

Every month becomes a funeral when they menstruate: African women's beliefs about couple infertility

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Abstract

The experience of infertility in Africa is culturally constructed. However, the influence of these cultural beliefs about infertility on the experience of infertility in Africa is yet to receive scientific exploration. The purpose of this study was to explore beliefs about couple infertility among women from different African cultures. Fifteen African women volunteers from eight African countries were recruited from an African Women Association in a northern state of the United States of America for this qualitative study. Individual in-depth semi-structured interviews were conducted between June and September, 2008. Each interview lasted 30 to 45 minutes. Questions asked included beliefs about couple infertility in their respective cultures. All interviews were audio taped and transcribed verbatim. Data were content-analyzed and Nvivo 8 was used to manage and organize the data. Cultural expectation emerged as a main theme, within which originated three areas of beliefs; community attitudes, family influences, couples' reactions to infertility and coping strategies. The findings showed that beliefs about couple infertility in the eight African countries were similar. The findings suggested a strong belief that culturally, African men do not become infertile. As a result, women are blamed for couple infertility. The findings further showed that women with couple infertility are vulnerable to sexually transmitted infections such as HIV/AIDS. It is important to include sexual health counseling in the management of couples with infertility in Africa.

Keywords: Beliefs, Infertility, Couple infertility, African Women

1. Introduction

Africa is a continent with differences in culture, languages, and health care systems, which may influence women's experiences of infertility differently. The cultural importance of child bearing in Africa makes infertility an embodiment of a cultural system of beliefs.

Thus, the socio-cultural factors influencing women's experiences of infertility in Africa may include the kinship system and the cultural beliefs about marriage, motherhood, family, and inheritance.

The perpetuation of kinship and society as a whole is believed to be sustained by marriage and invariably, procreation becomes the primary function of marriage in Africa. The society views marriage as

obligatory to every family member. Women in particular want to be married since an unmarried woman is regarded as a threat to the maintenance of the family because an unmarried woman is culturally and socially not expected to bear children, making marriage socially and culturally obligatory (1). Motherhood is considered a valued social role desired by many women in Africa. Motherhood is used as a measure of a woman's reputation in society, so that women with children are given more respect and considered more responsible than women without children. This is openly demonstrated as women with children are addressed by the names of their children in many African societies. Consequently, women with infertility may have self-esteem issues when they socialize with women who have children. For women who may never have their own biological children, infertility becomes a life crisis. The family also has its roots in the kinship system. In most

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African cultures, the family refers to individuals related by blood rather than by marriage (2), and a family without children does not constitute a family (3)(1). Generally, inheritance is one of the major reasons why many Africans want to have biological children because only biological children may qualify to inherit the family's economic and other resources.

As a result of the importance attached to these socio-cultural factors in most African cultures, couples are expected to bear children for the perpetuation of the family lineage. When there is any impediment to the sustenance of the family lineage, the couple, especially the woman, may seek both biomedical and cultural explanations for their infertility. Most often than not, the search for cultural explanations may be triggered by the belief system of the couple. In Africa, although infertility is a problem for the couple, the bulk of the burden of infertility is experienced by the woman (4). Most African societies have diverse cultural beliefs which may influence many aspects of life including health. Infertility is one of the aspects of an African woman's life that is associated with beliefs. For instance, in Ghana, beliefs about the negative personal and financial consequences of infertility have been reported among women (5). However, it is not known if these beliefs about infertility may also exist in other African countries. In Tanzania, beliefs about infertility were merely speculated within the negative consequences of infertility reported (4). The infertility literature in Africa suggests that little is known about African women's beliefs about couple infertility(6). Exploring these beliefs about couple infertility may be relevant to the understanding of how infertility is experienced by women in Africa.

Infertility is a global health problem. However, women's experiences of infertility in some parts of Africa and the magnitude of this experience are reported to be dependent on the kind of beliefs held about infertility (5). Exploring women's beliefs about infertility in Africa may give a sense of direction on the need for a more holistic care of the African woman with infertility. For instance, in Ghana, it is reported that women with fertility problems have beliefs that are associated with poor mental health of the women (5), which suggest that these women may need some mental health attention to improve upon their quality of life. However, literature on the mental health care of African women with infertility is scarce because the management of infertility in Africa is primarily medical, currently involving artificial reproductive technologies (7) (8). Therefore, there is the need for a systematic investigation on beliefs about infertility in different parts of Africa to pave a

way for better health education and counseling for fertility problems in different parts of Africa. The purpose of this study was to explore beliefs about couple infertility among women from different African cultures.

