

The Role of Media in the De-Stigmatization of Infertility in Nigeria

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Abstract

Objective: The purpose of this study is to investigate how the Nigerian newspaper reports infertility and its potential effect on stigmatization.

Background: Infertility, a devastating condition, is a universal problem affecting a considerable number of people. However, perceptions on the causes and consequences of infertility differ across societies. The approach in which the media outlines issues can influence the public's understanding and interpretation of those issues. Media coverage of infertility contribute and affects the social construction, perception and understanding of fertility, which tends to elicit behaviors that directly or indirectly stigmatize individuals with infertility. The present study will investigate the framing of newspaper reports on infertility with respect to causes and solutions. **Methods:** A content analysis was conducted on the reports of two newspaper organization that contained the key word 'infertility' from January 2017 to April 2018 (N = 96). The articles were analyzed and coded using a pre-determined themes.

Results: The most commonly cited treatment was in-vitro fertilization (IVF), the interpretation of infertility framed by the media were unduly ascribed to female-related issues, the main cause of infertility were identified to be mainly female-related, and the evaluation of the experiences of infertility was mainly from female perspective.

Conclusion: The Nigerian newspaper reports tends to present infertility as a serious and predominantly a women's disease. This partial representation of infertility may be a source that promotes the social and cultural stigmatization directed at women in the Nigerian society. The consequences for the societal perception and understanding of infertility are discussed.

Keywords: Infertility, Stigmatization, Media, Framing

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1. Introduction

Procreation is a central component of human life and most individuals of procreative age look forward to parenthood. However for a significant minority, the path to achieving this desired parenthood is not easy and the diagnosis of Infertility can affect their sense of fulfilment (McQuillan et al., 2007). The inability to conceive after at least twelve to twenty-four months of regular unprotected sexual activity without contraceptive use, is defined as infertility (Sohrabvand & Jafarabadi, 2005). Infertility may be due to problems in the female, male, or both. The biological causes of infertility equally affects men and women; females in about 30% of the cases, males in about 30% of the cases, another 30% are caused by both female and male factors, while 10% of the cases go undiagnosed or cannot be explained (Shaw, 2013).

The World Health Organization has identified infertility as a major medical and social problem that globally affects 72.4 million people (Boivin, 2007). The experience of Infertility has significant impact on affected individuals, the level of impact depends on the gender, sexual history, lifestyle, society, and cultural background. Although not physically incapacitating, the experience of Infertility is considered comparable to other health conditions, for instance chronic illness (Ferrel et al., 1993; Seybold, 2002; Koropatnick et al., 1993) with social and psychological consequences because it is a stigmatized reproductive disease (Greil, 1997; Guerra et al., 1998). In many parts of Africa, the experience of childlessness is distressful (Dyer et al., 2002). The attainment of parenthood is regarded as a prerequisite for adulthood (Fortes, 1978) as children are valued for economic, personal cultural reasons (van Balen & Gerrits, 2001). At the individual level, infertile individuals may experience identity crisis since parenthood is viewed as an entry into adulthood (Burns, 2005). At the community level, people with a fertility problem are often stigmatised because being childless is considered a deviation from cultural norms, as a result, they may be denied participation in conversations as they are viewed as immature (Gibson, 2007; Fledderjohann, 2012); Within families, the relationship between the women and her in-laws involves a lot of emotional distress because the women are often blamed and mocked (Dyer et al., 2002; Fledderjohann, 2012; Gerrits, 1997; Pashigian, 2002); In marital relationships, couples divorce their partners, engage in extramarital affairs or start a polygamous marriage, because of infertility (Gerrits et al., 1999; Hollos, 2003; Kielmann, 1998). In general, infertility is a disturbing life event with implications in the relationships of

the individual at a personal level, community level, family level and conjugal level (Inhorn & van Balen, 2002; Gerrits et al., 1999; Inhorn, 1994); infertility, therefore, is defined as a biopsychosocial crisis (Van den Broeck, et al., 2010).

