Infertility and Women's Life Courses in Northern Malawi

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ABSTRACT

'Infertility' can be a significant factor in the life courses of women in Malawi: they are vulnerable to reproductive health hazards within a patriarchal society in which the literature often presents their status as being primarily defined by their fertility. Fear of infertility or desire to demonstrate fertility may contribute to low contraceptive rates and 'risky' sexual partnerships. Infertility may precipitate disruption in women's marital, residential, and socioeconomic experiences, resulting in vulnerability to ill health and poverty. The lack of consideration given to these fertility-related behaviours in prevailing models of sexual behaviour, especially those which have been developed to understand factors driving the HIV epidemic and to develop prevention strategies, is critically discussed. Employing qualitative methodology, in-depth life histories were obtained from infertile and fertile women in Karonga district, northern Malawi. This paper focuses on findings relating to infertility and women's marital careers, with reference to household structure, socioeconomic status, and biomedical indicators including HIV status, using data from parallel quantitative studies.

INTRODUCTION

Infertility is thought to affect between eight to ten million women in sub-Saharan Africa (Boerma and Mgalla 2001). In spite of near universal marriage and little use of modern contraception, 7% of women in the study area in 2002-2004 aged 44 had never had a live birth (pers. comm. Jahn, A. 2005). Yet reproductive health services and policies too often overlook the detrimental effects that infertility can have, and the disproportionate share of blame, stigma and burden of treatment that women shoulder when a couple experiences infertility. The effects that infertility has throughout women's life courses are poorly understood, as are the attitudes, gender relations, and other social structures which influence them.

This paper investigates the significance of infertility, in its broadest sense, in the life courses of women in rural northern Malawi, focussing on the relationships between infertility and marital histories across often lengthy periods of women's lives. Both anthropological and demographic studies have linked infertility with marital instability in several countries in sub-Saharan Africa. Marital instability is associated with a number of harmful outcomes such as increased risk of acquiring HIV and socioeconomic vulnerability. Boerma and Urassa (2001) describe how infertile women in rural Tanzania were more likely to get divorced or acquire a co-wife, and be HIV positive. They also found a large number of infertile women who were commercial sex workers to support themselves following divorce and/or social stigmatisation.

The problem with these associations is determining causality: we know that HIV infection contributes to infertility, but might prior infertility also contribute to vulnerability to HIV infection? Another study in Uganda found that half of the observed association between HIV infection and infertility could be explained by pre-existing infertility, even after controlling for the fertility-reducing effects of HIV and co-infection with STDs (Ross, Morgan, et al. 1999). The authors suggest that infertility might lead to women having a greater number of sexual partners (extra-marital and marital) in an attempt to get pregnant, or as a result of marital instability. In this context, the consequences of infertility constitute a problem of public health importance. The lack of attention to infertility in developing countries highlights weaknesses in current theoretical understandings of sexual behaviour.

The term 'infertility' is usually used throughout in its broadest, colloquial sense – the inability to bear a live child when desired. 'Infertile women' is used as shorthand for women in infertile partnerships; we do not assess whether reported infertility is owing to male or female factors.

We view infertility from a life course perspective: not through the use of longitudinal data, but from compiling retrospective life histories from women at different stages in their marital and reproductive careers. By doing so, we hope to capture the ways in which infertility affects lives in a social context and through time. A life course perspective encourages an awareness of the interrelatedness of sexual behaviour, partnership formation, fertility and STDs, all of which are salient to understanding motivations, fears and behaviours in the context of the HIV epidemic.

BACKGROUND

These preliminary findings are based on nine months fieldwork which finished in July 2005, comprising work towards Joanne Hemmings' ESRC funded PhD studentship. Fieldwork was based at the Karonga Prevention Study (KPS), a London School of Hygiene and Tropical Medicine epidemiological, demographic and immunological research site in northern Malawi, funded by the Wellcome Trust and LEPRA.

Data were collected within the 33 villages comprising the KPS' Continuous Registration System of demographic events, which covers around 30,000 people in a rural area of northern Malawi. The majority of people are subsistence agriculturalists. In 1998-2001, background prevalence of HIV was estimated to be 14% in this area (Crampin, Glynn et al. 2003).

A recent baseline census identified women aged 15-45 years who had not visited an antenatal clinic (ANC) in the past four years. Eligible women were followed up by the Antenatal Non-attenders' (ANA) study[1], which was designed to compare antenatal non-attenders with ANC attenders on indicators such as HIV status, marital histories, and parity for age. Analyses in the early stages of the ANA study found that women currently using fertility treatments were at higher risk of being HIV positive than other women in the study (OR 7.1, p=0.002), although numbers were small: eight out of 12 women using fertility treatments were HIV positive (Jahn, Ngwira et al. 2004). Low parity for age was also found to be a risk factor for HIV compared with ANA women of average parity for age (OR 3.98, p<0.001).

These findings prompted the design of a qualitative study to investigate in detail the events and processes in women's lives that relate to experience of infertility, including use of traditional fertility treatments, low parity for age, marital history, HIV status and other reproductive health indicators.

Methods

We carried out in-depth interviews with 43 women aged 20 to 30 years, drawn from the ANA study and census. This age group was targeted because they have the highest fertility rates, higher rates of using fertility treatments, and higher HIV prevalence.

Thirty women with probable fertility problems (selected from the ANA study); and 15 with medium to high parity for age as a comparative group[2] (selected from the census database, from a spread of ages and villages) were targeted for in-depth interviews. Of those with probable fertility problems, 21 selected because they were 'currently using fertility treatment' and seven were selected because they were divorced with low parity for age, in order to include women who may have had fertility problems in the past. Two-thirds of interviews with infertile women were followed up with a repeated interview to probe on more specific questions. Several infertile women had given birth since their initial inclusion in the ANA study.

[1] 99% of antenatal non-attenders had not been to ANC because they had not given birth in the past four years; only 1% had given birth without attending ANC.

