

Impotent Husband Culpable Wife: Feminization of Infertility in Ayobami Adebayo's *Stay with Me*

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ABSTRACT

This paper examines infertility as a major reproductive health problem that brings shame and leads to social exclusion of women in Sub-Saharan Africa. Infertility is a global issue that affects couples; however, the concept has been institutionalised by the enterprise of patriarchy in Sub-Saharan Africa to make it a woman's issue. The paper demonstrates how childlessness has been socially and culturally constructed in African societies to hold women responsible for a couples' problem, irrespective of the male factors related to infertility. The purpose of this paper is to disseminate information on reproductive health, which is a challenging conversation in most African communities, due to the complexity in the subject. Based on Ayobami Adebayo's novel, *Stay with Me*, the text explores the task of the postcolonial African literary artist in providing information on infertility (reproductive health) in their narrative, hence, the interrelation between literary discourse and reproductive health. Erving Goffman's theory of stigma will be employed to portray how childlessness is a discrediting problem in Sub-Saharan Africa. It is a traumatic experience that reduces women to a tainted and discount other. The institution of motherhood created by patriarchy creates stereotypes about childless women for the interest of sterile men. Considering that male and female factors of infertility co-exist, the dialogic approach of Mary E. Modupe Kolawole and Obioma Nnaemeka is necessary in the follow up and management of infertility rather than focus on the woman who may not necessarily be the problem.

Keywords: Infertility, Social construct, Erectile dysfunction, Dialogic approach, Stigma

Having children and beginning a family is a moral obligation in the marriage institution of Africa. According to Fledderjohann (2012), given the high value placed on children in Sub-Saharan, the primary objective of marriages is procreation and not romance, as it is in the Western world. Africans believe in family and have a tradition of continuity. Children promote social stability, enhance emotional fulfilment, ensure continuity, inheritance and social cohesion. Hence, marrying for love or sexual pleasure is highly discouraged because it is not African. This conjugal view of marriage (bearing and rearing children), adequately expressed in Flavour's song "Ada Ada", has been accepted in African societies as the traditional ethos handed down from generation to generation. That is why children are always eagerly awaited by couples and their respective families after marriage. Therefore, the quest for a child(ren) has become an all-time preoccupation of couples in Sub-Saharan Africa in particular. The absence of a child in a union is considered an anathema. Consciously or unconsciously, the woman is highly scrutinised and charged for being responsible. The woman is stigmatized, discriminated

against and given all kinds of names for her inability to bear a child. She is constantly reminded of her predicament, irrespective of the multifactorial causes of infertility. The experience becomes frustrating as childless couples come under pressure from the families, especially family members who, at times, induce them to break off or encourage the man to get a second wife without taking into cognisance the male factors of infertility. Kimani and Olenja (2001) postulate that infertility in Africa is culturally and socially constructed with childless women bearing the burden of a couple's problem. Greil, McQuillan and Slauson-Blevins (2011), on their part, posit that health and illness are not objective states but socially constructed categories. They look at how infertility has shifted from a medical condition of couples and focuses primarily on women. In spite of the established findings that infertility is a couple's problem, it is still viewed as a female's problem. This construction of infertility in Sub-Saharan Africa is embedded in the culture. In *Stay with Me*, Adebayo joins her voice with biomedical scientists to explore infertility, a subject in human reproduction that has not received much attention. She raises awareness about infertility, a reproductive health problem that affects men and women worldwide, but little attention has been given to it despite the fact that it affects marriages in Sub-Saharan Africa. The novel portrays how infertility has been feminised in Africa to make it a woman's issue.