A fundamental function of the media is to perpetuate a society's ideology through a variety of mechanisms (Lupton 1992). The media and society are interdependent as the media transmits and maintains a society's culture by influencing what the public thinks about and how they think about issues (BallRokeach, 1985; Nelson, Oxley & Clawson, 1997; Chong & Druckman, 2007). The media chooses what information is included or excluded about a specific topic (Hoffmann & Novak, 1997). Subsequently, media representations of infertility contribute and affects the social construction, perception and understanding of fertility (Taylor, Layne & Wozniak, 2004). The media's potential power to construct the public's understanding of social phenomena is highlighted by how much the public depends on the media for the constructions and interpretations of events and objects. Not surprisingly, researchers for at least a century have been studying the extent of the media's influence over the public. The media in its different forms is regarded as an imperative means for public education and entertainment, becoming an important source of individual acquisition, knowledge and awareness of social issues, this paper therefore draws on newspaper reports on infertility to gain insight into the how fertility is expressed in Nigeria.

1.1. Statement of Problem

This paper is designed to explore the sources of stigmatization surrounding infertility in Nigeria. To understand these challenges, newspaper reports on infertility will be examined to understand how information on infertility is framed for public consumption.

Over the past several decades media coverage of infertility have increased significantly, however, very little information exists on the factors that form the social perceptions and understanding of infertility, perceptions that might lead to stigmatisation. Social perception activates a perceptual interpretation (Dijksterhuis & Bargh, 2004), which in turn affects social behaviours regarding issues like infertility. The way information on infertility is reported in the media has consequences on how the public think and feel about infertility. The findings of this study can inform health care providers about how the media are shaping perceptions of infertility, and can assist professional bodies interested in undertaking public education initiatives.

Thus, this paper, aims to answer the following research questions:

1. How do the print media construct infertility in Nigeria, its causes and solutions?
2. What are the major themes reported in print media representations of infertility?

2. Literature Review

2.2. Infertility and Stigma

Stigma is that identifying mark or characteristic that disqualifies someone from full social acceptance (Goffman, 1963). In societies, persons are generally categorized by defined characteristics and attributes that are based on normative social order. These attributes conveys an identity, called social identity (Goffman, 1963). A person's social identity may include a professional role, a physical characteristic or the concept of self. If any of these changes, then according to social settings a person fails to meet expectation because of attributes that are different or undesirable, which then leads to a stigma. Since stigmas are socially constructed and communicated through the process of socialization, it varies from one societal setting to another.

Stigma can be felt or enacted (Jacoby, 1994; Scambler, 2004). Felt stigma is the presumed awareness of being different, undesirable or 'not-as-good-as' by a person. This can happen even though the stigmatising attribute is not physical or outwardly apparent. This fear of being treated different or labelled leads to the feeling of shame (Scambler, 2004). This applies in the context of infertility that is not characterised by a physical or visible illness, but the absence of a preferred state infertility which is visible in terms of a lack of children (Greil, McQuillan, Slauson-Blevins, 2010). On the other hand, enacted stigma refers to the response and behaviours directed at a person perceived to be different due to a visible stigmatising attribute (Jacoby, 1994; Scambler, 2004).

Individuals tend to highly value aspects of their society, like culture and religion, and when that society communicates stigma, the communicated beliefs can be powerful. In societies, religion may determine stigma. For instance, in most Islamic societies, reproduction is a religious duty (Obeidat, Hamlan & Callister, 2014) and infertile individuals may face stigma if they do not carry out this duty. Culture also plays an important part in stigma. For instance, in most cultures, motherhood is considered an important part of life, so Infertility can be a distressing experience and a source for stigma particularly for women, because motherhood is a central theme in most social dialogues about what it means to be a woman.

Studies on the social construction of Infertility consistently find that individuals especially women that suffer from infertility, experience social stigma and psychological distress (Bell, 2013; Greil, 2002; McQuillan, et al., 2003). According to a study by Miall (1985), some women experienced stigma through "informal

sanctioning” from others which is expressed through their initial reactions, unwanted and intrusive questioning about their childless status. While other women experienced direct, and sometimes public humiliation, for their childless status. According to Brothers & Maddux (2003), some women link the attainment of biological parenthood to happiness and life satisfaction, which then becomes a strongly desired personal goal.

