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MARRIED COUPLES AND GENERAL PUBLIC PERCEPTIONS OF CHILDLESSNESS IN KPANDO GABI MUNICIPALITY, IN THE VOLTA REGION, GHANA

JANET ADJEI

MASTER OF EDUCATION

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MARRIED COUPLES AND GENERAL PUBLIC PERCEPTIONS OF CHILDLESSNESS IN KPANDO GABI MUNICIPALITY, IN THE VOLTA REGION, GHANA

JANET ADJEI
(220010320)

A Dissertation in the Department of Social Studies, Faculty of Social Sciences Education, submitted to the School of Graduate Studies in the partial fulfillment of the requirements for the award of the degree of Master of Education (Social Studies) in the University of Education, Winneba

JULY, 2023

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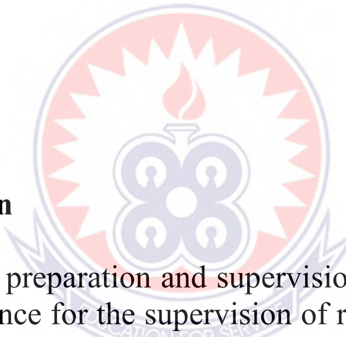
DECLARATION

Student's Declaration

I, **Janet Adjei**, hereby declare that this dissertation, with the exception of quotation and references contained in published works which have all been identified and duly acknowledged, is entirely my own original work, and it has not been submitted either in part or whole for another degree in this university or elsewhere.

Signature: …………….……………

Date: ……………………..………



Supervisor's Declaration

I hereby declare that, the preparation and supervision of this research work was done in accordance with guidance for the supervision of research work as laid down by the School of Graduate Studies, University of Education, Winneba.

Mr. Cletus Ngaaso (Supervisor)

Signature: …………….……………

Date: ……………………..………

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DEDICATION

To my lovely sis Doris Adjei.

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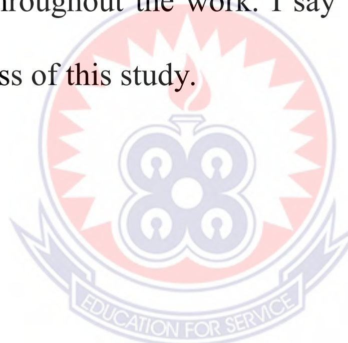
ACKNOWLEDGEMENTS

My effort was a great success, and I owe it all to God Almighty by whose grace and strength I have successfully gone through this course and more especially completed this work.

My heartfelt gratitude goes out to my supervisor, Mr. Cletus Ngaso who guided edited and suggested many improvements to the success of this work.

My warm gratitude also goes to the authorities whose work I referenced. I am also grateful to the authors of the textbooks from which I extracted useful information in completing this paperwork. I am highly indebted to my family and friends for their support, love and care throughout the work. I say God richly bless you all for your efforts towards the success of this study.



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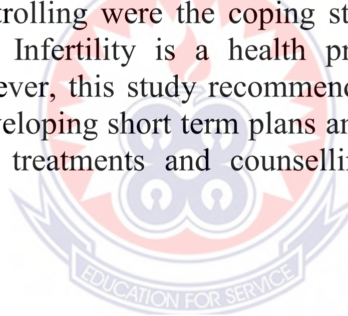
ABSTRACT

Childlessness is a public health problem that is characterized by serious social and psychological consequences. It is considered as a major life crisis that has the potential to threaten the stability of individuals and relationships, especially infertility among married couples. Apart from the magnitude of the problem, management of infertility has focused more on women with little attention paid to men. The study was therefore designed to explore married couples and general public perceptions of childlessness in Kpando Gabi Municipality, in the Volta region, Ghana. The quantitative and qualitative instruments used for data collection are Questionnaire and In-depth Interview guide respectively. The sampling techniques used for this study was a simple random sampling technique. Four hundred (400) questionnaires were shared randomly among the selected respondents. Three hundred and sixty-one (361) questionnaires was retrieved. The data collected was processed using SPSS software while chi- square formulae was used in testing the research hypotheses. From the analysis of the data, it was found that, some of the socio-cultural effect of childlessness include: stigmatization, depression, anxiety, abuse, labeling, denial of cultural right, disrespectful attitude from spouse, and polygamy. Furthermore, half of the respondents 57.0% perceived that there is a relationship between spirituality and childlessness, one-third of them 34.5% disagreed to that opinion and 8.5% were not sure. Also, the finding revealed that escape/avoidance, seeking social support, positive reappraisal and self-controlling were the coping strategies adopted by the childless couples. In conclusion, Infertility is a health problem that requires appropriate treatment strategy. However, this study recommended that Government should give adequate attention in developing short term plans and programs that create affordable and accessible medical treatments and counselling centers for infertility in the municipality.



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CHAPTER ONE

INTRODUCTION

1.1 Background to the Study

Worldwide, more than 80 million couples suffer from infertility; the majority of this population are residents of developing countries (Ombelet & Campo, 2017). In the African society, infertility is considered as a serious problem, so African men and women can go to any length to ensure that their marriage is blessed with children. This issue of infertility has led to many matrimonial problems in many families that started well and founded on genuine love when the marriages were consummated. Infertility is regarded as a major life crisis that has the potential to threaten the stability of individuals and relationship (Ashraf, Ali & Azadeh, 2014). Social, psychological and infertility- related issues as well as gender may be of relevance in determining the impact of infertility on marital relationships. Studies have agreed that women experience infertility as being more stressful than men (Henning & Strauss, 2012; Ying, Wu & Loke, 2015).

Studies carried out by Quach and Librach, (2018) showed that community members accord great significance to child bearing, but they have incorrect knowledge of the causes and appropriate treatment of infertility. Focus group participants used in the study mentioned several traditional beliefs regarding the causes of infertility from which they derived a variety of traditional and religious methods for its treatment; many affected couples use these methods of treatment, sometimes singly but most often in combination. Orthodox treatments are less often used because of perception of the causes of infertility and lack of confidentiality at the treatment centres. Women’s experience of infertility are documented to be multi-dimensional and

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includes stigmatization, ostracism and neglect, marital instability, abuse, loss of social status and security (Hollos, Larsen, Obono, & Whitehouse, 2019).

The perceived causes of infertility in many parts of Africa are mainly nonmedical and are commonly associated with supernatural or evil powers, and the treatment often involves traditional healers and spiritualist (Deribe, Anberbir, Regassa, Belachew & Biadgilign, 2017). Infertility has recently been construed to be a serious problem in sub-Saharan Africa. This problem seems to be viewed as of low priority with reference to the effective and efficient allocation of available health resources by national government as well as by international donors sponsoring either research or service delivery in the public health sector. (Akinloye & Truter, 2011).

1.2 Statement of the Problem

Infertility affects 12–16% of couples during the reproductive lifespan (Thomas, McLain, Louis, King, Trumble, Sundaram and Louis, 2013), and male factor infertility is the sole etiology in up to 30% of couples seeking assistance with conception (Anderson, Fan, Jamieson, Warner & Macaluso, 2019). About 6% of married women 15-44 years of age in the United States are unable to get pregnant after one year of unprotected sex (infertility) and about 11% of (6.1 million) of women 15-44 years of age in the United States have difficulty getting pregnant or carrying a pregnancy to term, regardless of marital status (impaired fecundity), according to Centre for disease control and prevention. Available evidences suggested that couple's infertility is an important but neglected reproductive health issue especially in Ghana.

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Published studies indicated had shown that supernatural factors are also believed to cause infertility. A person could be punished by offended witches, wizards or elders. Infertility could also be caused by powers of darkness, called *Juju.'* Another reason is that a person might be destined not to have any children in the physical world or is cursed by other people or God Himself. (Sonja, Nieuwenhuis, Akin-Tunde, Sally & Xiaoyun, 2019). In many cultures, womanhood is defined through motherhood and infertile women usually carry the blame for the couples' inability to conceive (Ombelet, Cooke, Dyer, Serour & Devroey, 2017).

In spite of this, one cannot estimate the psychological and emotional trauma childlessness cause to married couples and how this affects productivity and development in the general development of the society. However, this study sought to investigate married couples and general public perceptions of childlessness in Kpando Gabi Municipality, in the Volta region, Ghana.

1.3 Purpose of the Study

The main purpose of this study is to investigate married couples and general public perceptions of childlessness in Kpando Gabi Municipality, in the Volta region, Ghana.

1.4 Specific Objectives

The Specific Objectives of this study were:

1. To examine the perceptions of peoples towards couple's childlessness in marriage Kpando Gabi Municipality.
2. To explore the socio-cultural effect of childlessness among childless couples in Kpando Gabi Municipality.

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3. To assess the coping strategies adopted by couples in marriage towards childlessness in Kpando Gabi Municipality.

1.5 Research Questions

This study attempts to find answers to the following questions.

1. How do people perceive couple's childlessness in marriage in Kpando Gabi Municipality?
2. What are the socio-cultural effects of childlessness among childless couples in Kpando Gabi Municipality?
3. What are the coping strategies adopted by couples in marriage towards childlessness in Kpando Gabi Municipality?

1.6 Research Hypotheses

The following hypotheses were tested by this study

1. **$H0_1$:** There is no association between the age of the childless couples and their perception toward infertility.
2. **$H0_2$:** There is no association between the religion of the childless couples and the perception toward infertility and its management.

1.7 Justification of the Study

Infertility or childlessness is a global reproductive issue for both sexes yet often neglected and not discussed in public, (Tabong & Adongo, 2013). Infertility is recognised and defined as a public health problem and is the manifestation of one or more pathological conditions either of female or male origin (Le Thi Thuy, 2015). Infertility is of public health importance in Ghana and many other developing nations because of its high prevalence and especially due to its serious social implication

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(Araoye, 2013; Robert & Nachtigall, 2015). Apart from the share size of the problem, it is also now well known that infertility in African countries has severe negative consequences for women 's reproductive health. Due to the high cultural premium placed on childbearing in many African countries, infertility often poses serious social problem for the couples. However, women are more severely affected than men even when the infertility is due to a male factor (Fisher & Hammarberg, 2012).

There is urgent need for advocacy for childless couples to accept responsibility for their contribution to infertility and to reduce stigmatisation and ostracising of women for infertility. This study therefore determined the perception of couple's infertility in marriage in Kpando Gabi Municipality, Ghana.

1.8 Significance of the Study

This study will provide the basic materials which the researcher in this topic will find valuable. This study will add to the existing body of knowledge on medical sociology. It will create room for further research on the socio-cultural effect of childlessness in other areas. It will also provide relevant data on how childlessness creates problems in the family and Kpando Gabi Municipality at large. It will help to expand their knowledge on the concept and effect of childlessness among people in Kpando Gabi Municipality and beyond. It will also provide materials for researchers to anchor their studies and also provide them with relevant literatures for analysis and review of relevant literature for analysis and review.

1.9 Limitations of the Study

In the course of undertaking this study, the researcher experienced some limitations. Firstly, finance was a challenge resulting from the cost of transportation to the

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different communities for the distribution of the questionnaires. Secondly, on the part of the respondents some of them accepted to fill the questionnaires readily while some initially expressed reluctance in filling up the questionnaires because they were afraid it might be used against them. After adequate explanation was provided by the researcher and her assistants that it is strictly for research purpose they complied although a few respondents insisted that the questionnaires be left with them for later collection. Even when the questionnaires were to be collected from them some were not ready with theirs and others started filling them in the presence of the researcher. Despite the challenges the exercise was reasonably successful.

1.10 Definition of Operational Key Terms

- **Adoption**: The voluntary acceptance of a child of other parents to be the same as one's own child through legal term.
- **Childless**: The absence of children in a family resulting from the inability to conceive a child by married couple or death of existing children.
- **Couples**: This refers to a man and woman united and legally bounded in marriage.
- **Conception**: This refers to the act of conceiving; the fertilization of an ovum by a sperm to form a zygote.
- **Culture**: The arts, customs, beliefs, values, behavior and material objects that constitute peoples' way of life.
- **Fertility**: The condition, or the degree of being fertile
- **Infertility**: The inability to conceive after a period of 12 months of uncontrollable and unprotected sexual intercourse.

