RELIGIO-CULTURAL PERSPECTIVE OF INFERTILITY AND ITS TREATMENT: A CASE STUDY OF THE GA PEOPLE OF GHANA

By

Erasmus Mensah Laryea (Rev)
BSc, Dip. Ed. BD

A Thesis submitted to the School of Graduate Studies
Kwame Nkrumah University of Science and Technology, Kumasi
In partial fulfillment of the requirements for the Award

Of

MASTER OF PHILOSOPHY
In Religious Studies

August
2011

Declaration

I, Laryea Erasmus Mensah (Rev.), hereby declare that this thesis, "Religio-Cultural Perspective of Infertility and its treatment: A case study of the Gã people of Ghana", consists entirely of my own work produced from research undertaken under supervision and that no part of it has been published or presented for another degree elsewhere, except for the permissible excepts and references from other sources, which has been duly acknowledged.

……	……..	……..…
Student Name & ID PG 2490008	Signature	Date

Certified by:

……..	……..…	……..
Supervisor Name	Signature	Date

Certified by:

…….	……..	……..…
Head of Dept Name	Signature	Date

Dedication

I dedicate this work to my lovely wife, Mrs. Elizabeth Mensah Laryea, my dear sister, Beatrice Laryea through whose sacrifice, support, love, encouragement and prayers I have come this far.
Finally to my lovely children, Godwin Ofoli Mensah Laryea, Deborah Atswei Mensah Laryea, Ellen Yemookor Mensah Laryea and Louisa Deddo Kpabi for their understanding, endless patience and encouragement when it was most required.

ACKNOWLEDGEMENTS

I am immensely grateful to the Omnipotent God the Father of our Lord Jesus Christ for sustaining me in my quest for higher education.

I owe a debt of gratitude to the School of Graduate Studies KNUST, for offering me admission to the University to pursue a Postgraduate Master of Philosophy programme in Religious Studies.

The preparation and submission of this project work would not have been possible without the support of certain personalities who deserve my gratitude.

I wish to offer my profound appreciation to my supervisor, Most Reverend Professor Emmanuel Asante, Presiding Bishop of the Methodist Church, Ghana and a lecturer at KNUST Religious Studies Department, for his valuable suggestions and constructive criticisms of the content and structure in the preparation of this thesis.

To my head of department, Dr Nathan Samwini, and the following lecturers in the department: Rev. Dr. K. Opuni Frimpong, Rev. J.E.T. Kuwornu Adjaottor, and Rev. Asiedu Amoako. I am sincerely grateful for their readiness to offer help and promptly attending to my enquiries.

I am also very grateful to my nephew, Dr Abdul Rahaman Ofoli, lecturer at the University of Tennessee, USA , my niece, Ms. Florence Gyama Tetteh of Canada, Dr. R Banful and Mrs. Theresa Boatenmaa Asamoah of the Medifem Specialist Hospital and Fertility Centre who offered me assistance in the course of data gathering.

ABSTRACT

This study sought to examine the Religio-Cultural Perspective of Infertility and its treatment of the Gã people in Ghana. Qualitative research methodology was used applying the sub-disciplinary methods of depth interviews and focus group discussion to gather information from Traditional Leaders and People living with infertility.

The empirical study brought out the fact that, Child birth is of paramount importance to the Gã People within their religio-cultural milieu. This makes infertility a life shattering crisis among the people. In situations where it occurs, it is attributed to a variety of causes. These include the *Dzemawodzi* (gods), *Ayɛi* (witches), *Gbeshi* (fate, life programme) and *Musu* (bad omen). There are a number of rituals which are performed to reverse the situation. Due to the cultural expectation of the marriage arrangement, the whole family tries their best to help their relatives living with infertility. People living with infertility are motivated by a variety of factors including cultural, religious, and innate factors to bring forth at all cost. They are not discriminated against by the religio-cultural structures in their functional roles such as appointment to various positions but society looks down upon such people and stigmatizes them.

Infertility affects the woman, the couple, and the families concerned since children are the only means of continuing the ancestral lineage.

There are a number of indigenous interventions in the form of rituals and a variety of modern treatment technologies which come into play in the treatment of infertility. All these methods have their own religio-cultural ramifications.

Education, counseling, and advocacy services are the surest ways to manage this all important issue of infertility amongst and within the religio-cultural milieu of the Gã People of Ghana.

TABLE OF CONTENTS

Chapter One

General Introduction

1.0 Introduction

The issue of infertility, sterility, barrenness or childlessness has been with humanity for a long time. It permeates all human cultures. The ability for couples to have children is, most of the time, assumed and expected in most cultures, and so when couples are not able to bring forth children it becomes a very big issue. Childlessness is regarded in many different ways in our society, at best as a misfortune, and at worst as irresponsibility or a deviance. This point is buttressed by Monach when he said:

> "With the advent of reliable contraception and worldwide concern about over-population it has now been accepted that small families are 'socially responsible', but not, still, 'no family' (the everyday shorthand for 'no children', which childless people find demeaning). Voluntary childlessness has still to gain wholehearted social approval, and is often acknowledged as indicative of covert disability. Involuntary childlessness is, statistically at least, a deviant family form, and one which has attracted little open concern and interest. Until recently, very little attention has been paid to the situation of those couples who wish to have children, but fail to conceive. Medical intervention might help, but this might be very demanding, and, in many cases, ultimately unsuccessful." (Monach 1993:15)

This is how Linda Hammer Burns and Sharon N. Covington also discuss the issue of infertility in their book '*Infertility Counseling'*. :

> "Yearning for children and the heartbreak of barrenness has been a part of life since the beginning of mankind, chronicled throughout history by religious accounts, myths, legends, art, and literature. Whether driven by biological drive, social necessity, or psychological

> longing, the pursuit of a child or children has compelled men and women to seek a variety of remedies, sometimes even extreme measures. In fact, in all cultures involuntary childlessness is recognized as a crisis that has the potential to threaten the stability of individuals, relationships, and communities. Every society has culturally approved solutions to infertility involving, either alone or together, alterations of social relationships (e.g., divorce or adoption), spiritual intercession (e.g., prayer or pilgrimage to spiritually powerful site), or medical interventions (e.g., taking of herbs or consultation with 'medicine man'). [http://Cambridge.org, 23/3/10)

The above outlines the fact that infertility is an age old problem which has been with humanity for a long time and the various ways humanity has tried to manage it.