2. Materials and methods

2.1. Study design

A descriptive qualitative design was used to explore beliefs about couple infertility among African women.

2.2. Procedures

The proposal for the study was reviewed by the Health Sciences Institutional Review Board of the University of Wisconsin-Madison and found to be exempt as a minimal risk protocol. A letter was written to the president of the African Women Association, seeking permission to recruit volunteers from the group.

2.3. Recruitment

The president of the association invited the researcher to attend one of the regular monthly meetings to explain the purpose of the study and seek permission to recruit. The purpose of the study and inclusion criteria were explained to the women and volunteers were invited to participate in the study. Each member was given a participant information sheet that contained detailed information about the study. Those interested filled out a participant log with their names, date and time for the interview, and phone number. At the end of the meeting, 13 volunteers gave their contact information to be contacted for the interviews.

2.4. Inclusion criteria

African women volunteers who were eighteen years and above, could speak English, and self identified as African were recruited for the study. Participants were not required to have any personal experience of infertility to participate in the study.

2.5. Interviews

Each participant was contacted by phone to confirm the date and time for the interview. Semi-structured interviews were conducted between June and September 2008. Most interviews were conducted in the homes of the women, with the remainder conducted in other locations chosen by participants. An interview guide with open ended questions, pilot-tested with two African women, was used for all interviews. The piloted interviews were included in the study, which brought the total number

of participants to fifteen. Interviews were conducted in English and questions included the women's beliefs about couple infertility. Each interview lasted between thirty to forty five minutes. All interviews were audio-taped with permission from the participants, and transcribed verbatim for analysis.

2.6. Analysis

A process of content analysis was adopted (9). The central decision when choosing to do content analysis is to decide whether the analysis should focus on manifest content that describes the content aspect of visible and obvious components of the text, or latent content that deals with the relationship aspect and involves an interpretation of the underlying meaning of the text. Regardless of which focus is chosen, Graneheim & Lundman (9) proposed that, content analysis should start with the identification of a meaning unit, which is a constellation of words or statements that relate to the same central meaning. A latent content analysis was conducted.

In order to be familiar with each of the fifteen transcripts, each transcript was read many times and summarized by a group of four members. The group convened after the first summaries to discuss the content of each summary. Some discrepancies were found in the summaries that warranted revisions. The summaries were revised four times before a consensus was reached.

For the purpose of this study, the summaries represented the meaning units. Next, these summaries were condensed through a line by line extraction of statements from the summaries and called them condensed meaning units. These were statements from the summaries accepted by consensus. Then some interpretations were given to the condensed meaning units. In order to reach a universal interpretation, each condensed meaning unit was read out aloud to the group. Each person gave an interpretation of each condensed meaning unit, and then the interpretations were collated into a consensus interpretation accepted by all the members of the team. Then, the condensed meaning units and accepted interpretations were entered in a grid after each interpretation was perused by the group to ensure that the interpretations were valid explanations of the condensed meaning units.

Theme identification was started by numbering the interpretative units for easy retrieval. Labels (significant words in either the condensed or interpretative units) were identified and assigned to the interpretative units. A total of 64 mutually exclusive labels were assigned. To collate the labels into themes, the labels with similar meanings were

grouped together by writing the labels on index cards and sorted them into four themes. Finally, the entire grid was imported into Nvivo 8 for coding according to the themes. However, verbatim quotations used to support the results were extracted from the transcripts.

3. Results and discussion

The results showed that the beliefs about couple infertility in the eight African countries had some cultural similarities. Cultural expectation was described as the main theme, within which originated three areas of beliefs; community attitudes, family influences, and the couples' reactions to infertility and their use of available coping strategies. The results are presented with verbatim quotations from participants.

