

## EXPLORING THE PSYCHOLOGICAL EXPERIENCES OF WOMEN WITH INFERTILITY IN URBAN GHANA: A QUALITATIVE STUDY

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### Abstract

**Objective:** To explore experiences of women seeking treatment in Ashanti region of Ghana regarding infertility and its effect on daily living.

**Methodology:** A qualitative study utilizing content analysis approach. Purposive sampling of 18 women with infertility who sought infertility treatment as referral cases in Kumasi, Ashanti Region were selected for a semi-structured in-depth interview after giving informed consent.

**Results:** Four main themes emerged as participants' perception of infertility and its consequences on their daily lives. These include: "abuse", "marital instability", "social isolation", and "loss of self-esteem". The most predominant theme was "loss of self-esteem".

Infertility was found to influence both psychological and social well-being of affected women.

**Conclusion:** Infertility imposes significant impairment on the emotional, psychological and social well-being of women in Ghana. These include isolation, abuse, loss of self-esteem, and marital instability. *What is already known?* Infertility may impose psychological distress on affected couples. *What did study add?* This study reveals the extent to which infertility-related distress affects the daily living experience of women in Ghana, including physical abuse. *How this study might affect research, practice, or policy?* The severity of the psychological burden of infertility is worse on women and this could be mitigated if the associated high costs of infertility treatment are subsidized.

**Key words:** infertility, Ghana, women, psychology, social suffering.

### Introduction

Infertility is highly prevalent and constitutes a major reproductive health problem in developing countries but this has been significantly under-appreciated.<sup>1,2</sup> Infertility rates are high on the African continent where it has reportedly been associated with serious social consequences. There is however, scanty research data on the psychological issues relating to infertility.<sup>1</sup> Infertility affects 10% - 32% of couples in Africa.<sup>3</sup> In the Sub-Saharan African Region, the prevalence of infertility is higher (15% - 30%) than many other regions of the world.<sup>4</sup> Secondary infertility is predominant in Africa, while most other regions have predominance of primary infertility.<sup>5,6</sup> The World Health Organization (WHO), defines infertility as a failure to achieve a clinical pregnancy after 12 months or more of regular unprotected sexual intercourse.<sup>7</sup> In the African socio-cultural setting, infertility often becomes a tragedy for the affected family. In African culture, womanhood has been equated to motherhood, so that women are blamed for a couples' infertility.<sup>8</sup> Many couples would usually

first seek traditional or spiritual treatment for infertility, others would consider adoption, re-marriage, or even divorce as solutions. Women with infertility tend to worry and suffer loneliness because infertility and its treatment affect their daily lives and livelihoods.<sup>9</sup>

Understanding infertility as a socially constructed problem enables affected individuals to define their inability to conceive as such, determine its nature and subsequently formulate the needed course of action towards a solution. Because infertility is primarily an inability to achieve a desired social role and goal, it often becomes associated with psychological distress. From the early twentieth century, the concept of equal reproductive roles of both men and women in achieving pregnancy became known and indicates the importance of normal reproductive function in both partners for conception to occur.<sup>10</sup> This knowledge has since informed clinicians to approach infertility as a couple issue and not only a woman's issue.<sup>11</sup>

The health belief model (HBM)<sup>12</sup> demonstrates how individuals take steps to treat and prevent diseases. The original HBM concept states that: "an individual's health behaviour is determined by personal beliefs and perceptions about a disease and strategies available to minimize their occurrence."<sup>12,13</sup>

The Ghanaian society is traditionally pronatalist with the average woman desiring four children.<sup>14</sup> Within the Ashanti cultural context, which is typical of the Ghanaian culture, childbearing is so highly desirable that its absence with a first wife may lead to the husbands marrying a second wife. Further, childbearing

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enhances family stability, promotes marital satisfaction and gives families recognition in the Ghanaian society.<sup>15</sup> In the Ashanti Region infertility remains a major social and reproductive health problem for approximately a quarter of couples.<sup>14</sup>

Although previous studies demonstrated the relationship between physical and psychological suffering and infertility, different aspects of infertility remain unclear and require further research in our setting.<sup>16</sup> The limited qualitative data on this subject in the Ghanaian context necessitated this study.

## Materials and Methods

A qualitative design based on content analysis approach was used to gain in-depth understanding and describe the world of human experiences that participants live through. Using a purposive sampling method, women in Ghana seeking fertility treatment at the gynaecology department of Trustcare Specialist and Fertility Centre, Kumasi were approached, and study protocol explained to them. Women 18 years and above, seeking fertility treatment who consented to participate in the study were subsequently recruited consecutively. These were patients for whom the cause of infertility had been previously established as female factor. Women whose partners had male factor infertility, and those for whom the cause was not determined were excluded. The interviews took place at the study site on alternate days from November 2021 to January 2022.

Semi-structured in-depth interviews were conducted individually in a private and confidential setting to ensure participants were relaxed and felt at rest in answering interview questions. Each interview session lasted averagely one hour. At the point of saturation, a total of eighteen women seeking treatment for female factor infertility had been interviewed.