The attainment of parenthood in most African societies, is a prerequisite for the achievement of adulthood to which everyone aspires (Fortes, 1978). In Ghana, among the Ewe, the Aowin, and the Ashanti tribe, after the death of a childless man or woman, they are buried without the full adult funeral ritual as they were not considered as full adult (Fortes, 1978; Larson, 2004). In Nigeria, Infertile women among the Ekiti Yoruba tribe (Ademola, 1982) and among the Ijo society (Hollo, 2003) are treated as outsiders and their bodies are buried on the outskirts of town. In fact, for some communities, the birthing of only female children, not getting pregnant within a period of two to three months, or birthing few children can result in a social label of infertile (van Balen & Inhorn, 2002).

Male Infertility is also stigmatized within societies, with such stigma commonly correlating to views about compromised masculinity and sexual dysfunction (Gannon et al., 2004). For instance, male infertility has been described with emasculating phrases like “shooting blanks (Bainbridge, 2007; Cudmore, 2005). However, given that the proof of infertility is presented on a woman’s body, women often assume the “responsibility” for infertility and women experience the most stigma even when the diagnosed cause for infertility is male-factor or unknown (Kowalczyk et al., 2001; Marsiglio et al., 2013; Webb & Daniluk, 1999; Wischmann & Thorn, 2013; Mason, 1993).

2.3. Health Information Sources – An Overview

Sources for health-related information are generally divided into interpersonal and mass media sources (Johnson & Meischke, 1991). The interpersonal sources of information are face-to-face and two-way in nature and these sources include health professional and groups, family and friends (Parrott, 2004; Johnson & Meischke, 1991). The mass media information sources (TV, radio, newspapers and the internet) target a broader audience with messages (Luker et al., 1996). In African countries, different sources are used to disseminate health information and promote healthy lifestyles (Anasi, 2012), they include, community channels (community and religious leaders) alongside print and broadcast channels (Anasi, 2012).

The health information needs, sources and behaviours of individuals have been extensively studied in many countries. Focusing on Nigeria; according to a study by Omotoso et al., (2013), the information needs of Nigerian students are diversified, the information needs ranges from alcohol, sexual health, body care, medications, to physical exercise. However, the sources to the needed information are few, with less accessibility. Another study in Nigeria, done by Nwalo and Stella (2010), investigated how in-School Adolescent girls accessed information on reproductive health. The study revealed the most accessible source to be parents and the internet to be the least accessible source of reproductive health information.

In rural Nigeria, women relied most on the radio for their health information needs, however more than 90% reported that they received the most information from family and friends on their malaria-related information needs; the women also relied on traditional sources and health services for information when they are critically ill (Nwagwu & Ajama, 2011). Another study done by Ogunmodede et al., (2013) in Oyo state, Nigeria revealed that pregnant women relied more on interpersonal sources than the mass media for their maternity-related health information needs; with health care providers being the key sources for their frequent information needs.

2.4. The Media and its Role

The media are societal institutions (DeFleur, 1966) with the general functions of: acting as the public 'watchdog,' by providing communal surveillance; supporting social decision-making by providing evidence, observations and assessments of events and persons; and educating the general public by providing information and skill related knowledge (Schramm, 1964; Lasswell, 1948; Wright, 1960). Basically, every one of the three functions constitute consequences of the general informational-educational utility of the media. Media in this context means channels used for mass communication - Television, radio, and print media (Akpoveta & Ogbemi, 2006). Mass media methods in information dissemination generally, are useful in reaching a wide audience at a very fast rate. Mass media messages influence person's behaviour indirectly by empowering social interactions; and directly by demonstrating new norms through new role models. More importantly, as a social institution, changes in the media usually constitute societal changes and are responsive to general societal changes.