3.1. Demographic characteristics

Participants were recruited from an African Women Association. Fifteen participants, from eight African countries, living in a northern state of the United States of America, were recruited. There were four participants each from Ghana and Sierra Leone, two from Uganda, and one each from Cameroon, Lesotho, Swaziland, Somalia, and Kenya. The number of years they lived outside their African countries of origin ranged from three to twenty four years. One participant was not married, another one was widowed and the rest were married. With the exception of one participant, all participants had children ranging from one to six children. Participants were not asked to talk about their infertility status. They only reported beliefs about couple infertility that exists in their home countries.

3.2. Cultural expectations

In this study, cultural expectations included the evaluation of shared beliefs, values, and norms among a group of people. The cultural expectations described encompassed three components; community attitudes, family influences, and the couple's reactions about couple infertility and their use of available coping strategies. From the perspective of the participants, these were cultural expectations from their African countries of origin. In some societies, infertility may be viewed as a problem for the couple. However, in the African context, men never acknowledge their infertility as explained by a participant "I have never seen a situation where a man is said to be infertile". Part of this lack of acknowledgement may be due to ignorance as observed by some participants "men don't accept they are infertile because they think

having sex is enough for a pregnancy". As a result, medical diagnosis of male infertility is intimidating as reported by a participant; "husbands will see it as an affront to go and see the doctor; they see it as intimidating and won't go".

Since childless families are considered incomplete in most African societies, couple infertility may be described as a thorny problem to the family. A participant described couple infertility in her country as follows "infertility is a big problem because a family without children is incomplete and cannot be considered a family". Therefore, childlessness may damage the integrity of the family unit and the community at large. As a result, the man is encouraged to marry another woman who can bear children to maintain the integrity of the family. Meanwhile, families also express their desire for male children to continue the family name as some participants observed "not only are they looking for children, but they are looking for male children who will perpetuate the name of the family". For this reason, "if the man refuses to marry another wife, he has eroded the culture because a man must have children especially sons to perpetuate the family name and for him to be respected in the community". So, because the purpose of marriage is to produce children, most participants explained that "childbearing stabilizes the marriage" and because childlessness threatens the family line, "it is awful for a woman to be infertile".

A participant explained that it is believed that a childless woman is not complete because "God gives children to make you complete". This concept of completeness makes childlessness a woman's fault as portrayed by some participants that children are an expectation of marriage, and that childlessness is always blamed on the woman. For this reason, a participant reported that "there is nothing like a woman choosing not to have children". If the woman is incomplete, loss of marriage is more likely, even though some participants believed that "if the husband and wife are committed to each other, it does not tear them apart". This suggests that spousal support may be useful to women with couple infertility. For example, "if the husband accepts the infertility and still stays with the woman, they do okay". On the other hand, there is a pervasive belief that no reasonable man will stay with an infertile woman. If for any reason a man is able to stay with an infertile woman, then "it is believed that the woman has bewitched the man".

One participant was concerned that "there are misconceptions about infertility" and that "blame starts with the woman" when a couple is childless.

Some participants were emphatic that "there is no couple infertility because it is always the woman who is infertile" and that "the man is almost a perfect human being with all the benefits and privileges". A common explanation why the woman is always blamed was that "they expect every woman to be fertile". This concept of blame may lead to "fights and quarrels all the time because the men can be mean to the women". Consequently, childless women appear to lose their female identity because infertile women are sometimes addressed as "man-woman" and are called "disposable women" because they are believed to be "useless". As a result, some participants reported that infertile women are "insecure in their marriages because they usually don't know when the man will say it is over". One may therefore infer that wives are for childbearing and the consequences of being infertile as reported by some participants include "loss of marriage" and "spousal infidelity". Ironically, even though women with couple infertility are considered "useless", divorce is not an option because "traditionally, there is no divorce but couples may separate". Another aspect of blame reported was that if a woman is childless, then she did something wrong. Some infertile women are described as being "immoral before marriage" and "extravagance or marital conflicts were viewed as reasons for being childless". Also, it was reported that some people believe that such women had too many abortions in their youthful years.

