ISSN 2348-3156 (Print)
International Journal of Social Science and Humanities Research ISSN 2348-3164 (online)
Vol. 4, Issue 3, pp: (570-583), Month: July - September 2016, Available at: www.researchpublish.com

SOCIAL CONSTRUCTION OF THE MEANING OF INFERTILITY IN KENYA: A CASE OF KISUMU COUNTY

[1]Antony Odek Wando, [2]Prof. Masinde, J, [3]Prof. Omar E., [4]Prof. Mulinge Munyae, [5]Dr. Oloo, James, [6]Kennedy Ouma Olang'

Abstract: **This study aims at establishing the construction of the meaning of infertility. It relies on the social constructionist perspective and descriptive research design to understanding the meaning-making process and to capture characteristics of events/experiences of couples who have had difficulty getting pregnant or sustaining a pregnancy. The study employed the use of semi-structured questionnaires to gather information from 200 respondents, six Focus Group Discussions (FGDs) comprising of 10-12 individuals and thirty six (36) Key Informant Interviews (KIIs). The study disclosed that the concept of infertility bears strong social, cultural and economic undertones. In particular, infertility is given negative labels embedded in the community's socio-cultural set up. The study concludes that the meaning of infertility has to do with the reasons/factors behind childbearing. In Kisumu County, children are quite vital and not predictive of the residents' experiences but also their future. The meaning of infertility is thus extended to include concerns about family lineage. The study recommends for a comprehensive education program within Kisumu County aimed at filling the existing knowledge gap about infertility and any myths associated with it. It also calls for the need to re-define parenthood and adopt alternative ways of parenting like foster care.**

Keywords: **Infertility, Construction, Reproduction Processes, Socio-Cultural Beliefs/Practices.**

1. INTRODUCTION

Health is best understood, not as objectively measurable items, states, but as socially constructed categories negotiated by professionals, sufferers and others in a socio-cultural context (Miettinen et al. 2015). Infertility as one of the human states has attracted renewed attention worldwide. Commonly defined as the inability or failure to conceive a clinical pregnancy despite having frequent, unprotected intercourse for at least one year (Ali,et al., 2011).Infertility has changed dramatically over the last two decades (United Nation, 2014). Worldwide, 10 to 15% couples are unable to conceive a child at some point during their reproductive lives (Pittman, 2013). According to other reports, one out of six couples experience infertility related complications in the world (Brée & de la Croix, 2016).

An increasing number of studies (such as Inhorn & Patrizio, 2015; Mascarenhas et al., 2012; Greil et al., 2011) report that, for several reasons infertility is a serious problem in most developing countries especially those in including sub-Saharan Africa. In his study about the consequences of infertility in developing world, Rouchou (2013) observes that infertility has many serious psychological and social consequences for people in developing countries. It appears that men, and to a greater extent, women, with fertility problems are often stigmatized and ostracized in their communities, and pressurized by their family to solve their fertility problems and give birth (Gerrits et al., 2011).

Infertility can be expected to be an important public concern in Kenya as well. According to the 2014 Kenya Demographic and Health Survey (KDHS), women in Kenya have an average of 3.9 births, marking a decline from the total fertility rate of 4.6 recorded in 2008-2009 (KNBS & ICF International, 2015). The social construction of health is more striking in the case of childlessness as opposed to other conditions such as HIV/AIDs. For some, social meaning of

infertility is equated with responsibility and maturity and is thus regarded as a milestone to adulthood. According to Greil et al (2011), infertility is best understood as a social constructed process whereby individuals come to terms with their inability to have children as a problem, to define the nature of that problem and to construct an appropriate course of action.

Although there have been a number of studies about infertility (Greil, et al., 2011; Gerrits et al., 2011; Miettinen et al. 2015), there are still major gaps in the understanding of the meaning of infertility. Most studies have adopted the standard western and academic definition of infertility which may not be necessarily meaningful for others especially those in developing countries like Kenya. Furthermore, most researchers tend to focus on women (such as Berger, Paul & Henshaw, 2013; Kamau, 2011) yet infertility also affects men in one way or another.

This study is set against the above backdrop and examines the phenomenon from a little understood aspect of infertility. It looks strategically on the social construction of the meaning of infertility, which could enhance our understanding of some of the main issues involved in this experience particularly from a couple's perspective.

2. STATEMENT OF PROBLEM

The incidents of infertility continue to rise in Kenya. Today, about a quarter of men and nearly a fifth of women in Kenya are infertile (KNBS & ICF International, 2015). However, there are many unreported cases due to ignorance brought by low level of knowledge on infertility which subsequently has led to negative attitude in reporting infertility cases. In Kisumu County, cases of infertility have been on the increase. For instance, according to Kisumu County gynaecological records, there were 484 cases of infertility among females and males between 2006 and 2008 (KNBS & ICF Macro. 2010). A report by the Kenyan Demographic Health Survey the county's crude birth rate is 2% per 1000, total fertility rate is 5.8%, and annual growth rate is 2 % (KNBS & ICF Macro, 2010). These statistics obviously paint a worrying trend.

The social construction of the meaning of infertility compounds the infertility problem in Kisumu County. However, research on infertility among residents in this county has been very rare. Therefore, this study is an attempt to fill the existing research gap.

3. OBJECTIVE OF THE STUDY

This study sought to establish the social construction that helps to comprehend and explain the meaning of infertility among the residents of Kisumu County. This study is important in two ways.First, it is adding to the existing theoritical knowledge about infertility knowledge in Kenya, and second, it is an attempt to contribute to knowledge in this field, motivate further research, as well as inform policy decisions.

4. LITERATURE REVIEW

The social construction of infertility focuses on the individuals' views or understanding of infertility which is socially shaped by knowledge, attitude and perceived importance of child-bearing. Community's understanding of infertility may differ from the doctor's perspective of infertility. The social construction of infertility covers how couples define themselves when they are unable to bear a child or when they are unable to have desired number of children. This according to Moulet (2005) restricts how people understand and perceive childlessness. In a cultural setting, childlessness is often not welcomed. In most cases, it is viewed as 'deviant' or something 'pathological' especially for women (Muolet, 2005, p.11). In most cases, it is perceived as a disadvantage social status thus attracting social sanctions and stigmatization within the society.