For example in Biblical times infertility featured prominently among the patriarchs. It affected patriarchs like Abraham, whose wife brought forth at an incredible age of ninety (Genesis 18:10-11; NRSV 1995: 14). Rebecca the wife of Isaac was barren for some years (Genesis 25: 21, NRSV 1995: 22). Elizabeth the wife of Zacharias brought forth John the Baptist in her old age (Luke 1: 7; 36, NRSV 1995: 53-54). "Be fruitful, and multiply, and replenish the earth" (Genesis1:28, NRSV 1995: 1-2) was the command from God to Adam and Eve at the beginning of creation. In the above context infertility could be understood as a divine curse on the woman, since in those times male infertility was unrecognized. In the Book of Genesis, when Jacob was angry with his wife Rachel, he went as far as saying: "Am I in God's stead, who hath withheld from thee the fruit of the womb?" (Genesis 30:2, NRSV 1995: 27). On the other hand, pregnancy was and still is considered a gift from God. Eve says: "I have gotten a man

from the Lord" (Genesis 4:1, NRSV 1995: 3). Thus children were desired and viewed as a gift from God bestowed on His deserving servants:

> Sons are a heritage from the LORD, children a reward from him. Like arrows in the hands of a warrior are sons born, in one's youth. Blessed is the man whose quiver is full of them. They will not be put to shame when they contend with their enemies in the gate Psalm 127: 3-5 NIV

As a consequence, the infertile person in most communities is stigmatized and treated with contempt.

In a recent study of the stigma of infertility in Nigeria which focused on two high fertility communities of Lopon and Amakiri. Anthropologist Marida Holos (http://brown.edu, 13/11/09) observed that the necessity for a woman to have a child remains basic in this region. Motherhood continues to define an individual woman's treatment in her community, her self-respect, and her understanding of womanhood. Holos, indicated that the stigma of infertility even extends to a woman's death, burial of the infertile woman remains a problem since expenses are usually paid by the woman's son. Funeral costs for childless women are consequently paid for by their paternal kin, resulting in small-scale and quiet burial rites. The Ghanaian cultural milieu is no exception to the issues raised in the above discussions. People would want to have children at all cost, and so they go to great extent to fulfill that wish. Holos work is very significant in the sense that it gives us an insight into the Nigerian's view of infertility and how infertile persons are treated. From Holos work it could be inferred that infertility is a life altering problem and the stigma associated with it in Nigeria is prevalent.

Though the fertility rates in developing countries might be high, infertility, sterility, or barrenness also affects so many people in these countries that it cannot be over looked. It is a very important issue which most of the time seems to be ignored but comes with a lot of ramifications some of which are informed by the religion of the people concerned and others by the cultural context in which it occurs.

In the African cultural context, and for that matter the Ghanaian cultural context, infertility or childlessness becomes a very serious issue. This is because of the way the African views and values children. Children are very important because they help continue or sustain the family lineage. In some instances it is believed that ancestors are reincarnated in the children that are brought forth. Children also help their parents economically, in the olden days, on the farm and in recent times in their businesses.

1.2 Problem Statement

Ghana is not an exception to the prevalence of infertility. There have been stories about the extent to which some couples living with infertility go to have children. These couples living with infertility especially the women are prepared to go through any ordeal with the promise of bringing forth children. They move from herbalists, prayer camps, to hospitals seeking treatment. The question is what is there in the Ghanaian or more specifically the Gã culture that drives these women to behave in this way? Are there aspects of the Ga peoples' religious beliefs that serve as motivation to these women or couples?

This study investigates the religio-cultural basis of infertile couples' bid to have children by considering the broader picture of Ghana and then taking a more focused look at the Gã people of Ghana as a case study. The study also investigates the religio-cultural basis and responses of some of the treatment options of infertility.

1.3 Significance of the Study

This study seeks to bring out the religio-cultural underpinnings of infertility among the Gã people of Ghana which can be extrapolated into other cultural contexts in Ghana. It will also seek to identify the role that Traditional Authorities, Religious groups and the Government could play to reduce, the pain and sufferings that infertile couples go through. It will also come out with ways in which the stigma and ridicule associated with the issue of infertility could be managed.

1.4 Methodology / Research Design

This section discusses the methodology adopted in conducting this research. It specifically examines the research design, and the sub-disciplinary methods that would be adopted.

Research design is the procedures and techniques employed by a researcher in the attempt to discover what he wants to know. As Kumekpor (1999) puts it, it is the 'HOW' of how we go about discovering what we want to know'. Sarahavel (1991) also defines methodology as the 'methods by which we gain knowledge'. The research design used in this study is the qualitative research methodology, which is one of the oldest in the social sciences. It is exploratory in nature and characterized by the

utilization of such popular qualitative techniques as focus groups which is a non–structured interview conducted by a moderator in a natural manner with a small group of respondents and depth interviews which are unstructured and direct personal interviews in which a single respondent is probed by a skilled interviewer to uncover underlying motivations, beliefs, attitudes and feelings on a topic. (Malhotra 2007,145-147). A few leading questions were used by the researcher during the focus groups sessions and the depth interviews. (Appendix A&B).

The above research design and sub-disciplinary methodologies were used because they are tested methodologies used in social science research work. Qualitative research provides insights and understanding of the problem setting (Malhotra 2007; 143). These methodologies also help bring out peoples' motivations, beliefs, attitudes, and feelings.

The above research methodologies are appropriate for this study because it will help to achieve the objective of this study which is the investigation of the religio-cultural basis of infertile couples' bid to have children in Ghana and specifically among the Gã people of Ghana.

The above research design and the sub-disciplinary methodologies were used to collect primary data for analysis.

Secondary data which is data that have already been collected for other purposes other than the problem at hand will also be analyzed. This will involve the review of books, journals, articles and various theses relevant to the topic under investigation.

1.5 Scope of the Study

The study will cover the Gã People in the Greater Accra Region of Ghana. But since this area forms part of Ghana a general overview of infertility in Ghana will be given. The Gã People have been chosen because of the way they hail and value the new born baby through their elaborate child naming ceremonies and reward systems for mothers. Also because of the cosmopolitan nature of Accra, the city with the highest concentration of the Gã people, their culture and religious beliefs have the potential of influencing and being influenced by the cultures and religious beliefs of other people in Ghana. It means that the culture of the Gã people is also vulnerable to the influence of other cultures and religious beliefs.

Asante (1995:8) defines culture as: The sum of patterns of behavior acquired from humans' dealings with their environment and transmitted to later generations through art and symbol, the aim of which is to define a group's identity and aspirations, to serve as the basis of social behavior, and as a factor determining what is to be accepted or rejected in a given situation (Asante, 2007:4). He went on to emphasize the fact that "culture can hardly be static" (Asante, 2007:4). This presupposes that culture is dynamic. To Gyekye, culture is a living reality. (Gyekye, 1999:28).

The above supports the view that culture is dynamic in the sense that it has the potential to influence other cultures and it could also be influenced.