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- **Lineage**: Descent in a line from a common progenitor; descending line of offspring or ascending line of parentage.
- **Sexual intercourse**: The physical activity of sex played by married couples in order for them to produce children or offspring.

1.11 Organization of the Study

The study comprises of five chapters. Chapter one consists of the background of the study, statement of the problem, purpose of the study, objectives of the study and research questions significance of the study, delimitation of the study definitions of significant terms in the study and organization of the study. Chapter two deals with review of the related literature, Chapter three deals with research methodology which consist of research design, target population, sample size and sampling techniques, research instruments, instrument validity, reliability of the instruments, data collection procedures and data analysis techniques. Chapter four consists of data analysis, interpretation and discussion and chapter five provides the summary of findings, conclusions and recommendations and suggestions for further research.

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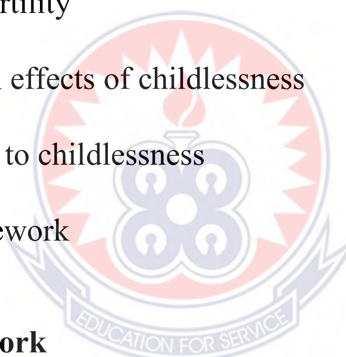
CHAPTER TWO

LITERATURE REVIEW

2.0 Introduction

In this chapter, review of literature relevant to this research topic will be organized under the following sub-headings:

- Theoretical framework
- Concept of childlessness
- Prevalence of Infertility in Developing Countries
- Causes of childlessness
- Perception of Infertility
- The socio-cultural effects of childlessness
- Coping Strategies to childlessness
- Conceptual Framework



2.1 Theoretical Framework

The related theories include; Labeling Theory, Bio Psychosocial Theory and Feminist Theory

2.1.1 Labeling theory

Labeling theory is rooted in the idea of the social construction of reality, which is central to the field of sociology and is linked to the symbolic interactionist perspective. It flourished within American sociology during the 1960's. The first and the most prominent labeling theorist is Howard (1963). Herbert and Howard explain labeling theory in terms of how self-identity and behavior of individuals are determined or influenced terms used to describe or classify them. Labeling theory

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holds that deviance is not inherent to an act, but instead focuses on the tendency of majorities to negativity label minorities or those seen as deviant from standard cultural norms.

Macionis and Greber (2010), define stigma as a powerfully negative label that changes a person's self-concept and social identity. Labeling theory takes the view that people become labeled when they accept the label as a personal identity. To illustrate this study with this theory it simply implies the labeling, people label childless couples as, and they have been labeled unproductive to the society. When there is fertility in a society it increases the workforce ideas, that is deposited in a society and when this primary function of a couple (procreation) is not present (childlessness) they are labeled unproductive to the society. Labeling theory examines what the society perceives that people, situation or phenomenon as.

According to Gerber (2010) childlessness is seen as a deviant behavior in marriage. He further explained that having children (procreation) is the primary and essential of marriage but when that purpose is not full filled, it is considered a deviant behavior and such couple is labeled negatively. The society perceives or labels childless couples as unproductive structure or body in the society and a failure in the social structure which leads to the following-

1. Lack of respect for couples; including no respect from family members and members of the society.
2. Ridicule from close relation and even society at large; insults and verbal abuse is part of the ridicule given to the childless couples.
3. Stigmatization and recognizable marginalization of childless couples.
4. Isolation including exclusion from ceremonies and social gatherings

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5. Rejection; being an outcasts and physical abuse an outcasts and physical abuse perpetrated by community members (Mali, & Navle, 2014)

In summary, labeling theory is of the opinion that social acceptance of couples who do not have children may be a sign of the disappearance of the stigmatization of being childless. Childless couples will probably continue to suffer negative social consequences as long as under the preventing cultural forces they are considered less worthy than other couples.

2.1.2 Bio psychosocial theory

The Biopsychosocial theory uses a holistic approach or perspective that focuses on the full range of psychological, biological and socio-cultural influence of childlessness on couples. Biopsychosocial approach is a comprehensive, integrative framework for understanding human problem, development, health and functioning. It is based on the perspective that humans are inherently biopsychosocial organisms in which the biological, psychological, and social dimension are inextricably intertwined.

According to Balen (2019), childlessness is a psychological, social, and biological problem, all aspects are crucial in their influence in understanding childless couples, the bio psychosocial theory may also be used to address the collaborative or multidisciplinary approaches to care for the childless couples, using this theory to explain childlessness it will be divided into three subheadings

Biological: According to Cooper and Hilbert, (2014), childlessness could be biological aspect; infertility which is a major cause of childlessness. Specific causes

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can be determined only by an extensive workup, which typically include many physical examinations, frequent review of basal body temperature and intercourse records, laboratory tests, radio logic tests, surgery and trials of medical treatment (Charlene, 2018). In relation to the society the members of a society can interpret childlessness as a biological issue; this is common among the literate or educated members of the society. If this problem is perceived as a biological and medical issue various medical diagnoses and intervention will be observed.

Psychological: The psychological aspect of this theory addresses behavior and mental processes that involves cognition, emotions and motivation. The manifestations are observed in how childless couple deal with grief and loss issues, and how they adjust and adapt to childlessness.

According to Daniluk (2001), he examines the primary loss from childlessness is obviously that of a biological child. As with any loss however, this leads to many associated losses, including lack of pregnancy experience; loss of a successful pregnancy and birth experience; loss of genetic continuity; loss of one's self image as a fertile person; loss of the opportunity to move to the next stage in the family cycle; relationship losses; and losses for other family members such as potential grandparents.

Childlessness is often and generally viewed as change in life progress and is experienced as development gone away (Butler & Koraleski 1990), a disruption of the marital relation and roles, a crisis of self-esteem, sexuality and values, personal failure, and an experience of tremendous losses (Larsen, 2005). Other feelings identified with the grieving process include guilt, shame, envy, anger, helplessness or lack of control, sadness, surprise, denial, isolation, anxiety and depression. Women

however, reportedly experience greater psychosocial distress, more somatic difficulties, lower self-esteem, higher levels of depression and greeter interpersonal sensitivity related to their childlessness (Larsen, 2005).

Sociological: Social works intervention involves formation of pressure groups to encourage more public education, extensive research into the causes and solutions of childlessness and to alter the traditional and social manner in which childlessness issues is handled in different areas (Merlo, 2016). Public education and advocacy must be a strategy to change the view of childlessness as a personal problem whereas, it is not just a personal problem but a social problem and a dysfunction that need to be fixed so as to encourage development and productivity.

In conclusion bio-psychological accounts for the important and subjective aspect of people's perception and the effect of childlessness on social factors, couple individuals, and society at large.

2.1.3 Feminist theory

The term feminist can be used to describe political, cultural or economic movement aimed at establishing equal rights and legal protection for women. According to Maggie and Rebecca (1967), the history of feminism can be divided into three waves. The first feminist wave was in the 19th and early 20thcenturies, the second was in the 1960s and 1970s and the third extends from the 1990s to the present. Feminist theory emerged from this feminist movement. It is the manifest in a variety of discipline such as feminist geography, feminist history, and feminist literacy criticism.

Feminist theory aims to understand gender inequality and helps to promote gender equality. Themes in feminist theory include discrimination, stereotyping,

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objectification (especially sexual objectification), oppression and patriarchy. In relation to this study using the socialist and radical, feminism considered the men controls capitalist hierarchy, which it describes at sexiest as the defining feature of women oppression. It emphasizes exploitation, oppression and labor towards women Feminist demonstrates that many women feel discrepancies between how they experience the world and the official definition of their identity.

Hales, (2000), postulates that the distinctive feature of women situation in a gender stratified society are been used to produce empirical, theoretical explanation about her. In the society where the issue of childlessness is concerned, the women are always blamed and left to carry the burden; the women (wives) suffer the pains of childlessness even when at times the men are the causes. Divorce, expulsion from the home or physical abuse perpetrated by the husband, some husbands take another wife with or without the consent of his first wife. The childless women are restricted from certain meeting that involves the mothers in that society and due to having children make one quality for such meeting they won't be able to attend such gathering, it also brings about discrimination even from her husband relative, the childless women will look for solutions from one herbal or hospital or prayer home to another seeking for solution but also lacking assistance from the husband.

The feminist is in the opinion that the consequences of childlessness fall more on the childless women than the men, which is wrong, it is supposed to be childless couple problem and not the childless women problem.

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2.2 Concepts of Childlessness

According to World Health Organisation, (2014) Primary infertility is the term used in reproductive medicine for a woman (couple) who failed to achieve a pregnancy for 1 or 2 years and who was never pregnant before. Secondary infertility is the term applied to women who meet the criteria for primary infertility but at some time in the past have been pregnant. In reproductive medicine, the term infertility can be used in a descriptive manner to define the situation in women (couples) who are unable to conceive or have a pregnancy leading to live birth, during ≥ 1 year. But it has also absorbed the meaning of the term as used in common language in the sense of impossible to conceive, synonymous with the demographic term infecundity.

Ajuwon, Owoaje, Falaye, Osinowo, Christopher and Adewole, (2017), viewed infertility / sub-fertility as inability of a couple to obtain a clinically recognisable pregnancy after 12 months of regular and unprotected sexual intercourse (involuntary failure to conceive). Cooper, Noonan and Eckardstein, (2010), reported that the definition of infertility frequently used by reproductive endocrinologist is when a woman under 35 years has not conceived after 12 months of contraceptive- free sexual intercourse or when a woman over 35 years has not conceived after 6 months of contraceptive-free sexual intercourse.

Mascarenhas, Flaxman, Boerma, Vanderpool, and Stevens, (2012) said primary infertility is defined as the absence of a live birth for women who desire a child and have been in a union for at least five years, during which they have not used any contraceptives and Secondary infertility is defined as the absence of a live birth for women who desire a child and have been in a union for at least five years since their last live birth, during which they did not use any contraceptives.

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For a woman, infertility (or a state of subfertility) can manifest itself as either: the inability to become pregnant, an inability to maintain a pregnancy or an inability to carry a pregnancy to a live birth. (WHO, 2014). Gurunath, Anderson and Bhattacharya, (2011), wrote that definitions of infertility differ with demographers tending to define infertility as childlessness in a population of women of reproductive age while the epidemiological definition is based on trying for or time to a pregnancy, generally in a population of women exposed to a probability of conception. Cowden, (2010) said infertility is not an inconvenience; it is a disease of the reproductive system that impairs the body's ability to perform the basic function of reproduction‖

2.3 Prevalence of Infertility in Developing Countries

Global infertility prevalence rates are difficult to determine, due to the presence of both male and female factors which complicate any estimate which may only address the woman and an outcome of a pregnancy diagnosis or live birth. One in every four couples in developing countries had been found to be affected by infertility, when an evaluation of responses from women in Demographic and Health Surveys from 1990 was completed in collaboration with World health organisation in 2014. The burden remains high. A WHO study, published at the end of 2012, has shown that the overall burden of infertility in women from 190 countries has remained similar in estimated levels and trends from 1990 to 2010, (WHO 2014). Only a limited number of papers report on the prevalence of infertility in developing countries. According to Boivin, Bunting, Collins and Nygren (2017), the 12-month prevalence rate ranges from 6.9 to 9.3% in less-developed countries. Substantial geographical differences in the prevalence are noted, and these differences are largely explained by different environmental, cultural and socioeconomic influences.

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In sub-Saharan Africa, the prevalence of infertility differs widely from 9% in the Gambia (Tabong & Adongo, 2013) and 15% in Ghana (Donkor & Sandall, 2019) compared with 21.2% in northwestern Ethiopia (Haile, 1990, Ombelet et al, 2018) and between 20 and 30% in Nigeria (Larsen, 2010, Ombelet et al. 2017). Even less data are available from Asia and Latin-America, but a report compiled by the World Health Organization (WHO) indicated that the prevalence of infertility in these regions fell within the globally expected range 8 – 12% of couples of reproductive age and was thus lower when compared with African countries (World Health Organisation, 2014). Current estimates of infertility in developing countries are primarily based on demography and health survey (DHS) birth history data and do not include the self-reported time to pregnancy question.