The seemingly negative view of infertility is often tempered by the existing knowledge, attitudes and socio-cultural beliefs and practices that are also linked to the main motivation for childbering and the consequences of childlessness. As such, the construction of the meaning of infertility detemines the steps, if any, that needs to be taken to deal with infertility. A closer examination of infertility shows that children are taken as "yardstick" and social responsibility of parent-hood. This implies that the notion of choice or otherwise are embedded in the construction. For instance, in the West, having children is widely viewed as a choice to be weighed carefully with other life goals. Personal happiness and the possibility of giving and receiving love within the parent-child relationship play into the decision of having a child. Because of widely held beliefs in individualism, free choice, and control over one's life, unwanted childlessness causes

frustration for Western couples that may not be experienced in the same way in other societies (Schmidt, 2010). In countries like Kenya with underdeveloped social security system, many families depend on children for economic survival and childless couples risk severe economic deprivation and social isolation in old age.

The social meaning of infertility also depends on the society's social hierarchies and socialization including the different roles given to women or men. Therefore, inability to bear children also means inability to achieve a desired social role. Among the Tiv of Nigeria, a woman's total social role depends on having children because her place in this patrilineal society stems from being the mother of a lineage member (Audu, Ojua, Edem & Aernyi, 2013). Studies from African countries like Kenya reveal that women bear more repercussions of childlessness than men. Among the Luhya people of Kenya, infertility was always considered to be the woman's fault. According to the Kamba community, the notion of *'vinya''* that is, 'strength,' is linked with reproduction or childbearing and marriage (Mugi, 2011).

Social constructionism may be understood as a theoretical thinking which holds that human life exists as it does because of the social and interpersonal forces/influences (Gergen 1985). This perspective is all about the ways we think about and use categories to structure our experience and analyse our world (Gergen & Gergen, 2003). It is linked to the exaggerated doubt posed by the idea about how observations are an accurate reflection of the world that is being observed (Harre, 1993).This theory views individuals as integral with cultural, political and historical evolution, in specific times and places, and so resituates psychological processes cross-culturally, in social and temporal setting. The influence of social constructionist is a current issue within grounded theory and as such an understanding of its core concepts is important in evaluating its impact on the methodology.

The most interesting thing is that the constructionists view knowledge and truth as created not discovered by the mind and support the notion that being a realist is not inconsistent with being a constructionist. One can believe that concepts are constructed rather than discovered yet maintain that they correspond to something real in the world. Reality is socially defined, but this reality refers to the subjective experience of everyday life, how the world is understood rather than to the objective reality of the natural world.

While much work has been done on infertility, there seems to be significant gap in knowledge and many questions remain unanswered. Existing studies (such as Gerrits et al., 2011; Miettinen et al. 2015), do not provide insight into what infertility means for people. Other studies (such as Greil, et al., 2011) ignore the social situation in which infertility is experienced and dealt with.

5. METHODOLOGY AND DATA

This study adopted an integrated or triangulated study approach to understanding of the construction of the meaning of infertility with reference to Kisumu County. Both quantitative and qualitative methods were used. A qualitative research design was used to establishing the social construction that helps to comprehend and explain the meaning of infertility among the residents of Kisumu County. Data gathering tools such as in-depth interviews, focus group discussions and Key Informants Interviews (KIIs) were used in the process. This approach enabled the researcher to get inside the respondents' world. On the other hand, quantitative research design was used to identify statistical pattern between infertility variables in Kisumu; to quantify data and generalize results from a sample to the population of interest. This method aimed at measuring the incidence of various views and opinions of respondents concerning effects and remedies of infertility. Therefore, through the inclusion of both quantitative and qualitative data, the researcher was able to generate a wider or more complete picture of the phenomenon under study while avoiding the biases common in using single method. However, the use of mixed methods study as opposed to a single method approach is not without disadvantages. For instance, it can be more costly and time consuming for the researcher.

5.1. The Research Site

This study was conducted in Kisumu County. The areas covered included Winam, Kadibo, Maseno and Kombewa which all fall within Kisumu County. The County is an important regional centre that links Kenya to the rest of East African countries. Kisumu County is one of the administrative Counties of Nyanza Province. Kisumu East County is one of the most populated Counties in the country. According to the 2010 census, Kisumu County has a population of 968,909 people, with male 48.9% and the female 51.1% (CBS, 2011). After promulgation of the new Constitution 2010, and with devolution, there have been administrative changes in the areas or naming.

Topographically, Kisumu County is divided into two, the hilly North and Southern plain. Originally, the city only covered the residual hill at the tip of Winam Gulf, which has better drains and therefore attracted earlier settlements (UN-Habitat, 2005). Kisumu County was one of the 19 Countys in the former Nyanza Province and was divided into four administrative divisions namely; Winam, Kadibo, Maseno and Kombewa. Currently, the County falls under Kisumu County. The county has a total of six sub-counties namely: Kisumu East, Kisumu West, Kisumu North, Nyando, Nyakach and Muhoroni. Similarly it has seven constituencies namely: Kisumu East, Kisumu West, Kisumu Central, Seme, Nyando, Nyakach and Muhoroni Constituencies.

Kisumu County was considered an appropriate research site because it exhibits serious infertility and general reproductive health challenges. There are many cases of infertility. The County has highest unemployment rates (15.4%) and the highest HIV prevalence rate of 27.1% (Owino et al., 2012). The challenges are compounded by poor health services and high poverty index as illustrated by a large proportion of people living below the poverty level.

