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# THE UNSEEN FACE OF INFERTILITY: AN EXPLORATION OF THE MAN'S EXPERIENCE IN AYOBAMI ADEBAYO'S *STAY WITH ME*

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## **Abstract**

Infertility is perceived to be the woman's problem in patriarchal societies. The woman is usually subjected to different forms of mistreatment when a couple is battling infertility. Male infertility is rarely discussed because it is regarded as a taboo subject. Due to the little attention given to male infertility, men suffer the problem in silence. The paper through analytical and descriptive research methodology examines the aspect of infertility that is 'unseen' – the man's side of the story as exemplified in Ayobami Adebayo's *Stay with Me* (2017). The study is hinged on the African feminist theory that seeks the emancipation of both men and women from gender stereotypes and encourages complementarity between the sexes. The research reveals that men endure enormous mental, emotional, and psychological pain when battling impotence. In most cases, the man devices ways of surmounting the problem alone. It concludes that male infertility has the potential of destabilising the atmosphere of peace and tranquillity in the home hence the need to accord it the attention it deserves. The study also reiterates the urgent need for men and women to be liberated from gender stereotypes and societal expectations that inhibit their personal development.

**Keywords:** Infertility, Taboo, Patriarchy, Trauma, Stereotypes and Women

## **Introduction**

The desire of every couple immediately after their wedding, especially in patriarchal societies, is to procreate. The eventual birth of a child brings so much joy and laughter to the home. However, in circumstances where this dream is not realised, it leads to anxiety, tension and misunderstanding between the couple and extended family members. This scenario causes psychological, emotional, and mental pain. In patriarchal societies, people usually blame female folks when the issue of infertility arises. The woman is subjected to different forms of mistreatment and pressure from her in-laws. She is made to undergo a series of fertility treatments both orthodox and traditional. The searchlight is usually not beamed on the man because of the preconceived notion that all men are fertile and, hence, could not be responsible for a couple's inability to bear children. According to the World Health Organisation 2023 report,

Every human being has a right to the enjoyment of the highest attainable standard of physical and mental health. Individuals and couples have the right to decide the number, timing and spacing of their children. Infertility can negate the realisation of these essential human rights. Addressing infertility is therefore an important part of realising the right of individuals and couples to found a family... Around 17.5% of the adult population – roughly 1 in 6 worldwide- experience infertility, showing the need to

increase access to affordable, high-quality fertility care for those in need.  
(np)

A lot of research has been carried out on women's reproductive systems and how they contribute to infertility in a family. Uadia and Emokpae agree that 'whereas the field of gynaecology has been growing, there was little or no growth recorded in the field of andrology. It was only recently that andrology was established as a medical speciality devoted to the study of male fertility.... Male factor infertility accounts for up to 50% of all cases (46). Deyer et al also submit that 'To date, most studies have focused on women, probably with the understanding that in African countries, women carry the main burden of infertility as they appear to be 'blamed' often solely for a couple's childlessness.... As a result, very little is known about man's experiences of involuntary childlessness in Africa' (960).

Female writers have over the years portrayed the plight of women battling infertility in their fictional works. In Ifeoma Okoye's *Behind the Clouds* (1982), Ije, an architect by profession, is blamed for her husband's impotence and childlessness in their marriage. She endures all forms of physical, emotional, psychological, and emotional abuse from her in-laws, especially her mother-in-law. As the events unfold, it is discovered that her husband, Dozie, is the cause of infertility. The medical doctor only examines Ije to ascertain the cause of the problem without subjecting Dozie to the same procedure. Although Dozie apologises to his wife after the discovery, Ije has already endured mental torture and the pains of unnecessary medical treatment which have left indelible scars in her life. Other female writers such as Flora Nwapa in *Efuru* (1966) and Chika Unigwe in *Night Dancer* (2012) tell the woman's story and the steps she takes to overcome the problem. This scenario is aptly depicted in Lola Shoneyin's *The Secret Lives of Baba Segi's Wives* (2011) where the three wives, in their desperation to get children thereby securing their place in the marriage, chose to get impregnated by other men. They are not confident to confront their husband, Baba Segi, because they are of the view that it is a woman's problem, hence she should be saddled with the burden of seeking the solution. Bolanle's insistence on getting proper medical attention after her inability to conceive as the fourth wife leads to the unravelling of the gory and embarrassing details of the women's secrets.

