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Empty Vessels: A Socio-Cultural Construct of Infertility in Lola Shoneyin's 'The Secret Lives of Baba Segi's Wives'

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Abstract:

*Infertility is a health concern that has affected practically all spheres of human society and usually coloured by the socio-cultural inclinations within contexts. It is a gender-neutral issue, although oftentimes perceived as women's problem. Patriarchal societies erroneously lay the burden and blame of infertility on women. In this study, masculinity theory is employed given that men consciously and unconsciously seek to assert their manliness through procreation. However, this sometimes fails to happen as expected and is termed infertility. Qualitative and descriptive methods are utilized in the analysis of the qualitative data. Through the exploration of Lola Shoneyin's *The Secret Lives of Baba Segi's Wives*, it is discovered that socio-culturally, when a woman fails to conceive, she receives the blame alone from the society and even from her husband. To avoid being termed deviant, the women in the text, devise alternative means to having children, which is against societal ethos. It is equally uncovered that patriarchal mentality beclouds the fact that male infertility can equally be responsible for the inability of the women to conceive. The study concludes that stereotypes against women in procreation are irrational since biologically it takes two (the husband and the wife) to make a baby. It is recommended that couples desirous of having babies should submit themselves for proper medical examination.*

Keywords: *Infertility, socio-cultural inhibitions, patriarchy, procreation, masculinity*

1. Introduction

Infertility is a phenomenon that transcends class, culture and age. Over decades, this biological-health condition has continually shaped existing and emerging narratives among scholars, divided religious institutions, reinforced critical discussions among social and political actors, and assumed serious public awareness issue for health and non-governmental campaigners at every level (Dimka and Dein, 2013). Infertility is recognized as prevalent and a serious challenge in Sub Saharan Africa (Wando et.al, 2016). According to International Committee for Monitoring Assisted Reproductive Technology (ICMART) and the World Health Organization (WHO) revised glossary of ART terminology, infertility is ordinarily defined as "a disease of the reproductive system defined by the failure to achieve a clinical pregnancy after 12 months or more of regular unprotected sexual intercourse" (Zegers-Hochschild et al.2009, p.1522).

On the other hand, "male infertility" refers to a male's inability to result pregnancy in a fertile female. Infertility is categorized into two which are primary and secondary infertility (Sharma, 2017). The severity of infertility is such that an estimated 48.5 million couples are affected around the world. (Sathyaraj and Chinmay, 2018). Similarly, across the globe, one out of six couples suffer infertility related abnormalities (Wando et.al, 2016). Infertility has several social implications, which in turn affect the sufferers. Consequently, Infertile couples often experience stigmatization (Jegede and Fayemiwo, 2010).

Infertility affects both male and female, although its burden is heavily felt by women, particularly childless women who are seen as social deviants and often ostracized (Wando et.al, 2016, Dimka and Dein, 2013). Patriarchal societies place great emphasis on procreation and continuity of the family lineage. In places such as the Middle East, procreation is more than a biological role; it is perceived as a family commitment (Gamal, 2012,p.41). In Africa, especially in West Africa, many societies such as the Yoruba, patriarchy is reckoned with and in turn attach importance to procreation, such that infertility is considered anathema.

Infertility constitutes a serious public health issue as well as a social problem that cuts across every stratum of human existence. Considering the fact that academics and demographers among other professions have been preoccupied with the high infertility rate among women in Sub-Saharan Africa, it is observed that little attention has been given to exploring issues pertaining to reproductive failures (Dimka and Dein, 2013).

“Infertility Comics and Graphic Medicine” focuses on the infertility journey of women through some autobiographical texts. The authors Sathyaraj and Chinmay (2018), discover that the overriding desire and efforts by the women in the texts is to have children just in synchrony with societal expectations of women. However, when this fails to be achieved each of the women reacts and chooses differently how to negotiate motherhood (p.613). Moreover, the failure of modern high-technology prescriptions such as Assisted reproductive Therapy and In Vitro fertilization as solutions to infertility is probed.

On the contrary, Adebajo (2017), disagrees with the position of the author of *The Secret Lives of Baba Segi's Wives* (subsequently referred to as *The Secret Lives*), which approves the questionable attitudes of adultery as an alternative means of sustaining marriage (p.20). Adebajo avers that the novel over the years has been an instrument of propagating good morals instead of vices. Similarly, the Yoruba world-view and ethos uphold morality and frowns at immoral dispositions such as infidelity. Strikingly, Adebajo asserts that infertility is not an excuse for immoral behaviour exhibited by the characters in the text (p. 20). Rather, he posited that such cases of sterility have conventional and legitimate ways by which they can be tackled in every society.

