

# Treatment Seeking Beliefs among Women with Infertility in Southern Ghana

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## Abstract

To explore the beliefs associated with treatment-seeking for infertility among women with infertility in southern Ghana a qualitative descriptive design was used. Women with infertility were recruited through herbalists in the Accra Metropolis of Ghana. Semi-structured interviews were conducted with 14 women with infertility through purposive and snowball sampling techniques. The findings revealed that women with infertility believed in consulting herbalists, seeking hospital treatment, and engaging in faith-based spiritual activities in order to have children. They believed that it was crucial to seek treatment for infertility. It was revealed that childless women believed in combining treatment remedies for effective benefits. The cultural beliefs and perceptions influenced the treatment-seeking behaviour of these women. These findings suggest that medical pluralism is unavoidable in the search for infertility treatment in Ghana. There is a need for further investigation into the impact of beliefs on treatment-seeking behaviour.

**Keywords:** Infertility, Women, Behaviour, Attitude, Treatment

## Introduction

Globally, 15% of couples in their reproductive age are affected by childlessness at a projected prevalence of 48.5 to 70 million (1-3). In Africa, the prevalence of infertility ranges between 30-40% with much negative social impacts such as stigma, abuse, and economic challenges on women (4). Infertility causes serious emotional pain and throws a feeling of uncertainty on the lives of these women (5).

Apart from the continuity of family lineage, childbirth in Africa is also important for economic security, where parents depend greatly on their children for support during old age. Therefore, after marriage, African couples are always under pressure to produce children (6). This pressure is an important factor in the treatment seeking behaviour of couples, especially women with infertility in Africa.

A study in Rwanda reported that due to pressure, 11% (n=277) of women visited a traditional healer (7) to seek treatment for difficulty to conceive, while in Nigerian 69% of couples with infertility were reported to seek care from traditional complementary treatment experts (8). Additionally, religious beliefs are also used to determine the behaviour and treatment of choice. For instance, Islamic beliefs about procreation have a substantial impact on Assisted Reproductive Technologies (ART) users (9) because Muslim women with infertility are expected to only receive sperm from their husbands, anything else is considered adultery (10,11). In Iran, some women with infertility are reported to rant spiritual prayers during sexual intercourse believing that the behaviour will improve fertility (12).

The cultural background of women with infertility seems to have an influence on their beliefs and perceptions

about the type of treatment to seek. According to (13), 60% of participants in a survey conducted in Saudi Arabia believed that childlessness was caused by an evil eye or envy. Furthermore, the beliefs around the use of ARTs in Islam may influence the attitudes towards ART and restrict care options (9). Undesirable beliefs around the safety, accessibility and cost of infertility treatment have been reported (14-16). The impact of these beliefs on the levels of depression, anxiety, stress, stigma, and social isolation among these women has also been reported to be problematic (17). By extension, these beliefs may also have an impact on the treatment seeking behaviour of these women because the belief about improving productivity is one of the reasons why women seek herbal medicine (12). It is also known that desperate and distressed women with infertility use herbs silently to help themselves (18). Thus, globally, cultural beliefs and perceptions drive women with infertility to adopt culturally appropriate treatments that are consistent with their beliefs (19).

In Sub-Saharan Africa, it appears that cultural and religious beliefs and perceptions are the reasons for the popularity of herbal medicine because it is perceived to be economical, readily available and consistent with their culture (20, 21). According to Sonaliya (22), cultural perceptions restrict some women with infertility from seeking other forms of treatment. Furthermore, for some women, perceptions about the cause of infertility are enough to direct the needed treatment preference. Also, because of religious and cultural beliefs, when there is the need for ARTs, women in Iran are not eager to share their feelings about the treatment (23).

In Ghana, 53% of women seeking infertility treatment

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Were at risk of clinical depression because of their cultural beliefs about infertility (17, 24). These cultural beliefs also seem to make women with infertility more vulnerable to traditional and spiritual healers. Few studies in Ghana have investigated the influence of beliefs on the psychosocial health of women with infertility but very little is known about the influence of beliefs on the treatment-seeking behaviour of these women in Ghana. Therefore, this study explored the personal and cultural beliefs and perceptions influencing the treatment-seeking behaviour of women with infertility in Ghana.

## Materials and methods

A qualitative research approach using a descriptive design was used. Women who were aged 18 years and above, and experienced infertility for 12 months and above were recruited. Women with infertility who were not keen on seeking treatment were excluded.