Gerrits and Shaw (2010) define infertility as the failure to achieve pregnancy after one year of unprotected sexual intercourse in the absence of known reproductive pathology (qtd. in Chimbatata and Malimba). According to Maill (1994), infertility is a permanent inability to give birth (qtd. in Shreffler et al). Infertility in this chapter will mean the inability of a woman to conceive or a man to impregnate a woman after twelve months or more of regular unprotected, heterosexual intercourse. For conception to take place, there should be no known reproduction pathology that affects the genitourinary (GU) tracts of males and females. Research has shown that the etiologic causes of infertility are multifactorial. Pathophysiology conditions that affect female and male GU tracts are sexually transmittable diseases (STDs) of the ovaries and testicles and hormone-related ailments, suggesting that infertility is a reproductive health problem that affects both men and women. Conversely, this concept has been feminised in Sub-Saharan Africa to be a woman's problem. Male-related factors of childlessness are not taken into consideration, given that African men are never considered to be sterile. The stigma associated with infertility makes men suffer in silence (Oyelade, Jemilohum and Aderibigbe) and not seek medical help. In situations where the man and his family are aware of his situation, they are accommodating (Kimani and Olenja). Such families would allow their son's wife to have a secret relationship or negotiate with a brother, family member or friend to impregnate his wife while the children bear his name. Here, social paternity is more important than biological paternity (Kimani and Olenja). Children born in the marriage belong to the man. This justifies a common African saying that only a woman knows the real father of her child (Butake). This suggests that the concept of impotence is absent in African discourse, and deoxyribonucleic acid, commonly referred to as DNA, is not an African thing. True DNA of an African child is where "the baby is born and its napkins are dried". This socio-cultural background paves the way for Akin to resolve his problem of impotence by conspiring with his brother, Dotun, to impregnate his wife, Yejide, as seen in *Stay with Me*.

This chapter explores infertility in couples in African societies, as represented in Ayobami Adebayo's novel *Stay with Me*. The novel recounts the experiences of Akin and Yejide, a childless

couple, to portray that male infertility is a major reproductive health challenge in Sub-Saharan Africa that should be given attention to when dealing with a couple's childlessness. Erving Goffman's theory on stigma will be employed to demonstrate how childless women are stigmatised and discredited for a health problem that affects men as well. A discredited attribute could be skin colour, body size, criminal record, physical illness, mental illness, identities and traumatic life experiences (Clair Chaudoir et al.). Childlessness is a traumatic life experience that is discreditable in the African cultural context, as the novel underscores. Yejide marries as a virgin, and her medical reports attest that nothing is stopping her from being pregnant (Adebayo 39, 157). Nobody questions Akin's health, although he is the cause of the couple's infertility. Akin and his family blame Yejide for being barren and bring home Funmi as Akin's second wife. Adebayo's novel *Stay with Me* seeks to inform and educate Africans on the subject of male infertility, influence their attitudes, behaviours and beliefs towards infertility, which has long been feminised.

THE CONTEMPORARY PORTRAIT OF MARRIAGE AND THE SOCIO-CULTURAL CONSTRUCTION OF INFERTILITY

Set in Ilesa, Nigeria, *Stay with Me* recounts the unforgettable story of marriage as seen through the eyes of Akin Ajayi and his wife, Yejide Makinde, a childless couple who met and fell in love at the university. Both coming from polygamous homes and seeing how unhappy their mothers were, Yejide and Akin agree not to do polygamy, "I don't do polygamy... I don't do either" (Adebayo, 19). Their decision is challenged due to Yejide's inability to conceive after four years of marriage. Akin suffers from erectile dysfunction, also known as impotence, which makes him unable to impregnate a woman. His family is not aware of his condition but pressurises him to take in a second wife. Men have been socialised in Africa to view procreation as a woman's role. Even when they are sexually and reproductively challenged like Akin, they adjust to the societal norms about gender and blame their wives for not being responsible, "I loved Yejide from the very first moment... But there are things even love can't do... I learned soon enough that it couldn't bear the weight of four years without children... even love bends, cracks, comes close to breaking and sometimes does break" (Adebayo, 18). The words 'bend', 'crack' and 'break' express Akin's feelings that childlessness destroys love, interrupts decisions and causes a man to reconsider his opinion about polygamy. Love alone does not sustain a marriage in Africa. Motherhood is the essence of marriage, and when a woman cannot fulfil this important socio-cultural role, this affects the sustainability of the marriage and breaks the continuity of love. This is the cultural standard that gives women an identity in African societies. Stratton (1994) posits that in Igbo (African) society, people don't eat a happy marriage, a marriage must be fulfilled, it is of no use if your husband licks your body, worships you and buys everything in the market for you and you are not productive (95). Thus, procreation is an obligatory cultural norm imposed on African women. Marriage is strictly for procreation and not a union of love between people. It is for this reason that after four years of marriage, "nobody else cared about love" when children were not born (Adebayo 18). Moomi often talks to Akin about his responsibility as her first son, which is to give her grandchildren. She constantly reminds him that all his half-brothers now have children. For two years, Moomi shows up on the first Monday of every month with a new, potential second wife for Akin. She threatens to start visiting Yejide, his wife, with a new woman each week if Akin fails to make a choice. Akin bows to his mother's pressure and marries Funmi as his second wife, arguing that "My mother won't pressure you for children anymore... Trust me it is for the best" (Adebayo 16).

