Faith and Infertility: The Role of Religious Leaders in the Management of Reproductive Health Challenges in Ghana

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Abstract

Infertility is a significant global reproductive health issue, with a particularly high prevalence in sub-Saharan Africa. In Ghana, the societal implications of infertility are profound, often leading couples to seek guidance and support from religious leaders. This study explored the perceptions, knowledge, and influence of religious leaders on infertility management in Ghana. The study uses qualitative data through in-depth interviews with 17 religious leaders from various faiths. Thematic analysis was used to identify key themes and patterns in the transcripts. The analysis revealed that religious leaders often attribute infertility to spiritual factors, such as witchcraft or divine will, while also recognising physical causes such as lifestyle choices and biological issues. Their perspectives on Assisted Reproductive Technologies range from outright rejection to cautious acceptance, and are influenced by doctrinal teachings. Solutions religious leaders provided for couples to navigate the infertility diagnosis include religion, adoption and medication or treatment. This study emphasises the need to provide religious leaders with appropriate education on modern medical approaches to infertility to ensure a holistic and supportive environment for individuals facing reproductive challenges.

Keywords: infertility, reproductive health, religious leaders, religion, faith, assisted reproductive technologies

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Religious Leaders and Infertility Management in Ghana: A Qualitative Study

Introduction

Infertility is a pervasive reproductive health issue affecting individuals and couples worldwide, with a particularly high prevalence in sub-Saharan Africa. In this region, where cultural and societal norms strongly emphasise procreation, infertility can have profound social and emotional consequences for couples, especially the woman. The World Health Organization (WHO) defines infertility as the inability to achieve pregnancy after 12 months or more of regular unprotected sexual intercourse, and it can be categorised as either primary or secondary depending on whether the individual has previously conceived (WHO, 2020). Despite the high fertility rates in sub-Saharan Africa, infertility remains a significant concern, affecting approximately 30% of couples (Esan et al., 2020; Hiadzi & Boafo, 2020; Naab et al., 2013; Oti-Boadi & Asante, 2017), but often overlooked in family planning research.

The experience of infertility is often gendered, with women unfortunately bearing the brunt of societal blame and stigma, even though infertility can be attributed to both male and female factors (Naab et al., 2013). In many African societies, motherhood is deeply interwoven with the social identity and status of women, making infertility not only a medical issue but also a social problem that can lead to marginalisation, depression, and feelings of inadequacy (Armah et al., 2021).

In Ghana, religion plays a crucial role in how individuals and couples cope with infertility by providing comfort and hope. Many people turn to religious leaders for guidance and support, as religion is often perceived as offering solutions to infertility through prayer, spiritual rituals, or advice on medical interventions. Religious beliefs can also influence attitudes towards Assisted Reproductive Technologies (ART), with some religious groups viewing these technologies as interventions that disrupt the natural or divine process of childbearing (Dilmaghani, 2019). What appears to be missing in the available literature,

however, is how religious leaders in Ghana conceptualise and understand infertility. Although religious leaders influence community attitudes and behaviours, their knowledge of and perspectives on infertility remain underexplored. This study sought to address this gap by examining religious leaders' understanding and perceptions about infertility in Ghana. This investigation is critically important because religious leaders can either facilitate or hinder access to infertility treatment depending on their beliefs and teachings. This study provides insights that could inform public health strategies and interventions, ensuring that religious leaders are well informed to be able to provide accurate counsel on infertility (Ntiamoah et al., 2018).

Methods

Study Design and Context

This analysis is derived from a larger mixed-method study that examined religiosity and perceptions about infertility in Ablekuma South sub-Metropolitan Area of the Greater Accra Region of Ghana. Data were collected in August-October 2023. The parent study investigated perspectives on infertility from multiple stakeholders, including religious leaders, healthcare workers, and community members, through surveys and interviews. This paper, however, utilises the cross-sectional qualitative data that employed in-depth interviews (IDI) with some religious leaders. Ablekuma South was purposively selected for the larger project because it has a major referral hospital, Korle-Bu Teaching Hospital (KBTH), which is a tertiary healthcare facility in Ghana and is located within the study area. It is the largest tertiary hospital in the country and is a teaching hospital affiliated to the Medical School of the University of Ghana. In addition, the sub-Metropolis has nineteen other health facilities that report treatment for infertility. Its jurisdiction includes Korle Gonno, Korle-Bu, Chorkor, Mamprobi and New Mamprobi communities with residential areas, shops as well as many religious organisations.