The interview questions focused on: (i) the women's infertility experiences; (ii) understanding of infertility, and (iii) their perspective on infertility. Data on the participants' sociodemographic characteristics were also obtained. In addition to asking about the educational background of participants, their husbands' educational background was also determined. The interviews were conducted by the first author in the Twi local language which all the participants understood and preferred, and then translated into English. Each interview was recorded and transcribed verbatim and then analyzed concurrently.<sup>17</sup>

Drawing on study by Graneheim & Landman (2004), the following five steps were taken to analyze the collected data with the help of trained research assistants and a qualitative research analyst: transcribing the interviews verbatim and reading through several times to obtain a sense of the whole; dividing the text into meaningful condensed units; abstracting the condensed units and labelling with codes; sorting codes into sub-categories and categories based on comparisons regarding their similarities and differences; formulating themes as the expression of the latent content of the text.

Trustworthiness, certainty of the evidence collected were ensured through member checking, done by asking the respondents to verify the preliminary findings from the earlier interviews. The researchers independently analyzed the data by identifying and categorizing codes for the participants' responses to each question, and then the two authors' codes and their latest analysis development as themes were compared.

## Ethical Approval

Ethical approval was obtained from the College of Humanities, University of Ghana (ECH-220/21-22).

## Results

The participants' ages ranged from 25–45 years (mean: 34 years; SD=5.90). The participants' husbands' ages ranged 28–55 years (mean: 41 years; SD=6.50). Duration of infertility ranged between 3–18 years (mean: 9 years; SD=6.62). Three participants (17%) attained tertiary education, four (22%) had secondary education, and eleven (61%) had only basic education. The educational statuses of the participants' husbands were similar to the participants'. During data analysis, four main themes emerged: "abuse", "marital instability", "social isolation", and "loss of self-esteem". The meaning of each theme is presented using participants' direct quotations. Abuse: One of the extracted themes from the data was abuse. It consisted of two sub-themes: "psychological abuse" and "physical abuse". Abuse occurred with infertility and interrupted the mutual understanding between couples in most cases. Psychological violence was commonly reported among infertile women, inflicted by their husbands and husbands' relatives. Three women (17%) experienced physical violence from their husbands due to their infertility.

**Psychological abuse:** One participant said, "My husband sometimes humiliates me due to my infertility and he insults me and my family." Another participant: "I am an educated woman and have a master's degree in Arts, but my husband always begins to cry and curse me for my infertility. I feel that my personality is lost in these situations." One participant expressed, "My husband always reminds me that if he had married another woman, he would already have had a child." The interactions of infertile couples' relatives were also affected by the condition. When pregnancy was delayed, the relatives began to blame the couples. The blame and pressure of the relatives was actually considered one of the significant concerns in the infertile couples' lives. One participant disclosed, "My husband's family, particularly my mother-in-law and sister-in-law, provoke my husband against me." Another explained, "My sister-in-law always tells my husband: 'divorce your wife and re-marry with another woman who can bring you a child.'" In Ghana, some couples live in the husband's family house with members of the husband's family. This leads to interference of by husband's family

in the private lives of couples in such situations. In cases of infertility, the man's family becomes more involved in the couple's lives, putting more pressure on the women involved. (Dyer, 2007). "I suffer the humiliations and rebukes of my mother-in-law and I feel helpless and cannot do anything."

**Physical abuse:** Besides psychological violence, three women also talked about physical violence. One woman said: "My husband sometimes beats me. I stay silent because I do not want anybody to be aware of my problems." Another participant, "My husband is very bad tempered; he tells me that 'you were an old girl when I married you. You are infertile too; you deserve to be beaten.' Then he beats me and tells me that 'if you feel uncomfortable here, go to your father's house.'"

**Marital instability:** When couples realized that they could not have a child, difficulties increased and the distance between the couples broadened. The mental pressure weakened the marriage and even caused divorce. Most participants felt they had lost trust in their husbands, and thought their husbands were no longer interested in them. "I think that my husband is betraying me. He may marry another woman to have a child. This issue always worries me." "My husband comes to the house and says that 'I want to have a child, and until when should I wait to have a child?' He is right because if he would have married another woman, she would have given him a child by now." The fear that their husbands may re-marry other women was consistent in all narratives of participants. One explained, "For a woman like me who is infertile, and her husband can legally re-marry another woman, it is obvious that living only as a couple becomes boring and causes the couples to lose their patience, and their affectionate relationship is interrupted." Culturally, procreation is believed to help sustain a generation and stabilize the family. Also, as a form of social security, the child would support the parents in their old-age. (Dyer, 2007) One participant explained, "My husband tells me that he will die without having heirs to look after him and inherit him. I feel that it is his right to have a child, but I cannot bring him a baby."