The media has the ability to influence the public understanding of health. The media in its various forms not only informs individuals about health issues, but its message can also be used to influence individuals to action. Studies in several countries - Ethiopia, India, Kenya, Mexico, St. Lucia, and Tanzania - have shown how the mass media influenced changes in reproductive behaviour and in promoting adoption of other health measures (Westoff & Bankole, 1997; Singhal et al., 2003; Vaughan et al., 2000). Media works through the availability of resources and the transfer of knowledge that directly or indirectly plays a key role in formation attitudes and

public opinion (Olney, 2000). The role of media is in educating society through different programmes, which contributes in forming cultures. The influence of the media has concentrated on the cognitive side of individuals and groups through providing them with new information and amendment of individuals' mental images and transfer cultures to them (United Nations, 1988).

In recent years, there has been growing attention to the impact of the media on health beliefs and behaviour. Researchers have investigated media's role in shaping the public's opinion about health through news broadcasts and print media (Thorson, 2006), magazines (Lyons, Dalton & Hoy, 2006) television documentary (Hight & Colebourne, 2006), soap opera (Howe, Owen-Smith & Richardson, 2002; Verma, Adams & White, 2007), and advertising (Cherrington, Chamberlain & Grixti, 2006). These studies explored several theoretical perspectives and research methodologies to explain media representations of selected topics. This paper will focus on the print media, specifically the newspaper and present its findings using the media framing analysis.

2.5. Media Coverage of Health Issues

The media have been used as a source of health information and a means to promote healthy behaviours (Seale, 2003; Warner, 1987). Health information are conveyed in two dominant ways – (1) as news covering issues linked to health, medicine and related technologies (Brodie et al. 2003); (2) as a product, through advertising by medical companies. However, there is insufficient scientific explanation(s) for the covered health issue (Schwartz, Woloshin, & Baczek, 2002), and materials on other available sources of information on the covered health issue are not provided (Niederdeppe, et al., 2010). Also, the media coverage of health news often lack in depth health information (Quintero, Sionean, & Scott, 2011), as the covered health issue is usually disproportionate with the incidence level of that health issue. For instance, focusing on cancer-related news, breast cancer takes nearly 45%, while only 5% covers lung cancer, despite the fact that the prevalence of lung cancer is considerably higher (Berry, et al., 2007).

Receivers of health news do not usually engage in critical thinking of the covered issue (Covello & Peters, 2002), as they lack the understanding of concepts to assess health risk. Combining this with how health news are covered disproportionately in the media, these receivers may not have an adequate capability to assess the value and quality of scientific studies, or to understand and interpret the presented risk possibilities (Covello & Peters, 2002, p. 380).

There are reports on the 'increase in infertility' in the Nigerian print news which is of general interest to the public. The media's potential ability to influence the perception of the public is well noted. So it is important to examine the construction of infertility in the media and the potential effect of that construction on the public.

2.6. Print Media Representation of Women and Reproduction

A fundamental function of the media is to reproduce dominant ideologies through portrayals that inform on values, norms and experiences (Lupton, 1992; Kellner, 2003). Subsequently, the meaning of infertility as defined by norms, values and role expectations is portrayed by the media (Inhorn & Van Balen 2002; Lykeridou et al., 2009). Therefore, images portrayed by the media influences its society's perception of fertility and reproduction (Taylor, Layne and Wozniak 2004). The media typically associate women with motherhood and childbearing, unfortunately this representation is instrumental to the prejudicing stereotyping of women and the health of women (Engelen-Maddox 2006).

The media describes women as mothers irrespective of their fertility status which suggests that the ideal woman chooses to have children, she is nurturing and she is heterosexual (Shugg & Liamputtong, 2002). This emphasises the perception that an infertile woman is unfulfilled and unhappy (Lupton, 1998), who depends on medical technology to conceive (Shugg & Liamputtong, 2002 p. 726).