However, these estimates show that primary infertility, or childlessness, remain relatively rare, with rates between 1 – 10 % in woman aged 25 – 49. In contrast, the percentage of women experiencing secondary infertility, or an inability to produce a live birth after at least one previous birth ranges from 9% – 38 % (Rutstein & Shah, 2014, Dhont et al, 2010). Available data indicate that countries in sub-Saharan Africa have some of the highest rates of infertility in the world. Infertility rates among married couples in African countries range from 15% to 30%, compared to reported rates of 5% to 10% in developed countries. There is now conclusive evidence that much of the infections in Africa are attributable to infections that produce irreversible reproductive tract damage in men and women. In Gabon, for example, more than 30% of couples are infertile at the end of their reproductive lives due to longstanding tubal occlusion in women and occlusion of the vas deferens and/epididymis producing azoospermia in men (Okonofua, 2013). Purefoy and Kermeliotis, (2011), said the

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prevalence of infertility in Nigeria is about 25%, compared to 10 to 15% in the U.S. and UK.

2.4 Causes of Infertility

American Society for Reproductive Medicine, (2012), while expounding the causes of infertility said some factors called fertility factors when affected one way or the other are responsible for infertility. These factors include:

2.4.1 The ovulation factor

Problems with ovulation are common causes of infertility, accounting for approximately 25% of all infertility cases. Ovulation involves the release of a mature egg from one of the ovaries. After ovulation, the ovary produces the hormone progesterone. During the 12 to 16 days before menstruation begins, progesterone prepares the lining of the uterus into an optimal environment for implantation and nurturing of the fertilized egg. If a woman has regular menstrual cycles, she is probably ovulating. Cycle lengths of approximately 24 to 34 days (from the beginning of one period to the beginning of the next period) are usually ovulatory. If a woman only has a period every few months or not at all, she is probably not ovulating or not ovulating frequently and if a woman is not ovulating she cannot become pregnant. An elevated progesterone level helps to confirm ovulation and the adequacy of ovarian hormone production (Baby center medical advisory board, 2014)

2.4.2 The tubal factor

Open and functional fallopian tubes are necessary for conception, tests to determine tubal openness (patency) are important. Tubal factors, as well as factors affecting the peritoneum (lining of the pelvis and abdomen), account for about 35% of all infertility

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problems. If the tubes are found to be blocked, scarred, or damaged, surgery can sometimes correct the problem. But surgery does not guarantee that the tube, even if opened up or cleared of scar tissue, will function properly. Although some tubal problems are correctable by surgery, women with severely damaged tubes are so unlikely to become pregnant (Garcia-Ulloa & Arrieta, 2005)

2.4.3 The male factor

In approximately 40% of infertile couples, the male partner is either the sole or a contributing cause of infertility. Therefore, a semen analysis is important in the initial evaluation. There may be Varicocele (dilated or varicose veins in the scrotum) or duct obstruction. In some cases, no obvious cause of poor sperm quality can be found.

2.4.4 The age factor

Delaying pregnancy is a common choice for women in today's society. The number of women in their late 30s and 40s attempting pregnancy and having babies has increased in recent years. Those who have chosen to delay pregnancy, due to college or career for example, may not realize that their fertility begins to decline significantly in mid 30s and accelerates in their late 30s. Some women even begin to experience a decline in their fertility in their late 20s and early 30s. Fertility declines with age because fewer eggs remain in the ovaries, and the quality of the eggs remaining is lower than when they were younger. An elevated FSH (follicle stimulating hormone) level indicates that the chances of becoming pregnancy may be lower than routinely expected for a particular age, especially if women are age 35 or older. In addition, an AMH (anti-müllerian hormone) level may also be ordered to provide additional information about an individual ovarian reserve. A lower AMH level indicates decreased ovarian reserve. Abnormally high FSH or low AMH levels

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do not mean that the woman have no chance of successful conception. However, they may indicate that success rates may be lower, that more aggressive treatment may be warranted, and/or that higher medication doses may be needed (Andrerson & Dallal, 2013).

2.4.5 The cervical/uterine factor

Conditions within the cervix, which is the lower part of the uterus, may impact fertility, but they are rarely the sole cause of infertility. It is important for the physician to know if a woman has had prior biopsies such as a cone biopsy, surgery, freezing and/or laser treatment of the cervix, abnormal pap smears. Possible uterine abnormalities that may be identified include scar tissue, polyps (bunched-up pieces of the endometrial lining), fibroids, or an abnormally-shaped uterine cavity. Problems within the uterus may interfere with implantation of the embryo or may increase the incidence of miscarriage (Tan & Bennet, 2017)

2.4.6 The peritoneal factor

Peritoneal factor infertility refers to abnormalities involving the Peritoneum (lining of the surfaces of the internal organs) such as scar tissue (adhesions) or endometriosis. Endometriosis is a condition where tissue that normally lines the uterus begins to grow outside the uterus. This tissue may grow on any structure within the pelvis including the ovaries and is found in about 35% of infertile women who have no other diagnosable infertility problem. Endometriosis is found more commonly in women with infertility, pelvic pain, and painful intercourse. Endometriosis may affect the function of the ovaries, the ovarian reserve, the function of the fallopian tubes, as well as implantation (Guven, Dilek, Pata, Dilek & Gragil, 2017).

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2.4.7 Unexplained infertility

In approximately 10% of couples trying to conceive, all of the above factors are normal and there is no easily identifiable cause for infertility. In a much higher percentage of couples, only minor abnormalities are found that should not be severe enough to result in infertility. In these cases, the infertility is referred to as unexplained. Couples with unexplained infertility may have problems with egg quality, fertilization, genetics, tubal function, or sperm function that are difficult to diagnose and/or treat (Robert & Rebar, 2018).

2.4.8 Genetic abnormalities

Some men and woman may carry genetic abnormalities that make it more difficult to become pregnant and more likely that a pregnancy end in miscarriage. One example is a translocation, or a rearrangement of genetic material. This may be tested for, in appropriate circumstances, by blood testing of the couple. Some couples may even carry a known genetic illness and wish to avoid passing this illness on to a child.

Cowden (2010), said in the female there are many causes of infertility. Some of the most common causes are age, polycystic ovaries, complications from being infected with sexually transmitted diseases, smoking, and being underweight or overweight. Although most occurrences of infertility result from these mentioned causes many times infertility results from a combination of issues from both the male and female side. Many times sadly, infertility cannot be explained. Unfortunately for many women age plays a big role in their infertility. As a woman age is just like with all the other organ system of the body her reproductive organs do not function as well as they did when she was younger. Women have the most follicles of their lifetime in utero. As therefore as a woman ages her ovarian follicular pool decreases. Fecundity

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declines gradually but significantly beginning approximately at age 32 years, and decreases more rapidly after age 37 years, reflecting primarily a decrease in egg quality in association with a gradual increase in the circulating level of FSH. So, as a woman ages, the follicles that she has had since before birth are of course aging too. So, as one can imagine, the older these follicles become, the more likely oocytes are to have genetic abnormalities. The age-associated decline in female fecundity and increased risk of spontaneous abortion are largely attributable to abnormalities in the oocyte.

2.4.9 Smoking

As with any other system in the body, smoking of course can cause problems with fertility. Several comprehensive reviews have summarized the cumulative data on cigarette smoking and female fecundity and all support the conclusion that smoking has an adverse impact. It is known that, Menopause occurs one to four years earlier in smoking women than in non-smokers. Thus, smoking causes a decrease in ovarian follicular pool at a younger age, making it harder for an older woman to become pregnant. Also, Chemicals in cigarette smoke appear to accelerate follicular depletion and the loss of reproductive function. Finally, Urinary estrogen excretion during the luteal phase in smokers is only about one third that observed in non-smokers, possibly because constituents of tobacco smoke inhibit granulosa cell aromatase. Thus, smoking adversely affects many aspects of the female reproductive system (Dechanet, Anahory, Mathieu, Dauda, Quantin, Reyftmann, Hamamah, Hedon & Dechaud, 2011)

2.4.10 Abnormal body weight

Abnormal body weight can play a role in infertility in several ways. It has been shown that women who are obese sometimes have difficulty becoming pregnant. Obesity is

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frequently associated with menstrual cycle disturbances. Data from cross sectional studies indicate that 30%–47% of overweight and obese women have irregular menses. Irregular menses increases difficulty in ovulation. Another important fact is the impact of obesity on reproductive function can be attributed primarily to endocrine mechanisms. Abdominal obesity is associated with an increase in circulating insulin levels, which, in turn, results in increased functional androgen levels via suppression of hepatic SHBG synthesis and increased ovarian androgen production. This is highly correlated to polycystic ovary syndrome. In severely underweight women too little body fat causes insufficient production of estrogen and disruption of the menstrual cycle. Thus, there are ovulation disturbances in women who are underweight as well (Anderson & Dallal, 2013). Ombelet et al, (2017) said female infertility is caused by; sexually transmitted diseases, unsafe abortion practices, post-partum pelvic infections and female genital mutilation.

Infertility can be put in two broad groups. The first group includes anatomic, genetic, hormonal and immunological problems. These have been described as the core causes of infertility. The core group is responsible for about 5% of the prevalence and this rate is similar throughout the world. The second group includes causes that are preventable and their rates therefore differ widely in the world. The preventable causes are largely infection-related and iatrogenic. In Africa, nearly 85% of women had a diagnosis of infertility caused by infection, a figure which is more than double that of the rest of the world. In sub-Saharan Africa, sexually transmitted diseases (STDs) are responsible for more than 70% of cases of pelvic infections, with most being caused by Chlamydia and *Neisseria gonorrhoea*. Of these two organisms, *Neisseria gonorrhoea* causes an acute form of infection of the fallopian tubes

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requiring immediate treatment, even hospitalisation, making diagnosis easier. Chlamydia however is indolent and the infection may remain unrecognised until the investigations for infertility are undertaken. They also cause male factor infertility, as well as being associated with postpartum and post-abortal infections. HIV infected individuals are also at risk for infertility both through tubal damage in women and through altered spermatogenesis in men. These effects happen both directly and through increased susceptibility to other sexually transmitted infections (Sharma, Mittal & Aggarwal, 2009).

Tuberculosis is another major cause of infertility in both men and women in the Indian subcontinent. Genital tuberculosis appears to be an important and common cause of Asherma's syndrome in India, causing oligomenorrhoea or amenorrhoea with infertility. In a study of women with infertility and amenorrhoea/ oligomenorrhoea, there was past history of tuberculosis in 68% of women while the prevalence of genital tuberculosis in tubal factor infertility was 49% in women requesting assisted reproduction. Genital tuberculosis therefore appears to be a major contributor to both primary and secondary infertility in India. Other infections associated with infertility in developing countries include Lepromatous leprosy, schistosomiasis and malaria. Important local factors may be important for male infertility in Nigeria including infections, such as tuberculosis and mumps that may damage the male reproductive system directly or indirectly. Sexually transmitted infection (STI) is another common problem that has been poorly investigated for its association with male infertility in Nigeria.

Several sexually transmitted bacteria such as Neisseria gonorrheae and Chlamydia trachomatis are highly prevalent in Nigeria (Imade, Towobola, Sagay, Otubu &

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Okonofua, 2005). There are reports indicating high rates of infertility among males attending STI clinics in Nigeria (Nwabusi & Onile 2010), and it would be relevant to the determination of the relationship between previous exposure to STIs and infertility in Nigerian men. Since the pattern of sexual behaviour has a direct connection with the prevalence of STLs, it would be relevant to the determination or the impact of polygamy and sexual relationships with multiple partners, both being common phenomena in Nigeria. According to Okonofua et al, (2005), other equally important factors with high prevalence in Nigeria include previous exposure to drugs, smoking and alcohol, concurrent medical illnesses, as well as surgical procedures, such as hernia and the use of native medications.

2.5 Perception of Infertility

Male infertility has largely been ignored in the Reproductive Health Initiative. Focusing on a group of men, Middle Eastern Muslims who are rarely upheld as reproductively responsible. ‘‘Instead, Middle Eastern men are often associated with what I call the four notorious Ps: patriarchy, patrilineality, patrilocality, and polygyny (Inhorn, 2012). Polygyny or divorce are said to be Middle Eastern Muslim men ‘s taken-for-granted solutions to childlessness. Furthermore, in the Middle East, men are said to blame women for childlessness, because male infertility is rarely if ever acknowledged.