Infertility is defined as the inability of a couple to conceive after having unprotected regular sex for at least 12 months. Male infertility is rarely discussed in patriarchal societies due to the perception that it is a sensitive issue with the potential to bruise a man's ego. It is also a major cause of anxiety amongst couples with unpleasant adverse effects hence the need to tackle the problem headlong. Sadly, most men who suffer from this medical condition find it difficult to express their pain due to societal expectations. An objective analysis of patriarchy as a social system reveals that it is not beneficial to both men and women. The system expects them to behave in a stereotypically prescribed pattern. These societal expectations exert pressure on both sexes. The man is expected to be assertive in exhibiting his masculinity. Any contrary behaviour portrays him as weak and feminine which stems from the notion that femininity connotes weakness. Therefore, a man who discovers he is medically unfit to impregnate a woman endures personally self-inflicted psychological and emotional trauma. The mere thought of his inability to meet up with societal dictates becomes a huge burden with its attendant psychological torture. He faces the threat of stigmatisation from fellow men which stems from the belief that it is abnormal for a man to be infertile but normal for the woman. The resultant outcome is that the sensitive problem is ignored. Many literary authors are preoccupied with the plight of women and the different types of torture they endure when confronted with the challenge of infertility. Little or no attention is given to the man. Thus, this paper seeks to examine the other side of the story, albeit the man's experience and how he surmounts the problem while trying to survive in a

patriarchal society.

### **Theoretical Framework**

Feminism which is coined from the Latin word 'femina' advocates for social, economic, and political equality for both men and women. It seeks to liberate women from patriarchal injustices, stereotypes, unfairness, and subjugation. Although feminism in Africa is regarded as a Western construct which is alien to African culture. History is replete with the enormous contributions made by notable women who wielded so much political and economic power. These women such as Margaret Ekpo, Queen Amina of Zazzau, Funmilayo Ransome-Kuti, Gambo Sawaba and Moremi of Ife contributed immensely to the progress of their respective communities while championing the cause of women. Feminism is erroneously perceived as a movement that seeks to usurp man's position and encourages rancour and animosity between the sexes. However, the women listed above exhibited great leadership qualities while carrying out their responsibilities as homebuilders and mothers. The pre-colonial African society encouraged complementary roles between men and women. While the men engaged in large-scale farming with immense support from the women and children, the women engaged in subsistence farming and empowered themselves financially by using their pottery, weaving and basket-making skills. This enabled them to contribute to the family's welfare and upkeep. The entrenchment of colonial rule led to a dichotomy between male and female privileges and access to opportunities. The policies of the colonial masters institutionalized gender inequality. Over time, women started protesting the imbalance, inequality, discrimination, harmful traditional practices and patriarchal stereotypes. The need to address the peculiar needs of African women led to the pruning of Western feminism. It takes into cognisance the experiences and challenges of the woman that subjugates her in African society and protests the injustices. The variants of African feminism such as Acholonu's motherism, Nnaemeka's nego-feminism, Adimora-Ezeigbo's snail-sense feminism, Ogundipe-Leslie's Stiwanism, Opara's femalism are all aimed at giving the woman a voice and attaining selfhood without eroding African beliefs and culture. The major concerns for the proponents of these strands include childhood marriage, sexual objectification of women, female genital mutilation, unwholesome widowhood practices, and workplace discrimination amongst others. Over the years, women have achieved considerable success in the struggle and have proven their mettle in the fields that were hitherto perceived to be the man's sole preserve. The crux of African feminism is complementarity and partnership between the sexes, gender equality, communal living, motherhood, and personal development. In essence, African feminism is not anti-men, rather it seeks to liberate both men and women from patriarchal assigned roles and expectations that subjugate them. While partnering with the men, it seeks to build an egalitarian society that is devoid of injustice and inequality. In essence, both men and women are not constrained by patriarchal dictates, rather, both achieve selfhood and esteem in a conducive atmosphere. The man does not feel unfulfilled when battling infertility, neither is the woman forced to bear the brunt of the man's impotence because society recognises that both play complementary roles.

