

SOCIO-CULTURAL PERCEPTIONS OF INFERTILITY IN GHANA

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Abstract

The purpose of this study was to explore the social/cultural perceptions of Ghanaians about women with infertility problems. Audio-taped interviews with nineteen (19) key informants were transcribed and analysed. The findings indicate that in traditional Ghanaian society, a high premium is placed on biological parenting and there are specific cultural norms that dictate the attitudes of society towards childless women. Health professionals' knowledge of cultural issues could be of benefit in informing the care provided to women undergoing fertility problems.

Keywords: Culture, Ghana, Infertility, pro-natal society, traditional society, women's reproductive health

BACKGROUND

This article focuses on social and cultural perceptions of Ghanaians about women facing infertility problems in Ghana. In Africa, aside biomedical causes of infertility, traditional explanations of infertility are still socially important. The meaning assigned to infertility is for a considerable part mediated by socio-cultural factors that vary among regions (van Balen 2000). Research studies in Ghana (Geelhoed, Nayembil, Asare, Schangen van Leeuwen, & van Roosmalen 2002: 140) and other parts of Africa and Asia (Dyer, Abrahams, Hoffman, & van der Spuy 2002: 1659; Fido & Zahid 2004: 296-297; Papreen, Sharma, Sabin, Begum, Ahsan, & Baqui 2000; Richards 2002; Yebei 2000) have cited perceptions of both biomedical and traditional or religious causes of infertility. The commonly traditional causes of infertility include supernatural causes, voodoo, curses by ancestors or deities, evil spirits and witchcraft.

Culture shapes people's thinking, understanding, practices and attitudes towards infertility. There have been social pressures and expectations for women to procreate, and women are often blamed for infertility (Guntupalli & Chenchelguden 2004; Inhorn

2003; Papreen et al 2000). Childless women may encounter a gamut of unfavourable treatments from their society. For instance women might be expelled from the husband's house either by the husband himself or by his family; their husbands could be encouraged to take other wives. In some cases childless women have reportedly been excluded from some important activities and celebrations (Orji, Kuti, & Fasubaa 2002).

Children are of such importance that in traditional society the inability to bear children is considered a great tragedy, and the woman who fails to bear children suffers humiliation and sometimes ridicule or abuse (Nukunya 2003).

STATEMENT OF THE PROBLEM

The traditional Ghanaian society is pro-natal (Nukunya 2003), where the ultimate purpose of marriage is to bring forth children to perpetuate the family name (Nukunya 2003; Wiersema Drukker, Dung, Nhu, G.H., Nhu, N.T. & Lambalk 2006). Voluntary childlessness is uncommon in Ghana, and married women with no live children are likely to be those with fertility problems (Ghana Demographic Health Survey 2003). In Ghana most women and men want to have children for various reasons, such as status identity and economic security in old age. Thus motherhood is considered a major role of women and a respected female identity. However, there are some women who experience fertility problems. Some of the cultural practices may exclude or seclude childless women; and some of the traditional rituals performed or not performed at their death may suggest that the society is 'against' childlessness. In view of the importance attached to the role of motherhood, the inability to meet this expectation could be expected to incur the displeasure and unfavourable attitudes of society.

The impetus of this study emanated from the researcher's encounters with women experiencing infertility problems in a hospital in Ghana, made her realise that infertile women in Ghana faced many social/cultural problems. For example, being forced out of their marital homes by in-laws, and the fact that they are not accorded proper burial when they die. Upon reflection, and informal discussions with some elders in the society, some of the questions that required answers included what cultural practices militate against female infertility and what are societal attitudes toward the childless women in Ghana?

RESEARCH AIM

The aim of this study was to explore the social and cultural perceptions Ghanaians hold about women experiencing infertility problems from the view point of key informants in the Ghanaian society. The research objectives, based on this general aim were to:

- ascertain the perceived causes of infertility from informants
- identify treatment options sought by infertile women

- find out the cultural factors that impact on infertile women
- examine society's attitudes toward infertile women.

SIGNIFICANCE OF THE STUDY

The study intends to raise awareness of how societal practices and attitudes could affect the psychological well-being of infertile women. The findings may direct health care personnel in their dealing with women encountering fertility problems, and will provide direction for future studies.

DEFINITION OF KEY TERMS

For the purposes of this study, the following terms have been defined as:

Infertile women: Women having problems of bringing forth, and do not have children.