Yejide, who used to be Moomi's "Favourite daughter-in-law" (Adebayo,39) and was always greeted with shouts of "Yejide, my wife", is now unworthy and taunted by her mother-in-law for her inability to get pregnant. Moomi remarks, "Are you pregnant now?... Are you barren or deaf too?... Why won't you allow my son to have a child?... Women manufacture children and if you can't you are a man. Nobody should call you woman" (Adebayo, 40). The contrast in Moomi's manner of greeting before "Yejide, my wife" and now "Are you pregnant" suggests that Yejide is now the 'other' as Moomi's words are markers of stigma. Her questions depict how childlessness leads to discrimination and social exclusion. Yejide is hated and ostracised by her family, lucidating how discrediting childlessness is in Sub-Saharan Africa. The feminisation of infertility is a form of oppression suffered by African women. Radical feminist critics argue that female biology, or women's reproductive capacity, is a source of oppression. It has been manipulated by patriarchy to control and subjugate women (Tong).

Yejide is victimised as Akin fails to speak to with his family about his medical condition. Being truthful and engaging in meaningful dialogue with his wife and family would have been part of the healing process. Akin covers up his predicament by bowing to family pressure and accepting a second wife hoping his condition will ameliorate and cover up his lies. Baba Lola argues that once Funmi gets pregnant and has a child, it is certain that Yejide will have one too, "It is one child that calls another one into this world" (Adebayo 9). This proverb is an African myth used to justify polygamy in infertile couples. It is believed that a barren woman is cured once the second wife conceives, as Funmi says, "I know that once I conceive, your own womb too will open" (Adebayo, 30). Baba Lola advises Yejide not to take the new wife as a rival but as a sister. He appreciates her efforts to make sure that their son leaves a child before he dies. Traditional diagnosis of the problem does not yield fruits either. Unfortunately, Akin's marriage to Funmi does not produce any children as well. Yejide is accused of stopping Akin from sleeping with Funmi, "This life is not difficult, Yejide. If you cannot have children, allow my son to have some with Funmi... Tell me, why has Akin never touched Funmi?... why has he not removed her wrapper once? Tell me, Yejide" (Adebayo 40). Moomi grips Yejide by the wrists, lifts her blouse, lays her wrinkled palm on her stomach and insults her. She compares her flat stomach to the side of the wall, "You have had my son between your legs for two more months and still your stomach is flat. Close your thighs to him... If you don't chase him away, he won't touch Funmi. If you don't, he will die childless" (41).

Childlessness has brought shame and disgrace to Yejide. She risks being sent away if Funmi, the second wife, fails to get pregnant. Buchi Emecheta expresses this view in *The Bride Price* and *The Joys of Motherhood*, wherein Akoli and Nnu Ego's husband send their wives away for their inability to give birth. Liz resonates with this view in *The Predicament* when she opines that child are the bedrock of any marriage, "Without children nobody will want to get married. That is why when a marriage is childless, most men will take a second wife. If the second wife does not bear a child the man will take another" (Okechukwu, 101-102). This delineates that the essence of marriage in Africa is for procreation. The role of the woman is to bring forth children. Maternal validation is primordial in marriage, without which the marriage is considered unsuccessful. For this reason, African men do not marry older women for fear that they will not be able to procreate.

Childlessness in Sub-Saharan Africa is usually attributed to a curse or witchcraft that affects only women. Since Africans believe in superstition, they fail to analyse and reflect on important

