

Cases of Paternity Discrepancy in a Nigerian Tertiary Hospital

ABSTRACT

Reports on paternity discrepancy have been poorly studied. In this study, 6 cases of paternity disputes in Delta State University Teaching Hospital, Oghara were reviewed. The review showed non paternity, gender inequality, and poverty, low-level of education, infidelity, and discrepancy in inheritance system. Lack of knowledge on female sexuality and contraception as well as separation of partners in marital relationships were implicated as important risk factors.

Keywords; *gender inequality, poverty, education, infidelity*

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INTRODUCTION

The maternity of a child is usually undisputed in women especially as they conceive internally.¹ This is however not the case in males whose paternity is generally attributed to him by the child's mother. This discrepancy between social or legal paternity and genetic paternity has been described as, 'Parental discrepancy', 'non-paternity event' or 'misattributed paternity'.^{1,2}

Parental discrepancy may be an incidental discovery in the course of genetic testing for other medical conditions.³ The parent, particularly the male, may also become apprehensive about his place in the biological make-up of the child whose paternity has been attributed to him and demand for paternity test to ascertain the true parentage (paternity) of the child.⁴

The cause of parental discrepancy or unexpected paternity results has been shown to vary. In most cases, it occurs in the background of multiple, or serial successive unprotected sexual relationship(s) which has resulted in pregnancy. It may also result from infidelity, deception by the female counterpart, unintended pregnancy, male infertility (when a woman seeks conception elsewhere), baby trafficking and medical mistakes during assisted reproduction.⁴ Outside the context of assisted reproduction, this situation is assumed to be a definite proof of infidelity.²

There are both conventional and non-conventional methods of assessing paternity. The non-conventional methods include the possession of certain recognizable physical features of the family of both parents by the child. The conventional and more scientific methods include comparison of blood group (ABO Rhesus factor, the MNS, Kell and Duffy blood group), human leucocytes antigen (HLA) typing and Deoxyribonucleic acid (DNA) profiling, each with accuracy rate of 30%, 40%, 80% and 99.% respectively.⁵ We report results of six successive paternity tests done at Delta State University Teaching Hospital in collaboration with AMPATH laboratory, South Africa, from 1st January to 30th July 2015, using DNA profiling technique.

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CASE STUDY

Mr. A is a military officer who had a sexual relationship with a lady in the community. Two weeks later, the lady informed him that she was pregnant for him. The ultrasound scan done a week later showed an eight-week pregnancy. After the woman had put to bed, both partners presented for paternity testing, and the result excluded **Mr. A** from being the father of the child. We concluded that she had multiple sexual partners and was even pregnant before **Mr. A** slept with her, but hoped to use the pregnancy to convince the man to either marry her or take up the responsibility of the child's up keep.

Mr. B is married but lives in a different community from the wife because both work in different communities. The wife was alleged to have had sexual relationship with another married man, and when she became pregnant, **Mr. B** wanted to ascertain the paternity of the child born from that pregnancy. The result excluded **Mr. B** from being the father. She accepted having an extramarital affair in marriage and was not sure who the father of the baby was.

Mr. C has three wives and is having an extramarital affair with a fourth lady who became pregnant and told **Mr. C** that he was responsible for the pregnancy. When the baby was born, **Mr. C** insisted that before he accepts the child as his, confirmatory DNA-based paternity test has to be conducted. The result however excluded **Mr. C** from being the father of the child. In this case, the woman eventually admitted that she wanted to be supported financially by **Mr. C** and used the pregnancy as a means to an end.

Mr. D is a married business man who lives and works in a community far away from his family. He has been having unprotected sex with a lady in that community. The lady became pregnant and told him that he is responsible. He took care of her until the child was 18 months old and decided to confirm the paternity. The result excluded **Mr. D** from being the father. She admitted having other sexual partners but the interest in **Mr. D** was for financial security.

Mr. E came with his 5 children and his wife for same test, because he needed it for his visa. The first child was delivered though IVF using donor egg at maternal age of 48 years. The remaining children were supposedly delivered by the wife in succession in a private maternity home in Southern Nigeria. The wife's maternal responsibility was excluded in all the children, while only one of the children shared identical DNA with the father (the first). The woman had been involved in illegal baby adoption from midwives with pseudo pregnancy as cover-up.

Mr. F and the wife both work in the same place and had two daughters. The wife confessed to him of infidelity prior to the conception of the second baby. The DNA profiling excluded the father from being the biological father of the child. She admitted being emotionally tormented by **Mr. F** and while trying to confide in a colleague, she became involved in an extramarital relationship.

DISCUSSION

The global prevalence of parentage discrepancy is highly variable ⁴. This variability is a factor of sample size, methodology, population studied and inclusion criteria used. In a review of a published scientific literature on this subject matter a discrepancy rate of 0.8 to 30.0% was observed. ⁴

Nigeria as a nation cannot be excluded from prevailing global paternity dispute or fraud. However, the routine hospital laboratories are however poorly equipped in this regards and therefore may only provide ABO/genotype screening services, whose limitations as a paternity testing tool has earlier been noted.⁶ This may result in non-conclusive paternity results or even discourage such investigations. There is therefore need to for investment in molecular and DNA-based diagnostic technology in resource poor countries, or encourage technology transfer and public-private partnership in public hospitals to fill this gap.

Apart from the single case of artificial insemination in this series, the other cases presented portrayed females in a dismal picture. This may however not be the true picture as consideration should be made to the inclusion criteria and circumstances surrounding these cases as well as the patriarchal nature of our society.⁷ In a male-dominated society, generally, male chauvinism predominates in our society, females may therefore meet stiff social opposition when regress is desired. A more modern and balanced gender system is therefore advocated.

We may also consider cases where individuals may not be sure of their actual parents especially where their parents maintained multiple sexual partners, or miscalculated dates of conception, birth or the age of the child. This may have been worsened by inadequate understanding of the on female sexuality and contraception in younger age group of low educational status.

This study has further buttressed that economic security was a main factor for the paternity imposition on men by women of poverty, low level of education and unemployment may influence a woman's choice of sexual relationship, and even be their reason for sexual relationships. Women empowerment through education and employment will therefore minimize over-dependence on males with better life options.⁸

Even though there is a shift in the idea of our traditional society where womanhood is perceived in the light of their role as wives and mothers is being underplayed, this may not be far from the present situation.⁹ In addition, the society frowns at single mothers as being promiscuous with discrimination and rejection.¹⁰ Coupled with the fear of supporting a child alone, it is not out of place for her attempt all possible means of ensuring that somebody is made to take the responsibility of the child or both child and mother (through marriage). The discriminatory inheritance system in Nigeria, which favors only the male child and sometimes leaves the widow in poverty, may also explain the illegal adoption of male children as was observed in of the cases. Withholding true information of the actual parenthood of the child may from the fathers be aimed at protecting the child's inheritance because of the supposed inferior rights of adopted child.¹¹ This belief system may partly explain the proliferation of baby factories in the southern part of Nigeria. This study also demonstrates a strong relationship between mate infidelity and separation from their wives (as a result of work arrangement). This also concurs with earlier work of Atkins et al.¹³ The consequences of paternal discrepancies (paternal discrepancy) include breakdown of matrimony with attendant adverse effects.¹⁴

In conclusion, six cases have demonstrated paternity discrepancy. Gender inequality, poverty, low level of education, infidelity, discrepancy in inheritance system, lack of knowledge on female sexuality and contraception as well as separation of partners in marital relationships were implicated as important risk factors.

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