According to Franklin (1990), infertility is described within three identified subject areas – social loss, biological destiny and medical hope for a cure (p. 217). Social loss describes a desperate childless woman who sees her solution in available medical technologies. The media often omit to inform on the success rate of the available technologies, the related costs, ethical and moral issues involved or the invasive nature of the procedures used by these technologies. Biological destiny describes childless, married, heterosexual couples who are desperate for children. The media omit to inform on social factors that may impact a couple's decision to stay childless, like low income, unemployment, disability or sexual orientation. As a result, medical treatment is represented as the solution and not social change.

The final subject area, 'medical hope for a cure' describes the media's ability to dissect women to the point that they are measured only based on their childbearing potentials, and how that hope for pregnancy and ultimately motherhood, lies with the fertility specialist and modern medicine (Franklin 1990).

2.7. Factors That Affect the Reporting of News by the Media

The media is a vital source of information in modern society, as it has the ability to affect individuals' view of the political and social issues confronting a general public. However the media is not a neutral institution

because it is a business, driven by revenue generation (Arsenault & Castells, 2008). Although the principal factors that influence the choice of a story would include –entertainment value, public interest, relevance to audience, and newsworthiness - there are also business considerations that are included in the decision-making process, necessary to keep the organisation profitable. Business consideration that are enhanced due to increasing competition, arising from the development of alternate information sources (Beam et al, 2009). According to Martin and Souder (2009), the relationship between revenue and journalism is clear – “you cannot have one without the other” (p. 127). This relationship then creates an inherent tension between journalistic objectives and commercial goals. For quite a long time, this tension has been a source of worry for media critics and researchers (Croteau & Hoynes, 2006; Beam et al., 2009; Curran, 2005; Hallin, 2000).

Another factor is journalist related, the journalist is usually the facilitator of information. The role of information facilitation in effect influences the journalist to provide the public and their organization with newsworthy content. However, it is a known reality that often times there is bureaucracy in obtaining information, especially health related information. Also, majority of journalists and writers lack the knowledge of how and where to get certain information about an issue. Hence they need to be taught and educated on health issues in order to make savvy inquiries and ask intelligent questions amid interviews. Secondly, there are external influences that affect how a journalist present the news, an example is the occupational influence (Voakes, 1997). This factor characterized as the impact made by the market that the journalist is situated. “It is concerned with the organization’s relations with competing news media in its market as well as the organization’s place in the market” (Voakes, 1997 p. 24). This implies that the organization that the journalist is involved with, will reflect in the news content that the journalist produces. In essence, for a journalist to work for a specific media organization they should deliver content that supports the organization and their news focus.

3.0. Theoretical Framework – Framing Theory

To frame is to portray certain aspects of perceived reality in a communicating text saliently, which in turn influences the definition, interpretation, evaluation and treatment/recommendation of a particular issue (Entman, 1993). The theory of framing posits that the media emphasises aspects of a particular issue through its ability to influence how its audience thinks about issues (Chong & Druckman, 2007; Gross and D’Ambrossio, 2004). The media describes an issue as a dominant idea or story line that acts as a bridge between cognition and culture (Gamson & Modigliani, 1989; Gamson et al., 1992). On the other hand, a frame can also distract the audience from an issue by omitting information. In actual fact, information excluded from a frame is of equal importance to what is contained within (Gamson, 1992).

When framing, storylines are created, the perception of an issue and the attitude of the audience to that particular issue are also affected (Nelson, Clawson & Oxley, 1997). The analysis of a frame occurs at macro- and a micro- level (Scheufele & Tewksbury, 2007). The macro-level analysis of a frame looks at the big picture and the context, which includes the media’s modes of presentation that resonates with their audience’s existing underlying interpretative schemas (Scheufele & Tewksbury, 2007). These includes elements used to organise the narrated story, such as, the length of the article, the headline, images used, quotes used and where on the medium the article presented (cover page). On the other hand, the micro-level analysis of a frame looks at the content, and how the audience form their impressions and opinions from information presented about the issue (Scheufele & Tewksbury, 2007). In essence, meanings are not instinctive but constructed from frames (Bateson, 1955).