health problems affecting their people. The services of diviners, prophets and priests are always consulted, and fertility rituals are carried out for the cleansing and purification of women in most communities. The fact that women and not men are held responsible for a reproductive health challenge shows how health issues are feminised and violate the reproductive rights of women. Kimani and Olenja (2001) identify three types of explanations that were given to justify infertility: the anatomical or physiological defect in the woman, some tribal or ethnic violation of taboo or some metaphysical forces or power interfering with conception and birth. In *Stay with Me*, it is believed that Yejide was cursed by her mother before she died, minutes after giving birth to her (Adebayo 10). Her mother-in-law, Moomi, a treasure-house of knowledge about such things, is always consulted and accompanies Yejide to these places to seek a new solution to her problem. She watches as Yejide's fresh perm is washed off into a flowing river by a priest. Yejide's desire to get pregnant before Funmi and stay in Akin's life (38) makes her consider alternatives like visiting prophets and priests who live in the mountains and worship beside rivers (39). After fertility specialists fail to make her pregnant, "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 should have been a seven-day fast and vigil" (10). Yejide only discovers herself in a ward at Westley Guild Hospital, with her mother-in-law holding her hand and asking her to pray for more strength. She advises that being a mother is hard. Fainting after three days of fasting shows she is not ready to be a mother. She asks Yejide to beg God for grace to be able to suffer for that child. Moomi's choice of words and the use of the verb "suffer" suggests the painful and traumatic experiences childless women are subjected to in order to seek solutions to their predicament. Yejide's quest for a child is understood within the African cultural context, where she recognises the centrality of the family. She cherishes her status as a mother or potential mother, typical of a real African woman. She does not see this role as an anathema or a hindrance to her career or occupation as Western women will do because the family in Africa is a source of succour and collective support (qtd. in Kolawole, 1997). She accepts psychological and emotional pain to become a mother because the family is the nucleus of social development, moral sustenance and cultural continuity and cultivates the spirit of collective consciousness.

Yejide climbs the Mountain of Jaw-Dropping Victory with a small goat to meet Prophet Josiah, a miracle worker. The "bare, steep mountain, with no trees for shade," "the scorching sun," "her dry throat and absence of saliva", coupled with the fasting she has to undertake before meeting the "Highest Priest", cannot be obstacles to the "miracle she needed" (Adebayo; 39, 42). Yejide becomes vulnerable and gullible to charlatans like Prophet Josiah, who, after performing some rituals on the goat, assures her, "you will have a child... Even if no man comes near you this month, you will be pregnant" 44-45). She finds comfort in these false prophetic words and smiles as she walks down the Mountain of Jaw-Dropping Miracles with the conviction that she is pregnant, "I could feel the wetness on my breast and my heart thudded with desperate faith" (45). She develops Pseudocyesis, commonly known as false pregnancy (232).

Pseudocyesis is a medical condition caused by psychological factors that make a woman think she is pregnant and expecting a baby, even when she is not carrying a child. Her brain tricks her body into "thinking" that she is pregnant. Yejide believes she is pregnant and is proud to announce the "miracle on the mountain" to her husband. For eleven months, her body produces pregnancy hormones that lead to pregnancy symptoms like swollen belly, enlarged breasts and the sensation of foetal movements, "My period was due the week after my visit to the mountain.

It didn't show. By the end of the month, my breasts were so tender that putting on a bra aroused me. I was vomiting at 7 a.m. like clockwork" (Adebayo 49). Yejide's desire to conceive affects her mental health, which manifests as pseudocyesis, "It happens, this kind of...pregnancy. To people who can't have...haven't had children. It happens-pregnancy symptoms are there but no baby" (58). Dr. Junaid, like Dr. Uche, cannot convince Yejide that she is not pregnant, "There is no baby... These things happen sometimes. Women think they are pregnant, but they are not" (66). She has lost her mind and is so delusional that five scans from different doctors in Ikesa, Ife and Ibadan cannot convince her that she is not pregnant (95). Yejide believes, "I don't think I am pregnant. I know I am pregnant. I have not seen my period in six months. See my stomach... I have even felt the baby kick! Don't think I am pregnant, doctor. I am pregnant" (66). She attends antenatal class and is happy to share her pregnancy discomforts, as she was "rushing out of the antenatal class twice to vomit. I would never have imagined that vomit could make me happy... The inability to keep food down and the general discomfort I felt were rites of passage into motherhood" (51). She is happy to be initiated into the rank of motherhood, a rank she has always longed to attain, "I was a woman at last". Her presence in antenatal classes with the "miracle baby" shows how eagerly she desires motherhood. The writer invokes pathos through the antenatal nurse who calls her husband to come get his wife out of the class. She clings to a metal pole on the hospital corridor, refusing to remove her hands to retie the wrapper that dropped as Akin tries to pull her away (Adebayo, 163). This suggests how emotionally and psychologically traumatised she is. Akin, realising that his wife is losing her mind, decides that "it was time to get her pregnant" (Adebayo, 48). He travels to Lagos to meet his younger brother, Dotum, with whom they conspire to impregnate Yejide.