5.2. Study Sample and Selection Procedures

The targeted populations were male and female in partnership or are couples and are from the four specific divisions namely Kombewa, Winam, Maseno and Kadibo in Kisumu County. They included self-identified infertile couples. The respondents were in the age brackets of between 20 years to 44 years and were currently living in the research site. The study used a blend of probability and non-probability sampling methods. Purposive sampling was adopted as the main sampling procedures. This is a non-probability sampling strategy, and involves the conscious selection of certain elements or subjects from a pre-specified group or "information-rich cases (Webb & Doman, 2008). Simply put, the researcher decides what needs to be known and sets out to find people who can and are willing to give the information by virtue of either their knowledge or experience (Lewis & Sheppard, 2006).

For purposive sampling, participants have to meet the inclusion criteria for being in the sample.In the case of this study, the target population was based on the following inclusion criteria:

a) Currently living within Kisumu County.

b) 20 years to 44 years.

c) Able to understand the procedures and study requirements and,

d) Willing to take part in the study.

The sample was made up of 36 key informants comprising 20 health officers/practitioners, four religious leaders, four herbalists and eight TBAs. In selecting the health practitioners, purposive sampling was used. However, in recruiting TBAs and Herbalists, the researcher relied on , 'snowball 'sampling which is based on information from the community where previously identified participants referred the researcher to other people who they thought were knowledgeable about cultural issues and infertility(Neuman, 2007). In total, eight TBA were selected from the four divisions comprising two TBAs per each division. Last, four herbalists one from each of the four divisions was recruited for the study.

The rest of study respondents were selected from Kisumu County gynecological records which revealed that between 2006 and 2008 there were 484 reported infertility cases (KDHS, 2008). This was done with permission from the Doctor and the administrators. Out of the 484 persons, 100 people were recruited using simple random sampling by picking randomly from the list. The basis of simple random sampling is that every member of the population must have a known, non-zero chance of being selected. In this method, the margin of sampling error can be calculated and minimized through increase of the sample size (Williams, 2007). In this study, the researcher employed the use of simple random sampling technique in recruiting the 200 respondents who provided data that was analyzed using quantitative methodology. The rest of the respondent, 100 in number and which included boda-boda operators, fishermen, business men and women were also selected using simple random sampling by picking randomly from the research sites .Decision to use simple random sampling was informed by the fact that it is more appropriate and offers the best opportunity to generalize the results of the population.

Under the non-probability sampling approach, purposive sampling and snow-ball sampling techniques were used to select thirty six (36) Key Informants Interviews who provided qualitative data. Some of the Key Respondents especially herbalist was recruited into the study using Snow-ball sampling. This method is often appropriate when there is a very small population size. This is where the researcher asked the initial Key Informants Interview to identify another potential

respondent who meets the criteria of the study. Although, this method is hardly representative of the population, it is very useful in getting expertise opinions concerning a particular problem. On the other hand, participants in FGD were selected purposively based on gender and locations. They were selected from the four divisions represented by different occupations and educational background.

It is worth noting that the age interval 20-44 years was deemed ideal since men and women are expected by their families and the society at large to accomplish their reproductive roles within this age bracket. Age 44 was used as the upper limit to accommodate women's reproductive age. Unlike their male counterparts, women often experience menopause at the average age of 44 (Dutta, Ruma, Dcruze Lawrence, Anuradha, RaoShivani & Rashmi, 2012). However, the probability of getting pregnant decreases significantly after 40 years coupled with increased risks of infection (Makoba, 2005).

5.3. Data Collection Instruments and Analysis

Collection of data started in the year 2012. Both quantitative and qualitative data were gathered for this study. The quantitative data which created the foundation of this study were collected by use of semi structured questionnaires. As well, qualitative data was collected using key informant interviews and focused group discussions. Presenting data is a very crucial step in every study. An effective and efficient data presentation does not only enable a researcher in analyzing data, but it also readers understanding the data. In this context, there are a number of different measures which can be adopted by a researcher in presenting data. SPSS (Statistical Package for the Social Sciences) is one of the most preferred tools adopted by various researchers to present data in research work (Pallant, 2007). In this study, SPSS helped the researcher to make the research work more scientific and reliable. It was quite useful for the purposes of graphical representation of the raw data, and in interpreting and analyzing of the data retrieved from various methods (Cottrell & McKenzie, 2011).

Thematic analysis was used in analysing the qualitative data from FGDs and KIIs. This technique allowed the researcher to identify, 574espond and report themes in the data. Thematic analysis entailed familiarization with the data, scanning and scrutiny of the data followed by identification of emerging themes for interpretation. Maithya (2006) posits that thematic analysis entails a detailed reading and re-reading of the material so as to understand and generate explanations regarding the meaning of reproductive processes and outcomes and how they are linked to the Luo notions of misfortune causation, health and well-being. Various steps were followed during thematic analysis. In step 1, the researcher read through the information and scanned the study findings. The second phase was to realign it with the set objectives. One of the objectives was to establish the socio-cultural beliefs and practices associated with infertility in Kisumu County, and subsequently examine coping strategies.

6. FINDINGS AND DISCUSSIONS

More than one half (54%) of the study participants were female. The dominant age bracket was 30-34 years constituting 39%. The study revealed mixed results in terms of marital status. Nevertheless, a majority of the participants (80%) were married, 11%were single, 8% were divorced, and about 1% were widows.

The demographic and social profiles of the 200 respondents as presented in Table 6.1. The findings revealed that 32% of respondents had primary education as their highest level of education attained, followed closely by 28% who received tertiary college education. On the other hand, those who had not gone beyond primary level were 21%, whereas 19% were graduates. This outcome is important because there is a strong connection between the level of education of people and their knowledge on causes; socio-cultural beliefs and practices associated with infertility as well as coping strategies (see for example, Oloo (2005).

To undestand the social construction of the meaniing of infertiliity, it was neccesary to the level of knowledge on infertility and how such understanding compares with the standard definition of infertility given by WHO. To achieve this, the respondents were asked whether they believe that infertility is diagnozed after 1-2 years of regular unprotected sex. From the study, only few respondents correctly identified the right meaning of infertility as a condition that is proven after 1-2 years. A third (30%) of the participants recognized that infertility is usually diagnosed after 12-24 months of regular and unprotected sex. However, almost a half (48%) of respondents believed that infertility is usually not diagnosed after 12-24 months of regular and unprotected sex. Accordingly, and as the figure portrays, 22% of the respondents did not know when one is said to be infertile. From the researcher's perspectives, the current findings expose the fact that most of the respondents do not know the duration that an individual or couples take to be confirmed infertile.

