbizum quarters with her policeman husband, Hillary, and his children by a third (deceased) wife. She had been his second wife. Her education ended at Primary Three. Her father had been a soldier stationed at Ibadan, where her natal family stayed until the civil war broke out. He was a polygynist with four wives, although he is presently left with none. Only two of Joyce's sisters have children.

Joyce married in 1972, at 15, and has remained married to Hillary<sup>3</sup> since. Joyce became pregnant at various times but the pregnancies always resulted in miscarriages. She was seven months pregnant when she had the first of her miscarriages. She visited hospitals at the places where her husband worked. At Ikot Abasi, the doctor “washed her womb”, but she went on to have another miscarriage at Obudu, and never became pregnant again after that.

She and Veronica were co-wives for a while, but after Veronica’s divorce, Hillary took a third wife. Veronica was a much older and more experienced first wife in Hillary’s house. Joyce took to her. Their relationship as co-wives had been so warm and trusting that Veronica had been the one who brought her from her natal home to join her husband (during the marriage ceremonies) and helped Hillary with money for the bridewealth. Joyce’s people had then thought that Veronica was a very good person and this encouraged Joyce to trust her completely.

Veronica wanted to know intimate details about Joyce’s life, with special attention to her menstrual periods. She used this information to cause Joyce’s pregnancies “to disappear”. Her husband wanted to take Joyce to the Ikom hospital to find out what was wrong but Veronica insisted she would take her. At Ikom, Veronica took her “roaming about the town until the doctors had left the hospital for the day”. The two women returned to Mfum without seeing a doctor. Veronica “poisoned” Joyce with the aim of killing her but God had mercy on Joyce and healed her. However, Veronica saw to it that Joyce would never carry her pregnancies to term. Joyce was afflicted with a kind of sickness that took the form of madness. Her face was stretched till “it faced my back”. She was often given up for dead.

She became deaf and dumb. In her words, “they seized my voice and by the time they returned it to me, they had made me deaf. Each year, when that same period comes, I cannot hear whatever is said or spoken to me. Unless you raise your voice while speaking, I will not hear anything”. These events took place while Joyce was in her first pregnancy. Hillary would end his marriage to Veronica soon after Joyce’s first miscarriage because he was convinced that Veronica had a hand in Joyce’s sickness.

The sickness lasted from October (1972) to January (1973). Her relatives and friends brought a traditional healer from Ediba, named Basseyy-Basseyy. He ordered all her clothes to be burnt. In a hypnotized state, Joyce revealed where Veronica had hidden some of the evil charms, amulets and potions. They found amulets sewn into Joyce’s pillow. Some potion had been mixed with her body

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<sup>3</sup> Hillary is the policeman to whom Veronica Marcus (above) had been married, and Joyce’s account of her infertility problems is better understood from the viewpoint of their frictional co-wife relationship.

cream and also put in her food. Joyce had dreams in which she saw the steps Veronica took to destroy her. Her kinsmen and mother-in-law sought spiritual aid. While this might have saved her life, it never helped her become pregnant again.

She stopped attending church because she could not bear to see Veronica reading the Bible from the pulpit during holy mass on Sundays. She could not understand why the congregation accepted Veronica the way they did, knowing what she had done to her. She stays at home on Sundays and considers her heart to be right with God. Her advice to women passing through the sort of experience she has had is that they should be patient. They should not seek revenge because it is unnecessary. The wicked have their reward. She believes that even if Veronica should succeed in dying without paying for what she had done, her people would bear the curse of it somehow. Moreover, her reward would be waiting for her wherever she ended up in the next world. There was therefore no need to fight back. In her words, "As our hearts are different, so are our ways different before God".

The two women occasionally run into each other, but do their best to avoid this. Veronica maintains her innocence, but according to Joyce, "they [workers of evil] don't normally accept it". Joyce hopes to have children someday. She leaves the matter in God's hands. But if she found some other way to go about things, she would try it. She stopped making efforts to have a child because no one encouraged her to seek alternatives. In her view, "If you have a partner, who encourages you, you will have the power to find a solution".