[2] Data from this group are not directly analysed in this paper though they provide background information.

Interviews took place at women's homes after a booking visit, explanation of the study, and gaining informed consent. Local women were trained as interviewers over several weeks by the principal investigator and KPS ANA study nurses. Interviews were carried out in Chitumbuka, and were recorded digitally, with the principal investigator present at most interviews. They were transcribed and translated into English, retaining the original text next to the translation so that the principal investigator, a competent though not fluent Chitumbuka speaker, could refer back to the original words and concepts used; an essential process during analysis. In-depth interviews were also carried out with older women, husbands of infertile women, traditional healers, other service providers, and groups of women, to investigate attitudes in the wider community.

Data analysis

Qualitative data collection finished in June 2005; the following discussions are based on preliminary analyses of interviews. The marital experiences of the infertile women are grouped under different themes; illustrative cases have been presented using pseudonyms. Full descriptive and analytical coding and grounded theory-based analysis of interviews is yet to take place.

Interviews are analysed with the recognition that the interviewer and interviewee create the interview together, and that a recounted life history does not equate with the actual events of a woman's life. Rather, a life history interview creates an interpreted version of a woman's life, and reflects how people make sense of their situations. The tone and content of interviews are moulded by both subconscious and conscious complex motivations. In order to incorporate this dynamic, and to comment on the strengths and limitations of the data throughout its collection, detailed field notes were taken at interviews by the principal investigator, noting the tone, context, and conversations that took place either side of the interview.

Quantitative analysis of demographic and epidemiological data from the ANA study, baseline census, and ANC surveillance is ongoing, in order to investigate associations between low parity for age and household structure, socioeconomic status, and various biological indicators. When analyses are complete, qualitative findings will be able to be placed in a quantifiable context.

RESULTS

Possible biases to the sample are discussed, followed by a description of the social context in which marriage, divorce and reproduction take place. Themes identified relating to marriage in the in-depth interviews are presented, including the importance of pregnancy in the early days of marriage, examples of how infertility might be associated with marital instability, evidence of 'risky' sexual behaviour amongst infertile women, and examples of marriages which are presently stable in spite of infertility. Several case studies of how infertility might relate to polygamy are discussed, including cases where infertile women are married as 'love' wives as a second or third wife where other co-wives have children. Finally, the importance of women and their families' agency in the development of their life courses is discussed.

Loss to follow up and sample biases

Twenty-eight out of 35 women selected were successfully followed up. Of those not interviewed, one had died, one declined to be interviewed, and the rest had moved. By definition, those women with less stable marriages were more likely to have moved; so our sample was biased towards those with more stable marriage. In addition, infertile women might have left for urban areas, and hence been absent from our sampling frame. Finally, our sample of women who were currently using fertility treatments might have favoured the selection of those with more stable marriages, as traditional medicines are not thought to work if the couple are not getting on well together.

Background findings

Ethnographic information on the Chitumbuka people of northern Malawi is scarce and almost exclusively amateur, religious and/or over fifty years old. The following summarises the social context based upon nine months fieldwork, informal observations, and analysis of structured qualitative data by the principal investigator.

Primary education in Malawi is free though there are few resources. Very few girls go to secondary school for a variety of reasons: the lack of specific facilities such as boarding houses, the cost of transport and fees, disliking school, pregnancy, getting married, or being sent away to live with and/or look after other family members (especially grandmothers). Commercial and domestic activities start young (e.g. selling bananas and fish, housework, farming, gathering firewood). Interviewees were largely open about having had a boyfriend and/or pre-marital sex: though boyfriends must be kept secret from parents. There is no strong emphasis on virginity before marriage. Should pregnancy occur, cash compensation is demanded from the man involved by the woman's family, if he fails to marry her.

The events leading to marriage are varied. Some women recount a romance: usually with a young man of a similar age who they met at school or a football match. Some women might decide that they want to marry, perhaps in order to escape problems at home (usually poverty related), or because all of their friends are getting married. Then, if a man who she has met, even if very briefly (at a place of work, or while out 'walking'), proposes marriage to her, she is likely to agree (i.e. it is often the institution of marriage, not the particular husband himself, which is cited as being

desired). Some describe being coerced into marriage by their husband and/or his family (verging on kidnapping) at young ages. Marriage is often proposed through an intermediary (e.g. usually a friend of the man talks to the maternal aunt of the woman).

Only 2% of women aged over 20 in the census area have never married, and the average age at first marriage for women in the latest DHS was 17.8 years (DHS 2000). It is often a process, rather than a discrete event, including a system of payments:

1. 'Thenga': if a man sees a woman he wants to marry, he sends a messenger (usually one of his friends) to the intended woman's family to alert them of his interest. Her family will ask her if she knows him and consents.
2. 'Vikhole': the man should make a payment to the intended woman's maternal aunt, to show that he is serious about her.
3. Man pays cash to the intended woman's parents to initiate marriage talks.
4. 'Chuma' (bridewealth: often called 'lobola' in southern Africa): the amount that the man will pay to the woman's parents is negotiated. It is usually paid in cash though in the past cattle would have been used.
5. Some couples have a traditional or church wedding ceremony. Otherwise women may be escorted to their new house by relatives carrying their belongings.
6. The moment when the couple are considered married is when they move in together. Symbolically, this is represented by the time that they start 'eating nsima' (maize porridge) together.

The 'ideal' marriage consists of a series of these payments, discussions and meetings between the man and his representatives, and the bride's family. It is unusual for all of these steps to take place. If a man fails to complete the required steps the couple may elope together at night. Once the woman has spent one 'public' night at the man's house they are considered married and her family may demand payment (called 'chitola minga'). Residence after marriage is usually patrilocal, though in market areas couples often live apart from the husband's family (though land is retained for farming at the husband's village).