This lack of sufficient knowledge of infertility had a negative impact in that those affected took too long to seek medical intervention (See Figure 6.1).

The limited knowledge on infertility was further confirmed during KIIs and FGDs interviews and discussions. In one of the FGDs, it emerged that some people did not know when infertility is confirmed in the lives of couples as illustrated by the typical quote below:

" I don't know whether or not am infertile….I have been married for more than three years now, and I have been sleeping with my husband as an obligation in marriage without using any contraceptive method. Despite this, I have not been able to fall pregnant. I guess I should just wait because the Lord is the giver of all children (Female FGD, 32 years).

During KIIs, one of the health practisioners:

*As a health practitioner, the first, and sometimes one of the most challenging things I have to accomplish is to assess a couple's understanding of how the whole issue of becoming pregnant …….. naturally or otherwise – happens. I may say that awareness levels about infertility in entire Kisumu County is still quite low….perhaps, it because we have not had serious awareness campaign on the same. Many people still don't really understand it (*Medical Officer, 44 years).

The finding of the present study is consistent with that of Mostafa et al., (2013) who also observed that there was a general low level of knowledge about infertility among Saudi couples. The authors advocate for special emphasis on enabling couples suffering from infertility to access the correct knowledge and practices about childlessness.

The respondents were also asked to clarify who between men and women was to blame for infertility. The findings are presented in Table 6.2. Close to a third (29%) of respondents believed males were mostly responsible for childlesseness. About 24% indicated that both males and females were vulnerable to infertility and both shared the blame. However, 47% of the sampled population blamed it on females. One of the respondents who claimed females were responsible shared the following:

"As women, we bear the most blame. Because of this, men are allowed to re-marry. On the other hand, women have very limited choices…..most of the time, they just have to follow the decisions made by their husbands or in-laws." (Female respondent, 31 years).

The bad ordeal of women as responsible for infertility was further exposed by one of the male FDG participant who explained that:

"Childless women especially the old are usually viewed as witches. This is because most of them tend to envy those who are blessed with children" (Male participant, 41 years).

The prior observation implies that only few of the respondents correctly identified that both male and female were equally responsible. In contrast, the bulk of people interveiwed maintained that it was women or females who were to blame and therefore supporting the contention that women bears all the burden and repercussions of childlessness than men (Mugi, 2011). When asked who was most responsible for infertility between males and female, a health practisioner vividly explained as follows:

"I believe various social, historical, cultural, and religious factors have made people to believe that that infertility always arises from the female side. ….though this may not be an illogical assumption, the reality is that men can also be cause particularly when issues such as low sperm count is the main problem." (Female Nurse 33 years)

Based on the above findings, the researcher is of the viewthat the problem as it appears to these two health practitioners is that there is inadequate awareness about infertility. The discussions with the key informants disqualifies earlier assumptions made by the respondents that females were mostly responsible for infertility, hence confirming the low level of awareness.

Equally of central concern to objective one of the study is the relevance of the labelling concept in understanding the meaning of infertility. The study revealed that the interpretations of infertility tend to revolve around the existing connotations and meanings based on the community's social-cultural background/context. Specifically, participants associated infertility to a number of expressions and phrases (Refer to figure 6.2). Evidently, the concept infertility has been understood wrongly by different people in the County.

The analysis of figure 6.2 disclosed that 16% of the respondents agreed that they were labelled as childless. Similarly,

persons experiencing childbearing problem were also labeled as unlucky, a witch, mule (unproductive animal), and one child like a donkey as was represented by 19%, 8%, 3% and 30% of the respondents, respectively. The other category of respondents representing 24% alluded to being called pathetic persons, cursed persons and bewitched persons. In view of such descriptions, it can be seen clearly that infertility attracts various deragoratory terms in Kisumu County. Each of those derogatory terms support the negative undertanding of the meaning of childlessness.

On the questions targeting the period or the time it takes to be confirmed childless, the respondents had divergent views as is captured in Table 6.3. Evidently, the duration ranged from 12 months to over 9 years. The analysis of the findings show that a majority, 61%, had attempted to get pregnant for 12 to 24 months while only 2% had tried for more than 8 years. This implies that many couples delayed seeking health services because they were not aware of the medical duration for one to be proclaimed or confirmed infertile. Such delay in seeking treatment compouded and complicated the health condition of the affected couples.

The findings from the FGDs and KIIs corroborate the quantitative data. For instance, during the FGDs, most participants never tied the meaning of infertility to any timeline. This situation exposes effects of inadequate information on the lives of the couples besides complicating future effort to find quick treatment on childlessness. Some women accepted the blame for their infertility. On the other hand, a section of the women felt that they were not responsible for infertility. The following are various expressions of the participants:

I can say this problem started after I met the man a currently living with. You know after you marry, you sleep together, and even if you do not plan, but you at least expect a child to be born. Therefore, since, we met, from around 2008, but nothing has happened (FGD Participant, Female, 32 years).

I knew I was infertile after marrying my second wife. I married my first wife and we stayed for four years without getting a child. I accused my first wife of being infertile and I chased her away. I then married a second wife with whom we stayed for two years without a child. It is then that we went for a medical check up and it is when I was told I was infertile (FGD Participant, male 28 years, 2012).

During KIIs with health practitioners, it was also confirmed that timeline is a key factor in the diagnosis of infertility thus supporting earlier responses from the study sample. The following quotes illustrates the definition by health practisioner:

"Generally, infertility means the inability to conceive a child despite trying for one year. In other words, it means having regular and unprotected sex for one year. I must say this definition also applies to women who are able to get pregnant but then have repeat miscarriages." (Health Officer, 2012).