### ***Susan Ubana: A Barren Woman Has to Be Patient***

Susan Ubana Utum Godwin is the 39-year-old daughter of "a sanitary man" at the local government council. Her father, Ete Ubana, once had three wives, one of whom is dead. Susan knows her father received some education but cannot say what his highest level was. Her mother is her Ete Ubana's first wife, an illiterate farmer with six children. She is no longer married to him. Ete Ubana married yet again and now has two wives. He has "about 29 children", of whom Susan is the second. Susan lost count of the children when her father started having some of them out of wedlock.

Susan was educated up to primary six. She is a businesswoman who lives in a house she rented herself. She is not living with her husband of eight years because he has not completed the house he is building. Her present husband is her second. She married her first husband - now a retired army corporal - in 1981, when she was 18 years old. She had moved to Lagos with this husband as his second wife, his first having died in 1981 - barely two weeks into Susan's marriage - leaving him with two children. This first wife had become pregnant

for another man at Ugep, while her husband was still at Lagos. She died from complications arising from an attempted abortion.

Susan's first marriage lasted 12 years, ending in 1993 as a result of her decision to stop a clothes trade that had required extensive traveling, and instead run a small-scale restaurant from their home. Her husband felt threatened by the huge male patronage the restaurant enjoyed. He suspected Susan of having affairs with men who came there. Susan felt betrayed by her husband's lack of encouragement and support for her "progress in life" since the business was quite lucrative. The arguments grew frequent. Tempers flared over the smallest things. She left.

It was an acrimonious divorce. Her husband "seized all my things [possessions]". People advised Susan to return to him. She and her husband went back and forth to the Customary Court to seek a resolution, but Susan was adamant she would not stay married to him. He still has her belongings. In her view, nobody ever won the litigation. She simply grew tired of the proceedings and stopped going to the court. On second thoughts, she feels "Well, I can say he won because he still has my things. They said I should go back to him but I refused".

Susan's first pregnancy ended in a miscarriage in the sixth month. She felt severe waist pains one day and the next day, it was all over as "I started seeing blood from my body". Her second pregnancy lasted four months. It was an ectopic pregnancy. She had surgery. The interval between these two pregnancies was three years, the first occurring seven months into her marriage. She reflects that "This was how the history of my pregnancy ended". Her present husband (her second) is Payo. He is in the Mobile Wing of the Nigeria Police Force. She is older than Payo but is not sure of the age difference. They married in 1994, following her divorce the previous year. Payo has another wife because "You know those of us that do not give birth normally do not have a husband to ourselves alone". That wife has children and shares matrimonial residence with Payo in Port Harcourt, and lives patrilocally in Ugep.

Her relationship with her co-wife is "not cordial", but things were not always this way. Trouble began when she (Susan) had gone to congratulate her co-wife (Felicia) on the birth of her child and was completely ignored by Felicia; "I greeted her and she did not answer me, and after that incident we stopped talking to each other". Susan maintains that there was no misunderstanding between them before this. Contrarily, they had been very close. When Felicia had had a baby earlier, at a time when their husband was not in town, the baby had become extremely sick. Susan personally paid the hospital bills. When the child died, Susan took care of the customary reception of Payo's age mates. With Felicia's next pregnancy, the problems began. Felicia never explained her

behaviour to Susan. Susan's theory is that Felicia's mother encouraged Felicia to believe that Susan had had a hand in the previous child's death.

Susan took the matter to Payo when he visited Ugep. He was cross with Felicia's mother, but was unable to broker peace between Susan and Felicia. While they were together at Port Harcourt, they avoided each other. The atmosphere was cold and pregnant with malice and suspicion. Payo takes Susan's side in the matter because he knows that Susan was not the kind of person who would do any harm to Felicia. Susan does not know when her husband will complete the building of his house and regrets that she has never stayed in his house at Ugep. She does not find duolocal residence agreeable.