Culture: Way of life of people in the Ghanaian traditional society.

Perceptions: The way individuals view or feel about situations.

Values and norms: Customs that the society cherish and protect, that can be handed over from generation to generation.

RESEARCH METHODOLOGY

Research Design

A qualitative research design was adopted to explore the socio-cultural perceptions of Ghanaians about women with infertility problems. This approach was used because not much information has been documented in the area of study. This suggests that the researcher could not build on the work of others but has to explore the topic. A qualitative exploratory research was to aid the researcher to do in-depth interview to gain rich information and deeper understanding of the concepts under study.

Research setting

Data were collected in the southern sector of Ghana, and informants were identified from both urban and rural communities. The urban communities used were in three districts within the Greater Accra region. For the rural community, a town in the eastern region was used.

Sample

The sample was made up of 19 key informants comprising three Ga elders, three Ewe elders, seven Akan elders, three infertile women, and three gynaecologists involved in the treatment of female infertility. The number of respondents was arrived at when the data being collected became saturated and the respondents were not providing different views. The selection was based on having informants from the major ethnic groupings of southern sector of Ghana. Snowball sampling method was used where previously identified participants referred the researcher to other people who they thought were knowledgeable about cultural issues and infertility. This approach of asking informants to put the researcher in touch with others provided a sample framework, 'snowball' sampling (Neuman 2007).

Research instrument

A semi-structured interview guide was used to elicit informants' cultural beliefs, values and practices in relation to infertility. Questions focused on:

- i) perceived causes of infertility and treatment options sought by infertile women.
- ii) cultural issues that impact on women with fertility problems during child-naming ceremonies, puberty rites, customary rites in marriage, and funeral rites for the childless woman; and
- iii) attitudes of society towards the infertile woman.

Some of the questions asked were: a) what are the cultural practices, prohibitions and taboos associated with infertile women during a child-naming ceremony? b) What are societal attitudes toward infertile women? c) What other cultural problems do infertile women encounter in your community if any?

Procedure for data collection

Data collection was carried out by the researcher. English and two local Ghanaian languages (Twi and Ga) spoken by the researcher were the media used in collecting the data depending on which language the respondents understood.

An elder in each community was approached to discuss the aim and the objectives of the study and to direct the researcher to community members who were knowledgeable about cultural issues in relation to female infertility for interview. Informants were identified through these elders. Sometimes, after interviewing one informant, he or she directed the researcher to other members whom they thought knew more about infertility issues. In one of the communities, an elder accompanied the researcher to each informant and made the introduction. This process provided an enabling atmosphere for the data

collection. The infertile women and the gynaecologist informants were approached in a hospital that had earlier granted access for the research study.

After giving their consent to participate in the study, they were told that the researcher could not write all the points they would make and so as not to miss out any of the points, the interview would be audio-taped, to which they readily agreed. Once all these matters were made explicit, the interview began with the tape-recorder switched on. Each interview was number-coded on the interview guide as well as recorded on the tape. The interview guide was followed for each informant. They were listened to attentively and probes were applied where necessary; probes in the form of asking the question “Anything else?” or keeping silent for a while. Sometimes their responses were interspersed with ‘mm...mm’, by the researcher/interviewer to encourage them to ‘open up’ more and provide more information. Each interview took between 25 to 60 minutes, depending on how long each informant wanted to talk. It took place in their homes and/or workplaces, depending on their convenience (Neuman 2007: 192).

ETHICAL CONSIDERATIONS

Each informant was asked if they would like to participate in the research study after an explanation of it had been given. Those who could read and write were given a written explanation of the study for their perusal. Once they had agreed, they signed a consent form. Those who were illiterate received a verbal explanation of the study to ensure that they agreed before moving onto the next step. It was explained to them that the researcher wanted to know what their thoughts and observations were as far as culture and infertility were concerned. They were assured that anonymity and confidentiality would be maintained. Further, they were told that they could decline to participate or withdraw from the study at any time without the need to offer any explanation.

DATA ANALYSIS

Content analysis was used to analyse the data. Following the interviews, data were translated and transcribed into English by the researcher. Data from each subtopic of the transcripts was read through several times, coded and identified a range of categories that appeared to account for what each interviewee talked about. Each interviewed transcript was then divided up according to those categories identified. Responses that presented some similarities and were different from others were grouped together to represent a category. Finally, frequency tabulations of the categories were made.