### **The Woman's Predicament**

In patriarchal societies, it is normal to blame the woman for barrenness in the family. Ironically, this perception is deeply ingrained in the psyche of women thereby making them unable to be objective in their assessment of the situation which inhibits their ability to tackle the problem holistically. Women willingly subject themselves to a medical examination without questioning the man's fertility or suggesting that the man should also undergo the same procedure. This attitude stems from the erroneous assumption that 'Stereotypically, women are presumed to desire children and therefore experience grief when the life goal of motherhood is unrealised, but men, having more diverse life opportunities, have been described as being disappointed but not

devastated by their inability to have a child' (Fisher and Hammarberg, 122). Yejide is unable to conceive after a few years of marriage, initially, her mother-in-law gives the necessary emotional and psychological support by praying with her, taking her to spiritual homes, traditionalists, hospitals, and the like in a desperate search for a permanent solution to the family's barrenness. Yejide attests to this when she says that Moomi 'had watched while my fresh perm was washed into a flowing river by a priest whose theory was that I had been cursed by my mother before she died, minutes after giving birth to me. Moomi was there with me when I sat on a prayer mat for three days, chanting words that I didn't understand over and over until I fainted on the third day, cutting short what would have been a seven-day fast and vigil. While I recovered in a ward at Wesley Guild Hospital, she held my hand and asked me to pray for strength.' (16). Moomi eventually loses hope and becomes instrumental in getting Akin another wife who is believed to be fertile to bear children for her son. Yejide is introduced to a new wife by her stepmother and Akin's uncle without any prior notice. Although, Akin, her husband is aware of the conspiracy, his refusal to tell her makes her psychologically unprepared for the encounter. The new wife's presence is a stark reminder of her failure as a woman. Since Akin is not comfortable with the arrangement, he fails to confront his in-law and uncle. Following the development, Yejide becomes anxious in her bid to conceive. The desperation is heightened by the fact that if Funmilayo, a younger woman, eventually conceives, she loses her relevance and position in the family. Yejide endures life-threatening procedures in the hands of a spiritualist in her quest for a child. She later discovers to her dismay that the so-called spiritualist is a fraudster and womaniser. The desperate search takes a toll on her mental health. She starts feeling the symptoms of pregnancy without actually being pregnant – a medical condition called pseudocyesis. She starts attending antenatal clinics at Wesley Guild Hospital and goes for a scan which reveals there was no baby in her womb. Yejide insists 'I don't think I am pregnant. I know I am pregnant. I have not seen my period for six months. See my stomach. I have even felt the baby kick! I don't think I am pregnant, doctor, I am pregnant. Can't you see? I am pregnant' (75). After her outburst, Dr Uche, her gynaecologist, gently tells her 'Madam, I'm sorry if I sound patronising. I'm just worried about your health, your mental health' (67). She gradually accepts the reality of her condition when she gets the fifth confirmation result at the Teaching Hospital. Akin helps her to adjust to the true reality and her body is gradually restored to normalcy. Amidst this drama, Akin insists that she is not pregnant because he knows that he is impotent, yet he refuses to tell his secret. Akin reminds her that 'You have been sent away from antenatal classes, Yejide. You had five scans, from five different doctors, in Ilesha, Ife and Ibadan. You are not pregnant, you are delusional' (106). He only helps her to strictly abide by the treatment routine of the psychiatrist that she sees every Wednesday. In all these, Yejide never suggests that Akin should also undergo medical examination because it is unthinkable in a patriarchal setting. Rather, she takes the blame and endures the taunts verbal and psychological abuse from her stepmothers and in-laws until she eventually becomes pregnant.

### **The Complexity of the Man's Dilemma**

The patriarchal system and societal expectations make it difficult for an impotent man to seek moral support from family members. Akin notices from an early age that he has never had an erection, yet he refuses to tell his parents and siblings. He continues to suffer in silence and battles his condition alone until he finally confides in his younger brother, Dotun, during his final year at the University of Lagos. He recounts the moment thus:

It was during that year that I told him I'd never had an erection. At first, he laughed, but realising I was serious he scratched the back of his head and told me not to worry because it will happen when I met the right girl. And because he was Dotun, while we waited for the right woman to show up,



he paraded a series of girls through our flat during the day and dragged me to red light districts on Allen Avenue at night. He was the one who, even when I started treatment at a private clinic in Ikeja during my final semester at university, bought herbs and miracle drinks that purged me but did not harden my penis. Thanks to him, I must have watched every pornographic video that was available in Nigeria. I watched it all: men and women, men and men, women and women – nothing worked. (258).