Based on ethnographic research carried out with 220 Lebanese, Syrian, and Lebanese Palestinian men, this article examines the problem of male infertility in the Middle East, including how men attempt to answer the “Why me” question. Men in the Middle East engage in what could be called etiological narratives or stories about the origins of their own infertility problems and of male infertility more generally. These

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etiological narratives range from the personal to the political, and are constructed through a process of retrospective life review. Through these narrative constructions, men not only make sense of why they are infertile but also take responsibility for their infertility by admitting to past mistakes and their own psychological responses to a variety of life problems. Furthermore, these etiological narratives may or may not accord with standard epidemiological and medical understandings about male infertility risk factors and causation. Few Middle Eastern men have ready access to this kind of public health information. In short, in the new millennium, responsibility for infertility increasingly rests on the shoulders of men, who are assessing their reproductive risks and seeking assistance in IVF clinics across the region (Inhorn 2012).

Furthermore, it was stated in a study conducted by (Inhorn 2012) so-called lifestyle factors such as smoking, drinking, overeating, drinking too much caffeine, or leading a sedentary lifestyle were occasionally mentioned, with men taking responsibility for behaviors that they deemed harmful to their own bodies. But, overall, a focus on unhealthy lifestyles was relatively infrequent in this population. For example, smoking was rarely mentioned in men‘s etiological narratives. Yet, male smoking is widespread across the region, with Lebanon having among the highest rates of smoking in the Arab world. In Lebanon, by age nineteen, approximately 52.6 percent of men are already smoking (Nakkash et al., 2010). In this study, 45 percent of men were current cigarette smokers (41 percent of the infertile men, 49 percent of the fertile men).

Furthermore, the majority of men were heavy smokers; consuming one to three packs a day. This was as true among infertile men in the study as among fertile ones. In fact,

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few infertile men made any association between their infertility and their smoking, even though physicians had often told them to quit. Quitting attempts were relatively few and far between; only twenty men in the study (twelve infertile, eight fertile) had stopped cigarette smoking altogether. As most men said, they had started smoking as teenagers, continued to smoke because they enjoyed it, considered smoking to be a form of sociability and a coping mechanism, and remained unconvinced that smoking had anything to do with infertility, especially since so many of their male compatriots who smoked had fathered children.

In Ghana, high premium is traditionally placed on having children and this is celebrated in the society by rites and rituals (Feyisetan and Bankole, 2012). Voluntary childlessness is rare with less than one percent of men and women stating zero as their ideal number of children (this most likely includes men and women with confirmed infecundity and that have accepted their status as such). However, infertility was found to be consistently higher in the rural areas compared to the urban and in the North compared to the South. According to Larsen (2020), childlessness and related issues have been identified as the highest cause for gynecological consultations in some developing countries as well as Ghana.

In a setting such as Ghana, where cultural norms and values encourage reproduction and celebrate parenthood, childlessness becomes a potentially stigmatizing status, which can adversely affect the identities and interpersonal relationships of married people (Larsen, 1996). Despite changes in the last couple of decades in families living arrangement (due to social mobility and migration, which has led to growth in single-family housing units and less interference from extended family members), fertility issues especially childlessness is still not allowed to be kept private between couples.

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On the research front, several studies have investigated the prevalence, causes and consequences of childlessness and infertility. A number of studies have also documented how childlessness is perceived in various societies and the multitude of adverse effects suffered by affected individuals as a result. However, how the perception on childlessness might have changed over time and across cultures have not been documented. This certainly limits understanding of the issues surrounding childlessness as well as what and how interventions could be developed to support childless individuals in contemporary societies.

Given the various social, economic and demographic changes (urbanization, increase in level of education, increase in unemployment and under employment and diminishing societal monitoring among others) that have been taking place in recent decades in virtually all societies, there is the need to find out how these developments may have affected societal perception of childlessness. Changes in societal perception of childlessness across cultures in Nigeria were explored. Societal perception and acceptance of voluntary and involuntary childlessness was examined. The former is based on the belief that, if voluntary childlessness is tolerated, it may be a signal of reduction in the stigmatisation attached to the childless (Inhorn, 2012).

While men and women are assumed to have equal probability of being infertile, in many societies of Africa the problem of infertility is perceived mainly as women 's problem (Deribe et al., 2017; Kimani & Olenja, 2010). In such societies, women suffer severe stigmatization since they are assumed to have failed to conceive (Ombelet et al., 2017). Besides, in many societies bearing children are valued as the main purpose in life. In these cases, fosterage and adoption will not substitute real motherhood and are only seen as temporary solutions to childlessness (Gerritis,

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2012). In many societies of Africa, own children give significant socio-economic contributions to their families and are the ultimate sources of old-age security for their parents (Dryer, 2017; Hollos *et al.,* 2019).

If a woman remains childless after whatever trials, such a woman will often be considered as worthless and even not to be considered as a woman at all (Inhorn, 1996; Kimani & Olenja, 2010). Because childless women have few options to lead a meaningful life, it is important at this stage to wonder what is left for the childless women.

Medically, there are different causes and risk factors for male and female infertility. According to Eisenberg et al. (2009), infertility for men is most often caused by low or no sperm count and blockage of the tubes that transport sperm. Infertility in women, on the other hand, is caused by a range of other factors such as problem with ovulation, blockage of fallopian tubes and physical damage to the uterus STDs, advanced age, smoking, and excess alcohol use are also mentioned as risk factors of infertility. However, a considerable number of people in the majority world have limited level of knowledge about the medical causes of infertility. The problem is thus usually perceived as caused by other factors than medical ones. Some associate infertility with supernatural powers and others associate it with diseases or with the absence of reproductive organs. A study by Okonofua et al. (2013) on the social meaning of infertility in Southwest Nigeria showed that there are several traditional beliefs regarding the causes of infertility. Kimani and Olenja (2010) in the study Infertility: Cultural dimensions and impact on women in selected communities in Kenya found that different communities in Kenya associate infertility with different things. For example, while the Kikuyu community perceived infertility as being

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caused by the breaking of taboos such as non-payment of bride wealth, the Luhya community believed that if a baby is born by blood relatives, it causes secondary infertility for the mother and brings a curse to the other members of the family (Aseffa, 2011).

Infertility is also perceived as caused by menstrual problem; too thick, too thin, too much or too little blood is believed to be unfavourable for conception. Aseffa, (2011) said that the social construction of infertility and childlessness in women among the Yoruba of southwestern Nigeria, revealed promiscuity, physical diseases (in the abdominal, reproductive, or intestinal tracts), and spiritual powers or evil spirits to be the perceived causes of infertility. Similarly, infertility in Southwest Ethiopia (Illubabor Zone) is commonly attributed to God 's wrath (Deribe *et al.,* 2017). Moving beyond the African context, Adashi *et al.*, (2010) conducted an international survey on how infertility was perceived by the public in Western countries (included Belgium, France, Germany, Italy, Sweden and UK, USA, and Australia). The survey found out that the awareness about the definition and incidence of infertility was relatively low. For example, 38% of the participants perceived infertility as a disease. From this, it is possible to say that there is limited awareness about the problem of infertility even in the Western countries.

2.6 The Socio-Cultural Effects of Childlessness

All human beings are expected to be treated with respect and dignity. Assimang, (2010) noted that even though African Women have been making immense contributions to family and nation development, they still face a number of inequitable difficulties that limit their potential in promoting personal and collective wellbeing. In support of this, studies have pointed to inequality in the treatment meted

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out to childless women. Childlessness is supposed to involve the couple but women are always singled out (Assimang 2010). This is basically because Africans traditionally have a patriarchal structure characterized by gender inequality between males and females. Patriarchy is defined as a set of social relation with a material base that enables men to dominate women (Okojie, 2010). It is a system of stratification and differentiation on the basis of sex which provided material advantages to males while simultaneously placing severe constraints on the roles (child bearing) and activities of males. Patriarchy also conditions the spatial segregation of male and female; the male space consisting of the public domain while the female space consists largely of the household and its immediate environment. The problem with childlessness is that the society does not respect the childless woman and couple, for a woman base on our cultural knowledge respect is only due if she is a mother of children. Even young people do not respect the childless woman (Hollos *et al.,* 2019).

Childlessness in African especially in Nigeria is only being given serious concern in recent time. However, childlessness has been overshadowed by a global concern for over population and high fertility that is not conducive for the societal growth (Inhorn & Van Balen, 2012).

The negative consequences of childlessness are much stronger in developing countries than in the Western societies and these are mainly characterized by personal suffering and social stigmatization (Gerrist, 2012). In fact, childlessness affects the personal well-being of women that are involved (Hollos *et al.,* 2019). Childlessness has been an unbearable social problem for the woman, the couple, the extended family and the entire community. It is seen as an agent of genealogical termination and as such it is hated by all, but feared most by women. In particular, childless women suffer a lot

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because women are always blamed for childless situation and motherhood so often the only way for a woman to stabilize her position with her husband's family and community.

Abbey, (2012) had observed that in society where childlessness carries a strong social stigma and where children offer assurance of both personal immortality and old age insurance, infertility is always a serious problem for the childless women. Constantly, childless women complain about domestic violence and disrespectful attitude (from their partners and relatives) and quite often dehumanizing treatment by husband and in-laws. There have been cases where their husbands abandoned them for a second wife.

Childlessness has been regarded as a great problem in the society, especially when it is resulted from the failure to conceive a child or from the death of a child. Before conception was well understood childlessness was usually blamed on the woman and this in itself added to high level of negative emotional and social effects of childlessness. People trying to cope with involuntary childlessness may experience symptoms of distress that are similar to that experience by bereaved people, such as health problems, anxiety and depression.

In a society that encourages and promotes parenthood, with its current social norms and culture, childlessness can be stigmatizing. The idea is that couple should reproduce and childlessness may be considered deviant behavior in marriage and this may be led to adverse effects on the relationship of the couple, as well as their individual identities when pertaining to the lack of children being involuntary (Okojie 2010).

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2.7 Coping Strategies of Infertility

Coping strategies refer to the specific efforts, both behavioural and psychological, that people employ to master, tolerate, reduce or minimise stressful events. As men and women find themselves in an unfamiliar situation, they find many ways to cope with infertility. In this study four coping strategies have been adapted.

1. **Escape/Avoidance:** Avoidance coping or escape coping, is a mal-adaptive coping mechanism characterised by the effort to avoid dealing with a stressor. Variations of avoidance coping include modifying or eliminating the condition that gave rise to the problem and changing the perception of an experience in a way that neutralises the problem (Taylor, 2011). Avoidance coping is one of the main causes of out of control stress, depression, low self-esteem, and relationship problems. It is about trying to avoid experiencing painful thoughts, feelings, memories or sensations (Boyes, 2013). People who cope using active-avoidance strategy avoid being with pregnant women, keep their feelings regarding infertility to themselves and turn to outside activities such as work to take their mind off their infertility (Peterson, Newton, Rosen & Skaggs, 2010).
2. **Self-control:** According to Folkman and Moskowitz (2009), self-control directly reduces psychological disturbance and buffers the effects of stress exposure on physical and mental health. In 1991, Kanfer and Gaelick-Buys described self-control as being utilized by individuals to regulate emotional development as well as a conscious or volitional behaviour aimed at overcoming any of the wide range of self-generated impediments to desired target behaviour.
3. **Seeking Social Support:** Social support is the perception and actuality that one is cared for, has assistance available from other people, and that one is part of a supportive social network. These supportive resources can be emotional (e.g.

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nurturance), tangible (e.g. Financial assistance), informational (e.g. advice), or companionship (e.g. sense of belonging). It can be measured as the perception that one has assistance available, the actual received assistance, or the degree to which a person is integrated in a social network. Support can come from many sources, such as family, friends, pets, organizations, co-workers, etc (Taylor, 2011). Social support can be categorized and measured in the following ways.

i. **Emotional Support:** offering of empathy, concern, affection, love, trust, acceptance, intimacy, encouragement, or caring. It is the warmth and nurturance provided by sources of social support. Providing emotional support assures the individual that he or she is valued. It is also sometimes called esteem support or appraisal support (Taylor, 2011).

ii. **Tangible Support:** is the provision of financial assistance, material goods, or services. This is also known as instrumental support, and encompasses the concrete, direct ways people assist others (Heaney & Israel, 2008).

iii. **Informational Support:** is the provision of advice, guidance, suggestions, or useful information to someone. This type of information has the potential to help others solve their problems (Taylor, 2011).

iv. **Companionship Support:** is the type of support that gives someone a sense of social belonging (and is also called belonging). This can be seen as the presence of companions to engage in shared social activities to ease the stress of infertility (Uchino, 2010)

4. **Positive Reappraisal**: According to Folkman and Moskowitz (2009), positive reappraisal is the reframing of a situation to see it in a positive light. It has been significantly and independently associated with increases in positive affect. Focusing on positive reappraisal provides a psychological break or respite, support

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continued coping efforts, and replenishes resources that have been depleted by stress. Positive emotions may help to build social, intellectual and psychical resources that can become depleted under chronically stressful conditions. They may also buffer against adverse physiological consequences of stress (Folkman & Moskowitz, 2009).