Sample Selection and Data Collection

A total of 17 religious leaders were purposively selected from the different religious organisations in the study communities. The sample size attained was largely informed by data saturation. Ethical approval was obtained from the Ethics Committee for the Humanities (ECH) at the University of Ghana, with approval number ECH 198/22-23. All interviews were conducted in either English or a local language (Twi or Ga) according to each respondent's preference. The interviews were recorded with an audio device after obtaining respondents' written and oral consent. Privacy and confidentiality were ensured during the interviews. The semi-structured interview guide used included questions about demographics, their knowledge on infertility, treatment and perceptions about assisted reproductive technologies. Inductive probing was used to examine the issues raised during interviews. The average duration of the interviews was 60 minutes.

The interviews were transcribed, and analysed using the qualitative software, ATLAS.ti. The thematic network analysis approach was employed to code the transcripts and develop basic, organising and global themes (Attride-Stirling, 2001).

Findings

Male religious leaders accounted for 70.6 percent of respondents. Christians formed a little over half (53%) of the respondents, with Islam and Traditional Religion each represented by four respondents (23.5%). The ages of the religious leaders in this study ranged from 26 to 70 years. Their duration of marriage and practice as religious leaders ranged from one to 40 years and one to 38 years, respectively. The number of children participants reported ranged from zero to seven. Regarding locality, six leaders were from Mamprobi (35.3%), while the Korle-Bu locality had the least number of three leaders, accounting for 17.6%. Table 1 presents the demographic characteristics of the participants in detail.

Table 1; Demographic characteristics of participants

Respondents	Age	Sex	Marital Status	Duration of Marriage	Years of Service	Number of Children	Religion
Respondent 1	47	Male	Married	20	14	2	Anglican
Respondent 2	49	Female	Married	17	23	2	Presbyterian
Respondent 3	26	Male	Not Married	-	10	-	Islam
Respondent 4	47	Female	Not Married	-	17	-	Catholic
Respondent 5	65	Female	Married	40	20	3	Charismatic
Respondent 6	62	Male	Married	38	35	4	Charismatic
Respondent 7	58	Female	Married	29	20	7	Spiritual
Respondent 8	52	Female	Married	30	7	6	Traditionalist
Respondent 9	62	Male	Married	40	8	6	Islam
Respondent 10	55	Male	Not Married	-	19	-	Catholic
Respondent 11	46	Male	Married	10	20	2	Charismatic
Respondent 12	66	Male	Married	29	31	6	Islam
Respondent 13	70	Male	Married	40	7	4	Islam
Respondent 14	67	Male	Married	31	34	3	Methodist
Respondent 15	49	Male	Married	22	23	3	Traditional/Spiritualist
Respondent 16	51	Male	Married	16	11	3	Traditionalist/Wulomo
Respondent 17	29	Male	Married	1	4	1	Pentecost

The analysis uncovered three global themes: (1) knowledge about infertility (2) perspectives on artificial reproductive technology (ART), and (3) suggested remedies for infertility. Fig. 1 displays the thematic network schema indicating the codes and themes emerging from the analysis.