He continues seeking solutions to his predicament until he eventually gets married to Yejide. When Yejide starts experiencing the symptoms of pseudocyesis due to the family pressure that is taking its toll on her, he hides his psychological trauma under the cloak of male ego and masculinity. His emotional and psychological stress becomes palpable when his mother gets him a second wife thinking that his wife, Yejide, is the cause of the family's barrenness. He realises that his long-kept secret will be revealed with the coming of a new wife. He refuses to have any form of cordial relationship with Funmilayo, his second wife under the guise of not being in love or physically attracted to her. His constant visits to the urologist at the Teaching Hospital fail to yield the desired results. For years, he endures the psychological pain of seeing his wife having sex with his brother all in a bid to save him from the shame of impotency and its attendant stigmatisation. Akin creates an emotionally insecure atmosphere for his wife anytime his brother visits to execute their plan thereby giving the impression that Dotun is willing to restore her emotional stability. This scenario results in sexual intimacy which has been planned by the brothers. Yejide felt defiled and ashamed the first time it happened. In retrospect, he says, 'It enraged me, the still-moist, limp penis between his legs. I thought of where the penis had just been and a lifetime of rage heated my head. The images of him with Yejide that I'd spent my waking hours fighting for years, pictures that dragged me down in dreams each time my head hit a pillow, broke loose from the cage of denial I'd constructed for them. (210).

Yejide gets pregnant and gives birth to Olamide who dies after a few months. After the birth of Sesan, the second child, the doctor confirms that the child's frequent ailment is due to sickle-cell disease. Akin's attention is drawn to the fact that his genotype and Yejide's cannot produce a sickle-cell child thereby questioning the child's true paternity. Akin acts as expected when the doctor's observation suggests that Yejide has been unfaithful to him. He says 'I made sure I seemed angry enough to Dr Bello. Behaved the way I imagined a man would when discovering that a child wasn't his. I punched the wall, yelled and slammed the door as I left the office (177). He feels the pretence will massage his ego and protect him from stigmatisation when the truth is unravelled.

Akin finds himself in a dilemma when the strained relationship between him and Dotun takes its toll on their mother. It is apparent that Akin is not happy to be the cause of his mother's discomfort and unhappiness. When his mother insists on knowing the cause of their near-fatal fight, Akin endures his inner pain when he 'could see her heart breaking, but what was I to say? The truth? I knew it would finish her. This truth' (213). He prefers to endure his mother's threat of isolation to reveal his medical condition and the unholy alliance between his wife and brother. Akin lives in constant regrets and pains yet those around him are oblivious of it including his wife. Akang et al agree that 'Although infertility is not a life-threatening condition, it is often associated with emotional, physical, psychological distress, social and socioeconomic factors. (2)

After the altercation between him and Dotun, he

wished Dotun were dead, that he'd never been born. But this is a lie. What I wished was that I was dead, that I'd never been born. I brought Dotun into our home, invited him, cajoled him, threatened

him, and did everything I could to convince him. Never imagined that I would ever in seven lifetimes have to see my brother thrusting into my wife, grunting like a pig as he came. As I factored unforeseen circumstances into my plan, I'd left out the things that would ruin it: sickle cell, Dotun losing his job, and all the mess of love and life that only shows up as you go along (212).

He also endures the pain of knowing that his wife knows his secret yet is unable to initiate a frank discussion with her about his feelings of betrayal. Akin is torn between his love for his wife, respect for his mother, need for his brother and more importantly, keeping his secret. This complex situation is capable of throwing him into a deep depression. However, he takes solace in the acceptance of Rotimi as his child and the hope that she will survive several sickle-cell crises. He strongly believes that 'Hope has always been my opium, the thing I couldn't wean myself from. No matter how bad things got, I found a way to believe that even defeat was a sign that I was bound to win' (228). When he eventually summons the courage to discuss his predicament Yejide, still avoids the truth and fails to have an in-depth discussion. He apologises to Yejide and instinctively knows that she will keep his secret. The unspoken agreement is not surprising because male fertility is a taboo subject in patriarchal settings.