Purposive and snowball sampling techniques were used to recruit participants. A semi-structured interview guide was used to conduct a face-to-face in-depth interview with each participant. The interview guide consisted of three sections; section A- demographic information, section B- personal beliefs about seeking treatment and section C- cultural beliefs and perceptions about seeking treatment. The recruited participants were interviewed until data was saturated at the 14<sup>th</sup> participant.

The first seven (7) participants were identified through a herbalist after explanation of the purpose of the study to the herbalist. Then phone numbers of participants were provided willingly by the herbalist for their potential involvement in the study. These women were contacted and date, time and place of the interview was scheduled to suit the participants. After each interview, each woman was asked if they knew women who met the inclusion criteria and may be willing to participate. Hence, the snowballing technique was used to recruit subsequent participants. No participant was recruited from any healthcare facility, prayer camps/churches or the market place though the researchers made several visits to these places. The purpose of the study was explained to each participant and the content of the consent form read to them for voluntary participation.

Each interview was transcribed as immediately as possible to get a deeper understanding of the phenomenon. The data were content analysed into themes and sub-theme after coding and several reviews and discussions by the researchers, using principles described by (25).

## Results

### Demographic characteristics of participants

Fourteen women with infertility age between 26-40 years were recruited into the study. All participants had some level of formal education. With the exception of 2 women who were divorced as a result of infertility, the other participants had marriage experience between 1-14 years. Thirteen (13) of the participants practiced Christianity whilst 1 was a Muslim.

### Personal belief about seeking treatment

All the participants believed that there was something they could do to avert their childlessness. As part of their personal beliefs, these women had conviction about

seeking treatment, they had trust in hospital remedy, and had confidence in herbal /natural/traditional remedies as well. Their personal beliefs also included their faith in spiritual or religious remedies and a combination of all treatments.

### Conviction about seeking treatment

Conviction about seeking treatment was so important to these women. For instance, most of the women had a conviction that women with infertility should seek treatment when there are challenges in conceiving. Regardless of the exact action to take, most women were of the view that it was very crucial to 'do something' to have children. A 33-year-old woman, married for 4 years expressed her views about seeking infertility treatment as:

*'Hmmm. I think everybody who is not having children will definitely look for ways or would want to find out why they aren't getting pregnant. First, you would want to know why, as in, you will do some investigations about you and your spouse, whether you can be pregnant or not'. (ABBA)*

### Trust in Hospital remedy

Due to the perceived aetiology of childlessness and the educational background of some of the women, they shared their beliefs about their trust in-hospital treatment for infertility. A 40-year-old nurse with a master's degree, experiencing infertility for 8 years articulates her opinion about her trust in-hospital treatment as:

*'So I think the first point of choice for any couple who are childless for a year or two years, is to go to the hospital to see where the problem is'(AKUA)*

### Confidence in seeking a herbal remedy

Most of the women had a feeling of certainty about herbal /natural/traditional medicine in the treatment of infertility. They had a self-assurance that they will win infertility through herbal remedy. A 34 year-old seamstress, with 4 years accounts of seeking infertility treatment, had confidence in the herbal treatment and expresses her view as:

*'For me, I really have a lot of belief in natural medicine. I really believe in the traditional medicine than medicine from the hospital to treat infertility'. (BIRAGO)*

### Faith-based spiritual treatment

Spirituality cannot be overemphasised in the treatment of infertility. Most of the women expressed their faith in God to bless them with children. Some verbalised that children are only given by God. A 36-year-old Muslim woman expresses her faith in spiritual treatment as:

*'I'm also in waiting, I'm waiting for God to give me children perhaps it is God who said it will take me all this while to have children. God gives to whom he wants to give to. God will give me children. Perhaps God is testing me'. (MIRA)*

### Reliance in a combined treatment

Most of the participants relied on combined treatment. They depended on faith-based and hospital, faith-based spiritual remedy and herbal remedy, and herbal with hospital treatment. A 31-year-old health worker was of the view that it was better to combine treatment for effective results:

*'Yes for me my view is that we should combine both rather than I mean, sticking to one. Also, I think both hospital and herbal are the best but from accredited persons. When it is accredited they know that their works are being judged so they will do the right thing to help you conceive.'* (AKOSUA)

### **Cultural beliefs and perceptions about seeking infertility treatment**

Cultural beliefs and perceptions about seeking treatment have a great deal of influence on women with infertility and this was revealed by the interviews. These cultural beliefs and perceptions were reported based on influence from significant others about seeking treatment, traditional views about seeking treatment and societal pressure about seeking treatment.