For some health practitioners, the issue of infertility was a complex one. It depended on both males and females. During KIIs, one of the health officer stated that:

"Conception is a complex process. In particular, it's dependent on enough numbers of healthy sperm passing through open pathways and penetrating a healthy egg . The egg must implant itself in the uterus and the uterine environment must remain conducive for its development. Therefore, Infertility occurs when any one of these factors is impaired."(Health Officer, 2012).

An equally significant aspect of the meaning of infertility is the fact that social construction of the meaning of infertility also revolves around the various motivations for child bearing. Table 6.4 shows the distribution of responses on reasons for wanting children. The findings show that a general consensus reached by most people interviewed was that the desire for childbearing was motivated by the need to maintain the family lineage as generally agreed by sum total of 70% of all study subjects. Out of this, almost half (47%) agreed that children are needed to maintain the name of family. This view confirms the traditional beliefs by the Luo community of naming children after their forefathers or dead relatives. This was done in order to maintain the presence of forethers or the dead presence among the living. Symbolically, the presence of children was vital in maintaining lineage hence validating this strong tradition of maintaining lineage. Again, a total of 78% were in consensus that couples were motivated to have children as away of obeying God's Command. This motive, though spiritual, could not be aptly ascertained, as it was hard to determine whether indeed it was the reason behind child bearing. An equally significant motive was that children ensured inheritance and this was strongly argued for by more than half of all the respondents (59%). Among the Luo community, it is strongly believed that the wealth of a family should be taken care of by children once parents pass on and hence the motive behind having them. Further, a child is a source of joy and good companionship as was strongly supported by 70% of the respondents. The idea behind this is that the presence of children brings warmth between couples and in the house hence the desire to have them. Moreover, couples felt that children bond their parents together unlike couples who do not have kids. The study also indicated that a

total of 83% of those interviewed were in general consesus that the desire to have children was motivated by the need to gain respect and status in the society. Out of 83%, more than a half (51%) agreed while 32% stronly agreed. 74% of the respondents strongly agreed to the fact that children acted as security in old age in so far as financial support, caretaking and keeping company were concerned. Last, 5% of respondents were in agreement with other reasons not listed. Responses from some of the sample groups are illustrated below:

"The tradition is that marriage eventually leads to having a family..... like other couples I want children" (26 year old Female 577espondent, 2012)

Since an individual is not an independent entity in a family system, it was the duty of each individual to secure the continuation of the generation. Children are valued as they offer the needed support for their family/parents. Most people are keen to bring out the best in their children knowing that they might need their support especially in old age. As such children form one of the greatest pillars of parents' strength. They are often valued especially in old age as they take care of their parents. This parent-child reciprocity was aptly captured during KIIs:

*To have children is the wish of every couple. Personally, I think my children would take care of me during my old age otherwise I might eventually end up alone with only my wife" (*An Interview with TBA).

Therefore, there were several emergent themes related to the value of children. The desire to bear children was to maintain the family lineage and inheritances. Children usually bear the family's name particularly that of the father. The participants in the study revealed that the names were supposed to be passed on to their children to protect the family lineage. This finding is typical of the patrilineal system of inheritance. In fact, according to participants, there are numerous situations where families lost their lineage as a a results of childlessness. Therefore, nobody cherishes infertility as it it hinders generational transition, continuity and parenthood roles.

Further, a child is a source of good companionship. The idea behind this is that the presence of children brings warmth between couples and in the house hence the desire to have them. Children were also viewed as sources of consolation, and are signs of achievement for the married partners. During old age, grandchildren were seen as companions for the grandparents, thus a source of hapinness and long life. Participants felt that children brought social status and a sense of identity. Children affirm both womanhood and manhood. Children were valued because they easily engaged in conversations and helped to prevent loneliness. For most female participants, the role of children in strengthening marriages emerged. The quotes below from a participant clearly show how important childbearing is to the community members:

''They bring joy and this is the greatest achievement one could ever think of…. …we respect people with children in this community especially male child" (Male FGD, 30 years).

I think in marriage, it means a lot to have children, because it makes a happy marriage and increases love in the family (Female FGD, 25 years).

Demographic characteristics of respondents formed an important component of the study. An examination of these revealed that majority of participants were females and they constituted 54% of all respondents. The overrepresentation of female respondents in this study was attributed to their willingness to express their issues freely as far as infertility is concerned contrary to their male counterparts who were often shy. These results are consistent with the finding of Sami and Ali (2006) who revealed that females found it easy to express their health condition than men. Similarly, Tremayne (2001) adds that childbearing in many African communities is seen as a valuable role of women and not that of men. There is also a higher fraction of participants in the middle age group . Possible explaination is that the study focused on a period when one is sexually active in a marriage life and in procreation. The bio-medical meaning of infertility requires that couples must be involved in unprotected sexual intercourse for a period ranging between 12-24 months to confirm his or her ability or inability to contribute to conception. Besides that, one is also able to tell his or her fertility status more accurately in marriage than when not in marriage.

In terms of the level of knowledge on infertility, the survey confirms that a big proportion of respondents interviewed (48%) were unable to place the meaning of infertility within a given time-line. Similar outcome was realised when the respondents were asked to state who was the most responsible for infertility in the household. As can be seen from Table 6.4, a larger proportion of respondents (47%) indicated that women were solely responsible for infertility, 29% were of the opinion that men were responsible while 24% said that both sexes were responsible for infertility. It appears that feminization of childlessness is driven by inadequate health knowledge as was submitted by 47% of the respondents.

In support of these findings, other studies too have reported limited knowledge about the meaning of inferility. One such study is that of Nukunya (2003) who not only observed limited knowledge about infertility but also noted a lot of misconceptions and myths among his study population. For Nukunya (2003), alternative medicine was the most preferred option especially for those with less education. Similarly, Kjellberg et al. (2000) in their study "*Knowledge of and Attitudes towards Infertility Held by Members of two County Councils in Sweden*" noted that awareness level about infertility is inadequate in most parts of the world. This assertion is supported by a global survey of some 17,500 women from 10 nations which disclosed a low level of knowledge on fertility and biology of reproduction. The study adds that many women have little awareness of the period of the month in which they are most fertile and when to seek treatment. Okonofua et al. (1997) while studying the social meaning of infertility in South West Nigeria also revealed that most respondents had little knowledge about infertility. Other authors (see for instance, Meera Guntupalli and Chechelgudem, 2004; Sundby 1997) also identified limited knowledge on the meaning of infertility among people living in rural areas.