**Social isolation:** For most participants, infertility had negative social consequences and bothered them. Most of the infertile women asserted that they did not like to participate in social activities and preferred being alone: "I like to be alone at home and do not like to go anywhere. A woman who does not have a child must stay at home." "I am really tired because people always ask me 'When are you going to have a kid?' For this reason, I prefer to stay at home. It is a fact that people talk about their children at parties, and a woman like me who suffers from infertility cannot talk about this issue and I find it very painful." In some cases, relatives avoided the infertile couples and have limited contact with them. "Ever since my relatives understood that I

suffered from infertility, they have not invited me to birthday celebrations of their children."

**Loss of self-esteem:** one of the objectives of marriage is to have a child in society. It is believed that having a child maintains and preserves the generation. According to Gerrits et al, when a woman understands she is infertile, she loses her self-esteem and feels that she is inadequate as a person.<sup>25</sup> Respondents said, "I would never have married if I knew that I could not bear a child. Now, I feel useless and think that my works are futile." "One of the characteristics of the female is to bear, breastfeed and raise a child. If a woman fails to do these, then she is not a proper woman." Others expressed, "I believe that a woman can reach her final evolution when she can bear a child." Some participants asserted that they did not deserve to become mothers and thought that their infertility was a type of punishment from God, "'Mother' is a sacred word and not everybody deserves to be a mother. Perhaps I am one of them." "I sometimes feel that I am not a woman because I cannot bear a child. I think that I have one thing less than other women."

## Discussion

This study provides infertile women's perspectives about infertility in the Ashanti culture which is one of the typical Ghanaian cultures. Infertility is a common reproductive health problem in developing countries, which frequently carries negative psychosocial implications. It has been reported that infertility and its treatment among affected women lead to mental, physical, and social distresses.<sup>18</sup> Our study found that negative experiences of infertile women include: "abuse", "marital instability", "social isolation", and "loss of self-esteem". The results of a similar qualitative study conducted in Africa among infertile women found loss of self-esteem, anxiety, depression, hopelessness, guilt, marital difficulties, loss of social status, and abuse as consequences of infertility.<sup>19</sup> Our findings agree with this previous study. Infertility has been suggested as a major cause of divorce and abandonment.<sup>20</sup> In the present study, childbearing was seen as the purpose of marriage and the absence of children might cause marital problems. The result of a similar study in the urban Muslim population in Bangladesh showed that infertile women experienced a loss of purpose in life, instability in their marriages, stigma, and partner violence.<sup>21</sup> In accordance with the cultural marriage practice in Akan, Ghana, if it is identified that a man or woman is infertile after marriage, they can be separated from each other.<sup>26</sup> However, the woman rarely separates from her husband due to his infertility. In contrast, when infertility is attributable to the woman, there are more possibilities for divorce, physical and psychological punishments. Husbands sometimes take a second wife, if the first wife does not desire to separate from her husband. The present study revealed that physical and psychological violence were suffered by participants

because of their infertility."My husband is not supportive at all. He knows he could have more children from other relationships if he wants," says a participant, who sold her inheritance (a plot of land) to pay for one cycle of in vitro fertilization (IVF) treatment that cost about six thousand United States Dollars in the city where this study was conducted. Unfortunately, her treatment was unsuccessful. The public Hospitals in Ghana do not provide assisted reproductive technology services; hence patients receive care only from private facilities where payments are made out of pocket.

"At this rate, it will take me another ten years to save enough money for a second IVF treatment cycle, and by then I will be too old," she cried out of despair. "We cannot afford it. I am going to die without my own biological child." Previous research indicate that infertile women constitute a particularly vulnerable group with poor reproductive health and deserve attention and care in their own right.<sup>22</sup> Our study found that couples' relatives interfered in the marriages of infertile couples. Families' interferences, negative attitudes towards infertile couple, and behavior of persons around them cause psychological problems for affected couples.<sup>23</sup>

Consistently, the index study showed that infertile women avoid participating in parties and social gatherings because of fear that relatives might enquire about their infertility. Isolating behaviors reported during situational crises related to infertility include self-talk and sleep. Reportedly, women experience the feeling of social isolation more than their male counterparts in infertile marriages.<sup>24</sup> Our study also found that infertile women lost their self-esteem due to their infertility. Self-esteem is very important for infertile women because it plays a role in the development of the personality. In the absence of high self-esteem, infertile women may suffer depression and the dreaded feeling of facing unpleasant circumstances due to their infertility.<sup>25</sup>

## Conclusion

Infertility imposes significant impairment on the emotional, psychological and social well-being of women in the Ashanti region which is a reflection of what pertains in other Ghanaian cultures. These include isolation, abuse, loss of self-esteem, and marital instability. Psychological supportive counseling and subsidizing infertility treatment costs may be helpful interventions to mitigate the psycho-socio-emotional distress among women with infertility.

## Declarations

### Limitations of this study

This study focused on infertile women and infertility with female factors. Therefore, future studies are recommended to explore the perspectives of infertile women's husbands and address the situation among couples with male factor infertility. Recruiting women with infertility attending the gynaecology clinics at the

Trustcare hospital has the inherent limitation of a single center study.

### Conflict of Interest

The authors have no conflicts of interest to declare.

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