Marriage payments may be made over the course of the marriage, even as long as a decade after marriage or after the death of the woman. Prompts for making payments include the birth of a child, or attempts to placate angry relatives for the failure of payments and who may be bewitching the couple and casting misfortune on them.

Divorce is common: the census found 13% of all women over 20 to be currently divorced or separated. It may be initiated by the husband or wife; however, if chuma has been paid, a woman leaving her husband may lose custody and contact with her children. Women usually return to their parental or fraternal home after divorce or aim for their own 'independent' household through running small businesses or with help from boyfriends. Demographic data from neighbouring Rumphi district shows that remarriage is swift and widespread (Reniers, 2003).

It is not necessarily clear when a couple have divorced, as they may stay separated for many months or years but eventually reunite, especially if they have children together. Women frequently leave their husband's home for weeks, months, or even years, after a disagreement, or if they are attending a funeral or nursing a sick relative. There is

little stigma attached to marrying a divorced woman. The main consideration is her age and fecundity; if she is divorced, she is likely to be older and seemingly less fertile, so mothers-in-law may protest. However, most men seem to disregard their mother's advice in this respect if they fall in love with a particular woman.

In order to obtain an 'official' divorce, or to settle a chuma dispute, the case is taken to a traditional court where the village elders will lay out the terms of the divorce. If a childless woman requests divorce, her family must return the whole chuma. If a man requests divorce, he is only entitled to half of it back, in order to compensate his wife for the labour that she has provided whilst married. If the marriage contains children, chuma is not returned by the woman's family, but the husband keeps the children.

Marriage and having children are frequently synonymous (both concepts are referred to as 'banja', or family). Women are expected to conceive within a few months of marriage. If she does not, the first response is usually to seek traditional medicines from traditional healers (zing'anga), though some couples also try for help at government or private hospitals (which offer few relevant services beyond STD management and are reported to prescribe the contraceptive pill to women complaining of infertility). We found no evidence of adoption or fostering. Although children are frequently resident away from their biological parents, there is no permanent transference of custody rights and residence is usually temporary.

The importance of pregnancy in the early days of marriage

The primary importance of childbearing in marriage is shown by the high frequency with which newly married couples seek fertility treatment, as early as one month after marriage (though some wait up to a year). Several women had used fertility treatments after marrying while still teenagers. This profile of treatment seeking is very different from that in wealthier countries and biomedical settings, where couples are encouraged to conceive 'naturally' for a year or two before any interventions, and where users of fertility treatments are largely older. In spite of small declines in fertility rates in Malawi (which are largely confined to older age groups), young couples remain extremely motivated to have children as soon as possible.

The nature of treatment seeking illustrates some of the important players in married life. Fertility is not just the business of the woman or the couple, but of the extended family, and draws comment from the wider community. Husbands almost always accompany their wives to traditional healers. At first, we interpreted this as being a supportive act, but it can also be seen as an expression of the husband's authority. As the head of the household, it is his duty to know what is going on, and to know of his wife's activities. Thus accompanying the wife can be an act of surveillance. Rumours of traditional healers sleeping with patients are also common, which could motivate men to accompany their wives. A proportion of men are given treatment for infertility, always in conjunction with their wives (though many women were treated without their husbands being treated correspondingly).

Other family members get involved with managing fertility; in particular, the woman's maternal aunt (and sometimes the husband's aunt). One aunt was described as approaching her niece a month after her marriage. She told her that she had to try and get pregnant in order to get on well in her marriage. She examined her internally,

saying that she did not have a path (cervix). She then took her niece to a traditional healer to get medicine. The aunt is an important figure in the early days of marriage: her roles include ensuring that successful sex takes place so that children are conceived, educating her niece about ways of pleasing her husband and behaving well both sexually and domestically, and escorting the new bride to her husband's home. It is taboo to discuss sexual or reproductive matters with one's own mother.

Infertility associated with marital instability

Infertility is often cited as a major reason for divorce: both by those writing about marriage in sub-Saharan Africa, and by people in the study area. The recent census revealed that 24% of ever-married childless women are currently divorced compared to 13% of women with at least one live birth (controlling for age; odds ratio 2.1, $p<0.001$). There would appear to be a concrete connection between childlessness and marital instability. The qualitative data supports this association, and suggests pathways by which infertility might lead to divorce. Several women cited infertility as the clear and major cause for their divorce:

> Eliza was 29 years old when we interviewed her, and living with her second husband. She had first married aged 15, where she lived with the child of her husband (the offspring of a previous wife). After Eliza failed to get pregnant, her first husband started insulting her every day and regularly beating her. She was married to him for over ten years before she decided to leave, when she could not bear to be insulted any more. They divorced and her second husband paid back ten cows' chuma to her ex-husband when she re-married. She tried to take her household utensils with her, with the assistance of her neighbours, but he threatened to kill anyone who was found taking those things.

In this case, Eliza was reluctant to leave the child that she had cared for for ten years; she has not seen that child since. She stressed that she could no longer stand the abuse, and she was driven to leave. However, in most cases, the events leading to divorce rarely seemed to hinge solely on infertility. Whether an infertile marriage ends in divorce is contingent on factors such as the quality of the couple's relationship, pressure from family members, the presence of other wives and children, and the residential and economic options that a woman has after divorce.

Another influence on whether an infertile couple is still together is the duration of their marriage. Although numbers were small, women interviewed aged under 25 were mostly still married to their first husband; whereas those over 25 were more frequently divorced. This could be explained by husbands waiting for a number of years to see if their wife gave birth, or could represent a marriage which had been accepted as being childless, but which had broken down under the long-term strain. Divorced infertile women had often been married for long periods: infertility for a few years had been of major concern, but had not constituted an acute marital crisis.