In the context of our contemporary religiously pluralistic world and with the advent of modern technological advancements, the Gã people are currently religiously pluralistic and so the consideration of the other religious views on infertility is to show that, though some couples have culturally and religiously identified themselves as Gã, due to their

current confessional religious inclinations, their discourses on the issue of infertility would be influenced and coloured by these other religious beliefs. In this study therefore, we shall consider the beliefs of the Judeo-Christian tradition and Islam on infertility and its treatment as we investigate the Gã religio-cultural perspective and attitude on this topic. This is against the background that a considerable number of Gã people profess to be Christians or Muslims.

1.6 Literature Review

This section deals with the literature review of the study. The purpose here is to examine literature on this topic and to find out how it impacts this study. In an article, titled *'Life cycle'* which discussed the life of the Mambwe-Lungu of Zambia the author pointed out how important children are to this people in the following words:

> "Children are very important among the Mambwe. The importance of having children, especially male children cannot be over stressed. Barrenness is seen as a curse and can bring many problems within a marriage. Divorce or the taking of a second wife are not uncommon when a couple is childless. Witch doctors are often consulted to provide "medicine" to overcome the problem of barrenness… The purpose of marriage is to have children". (http://wwwcesa.imb, 15/11/09)

The above statement clearly shows us the importance these people attach to marriage, childbirth and their view of barrenness. This is however in the Malawian context. This study seeks to look at this issue in the Ghanaian context and more specifically it will take a critical view of the Gã people in Ghana.

Mbiti when commenting on marriage and procreation in his book *'African Religions and Philosophy'* pointed out that "… marriage is the focus of existence. It is the point where all the members of a given community meet: the departed, the living and those yet to be born" (Mbiti 1990:130). He continued that "…marriage and procreation in African communities are a unity: without procreation marriage is incomplete". (Mbiti 1990:130). This unity, he says, attempts to recapture the lost gift of immortality. It therefore becomes a religious obligation by means of which the individual contributes the seeds of life towards man's struggle against the loss of their original immortality" (Mbiti 1990). Mbiti went on further to state that:

> "Biologically both husband and wife are reproduced in their children, thus perpetuating the chain of humanity. In some societies it is believed that the living - dead are reincarnated in part, so that aspects of their personalities or physical characteristics are 're-born' in their descendants. A person who, therefore, has no descendants in effect quenches the fire of life, and becomes forever dead since his line of physical continuation is blocked if he does not get married and bear children. This is a sacred understanding which must neither be abused nor despised" (Mbiti 1990:130)

When Mbiti was discussing the importance of childbirth and children to the African, he stated further that:

> "To die without getting married and without children is to be completely cut off from the human society, to become disconnected, to become an outcast and to lose all links with mankind. Everybody, therefore, must get married and bear children: that is the greatest hope and expectation of the individual for himself and the community for the individual" (Mbiti 1990:131)

The above discussion by Mbiti underscores the importance of procreation to the African. This, in our opinion, explains the importance of childbirth to the African and explains

why childless people normally do not feel comfortable in the African society. Mbiti's work is very relevant to this research since it brings out the general view of the African on the issue of marriage and procreation, especially on the issue of fertility of the woman in a marriage situation and the abhorrence of barrenness for whatever reason. However Mbiti's work discussed the issue in general terms but this study seeks to look at a specific African Nation and a particular group of people, that is, the Gã people of Ghana.

In a study titled '*Religion and Fertility Behavior of Married Men and Women: An Empirical Examination of Data from Ghana, sub-Saharan Africa.'*, Takyi et al observed that:

> The lack of empirically based studies on religion and the fertility behavior of men and women in sub-Saharan Africa, and in particular Ghana, is problematic for several reasons (http://paa2006.princeton.edu, 15/11/2009).

The first reason adduced by the Takyi is the fact that, previous researchers have indicated that children are viewed in many parts of Africa as God's gift, or as a way to pacify ancestors (Caldwell & Caldwell 1990a; Ebin 1982). Moreover, ethnographic studies have reported that in Africa, childbearing and childcare activities tend to take place within the context of wider religious and lineage relationships. For example, in many traditional Ghanaian societies, women are expected to marry and have more children, an expectation fueled in most cases by traditional religious beliefs that place a high premium on childbearing and equate barrenness and infecundity with a divine curse (Ebin 1982; Caldwell 1982). Takyi observed that in West Africa, a 'woman' is

only recognized as such if only she is able to bear children. The argument is that in environments where childbearing decisions are framed within the context of religious expectations, it is less likely that women would behave in a way that would challenge the existing status quo. The second reason is that, in a society such as Ghana where the people interpret their actions within a religious milieu the lack of studies on the intersection between religion and childbearing issues cloud our comprehension of recent fertility behavior.

The above observations and reasons are very relevant to this current research. This is because this study seeks to answer some of the questions raised by Takyi. It was also done in the Ghanaian context which makes it all the more relevant. The current research will draw from the relevant parts of the above work. However Takyi did not discuss infertility amongst the Gã people of Ghana which this study seeks to do.

Again, in an article titled *Marriage among the Igbo of Nigeria*, Obi C. A. observed that the main purpose of marriage to the Igbo is to bring forth children. If you ask the ordinary Igbo man or woman why he desires to marry, the spontaneous answer will be: "I want to marry in order to beget my own children, to get a family like my parents". (http://afrikaworld.net 15/11/09). This is indicative of the fact that the Igbo people take the issue of infertility of a couple seriously. Infertility in a marriage among the Igbos results in serious family problems. This clearly was within the Igbo context. On the other hand this research will find out the situation in Ghana and more specifically the situation among the Gã people of Ghana.

Kilson (1974:89-90) in her book *African Urban Kinsman: the Gã of Central Accra*, reported on a survey she conducted on six traditional healers for three months treating a total of 131 patients as follows:

> On the advice of relatives or friends and sometimes after resorting unsuccessfully to western medicine (29 cases or 22 per cent), patients came to healers with both physical ailments (100 or 76 per cent) and social concerns (31 or 24 per cent). Fully one quarter of the physical complaints were concerned with sexual and reproductive disorders; eighteen women came to healers about barrenness, irregular menses, or venereal disease, while seven men consulted healers about impotency or venereal disease.

The above report from Kilson's survey gave an indication of the prevalence of reproductive disorders, barrenness and impotence among the Gã people.

Kilson's work though very relevant to this study, did not actually address the issue of the religio-cultural perspective of infertility among the Gã people which this study seeks to investigate.

The cited studies on other ethnic groups sought to bring to the fore their cultural practices, attitudes and perceptions of infertility. This study has the objective of bringing out the Gã people's perceptions and attitudinal distinctiveness on the issue of infertility and its treatment.