In most African societies, marriage may be described as an economic relationship that must be maintained to benefit the woman's brothers. Thus, infertile women end up with broken marriages, but their brothers might not allow them to leave because the bride price has to be paid back. If the woman is able to leave the marriage, then re-marriage may become a choice. It was reported that some women may re-marry while others prefer not to marry again, especially when they become economically independent. This economic expectation of marriage seems to let women lose their rights especially to personal property and inheritance because their rights may only be respected if they have children. If the couple does not have children, then their property may be shared rather than inherited. A participant asserted that "the property is squandered when the couple dies". For the purpose of inheritance, couples must particularly have male children. As explained by some participants, "male children ensure that women will have a home even when their husbands die" because male children represent security and women's rights to property are vested in their

children. Not only are women judged by how many children or how many male children they have, they are also judged by the achievements of their children. One participant believed that “women are judged by the number of successful children they have”, which may mean that the value of a woman depends on her children. However, others believed that a childless woman is still worthwhile because “there is always life ahead of you, and children sometimes are not the only thing that can make us happy”.

Child adoption was described as an uncommon solution to couple infertility in Africa. All participants acknowledged that “child adoption is not accepted” and therefore may not be a solution for childlessness in Africa. In most African cultures, biological children are valued more highly because of inheritance purposes and the continuation of the family lineage. As a result, it may be difficult for infertile couples to accept child adoption. Also, some infertile couples may not adopt simply because of the perception of infertility as a shame. For reasons why child adoption is not accepted, most participants had these explanations “because of the idea that a child must be biologically yours, the child cannot be accepted”, “the cultural belief that you need to have your own child makes adoption unpopular”. Some participants believed that adoption is not accepted because “those who don’t have kids are supposed to help raise other kids in the family”, which seems to make a distinction between child adoption and helping to raise other people’s children. But some participants were concerned that taking care of other people’s children can have drawbacks, because the “woman is not recognized for her parenting, and the child may go back to the biological mother”.

3.3. Community attitudes

Community attitudes were defined as the interpersonal relationships between women with couple infertility and other people in the community. The behavior of childless women towards children is scrutinized as participants reported that infertile women are described as being “rude and mean to children”. Some participants believed that infertile women do not have that love for children and are described as women who are “not motherly”. Other participants asserted that “it’s a form of jealousy about not having a child” and that such women are “jealous of other women who have children”. Based on these assertions, some participants believed that some infertile women do not even want to talk about children. Another community attitudinal belief reported was the association of infertility to women’s use of contraceptives. Most participants reported that

if a woman is infertile, it is believed that the “woman was using contraceptives which destroyed her fertility”. Furthermore, if the woman is educated, her educational status is associated with a belief that she “used contraceptives which destroyed her womb”.

The issue of stigma was reported as worrisome to women with couple infertility because stigma provokes negative reactions in community members about childless women. Some of these negative reactions were described as being “heartless”, “mean”, “wicked” and branded as “witches”. These reactions, which seem to marginalize infertile women, were justified by some participants that “women act that way because society pushes them to do so”. All participants reported that “infertile women are mocked by other women” and that “people do not have respect for infertile women because they think children are associated with respect”. A woman’s childlessness stigmatizes her sisters as well; “a childless woman can taint all of the unmarried females in the family because men seeking wives are cautioned to stay away from that family”. Some infertile women are confronted by their infertility, so that “every month becomes a funeral when they menstruate”. Even a dead infertile woman is not spared of stigmatizations. A participant reported that “when an infertile woman dies, she is buried with a stone in the palm, signifying that people should forget about this one because she had no child”. The whole family of a childless couple is not left out of stigmatizations. Some participants believed that “there is a stigma attached to such a family because the family is looked down upon and not respected”. To a larger extent, the community is conflicted and ambivalent about infertile women in the sense that “they try to empathize with the woman” and yet, “people don’t want infertile women to hang around their kids”. Some participants were empathetic that society should accept infertile couples, support them, and “not treat them as outcast”.

On the part of men, it was reported that “the man also suffers stigma if he is found to be infertile”. This seems to suggest that some evidence is needed before an infertile man is stigmatized. All participants reported that “people only point fingers at the man when some of his siblings are married but do not have kids” or “when the husband marries another woman and fails to get a child, then they may think it is from the man”. These perceptions may mean that the label of male infertility requires visible evidence.