It is difficult to disentangle the effects of infertility in divorce from other destabilising factors, and also to establish what the 'real' cause of a divorce is. The account of Stella's recent divorce illustrates some of these other factors:

> Stella, age 20, had been married for two years and was at her father's house following the recent break down of her marriage (it was unclear whether she would return to her husband or not). Her father had been unhappy when she married as he felt that she was still young and should be at school; additionally, her husband had not paid any money to her father for her, and had not even sent a message to inform him of her whereabouts (the least courtesy husband should do).

Recently, Stella's husband married another wife, who had already had a child with a previous husband, and troubles started at home. He stopped buying anything for Stella, even soap. Last week she had travelled away from home to sell cassava. When she came back, she found that her husband had sold her pots, and her clothes and possessions were no longer in her bedroom. He said that he had sent her belongings home. In fact, he had hidden them in his other wife's bedroom. Stella took her belongings and went home to her father. She feared that her co-wife might bewitch her using the clothes in her bedroom. She told us that her husband did not insult her directly because of her infertility, but she thinks his behaviour towards her was because she did not have children. He was hoping to have children with his new wife who had already proved her fertility.

Stella's marriage had not been fully endorsed by her father, and the arrival of a new wife was either an indication of their marital fragility, or contributed to marital fragility itself. Her husband's dishonesty and her fear of the co-wife bewitching her (pieces of cloth mixed with medicines are thought to be used to bewitch people) also contributed to Stella's feeling that she should not remain in the house. Her lack of children gave her little incentive to stay, and little bargaining power to dispute her husband's unreasonable behaviour.

The destabilising effect of divorce can be felt for a long time; even after remarriage:

Fryness had been married at 16 and divorced nine months later after her husband had forbidden her from going to visit her sick mother. She had gone anyway, but had faced a monetary 'fine' from her husband on returning home. Her husband was found guilty of unreasonable behaviour at the traditional court and they divorced. Fryness married again in 2003 and up until March 2005 had never been pregnant. She thought the reason that she was not getting pregnant was her husband's household were 'holding her womb' (a commonly expressed idiom, meaning that people have bewitched you, causing temporary infertility).

Several other women complained of ex-husbands 'punishing' them or trying to lure them to return through causing infertility through witchcraft.

'Risky' sexual behaviour amongst infertile women

The KPS ANA study also provides data concerning the relationships between STDs and HIV, marital history and infertility, but more work needs to be done adjusting for potential confounders once data collection is completed. Women using fertility treatments are more likely to report a past history of STDs (odds ratio 2.47, $p=0.05$). Those with low parity for age are twice as likely to be HIV positive compared to women with average parity for age (odds ratio 2.05, $p<0.001$). This may be due to infertility pre-dating infection with HIV, or may be due to the fertility reducing effects of HIV. Either way, infertile women are more likely to suffer and have suffered a variety of other reproductive health problems.

Interviewers in the qualitative study therefore asked women in more detail about their marital history and extra-marital partners. Questions of this nature, however sensitively asked, are unlikely to be answered fully, though a number of women gave us accounts of their extra-marital partners. The following interview demonstrates potential mechanisms by which childlessness might increase the likelihood of infertile women having a greater number of sexual partners.

Mary was married at 16 and had two children. Her marriage ended when her second child was still a baby after her husband severely insulted her father by accusing him of an incestuous relationship. Soon

after this her second child died. Her first child remained with his father. In 2001 she re-married, to a husband with two wives with several children each. She failed to get pregnant. After a year and a half, the marriage ended after she suspected her co-wives of witchcraft: she found a pair of her knickers torn at the crotch, and the water in her cooking pot turned red. When she confronted her husband,

> "He was also chasing me away [from the marriage], when I asked about my knickers, then he started saying, 'you should just go, if you don't want to live here, you can go, do you have a child here?' So that's why I came back."

She returned to her father's house, and has had a several boyfriends since her divorce. She wanted to get pregnant with one serious boyfriend and marry him, but her boyfriend's parents refused to let him marry her because they suspected she was infertile. She went to a private hospital, where they x-rayed her and told her to return with her husband in a few months. Because she did not have a husband, she did not go back. She broke up with that boyfriend recently and still lives with her father. She still occasionally visits her first child, for instance, if he is sick. Her first husband continually proposes that they should re-marry, but her father refuses due to the insults of the past. She fears that it would bring her bad luck if she disobeyed her father, though she would love to go back there because of her child.

We met few women who would fit the hypothesised model of a childless woman at higher risk of HIV because of her infertility. One of them lives in an area with high prevalence of HIV in the ANA study (c. 25%), near a market:

Pepani grew up locally, but as a teenager lived with her older sister in Blantyre (a large city). She had a child whilst unmarried at age fifteen, and her uterus tore. A medical doctor told her that it might take her a long time to get pregnant again. The child died at a few months old. Pepani came back to home, got married, and moved to a nearby city. Her husband had another wife with three children. Pepani did not get pregnant, but did not look for treatment: her husband would not help her as he already had children. Her childlessness did not cause problems in the marriage; however, she divorced in 2003 when she became ill. She went to the hospital with stomach pains and the medical doctor told her that she was poisoned, and that her co-wife was probably responsible for poisoning her. The doctor instructed Pepani's husband to send her back to her parents to protect her.

She has not married since, but has had many boyfriends (which, she tells us, are necessary for survival, since they bring money, soap and other things which she needs) and many men have proposed marriage to her. Although when she first meets a new boyfriend they use condoms, after a while they do not, because she wants to try and get pregnant. However, until she gets pregnant, she will not marry. She worries that if she did, everything would be fine at first, but after some years the love would go, and she would have to leave and be insulted. Then she would marry again, and again, and end up walking here and there. When we met Pepani she had just been thrown out of her father's home and was renting a house nearby. He had stood in the street when drunk, insulting her that she was a prostitute.

Pepani did not blame her infertility for her divorce. However, because she was childless, she was the obvious party to be sent away following the witchcraft accusations. If both wives had had children, another solution may have had to be found. In this sense, her status in the marriage was lower, and qualitatively different from her co-wife. Pepani did blame her infertility for her single life with its 'risky' sexual behaviour, and recognised the risk of disease from having boyfriends. However, her desire for pregnancy and marriage was stronger than this concern.