The study findings confirm the influence of socioeconomic status in defining infertility within Kisumu County. Social construction of the meaning of infertility is influenced by levels of education, levels of awareness, place of residence, income levels religious attachment and duration or time factor it takes in coping with infertility. The fact that majority of respondents were of low educational status partly explain why the inability to have children has strong cultural connotations. This premise is based on the assumptions that individuals with low levels of education are more strongly attached to their socio-cultural beliefs. Moreover, those with high levels of education are more likely to have correct knowledge of infertility as compared with people of low level of education. Awareness levels are also relatively low in Kisumu County. This is well illustrated by feminization of infertility responsibilities. Again, this is informed by the level of education and place of residence. The study respondents were majorly based in rural areas (Table 6.3) and have low educational status (Table 6.1). The study findings also reveals the existing gender differences in the social constuction of infertility. Women were inclined to give long and elaborate views on the meaning of infertility. On the contrary, men tended to be rather brief and casual in defining childlessness (Table 6.4). The study findings from FGDs and KIIs further reflect this dilemma where blaming the victim is the norm. The other aspect is the age factor which postulates that people in the higher age groups are more grounded in socio-cultural beliefs and practices, and view childlessness as a situation that can be addressed through traditional cleansing. On the other hand, the younger generation below 25 years views infertility as a situation complicated by frequent abortions.

The findings conform to the social constructionist's concept used in this study. This concept holds that reality of ill-health is socially constructed. In other words, it is through ascribing meanings to situations and the surrounding world that we can understand and act in the world, and in that senses both ourselves and our world are the meanings we ascribe to them. With this at the back of our mind, it is clear from the study findings that the meaning attached to infertility among the residents of Kisumu County conforms to social constructionist approach.

The meaning of infertility is generally drawn from the social context. Interpretations of infertility associates and coping mechanisms are socially constructed from the ideology and social structure of the society in which people live. The study found that interpretations of infertility revolve around the existing connotations and meanings based on the community's social-cultural background/context. For instance, the study found that the meaning of infertility is directly intertwined with family issues because it represents the inability to enlarge a family. This strongly suggests that a couple is not a family by virtue of not having children. It further emphasizes a society that is bent towards child-bearing and parenthood (pronatalism). Inability to contribute to parenthood makes couples to be labeled "unlucky, a witch, a mule, childless, one child like a donkey" among others as shown in Figure 6.2.

The study findings also confirm symbolic interactions' perspective which is anchored on the belief that human beings do not respond directly to the world around them, but put a lot of attention to the meaning they bring to it. This implies that reality is what members of society agree to be reality and this is shaped in social interaction. This was clearly shown from the enquiry about the time or duration in which one was expected to have a child which range from year one to over nine years. Meanwhile, from the first year to over nine years, the couples faced a lot of pressure from the community to do the natural thing which is conception. For example, one community member commented: "why are they taking too long to have a baby?" In addition, from a symbolic interactionism's perspective, childbearing is one of the social roles described as cultural responsibility that is "acknowledged, accepted, and used to realize pragmatic interaction within the community of human beings (Audu et al., 2013). The same view is captured in this research, especially the idea that childbearing among the residents of Kisumu County is seen as vital in maintaining family lineage besides validating the strong tradition of respect to the departed ancetors wanting to be named. The survey shows that 89% of the respondents felt that children brought joy and good companionship. In the same way, 89% acknowledged that children are a source of

inheritance for future. About 87% indicated that childbearing was motivated by the need for some sort of (social) security in old age such as provision of financial assistance, looking after parents and giving ensuring company. As evident from Table 6.6, a big number of respondents (86%) were of the opinion that children assist at home while 83% were in consensus that desire to have children is motivated by the need for social status within the community. Furthermore, the survey showed that 78% of respondents believed childbearing was motivated by the need to obey God's commandment while 70% listed maintenance of lineage as the main reason for wanting children. Among the Luo community, siring the boy child ensures continuity of the family lineage hence it ensures parental support at old age. In the absence of old age (social) security systems; children are responsible for taking care of their aging parents. Thus, childless informants were worried about their future. Above all, having ones' own children is a necessary condition to achieve full womanhood and manhood.

Infertility is influenced by among other things, the role expectations played by men and women through social interaction in defining childlessness within the community. Men and women bring in the aspect of social interactions in the interpretation of reality of childlessness according to the people of Kisumu County. In their study titled "the problem of infertility in Nigeria", Hollos et al., (2009) also acknowledges the role played by societal context/social interaction in shaping the local meanings of infertility and how the prevalence of infertility affects it's meaning. Although it is difficult to measure the value of children, this study established that childbearing is closely motivated by social, economic and emotional values for parents. In the context of Kisumu County, which is largely pronatalistic in nature as revealed in the study, the infertile were often viewed as abnormal or as not fulfilling their responsibilities to continue the human race. Inability to have children is therefore culturally constructed as abnormal and imposes a social blemish for the childless couples. It was seen as failed motherhood and fatherhood experiences. Thus the study findings further confirms to the ideas of social constructionist approach and symbolic interractionism that people tend to understand reality through ascribed meanings emanating from their social settings and social interactions respectively.

The current research finding has also been in the past reported in other research outcomes done in different parts of Kenya. For instance, Maithya (2006) maintained that children among the Kamba helped in carrying the family lineage. Furthermore, Tabong and Adongo (2013) in their study about the social meaning of infertility and childbearing explained that most couples sought to have children to take care of their property and support them especially in old age as well as being a source of joy and companionship. In most cases, people in Kisumu County view children as a source of joy and blessing. In light of these findings, it appears that infertility leads to negative psychosocial consequences such as abuse and name-calling. In the case of Kisumu residents, there are strong cultural values attached to parenthood, traditional marriage and childbearing practices. This implies that the meaning of marriage is attached to bearing of children.