The voice of childless women has been silenced, and they have been pushed to the margin of society, where they suffer discrimination and marginalisation. This resonates with Kolawole's (1997) view that African women are a product of multiple subjugations. She identifies patriarchy, tradition, colonialism, neo-colonialism, racism and gender all combine to act against the African woman's self-assertion (25). Women's subjugation has rendered them bitter as opportunity is not given to childless women to express their feelings. Yejide reveals that when she talks to Sophia or Chimdi on the phone, she does not talk about Funmi. It was all about business, their babies and Akin's promotion at work (26). "I only tell them a slice of the story. I was barren and my husband took another wife" (Adebayo, 3). Infertility makes women vulnerable and puts them in a position of domination. Yejide is open to dialogue and sees the family as a place where human values with regard to infertility can be negotiated. She is armed with millions of smiles to receive Baba Lola and Iya Martha and is ready to listen to them talk about her childlessness. She is willing to accept any proposal that will help her have a baby, "I expected to hear about a new pastor I could visit; a new mountain where I could go to pray; or an old herbalist in a remote village or town whom I could consult" (Adebayo, 9). This is expressed in her preparedness to lock up her hair-dressing saloon to search for a miracle. Accepting alternative sources of treatment proposed by her in-laws, such as visiting pastors, a new mountain to pray, and consulting an old herbalist, shows how accommodating she is to any idea or opinion to overcome infertility. Her dialogic outlook and the quest to build bridges are met with stiff resistance from a group of people who claim to want the best for her while "Poking at her open sore with sticks" (Adebayo, 9). This idiomatic expression is reflected in the way they came with the new wife, "I could sense they had come prepared for war" (6). They are influenced by patriarchal traditions and norms and are not ready for dialogue. War, here, represents opposition to any form of dialogue with Yejide. The millions of smiles are contrasted

with apologetic smiles, pity-me smiles, I-look-unto-God smiles, all the fake smiles Yejide puts on to show how sorry she is in the face of opposition to any form of dialogue symbolised by the image of "war" as what she did not expect "was another smiling woman in the room... who grinned like a new bride" (Adebayo 6). This twist in the story infuriates the livid and jealous Yejide, who is determined to save her marriage by getting pregnant. She finally does so at a cost far greater than she could imagine. Yejide finally gets pregnant by sleeping with her brother-in-law, Dotum, with whom she bears three children, though she loses two to sickle cell disease. Yejide makes enormous sacrifices to alleviate the pang of guilt. Similarly, Mrs. Adeolu is another character in the story who makes such huge sacrifice. She receives her "miracle" by having sex with Prophet Josiah (67) and her pregnancy is testimony of the miracle she wants Yejide to receive by visiting the Mountain of Jaw-Dropping Miracles. As she gives birth to sickle cell children, it exposes the conspiracy between the two brothers as well as Akin's impotence and as a result, Yejide is vindicated.

Funmi, Akin's second wife, is contrasted with Yejide to show how vulnerable and desperate childless women are to have children. Yejide is gullible and believes Akin's lies about the penis that never gets hard. She pays the price for Akin's action, saving herself and her family from shame and disgrace. On the other hand, Funmi is not as naïve and gullible as Yejide. She cannot be easily deceived and taken advantage of by liars like Akin and his family to suffer the consequences of a health condition she knows nothing about. During Olamide's naming ceremony, she uncovers the ploy and bellows at Akin in anger for being impotent and incapable of impregnating a woman. She wants to know how Akin got Yejide pregnant, yet is incapable of making her pregnant, "Tell me how a penis that has never been hard makes a woman pregnant... (223) "Do you think I am a fool? Your lies and the fake nonsense you've been doing in bed, you think I don't know?" (Adebayo 222). Funmi asserts herself and speaks with authority about Akin's impotence, "And don't tell me again that it only happens when you are with me." Her words are so deeply offensive that Akin cannot remember if she whispered those words or shouted them, "But that night [those words] sounded as though [they] were being bellowed, it felt as though they were echoing through every room in the house" (223). Upset after being exposed, Akin pushes Funmi down the stairs, where she staggers, falls backwards, tumbles down the stairs and dies (111). Funmi's death is equally a technique by the writer to cover Akin's impotence. However, the writer uses Moomi, as the authorial voice to reveal that the truth cannot be hidden nor covered, "all I know: anything that is done in the deep darkness will one day be talked about in the marketplace...you can never cover the truth. Just as nobody can cover the sun rays with his hands, you can never cover the truth" (201-202).