According to Hammond (2009), Medical interventions may be available to some couples to cope with involuntary childlessness. Some options include:

i. Artificial Insemination

ii. Intracytoplasmic Sperm Injection (ICIS)

iii. In-Vitro Fertilization

1. Artificial insemination is the process in which sperm is collected via masturbation and inserted into the uterus immediately after ovulation.
2. Intracytoplasmic sperm injection is a more recent technique that involves injecting a single sperm directly into an egg, the egg is then placed in the uterus by in vitro fertilization.
3. Vitro fertilization (IVF) is the process in which a mature ovum is surgically removed from a women's ovary, placed in a medium with sperm until fertilization occurs and then placed in the women's uterus. About 50,000 babies in the United States are conceived this way and are sometimes referred to as "test-tube babies.

Other forms of assisted reproductive technology include gamete intrafallopian transfer (GIFT) and zygote intrafallopian transfer (ZIFT). Fertility drugs also may improve the chances of conception in women. (Britt 2014). For those facing social infertility (such as single individuals or same-sex couples) as well as heterosexual couples with

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medical infertility, other options include surrogacy and adoption. Surrogacy is the process in which a woman becomes pregnant (usually by artificial insemination or surgical implantation of a fertilized egg) for the purpose of carrying the fetus to term for another individual or couple. Another option may be adoption; to adopt is to take voluntarily (a child of other parents) as one's own child (Sandler, 2013).

2.8 Conceptual Framework

There have been several adaptation of the social ecological model; however the initial and most utilize version is Bronfenbrenner's (1977 & 1979), Ecological system's theory which divides factors into 4 levels: macro-, exo-, meso-, and micro-. These levels describe influences as intercultural/society, community, organizational, and interpersonal/individual.

2.8.1 Application of the social ecological model to the married couples perception towards infertility and its coping strategies.

1. **Individual**: the first level identifies biological and personal history factors that increase the likelihood of having knowledge and perception about infertility. Some of these factors are age, education, income and drug use. The specific approach to resolve this may include education.
2. **Relationship:** the second level which is relationship to peers, partners, and family members may also contribute to wide range of knowledge and perception both negative and positive about infertility and its management. The approach at this level is to design a program on knowledge, perception and management of infertility.

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3. **Community:** this level seeks to find the knowledge about treatment of infertility in community, workplace and neighbourhood. Examples of approach that can be employed are group programmes and services.
4. **Societal:** this considered the societal factors that create an atmosphere where infertility support for self-management is encouraged. These factors include social and cultural norms, health and social policies.

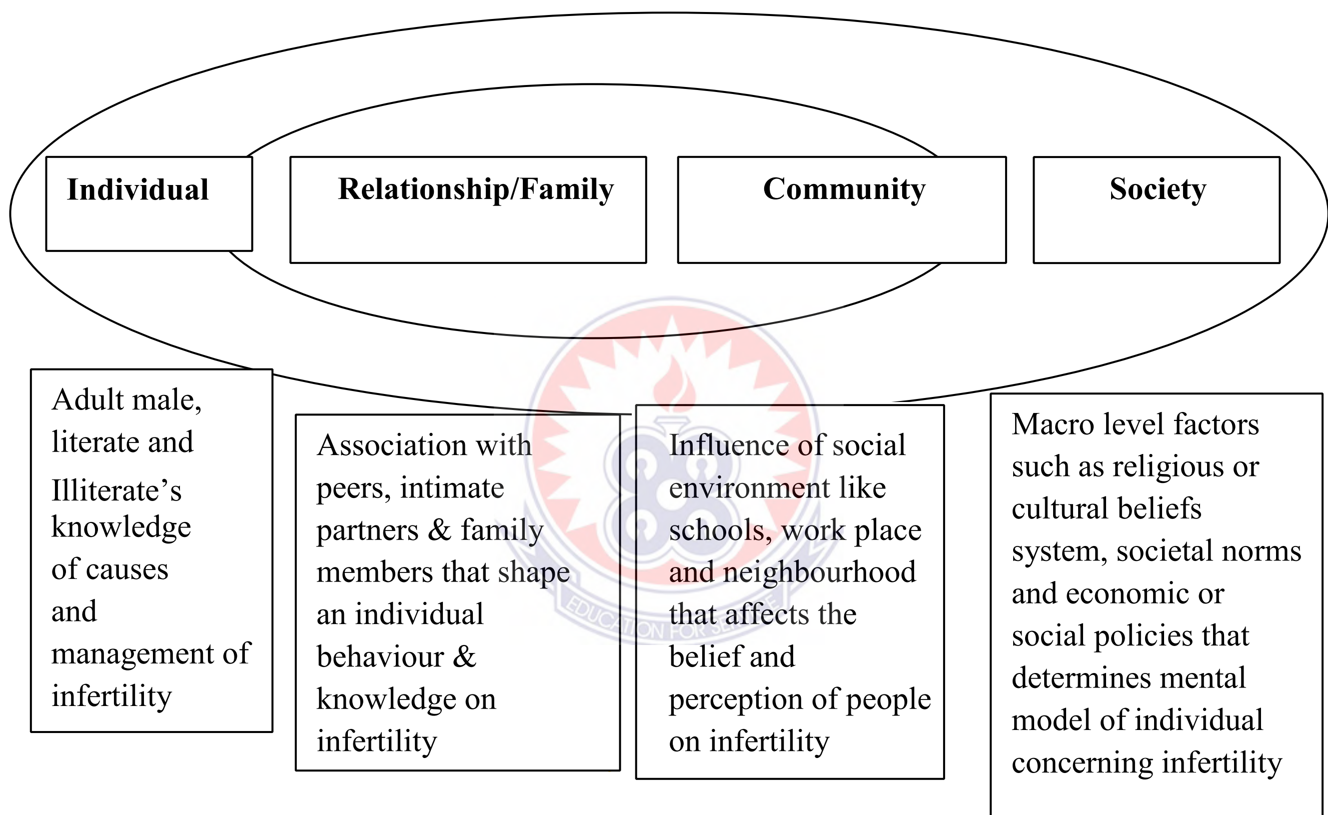

Figure 1: Social ecological model as applied to knowledge and perceptions towards infertility and its coping strategies

Source: Authors Construct, (2023)

2.9 Implication of the Review of Literature to the Present Study

According to Gerber (2010), childlessness is seen as a deviant behavior in marriage. He further explained that having children (procreation) is the primary and essential of marriage but when that purpose is not full filled, it is considered a deviant behavior

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and such couple is labeled negatively. In order to bring a kind of cohesion to all these, Cooper & Hilbert, (2014) suggested that childlessness could be biological aspect, infertility which is a major cause of childlessness. Specific causes can be determined only by an extensive workup, which typically include many physical examinations, frequent review of basal body temperature and intercourse records, laboratory tests, radio logic tests, surgery and trials of medical treatment (Charlene, 2018). In relation to the society the members of a society can interpret childlessness as a biological issue; this is common among the literate or educated members of the society. If this problem is perceived as a biological and medical issue various medical diagnoses and intervention will be observed.

All these arguments seem to be out dated as Halman (2021), said that, in women, there are many causes of infertility. Some of the most common causes are age, polycystic ovaries, complications from being infected with sexually transmitted diseases, smoking, and being underweight or overweight. Although most occurrences of infertility result from these mentioned causes many times infertility results from a combination of issues from both the male and female side. Many times, infertility cannot be explained. Unfortunately for many women ages plays a big role in their infertility.

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CHAPTER THREE

METHODOLOGY

3.0 Introduction

This chapter focuses on the methodology used in this study. It includes, description of the research design, data sources and justification. It also includes the study population, sample size, research instrument and method of data analysis.

3.1 Research Approach

According to Bryman, (2017) a research approach is simply a technique for collecting data. It is a general research strategy that outlines the various ways by which research is carried out. The choice of any research approach should largely be appropriate to the research questions under consideration (Bryman, 2017). This means the choice of methodology is dependent on the type of research problem and the theoretical approach. The collection, analysis and interpretation of data for a research purpose take three broad forms. These are quantitative method, qualitative method and the mixed method (i.e., the integration of the quantitative and qualitative methods).

The selection of any of these research approaches by a researcher is always based on the philosophical assumptions the researcher brings to the study (Creswell, 2014). The selection of a research approach is also based on the nature of the research problem or issue being addressed, the researcher's personal experiences, and the audience for the study (Creswell, 2014).

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3.2 Study Design

A descriptive cross-sectional design was used for the study. This is because information extracted through distribution of questionnaires to the targeted respondents in the field and this information was generalized to the whole population since the sample selected possessed certain characteristics which are needed for the empirical study.

3.3 Population for the Study

Onodugo, (2012) asserts that population is the totality of subjects which meet a given set of criteria. Projected population figures from the 2010 PHC by the Ghana Statistical Service, puts the total population of the Municipality at 62,240 in 2017 with males constituting 48.21% whilst females constitute 51.79 %. The population of the Municipality is estimated to be growing at a rate of 2.5% per annum. The population of the Municipality represents 2.5% of the regional population. The Municipality is predominantly urban populated (55.01%) compared to the rural areas (44.99%). The target population are all the people living in Kpando Gabi Municipality, Ghana.

3.4 Sample and Sampling Techniques

A sample size is a number of individual samples and findings, such as a scientific experiment or a public opinion poll in any quantitative setting. The sample size must be thoughtfully fixed to ensure that valid and broad conclusions can be drawn.

For the purpose of this study, the sample size was calculated using Leslie Kisch's formula

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$n = Z^2Pq/d^2$

n= minimum sample size

Z=1.96

P= prevalence of infertility in Ghana estimated at 25% (0.25)

q=1-p, then, q=1-0.25=0.75

d=5% level of significant

$n = (1.96)^2(0.25)(0.75)/0.05^2$

n=288

Adding 10% for non-response rate: 28.8+288= 316.8

However, participants were selected using simple random sampling technique. However, individuals within the age range of 22-80 years were chosen for the study, because they are in a better position to give relevant information as regards to the study. A two staged sampling technique was used. In stage 1 all the wards in the Kpando Gabi Municipality were used for the study. In stage 2, the first 29 consented individuals who were 22-80 years of age were interviewed from households and places of work.

3.5 Instrument for Data Collection

Both quantitative and qualitative methods were used in collecting the data. In this study, the major quantitative instrument used by the researcher in gathering data for this study is structured questionnaire. Questionnaires were administered in the study area with the help of two research assistants who could speak both English and native language respectively, in order to help interpret the contents of the questionnaire to the respondents who do not understand English. The questionnaires consist of two sections A and B. Information on the demographic characteristics of the respondents

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constitutes the section ‘A’ made up of No. 1-5 while section ‘B’ made up of No. 6-16 contained information directed to address the research questions.

Interview was the major qualitative instrument in this research as it has many advantages for undertaking research on sensitive topics such as mine. According to Gorman and Clayton (2005), individual and group interviewing can obtain detailed, in-depth information from subjects who know a greater deal about their personal perceptions of events, processes and environments.

In-depth interview was used to gather qualitative data from seven childless women and two childless men to explore their perceptions of causes and treatments of childlessness, and their experience of being childless. Informants were first introduced to the research objectives and were asked if they were willing to be interviewed.

Among the childless women I approached for interview, three of them were not willing to be interviewed, they said that they do not want to talk about the issue. Interview guides were used as advised by Kvale, (2016) which indicate the topics to be covered and the sequence of the interview questions. During the in-depth interview, questions related to the perceived causes, treatments, and consequences of childlessness were addressed. In addition, questions related to social support and stigma, the role of adoption and other coping strategies, childless people’s relation with other people’s children and with pregnant women, and the future plans of childless women were included. The average length of each interview was half hour.