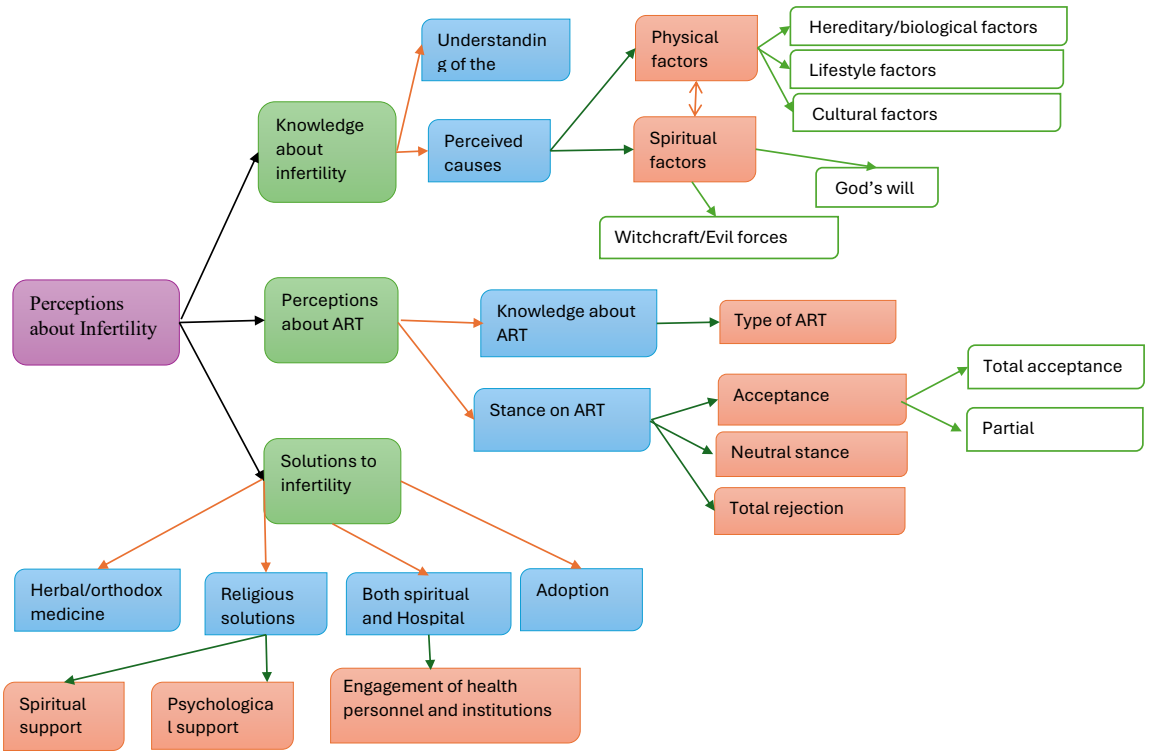

Figure 1 Thematic network schema indicating the codes and themes emerging from the analysis

Understanding of Infertility

Religious leaders were asked about their understanding of infertility and its underlying cause. Multiple attempts were made by participants to articulate the concept of infertility; however, most of their definitions remained vague. The definition closest to medical explanation lacked specific details or a defined timeframe. Infertility is broadly perceived as the inability to conceive and give birth, and it has been acknowledged that this issue can affect both men and women. Some religious leaders also associated their understanding or definition of infertility with causes or factors such as low sperm count or biological issues. The leaders' understanding of infertility often lacked specific details, such as the duration of unprotected intercourse required to medically diagnose infertility, as defined by the World Health Organization (WHO, 2020).

> *Okay. So, I said, it is when either a man or a woman faces a childbearing challenge. In addition, men and women are constantly engaged in sexual intercourse with the intention of having a child, but there is no outcome of pregnancy. This couple is also not using any form of contraception to deliberately delay pregnancy* (Religious leader, Male, Anglican).

Religious leaders' knowledge of infertility resulted in two organising themes. They generally perceived infertility as both spiritual and physical, although their definitions often diverge from medical explanations. Many leaders viewed infertility as a result of spiritual factors, such as witchcraft, evil forces, and divine will. For instance, some believe that infertility can be a test of faith in God, or a consequence of spiritual warfare. The physical causes identified include lifestyle factors, such as repeated abortions, smoking, excessive alcohol consumption, cultural factors and stress, as well as biological issues, such as low sperm count and fibroids.

> *Someone has reached a childbearing age but cannot reproduce. These are categorized into three. One of them is a young woman who is not well matured but aborts whenever she gets pregnant, sometimes with the excuse of her education. This can affect the womb as well* (Religious leader, Male Traditional Religion - Wulomo).

> *Oh, witches can remove somebody's womb spiritually, which can lead to infertility. It is one of the major spiritual battles we engage in, and many people are unaware of it. So, if someone denies the fact that there is witchcraft, it is simply because God has not opened the eyes of the individual to see* (Religious leader, Male, Traditional religion (Spiritualist).

Perceptions about Assisted Reproductive Technologies (ART)

The analysis revealed a spectrum of attitudes towards ART among the religious leaders, ranging from its acceptance to outright rejection. While some leaders embraced ART as a

viable solution to infertility and viewed it as a God-given advancement in medical science, others rejected it on religious grounds.