THE COMPLEXITY IN MALE INFERTILITY, PATERNITY AND IDENTITY

As discussed previously, sterility is seldom attributed to men and in most African societies. Male infertility does not exist in the African psyche because child-bearing is a cultural role associated with women, as portrayed by the statement, "Have you ever seen God in a labour room giving birth to a child?" (Adebayo 40). This analogy of "God in a labour room" suggests that it is a woman's role to bring forth children and not a man. In spite of the established findings that infertility affects both men and women, it is still viewed as a female problem in Sub-Saharan Africa, a construction deeply rooted in culture and shaped by patriarchy. Infertility was and still is a major cause of divorce and justification for polygamy in most families (Kimani and Olenja). The treatment for infertility in Sub-Saharan Africa is not medical but tackled by marrying a second wife. In the novel, Moomi arranges a second wife for Akin. Baba Lola, Akin's uncle and

Iya Martha, the oldest wife to Yejide's father, are the ones charged with the responsibility of bringing Funmi home. Baba Lola and Iya Martha, like Moomi, are ignorant about the subject of infertility. They do not make any attempts to ascertain the cause of the couple's infertility before taking such a decision. Since women are enforcers of patriarchal tradition, they join Baba Lola to impose a wife on Akin while forcing Yejide to believe she is barren. A nurse at Wesley Guild Hospital opines that "[e]very time they will be blaming the woman and sometimes it is their own body that has a problem" (Adebayo 52–53). Child-bearing is a socio-cultural role ascribed by society and culture to women, a tradition also enforced by women. Stigma, prejudice and discrimination against women in Africa is still a grave problem.

Infertility threatens masculinity and male identity in African societies. Consequently, other methods were sought to make every man bear a child and have an identity. Due to the patriarchal system of family lineage, African tradition dictates that every child born to a married woman belongs to her husband, regardless of who impregnates her. This tradition protects infertile men who usually agree with their family members or wives to have children with other men. This traditional arrangement also prevented the sperm donor from laying claims to the children born out of the secret affair. It should be noted that DNA has not been accepted by law in most African societies to ascertain the paternity of a child. It is on this ground that men blame their wives, even when they know that they are the cause of the couples' infertility. As discussed by Inhorn, since the paternity of a child with another woman cannot be contested, women continue to bear the brunt of infertility even though they know there is a male cause (qtd. in Greil et al).

In a flashback, the authorial voice takes us back to Akin's university days when he realised he was impotent and confided this secret to his brother, Dotun, "I'd never had an erection" (239). This retrospective technique brings the past into the present to justify Akin's impotence, which makes it difficult to have and keep an erection. He started treatment at a private clinic in Ikeja, bought herbs and miracle drinks that purged him and watched every pornographic video that was available in Nigeria, but "it did not harden [his] penis" (Adebayo 239). He later continued treatment with a Urologist in Lagos University Teaching Hospital (duped LUTH), hoping that the specialist could work miracles, "I always had hope that everything would change and the lies would not matter anymore... Hope has always been my opium... No matter how bad things got, I found a way to believe that even defeat was a sign that I was bound to win" (210). He fails to converse with his wife, Yejide, who seeks a peaceful settlement to this situation. Her wish for a dialogic approach to accommodate all perspectives to their problem in order to proffer a solution to their childlessness is expressed in these declarations, "You can confess all your secrets to me now, dirty or clean. Maybe a woman who has children for you somewhere..." (21). Yejide believes that "love is like a test... that love had immense power to unearth all that was good in us, refine us and reveal to us the best versions of ourselves" (229). She negotiates and expects Akin to open up about the urologist he is seeing at LUTH, the prescribed drugs and the procedures Akin has undergone to find a solution to his impotence. Her desire to negotiate her space and confront her reality within the cultural milieu by shifting boundaries on the subject of infertility and constructing bridges is obstructed by Akin's refusal to talk. Yejide is presented as a dynamic participant in negotiating change in the collective consciousness of her family and society with regard to infertility. Her dialogic stand based on mutual understanding contrasts with Akin, who maintains a dogmatic and diachronic ideologic posture about his condition by refusing to open up to his wife and the fertility specialist they visit. This suggests how difficult

it is for African men to accept and talk about such an underlying medical condition that has a physical and psychological toll on men, "When the doctor asked about our sex life, Akin held my hand before he answered and stroked my thumb as he said, our sex life is normal, absolutely normal" (65). Akin's gesture shows how hegemonic masculine culture has an influence on spousal relations, even in serious matters that affect the family, like infertility.