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3.6 Validity and Reliability of the Instrument

Validity is the ability of a test or an instrument to measure what the investigator wants to measure and was censured by the following steps:

i. A draft of the questionnaire was constructed by consulting relevant literature.
ii. The draft instrument undergoes an independent review from peers and experts in the field of public health.
iii. Supervisor 's review was used in fine-tuning the instrument.
iv. Content validity of the questionnaire was further ensured through the incorporation of the preliminary pretested FGD outputs.
v. Special care was taken to monitor the quality of data collected through supervision during collection of data.

On the other hand, reliability is the accuracy or precision of a research-measuring instrument. Both the FGD guide and the questionnaire was reviewed for quality and consistency. The two instruments were pre-tested to ascertain suitability and appropriateness to field situations, determine whether the questions were clear and simple enough for participants 'comprehension and determine the trend in the response of participants and the amount of time it took to administer the questionnaire. The reliability of the questionnaire was tested using the Alpha Cronbach's reliability test and the result was 0.874.

3.7 Data Collection Procedures

The respondents are young adults (18 and above). They were selected from places of residence. Any building entered that did not meet up to this selection criterion were skipped. The distribution of the questionnaire starts from the outskirts of the municipality down to the center. The questionnaires were distributed starting from the

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first street to the next street. From the first street, the first building is selected, the second building was skipped, the third building was selected, the fourth building was skipped, the fifth building was selected, the sixth building was skipped. The researcher followed that same process until the number of respondents required was achieved. The questionnaires were administered for a period of one week. Information obtained from the study area was used to make a general statement about Kpando Gabi Municipality.

3.8 Data Analysis

The simple frequency distribution and simple percentage and chi- square method were adopted in the data analysis of this study. The frequency distribution and simple percentage method was used in analyzing the data obtained and chi- square formula was used in testing the hypotheses. In this study, the statistical software used to analyze the data was the statistical package for social sciences (SPSS) version 16. The rationale using this software is anchored on the fact that the primary data was used for the research and it gives comprehensive and quantitative clarity to the study.

3.9 Ethical Consideration

The proposal was submitted, reviewed and approved by the UEW Ethical Review Committee before the commencement of data collection. Informed consent of the respondents was verbally sorted, their rights would be protected and information received was kept confidential. The ethical principles guiding human participants was considered which includes essential information about the study procedure, duration, its purpose and benefits. Confidentiality of the respondents is ensured by not writing names or address on the questionnaire. The right and integrity of the respondents was

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fully protected. The collected data was securely kept to prevent unauthorized access and loss of the materials.

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CHAPTER FOUR

RESULTS AND DISCUSSION

4.0 Introduction

This chapter presents the result and analysis of the data collected in this study. The purpose of the study was to investigate the perceptions about couple's childlessness in marriage among people of Kpando Gabi Municipality, Ghana. Data collected from participants were analyzed as per research objectives. The results for the both qualitative and quantitative data are presented in this chapter.

4.1 Socio-Demographic Profile of the Respondents

The ages of the respondents ranged from 22 to 80 years with the mean age of 40.1 ± 10.3 years. Almost all the respondents 99.1% were married. About two third 69% were Muslims, 35.1% had secondary education and 43.0% were civil servants. Slightly more than half of the respondents 52.3% had 3-5 children. Most of the respondents 81.6% had lived in the community for 7 years and above, 7.3% for 3 to 4 years, 5.7% for people that had lived for 1 to 2 years and 5.4% for 5-6 years. Details are shown in Table 1.

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Table 1: Socio-demographic profile of the respondents (N = 316)

Socio-demographic characteristics	No	%
Age		
≤ 30 years	65	20.6
31-40 years	118	37.3
41-50 years	87	27.5
>51 years	46	14.5
Total	**316**	**100**
Marital Status		
Married	313	99.1
Divorced	3	0.9
Total	**316**	**100**
Religion		
Christianity	95	30.1
Islam	218	69.0
Traditional	3	0.9
Total	**316**	**100**
Educational Level		
No formal education	22	7.0
Primary Education	74	23.4
Secondary Education	111	35.1
Tertiary	109	34.5
Total	**316**	**100**
Occupation		
Civil servant	136	43.0
Artisan	74	23.4
Self employed	39	12.3
Driving	32	10.1
Trading	23	7.3
Farming	5	1.6
Retired	4	1.3
Clergy	3	0.9
Total	**316**	**100**

Source: Field Survey, (2022)

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4.2 Perceptions of Peoples towards Couple's Childlessness in Marriage

The table above shows that almost all the respondents 92.1% agreed that childless couples are unproductive people, 3.8% disagreed, 4.1% not sure. Half of the respondents 57.0% perceived that there is a relationship between spirituality and childlessness, one-third of them 34.5% disagreed to that opinion and 8.5% were not sure. Close to half 48.4% said childless women experience domestic violence, 35.8%, 15.8% disagreed and were not sure respectively. On the issues of depression, 47.5% perceived childless couples as depressed people, 44.0% disagreed and 8.5% were not sure. As regards the issue of anxiety, angry and grieve, slightly more than half 181 57.3% agreed, 29.1% disagreed and 13.6% were not certain whether childless couples are always angry and grieved people. Table 2.

Table 2: Perceptions of peoples towards couple's childlessness in marriage (N=316)

Statement	**Agreed No(%)**	**Disagree No (%)**	**Not sure No (%)**	**Total (%)**
I see childless couples as unproductive people	291(92.1)	12 (3.8)	13(4.1)	100
I perceive that there is a relationship between spirituality and childlessness	180(57.0)	109(34.5)	27(8.5)	100
Childless women experience domestic violence	153(48.4)	113(35.8)	50(15.8)	100
I perceive childless couples as depressed people.	150(47.5)	139(44.0)	27(8.5)	100
I perceive childless couples as angry and grieved people	181(57.3)	92 (29.1)	43(13.6)	100

Source: Field Survey, (2022)

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4.3 Socio-Cultural Effect of Childlessness

This section discussed socio-cultural effect of childlessness with the score of 7.5±2.3. One hundred and thirty 43.0% of the respondents agreed that childless couples are denied of certain cultural rights and title, 48.1% disagreed and 8.9% were not sure. As regards to childless married woman blamed of infertility, majority 82.6% agreed while 8.5% disagreed and 8.9% were not sure. Fifty-eight respondents 18.4% agreed that childless couples are disregard and separated from others while majority 72.8% disagreed and 8.9% not sure. More than half of the respondents 67.7% disagreed with the belief that childlessness leads to polygamous family and 24.1% agreed that childlessness leads to polygamous family while 8.2% were not sure. The larger percentage of the respondent 73.7% said that childless couples are being labeled and abused in the society, while 11.7% disagreed and 14.6% not sure. Display of superiority by the couples with children against the couple that has no children, 64.6% agreed to the perception, 28.8% disagreed and 6.6% not sure. Two hundred and twenty 69.6% disagreed that childless couples receive disrespect attitude from partners and relative, 25.3% agreed and 5.1% were not sure Table 2.

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Table 3: Socio-cultural effect of childlessness among childless couples (N=316)

Statement	Agreed No(%)	Disagree No(%)	Not sure No(%)	Total (%)
Denial of certain cultural rights and title	136 (43)	152(48.1)	28(8.9)	100
The childless married woman is blamed of infertility	261(82.6)	27(8.5)	28 (8.9)	100
Disregard and separation from others	58(18.4)	230(72.8)	28(8.9)	100
It leads to polygamous family	76(24.1)	214(67.7)	26(8.2)	100
Labeling and Abuse	233(73.7)	37(11.7)	46(14.6)	100
Display of superiority by the couples with children against the couple that has no children	204(64.6)	91(28.8)	21(6.6)	100
Disrespectful attitude from partners and relative	80(25.3)	220(69.6)	16(5.1)	100

Source: Field Survey, (2022)

4.4 Coping Strategies Adopted by Couples towards Childlessness

The result in table 4 shows that avoiding being with pregnant women or children was not used by 108(64.7%), 44(26.3) used it somehow, 11(6.6%) used it quite a bit while only 4(2.4%) of women used it a great deal. The result shows that this coping strategy was not utilised by the males.

On leaving when people are talking about pregnancy or children, 26(49.1%) of males and 106(63.5%) of females did not used it, 18(34.0) of males and 40(24.0%) of females used this somehow; 8(15.1%) of males and 16(9.6%) of females used it quite a bit while only 1(9.1%) of males and 5(3.0%) of females used it a great deal.

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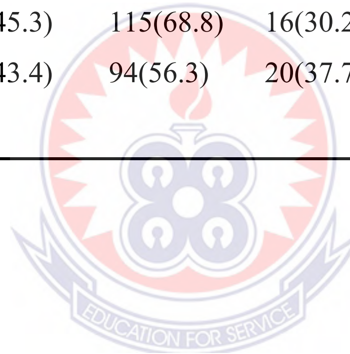
Table 4: Escape-avoidance strategy

Statement	Not Used		Used Somehow		Used Quite a Bit		Used a Great Deal	
	M(%)	F(%)	M(%)	F(%)	M(%)	F(%)	M(%)	F(%)
Avoid being with pregnant women or children	0(0)	108(64.7)	0(0)	44(26.3)	0(0)	11 (6.6)	0(0)	4(2.4)
Leave when people are talking about pregnancy or children	26(49.1)	106(63.5)	18 (34.0)	40(24.0)	8(15.1)	16(9.6)	1(9.1)	5(3.0)
Drinking, smoking or take drugs to forget am childless	24(45.3)	115(68.8)	16(30.2)	48(28.7)	11(20.8)	2(1.2)	2(1.2)	2(1.2)
Turn off the television when a programme on pregnancy/childbirth comes on.	23(43.4)	94(56.3)	20(37.7)	67(40.1)	8(15.1)	8(15.1)	2(1.2)	3(1.8)

Source: Field Survey, (2022)



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Drinking/smoking or taking of drugs to forget they are childless was not used by 24(45.3%) of males and 115(68.8%) of females, 16(30.2%) of males and 48(28.7%) of females used it somehow, 11(20.8%) of males and 2(1.2%) of females used it quite a bit while only 2(1.2%) of males and 2(1.2%) of females used it a great deal.

The result continues in the same in line for turning off the television when a programme on pregnancy/childbirth comes on in which 23(43.4%) of males and 94(56.3%) of females did not used it, 20(37.7%) of males and 67(40.1%) of females used it somehow and 8(15.1%) of males and 8(15.1%) of females used it quite a bit as well as 2(1.2%) and 3(1.8%) used it quite a great deal.

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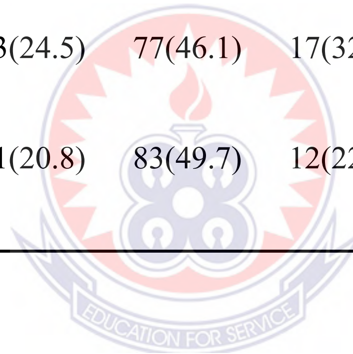
Table 5: Self-controlling strategy

Statement	Not used		Used somehow		Used quite a bit		Used a great deal	
	M (%)	**F(%)**	**M (%)**	**F(%)**	**M (%)**	**F(%)**	**M (%)**	**F(%)**
I try to keep my feelings to myself	12(22.6)	82(49.1)	25(47.2)	65(38.9)	8(15.1)	10(6.0)	8(15.1)	10(6.0)
I avoid others from knowing how bad things are in my family	14(26.4)	81(48.5)	17(32.1)	64(38.3)	18(34.0)	8(15.1)	4(7.5)	14(8.4)
I try to keep my feelings from interfering with other things I do.	13(24.5)	77(46.1)	17(32.1)	61(36.5)	15(28.3)	17(32.1)	8(15.1)	12(7.2)
Just avoid people who trouble me about pregnancy/children	11(20.8)	83(49.7)	12(22.6)	54(32.3)	24(45.3)	14(8.4)	6(11.3)	16(9.6)

Source: Field Survey, (2022)



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Result in table 5 shows that 12(22.6%) of the males and 82(49.1%) of females did not used the method of trying to keep their feelings to themselves, 25(47.2%) of males and 65(38.9%) of females used it somehow, 8(15.1%) males and 10(6.0%) females used it quite a bit while 8(15.1%) males and 10(6.0%) females did used it a great deal. Avoiding others from knowing how bad things were in my family was not used by 14(26.4%) of males and 81(48.5%) of females, 17(32.1%) of males and 64(38.3%) of females used it somehow, 18(34.0%) of males and 8(15.1%) of males used it quite a bit while 4(7.5%) of males and 14(8.4%) of females used it a great deal.