In summary, the social construction of the meaning of infertility is well demonstrated in Kisumu County. From the findings, it is clear that couples do not define themselves as fertile unless they embrace parenthood as the main motive for child bearing and as a desired social role. The presence of infertility is signaled, not by the presence of pathological symptoms, but by the absence of a desired state. The motives for child bearing are enhanced by the existing socio-economic characteristics and levels of awareness, and together they all take centre stage in the construction of the meaning of infertility. For most respondents, as shown in Table 4.6, the desire to have children is motivated by the need to ensure inheritance, to have joy and companionship, to gain respect and status in the society, to maintain the family lineage among others. At the time of marriage all are geared towards fulfilling social roles of motherhood and fatherhood. The social construction of infertility is quite relative and therefore it can be argued that the interpretation of infertility in Kisumu County varies. This variation is influenced by the social, psychological, economic and cultural context of the community, and the meanings attached to infertility. All these factors confirm the interpretative repertoires through which the community in general make meaning of infertility and associated labels embedded in socio-cultural beliefs and practices. Among the community in Kisumu County, the meaning of infertility does not have any time limit. Again, the meaning of infertility is not only pegged on having a child but also having many children, some of whom must be male children. In other word, the meaning of infertility is pegged on couple's ability to contribute to parenthood. The reverse meaning of infertility invokes the usage of derogative labels like Luo-Lur; Kiswahili-Tasha; Kikuyu-Thata; Kamba-Ngungu and Luhyia-Mgumba. In some circumstances, the Luhyia community in Kisumu County refers to an infertile woman us "india avana" meaning "the greedy baby eater". As such birthing is considered as part of marriage, a new status, and identity and power acquisition.

7. CONCLUSION AND RECOMMENDATIONS

The study concludes that the concept of infertility has strong social, cultural and economic undertones. In particular, infertility is given negative labels embedded in the community's socio-cultural set up. Secondly, the meaning of infertility has to do with the reasons/factors behind childbearing. In Kisumu County, children are quite vital and not predictive of the residents' experiences but also their future. Therefore, experiences and the nature of coping with infertility will depend upon the extent to which one is exposed to negative labels associated with childlessness and what childbearing means to the individual/couple. The meaning of infertility is thus extended to include concerns about family lineage. This study is an attempt to fill the existing gap. As highlighted in the introductory section, the social and cultural aspects of infertility including have been largely ignored.

Symbolic interactionism offers a good explanation to the current meanings of infertility. The theory emphasized the ability of the human brain to interpret various symbols related to infertility. It exposes common meanings and possible actions based on the interaction of the people within the society. In the context of this research, such interaction influenced how the childless couples adjusted and coped with the consequences of infertility. It is also worth highlighting the relevance of life crisis theory in the study. Here, the meaning of Infertility is equated with a life crisis which according to the study respondents seems to compromise important life goals and potentially arousing unresolved challenges and therefore call for specific strategies to cope with the crisis. The negative labels given to the infertile emanate from the traditional beliefs and customs. This is enhanced by low education and poor medical facilities that have existed in the study area for a very long time. Particularly, patriarchal nature of the community has feminized childbearing problems hence making women to bear the greatest outcomes of infertility. Interestingly, the level of information in rural and urban determines reaction and health seeking behaviour among couples.

The results of the present study also have crucial implications for some broad issues regarding the dynamics of infertility. This research revolves around the basic premise that we come to see ourselves as we believe others see us. This understanding has been the cornerstone of the symbolic integrationist theory. In addition, the findings of this study have practical implications for parents, village elders and other agents of socialization towards a more positive world view so that infertile couples can adequately and positively cope with their situations. Unfortunately, one of the common issues in this study was the inadequate knowledge where most of them either did not have adequate knowledge about infertility nor had views about the infertility which were not helpful. It would therefore, be helpful for community members especially those suffering from childlessness to have as much information as possible about their condition in order to take appropriate measures.

The study recommends for a comprehensive education program within Kisumu County aimed at filling the existing knowledge gap about infertility and any myths associated with it. This can take the form of sensitization programmes and campaigns on the true biological causes, prevention and treatment of infertility. Reproductive health centres should also be facilitated by MOH particularly in the rural areas to facilitate information flow and services.

There is need to facilitate and renegotiate the meaning of parenthood within the community as a way of lessening the burden on the childless couples. Masinde (1991) acknowledges the need to form groups or organizations within community that can facilitate discussions that involve male and females. He adds that creation of organisations is likely to enhance discussions which will enable the community to come to a common understanding of reproductive health issues. Additionally, there is need to reconstruct a different reality in which the society redefines motherhood and adopts alternative ways of parenting like child care and foster mothering. Consequently, this would be a huge step towards eradicating the negative images of biological childlessness.

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ISSN 2348-3156 (Print)
International Journal of Social Science and Humanities Research ISSN 2348-3164 (online)
Vol. 4, Issue 3, pp: (570-583), Month: July - September 2016, Available at: www.researchpublish.com

APPENDIX - A

TABLES AND FIGURES:

Table 6.1. Respondents' Socio-Demographic Profiles

n=200

	Kadibo		Winam		Kombewa		Maseno		Total	
Description	Freq	%	Freq	%	Freq	%	Freq	%	Freq	%
Gender										
Male	28	14	20	10	24	12	20	10	92	46
Female	26	13	32	16	26	13	24	12	108	54
Total	54	27	52	26	50	25	44	22	200	100
Age(yrs)										
20-24	6	3	6	3	12	6	4	2	28	14
25-29	14	7	20	10	18	9	10	5	62	31
30-34	22	11	20	10	16	8	20	10	78	39
35-39	10	5	6	3	4	2	10	5	30	15
40-44	2	1	0	0	0	0	0	0	2	1
Total	54	27	52	26	50	25	44	22	200	100
Education										
Primary	18	9	18	9	18	9	10	5	64	32
Secondary	14	7	10	5	4	2	14	7	42	21
Tertiary college	16	8	16	8	12	6	12	6	56	28
University	6	3	8	4	16	8	8	4	38	19
Total	54	27	52	26	50	25	44	22	200	100
Marital status										
Married	44	22	42	21	42	21	32	16	160	80
Single	4	2	6	3	4	2	8	4	22	11
Divorced	6	3	4	2	4	2	2	1	16	8
Widowed	2	1	0	0	0	0	0	0	2	1
Total	56	28	52	26	50	25	42	21	200	100