We found little evidence, perhaps unsurprisingly given the intensely secretive nature of the problem, of women having extra-marital affairs in an attempt to get pregnant. Only one woman 'admitted' doing this, but it is certainly a recognised social phenomenon. There is a term for it in the south of Malawi, 'fisi'. One of our interviewees, Cecilia, believed that her infertility was due to her husband being bewitched. She eventually got pregnant after five years of marriage, at the same time as her husband had taken another wife, and was spending a lot of time in a different

village with her. The local interviewer's interpretation of this 'coincidence' was that Cecilia may have been encouraged to get pregnant with another man. When probed, Cecilia told us that certain people had advised her to do this, but she had been scared to try it because of fear of diseases. Even if this practice does not happen frequently, people certainly believe that it is common, and seem to see it as an acceptable and pragmatic transgression of the usual boundaries on women's sexual behaviour.

Only a minority of women interviewed reported a history that might expose them to higher risk of acquiring HIV. Perhaps the effects of infertility are not as pronounced in a population where divorce is common even among couples with children. However, when one considers that a woman who has been married twice has twice the odds of being HIV positive compared to a woman married only once (data from local ANC HIV surveillance, Zaba, B. pers. comm. 2005), even a slightly elevated risk of divorce amongst infertile women translates into a greater risk of HIV infection.

Infertility and marital stability

A number of women had experienced primary infertility for several years and their marriages remained intact. These women all described the anxiety or sadness of remaining childless, but had supportive husbands. The main factor in their stable marriages was love, often in spite of opposition from their families. Parents were frequently reported as insulting their daughters-in-law by saying that they are 'just filling up the toilet'. But husbands may insist that she remains; often reasoning that it is up to God whether they have a child or not. Chilenje recounts a similar story:

Chilenje is a 26 year old woman who married at 17 but did not have her first child until nine years after getting married. After a year of marriage, Chilenje started to get worried, and went to the hospital. They examined her and told her that there was a problem with her birth canal, but they could not offer any help. The next year they started going to traditional healers. She took all kinds of medicines, but she stopped after one medicine made her bleed profusely. When asked how the situation affected her marriage, she said;

> "There wasn't any problem. My husband was encouraging me, that God will give us a child. But I said that I should leave, so he said that we should live together because we don't know about the future."

In spite of her mother in law insulting her, telling her that they would die barren, and that she was just 'finishing all the food', her husband encouraged her to stay. When asked why she thought her husband wanted her to stay, her answer was simple: because he loves her. They had had three children living with them over the years: her husband's brother's child and her own sister's two children; the children had helped them around the house, and Chilenje and her husband had sent the children to school.

One important factor in marital stability seems to be the ability of husbands to ignore or shake off the criticisms of their wider family. In the case of Namba, she remarks, "sometimes you love each other yourselves, but the problem is that the parents talk a lot". After only a year of perceived infertility, Namba was under a great deal of pressure from her husband's family, to the extent that she considered leaving. She had had one child while at school, and was even accused of lying about this:

> "My husband's father was saying 'Aah! You have married a wife who is barren. Is that woman the one you say has a child, maybe she doesn't have a child, she is telling lies. If she had a child, would she fail to give birth here? But as of now, what are you doing? Years and months have passed, and you are just staying without getting pregnant, when will your blood meet together?'"

An alternative, more cynical view might be that men who suspect that they are infertile do not want to get divorced. It might expose that the problem lies with them, if they re-marry and their new wife does not get pregnant, and if their ex-wife goes on to bear children.

This might be the case among a group of wives of three brothers in our sample. They lived close together, and all had wives with had fertility problems. The eldest brother and his wife had been married for six years with no pregnancy, and the middle brother and his wife had been for five years likewise. The last brother had been married for four years to his wife who was currently pregnant with her first child when we interviewed her. The wives of two of the brothers were unusual in telling us that the cause of their infertility lay with her husbands. One told us that people had told her, when she first got married, that all the men from this family were childless due to bewitchment from their late father. In spite of this, she still had to take fertility treatments: her body was the locus of the problem though it was cast upon her via her husband. The pregnant wife concurs with her story, saying that traditional healers told them to apologise to their dead father. After doing this, they conceived.

In this situation, one would suspect that motivation for divorce might lie with the woman; though fear of condemnation might discourage her. For these three women, the common view of men divorcing their infertile wives does not hold true.

The threat of diseases, especially AIDS, might also be a factor in people sticking to their marriages. A childless, monogamous man that we interviewed said:

> "Sometimes I think that maybe I should try to marry another wife, but some people say 'no, wait, because there are diseases around', so I don't know what I will do in my heart."

When asked whether she had heard of women who might get another boyfriend to try and get pregnant, one woman expresses similar sentiments:

> [Laughs] "This does happen quite a lot, but since I have stayed here, I have never done that. Just because, umm, there are many diseases. If I thought that this marriage might fail, when they say 'that woman doesn't give birth', I would think that it's better to stay at home [with my parents]. I could find a man whom I can get used to, rather than walking here and there, because then I would catch a disease. I would have a big problem. Yes."

Even if a childless woman remains in her first marriage and avoids some of the risks associated with marital instability, there may be problems in the future if her husband dies before her. Because she has no children at her husband's home, once he is no longer there to justify her presence, her husband's family might 'chase' her away, as happened to an elderly childless woman that we interviewed. She was able to stay at her late husband's house for two years after his death, but was eventually forced to leave and went to live at her nephew's house in considerable poverty.