Similarly, trying to keep feelings from interfering with other things they do was not used by 13(24.5%) of males and 77(46.1%) of females, 17(32.1%) of males and 61(36.5%) of females used it somehow, 15(28.3%) of males and 17(10.2%) of females used it quite a bit as well as 8(15.1%) of males and 12(7.2%) of females used it a great deal. The findings continue to show that, 11(20.8%) of males and 83(49.7%) did not used the strategy of avoiding people who trouble them about pregnancy and children, 12(22.6) of males and 54(32.3%) used it somehow, 24(45.3%) males and 14(8.4%) females used it quite a bit while 6(11.3%) of males and 16(9.6%) of females used it a great deal.

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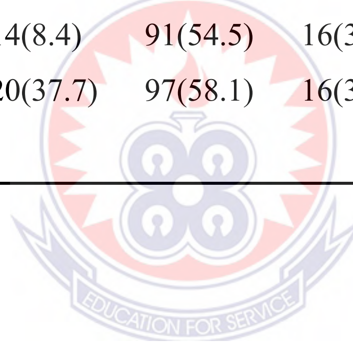
Table 6: Seeking Social Support Strategy

Statement	**Not used**		**Used somehow**		**Used quite a bit**		**Used a great deal**	
	M(%)	**F(%)**	**M(%)**	**F(%)**	**M(%)**	**F(%)**	**M(%)**	**F(%)**
Talk to someone to find out more about the problem for me	17(32.1)	91(54.5)	18(34.0)	52(31.1)	10(18.9)	13(7.8)	8(15.1)	11(6.6)
Talk to someone about how am feeling	12(22.6)	88(52.7)	18(34.0)	45(26.9)	18(34.0)	20(12.0)	5(9.4)	14(8.4)
Accepted sympathy and understanding from people	14(8.4)	91(54.5)	16(30.2)	50(29.9)	15(28.33)	15(28.3)	8(15.1)	11(6.6)
Accept financial assistant from relations for infertility treatment	20(37.7)	97(58.1)	16(30.2)	52(31.1)	9(17.0)	8(15.1)	8(15.1)	10(6.0)

Source: Field Survey, (2022)



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Findings in table 6 shows that 17(32.1%) of the males and 91(54.5%) of the females did not talk to someone to find out more about the problem for them. About 18(34.0%) of the males and 52(31.1%) of the females used this method somehow, 10(18.9%) of males and 13(7.8%) of females used it quite a bit while 8(15.1%) of the males and 11(6.6%) of females used it a great deal.

Talking to someone about how they felt was not used by 12(22.6%) of males and 88(52.7) of females, 18(34.0%) of males and 45(26.9%) of females used it somehow, 18(34.0%) of males and 20(12.0%) of females used it quite a bit while 5(9.4%) of males and 14(8.4%) of females used it a great deal.

In addition, 14(8.4%) of males and 91(54.5%) of females did not used accepting sympathy and understanding from people as a coping strategy, 16(30.2%) of males and 50(29.9%) of females used it somehow, 15(28.3%) of males and 15(9.0%) of females used it quite a bit while 8(15.1%) of males and 11(6.6%) of females used it a great deal.

Furthermore, accepting financial assistant from relations for infertility treatment was not used by 20(37.7%) of males and 97(58.1%) of females, 16(30.2%) of males and 52(31.1%) of females used it somehow and 9(17.0%) of males and 8(15.1%) of females used it quite a bit as well as 8(15.1%) of males and 10(6.0%) of females used it a great deal.

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Table 7: Other alternative coping strategies

Statement	Not used		Used somehow		Used quite a bit		Used a great deal	
	M(%)	**F(%)**	**M(%)**	**F(%)**	**M(%)**	**F(%)**	**M(%)**	**F(%)**
Chanel my effort to my career.	16(30.2)	83(49.7)	13(24.5)	51(30.5)	15(10.8)	15(10.8)	9(17.0)	18(10.8)
I pray to God to change the situation	8(15.1)	26(10.8)	14(26.4)	45(26.9)	17(32.1)	15(10.8)	14(26.4)	81(48.5)
channel my effort to do something creative	11(15.1)	84(50.3)	19(35.8)	48(11.4)	17(32.1)	19(11.4)	6(11.3)	16(9.6)
I made a plan to adopt a child	20(37.7)	98(58.7)	15(28.3)	49(29.3)	11(15.1)	4(26.4)	7(13.2)	6(11.3)

Source: Field Survey, (2022)

The results in table 7 shows that 16(30.2%) of males and 83(49.7%) did not used channeling their effort to career as a strategy to cope. While 13(24.5%) of males and 51(30.5%) of females used it somehow, 15(10.8%) of males and 15(10.8%) of females used it quite a bit and as well 9(17.0%) of males and 18(10.8%) of females used it a great deal.

Praying to God to change the situation was not used by 8(15.1%) of males and 26(10.8%) of females, 14(26.4%) of males and 45(26.9%) of females used it somehow, 17(32.1%) of males and 15(10.8%) of females used it quite a bit while 14(26.4%) of males and 81(48.5%) of females used it a great deal.

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Furthermore, channeling effort to do something creative was not used by 11(15.1%) of males and 84(50.3%) of females, 19(35.8%) of males and 48(11.4%) of females used it somehow, 17(32.1%) of males and 19(11.4%) of females used it quite a bit as well as 6(11.3%) of males and 16(9.6%) of females used it a great deal.

Making a plan to adopt a child was not used by 20(37.7%) of males and 98(58.7%) of females. Almost 15(28.3%) of males and 49(29.3%) of females used the strategy somehow, 11(20.8%) of males and 14(26.4%) of females used it quite a bit while 7(13.2%) of males and 6(11.3%) of females used it a great deal.

In addition, 18(26.4%) of males and 15(28.3%) of females did not used planning to go for assisted reproduction as a strategy. Somehow, 6(11.3%) of males and 50(29.9%) of females used it, 18(34.0%) of males and 92(55.1%) of females used it quite a bit while 15(28.3%) and 10(6.0%) of females used it a great deal.

4.5 Qualitative Data

The results above were supported with the interview responses stated below.

4.5.1 Interview responses on the perceptions of peoples towards couple's childlessness in marriage Kpando Gabi Municipality.

This section presents the results from interviews with the respondents. The results are presented according to the interview questions asked. When respondents were asked of her perception towards couple's childlessness in marriage

She indicated by saying:

> *I had always perceived that there is a relationship between spirituality and childlessness this is because a friend once told me that most women have spiritual husbands that are preventing them from have babies in the physical world. Same goes to the men as well.*

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She continued that:

> *There are some covenants that most of our forefathers made with their deities in the past, for example, covenanting that all their family member will continue to worship the deity. However, when there is a bridge in the covenant, then the deity strikes back as a result causing childlessness and miscarriages in the family.*

Another respondent indicated that:

> *Some ex-fiancés go spiritual when their ex-partner leaves them after some several years of courtship. They feel so bad to the extend that they go an extra mile just to humiliate their ex-partner by take their pictures to native doctors to witch hunt them.*

He continued that:

> *Honestly, I can tell you that depression is evitable in the lives of a childless couple. There are so many pressures from the relatives and friends after several years of childlessness. The childless women are depressed every day by day, most especially when they had a quarrel with their neighbor or friends who already have their own babies.*

In the view of another respondent:

> *Indeed, I perceive that childless couples as angry and grieved people. The pain of seeing your younger sister's/brother's, or friend's children after just a period of years in their marriages is quite disheartening, knowing fully well that you got married like 3years before them. Honestly, childlessness is quite a disturbing condition that I can't even wish for my enemy.*

4.6 Discussion of Findings

The findings from this study indicated that people perceived that there is a relationship between spirituality and childlessness. They also perceived that, childless women are depressed every day by day, most especially when they had a quarrel with their neighbor or friends who already have their own babies. They perceived that childless couples as angry and grieved people. This study is in support with Deribe, Anberbir, Regassa, Belachew and Biadgilign, (2017) who affirmed that childlessness in many parts of Africa is mainly non-medical and are commonly associated with

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supernatural or evil powers, and the treatment often involves traditional healers and spiritualist.

4.1.2 Interview responses on the socio-cultural effects of childlessness among childless couples in Kpando Gabi Municipality

This section presents the results from interviews with the respondents. The results are presented according to the interview questions asked. When respondents were asked of the socio-cultural effects of childlessness among childless couples in Kpando Gabi Municipality.

On this, he said:

> *According to our tradition here, childless couples are denied of certain cultural rights and title, reason been that they have no children and do not have what it takes to enjoy some cultural rights. Honestly, I don't think its right, because it really affects their sense of belonging in the community.*

Another respondent however gave a contrary view to the views expressed above.

He expressed that:

> *Yes, I think it's really a good decision to deny childless couple of certain cultural rights and title. This is because, I feel they may not be respected by the people as expected as a result of the stigma of not having children.*

Another respondent indicated that:

> *An average African man had always believed that childless married woman should be blamed of infertility. I, personally think that not fare on the women side, having being civilized, am aware that men too are to be blamed in the case of infertility, while because some men exposes themselves in some activities that could affect their sperm production which could also lead to low sperm count. Please I think we need to look into these as well.*

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Another respondent indicated that:

> *In most cases have I have witnessed, were childless couples are being disregarded because of their condition. People try to disassociate from them and their opinion most times doesn't count. I still think that such behavior towards them is not fare. For crying out loud, childlessness is not a disease that anyone could contact just by mingling or associating with childless couples. My opinion anyway.*

He continued that:

> *Yes, it true that childlessness leads to polygamous family. Most men feel so bad as a result of childlessness especially when they are not at fault. However, they tend to get married to other women just to have their own children. Honestly, it very rare to see a man stay with his wife for ten years or more without children and still remain faithful.*

Another respondent indicated that:

> *Hmm, my sister childless couples go through a lot, I can't even imagine myself being in such situation. Honestly, I will just take my life. A friend my mine really had a tough time with her husband, and also with all sought of abuse and disrespect from her husband's relatives. But thank God, she finally got her own baby. Honestly, I can tell you that childless women suffer emotional trauma a lot.*

Discussion of Findings

The findings from this study indicated that childless couples are denied of certain cultural rights and title, reason been that they have no children and do not have what it takes to enjoy some cultural rights. In some cases, childlessness leads to polygamous family. Most men feel so bad as a result of childlessness especially when they are not at fault. This study is in line with Hollos *et al.,* (2019), who puts forward the argument from his study on domestic violence, that the problem with childlessness is that the society does not respect the childless woman and couple, for a woman base on most African cultural knowledge, respect is only due if she is a mother of children. Even young people do not respect the childless woman.

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4.6.3 Interview Responses on the coping strategies adopted by couples in marriage towards childlessness in Kpando Gabi Municipality.

This section presents the results from interviews with the respondents. The results are presented according to the interview questions asked. When respondents were asked of the coping strategies adopted by couples in marriage towards childlessness.