Religious leaders' attitudes towards ART were categorized into three organising themes: (1) outright rejection, (2) enthusiastic support, and (3) middle-ground hesitancy. While four religious leaders firmly rejected any form of ART, eight others embraced some aspects of ART (mostly opposed to donor sperm or eggs), with five other leaders taking a neutral position and allowing individuals to decide for themselves.

Rejection of ART is influenced by various factors. Initially, certain religious leaders opposed any form of ART, arguing that it challenged the divine authority. They perceived it as an endeavor by humans to emulate God, asserting that humans lack the capacity to create other humans. They maintained that the natural process of reproduction, as ordained by God, should remain untouched and that any interference in this process was considered a sinful act.

> *Well, the church has taken a stance on that and that is my position as well. Errm, you know children are gifts that God alone endows humanity or couples with so it must not be interfered with. This process must not interfere with it. If you know what goes into us as human beings, think of it that this small clot will grow into the embryo and eventually [a] human* (Religious leader, Male, Roman Catholic).

Another objection revolved around the concept of insemination with a sperm that did not belong to the spouse, equating it to adultery. This perspective led to the rejection of ART by religious leaders who upheld it. However, it is worth noting that some religious leaders who accepted ART shifted the responsibility to individuals to make their own choices, suggesting that if God intended ART to be part of their path, it would be successful.

In addition, an Islamic leader raised concerns about lineage, emphasizing the importance of tracing a child's ancestry through the father's line. As a result, he opposed sperm donation, but was amenable to egg donation.

> *So yes, there are some methods among these that Islam will accept, and others that Islam won't accept. For instance, Islamic laws state that every child should be identified through a patrilineal lineage. So, if a woman just goes in for a donated sperm to have a child, Islam will not accept this because the father of that child is unknown* (Religious leader, Male Islamic Religion).

In contrast, some embraced ART, citing that their religious doctrines did not prohibit it. However, they expressed reservations regarding the financial challenges and the intricate legal matters associated with these technologies.

> *It [ART] is a good technology; we don't reject it. I have not come across any doctrine in my religion, which I will reject. This is because it attempts to provide a solution to the problem. I spoke about Christian Ethics earlier; it educated us on all these issues. These technologies are not quite new; they have been in existence because we have learned about all of them, including cloning* (Religious leader, Male, Anglican).

Solutions to Infertility

Religious leaders offer various solutions to infertility by blending spiritual practices with recommendations for medical treatment. Prayers and other religious rituals such as fasting, reading sacred texts, and charitable acts are commonly advocated as means to seek divine intervention.

> *We don't have any additional church rituals apart from prayer and counselling that I have mentioned. Perhaps the churches that I call mushroom churches would want to engage in needless acts, like bathing at the beach. Yes, that is not in our domain, it is ungodly as well* (Religious leader, Male Anglican).

Some leaders also suggested psychological support, recognizing the emotional and psychological toll infertility has on the affected individuals.

> *When our people come like this, we try to encourage them, we try to debunk some of these erroneous impressions and superstitious beliefs and then we try to let them understand that God is in control, He has a time for doing everything, we cite biblical passages that He [God] did it for Sarah, Hannah, and what have you, Elizabeth. We cite even examples of members of the community whose childbearing was delayed and eventually they were blessed, so we do all of that to encourage them and from time to time they come and see us. And I am telling you, that this is a testimony that I will share to the glory of God, that it does help* (Religious leader, Male Roman Catholic).

Adoption was strongly recommended by many of the religious leaders as an alternative solution, reflecting both religious teachings on caring for orphans and a practical approach to addressing infertility.

> *So, when you adopt an orphan and you take care of him or her, the blessing you get according to the Qur'an, it cannot be measured* (Religious leader, Male, Islamic Religion).

> *I advised a couple to adopt a relative's child and cater for him/her. In doing so, it may bring good luck and help manage the pressures that in-laws and friends would mount. The moment they see a child with you, they hardly ridicule you. But if you mistreat children, you might not have a child of your own* (Religious leader, Male Anglican).

In addition to spiritual solutions, some leaders encouraged the use of herbal or orthodox medicine, often recommending that individuals seek medical help along with spiritual guidance.

> *The basic treatment for infertility is God, because He is the one who gives children. However, God has also provided us with knowledge through food and medicine, which can correct some of these defects. And also psychologically, if the body is not relaxed,*

it cannot reproduce. So, one has to relax the brain and the body (Religious Leader, Female, Presbyterian).