Another community attitude recognized by participants was that women with couple infertility are isolated from certain activities in the community. For instance, some participants reported that “infertile

women are not allowed to participate in certain traditional rites such as marriage rites and child naming ceremonies". Some participants argued that it may not be the community that isolates the women but that "sometimes the women isolate themselves". One explanation given to this self isolation was that because "childless women are belittled, they withdraw from social activities" and become "lonely". The personality of a woman with couple infertility was described as a measure of how they are treated in the community. A participant was positive that "people in the community empathize with infertile women who have a nice personality" and that "a childless woman who encourages her husband to get another woman is viewed favorably by her in-laws". Thus, people in the community seem to treat infertile women according to how they perceive their personality.

3.4. Family influences

Family influences were described as one of the primary forms by which cultural values and norms about couple infertility are manifested. The cultural norm is for women to marry and have children. When this does not occur, the woman is considered incomplete, the continuity of the family lineage may be at stake and the entire family of the man may have to decide on alternatives for the man to have children. Therefore, members of the extended family are important in decision-making regarding infertility as reported by some participants that "marriage involves the entire family and the entire family decides what is to be done when a couple is infertile".

The in-laws of the woman were identified as the people who demand another wife for the man. All the women acknowledged that women are exposed to pressure from in-laws and that "pressure from the family forces the man to marry another wife". Consequently, in-laws seem to interfere in childless marriages and women are susceptible to all kinds of pressure from the in-laws. In some instances, the "mother in-law will tell the woman that they are ready to take care of their grand children". So, in order to avoid some of these pressures, infertile women stop participating in family gatherings as the family expectation for a baby grows. Pressure from neighbors was also reported to have an impact on women with couple infertility. Participants observed that "women face pressure from even neighbors, when a marriage does not produce children" and this type of pressure was reported to be in the form of casual questions such as "when will you have a child?", which is often asked when a couple has been married for more than a year without a pregnancy. It

was however, also reported that extended families lend children to women with couple infertility to help them cope. The woman's parents on the other hand, were described as being supportive; "sometimes the woman's parents are more understanding than the man's". As part of helping the woman cope with the problem, "the family of the man meets with the family of the wife to ask for a younger girl from the woman's family, mostly the sister of the wife to perform the duties that the wife could not perform". So the wife's sister is expected to accept the sister's husband and bear children.

Women with couple infertility were described as being dependent on the children of others and their husbands to help with work and financial support. For instance, some participants explained that "you have to be nice if you are childless to attract children to help with work". Also, since the husband is supposed to be the bread winner of the family, this makes the woman financially dependent on the husband. As explained by one participant, "sometimes the guy is the bread winner, so the woman is desperate and allows him to say whatever he wants, so that she can get money to support herself".

As men shield themselves from blame, women are faced with the challenge of convincing their husbands to go to the hospital for fertility services. All participants reported that men do not agree to go with their wives to test if they are fertile or not. This makes it seem almost impossible for husbands to accompany their wives for fertility check ups and services and that the man "does not even defend the woman when in-laws attack her". On the other hand, it was reported that, in some cases, "the man will be extremely nice to the woman so that she covers him up". Also, even if it is known to be from the man, people who are aware, will still hold back and "blame it on the woman" or "keep it under the table", so that it becomes a family secret about the man being infertile.

Women tend to protect themselves by "not worrying anymore" while others share their experiences with other women through "sharing stories and opinions". This may be in the form of support groups which help maintain the self esteem of women with couple infertility and counter negative attitudes. One participant was positive that if there are groups set up to support infertile women it may help "boost their moral and make them feel accepted". Another source of protection reported was "support from friends and pastors" and that "a woman may seek a pregnancy outside her marriage". It is believed that her mother may help her with this idea since the women always have the support of their mothers.

However, if the problem is known to be from the husband, it was reported that arrangements may be made for one of the brothers of the man to impregnate the wife, especially if the woman is a “good woman”.

3.5. Couples’ reactions to infertility and coping strategies

This sub-theme put together participants’ beliefs about how couples with infertility react and cope with the problem. However, these reactions and coping strategies were more focused on the woman rather than the couple. The health of women with couple infertility was a concern to all participants because they believed that childless women suffer some psychological or mental health consequences such as “depression”, “suicide attempts”, “withdrawal” “emotional isolation” and “unhappiness”. A participant believed that some of these psychological problems “sometimes lead to physical problems such as migraine”. The mental health of women with couple infertility was of particular concern to all participants. Even though participants reported depression as a problem emanating from couple infertility, participants also noted that “nobody acknowledges depression”. Therefore, as their mental health declines, others label these women as being “crazy”, confirming that something was wrong with them in the first place that prevented them from having children. Due to these psychological problems, a participant believed that a woman’s sexual relationship with the husband may be damaged by childlessness because “trying to become pregnant is so stressful that it can diminish the enjoyment of sex”. Participants were remorseful that there is not enough support for infertile women in Africa who become stressed mentally and emotionally.