1.7 Organization of the Study

Chapter one will be the general introduction in which we will look at the background of the study, the problem statement, methodology, scope of the study and literature review. The Second Chapter will look at the human reproductive system, causes of infertility

and its consequences. A section of this chapter will consider the ethical theories, concepts and principles that are called into play in the treatment of infertility. Chapter Three will take a critical view of religion, culture and infertility in Ghana in general and specifically the Gã people of Ghana. A detailed study of the Gã people, their culture, and family life will be considered. Chapter Four will look critically at the various methods for the treatment of infertility in general and also among the Gã People. It will also discuss the religious and cultural responses to infertility treatments and modern medical treatments. The ethical perspectives of these methods of treatment will be discussed. Chapter Five will be a compilation of responses from the questionnaire administered and the interviews conducted. The final chapter, Chapter Six will discuss the findings of the research, draw conclusions and give recommendations.

Chapter Two

The Human Reproductive System, Causes of Infertility and its Impact

2.0 Introduction

Human reproduction revolves around the human reproductive systems, therefore, before we can actually appreciate why there is conception or otherwise in human beings we need to understand the human reproductive systems. Sexual reproduction is the process of producing offspring for the survival of the species and passing on hereditary traits from one generation to the next.

The male and female reproductive system contributes to the events leading to fertilization. The female organs then assume responsibility for the developing human, birth and nursing. The male and female gonads (testes and ovaries respectively) produce sex cells (sperm and ova) and the hormone necessary for the proper development, maintenance and functioning of the organs of reproduction and other associated organs and tissues (http://www.adam.com, 10/11/09)

The reproductive system comprises the reproductive organs and associated organs. Conception in humans is how the male and female gametes come together to produce an offspring. This is a very delicate process which takes place within the body of the female. Problems with conception bring about infertility. Infertility is the inability of a couple to produce offspring over a period of time. There are a variety of causes of infertility.

In this chapter, we will take a brief look at the male and female reproductive systems and the role they play in the conception process. We will also look at infertility, its causes and effects.

2.1.1 The Male Reproductive System

Unlike other body systems, the reproductive system is not essential for the survival of the individual; it is however, required for the survival of the species. The reproductive system is unique in two respects. First, the fact that it does not become functional until it is "turned on" at puberty by the actions of sexual hormones sets the reproductive system apart. Second, while the other organ systems of the body exhibit slight sexual difference, no other system approaches the level of dissimilarity of the reproductive system.

The functions of the male reproductive system are to produce the male gametes, spermatozoa, and to transfer them to the female through the process of coitus (sexual intercourse) or copulation. The structures of the male reproductive system can be categorized on a functional basis into primary and secondary sex organs. The primary sex organs are called gonads; specifically, the testes which produce the gametes or spermatozoa and secrete sex hormones. The Secondary sex organs are those structures that are essential in caring for and transporting spermatozoa. The three categories of secondary sex organs are the sperm transporting ducts, the accessory glands and the copulatory organ. The ducts that transport sperm include the epididymides, ductus deferentia, ejaculatory ducts and urethra. The male accessory reproductive glands are the seminal vesicles, the prostate and the bulbourethral glands. The penis, which

contains erectile tissue, is the copulatory organ. The scrotum is a pouch of skin that encloses and protects the testes. In the male, secondary sex characteristics include body physique, body hair and voice pitch. (Van De Graaff, 2000:679)

2.1.2 The Female Reproductive System

The female reproductive system produces ova, secretes sex hormones, receives spermatozoa from the male and provides sites for fertilization of an ovum and implantation of the blastocyst. Parturition follows gestation and secretion from the mammary glands provides nourishment for the baby.

The organs of the female reproductive system, like those of the male are categorized as primary and secondary sex organs. The primary sex organs are called gonads and in the female are known more specifically as the ovaries. Ovaries produce the gametes (ova) or eggs, and produce and secrete sex steroid hormones. Secretion of the female sex hormones at puberty contributes to the development of secondary sex characteristics and causes cyclic changes in the secondary sex organs that are required for reproductive function.

Secondary sex organs are those structures that are essential for successful fertilization of the ovum, implantation of the blastocyst, development of the embryo and the fetus and parturition. The secondary sex organs include the vagina which receives the penis and ejaculated semen during coitus and through which a baby passes during delivery; the external genitalia which protect the vaginal orifice (opening), the uterine fallopian tubes, through which ovulated eggs are transported toward the uterus and where fertilization

takes place; and the uterus (womb), where implantation and development occur. The muscular walls of the uterus play an active role in parturition. Mammary glands are also considered secondary sex organs because the milk they secrete after parturition provides nourishment to the child. Secondary sex characteristics in the female include the breasts, abdomen, mons pubis, and hips; body hair pattern and broad pelvis. (Van De Graaff, 2000: 707-708)

2.1.3 Fertilization (Conception) In Humans

Fertilization refers to the penetration of an ovum (egg) by a spermatozoon with the subsequent union of their genetic material. (Van De Graaff, 2000:735). The first step in prenatal development is the initial contact between sperm and secondary oocyte. Ejaculation deposits about 100 million sperm cells in the woman's body. A sperm cell can survive here for up to 6 days but can only fertilize the oocyte in the 12 to 24 hours after ovulation. The female's muscles contractions, the movement of the sperm tails, the surrounding mucus and the waving cilia on the cells of the female reproductive tract all propel the sperm toward the oocyte. Despite this help only 200 or so sperm near the oocyte and only one will penetrate it.

As the sperm enters the secondary oocyte, the female cell completes meiosis and becomes a fertilized ovum Fertilization becomes complete when the genetic packages of the sperm and ovum meet. (Lewis, 1998:218)

2.2 Infertility

Infertility is a complex phenomenon. It has multiple causes and consequences depending on the gender, sexual history, lifestyle, society and cultural background of the people it affects. Due to its complexity and the difficulty in diagnosing and treating it, infertility is a real health concern. Although infertility is considered by some to be primarily a woman's problem, men often contribute to and are also affected by it. About a third of the time, infertility can be traced to the woman, in another third of the cases, it is because of both partners or no cause is found. (http://www.medline.net 25/03/10)

The American Society for Reproductive Medicine (ASRM) defines infertility as a disease of the reproductive system that impairs the body's ability to perform the basic function of reproduction. Infertility means not being able to become pregnant after a year of trying. If a woman keeps having miscarriages, it is also called infertility.

Conceiving a child may seem to be simple and natural, but the physiological process is quite complicated and depends on the proper function of many factors including the following: production of healthy sperm by the man; production of healthy eggs by the woman; unblocked fallopian tubes that allow the sperm to reach the egg; the sperm's ability to fertilize the egg; the ability of the fertilized egg to become implanted in the uterus; and adequate embryo quality (http://www.Asrm.org 11/11/09)

Monach (1993) mentions a number of factors which have been identified as possibly causing a rise in childlessness or infertility. Some of these factors are the age at which

women are seeking to have their first child. Age is well established as being negatively correlated with fertility. Women are marrying later and delaying a first birth longer (Monach, 1993: 16-17). The combined effect of such changes might well be to raise the overall rate of childlessness in the population.