Some of the respondents indicated that

> *I noticed that most childless women tried to avoid being with pregnant women or children. Maybe it has a way of affecting their daily lives. On the other hand, I think childless women should embrace staying with pregnant women or children as this could bring Goodluck to them. My thought anyway.*

Another respondent indicated that:

> *Most childless women leave when people are talking about pregnancy or children around them. While because they feel that they could be used as an example in their discussion, hence make mockery of them in the long run. In other to avoid such from happing, they decides to leave the area as soon as possible.*

In the view of another respondent:

> *Hmm, I personally have seen childless couples drink, smoke and also take drugs as their own coping strategies towards childless most especially men. A friend of mine do this most often whenever he's depressed. Though I have tried cautioning him to desist from such act. According him, it makes him forget the pains for a while.*

Finally, one respondent indicated that:

> *Interestingly, my wife and I have been married for 4years now, In our second year marriage I could notice that my wife never liked TV programmes on pregnancy/childbirth, She quickly turns off the television whenever a programme on pregnancy/childbirth comes up on TV. Because she felt the programme could affect her mood and makes her remember of her childlessness. Funny enough, now that she's 6months gone in her pregnancy, she loves any TV programmes on pregnancy/childbirth. "HAHAHAHAHA".*

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Discussion of Findings

The findings from this study indicated that most childless women leave when people are talking about pregnancy or children around them. However, some childless couples drink, smoke and also take drugs as their own coping strategies towards childless most especially men. This study is in agreement with Peterson, Newton, Rosen and Skaggs, (2010) who affirmed that people who cope using active-avoidance strategy avoid being with pregnant women, keep their feelings regarding infertility to themselves and turn to outside activities such as work to take their mind off their infertility.

4.7 Hypotheses Testing

4.7.1 Hypothesis One

The null hypothesis which stated that there is no significant association between respondents 'age and perception of infertility were cross tabulated to determine if age had an influence on Perception about infertility. Table 8 shows that there was no significant association between respondents 'age and perception towards infertility. Age has no role to play in perception towards infertility.

The null hypothesis, which stated that there is no association between respondent 's age response that respondents 'age influences perception of infertility is therefore rejected.

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Table 8: Hypothesis one: Association between the age of the childless couples and their perception toward infertility

Age	Perceptions of childless couple toward infertility				
	Poor		Good		Total
	No	%	No	%	
≤ 30	27	41.5	38	58.5	65
31-40	47	39.8	71	60.2	118
41-50	33	37.9	54	62.1	87
>51	17	36.9	29	63.0	46

$\chi2$= 1.915, df= 5, P-value=0.861

4.7.2 Hypothesis Two

Religion and perceptions of childless couples towards infertility were cross-tabulated to determine if religion had an influence on perceptions of married men towards infertility. Table 9 shows that there was a significant association between religion of the childless couples and the perception toward infertility. Religion has a role to play in the perceptions of childless couples towards infertility. The null hypothesis which stated that there is no association between religion of the childless couples and the perception toward infertility was therefore rejected.

Table 9: Hypothesis Two: Association between the religion of the childless couples and the perception toward infertility

Religion	Perceptions of childless couple toward infertility				
	Poor		Good		Total
	No	%	No	%	
Christianity	35	36.8	60	63.2	95
Islam	86	39.4	132	60.6	218
Traditional	3	100.0	0	0.0	3

$\chi2$= 4.878, df= 2, P-value=0.087

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CHAPTER FIVE

SUMMARY OF FINDINGS, CONCLUSION AND RECOMMENDATIONS

5.0 Introduction

This chapter provides the summary of the findings of the study, conclusions drawn from findings and recommendations based on the findings. Conclusions drawn will be deduced from analysis and objectives set for the research. The area for further research was also suggested in this chapter.

5.1 Summary of Research Findings

5.1.1 Perceptions of peoples towards childless couples

The study also reveals that the people perceive childlessness as having a relationship with spirituality, they believe that the childlessness problem is caused by spiritual deed, and that childless women experience domestic violence reason being that they have lost their self-respect because they are not able to perform their primary function (procreation). The study also finds out that are couples perceived as being unproductive because they do not perform their primary function of socialization and procreation in the society.

Few of the respondents perceived that men are responsible for infertility problems, a finding that was at variance with the study carried out by American Society for Reproductive Medicine (2012) which shows that in approximately 40% of infertile couples, the male partner is either the sole or a contributing cause of infertility. This opinion might not be unconnected with cultural perspective that usually put the blame

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on the female partner. About half of the respondents disagreed that infertility is caused by witches and witchcrafts this may be due to the religion which they practice and their level of education, as this was at variance with the documentation of Sumera *et al.,* (2011) and Tabong and Adongo (2013). Sumera *et al.,* (2011) stated that there is a prevalent belief in the society that infertility can be caused by supernatural causes like evil spirits and black magic.

5.1.2 Socio-cultural effect of childlessness

Findings from this research show that some of the socio-cultural effect of childlessness include: stigmatization, depression, anxiety, abuse, labeling, denial of cultural right, disrespectful attitude from spouse, and polygamy. Most of the respondents in this study agreed that infertility has more negative effects on women than men, because it is believed that women that are infertile had lived wayward lives, some may even be speculating that such person‘s womb has been removed. This is in line with the focus group session conducted by Tabong and Adongo (2013) in Northern Ghana where it was reported that the highest biological factor that has been blamed for infertility among females was previous use of contraceptives. This was also directly attributed to past promiscuous lifestyle of the woman as the contraceptives were used to prevent unwanted pregnancies‖. Most of the respondents disagree on inheriting infertility from parents. This is at variance with the study conducted by the America Society for Reproductive Medicine study (2011), which documented that some men and women may carry genetic abnormalities that make it more difficult to become pregnant and more likely that a pregnancy ends in a miscarriage.

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5.1.3 Coping strategies adopted by couples towards childlessness

The findings revealed that most respondents especially males (54.7%) used escape/avoidance coping strategy by drinking, smoking and taking of drugs to forget they are childless than the females (31.1%). Self-controlling was used by majority of males than females especially avoiding others from knowing how bad things were in their families indicated by 73.6% males and 51.5% females. Just avoiding people who trouble them about pregnancy and children was used by 79.2% of males and slightly above half (50.3%) of females used it also.

Furthermore, talking to someone to find more about the problem for them was used by 67.9% of males and 45.5% of females as a social seeking support coping strategy by couples. However, asking people with similar problem for advice was used by 75.5% of males and 92.2% of females as a social seeking support coping strategy. Similarly, 64.9% of males and 89.2% of females prayed to God to change the situation while 73.6% of males and 71.7% of females planned to go for assisted reproduction as a positive reappraisal coping strategy. The overall analysis shows that, the respondents used the coping strategies in the order of magnitude of escape/avoidance, seeking social support, positive reappraisal and self-controlling.

5.2 Conclusion

The conclusions are based on the findings from each of the research question. The first research question concludes that, childless couples are perceived as being unproductive because they do not perform their primary function of socialization and procreation in the society. Also, people perceived that, childless women are depressed every day by day, most especially when they had a quarrel with their neighbor or friends who already have their own babies.

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However, the second research question concludes that, socio-cultural effect of childlessness include: stigmatization, depression, anxiety, abuse, labeling, denial of cultural right, disrespectful attitude from spouse, and polygamy. Also, childless couples are denied of certain cultural rights and title, reason been that they have no children and do not have what it takes to enjoy some cultural rights.

Third research question concludes that, most childless women leave when people are talking about pregnancy or children around them. However, some childless couples drink, smoke and also take drugs as their own coping strategies towards childless most especially men.

In conclusion, childbearing and family are considered a right of every human being. Infertility is a health problem that requires appropriate treatment strategy and modern medical science has developed advanced therapies to assist reproduction over the last 20 years, (Roupa *et al.,* 2009). So, community-based health education programmes should be organised using existing male platforms to promote right perception of respondents with regards to early diagnosis and management of infertility in Kpando Gabi Municipality.

5.3 Recommendations

On the basis of the findings of this study and the conclusion drawn, the following recommendations are made:

1. Based on the perceptions of peoples towards childless couples, it is recommended that childless couples should seek for medical treatment jointly. Also, fertility clinics and counselling centers must be developed and/ strengthened to providing services related to secondary infertility.

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2. Based on socio-cultural effect of childlessness, it is recommended that the general public could help increase the knowledge of the effect of infertility and also reduce feeling of inferiority complex among childless couples.

3. Based on the coping strategies adopted by couples towards childlessness, it is recommended that government should give due attention in developing short term plans and programs that create affordable and accessible medical treatments for infertility and that guarantee old age security for the socially disadvantaged elderly childless women.

5.4 Suggestions for Further Study

Owing to the finding of perception of couple's childlessness in marriage in Kpando Gabi Municipality, further research should be conducted at different municipalities/regions in the country. While this study only looked at perception of couple's childlessness in marriage, it is recommended that future research should also attempt to measure the prevalence of infertility in men as this is the condition that men and women experience as a couple.

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APPENDICES

APPENDIX A

Questionnaire

UNIVERSITY OF EDUCATION, WINNEBA

FACULTY OF SOCIAL SCIENCES

DEPARTMENT OF SOCIAL STUDIES EDUCATION

The purpose of this study was to investigate the perceptions about couple's childlessness in marriage among people of Kpando Gabi Municipality, Ghana. Your contribution towards the completion of this questionnaire will be highly appreciated and the information provided will be used for academic purposes only and shall be treated with the utmost confidentiality it deserves. Thank You.

SECTION A: DEMOGRAPHIC CHARACTERISTICS

1. Age: 18-25 [ ] 26-36 [ ] 37-47 [ ] 48-58 [ ] 59 and above [ ]
2. Sex: Male [ ] Female [ ]
3. Marital status: Single [ ] Married [ ]
4. Relion: Christainity [ ] Islam [ ] African Traditional Religion [ ]
5. Educational level: None [ ] Primary [ ] Secondary [ ] Tertiay [ ] Above [ ]

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SECTION B: SOCIO-CULTURAL EFFECTS OF CHILDLESSNESS AMONG CHILDLESS COUPLES IN KPANDO GABI MUNICIPALITY?

S/n	Statements	Agreed	Disagree	Not sure
1	Denial of certain cultural rights and title			
2	The childless married woman is blamed of infertility			
3	Disregard and separation from others			
4	It leads to polygamous family			
5	Labeling and Abuse			
6	Stigmatization			
7	Display of superiority by the couples with children against the couple that has no children			
8	Disrespectful attitude from partners and relative			
10	Anxiety and grieving			

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SECTION C: PEOPLE PERCEIVE OF COUPLE'S CHILDLESSNESS IN MARRIAGE IN KPANDO GABI MUNICIPALITY?

S/n	Statements	Agreed	Disagree	Not sure
1	I see childless couples as unproductive people			
2	I perceive that there is a relationship between spirituality and childlessness			
3	Childless women experience domestic violence			
4	I perceive childless couples as depressed people.			

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5	I perceive childless couples as angry and grieved people			

SECTON D: COPING STRATEGIES USED TO COPE WITH THE CHALLENGES OF INFERTILITY?

Please use the rating scale below to tick the option of your choice.

Not used (1). Used somehow (2). Used quite a bit (3). Used a great deal (4)

ITEMS	**Not used**	**Used somehow**	**Used quite a bit**	**Used a great deal**
ESCAPE-AVOIDANCE				
Avoid being with pregnant women or children (women only should answer this question)				
Leave when people are talking about pregnancy or children				
Drinking, smoking or take drugs to forget am childless				
Turn off the television when a programme on pregnancy/childbirth comes on.				
SELF-CONTROLLING				
I try to keep my feelings to myself				
I avoid others from knowing how bad things are in my family				
I try to keep my feelings from interfering with other things I do.				
Just avoid people who trouble me about pregnancy/children				
SEEKING SOCIAL SUPPORT				
Talk to someone to find out more about the problem for me				
Talk to someone about how am feeling				
Accepted sympathy and understanding from people				
Accept financial assistant from relations for infertility treatment				
POSITIVE REAPPRAISAL				
Chanel my effort to my career.				
I pray to God to change the situation				
Channel my effort to do something creative				
I made a plan to adopt a child				
Planned to go for assisted reproduction				

THANK YOU!!!

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APPENDIX B

Interview Schedule

General Introduction

1. Tell me about the marriage setting in this community.
2. How do you define childlessness?
3. How do you perceive childless married couple?
4. What is the implication of being childless?
5. Do you support adoption for a childless married couple?

Culture/Marriage among Childless Couple

6. Can the age at which one get married lead to any form of childlessness?
7. How does childless couple perceive their condition?
8. When can childlessness be said to have taken place?

Causes of Childlessness

9. What is the major cause of childlessness? Why?
10. What are the implications of childlessness on
    a) The couple (women in particular)
    b) The family members
    c) The society at large

How do People react to couple's childlessness in marriage?

11. Where a couple is infertile and cannot procreate, how is it resolved?
12. What can be done to ensure decrease of childlessness problem?