There were beliefs that there are magical sources of infertility because “infertility is attributed to witchcraft” and “it is perceived that infertility is a curse or due to voodoo” or “being bewitched”. These beliefs appear to label women with couple infertility as victims of a spell or a curse since people sometimes think that there are evil forces behind infertility. In some instances, the woman is called “a witch” and accused of “eating her own womb”. So “in rural communities, the woman goes to the witch doctor for solutions”. Seeking solutions from a witch doctor seems to suggest that the beliefs women have about couple infertility influence their choice of coping strategy. It was also reported that “infertility is believed to be caused when a mother touches the private part of her baby before the 4th day after birth”. The cause of infertility was also linked to the failure of the man’s family to pay the dowry to the

woman’s family. So that when a couple cannot have children, people think that “the woman has been cursed because the man has not paid her dowry”. Thus, the immediate reaction of the couple is to find out if the woman has been cursed.

Religious support and the use of herbs were reported as some of the strategies used by women to cope with couple infertility. All participants acknowledged that women use “prayer”, “faith” and “herbs” to cope. Others seek solutions from “traditional healers”. Therefore, there seem to be a mixture of both religious and traditional solutions as women seem to recognize that spiritual interventions may resolve their infertility.

Women with couple infertility appear to be vulnerable to sexual manipulation and sexual health risks. In their search for solutions to their infertility, “witch doctors take advantage of such women by having sexual relationships with them”. Similarly, “some women go to pastors for spiritual baths who take advantage of the women and make them pregnant”. This perception may account for the assertion that “some childless women attend prayer meetings and end up getting pregnant”. Adultery appears to be a strategy for overcoming couple infertility as both spouses become promiscuous trying to become pregnant. This behavior may predispose couples to some sexual health risks. Some participants reported that “sometimes women go to look for jobs and end up getting AIDS” or “they get out trying to get someone else in order to get a child and they end up getting infected with HIV/AIDS”. Furthermore, it was reported that if the problem is known to be from the man, some people advise the woman to “steal a pregnancy from outside”. A participant was of the view that adultery could be an acceptable strategy for overcoming infertility by asserting that “a married woman can never have a bastard”. Similarly, some participants explained that “both husband and wife may propose that the woman try to get pregnant with another man” and that “affairs outside the marriage for purposes of conception should be an agreement between the husband and wife”. This proposition seems to once again justify adultery as an acceptable compromise between husband and wife for overcoming infertility. On the contrary, one participant retorted that adultery is not acceptable because “it is an abomination for women to have affairs outside the marriage” and that “a child from such affairs is not legitimate”. On the other hand, if a woman is able to leave the husband, then prostitution was described as an option which may “help the woman to pay off her bride price to gain independence”.

Some participants suggested solutions that may mitigate the consequences of couple infertility and deter victims from sexual health risks. A participant was of the view that “passing laws that encourage adoption, providing more community education for both men and women” may help. However, some participants blamed sexual health risks on ignorance and proposed a mass health education about infertility because education changes attitudes and may raise awareness about the possibility of both men and women becoming infertile and consequently reduce sexual health risks. Health education of the men was of particular interest to participants. It was suggested that men with infertility should act as advocates and “take up the course by educating themselves and other men”.

The findings showed that cultural expectation was the main reason for many beliefs held about couple infertility. From these findings, it is not surprising that cultural expectation emerged as a main theme because in Africa, culture may be described as the central factor that determines many aspects of life. For instance, the man is seen as the head of the family and should be respected by all members. For this reason, nothing, including a medical diagnosis, should humiliate the man. As the head of the family, it is the man’s responsibility to make the family complete in order to maintain his respect in the community, and this is accomplished through marriage and childbearing. Thus, getting a wife is a means of making the family complete through childbirths. If for any reason, the man cannot accomplish this goal, then the wife has to be replaced because childlessness damages the integrity of the man and his family.