Vessey *et al.* (1986; 11:120-4) suggest that there is some negative impact of the contraceptive pill on fertility, particularly for childless women in their thirties. Two controversial contraceptive drugs have particularly been implicated in increased risk of infertility in the taker or her daughters; Depo Provera and DES (diethylstilbestrol). The contraceptive practice to be most frequently blamed for causing infertility is the intrauterine device (IUD). There are various ways in which an unwanted side effect of other medical interventions might bring about infertility. (Monach 1993:17) Hypotensive drugs and those used for the treatment of anxiety and depression have all been implicated in reduced fertility; all these classes of drugs have been increasingly prescribed in recent years. In addition, drugs that are commonly abused, together with coffee, alcohol and tobacco, have all been linked to impaired fertility, acting by direct pharmacological action and through the reduction of sex drive (Denber, 1978:20, 1:23-9). Other environmental toxins, including radiation, have come under suspicion as causing more women to experience difficulty in conceiving or bearing live children (Monach 1993: 17)

Smoking tobacco is known to have a deleterious effect on fertility (Howe *et al.* 1985; 290:1697-1700). Marijuana and numerous medically prescribed drugs, as mentioned above, have also been implicated in reduced fertility. Exposure to lead, iron, zinc or

copper and to radiation or toxic fumes are all said to affect fertility in men (Stanway, 1980:160).

Abortion may also be of significance especially those conducted under unhygienic conditions and by the use of crude methods. The researcher interviewed two ladies who as a result of abortions which were not properly carried out have become infertile. Sexually transmitted diseases may be playing an increasingly important role. Venereal disease such as gonorrhea, and *Chlamydia trachomatis* infections are believed to be particularly implicated in infertility. (Diczfalusy 1986,34:1)

This study in addition to the scientific causes of infertility, will explore cultural and religious practices and beliefs that have a bearing on infertility, this will be done in the Ghanaian context and more specifically focus on the religio-cultural perspective on infertility of the Gã people of Ghana

2.2.1 Causes of Male Infertility

Misconceptions are very common in the world of infertility. One popular myth is that infertility is the woman's problem and that once that 'problem' is fixed; the couple will be able to conceive. (http://ivf.com 20/10/10). This is not true. The male contributes to infertility in a marriage. Functional disorders of the male reproductive system include impotence, infertility and sterility. Impotence is the inability of a sexually mature male to achieve and maintain erection and /or the inability to achieve ejaculation. Sterility is similar to infertility except that it is a permanent condition. Sterility may be generally caused by certain conditions or it may be the result of degenerative changes in the

seminiferous tubules Sterility and impotence are functional disorders that cause male infertility. The most common cause of male infertility is inadequate production of viable sperm. This may be due to alcoholism, dietary deficiencies, local injury, variococele, excessive heat, hormone imbalance or excessive exposure to radiation (Lewis, 1998:698 -700). In addition, use of lubricants, timing and frequency of intercourse, use of medication or recreational drugs, exposure to chemicals or radiation, smoking and use of steroids can affect fertility in a man. (http://www.health-cares.net 11/11/09)

2.2.2 Causes of Female Infertility

Female infertility usually occurs when there is a problem with ovulation, a damaged fallopian tube or uterus, or a problem with the cervix. Age may also contribute to fertility struggles because as a woman ages, her fertility decreases. Ovulation problems may be caused by one or more of the following: a hormone imbalance, a tumor or cyst, eating disorders such as anorexia or bulimia, alcohol or drug use, thyroid gland problems, excess weight, stress, intense exercise that causes a significant loss of body fat, extremely brief menstrual cycles. Damage to the fallopian tubes or uterus may be caused by one or more of the following: pelvic inflammatory disease, a previous infection, polyps in the uterus, endometriosis or fibroids, scar tissue or adhesions, chronic medical illness, a previous ectopic (tubal) pregnancy, a birth defect. Abnormal cervical mucus may also cause infertility by preventing the sperm from reaching the egg or making it more challenging for the sperm to penetrate the egg. (http://www.health-cares.net 11/11/09)

2.2.3 Psychological Causes of Infertility

In this section we will look briefly at how infertility is caused by psychological factors. Monach (1993) identifies six psychological factors that are believed to contribute to the causation of infertility.

Several terms have been used to cover this area of concern: psychosomatic, psychogenic or functional infertility. All refer to the same proposition, that there is a group of patients whose infertility is primarily caused by psychological factors in the broadest sense—that is, there is either no physiological cause at all, or only physiological factors which have been triggered by a psychological condition.

In the first place, there is a group of infertile people (usually women) who have *personality problems*. The identity of some women is so embedded in having a baby that they cannot envisage themselves except as mothers. A woman may become pregnant on discovering her own identity and finding that she can face life even if she does not have a child. The argument is that some infertile women, whilst apparently obsessively seeking help, unconsciously fear sexual intercourse and reject the very ideas of pregnancy, childbirth, and motherhood (Monach 1993:22).

The fewer papers on men, focusing on impotence, reflect a similar approach (Abse 1966; 17:133-9, Noy *et al.* 1966; 39:43-53, Palti 1969; 31: 326-30). This is interpreted as reflecting the unresolved oedipal drive of repressed sexual attraction to the mother. The necessity to repress this incestuous desire leads to fears of castration and to impotence, its behavioral manifestation. Secondary to this, is posited the unconscious

desire to punish the wife for daring to assume the place of the mother. Newill points out that:

> 'With some other women, personality disorders are more deep-seated. (They) have obsessional or downright aggressive personalities, and… make themselves infertile by their temperaments…Aggressive women are the most difficult to deal with because they rapidly antagonize every doctor with whom they come into contact. Recently, a woman phoned me to ask for an appointment. While I was trying to get details of her problem she took me by surprise by accusing me of inconsistency in that I was saying the opposite of what I had written in some previous article. I tried to give her an explanation but she became quite hysterical and, sobbing, screamed 'Oh God! You are no use to anyone!' and slammed down the receiver. I doubt if any doctor could help this sad woman. She is the victim of her own personality.' (Newill 1981)

Secondly, the role of *stress* in prejudicing fertility is more widely accepted. Many studies have been done which demonstrate that severe psychological distress can lead to periods ceasing or changing in character; depression and anorexia in young women are frequently cited. Stress might operate by increasing the level of prolactin in the blood to the point where menstruation is stopped (Harper *et al.* 1985; 3:3-8), and it is known to affect the endocrine system which is so crucial in the control of fertility. Severe externally generated stress is also believed to lead to impaired sperm production in men.

The third factor is sexual difficulties, which prevent adequate intercourse, and are known to be frequently psychological in origin. These are principally vaginismus or dyspareunia in women and impotence or premature ejaculation in men, which are accepted as having a substantial, and sometimes exclusive, psychological component (Monach 1993:24).