Susan visits her husband in Port Harcourt regularly, and had just returned from such a visit the week before. She does not stay there with him on a permanent basis because that would hurt her business in Ugep. She does not wish to stay with him in Port Harcourt, preferring merely to pay him conjugal visits. She has never sought treatment for her infertility. Since she has had two pregnancies without help, she believes she should be able to get pregnant yet again. In her view, if God willed it, she would get pregnant. If He did not will a pregnancy for her, that too was fine. Payo does not appear to be disturbed by the situation. When they went to the hospital for an examination, the doctor had said she could never get pregnant again due to the way the operation had been performed. Apparently, the earlier diagnosis had been of fibrosis and appendicitis. Operations were performed simultaneously for both problems. In her words,

He doesn't mind because he knew I would not have children [before he married me]. It was not because of children that we got married. His parents advised us to adopt a child from the hospital but I objected to this because the process is stressful. My lack of interest in adoption explains why I have not discussed this issue with my husband. I cannot say if his parents have discussed it with him or not. But I know he married me because he loved me. Children were not reason then, and they are not the reason now. He knew from the beginning that I would not have children.

Susan thinks infertile women should be of good behaviour. Realizing that husbands of such women tend toward polygyny, the women should be nice to any additional wives and take the children of these women as their own. "A barren woman has to be patient". She should not be angry because it is not her co-wife's fault that she is unable to bear children. She should overlook the fact that infertile women are under constant social scrutiny and moral suspicion. She should be proactive. Susan illustrates this by pointing out that her first husband's children still come around to "play with me" [i.e. keep her company,

run errands for her, etc.], and were even with her the day before. She believes this to be her just reward for doing so much for them while she was still married to their father. In her view, there should be no room for bitterness over a destiny that was not of one's making. Payo sometimes meets these children in her house.

He accepts the reality as he sees it but his relationship with the children ends at the exchange of greetings. They are not mates, so he doesn't play with them. My first husband often passes around here and stops by to tell me about the children as if they were mine. It is difficult to throw habits formed in 12 years away, just like that. We are better friends now that we are divorced.

### ***Obeye Adam: I Am not Jealous, Mine Will Come***

Obeye Adam is a 39-year-old never-married businesswoman who occupies two rooms in her father's house. Her father was a trader with 13 children. He had four wives, of whom Obeye's mother was the last. He received a standard six education. Obeye is her father's twelfth child, and the fourth of her mother's five children.

She first traveled out of Ugep as a young girl. She stayed with her brother for three years at Ogoja, a town further north in Cross River State. An accountant, he was married with children. Obeye returned to Ugep to continue her education at the Community Secondary School, after which she was employed at the local government council in 1983, as a secretary to the Chairman's wife. She later obtained a diploma in Accountancy from the Enugu Polytechnic, and currently works in the Council Accounts Department.

Two years into her work at the council, at 22, she became involved with a married magistrate from Obudu. The relationship lasted 14 years, ending in 2002. The magistrate, whom we shall call George, had proposed to her, and brought his people to Ugep to meet Obeye's family. Obeye's mother turned down his proposal because she preferred her daughter to marry an Ugep man - one who was not already married with children.

Frustrated, George pulled a few strings and had Obeye transferred to Obubra, where he was a magistrate, in 1993. Obeye stayed with George until his transfer to Akpabuyo, from where he was later moved to Calabar. The two kept their relationship going through these postings. Five years into the relationship, Obeye advised George to make her pregnant in order to get her mother's consent to their marriage plans. At Anua Hospital in Uyo, they discovered that Obeye had fibrosis in 1993. They had met a certain white lady who was in charge of the obstetrics and gynecology department, who told them that

Obeye's fallopian tubes were all right but that Obeye could never become pregnant if the fibroids were not removed. The woman told them that "the fibroid was not big, but it had covered the womb, so she said that we should allow it to grow so that I can go for the operation. She advised me to keep it for a year to allow the fibroid to be big. After that, she said I should go to Uyo or Offoboche in Ogoja for the operation".