The findings presented highlight the crucial role that religious leaders play in the lives of infertile individuals within the communities they live. This could be due to the highly religious nature of the Ghanaian society.

Discussion

This paper explores the knowledge and perspectives of religious leaders regarding infertility, focusing on their understanding of its causes, views on Assisted Reproductive Technology, and proposed solutions. The results from the analysis indicate that religious leaders see themselves as central to addressing infertility challenges. However, the understanding some of them demonstrated could be described as limited. For instance, their definitions of infertility often diverged from that by the World Health Organization, lacking details on duration and contraceptive use, a pattern observed in previous studies that emphasize a widespread lack of a complete understanding of infertility (Adashi et al., 2000; Atijosan et al., 2019; Chimbatata & Malimba, 2016; Iwelumor et al., 2019; Okafor et al., 2017).

In qualitative research works from northern Ghana (Tabong & Adongo, 2013) and Pakistan (Ali et al., 2011), respondents frequently described infertility simply as a couple's inability to conceive, whereas a Nigerian study (Oluwole et al., 2021) showed that 67% of participants possessed good knowledge about the issue, highlighting geographical variations. Additionally, religious leaders expressed significant concern about the spiritual causes of infertility, similar to the beliefs noted in a Nigerian study attributing infertility to witchcraft (Oluwole et al., 2021).

Congruent to findings from a study in Nigeria (Oluwole et al., 2021), where the majority of respondents believed that witches could be a cause of infertility, religious leaders in the current study were significantly concerned about the spiritual causes of infertility. Belief in

supernatural forces is not exclusive to Africa, as indicated by participants in a Pakistani study (Amarat et al., 2019), which expressed a similar belief in evil or supernatural forces responsible for infertility. This inclination may have been influenced by the highly religious nature of the environment. A study in Ghana also found that respondents perceived infertility as a misfortune and attributed its causes to spiritual factors, with religious leaders emphasizing that God is the source of life (Ofosu-Budu & Hanninen, 2022; Tabong & Adongo, 2013). Infertility is also linked to social stigma, including the labeling of individuals as witches (Polis et al., 2020; Tabong & Adongo, 2013a).

Religious leaders identified abortions, both safe and unsafe, as significant factors linked to infertility, as corroborated by the literature on medical complications and sexually transmitted infections (Abebe et al., 2020; Pike, 2020). A qualitative study in Kumasi found that infertile women were often accused of inducing abortions. In northern Ghana, there were beliefs that a woman had a fixed number of children, and some viewed abortion as a sin that required divine redemption. This reflects the broader notion that infertility may be perceived as God's will, suggesting His power to influence infertility and its resolution. Lifestyle factors such as smoking and drinking were also noted as contributing factors.

The solutions advocated by religious leaders including adoption, medicine, and religion are consistent with the findings of other studies conducted in Ghana and The Gambia (Dierickx et al., 2019; Esan et al., 2020; Hiadzi & Boafo, 2020; Hiadzi & Woodward, 2019; Ntiamoah et al., 2018; Tabong & Adongo, 2013a, 2013c). Couples often explore three primary avenues, spiritual, traditional, and medical practitioners, sometimes concurrently or sequentially (Donkor & Sandall, 2009; Grunberg et al., 2022; Roudsari, 2008; Sefogah et al., 2023). Notably, in a study conducted in The Gambia, traditional healthcare emerged as a significant alternative source for respondents, which contrasts with the preference for medical assistance observed in this study. Another study revealed that couples sought guidance from spiritual

churches and prayer camps when they perceived their fertility challenges to be spiritually rooted (Donkor, 2008c).

Prayer was the most endorsed practice among religious rituals, aligning with the findings that highlight its efficacy (Read et al., 2014). Interestingly, some rituals, including bathing, which were considered inappropriate by certain religious leaders, were also recommended by herbalists in a Nigerian study, as cited in Tabong and Adongo (2013a). This finding is consistent with that of the present study. Additionally, religious leaders acknowledged the importance and complementary nature of medical assistance, whether it was herbal or orthodox. This is reflected in their referrals and collaboration with healthcare practitioners and institutions. Nevertheless, careful consideration should be given to leaders who prescribe herbal concoctions to clients, necessitating thorough evaluation of their safety.