The woman's voice is suppressed in public space to take advantage of her in the private space. Akin humorously convinces the gullible Yejide that "each penis was different...some go hard, that others never did". He jokes over it and causally slips it into the conversation to make it sound like it was "one of the things men told their virginal wives about sex" (231). Adebayo uses humour to satirise the stupidity of African men to seek lasting solutions in the face of challenging health issues like infertility. Akin's refusal to engage in a dialogue is related to cultural norms about being a man. He suppresses the truth to deceive his family and community, showcasing that he is manly.

Having children is a traditional characteristic associated with masculinity in Sub-Saharan Africa. It is a sign of virility and attests to man's sexual prowess. Virility is to a man as fertility is to a woman. Children in Africa are markers of wealth and identity. As noted earlier, children are valued as they indicate adulthood, promote social stability, enhance emotional fulfilment and ensure continuity and inheritance. Men who cannot fulfil this traditional role of fathering children are considered effeminate, which erodes their identity within a given community. Because Akin does not want to be considered effeminate, he refuses to accept that he is impotent. He maintains his identity and authority as an African man by building his marriage on lies and falsehood rather than dialogue and negotiation. He does not want to accept that he would be childless like Ijapa the Tortoise and his wife, Iyannibo, the barren couple whose attempts to have children are futile (Adebayo 221). Akin uses this tale to convince himself that Yejide will have a child and they will be happy forever. The cost of having the child did not matter, "It didn't matter how many rivers we had to cross. At the end of it all was this stretch of happiness that was supposed to begin only after we had had children" (222). Akin uses this tale to contrast Ijapa the Tortoise with himself. While Ijapa accepts his childlessness, Akin is optimistic that things will change. He lies with the hope that his situation will change since he was seeing a urologist who expressed some optimism, "I still had hope; I always had hope that everything would change and the lies would not matter anymore...Hope has always been my opium" (210). The "cost" and "rivers" Akin has to cross to have a child meant sacrificing his wife for societal recognition. He conspires with his brother, Dotun, to get Yejide pregnant, "[G]et her pregnant and that's it. I've told you my problem... Dotun, you are the only person I can come to. You are the only brother I have. Do you want me to call a stranger?" (162). They arrange that once every year, Dotun is supposed to spend a weekend with them, get his wife pregnant, and go back to Lagos, "If we arrange things well, one weekend will do for each child. All things being equal three kids are O.K." (162). As the instigator of the conspiracy, Akin decides when it is time for them to go into the room and make babies. He goes to play tennis or drink beer while his brother tries to get his wife pregnant, "I had it all planned so that by the time I got back home, Dotun would have left our room, Yejide would have put on her clothes, and I could act as if I didn't know what was going on" (189). The master plan is to have four children (192). Akin recognises Dotun as the sperm donor and chooses him over a stranger because he knows his brother would never claim his children, "I knew Dotun would never claim he was Sesam's father, which is the reason I went to him when I eventually accepted the fact I needed someone

else to get my wife pregnant" (161). This portrays how traditional norms encourage cheating and immorality to cover up impotent men. Through Yejide, *Stay with Me* shows the extent to which women make sacrifices for the sake of family and brings out some weaknesses in African societies with regard to reproductive health.

Yejide and Akin finally have children and are happy. However, their happiness is short-lived when the secret about their parenthood is exposed when Sesan is diagnosed with sickle cell disease. The discrepancies in the results of the genotypes test conducted on "their son," Sesan, reveals that Akin is not the father of the child, "now here is the discrepancy... You are AA, which means that your child could never have sickle-cell disease... So, I can tell you with all certainty that Sesan cannot be your son" (60). Akin "punched a wall, yelled and slammed the door as [he] left the office" (161), making sure he seemed angry enough to Dr. Bello. He "[b]ehaved the way I imagined a man would when discovering that a child wasn't his... But I knew Sesan was my son" (161). This revelation exposes the reason for the death of their first two children, Olamide and Sesan, and Rotimi's frequent crises due to sickle cell disease later. Akin believes Olamide and Sesan died as a form of retribution. They had paid the price for his sin "it was impossible not to wonder if Olamide and Sesan had died as a form of retribution. Whether, on some universal scale of justice, or by some skewed process of karma or esan, the children had paid the price for my sin" (222).