A year later, in 1994, they went to the University of Calabar Teaching Hospital where they confirmed she was "ripe for operation". Back in Ugep, she consulted Dr. Eso who told her that the equipment needed for the surgery was not locally available. He referred her to Dr Offoboche, who performed the operation. George remained firmly by Obeye's side during this period, visiting the various clinics and hospitals with her. He even donated two pints of his own blood for the surgery because "he did not want other people's blood in my body". The doctor assured the couple that Obeye would have no problems having a baby. According to the medical doctor, he was also a divine, and he could see that Obeye had made a prenatal vow to remain childless with the man she loved for a long while. He added that this was the only thing he saw as he looked at Obeye's face but that every other thing indicated she could get pregnant. The vow would cease to be a problem if only Obeye could freely renounce it.

Obeye was discharged from the hospital in three weeks but went for monthly check-ups for six months. The doctors assured them both that she was fine. Once Obeye was well enough, the doctor began to provide medications that could help her get pregnant, "to see if I could take in but no way, till now".

George was transferred to Calabar. A misunderstanding developed that would eventually end the relationship. One of George's friends at Obubra (where Obeye was working) told George that he saw Obeye in a car with an official of the Independent National Electoral Commission (INEC). Obeye insisted that the man was merely helping her to Obubra but George was blind with jealousy. They quarreled and the 14-year-old relationship came to an end, but "right now he is begging. It is not really over". Obeye is presently seeing no man because she is a deaconess in her church. She has chosen to remain faithful to God. In her words, "Now that the magistrate has seen the truth in me, he is begging but I said he should allow me to serve God first".

Obeye recently went back to see Dr. Offoboche for a check up. He still found nothing wrong with her and was disturbed that Obeye was still not pregnant. Her next line of action is to bring George back into her life. She has learnt of one gynecologist at Calabar, "a Mrs Archibong or so", and she plans to go there. She has not gone yet because she wishes to go with George. She still wishes to marry George and have children for him. She believes that women passing through



her kind of experience should put their trust in God. They should not turn promiscuous but remain faithful to their husbands, attend church religiously, and stay prayerful. Obeye's hope is hinged on a biblical story:

Perhaps, in the end, as God gave Sarah a child, He will give one to me. God has been making promises to me in visions, or while I am in prayer, and sometimes when I am thinking. Often, when I become negative in my thoughts, my other mind will say to me "You will still have it". That's what God promised. I have never had two minds about it and I don't [feel] jealous [towards] my friends who have children. Mine will come.

### **The Meanings and Consequences of Infertility**

The above life histories indicate quite forcefully that pronatalism is the cultural theme of Ugep society. As first used by Morris Oppler, a cultural theme is "a postulate or position, declared or implied, and usually controlling behaviour or stimulating activity, which is tacitly approved or openly promoted in a society" (Oppler, 1945: 198). It guides the perceptions and attitudes of people, constitutes the summary of their aspirations and, thereby, establishes the means by which the worthiness of human life is measured and understood. The elaboration of pronatalism as a cultural theme among the Yakurr is more fully worked out in Obono (2001).

In line with that previous argument, it is empirically misleading to suppose that there is a single all-encompassing consensus on norms for any people at any time. Such consensus is never monolithic. There are variations and plural *norm-sets* in society. Derived from the more original idea of age-sets, norm-sets refer to strata of regulating ideas and ethical principles that coexist within the same social system and are loosely segregated by socio-demographic factors like age, sex, class, ethnicity, religion, kinship, or a combination of these. The norms stand in complex interrelationships, which include convergence, divergence, or discrepancy, as a result of the constellations of interests and power – that is, the power of interests and the interests of power – that lie behind them. In this way, agency becomes critical to an understanding of how social minorities and other vulnerable or disempowered groups, whose interests are not served by the dominant norms, re-strategize around them.

Indeed, new norms may develop among such groups of persons if the dominant norms are sufficiently oppressive and counteract the ability of group members to achieve an otherwise desirable state in life, even if these desires are themselves rooted in social interactions. If the cultural theme is linked, as in the case of the Ugep people, to a profound sense of cosmic propriety, which in turn is derived from a collective historical cultural recollection of substantial threats

to the society's existence, say through pestilence or war, it becomes difficult to dislodge pronatalism as the cultural theme. Its roots are deep and enduring, and its patriarchal propositions become part of the valid way of the world.