The fourth factor is the 'waiting list effect'. It has been found out that a not inconsiderable number of patients do conceive whilst on the waiting list for referral to the infertility service, or during investigation but prior to any active treatment. Fifthly, is the issue of unexplained infertility*:* this is the existence of a substantial group whose infertility cannot be satisfactorily explained. The condition of this group has been used to substantiate the view that functional infertility is a major factor in infertility. The sixth factor is post-adoption conception. This is the commonly held belief, in lay and medical circles, that adopting couples, even after long periods of infertility investigation and treatment, and having been given little hope of conceiving their own child, still achieve conception once an adoptive child has been placed. The argument is that once the stress of failing to achieve the desired pregnancy is removed, the consequent relaxation permits conception (Monach 1993:24-25).

2.3 Infertility and Religion

Religion plays a central role in many people's lives. It shapes world views and often provides explanations for life occurrences. Despite potential support from religious institutions and their members, infertile couples often receive disenfranchising messages from the beliefs of their religion. For instance, many religious foundations and beliefs place a strong emphasis on childbearing. A religious institution that has a strong family emphasis can be alienating to couples who do not or cannot have children. This section explores what the Bible says about infertility, and also what the Catholic Church, the Mormons, Islam, and Judaism, teach about procreation and infertility.

2.3.1 Infertility in the Bible

Although the Bible is the source of the commandment "Be fruitful and multiply," from the beginning, couples were frustrated in their attempts to conceive a child. All of the three patriarchal and matriarchal couples -- Abraham and Sarah, Isaac and Rebecca, Jacob and Rachel -- were infertile. Of the matriarchs, only Leah had no trouble conceiving. Yet even she went through a period when she was unable to have more children, despite her desire.

The Bible indicates some fundamental theological suppositions that had great influence on later Judaism. Childlessness was not simply a cause for sadness; it was perceived to be a sign of God's displeasure. Infertility in the Bible is a form of punishment.

This is indicated clearly by the story of Abraham who fearing for his life from Abimelech, the king of Gerar, lied, saying that Sarah, his wife, was his sister. With this false information, Abimelech took Sarah into his household with the hope that she would become his wife. God appeared to Abimelech in a dream, rebuking him for living with a married woman. As a punishment, all the women of his household became sterile.

Another example of infertility as a sign of divine disfavor is the story of Michal, the wife of King David and the daughter of King Saul. When the ark of the Lord was brought up to Jerusalem, after being held by the Philistines, David rejoiced and celebrated. The Bible says, "As the Ark of the Lord came into the City of David, Michal daughter of Saul looked out of the window and saw King David leaping and dancing before the Lord; and she despised him for it" (2 Sam. 6:16 NRSV:289). Michal chastised David for behavior unbecoming of a king, and David defended the propriety

of his action. The tale ends with the words, "And Michal the daughter of Saul had no child to the day of her death" (2 Sam. 6:23, NRSV:290). Michal was punished for her angry words at her husband; she was to remain childless.

In the biblical worldview, God is the key to everything that happens in the world. To be childless was taken as a sign of divine displeasure. The Old Testament even mentions infertility as a punishment for certain sexual crimes (Lev. 20:20-21;NRSV:111). If one is afflicted with any disease, one should search his or her behavior for wrongdoing. This is the classical religious view, and for many it still holds great sway today.

Yet most of the women in the Bible who were infertile are not portrayed as being sinful. On the contrary, they are held up to be examples of piety and generosity. Sarah, Rebecca, Rachel, Hannah, and the Shunammite women all exemplify spiritual qualities imitated by future generations of women. Each was barren, yet each eventually conceived.

Sarah is considered the mother of the people Israel. She was Abraham's wife, and her Hebrew name comes from a word meaning princess. Yet the prominent feature that was highlighted about her the first time she was mentioned in the Bible was her barrenness. "Now Sarai was barren, she had no child" (Gen. 11:30; NRSV:10)

God appeared before Abraham and promised to be his shield and protector. Abraham answered back with words that should be familiar to any childless couple. "... 'O Lord God, what will you give me, for I continue childless, and the heir of my house is Eliezer of Damascus!... ‘You have given me no offspring, and so a slave born in my house will be my heir' (Gen. 15:2-3; NRSV: 12). But he Word of the Lord came to him, "...'This

man shall not be your heir, no one but your very own issue shall be your heir"' (Gen. 15:4; NRSV:12).

We see a major concern of Abraham. To be childless is to have no heir. It seems that it was the custom of the day for a childless man to "adopt" a servant to be his heir. Abraham adopted his servant Eliezer of Damascus as an heir. Yet one senses the emptiness in the lives of Abraham and Sarah; once again, the sadness behind the words is obvious. The years passed, and there was still no sign that God's promise would come true. The story continues:

> Now Sarai, Abram's wife, bore him no children. She had an Egyptian slave-girl whose name was Hagar. And Sarai said to Abram, "You see that, the Lord has prevented me from bearing children. Go in to my slave girl ; it may be that I shall obtain children by her ." And Abram listened to the voice of Sarai . So, after Abram had lived for ten years in the land of Canaan, Sarai, Abram's wife, took Hagar the Egyptian, her slave girl, and gave her to her husband Abram as a wife. He went in to Hagar and she conceived; and when she saw that she had conceived, she looked with contempt on her mistress. (Gen. 16:1-4; NRSV:12)

The story continues with the birth of Ishmael, son of Hagar and Abraham. Sarah's plan to bring Hagar in as a surrogate mother backfired and thus began a series of domestic troubles within Abraham's household. Trouble developed between Sarah and Hagar, between Sarah and Ishmael, and ultimately between Isaac and Ishmael.

What is intriguing about the story are the words that Sarah used. She said, " Go in to my slave girl ; it may be that I shall obtain children by her " (Gen. 16:2; NRSV:12). The children would become Sarah's children, at least in a fashion. In fact, a similar story takes place when Rachel is unable to conceive a child. She said to Jacob, "Here is my

maid Bilhah, go in to her, that she may bear upon my knees and that I too may have children through her" (Gen. 30:3; NRSV;27). When Bilhah gave birth, the Bible continues, "And Rachel said, 'God has judged me, has also heard my voice and given me a son.' Therefore she named him Dan" (Gen. 30:6; NRSV:27). Rachel called the son born to her handmaiden "my son."

The stories of Sarah and Rachel provide biblical sources for allowing an infertile couple to build a family. It is a form of surrogate mothering. We will find many other examples in the Bible of one person giving birth to a child, who is then called by someone else's name. Of course, the child of the handmaiden never acquires the status of a biological child. Isaac's status as Sarah's biological child is greater than that of Ishmael. Similarly, Joseph and Benjamin, Rachel's biological children, have greater status than Dan and Naphtali, the two sons of Bilhah. Despite a lesser status, this was an acceptable method for a barren woman to have a child from her husband. In biblical times, concubinage was an acceptable social institution.