### **Proffering Solutions?**

Akin first tries to cure his medical condition by having constant visits to a urologist at LUTH, a teaching Hospital. Although the treatment does not yield the desired results, he remains hopeful of getting a permanent cure. When he realises that Yejide is becoming mentally unstable due the infertility and pressure from his family, he, out of pity for her plight, asks his brother Dotun to help him impregnate his wife. He perfectly executes the plan without confiding in Yejide until she eventually discovers the long-kept secret. While she battles the feeling of guilt and shame for having an incestuous relationship with her brother-in-law, Akin battles the trauma of knowing that the real father of his children is Dotun. The children are a constant reminder of his failure as a man. Over time, it becomes apparent that the solution he suggested has its attendant negative consequences. First, the first three children die of sickle cell disease at a very tender age thereby subjecting Yejide to the pain and trauma of losing children. Akin feels 'it was impossible not to wonder if Olamide and Sesan had died as a form of retribution. Whether, on some universal scale of justice, by some skewed process of Karma or *esan*, the children had paid the price for my sin' (240). When Rotimi, the third child is born, Yejide refuses to take care of the child because she does not want to get emotionally attached to her since she knows that the child will also die. Yejide is shocked and feels betrayed when Dotun tells her that 'he was sorry Akin hadn't found a solution to his impotence; it was obvious that Dotun thought I already knew that half of Akin's trips to Lagos were made because he had to see the urologist at LUTH. The truth was that I knew nothing about the urologist, the drugs that had been prescribed, or the procedures Akin had undergone. ...it was obvious ... that my marriage had been built around a lie' (248). Yejide's expectation after the revelation was 'Akin would confront me, apologise, share the struggles he'd managed to keep hidden from me and beg me to stay with him. It was hard to accept that he intended to keep up his deceit for the rest of our lives (248). Of course, for Akin, a man is not supposed to admit his failure and impotent state to his wife. His brashness reflects the masculinity he is meant to exhibit even when it is obvious that his actions are wrong and condemnable. Akin's attitude puts a further strain on their relationship and Yejide moves out of their bedroom and stops talking to him. The situation in their home becomes compounded when Dotun becomes sexually attracted to Yejide and ends up having another sex with her without Akin's consent. The initial plan between the brothers was that Dotun would have sex with Yejide during her ovulation period with the aim of getting her pregnant. The plan backfires when Dotun is unable to control his



sexual urge towards his brother's wife. Akin catches them in the act and is unable to control his rage.

In a fit of anger, Akin reacts thus:

I knelt between Dotun's spread-eagled legs, grabbed his limp penis and twisted it. His scream would have deafened me if I'd heard it, but the sound of my mind exploding shut down everything else.... Dotun tried to sit up, covering his eyes with his hands. I hit him on the chin with the lamp, and knocked him back to the ground. Yejide said something, but all I could hear was the pounding in my head, the sound of the glass cracking, I smashed the lampshade against his head, shattered its glass panels and low-watt bulbs against his scalp until he was still (210-211).

Akin wished his brother died in the fight which will erase the memory of the cause of his psychological pain. However, Dotun survives the brutal attack and the brothers become estranged for years. Moomi becomes worried that her two surviving sons are sworn enemies, yet she is unable to fathom the cause of their deep hatred for each other. Yejide is unjustly blamed by his relations and neighbours for the strange enmity. The brothers only get united during the demise and burial of their father.

Akin also adopts an unwholesome solution to his problem when he realises that Funmilayo has discovered his secret. During Olamide's naming ceremony, Funmilayo suspects foul play and in her drunken state, boldly asks Akin 'So how did Yejide get pregnant? ... Do you think I'm a fool? Your lies and the fake nonsense you've been doing in bed, you think I don't know? Is it because I've not decided to expose you?... Tell me how a penis that has never been hard makes a woman pregnant? And don't tell me again that it only happens when you are with me. I don't believe that any more (241). Funmilayo's confrontation unsettles Akin. While trying to cover her mouth in order not to attract the attention of the guests who were already asleep, she staggers, falls backwards and tumbles down the stairs to her untimely death. Although Akin comforts himself that he did not intentionally kill Funmilayo, he suffers nightmares and is deeply traumatised by his actions. He knows that her death is a result of his inner and desperate desire to protect his secret. It is noteworthy that all the methods adopted by Akin to solve his problem ended in outright failure. His inner peace is achieved when he accepts his fate with the hope that there will be a cure someday, discusses his condition with his wife and accepts Rotimi as his biological offspring.

## Conclusion

The study has revealed that men, just like women, suffer untold psychological and emotional pain when battling infertility. The condition is exacerbated by family pressure and societal demands. It becomes worrisome when solutions to the problem do not yield the desired results, hence, destabilising the atmosphere of peace and tranquillity in the home. Couples battling infertility are entitled to freedom from unwritten societal rules that infringe on their emotional and psychological well-being. Considering the devastating effects of male infertility on the individual, family and society, it is necessary to expedite action towards ensuring the mental and psychological stability of victims. Also, men and women need to be liberated from gender stereotypes and societal expectations that inhibit their personal development.

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