As a response, infertile Ugep women have recourse to membership in the cult of *yakonakona*, which functions as a social support group and provides a context for the society at large to reconcile itself with elements within it that negate its harmony. This systemic reconciliation and restoration of balance occurs during the annual rites of intensification (Obono, 2001). But the process is dialectical at both individual and collective levels. While the institution of *yakonakona* provides a channel for ventilating the more corrosive and toxic aspects of group existence, and the contradiction that is constituted by infertility, it is simultaneously another means of discriminating against infertile women. The measure negates itself because it is an extension and intensification of the perception of infertile women as Other. It is noteworthy that there is no corresponding cult for infertile men. Thus, the stratification of norms, and the divergences and mutual contentions that they throw up, comprise what I refer to here as the dynamics of norm-sets – i.e. the operation of sets of norms – with each set representing the material imperatives and aspirations of a given group in an ideational pluralism that does not necessarily entail or imply equity.

In the context of infertile women in Ugep society, these imperatives are weak. Social and economic conditions in Ugep make high fertility an adaptive strategy for most of the population. From the men's point of view, additional offspring add to the power and prestige of their sub-lineage or family (cf. Bledsoe, 2002: 75). Children are seen as important economic assets. The imposition of an overarching nation state system notwithstanding, pronatalism affects the normative worldview of members of Yakurr society. The imposition has done little to reduce the significance of biological progeny in local political and economic processes. Indeed, the frictional politics of a plural ethnic state consolidates the wisdom and value of securing landholdings in one's local community – to build there first because one is presumably unsure of the viability of the federation – and this, in turn, reinforces patriarchal concepts of children as wealth. Accordingly, modern forces in the political economy tend to reinforce the perception of infertility as a basic negation of group ideals.

Among the Yakurr, fertility is not important solely from the viewpoint of human reproduction. It is a very elastic concept.

The Yakurr idea of fertility is located within the conceptual domain of prosperity, which is generally conceived of as encompassing childbirth (*yoman*), personal/domestic/communal peace and tranquility (*wofai*), and material wealth (*keyu*). The relationships among these categories are functional, mutually reinforcing, and dialectical. *Yoman* gives rise to

*lesou* (populousness) at the collective level (family/household, lineage, clan, *lopon*). This promotes peace (*wofai*, literally “that which is cool”), which is manifested in intrapersonal and interpersonal relations. From *wofai* flows peaceful spousal, lineal, and communal relations and the absence of war with neighboring communities, connoting overall health and wellbeing. *Keyu* is the material crown of this process and refers to actual wealth, although the Yakurr also believe that “children are our wealth”. Causality is non-linear and the three elements can be juxtaposed in any order of ascendancy (Obono, 2001: 36).

Yakurr women regard themselves to be primarily responsible for their children’s welfare, especially under the competitive regime of polygyny. They have more children in order to enjoy special privileges in the polygynous household. High marital fertility maximizes the attention they receive from their husbands. They become beneficiaries of their husbands’ generosity and have access to larger farms, receive more money for their upkeep, and enjoy more frequent displays of affection from their husbands. In this way, children are commodified into the terms of negotiating access to material and non-material resources, the means by which women derive independence and autonomy, and assure themselves of future security.

Apart from its being perceived as resulting from some defect of being, the failure to give birth has one crucial consequence for Yakurr women: it compromises their female adult status, or womanhood (*sanen*). Womanhood is achieved through rites of passage that include clitoridectomy and a dance ceremony during the annual town festival. Both rites and ceremonies are bound up with marriage and pregnancy. Clitoridectomy (*Kukpol*) was traditionally carried out in the woman’s seventh month of pregnancy. These days, *kukpol* has acquired a purely symbolic value. While clitoridectomy *per se* (i.e., the surgical procedure) is hardly performed on women or girls any more, its implications for *sanen* and the proper formation of a socially recognized, legitimate marriage are clear.