Akin factored unforeseen circumstances into his plan but left out the things that would ruin his life marriage, like the sickle cell disease, Dotun losing his job and moving in with them, and all the mess of love and life that only show up as time goes on (Adebayo 196). Akin did not consider the genetic matchup of Yejide and Dotun before agreeing with his brother to make his wife pregnant. There is no perfect crime as Yejide and Dotun were AS and SS, which means they have sickle cell genes, increasing the probability of conceiving sickle cell children. Their genotypes were not checked before the conspiracy to advert this health malaise that affects their children. They equally failed to check their children's genotypes during pregnancy and after birth to determine their health status and understand what measures to take to ensure their well-being. Unfortunately, they only came to the realisation after they lost two children, Olamide and Sesan, to sickle cell disease while Rotimi frequently suffered from pains. He realises that it would be cruel to bring another child into the world when it was possible that they would go through the same kind of pain Sesan had endured. After Rotimi is conceived, he decides to put an end to the arrangement between Dotun and himself. Unfortunately for him, it was too late to stop what he had set in motion. He "never thought that [he] would return home one day to find [his brother] thrusting into [his] wife without [his] permission" (192). He feels humiliated, hopeless, angry and weeps bitterly. This leads to a fight between the brothers that causes their separation for over two decades, which adversely affects their mother, "Although what could kill me is knowing that you and your brother never settled that quarrel and that Dotun went to his grave without forgiving you." (76). The two brothers never tell their parents what disagreement they had that caused a fight, sabotaging any chances for the parents to talk some sense into their heads. Dotun reveals the conspiracy to Yejide, who cannot bear the burden of living with such a husband and watching her daughter in constant pain. She abandons the sick Rotimi with her father, Akin, and moves to Bauchi with the hope of finding happiness again.

Adeboye uses her creative imagination to weave an emotionally painful story of marriage through the eyes of Akin and Yejide. Through vivid description, characterisation, she raises

awareness about male infertility, sickle cell disease and marriage in postcolonial African discourse. Sickle cell disease (SCD) or sickle cell anaemia is a lifelong blood disorder characterised by red blood cells that assume an abnormal, rigid, sickle shape (Obeagu et al.). It is the most common monogenic/genetic disorder prevalent among the people of Sub-Saharan Africa, South Asia, the Middle East and the Mediterranean (Sendrak and Kondamudi). People living with sickle cell experience vaso-occlusive crisis, which causes severe pain, multi-organ damage and a high risk of strokes from young and frequent infections. The disease, usually presenting in childhood with acute pains, is the most common presentation of SCD.

Inhabitants of western Africa gave specific names to this disease that evoke acute, painful episodes or death, such as: “Abiku” or “Ogbanjies”—“malicious spirit-child[ren]” who have made promises in the spirit world to die young and usually returned to torment their mothers (Adebayo 167–177). These children, destined to die, are to be reborn as their own siblings (Makani et al.), Children suffering from sickle cell, like Rotimi, and those who lost their lives to the disease, like Olamide and Sesan, were considered as “bad child[ren]... who had chosen to die” (126). When such children die, a “few marks” are put on their body along with “a little whipping” so that the next time they are reborn, the marks on the newborn would tell you that the dead child had returned to torment their mothers. All this happened because there was no knowledge of blood group or genotype and other blood group-related diseases.

Sickle cell disease and infertility are underlying health conditions that couples neglect when getting married in Sub-Saharan Africa. Couples often fail to do premarital checkups and fertility tests to know their partner's sexual life and avoid numerous problems that may affect their marriages in future. Adebayo, in the novel, raises our consciousness on some myths and misconceptions related to infertility and sickle cell in African societies. Moomi, Baba Lola and Iya Martha are symbols of such myths and misconceptions when they hold false beliefs or ideas about infertility and sickle cell. Before the advent of modern medicine and practices, childlessness was and is still feminised in spite of the multifactorial etiologies impairing male fertility, such as sperm abnormalities, hypogonadism and erectile dysfunction, also known as impotence, the major theme in *Stay with Me*. In Sub-Saharan Africa, much is not known about the prevalence and etiology of male infertility, though it remains a major reproductive health challenge that has a toll on men. Because of the African belief in superstition, health challenges like infertility and sick cells are attributed to witchcraft, as seen above. Adebayo uses these reproductive health conditions to condemn the superstitious beliefs that reflect the African mind and raises awareness of their prevalence in Sub-Saharan Africa. The analyses above reveal that some marriages in Africa are built on faulty foundations due to men's inability to accept their predicament and seek lasting solutions. They are content with whatever opportunity life offers them. This justifies why social paternity takes precedence over biological paternity in Sub-Saharan Africa and confirms the African adage that “only a woman knows the paternity of her child” (Butake). This paper suggests that premarital check-ups are an integral part of proper family planning for all couples.

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