The importance of counselling and emotional support from religious leaders is significant, particularly for women facing infertility who often experience anxiety and depression (Edirne et al., 2010). Studies from various countries, including Ghana and Turkey, have highlighted the psychological effects of infertility, in which societal and familial pressures intensify emotional burdens (Adashi et al., 2000; Naab et al., 2013). Recognizing these challenges, it is essential to provide support, especially given the stress reported by individuals and healthcare providers involved in infertility care (Cox, 2013). Research indicates that religious beliefs and practices can alleviate some of this stress (Hiadzi et al., 2021).

Religion significantly shapes perspectives on assisted reproduction, with various responses to ART. As noted by Sallam and Sallam (2016), the attitudes of religious leaders range from acceptance to rejection. This study highlighted the limited knowledge about ART among religious leaders, unlike the findings in Nigeria, where understanding was higher. Notably, knowledge of In Vitro Fertilization (IVF) was higher than that of other methods, which is in agreement with previous studies such as those by Orhue and Aziken (2008).

Christian denominations generally adopt a liberal stance on ART, apart from Catholic leaders who firmly reject it, citing the sanctity of life and natural process of childbearing. The Islamic Faith permits IVF if the sperm or ovary is sourced from a couple. Adoption is also a favoured option among many religious groups.

Adoption has emerged as a preferred option for many religious leaders, viewing it as both a service to God and a solution to infertility, despite the social and religious barriers prevailing in Ghana and various parts of the world (Bokaie et al., 2012; Mathe et al., 2011; Nachinab et al., 2018, 2019; Nwaoga, 2013). Interestingly, Islamic leaders in the study supported adoption, contrasting prior findings that deemed adoption unacceptable in Islam as a result of the absence of legal adoption (Chamsi-Pasha & Albar, 2015). Furthermore, reluctance to adopt a child could be attributed to religious and cultural factors. In another study, some Christian respondents perceived adoption as an acknowledgment of infertility, equating adopting a child with accepting that a natural conception might not occur (Bokaie et al., 2012; Nachinab et al., 2018; Ofosu-Budu & Hänninen, 2021).

Religious leaders acknowledged ART but emphasized that its success is ultimately in God's hands. They stressed the importance of consulting religious leaders before pursuing ART, a sentiment echoed in other studies in which patients sought spiritual guidance (Deonandan, 2020; Hörbst, 2016). Many respondents viewed the outcomes of ART as reflective of God's will, and perceived technology as a form of divine intervention, often expressing gratitude through the names given to children conceived via these methods.

Limitations

The study is subject to several limitations. Firstly, the findings cannot be generalized due to factors such as the non-random selection of participants, the small sample size, and the limited geographic scope of the research. Additionally, with only 17 religious leaders interviewed, the findings may not encompass the full spectrum of perspectives within each

religious group. The cross-sectional design of the study further restricts the ability to observe changes in attitudes over time. Moreover, the predominance of male respondents (70.6%), which is largely a reflection of the Ghanaian situation where religious leaders are mostly male, may limit the insights into the perspectives of female religious leaders on infertility.

Conclusion

This study underscores the critical role religious leaders play in shaping perceptions and management of infertility in Ghana. The findings suggest that religious leaders often have a limited understanding of infertility, frequently attributing it to spiritual causes rather than aligning with medical definitions. Their varied stance on ART and strong emphasis on spiritual support highlight the need for a more integrated approach to understanding and managing infertility, one that combines both spiritual and medical perspectives.

Given the influential position of religious leaders in the Ghanaian society, it is essential to improve their understanding of reproductive health through targeted educational interventions. Future research should focus on developing and evaluating these educational programs to ensure that religious leaders provide informed guidance to their congregants. Additionally, further studies should explore the impact of religious counselling on the acceptance and utilization of ART, as well as investigate the cultural and religious barriers that hinder the wider acceptance of adoption as a solution to infertility.

Comparative studies across different regions of sub-Saharan Africa could offer valuable insights into the regional variations in religious beliefs and practices related to infertility. Longitudinal research is also recommended to examine the long-term psychological impact of infertility and to assess the effectiveness of religious and psychological support over time. By addressing these areas, future research could contribute to a more holistic and supportive

approach to infertility management, thus benefiting individuals and couples facing this challenging condition.

Ethics approval and consent to participate

Ethical approval was obtained from the Ethics for the Humanities (ECH) at the University of Ghana, with approval number ECH 198/22-23. All participants provided written informed consent to participate in this study.

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