Childbirth is the culmination of a woman’s rites of passage to adult womanhood. Without a livebirth, she remains in a liminal state where she is neither man nor fully woman. She occupies a marginal role in household and lineage affairs. As a social construction and a feature of gender, *sanen* eludes her. Hence the derisive “Get lost! You man!” in Ada Essien’s account. In the past, special rituals accompanied the burial of infertile women. Their faces were marked with charcoal and they were not mourned. These practices were situated in the context of beliefs in reincarnation. Dead infertile women were expected to be more careful to ensure that, in subsequent incarnations, they did not imperil lineal continuity (by being infertile) as they had done in this. These concerns emanate from the perception of infertility as a cosmic contradiction. It

is derived from the Yakurr contention with the negation by (or through) an individual of a collective vision of stability and equilibrium, for which the individual is vicariously responsible. The diffuse negative sanctions reserved for the violation of that principle are based on how far societal continuity and the validation of group identity depend on it.

In a more mundane context, however, divorce ranks among the most prominent consequences of infertility. Among the women interviewed, infertility-related divorce had occurred to all but one of five ever-married respondents. Obeye, who provided the never married life history, was herself in a type of consensual union for 14 years. Along with the rest, her case indicates the universal appeal of marriage and its orientation around reproductive motivation. The end of her 14-year relationship to the magistrate, in this instance, might not be unconnected to her post-operative inability to become pregnant. Her overall attitude towards the situation is one of denial. Unable to accept the reality of her situation, she holds fast to a strong belief in divine intervention. Such philosophical attitudes are not uncommon, and there is a heroic quality to the struggle of some of these women against what often seems like a sealed fate.

The interviews show that if a woman does not have a livebirth, or is childless, divorce quickly follows – even if the husband “loves” her. The Yakurr symbol of love, shown in Figure 2, indicates that among this people, love was construed as interactions that transcended mere emotions. For the Yakurr, love is a decision, an activity, a relationship, and not just a feeling. It engulfs one’s being in all its material and non-material aspects. Its material aspects are couched in norms of marital eligibility, spousal fidelity, patrification, and the wife’s obeisance to her husband’s lineage deities through the *rights in genetricem* and the *rights in uxorem* conferred on him by the payment of bridewealth.

The internal forms of love (the emotional aspects) are not formalized one way or the other. The romanticism that is the hallmark of western love is part of a repertoire of cultural control mechanisms for regulating this interior moral space. Among the Yakurr, these expectations pertain only to the external, public manifestations of love. How one chooses to feel in the relationship is a negotiated outcome of the relationship itself. Marriage is not predicated on romantic love *per se*, but on various considerations that would, in due course, help stabilize the union against future social shocks. As in much of sub-Saharan Africa, the primary reason for marriage among the Yakurr is the production of children (see Bledsoe, 2002: 72). The deeper romantic aspect of the relationship develops over time and, in this respect, is not the focus of the couple’s courtship. The coincidence between this and the attainment of other life goals provides insights into the stability of marriage in Ugep. While divorce occurs as in every society, there are pro-marital mechanisms of social structure that reduce its incidence to a minimum.

The symbol *kedei* strongly indicates the absolute existential immersion of the partners in this relationship and their joint endorsement of the responsibilities it carries. In totally identifying with these goals, they become absolutely committed to each other. *Kedei*, or love, symbolizes the unity of feeling and being or, in some instances, the supremacy of being over feeling.

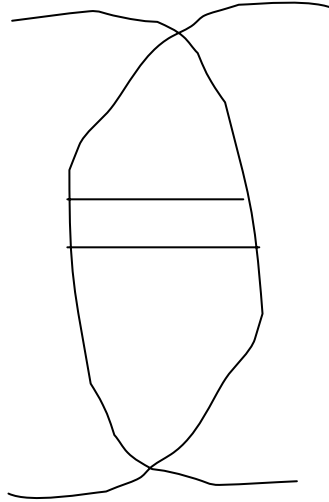


Figure 2: *Kedei* [(Yakurr symbol for) “Love”]