FINDINGS AND DISCUSSION

Demographic characteristics of informants

The age range of the participants was from 33 to 77 years. They were 11 men and eight women. All of them were married with the exception of two, one of whom was estranged, and the other widowed. Their education levels were as follows: tertiary (4), O' Level (5), technical/commercial school (3), middle school (5), primary school (1), and adult education (1). There were traders (8), a secretary, gynaecologists (3), an executive officer, a paramedic, a clerk, a driver, a pensioner/farmer, a sales girl, and a traditional herbal healer in the sample. The number of children they had ranged from 0 to 17.

Perception of female infertility

The findings indicate that female infertility is understood to be a woman in her reproductive age, exposed to normal sexual intercourse but not able to become pregnant or have a child despite the desire to do so. All the respondents mentioned that there were names for infertile women. These names also applied to males who were infertile, but were mostly associated with women. Each of the three ethnic groups under study had different names but with similar meanings. Thus among the Akans, childless women were called *obonini* or *osaadwee*, the Ewes call them *kono* and the Gas/Adangbes refer to them as *kene*. It was indicated that the meanings of these labels were extremely derogatory, synonymous with barrenness, emptiness or worthlessness, and were considered to be insulting. One Ewe female elder stated that:

Kono is not a good name. The name makes one look like an outcast.

With respect to what effects such names could have on childless women, only one Akan elder mentioned that such names had no effects on them. However, the rest of the informants asserted that such names had negative connotations. Hearing such labels caused embarrassment, frustration, worry, depression, lower self-esteem, sadness, pain, and discomfort to the women as stated in the informants' own words:

If you address a childless person with such names, it means you are reminding her of her predicament. So we don't use such names to call them but in our minds we know these refer to them.

It hurts them to be called by that name. They may quarrel or refuse to talk to such people.

Cultural/traditional practices, prohibitions and taboos associated with childless women during a child-naming ceremony, puberty rites, marriage and at their death

Child-naming ceremony

The findings indicated that during a child-naming ceremony (which normally takes place a week after birth), if a childless woman was invited, she might decide to honour the invitation or not. There were no cultural prohibitions on that. However, some of the informants were of the opinion that she might not feel at ease at such gatherings. One elder commented:

A childless woman could be present at a child-naming ceremony but would not feel at ease. The question which sometimes arose was ‘somebody has got a child, where is yours?’ Hence she would not feel comfortable to be present at such a gathering.

Puberty rites

Puberty rites are normally performed to initiate young females into womanhood during menarche. There has been modification of these rites in recent times. With the exception of few tribes, many do not observe elaborate puberty rites. In some tribes, they are not practised. One Ga gynaecologist mentioned that with the Gas and the Adangbes, puberty rites were common, but were not observed in all families. The following were some excerpts from informants on puberty rites and the childless woman:

In the olden days such rites were elaborate, but now it is not so. Prayers are said for the young lady to deliver many children. A childless woman can do everything to help at the ceremony. *(From an elder)*

During puberty rites, a childless woman is not supposed to serve/put boiled, peeled egg into the mouth of the young girl who is undertaking the rite. Normally women who have children are allowed to serve the egg in the belief that she could deliver in future. When the egg is put in the mouth of this girl, she is not supposed to bite into it; she has to swallow it whole. Biting into it signifies that she has bitten her womb and might not deliver in future. *(From an elder)*

Marriage

Concerning marriage ceremonies, informants pointed out that the childless woman could be present and participate fully without any problem, but that would depend on her relationship with those concerned. However, the problem was with the childless woman’s marriage. Women in childless marriages encountered many problems, especially with the mothers- and sisters-in-law. The following was a comment made by an informant:

Sometimes the man could be given an ultimatum by the woman’s family. If no pregnancy occurs within the designated time frame, the marriage could be dissolved. The husband’s family could force the wife out of the man’s house and bring in another woman. So the pressure could be from both families. *(From an elder)*

In Ghana, the number of wives a man may marry depends on a number of factors including religious, socioeconomic, ethnic backgrounds and the type of marriage. The report of Ghana Demographic health Survey (2003) indicates that 23% of married women in Ghana are in polygamous marriage. About 10% of women mentioned that they had one co-wife and 13% mentioned two or more co-wives. In the northern region of Ghana for example, which is predominantly Muslim, polygamy constitutes 29% of all marriages whereas in Ashanti region where Christians dominate, polygamy forms 7% of all marriages (Ghana Demographic and Health Survey 2003). In all cases, men pay bride price. However, the constituents of the bride price are dependent on the type of marriage. Even within the traditional marriage system in Ghana, marriage payments differ from society to society, and sometimes within the same ethnic group, local differences are found (Nukunya 2003).