Frames contain four primary elements in the process that organise the interpretation of an issue —the communicator, the text, the receiver, and culture (Entman, 1993). This relates to the Laswell (1948) communication process: Who --> Says what--> Through what medium -->To whom -->With what effect? (Entman, 1993). The communicator constructs a specific point of view that emphasizes a particular feature of an issue to be viewed in a particular way, which is influenced by the culture that they operate in. These communicators include journalists, editors, producers, directors, authors, politicians and advertisers. The element ‘text’ used to construct the frame include the use of images, keywords, or phrases that strengthen a theme (Entman, 1993 p. 52). Receiver or audience frames, are the cognitive structures that guide the receiver’s processing and interpretation of information. Sometimes these interpretations may or may not reflect the communicator’s intended frames in the media. According to Entman (1993), “culture is the stock of commonly invoked frames” (p. 53).

Therefore this study seeks to investigate the dominant frames used in print media report of infertility.

4.0. Methodology

Content analysis is the study design used in this study, method is "total enumeration" or "census method", instrument of data collection is the coding sheet. Two newspapers, The Guardian, and Vanguard were randomly selected for this study, and data was collected from their online site - <https://guardian.ng/> and <https://www.vanguardngr.com/>. Subsequently, articles on infertility issues as reported in the selected newspaper spanning from January 2017 to April 2018 were analyzed and presented in this study. All selected issues will be

grouped into two topics “causes” and “solution”. The results will be presented on frequency tables and analyzed. The total issues published by the selected newspapers were 96 articles. The measurements/Units of Analysis are as presented below:

- Frequency of coverage: Titles of reports on infertility within the selected timeframe in the selected newspapers will be counted to determine the frequency of coverage
- Subject area: The content of reports will be analyzed into broad subject areas - ‘causes’ of infertility and ‘solutions’ for infertility.
- Subtopics: The broad subject areas (causes and solution) will be divided into sub-topics, such as: male-related causes, female-related causes, diet, pollution, lifestyle, IVF, egg donation, surrogacy, and personal stories (both male and female).

5.0. Results

A summary of the frequency and percentages of subject areas and subtopics is provided in the table below:

Table 1:

<i>Prevalence of 'Causes' cited for infertility</i>				
	The Guardian		Vanguard	
	<i>n = 37</i>		<i>n = 11</i>	
Causes	<i>n</i>	<i>%</i>	<i>n</i>	<i>%</i>
Male - related	5	14%	3	27%
Female - related	15	41%	5	45%
Pollution	5	14%		
Medical condition	4	11%		
Diet	2	5%	2	18%
Lifestyle	4	11%	1	9%
Stress	1	3%		
Medication side-effect	1	3%		

Table 2:

<i>Prevalence of 'Solutions' cited for infertility</i>				
	The Guardian		Vanguard	
	<i>n = 16</i>		<i>n = 4</i>	
Solutions	<i>n</i>	<i>%</i>	<i>n</i>	<i>%</i>
In Vitro Fertilisation (IVF)	4	25%	2	50%
Egg harvesting/freezing	1	6%		
Assisted Reproductive Techniques (ART)	1	6%		
Diet	5	31%	1	25%
Surrogate	1	6%		
Other technologies	2	13%		
Detoxification	2	13%		
Medication			1	25%

Table 3:

<i>Prevalence of 'other factors' cited for infertility</i>				
	The Guardian		Vanguard	
	<i>n = 9</i>		<i>n = 19</i>	
Other factors	<i>n</i>	<i>%</i>	<i>n</i>	<i>%</i>
Regulations	2	22%	2	11%
Advertisements	5	56%	8	42%
Personal experience - female	2	22%	8	42%
Personal experience - male			1	5%

Table 1 and 2 summarizes the findings of the analysis of the causes and solutions to infertility respectively. Forty-eight articles, in total, reported on the causes of fertility. Table 1 demonstrates that female – related cause as the most cited theme in the causes of infertility, (n= 15; 41%) for articles reported in the Guardian and (n=5; 45%) for articles reported in Vanguard newspapers. All other identified causes of infertility were far less commonly cited, with less 20% frequency. In table 2, twenty articles, in total presented a reported solution for infertility. In The Guardian newspaper, Diet (n=5; 31%) and IVF (n=4; 25%) were the most cited themes for solutions to infertility, while in the Vanguard, IVF (n=2; 50%) was the most cited theme for solutions to infertility.