Seen in terms of this dualism, Ada’s insistence that her husband divorced her in spite of the fact that he still loved her is not contradictory. His feelings toward her were an aspect of the total immersion described in *kedei*. The symbol also captures the cosmological orientation of the Yakurr and places pronatalism at the centre of the society’s ethos. The inability to produce a child (or a male child), in this sense, represents a grave crack in the immersion and constitutes grounds for divorce, although the other aspects of the union could be leveraged against reproduction, with the result that polygyny serves as a stabilizing mechanism for the marriage system, and renders divorce unnecessary. However, if trends in reproductive inability and the desire for children remain constant, divorce could become even more frequent owing to increasingly negative attitudes to polygyny in the emergent market oriented economic system of Ugep. The incidence of serial monogamy will increase and, as menopause approaches, residential problems generate anxiety. The system of patrilocal marital residence enhances the social visibility of divorced infertile women and their identification as reproductive or marital failures. The Ugep phrase “*Onommi kekpasam*” used to describe women living alone or with their patrikin, implies they are prostitutes.

The vitiation of this stigma thus attracts worse stigma itself, for infertility generates a psychologically debilitating and stigmatizing condition (Hollos, 2003). The divorce ranks lower on a stigma scale than the infertility that led to it, but when both occur together, then the burden of social existence becomes doubly unbearable. It is against these extreme circumstances that the women in these life history portraits organize their lives. Crucial choices are made that are direct responses to the need to bear children, and escape the secondary moral status to which infertility consigns them in Ugep society. The examination of these life histories ends on the disconcerting observation of how the simple fact of infertility is constructed into the pivot around which whole lives and existences turn for many women.

## Conclusion

The life histories contained in this paper are semi-biographic accounts of the experience of female infertility in Ugep, Cross River State; its meaning-making impact on women's lives; women's self-assessments of their inability to bear children; their strategizing around that fate; and the consequences of failure in that regard. The life histories highlight factors that shape women's responses to the burden of infertility – from fatalism and resignation to proactive proposals to do something about it. All the women interviewed endorsed the pronatalist ethos of Yakurr society. None challenged its patriarchal principles by choosing *not* to have children. All were involuntarily infertile. Four out of the five ever-married respondents had been divorced at least once, on account of infertility. All were philosophical about this situation, but they all seemed also to be seeking information, resources and opportunity to change it.

Infertility was historically conducive to polygyny but, in the contemporary period, it constitutes the pivot around which the lives of many infertile women turn. Whole lives are organized or disorganized, respectively, on the basis of the female ability or inability to bear children. All existence is a reproductive trap. Thus, Veronica's life, for instance, is one unending visit to hospitals. Her entire life is oriented around the single end of becoming fertile. The concern with the lack of respect for infertile women by the society at large runs through all of the life histories. The *Leboku* rites are celebrated in honor of the very idea of fertility, whether of crops or children. Parents and their children occupy a central place during these celebrations, and the festivities are, from the viewpoint of infertile women, annual reminders of their profoundly difficult existence. They feel that, not only their age mates, but also younger people, show them little or no respect. Although all of the women have been circumcised, and this allowed them to attain full womanhood, not having a child reduces the significance of that status. Some women regard adoption as a solution to the problem of infertility. Others adopt a number of biomedical and orthodox African strategies to cope with it. They save up for that purpose.

When these plans fail, and the women believe that it is their husbands who are responsible for their childlessness, some may resort to becoming pregnant for other men. They then present these pregnancies as their husbands'. This is the position held by Veronica in the case of Hillary's third wife. The occurrence of such "secret pregnancies" is prevalent, but underreported, in societies where circumcision and the attainment of full womanhood are linked to pregnancy, which in turn serves as an important mechanism for the maintenance of social order.

The risk behaviors associated with infertility, such as unprotected sex with multiple partners in a bid to get pregnant, have far-reaching implications. With the presence of HIV/AIDS in Nigeria – a country currently listed among five countries at highest risk of the next wave of the epidemic – the situation is worrisome. Sexual networking in a regime of AIDS is clearly dangerous for the woman and the community. For this reason, it is important to pay attention to the problems expressed by infertile women through these life histories. Modern biotechnology should be made available to them, together with education programmes to prevent health hazards associated with the quest for reproductive salvation.

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