The existence of other children in the marital home also seems to ease some problems in an infertile marriage:

Alice, a 22 year old woman who had been married for four years without getting pregnant, looks after her husband's daughter as if she is her own. Alice's husband had this child in the year before he married Alice, but his mother vetoed him marrying the mother of his child (for reasons unknown), and he had respected her wishes. After the child had been weaned, and compensation paid to the mother,

the child came to live with her father and Alice. She told us how she hopes that the child will forget that she is not her biological mother, and will look after her when she gets old. When we interviewed Alice, her husband was supportive of the situation and they were going to look for traditional medicines together. However, she was pessimistic about the future if the current situation persisted.

> Alice: "What will happen is that he will say, 'my friend, may you pack and go, we have to share our properties out, do you have anything here?'. Which means that he has started to see another woman outside, he's thinking that he has to give birth, he'll say, 'my friend you go, you have built the house for nothing'. Then I will just pack my things to go home."
>
> Interviewer: "Why hasn't he married another wife or why isn't he chasing you to go back home yet?"
>
> Alice: "I don't know exactly on that one. What happens is that you can be faithful for five years, up to six or seven years, then you will get tired and fail to be faithful."

In one case, infertility seemed to actively stabilise a marriage, as it was associated with the reduced motivation and ability of Modesta, a 29 year old woman with secondary infertility, to leave an unhappy marriage:

Modesta was born in Zambia, where she met her husband, a Malawian. They married there when she was 19 years old, and she had her son a year later. She has not been pregnant since. They came to Malawi in 2000, to live patrilocally with her husband's brother and wives. Ever since they came to Malawi, her husband has had many girlfriends, which she feels angry about, but she can't do anything about it because it is her husband's family's home and she fears they would injure her in some way if she complained. Modesta believes that he has these girlfriends because he wants to have some more children (though none of them seem to have had a child). Her husband wouldn't go with her when she went to the traditional healer once, because he said it wasn't him who was sick.

Her husband's brothers and sisters talk about her, and persistently say that her husband should marry another wife. She suffers from several symptoms of STDs (pain after sex, itching and pain when urinating) which she has not sought treatment for (she was subsequently seen by KPS nurses). She and her husband had already been treated for an STD (probably syphilis). She hasn't gone back home to Zambia because her son would have to stay in Malawi, and she doesn't have the money to travel there. She says there is little love between her and her husband.

Modesta's position in this household is tenuous. She is very unhappy with her situation and aware that her husband's behaviour is putting her at risk of diseases but feels she lacks the resources to change it. If she did leave her husband, she would become effectively childless as her son would remain in the custody of his father. With the suspicion that she is not be able to have more children even if she did remarry, Modesta has little choice but to stay in this unhappy marriage.

Infertility and polygamy

A commonly reported response to infertility in sub-Saharan African societies is to take another wife, which was reported in several of our interviews. One woman's husband told her directly that he had married another wife because she hadn't given birth:

> "He told me, 'my friend, we got married in 2000'; he got his [second] wife in 2003. So he said 'my friend, I have got married, I just want to try'. So he got married and had a child."

She felt upset when he re-married, but this has passed now. Although her mother-in-law complains about her still being there due to her infertility, and she feels that she

can't 'stay well' at home without her child, she reports no specific problems with her husband relating to her childlessness and co-wife.

However, rather than marrying another wife and keeping the existing infertile wife, a new co-wife might hasten the first wife's departure. Khondwani had had one child soon after marrying. The child died when he was a week old and she had no more live births. Her husband married another wife some years later, who went on to have two children. After they were born, Khondwani told us that things changed:

> "He said, I don't want you, you have to go back home, I don't have any work with you any more [I won't be having sex with you]."

In 2002 she left her husband and came back to her brother's home, then remarried in 2003. He knew that she had fertility problems when he married her; but he already had six children with his first wife so it had not caused problems in their marriage.

Several women described problems occurring when their husband married a new wife due to their infertility. Zgozi is only 21 but has been married for five years without children. Three years ago her husband took a new wife and has had two children with her. Zgozi is living in abject poverty in a tumble-down house, with broken walls and roof, and very few possessions. Next door her co-wife's house stands newly built and plastered, in a very good condition. Zgozi is deeply unhappy and complains of neglect since the new wife has come along.

Infertility can introduce other complicated dynamics into polygamous households which have rarely been considered. Sometimes the infertile wife is favoured over the established, child producing wife: her status as a romantic object can override another wife's status as a mother, if only temporarily, challenging long standing assumptions about women's status and fertility in sub-Saharan Africa:

Mavis is a 28 year old woman living with her second husband and their one year old child. She had her first child when she was 14 and still at school. Her first son still lives with her parents as her boyfriend had not paid damages. Some years later she met her current husband. He was already married with four children, but he no longer got on with his wife. For two years she secretly used contraception, because she didn't want to get pregnant again with a man who might not marry her. But in 2001 she married him.

Soon after Mavis arrived, his first wife left, and went back to her parents, leaving her children in the care of Mavis and her husband. Her husband's mother was furious that he had married another woman, as she believed Mavis to be too old to marry (at age twenty four). When Mavis didn't get pregnant after a year or so, the family were constantly insulting her. Her mother-in-law allied with her husband's ex-wife. Mavis herself was worried that her use of modern contraceptives had rid her of her fertility.

After three years of seeking treatment from traditional healers she got pregnant. Immediately she heard that Mavis was pregnant, the first wife came back. But Mavis was so afraid of her co-wife killing her and her baby due to jealousy that she went to Rumphi (a town about 100km away) to give birth, so that she couldn't reach her with their magic. Mavis' husband no longer sleeps with his first wife, but they aren't considered to be divorced: he still provides support to her.

The motivations of the first wife of Mavis' husband are not clear. She was displeased with him taking a new wife for love, and believed Mavis to be infertile as she knew that they had been in a relationship for some years without getting pregnant. Mavis reports that the first wife thought that her husband would beg her to come back, and

would divorce Mavis due to her 'infertility'. She was prepared to leave her children behind in the belief that these events would come about. So when Mavis became pregnant, she realised that her plan had failed: her husband wasn't going to propose her return, so she came back on her own accord. The family are still irrevocably split over their opinions on Mavis, culminating in her husband's brothers beating him.