Death of a childless woman

At most funerals the number of children that one had would be mentioned at the gathering when the family read its tribute. So it would be mentioned that such a person had no children. Further, it was the responsibility of children to bury their parents, so where there were no children involved, the onus rested on the extended family to take care of their departed. Apart from the above, there were certain rites that were performed for the dead childless woman. Culturally, there was the belief that people reincarnate after death. So in order not for the dead to reincarnate with barrenness, these rites were performed. Differences exist in the rites that were performed, but the rationale behind them was the same. The bottom line was that something hurtful was done to the dead body of the childless woman so that she would not reincarnate with barrenness. This may suggest that infertile individuals are often denied proper death rites (Daar & Merali 2002). The following were some of the excerpts from respondents:

At a childless woman's funeral she is very much pitied. Children mourn their parents and they can be identified at the funeral ground. Where there are no children involved, it becomes obvious. If she were rich, the funeral would be well organised. But if she was poor, it is a pity. (*From an elder*)

When a childless woman dies, four scarification marks are made to the pubic area with the message that she should not reincarnate without a child. A black herbal powder or mixture [*referred to as ti in Ga*] is applied to the marks. With the Christians, no mixture is applied but the scarification marks are made. Ordinary powder can be put into it. (*From an elder*)

In our custom when a childless woman dies, we use some local medicine called *anya* to bury her. *Anya* is like a leaf which is tied around her waist before burying her. This is done to convey a message that when she is coming back, she should not come back barren. (*From an elder*)

There is a kind of leaf called nsason, which itches a lot when it touches the skin. When she is going to be buried, the elderly women in the family insert these leaves into her private part. This ritual is performed to communicate to the dead not to reincarnate in the same situation. (*From an elder*)

History has it that there is a string in the lower abdomen which becomes severed when one delivers. With the childless this string is believed to be intact. So when she dies, a cut is made in the lower abdomen to sever the string and pepper is inserted into the anus. This is to communicate to the dead that when she reincarnates she should not return with barrenness. In the olden days this practice used to be very common. (*From an elder*)

Causes and treatment of infertility

With regards to opinions about causes of infertility, informants mentioned many factors. The most frequently cited causes were previous induced abortions with subsequent complications leading to infection and blockage of fallopian tubes, and pelvic inflammatory disease (PID). Male factor infertility was also mentioned as contributing to childlessness. Other causes mentioned were incompatibility of the blood of the man and the woman; medical problems; tumours; ovulatory and hormonal problems; destiny; curse from fetish/gods of the tribe; and unknown causes. Other causes implicated in infertility were witchcraft and evil forces. The causes cited were consistent with other studies conducted in some parts of Asia and Africa (Dyer et al 2002; Fido & Zahid 2004; Papreen et al 2000; Richards 2002). Some of the informants were convinced that these were the major contributors of childlessness. The following were some of the excerpts:

In most cases infertility is caused by previous self-induced abortions. Also keloids formation around the cervix as a result of injury could contribute. Some females insert roots of nim tree into the cervix to cause abortion. If such roots injure the cervix and keloid formation ensued, the womb may block. (*From an elder*)

In some cases witches and evil forces contribute to infertility. Sometimes when fetish priests expose witches, they come out openly to confess that they removed someone's womb and that was what they did to it. This was very common in the olden days but now because many people have joined the churches, you don't hear very much of this. (*From an elder*)

Infertility could be due to a disease. One could be cursed when insubordinate to somebody who is probably spiritually stronger. Further, witches could take one's womb, hide it, or eat it, though it would be physically present, spiritually it is absent. They could spoil you by destroying your womb. (*From an elder*)

Sometimes a woman might not be *kene* [*infertile*] but would be due to the man's infertility because his sperms were inactive. Witches and evil forces are the major contributors.