These works explicate the gravity of infertility, which has bedeviled different social spheres and propelled women who happened to suffer the effect more to seek for solutions. Invariably, greater attention is drawn to women in cases of infertility owing to socio-cultural conventions. They however focused on women and their attitudes and morals in tackling infertility, but failed to explore this issue with consideration of male infertility. Therefore, this paper attempts to fill this gap through an investigation of socio cultural construction of infertility in Lola Shoneyin's *The Secret Lives...* and with focus on male infertility.

2. Theoretical Foundation

This discourse is hinged on masculinity theory advanced by R.W Connell whose masculinity theory is the most influential in men and masculinities. Connell's hegemonic masculinity endorses male supremacy and oppression of the ordinary male and in women as legitimate. This theory has a lasting influence in that it affords a critical feminist analysis of specific masculinities in history and also, it recognizes the fluctuating degrees to which different men play in its reproduction. Moreover, Masculinity implies the various means that an individual becomes a man or is termed a man in a specific cultural context (Jegade, 2012). According to Adegbite (2012), it is conceived as a set of norms, values and behavioural patterns, which depict the overt and covert expectations on how men should behave as well as project themselves before women and their fellow men (p.122). Vonarx (2014), defines masculinity as “an identity or an individual's sense of being a man as determined by what one knows about this gender and what one's society says on this subject” (p.2).

Moreover, masculinism is an ideology that asserts that male are superior and sees no evil in oppression and the relegation of women to the background (Jegade, 2012). Historically, in Europe between the 18th and the 20th Century, there arose dichotomy between the domestic and the secular contexts. Men began to take up the position of breadwinners being backed up by the Biblical stand that a man provides for his family as well as the efforts made for wage increase by trade unions. Middleton cited in Mutunda (2009), further defines masculinities as “a discourse, power structure, an ideology, an identity, a behavior, a value system or all these” (p.17). From the foregoing, masculinity is socially determined and dependent, it equally implies those socially expected and accepted attributes which make a real man. Masculinity theory is apt for this enquiry considering the fact that reproduction is a sensitive area where masculine tendencies are demonstrated.

3. Socio-Cultural Constructions of Infertility

There exists a societal expectation for a married woman to have a baby and when this does not come as expected, the whole attention is directed at the woman. Thus, in the text *Baba Segi's wives* engage in ethno-surrogacies a coinage by Dimka and Dein, which refers to a situation where a woman whose husband is impotent has sexual relations with another man and attributes the pregnancy that results from it to her husband. The aim is to perpetuate the lineage of the husband and in the text, Iya Segi informs Iya Femi how children are born in Baba Segi's house. Meanwhile, he is sterile with no knowledge of this fact, and keeps sleeping with his wives believing that he has been impregnating them. Therefore, women engage in such as a result of insecurity bordering on the fear of the unknown. The orientation and conventions of African society bequeath on Baba Segi's wives the choice of looking for alternatives since their husband could not impregnate a woman. African norms have it that women and not men are to be blamed whenever pregnancy is delayed or not forthcoming.

On the other hand, Baba Segi insists on taking Bolanle to the hospital with the belief that she is the cause of her assumed infertility. In a similar vein, Dimka and Dein (2013), in their ethnographic work in Plateau State Nigeria discover that the treatment of infertility was mostly directed only towards women. This validates the claim that women are basically blamed in African societies when there is delay in having children in marriage. Meanwhile, Baba Segi ignorantly parades himself and believes that he is potent and boasts about his bedroom prowess and his many children from his other wives as proofs of his virility. The African orientation is such that when a man engages in sexual relations with his wife, he cannot be blamed for infertility. The African man believes that once virility is present in man, he is equally potent. Hence, Baba Segi proudly tells the Doctor how sex is rotated in his home among his wives. He expresses doubts on his being the problem behind Bolanle's inability to conceive and says: “It is her womb that is not working” (Shoneyin, 2010, p. 37).

Moreover, patriarchy plays out as Baba initially objects to running some tests as recommended by Dr. Dibia as he sees no reason for such, since he has children except twins. This disposition clearly reflects the myopic mentality

possessed by some African men that having children in marriage jettison the fact that such a man is infertile and the children born by his wife may not be his. Also, this society equally approves the lordship of man. This is evident as Baba Segi has his wives at his beck and call because he is the man of the house. Male dominance is captured thus:

The entire household poured out of different rooms to welcome their benefactor... The greetings done with; Baba Segi raised his arms so his Agbada could be priced off by Iya Segi's deft fingers. She did the same with his buba and Baba Segi stumbled into the sitting area in his luxurious armchair... Desperate to return to the centre of attention, Baba Segi leaned onto one buttock and let out an explosive fart. The children looked at one another and giggled. Iya Segi deadpanned towards him and asked if he needed some cold water to calm his stomach (Shoneyin, 2010, pp.8-10).