Infertile women as second or third 'love' wives

We found several situations in which infertile women married into polygamous households as the second or third wife, and which were unlikely to end in divorce because the couple loved each other, and because the man had children with his other wives. Post partum abstinence (which frequently lasts for up to two years after giving birth) is still an important practice throughout much of sub-Saharan Africa, and having an infertile wife who is always available for sexual activity might be of benefit to husbands, especially if their other wife/wives are having children closely together, leaving them sexually unavailable for the majority of the time.

'Established' infertile women

The first situation is one in which women who 'accepted' that they were infertile after being married for many years with no children, were, in their subsequent marriage, a second or third wife to a man who already had several children. Their husband was fully aware of their wife's 'infertile' status but married nevertheless for love. An example would be the third marriage of Gloria. Her present husband's first wife, who was older than Gloria and nearer their husband's age, lived with their seven children nearby. Gloria explains why he took another wife:

> "Because it seems that they have quarrelled, so he doesn't go there, that is where the problem is. He doesn't go there. They have quarrelled because they were not sleeping together. So that is why he said 'it is better to marry another wife' because I am still young.

Her husband does not send his wife money any more, yet they are still considered married. Women in this situation might appear to have stable marriages and thus avoid some of the problems related with infertility, but the social status of such women is somewhat compromised. Having sex without producing children is spoken of derogatorily in several interviews: there is even a verb in Chitumbuka for this state: kukhuluzganenge waka thena, which is used as an insult. It implies that the couple have married for sex and enjoyment, without any of the corresponding duties of raising children. It may be with some reluctance or shame that an 'established' infertile woman re-marries: if everyone knows that they are not marrying for children, what other reason can there be but love and lust, which are not the 'correct' reasons for marriage. Catherine was in one such marriage:

Catherine had married at 18 years into a polygamous marriage where she was the second wife, soon to be followed by a third and fourth. She never got pregnant. She even tried to get pregnant with another boyfriend while she was married, but it didn't work. Although life was alright for the first years of marriage, her husband was a womaniser (she called him a 'prostitute') and had numerous girlfriends. He was also a heavy drinker. The problem worsened to the point that he would come home drunk and insult her every night, shouting that she was barren. In the end she couldn't cope any more and returned to her family. After some months at home she was proposed to again, but her family were reluctant for her to remarry due to her infertility. She assured them that if it didn't work, she would return home.

When we interviewed Catherine, she had been married for six months and said that things were going

well with her new husband. He had married her for love, in full knowledge of her past fertility problem. He already had one wife and six children, and Catherine moved in to the same small house with them all. However, she worried that if the love died away, then she would have to pack her things and leave.

Although Catherine had rapidly found a new spouse in spite of everyone knowing that she was infertile, her position as second wife seemed tenuous. Her husband hadn't built her a house to live in, which is unusual. Catherine was worried about the stability of her marriage due to her childlessness. If love and affection breaks down in a marriage, a husband may stop sleeping in that wife's house, and may spend his time with a co-wife. However, if she has children, lack of love will not necessarily lead to divorce, and she may remain his wife for years even if they do not get on well together. However, there is little to keep a childless woman in a marriage if love dies.

Second or third wives turning out to be infertile

In other cases, women were in their first marriage with their fertility previously untested, but subsequently failed to get pregnant. However, a good relationship with their husband, and having co-wives with children, meant that divorce seemed unlikely.

For example, Chancey had been married for seven years when we interviewed her. Her husband had two other wives living in adjacent houses; each wife had six children. Again, like other husbands who stayed with their infertile wives, he said that it was God's will, and that they should carry on living together. She says that she lives very well with her co-wives: their children help her with household chores like fetching water, in turn she cooks for them in the period after they have given birth. Her mother-in-law has not said anything about her, apart from advising her to go and look for traditional medicine. She never quarrells with her husband: in fact, he spends every night at her house, because he loves her most out of all his wives. Although her domestic situation is stable, she is still very sad on a personal level about not having children, and feels that her parents would worry about not having grandchildren:

> "What is bad about not having children is that all your friends have children, so like myself, I have got two young sisters. One of them has three children, the other one is pregnant… so I am just growing older, I'm just staying, doing nothing, …this worries me every day."

Love is a reason for marriage, but love is more transient than children (though having a small number of children runs the risk of being transient due to high levels of childhood mortality). If love ends and there are children, a wife can remain married and usually supported. But for a childless wife, it is not easy to claim a place in the household.

Having a husband who is not that concerned by infertility might also have some disadvantages: Pepani (see page 10) did not receive the support that she desired in seeking treatment because her husband already had children by his first wife, and he would not go with her or give her the money to go to traditional healers.

Women and their families as actors in marital careers

The events surrounding an infertile woman's marital career are not only influenced by her husband and his family as might be presumed in a patriarchal society. When Chancey (see p.16) married, her husband paid part of the chuma requested, but not all. After three years, he wanted to pay the rest, but Chancey's family told him that he

should wait, because she is barren. Up until now he has not finished paying. Her family may have advised this because they do not think that the marriage will last: if they end up getting divorced, they would have to pay back chuma anyway. Or it may be that they felt that Chancey had not delivered the promised children that you expect when you pay chuma and marry.

Eliza was also equivocal about re-marrying after ten unhappy, childless years in her first marriage. The man proposing to her, who she eventually married after three months of him trying to persuade her, knew that she was childless. When asked why she delayed in accepting his proposal, she explains,

> F: "It was just that when I recalled the problems that I had had (in my first marriage), the way I was insulted now and again, I just wanted to feel free. I did not want to face the same insults in future, because I was not sure if I was going to give birth."