In the end, God did remember Sarah and blessed her with a son, Isaac. Abraham was one hundred years old, and Sarah was ninety. With Isaac, and his wife Rebekah, fertility problems were passed on to a new generation. The issue of Isaac and Rebecca was given prominence in the Bible when he was forty years old and had just taken Rebecca to be his wife. It says, "Isaac prayed to the Lord for his wife, because she was barren; and the Lord granted his prayer, and his wife Rebekah conceived" (Gen. 25:21; NRSV:22). When Isaac was sixty, Rebecca gave birth to twins, Jacob and Esau.

With Rachel and Jacob, infertility becomes a problem for a third generation. Here we encounter a situation that we have already seen with Hannah and Peninnah, the loved wife and the unloved wife. Jacob had two wives, Leah and Rachel. Leah, the unloved wife, had the children. Rachel, the beloved wife, was barren. It is a constant theme in the Bible. Hannah, the beloved wife, was also barren, whereas Peninnah, the unloved co-wife, had the children. In fact, the book of Deuteronomy warns, "If a man has two wives, one of them loved and the other disliked, and if both the loved and the disliked have borne him sons, the firstborn being the son of the one who is disliked, then on the day when he wills his possessions to his sons, he is not permitted to treat the son of the loved as the firstborn in preference to the son of the disliked who is the firstborn" (Deut. 21:15-16; NRSV:184).

The Bible warns against playing favorites with two wives. A frequent punishment seems to be that the favored wife is infertile. Leah, the unloved wife, kept hoping to find favor in her husband's eyes through her many children.

From Rachel, we have the cry that any woman who longs for children can understand. "When Rachel saw that she bore Jacob no children, she envied her sister; and she said to Jacob, 'Give me children, or I shall die'" (Gen. 30:1; NRSV:27). The cry of anguish can be felt by infertile couples in all generations.

Many couples with children do not realize that childlessness is like a death. There is a period of mourning that the infertile couple goes through when they realize that they are unlikely to conceive a child. It often includes all five stages of grief that Elisabeth Kübler-Ross identified among dying patients -- denial, anger, bargaining, depression,

and acceptance. A couple unable to conceive must work through their loss just as must a person who has a death in the family. Only after they have mourned for the child they cannot have are they ready to ask the question, "Where do we go from here?"

To Rachel, childlessness was a form of death. She saw no reason to live. Rachel's emotional statement can be understood by anybody who has faced infertility.

Rachel, like Sarah, used her handmaiden to have children in her place. Leah, who had stopped conceiving, also gave her handmaiden to Jacob. The jealousy and competition continued between the two sisters. When Leah's eldest son, Reuben, picked some mandrakes, Rachel wanted them because they were thought to have the power to reverse infertility. Ultimately, Rachel gave birth to two sons, Joseph and Benjamin. She died giving birth to Benjamin.

There are still other examples of the barren woman in the Bible. Samson's mother was childless when an angel of God appeared to her and told her she would conceive. Her son would be a nazirite, a man whose life would be dedicated to God. He was not to drink wine, or touch unclean things, or shave his hair (Judg. 13:2-25; NRSV:238-239). Similarly, a Shunammite woman was very kind to Elisha. Yet she was childless, and her husband was old. Elisha promised her a child, a promise that did come true. Later Elisha brought the child back to life after he died (2 Kings 4:8-37; NRSV:345-346). In all these cases, God is the one who gives or withholds the ability to bear children.

The theme of a barren wife is a frequent one in the Bible. From the women we have studied, we get a sense of the emotional anguish of infertility. Yet, in terms of Jewish law and tradition, female infertility is not as serious as male infertility. Men were

expected to be fruitful and multiply, whereas women were exempted. In biblical times, if a man's wife was infertile, he could always take a second wife. It may have caused domestic problems, as it did for Sarah and Abraham, but at least he was fulfilling his obligation. In the Bible, a childless woman was regarded with pity, but for a man to be childless was particularly tragic. A greater concern in the Bible was that a man who died childless would have no one to carry on his name.

To avoid having children was considered a grievous sin in the Bible. What of the man who dies childless? We can learn a great deal from the story of Er and Onan. Er was the oldest son of Judah and the grandson of Jacob. He married a woman named Tamar. The Bible tells the story of Er and Onan:

> But Er, Judah's first-born, was wicked in the sight of the Lord, and the Lord put him to death. Then Judah said to Onan, 'go in to your brother's wife and perform the duty of a brother-in-law to her; raise up offspring for your brother.' But since Onan, knew that the offspring would not be his, he spilled his semen on the ground whenever he went in to his brother's wife, so that he would not give offspring to his brother. What he did was displeasing in the sight of the Lord, and he put him to death also. (Gen. 38:7-10; NRSV: 36)

This is the first time the Bible mentions the institution of levirate marriage, in which the brother of the deceased man has an obligation to marry the widow and have children. The children are called by the name of the first husband. Even after his death, it was unthinkable that a man should be without seed. Here is a biblical example of one person having a child and that child being raised in the name of someone else. Onan should have fulfilled his responsibility to raise children in his brother's name. By spilling his

seed upon the ground, he was committing a grievous sin. The laws of levirate marriage are found in the book of Deuteronomy (25:5-10; NRSV: 187):

> When brothers reside together and one of them dies and has no son, the wife of the deceased shall not be married outside the family to a stranger. Her husband's brother shall go in to her: taking her in marriage and performing the duty of a husband's brother to her and the firstborn whom she bears shall succeed to the name of the deceased brother, so that his name may not be blotted out in Israel. But if the man has no desire to marry his brother's widow, then his brother's widow shall go up to the elders at the gate and say, 'My husband's brother refuses to perpetuate his brother's name in Israel; he will not perform the duty of a husband's brother to me' Then the elders of his town shall then summon him and speak to him. If he persists, saying, 'I have no desire to marry her', then his brother's wife shall go up to him in the presence of the elders, pull his sandal off his foot, spit in his face, and declare: 'This is what is done to the man who does not build up his brother's house'. Throughout Israel his family shall be known as 'the house of him whose sandal was pulled off'.

In the Bible, levirate marriage was an important commandment. To refuse was a disgrace, and to spill one's seed upon the ground, as Onan did, was a sin worthy of death.

The Biblical view of infertility can be summarized as follows:

- The Bible sees infertility as a tragedy. Sometimes it is a sign of disfavor by God, yet many of the most righteous biblical figures were infertile.
- For a woman to be infertile is sad; for a man to die without an heir is worse still.
- The Bible suggests ways for infertile couples to build a family. These include adoption (Michal and Abraham), surrogate mothers (Sarah and Rachel), and levirate marriage.