In addition, this society equally sanctions male superiority and lordship. In this regard, Iya Segi's mother warns her that building a house while other men in the village have not done so, would be tagged as she mocking them. To show the pre-eminence of patriarchy, such a house will not be spared, but rather pulled down and burnt.

The Yoruba cultural society places expectations of child bearing solely on women (Shoneyin, 2010, p.101). Here, Baba Segi asserts that Bolanle's womb has problem and he has been wasting his seed on her barren womb. Little wonder in the next coitus with her, he thrusts his manhood deeper into Bolanle in a bid to plant his seed whereas in the reality he has none. This portrays the fact that even in his subconscious, he believes that the problem is from Bolanle. Furthermore, his decision to take her to the hospital since she is educated buttresses the belief expressed by this patriarchal society that the inability of a woman to become pregnant can only be a woman's fault.

However, it does not cross his mind that he is after all the cause of Bolanle's childlessness. Instead, he goes ahead to express his displeasure towards her predicament. He tells her:

Tonight, I have come to talk Bolanle... Yes, I have come to talk about the matter that threatens to turn us into enemies... Your barrenness brings shame upon me. And I am sure that you as well, are saddened by it. Every time I have suggested that we consult herbalists and prophets, you have called them comen and rubbished their powers (Shoneyin, 2010, p.14).

This turns out to be the case of the accused pointing accusing finger at the innocent as Baba Segi demeans Bolanle by personalizing the barrenness as hers. He also exerts a form of pre-eminence and authority over her through his words. Similarly, he isolates himself from the problem facing his family but perceives it as him lending a helping hand to Bolanle. Baba Segi being illiterate fails to understand that it takes two to make a baby. Owing to the fact that oftentimes, sexual potency in men is confused with normal male fertility (Osato, 2012).

Moreover, on Baba Segi's appointment with Doctor Dibia, he further demonstrates the patriarchal tendencies of accusing the woman of being the reason for her inability to conceive. He says:

I would have had more than ten now if this woman's womb as not hostile to my seed... (Shoneyin, 2010, p.37). Yes I am the husband, he drew his hands to his bosom and this is the wife who cannot conceive. He pointed two fingers at Bolanle as if there was a slight chance that the doctor might mistake one for another (Shoneyin, 2010, p.189).

Masculinity promotes male superiority as exemplified in the case of Baba Segi, who asserts himself by accusing Bolanle of being infertile. To him, he believes that the presence of children in his house is as a result of his virility. He is ignorant of the fact that a man can be infertile which makes him unable to have children. His masculine and patriarchal mentality beclouds this rational perspective.

Bolanle's inability to become pregnant creates social stigma for her as her co-wives sneer as well as despise her. Not only that, her husband uses derogatory words to address her and this is in parallel with the assertion of Dimka and Dein that infertility leads to trauma and social stigma especially to women (p.103). Sathyaraj and Chinmay (2018), equally reiterate this ordeal of women and submit that women happen to be burdened more and experience greater oppression than men in cases of infertility. From the foregoing, Baba Segi proves himself to be ignorant of the dynamics of conception. While according to Lotti and Maggi (2015), all infertility cases approximately 40-50% are as a consequent of male factor,

Baba Segi believes that when a woman fails to conceive it is her problem and in fact the obstacle lies with her. His reasoning is devoid of the fact that a man is involved in the process of conception and could be a hindrance. Little wonder, he speaks blindly without empathy even to the doctor that Bolanle is the wife that cannot conceive. Again, his speech denotes a vague knowledge, which emanates from his cultural and social background that blames women alone as being responsible for inability to conceive. No doubt, women are likened to vessels in African socio cultural milieu because of their wombs hence the blame.

Surprisingly, the doctor discovers that Baba Segi has no sperm cells, which makes his case a difficult one. Doctor Dibia laments:

As far as he is concerned, it is his wife who's got serious problems. It would have been a different matter if he had a low sperm count, but there's nothing! Not a solitary sperm swimming around. Probably had mumps in his teens. I'll bet any money he's never had a vaccination in his life (Shoneyin, 2010, p.194).

Furthermore, the overriding role of patriarchy is further illustrated by the decision of Dr. Dibia not to break the result of the investigation to Baba Segi. The former fears that such would cause a stir in the latter's household, considering the fact that Bolanle came to the hospital with a nasty gash at the back of her head the previous week. Whereas Bolanle's suspected barrenness was sung for all to hear without restrictions. This is a graphical portrayal of a society where the feelings of women are relegated to the background and instead the dictates of men dominate. Deductively, the issues of infertility are basically perceived to be the concerns of women.