Community attitudes form a greater proportion of beliefs about couple infertility in Africa because interpersonal relations in the community may contribute to either negative or positive consequences of infertility. Infertility is perceived as a threat to the continuity of the family lineage in Africa, making child bearing a cultural necessity. The culture expects all women to be fertile. The findings of this study suggest that women are expected to marry and bear children, more preferably, male children. If for any reason, a woman cannot bear children after marriage, then it means something is wrong with her. In cases where the woman bears only female children, such a woman is not different from a woman who cannot bear children. Similar findings were reported in other parts of Africa (4). The cultural reasoning behind the displeasure for female children is that the continuity of the family lineage is still at stake because female children will be married to other families. The male

child on the other hand, is treated as a potential head of a family. Therefore, the birth of a male child secures a position and a future for the woman in her husband’s house. Family influences were reported as the primary source of stress and pressure for the woman. In Africa, if a couple cannot bear children, marrying a second wife is a favorable alternative for the man’s family. An option such as child adoption is unacceptable because of the cultural value for biological children. Only biological children may be allowed to bear the family’s name and inherit property. As a result, fostering children of other family members is preferable and infertile women are obliged to help other women of the husband’s family to bring up their children.

Findings on the couples’ reactions to infertility and their coping strategies were described solely from the woman’s perspective. The woman may react by exhibiting some mental health problems and the man may wonder if the woman has been cursed. Given the numerous mental health consequences reported about women with infertility, as reported in previous studies (6), and the lack of support from family, these women had to utilize many unhealthy coping strategies. For instance, deciding to have extra marital affairs to try their luck predisposes these women to sexually transmitted infections including HIV/AIDS. Similarly, when the family pressure becomes unbearable, the woman may separate from the husband and is again subjected to promiscuity as a means of survival. Therefore, it appears these women are oblivious of the consequences of their actions and may need some intervention from health care professionals.

4. Conclusion

African women with couple infertility experience mental health problems as a result of their cultural beliefs. The negative attitudes of people in the community towards women with couple infertility complicate the situation for the women. The findings suggest that because women with couple infertility in Africa appear to be desperate to have their own biological children, these women are predisposed to many unhealthy coping strategies. It is obvious that the beliefs about infertility held by women with couple infertility may have an influence on their choice of coping strategies, which may in turn influence their poor mental health. However, these beliefs and coping strategies were reported by women whose infertility statuses were unknown. There is the need to explore these beliefs from the perspective of women with couple infertility. Meanwhile, health care professionals need to note that women with

couple infertility in Africa may be predisposed to mental health problems, and for this reason, psychological counseling needs to be integrated in their management.

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References

1. Gyekye, K. African Cultural Values: An introduction. Accra, Ghana: Sankofa Publishing Company; 1996.
2. Fenrich J, Fenrich J. Promise Unfulfilled: Law, Culture, and Women's Inheritance Rights in Ghana. *Fordham Intl LJ*. 2001; 25: 259.
3. Nukunya, G.K. Tradition and change: An introduction. Accra, Ghana: Ghana University Press; 1992.
4. Hollos M, Larsen U, Obono O, Whitehouse B. The problem of infertility in high fertility populations: meanings, consequences and coping mechanisms in two Nigerian communities. *Soc Sci Med*. 2009; 68(11): 2061–8.
5. Naab F, Brown R, Heidrich S. Psychosocial Health of Infertile Ghanaian Women and Their Infertility Beliefs. *J Nurs Scholarsh*. 2013; 45(2): 132-140.
6. Naab F, Roger L, Heidrich S. Common sense understanding of infertility among Ghanaian women with infertility. *J Infertil Reprod Biol*. 2014; 2(1): 11–22.
7. Giwa-Osagie OF. ART in developing countries with particular reference to sub-Saharan Africa. *Curr Pract Controv Assist Reprod*. 2002; 22.
8. Poongothai J. Etiology, investigation and treatment of human men's infertility. *J Infertil Reprod Biol*. 2013; 1(2): 31–6.
9. Graneheim UH, Lundman B. Qualitative content analysis in nursing research: concepts, procedures and measures to achieve trustworthiness. *Nurse Educ Today*. 2004; 24(2): 105–12.