Loveness married in 2002 and didn't get pregnant for three years, though she is now pregnant with her first child. This may of course affect the way in which she answered our questions: she may be interpreting past events more positively. We asked what her husband thought about their fertility problems, and she sounds as though she stood up to her husband's questioning:

> "He asked me, 'what is the problem with you up to now?'. You answer him, but sometimes you don't want to answer him, so you just pass by him. Sometimes you say, don't ask me all of these questions, and off you go."

Loveness did not feel too worried about her infertility: she was happy to leave it 'up to God'. She did seek help at traditional healers, however, which suggests that she was concerned at some level. Significantly, she describes standing up to her husband's questioning, when most women expressed a feeling of powerlessness ('what could I do?' 'I didn't do anything' etc.) when he pressed her on the subject of infertility. She had never argued with her husband or been insulted by him for not getting pregnant, but he did take another wife, who had a stillborn baby. However, her husband divorced this second wife before the baby's birth, because 'her behaviour wasn't straight', and because Loveness advised him to divorce her (again illustrating that fertility need not be the prime determinant of status in marriage).

Catherine (see p. 16) had made the decision to leave her first husband herself, after years of abuse about her childlessness, womanising and drunkenness on behalf of her husband. One might speculate that he was trying to drive her away due to the nature of chuma repayments on divorce. If the husband instigates a divorce, his wife's family need only usually pay back half of the chuma. However, if a wife leaves, her family are obliged to pay back all of chuma. Several women seem to have been driven out of marriages rather than directly told to leave: men are reluctant to get a reputation for 'chasing' women out of marriages, as this is frowned on socially, even if the wife is childless.

CONCLUSIONS

This paper describes a variety of marital careers that infertile women experienced in rural northern Malawi. The complexity of experiences, and the numerous actors and stakeholders in women's life courses, are illustrated. Several stereotypes about infertile women in sub-Saharan Africa are challenged by these accounts. Marriage is usually assumed to be primarily concerned with childbearing in this setting, but we found plenty of evidence of marriage for love (at least during the first few years of infertility), particularly if demands for children can be met by other wives. It has been written about some sub-Saharan African societies that infertile women are derided and isolated; that other women do not want them near their children and that they are useless as non-child-producing wives. But in this area of Malawi, all the infertile women that we met had re-married swiftly, or were receiving many offers of marriage which they turned down. Although this might suggest that they were not particularly stigmatised as wives, it must be understood that infertile women in this situation are subtly, or overtly, different from their co-wives with children: they are probably more vulnerable to marital disruption and disapproval from the wider family and community. Women's agency is greater than sometimes recognised: they often make the ultimate decision concerning their marital outcomes. Yet a proportion of infertile women are certainly at risk of adverse health and socioeconomic outcomes; and if our sample had included more urban or semi-urban infertile women, or had captured some of the infertile women who had moved, the proportion of such women may have been higher.

It may be that modernising forces and recent changes in Malawian social life mean that infertile women do not face the same discrimination as in the past, particularly in relation to the legitimation of a 'love' match based on the romantic model which may be indirectly associated with 'modern' low fertility. This type of partnership is still considered morally ambiguous, but seems to be gaining a foothold if the material and popular culture apparent in parts of the study area are anything to go by: pop music, t-shirts and greetings cards declaring these values abound.

Even if infertility does not always have the irrevocably devastating effects on marriage that are often presumed, it still constituted a source of personal and social sadness and anxiety for all the women we spoke to. This paper demonstrates that the desire to have children is an important determinant of people's sexual behaviour and marital careers: in their age at marriage, the mistrust and low likelihood of using modern contraceptives, and in introducing greater numbers of people into sexual networks through extra-marital partners and greater marital instability.

Realistically, it is unlikely that extra resources will be allocated to alleviate the problems of infertile couples in the developing world, especially in countries with significant AIDS epidemic and already stretched resources. The problem of infertility therefore needs to be placed within this context: but strategies for preventing acquired infertility share many of the same means as current AIDS prevention and reproductive health programmes, and they certainly aim for the same goal – better health for women, their husbands, and their families through reducing teenage pregnancies, STDs, problems in pregnancy and childbirth, HIV and risky sexual behaviour.

In almost all interviews, infertility was accompanied with widespread ignorance of its biological causes and basic human anatomy, which led to women feeling powerless about their condition and unable to negotiate treatment that they understood, either with traditional healers or hospital staff. There is no reason to suspect that levels of knowledge and 'self-efficacy' are much higher in the general female population (though childbearing women have the advantage of receiving health education talks, investigations and treatment at ANC). This presents a challenge to reduce acquired infertility in a tangible and resource efficient way that is complementary with current AIDS reduction and reproductive health programmes: through basic sex education, strategies for improving the status of women and gender relations, and provision of reproductive health services such as management of STDs.

Unfortunately this might not be the direction that Malawi's AIDS and reproductive health strategies are moving. The latest campaign's tag-line is 'Abstinence, abstinence and more abstinence', along with songs broadcast about the unreliable nature of condoms. This type of campaign completely ignores the fundamental importance of fertility in people's lives. In terms of understanding sexual behaviour with the aim of analysing the dynamics driving the HIV/AIDS epidemic and planning prevention strategies, the findings of this study point to a dilemma for infertile couples. Advocating the use of barrier contraception, or one partner for life, let alone abstinence, are not necessarily plausible options for infertile women or their partners. By extrapolating from the findings of this study, the continued importance of demonstrating fertility, especially in the age group most vulnerable to HIV infection, is clear, yet is omitted from the logic of current prevention strategies.

The management of reproductive health services in Malawi presents further challenges as ARV therapy is rolled out. Women seeking fertility treatment, apart from those using it 'routinely' in the first few months of marriage, might benefit from specific inclusion in voluntary counselling and testing for HIV services and potentially ARV therapy, and certainly in screening for STDs. Policies and guidelines developed in response to new services or education programmes need to be sensitive to the fundamental importance of reproduction in women's lives, and the importance of reproduction for those stakeholders around them.

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