Eh! I am telling you plainly, they are there. Eh! It is true they can make you very infertile. (*From an elder*)

Regarding the causes of male infertility, oligospermia, azoospermia, impotence, sexually transmitted diseases (STD) especially gonorrhoea were mentioned. Again some informants attributed male infertility to witchcraft, juju and destiny. Others too were of the opinion that infertility was not associated with men but women. One Ewe elder narrated that infertility was most of the time blamed on the woman, and that one scarcely hears of a man being labelled infertile. Another informant recounted:

Witchcraft could cause male infertility. The extended family might use witchcraft to prevent the man from having children so that he would use his wealth to cater for them especially his sisters and their children. This normally occurs in matrilineal inheritance.

With respect to the treatment sought by infertile women, various sources of treatments were mentioned. These were hospital (orthodox treatments), herbal treatments, consulting with fetish/shrines and the spiritual churches. These sources were indicated to be sometimes successful and sometimes not. Some women used these sources in combination. It was pointed out that where the infertility was attributed to witches and evil forces, spiritual means were used to treat them. The following were some of the responses:

In *Akan* tradition, many people seek herbal treatment. Herbs are given to prepare soup to drink and sometimes for enema. Some women utilise the hospital and the spiritual churches. Some may consult the oracle. Children from the gods behave in a peculiar way (e.g. aggressive), which make people think that they are replica of the gods. (*From an elder*)

Where the infertility is attributed to witches and evil forces, spiritual means are used to treat them. If the witches and evil forces are subdued, the condition can be cured. (*From an elder*)

Some go to fetish people. They perform rites to their gods and at times it yields results – they have a child. When they have those children, they are named *Klu* as a male and *Kluvi* as a female. When you hear such names it means they were children from the fetish priests. The meanings of such names are that, such individuals were delivered through the power of the spirit or juju. (*From an elder*)

On the success rate of the treatments sought, one of the informants thought otherwise. He asserted that:

Some infertile women use herbal treatment or go to fetish priests to ask for a child. Actually they are not successful. But sometimes people claim fetish priests had helped them to get children but I don't believe in that. I haven't seen one with my naked eyes. I don't know whether they are telling lies or the truth. (*From an elder*)

Attitudes of society towards the childless woman

Various societal attitudes towards the childless were reported. Sometimes people are sympathetic and show concern towards the childless. Often times, attitudes can be negative, with all kinds of pressures from the family. Sometimes words and deeds from the childless person's own family and in-laws might stress her. A childless woman stated that:

You will have to spend all your years to serve your relatives until you get a child. Otherwise you are always the centre of gossip. If you are rich, people associate with you to derive something.

Some people insulted childless women with infertility especially when there has been a quarrel between them. They could be insulted when they sent other people's children on errands. People sometimes thought the childless person has no moral right to punish children when they misbehave. An elder commented that:

Society considers them, as not having seen their own blood before and therefore cannot punish children when necessary.

Some informants were of the view that some childless women were very cautious. Being aware of their situation, they would not do anything that would give people the chance to insult them. However some had been observed to get angry at the slightest provocation. Further, it was pointed out that issues concerning children and parenting could not be discussed with the childless; society felt that they had little experience in that regard.

CONCLUSIONS

Semi-structured interview was conducted with 19 key informants to elicit some of the socio-cultural factors that impacted on infertile women. The findings suggest that childless women could encounter problems in relation to exclusionary traditional practices. Understanding the cultural beliefs and practices of a particular society give a unique insight into problems inherent in the treatment and coping of infertility. The traditional beliefs of causation and treatment of infertility differ from the conventional medical causes and treatments. Operations of witches and evil forces are implicated in infertility causation. Since treatment seeking is dependent on the perceived causes, some people tend to look for spiritual healing from churches or traditional healers prior to seeking hospital treatment. Others combined all these sources of treatment.

The informants included three doctors and three childless women. Although the doctors did not share the view that infertility could be caused by evil forces, they felt that women could encounter problems in society. The views expressed by the childless women also emphasised the socio-cultural problems involved in the experience of infertility.

RECOMMENDATIONS

In view of the fact that the belief system affects treatment options, health care professionals' understanding of cultural dimensions will benefit health consumers. Health professionals should seek to increase their knowledge of cultural issues, to equip them to contribute to change in attitudes, behaviours and practices on the part of infertile individuals. Comprehensive educational programmes should be organised to educate people on the biological causes of infertility, available treatment options, and its prevention. The concept that men cannot be infertile should be addressed during health education sessions, so as to reduce the pressures on infertile women. There should be educational packages for the youth in the prevention of infertility, emphasising the prevention of sexually transmitted infections and the fact that both men and women can be infertile for a number of reasons.

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