### **Influence from significant others about seeking treatment**

Influence from significant others were evident in the interviews. Though most women had their own innate drive about treatment-seeking, the choice of the treatment and the initiation were inspired by friends and family who took interest in their childlessness.

The influence to initiate a particular choice of treatment was inspired by important people in their lives as reported and explained by this participant:

*'I think it was my husband, my husband told me that someone also advised him to seek health assistance to see if everything is ok, before relying on God. That is why I went to the hospital to check. In fact, my pastor himself recommended we seek medical treatment if we are that worried.'*(AFIA)

The ability to seek treatment was initiated by people around the participant and Ajo got the support of her family as:

*'Hmnnnnn they (my family) support me in prayer and sometimes if they hear any medicine they bring it that I should take it.'* (AJO)

### **Traditional views about treatment**

Traditions and customs are also instrumental in the treatment of infertility. Almost all the participants came from different parts of southern Ghana. These women had to recall how infertility issues were tackled from their various traditional areas.

Akua threw more light on what pertains to seeking infertility treatment from her traditional area (hometown) as:

*'From where I come from when people are not getting pregnant, number one is to go to the herbalist. There are a lot of herbalists there. I know that even when I was young I know that when people do not have children they go and see the herbalist and then they give them medicine.'*(AKUA)

### **Societal pressure on seeking treatment**

During the interviews, it was noticed that almost all the participants were pressurized to seek infertility treatment from their social network of family, workplace, church, and friends. They verbalized these societal pressures as:

*'Also there is pressure from the society, I have to admit because, if you don't have kids everybody is looking at you, everybody will be asking and it can be frustrating. That is the reason why I want to have children, there is too much pressure from society.'* (MODA)

## **Discussion**

Beliefs about seeking infertility treatment were the strongest among other beliefs. The trust these women had about seeking treatment was so amazing and not different from the trust of other women in previous studies (26-29). Also, the women believed that it was important to seek infertility treatment because experiences of infertility are unpleasant, difficult and frustrating (30-32).

Most of the women expressed the belief in-hospital treatment as a treatment of choice. They were of the strong belief that the hospitals had the expertise to test and diagnose infertility issues and it should be the first point of call as perceived by other women in previous studies (26, 33). This is contrary to what was reported in a previous study that seeking hospital treatment only comes to mind when other treatment modalities fail (33). In the present study, it was observed that higher-level of education could be the reason why these women trusted the hospitals for infertility treatment.

Conversely, findings of this study established that some of the women believed in natural/herbal/traditional remedy for their childlessness. It was obvious that due to the socialisation of these women, there was the belief that herbal treatment was natural as compared to hospital treatment and this was not different from previous studies on recognition of herbal/traditional remedies as the prominent treatment of choice (17, 33, 34).

As similarly perceived in other studies, women in the present study expressed their faith in the will of God to bless them with children (30, 35). Correspondingly in Iran, a strong belief in conceiving miracle babies was found (36). On the other hand, the belief in combined treatment options for maximum benefits was paramount in the present study.

Cultural beliefs and perceptions, initiated by significant others were found to have an influence on the health seeking behaviour of these women. However, influences from these significant others were interpreted as support. Meanwhile, contradictory views of low support for women seeking infertility treatment was reported in Denmark (37).

It is interesting to note that some of these women described this kind of support as pressure to seek treatment, suggesting that some women perhaps sought treatment against their wish. Although all the participants were urban dwellers, their cultural beliefs were instrumental in their treatment-seeking behaviour.

## **Conclusion**

Women with infertility are influenced by their personal and cultural beliefs to seek treatment leading to a combination of traditional/natural and orthodox remedies for their infertility. This notion of treatment-seeking suggests that medical pluralism is unavoidable in the search for infertility treatment in Ghana. There is a need for further investigation into the impact of beliefs on the treatment options for infertility in Ghana.

## Ethical Issue

Pseudonyms were used for each participant to ensure anonymity and the Noguchi Memorial Institute for Medical Research- Institutional Review Board reviewed and provided ethical clearance (NMIMR-IRB CPN 023/18-19).

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## Conflict of interests

The author declares that there is no conflict of interest.

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