Table 3 summaries the findings of ‘other factors’ cited for infertility in the articles. Themes identified were regulations, advertisements and personal experiences. The findings showed that advertisements was a common theme reported in both newspapers, however, in the Vanguard, personal experience – female was also a common theme.

7.0. Discussions

The purpose of this study is to understand the social constructions of infertility in framing in print media. The conducted content analysis revealed that the print media construct infertility as a problem caused mainly by female – related causes, and the solutions to infertility are in diet and in-vitro fertilization. This analysis suggests that the print media propagate the construction that the main causes to infertility are female-related which might worsen the distress connected with infertility, especially for women. The identified female-related causes reported in the articles were infection, female circumcision, fibroid, endometriosis, abortion, hygiene, increased use of birth control and contraceptives. The diet identified as solution of infertility were increased intake of Zinc, antioxidants, turmeric and walnut.

The findings of this study also suggested that the reports on infertility rarely provided back-up information like references from scientific studies, just like other health news (Quintero et al., 2011). The majority of the articles contained qualitative knowledge based information, which were educative, written in clear and simple to read and understand language. However, the Nigerian print news may be providing insufficient support information for their reports and also little information on where to find additional information about infertility.

With regards to the framing theory, the media has adopted a definition, interpretation, evaluation and treatment for infertility. IVF was the treatment often recommended, the interpretation of infertility suggested by the media were unduly ascribed to women – related issues, the main cause of infertility were identified to be mainly female-related, and the evaluation of the experiences of infertility was mainly from female perspective. This framing may have consequences for the news consumer, as it may affect the perceptive developments of what reflections are accessible to the news consumer about infertility.

It is important to note that solutions like adoption and sperm donation were not highlighted by the reported articles. It maybe illustrated by the fact that the Nigerian ideology of marriage and family do not support the practice of considering adoption as a treatment for infertility. For instance, Islam prohibits adoption as there is no genetic or blood link to the father.

8.0. Conclusion

This study unveiled themes that contribute to the sources of stigma for individuals with infertility, especially the feminist perspective on infertility. However, there are problems with this perspective, for instance social factors like, low income, disability or unemployment, which can contribute to infertility or delayed childbearing are frequently overlooked (Rothman 2000). Also the media focus more on the biological causes of infertility in women, even when the biological causes of infertility affects men and women equally; females in about 30% of the cases, males in about 30% of the cases, another 30% are caused by both female and male factors, while 10%

of the cases go undiagnosed or cannot be explained (Shaw, 2013).

Women continue to experience infertility related stigma, even though there is increased media coverage about infertility. Articles on infertility report on varying information that included information about lifestyle, diet, pollution, treatment, causes and prevention of infertility. The media as an important educative institution in society have the responsibility and the ability to shape its audience perception of infertility. This responsibility includes providing information based on evidence that reflects all aspects of infertility. Because few resources existed regarding accurate information that maps into the medical causes, treatment and prevention of infertility, the media played a critical role in establishing meanings for infertility as well as the medicalization of fertility. The media clearly play an important role in alerting the public to health issues as part of their responsibility, but 'the impact of the media may be problematic if the media either ignore or misrepresent health information' (Kristiansen & Harding, 1984). To avoid any potential representation of health information, three strategies could be applied by media organisations to improve the quality of evidence-based health reporting in health journalism, these include: a) journalists' specialization in health reporting, b) the circulation of research studies through media outlets, and c) a platform for interactions between media, health practitioners and researchers.

Given that there are four primary elements in the process of a frame that organise the interpretation of an issue—the communicator, the text, the receiver, and culture (Entman, 1993). This is important that further studies should investigate the factors that contribute to a communicator's (journalist, editors, writers) choice of frame in their report on infertility.

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