Consequently, the two doctors, Dibia and Usman are instruments of enforcing male oppression and the dominance of patriarchy which exerts its power in matters of procreation. One would have probed: why didn't they go ahead to break

the news of Baba Segi's impotency to him? If the latter exhibits effrontery to assert that Bolanle is the wife that cannot conceive, why won't the doctors be bold to tell him to his face that he is infertile? Hence, masculinity is evident here as both a conscious and an unconscious act displayed by men in order to prove their maleness or superiority as well as force respect from women. This development resonates the inequality and partiality inherent in African cultural orientations and as such projects the pre-eminence of the male gender. This action reflects the socio-cultural conventions and inequality operational in this African context. In addition, and without doubt, it accentuates that Africanethos bequeathed on Africans the fallacy that only women can have fertility issues. Similarly, in Africa, patriarchy is deified and so cannot be linked with impotency since men are seen as strong and progenitors of human race.

This African socio-cultural positioning predisposes Baba Segi to query Iya Tope if something is wrong with her womb. He tells her: "if your father has sold me a rotten fruit, it will be returned to him" (Shoneyin, 2010, p.84). To him, the inability of a woman to conceive is to be blamed on her and not on her husband. He portrays irrationality and hence fails to understand that the cause of barrenness could be from a man rather than a woman. Interestingly, Baba Segi's impotency is also discovered by Iya Tope, who sees something different when having sex with her husband and the meat seller, she says: "For four years, that was how I lived : three days of pummeling from Baba Segi and a day of healing from the meat seller"(Shoneyin, 2010, p.86). In African societies, impotency among men is an unheard secret and the thought of a man being responsible for infertility is considered an abomination, let alone voicing it out to the hearing of people.

Therefore, IyaSegi understands clearly that what matters to her husband is the protection of his manhood (Shoneyin, 2010, p.243). This presupposes that exposing the impotency of an African man is similar to emasculating him and as such he sees himself as being emasculated and unproductive. Consequently, Baba Segi's impotency ensues into diverse troubles ranging from his wives desisting from any business venture, ban on wearing of make up to the shocking decision of Bolanle to return to her father's house. This aligns with the discovery of Dimka and Dein (2014), that "male infertility frequently remained silent and so when exposed could create considerable discord" (p. 112).

4. Implications of Lola Shoneyin's *The Secret Lives of Baba Segi's Wives* on Contemporary Societies

Reproductive health is both a concern of a man as well as a woman thus, assumptions are not reliable ways of discovering reproductive challenges and since the contemporary world is filled with technological innovations which make diagnosis easier. Many socio-cultural assumptions are not logically proven and the conventions of societies had imparted the lives and beliefs of people such that in matters of procreation, even the enlightened individuals sometimes tend to believe the illogical and unempirical conclusions premised on fallacies. Therefore, there is need for accurate deductions hinged on logical evidences in cases of infertility.

The Karma law is a universal principle that appears whether immediate or afterwards, the wives of Baba Segi sowed sour grapes by engaging in ethnosurogacies and never thought of being found out. Their secrets are later brought to limelight in a manner they never anticipated. Similarly, patriarchal domination against women which has permeated human societies such as emotional abuse and woman battery has a way of its retribution. Baba Segi employed this weapon to emotionally abuse and dehumanize Bolanle through the use of derogatory words. Shamefully the outcome showed him to be the cause of her assumed infertility. Hence it became clear to him that he had after all not fathered any child.

Deductively, the law of retribution nonetheless shames and lashes mercilessly at people who had previously been instruments of oppression to others. At the end, the once impetuous and audacious Baba Segi with a harem of women advised Akin:

Before you go, child, I have some words for you. Baba Segi started abruptly, his eyes unnaturally eager. Keep these words in your left hand lest you wash them after eating with your right. When the time comes for you to marry, take one wife and one wife alone. And when she causes you pain, as all women do, remember it is better that your pain comes from one source alone. Listen to your wife's words, listen to the words she doesn't speak, so that you will be prepared. (Shoneyin, 2010, p.238).

5. Conclusion and Recommendations

This paper probed the socio-cultural perceptions of infertility as explored in Lola Shoneyin's *The Secret Lives of Baba Segi's Wives*. It uncovered the dominance and oppression of patriarchy evident in procreation. Infertility is seen to be more of a woman's concern and as such infertility in men is usually addressed diplomatically unlike that of a woman, which is voiced to the hearing of all and sundry. This enquiry also addressed the issue of infertility and the dynamics of conception thus, it is informative on reproductive health so as to eliminate stereotypes bequeathed on women.

It is therefore recommended that parents should take the health of their male children seriously so as to avert infertility later in life. In this regard, they (parents) should ensure that sickness that causes infertility such as mumps orchitis is satisfactorily given medical attention. Similarly, male children should be taught to take into cognizance the volatility of their sexual organs and to take proper care of them. In addition, it is recommended that since it takes both a man and a woman to make a baby, waiting couples should submit themselves for proper medical examination. Lastly, attempts should be made to reduce the barriers from stigmas associated with infertility due to religious and cultural beliefs so that patients open up and share their problems, and serious awareness should be created about male infertility.

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