(Source: Field Results, 2012)

Table 6.2. Frequency and % Distribution on who is believed to be Responsible for Infertility

Person responsible	Frequency	%
Males	58	29
Females	94	47
Both	48	24
Total	200	100

(Source: Field Results, 2012)

Table 6.3. Distribution of Respondents by Length of Time before Pregnancy/to be pronounced Infertile

n=200

Length of Time	**Frequency**	**% Ages (%)**
12-24 months	122	61
3-4 years	60	30
5-6years	8	4
7-8 years	6	3
9 years and above	4	2
Total	200	100

(Source: Field Results, 2012).

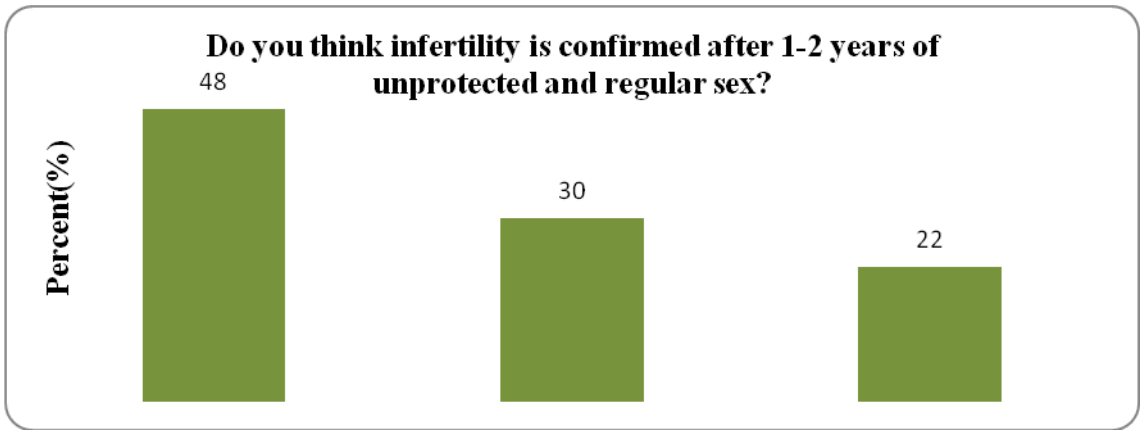
ISSN 2348-3156 (Print)
International Journal of Social Science and Humanities Research ISSN 2348-3164 (online)
Vol. 4, Issue 3, pp: (570-583), Month: July - September 2016, Available at: www.researchpublish.com

Table 6.4. The Different Motives for Seeking Children

Reasons for Children	SA	A	NS	D	SD	Overall Agreement	Overall Disagreement
To maintain lineage	23	47	19	-	-	70	11
To ensure inheritance	59	30	-	-	-	89	-
To assist at home	37	49	2	-	-	86	12
To act as security in old age	74	13	1	1	-	87	12
To obey God's Command	21	57	9	2	10	78	13
To have joy and companionship	70	19	-	-	-	89	11
To gain respect and status in the society	32	51	6	-	-	83	15
Others	59	10	2	-	10	69	29

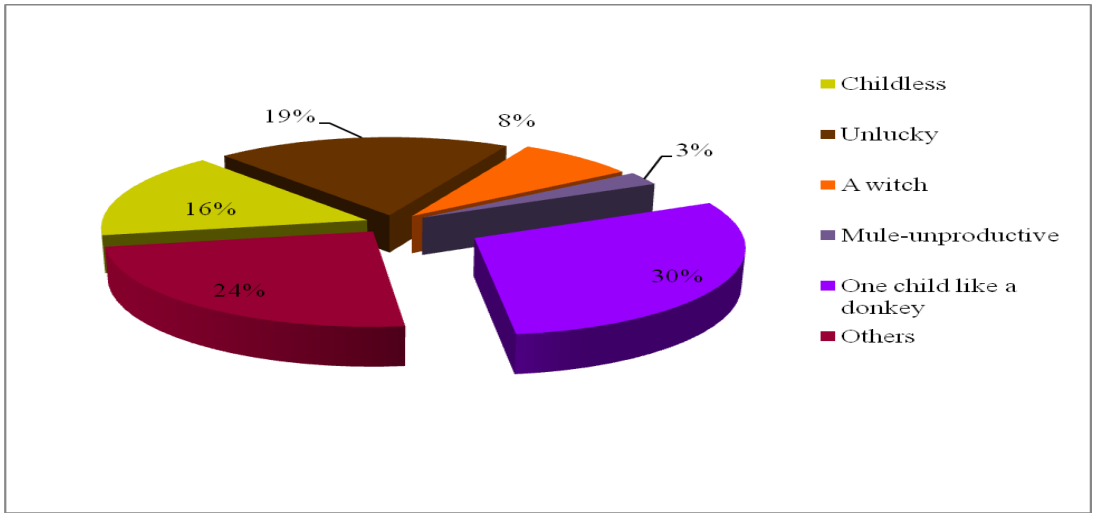
Multiple response=total % >100
(Source: Field Results, 2012)

Key: SA (Strongly Agree), A (Agree), NS (Not Sure), D (Disagree), and SD (Strongly Disagree)



(Source: Field Results, 2012)

Figure 6.1 Distribution of Responses on whether Infertility is confirmed after 1-2 years of Regular Unprotected Sex



(Source: Field Results, 2012)

Figure 6.2. Percentages of Infertility Labels