- ❖ God ultimately is the key to fertility and infertility. Proper prayers and proper behavior can cure infertility.

2.3.2 The Catholic Church

Catholicism is known for its emphasis on the importance of children in marriage and the family. Poston and Kramer reported that the catechism taught to Catholic children before 1962 specified the purposes of marriage as twofold: "The primary purpose was the procreation and rearing of children; the secondary purpose was the mutual satisfaction and support of the husband and wife, along with the satisfaction of their sexual desires. . . Childlessness was, at best, frowned upon by the Catholic Church, if not discouraged" (Poston & Kramer, 1984: 5-6). For Catholics raised in the Church since 1962, little has changed. Poston and Kramer explained that with the end of the Vatican II, the goals of marriage have been redefined with the two purposes being equal. However, despite this dramatic change in definition, having children is still considered one of the major objectives of marriage. Young Catholics are still taught through the catechism that having children is central to married life.

The Catholic Church continues their strong pronatalistic message in the rites of marriage. When a couple wishes to be married in the Catholic Church, they must meet with a priest or a deacon for at least three separate marriage sessions. Before the first session, the bride and groom are asked to answer six questions under oath, outside of each other's presence: "The fourth question asks, 'God willing do both of you intend to have children in this marriage?' If both parties respond negatively and insist that they do not plan to have children, then it is doubtful that they could be married in the Catholic

Church". (Poston & Kramer, 1984:6-7) The wedding ceremony continues the emphasis on the importance of the woman's role as a mother. A woman's life role is seen as mother and wife first, and individual second. These messages from the catechism, marriage preparation, and the marriage ceremony tell couples that having children is of utmost importance to their roles as "good" Catholics. When couples cannot conceive, they may feel like they have failed in the roles expected of them by their religion.

The messages from the Catholic Church and the Bible, the foundation of the Catholic Church, tell of the importance of having children. Infertile couples may naturally feel separated from the Church by not being able to fulfill their required roles as parents. In addition, they may feel "out of favor" with God, and infertility is presented as a curse on them. However, the Catholic Church is not the only religion to send such powerful pronatalistic messages to its followers.

2.3.3 Mormonism

Many of the rituals of the Mormon religion center on the importance of having children. Being a mother is considered the pinnacle of female achievement, the most significant work and the most exalted role a Mormon woman can have -- more primary (though perhaps just barely) than that of a wife, (Wilcox 1987: 208-209). Mormonism rests on the belief that "As man is, God once was; as God is, man may become" (Young, 1954: 30). According to Mormon theology, a host of other worlds exist for habitation by men who have been advanced to divine status: "Thus if a good Latter-day Saint were faithful and married a wife or wives under the 'celestial marriage system' for time and eternity,

he might advance to be a god over his own world with its inhabitants from his own family. To these believers, then, the more children they had the better" (Young, 1954: 30). Marriage is required for the full salvation of Mormon men (Charles, 1987:46). Charles explained the foundation of this belief using the Mormon text of the Doctrine and Covenants. According to Section 131, there are three heavens or degrees. For a man to advance to the highest degree he must enter the "new and everlasting covenant of marriage. And if he does not, he cannot obtain it. He may enter into the other but that is the end of his kingdom; he cannot have an increase" (Charles, 1987:46). The next section of the Doctrine and Covenants, Section 132, explains that the new covenant of marriage is polygyny or polygamy. Women are seen as instruments for their husbands' using. The system of polygamy was created to facilitate the advancement of the man into his reward in the afterlife.

Although men are "saved" by marrying and being "righteous," Mormon women are in a completely different circumstance. As Young (1954) explained, "A woman's salvation here and hereafter was completely dependent upon her being married to a man who held the divine keys of admission into heaven" (Young 1954:33). The pressure to have children is very intense for the Mormon woman:

> A woman's main function was to bear children for her husband. If a man had no progeny he was forgettable, not "immortal" at all. Childbirth was thus the key to a woman's worth, and infertility was always seen as caused by a defect in a wife, never in a husband. Even though a man might already have children by another wife, a wife who was barren still felt a desperate need to provide her husband with children. The stories of Sarah, Rachael, Samson's mother, and Hannah all manifest the stigma and disgrace associated with barrenness. The jealousy of Sarah toward Hagar, of Rachael toward Leah, and the pride of Hagar and Leah about their own fertility, shows

> that women evaluated themselves and each other by their ability to bear children. (Charles, 1987: 40)

Although the pressure is on the couple to have children, it is more focused on the woman. After all, a polygamous man could find another wife to bear him children. Infertility on the part of the man is not addressed in the literature.

Although polygamy is no longer widely practiced among Mormons (Shipps, 1987:7-12), its roots in the history of Mormonism are still felt among Mormon women today. "In early Utah much of the focus of the mother's influence was directed toward her power to 'build up the kingdom' through her children" (Wilcox, 1987: 209). Wilcox quoted a typical 1867 sermon from then apostle George Q. Cannon: "A great glory is bestowed on woman, for she is permitted to bring forth the souls of men. It is a glorious mission which God has assigned to his daughters, and they should be correspondingly proud of it". (Wilcox, 1987: 209-210) For the Mormons, a man's children and descendants will form his "kingdom." This explains why men are "anxious to have numerous families, as the more children a man has, the greater will be his power and glory hereafter, as their patriarch and monarch" (Stenhouse, 1872:186). Infertility is seen as a barrier to achieving salvation in the Mormon perspective.

Although "subordination and inferiority of women is no longer explicitly preached in the Mormon church" (Charles, 1987: 57), women still occupy a lesser role. "Partnership in marriage is still a hierarchy in which each person assumes her or his proper and essential role". (Charles, 1987: 57) For women, this role has changed little. According to Wilcox (1987), "In the last twenty years, much of the Mormon rhetoric about mothers

has remained virtually indistinguishable from that of the previous thirty or forty years. . . the glorification of motherhood has continued with little or no change" (Wilcox 1987: 216). Like the Catholic couple, a Mormon couple's infertility is seen as destroying their traditional role in the Mormon religion. However, for the Mormon couple, their salvation virtually depends on their fertility, adding a greater threat to an already painful situation. In contrast to the overwhelmingly strong messages of the Mormon religion, Islam contains a slightly different message.

2.3.4 Islam

In addition, childbearing does not play as central a role in the institution of marriage. Procreation in Islamic marriages is not the sole purpose of marital sexual relations: "Dwelling together in tranquility is an overall purpose in marriage. This is more equitable because all couples can achieve tranquility, but not all couples are fertile. . . . While procreation is an expectation in marriage, it is not its exclusive purpose' (Omran, 1992: 15). It is this expectation that adds pressure for the infertile couple. As Omran asserted, "Children are highly valued in many societies, but particularly so for the Muslims. . . . Muslims believe that children are gifts of Allah". Additionally, children are seen as "proof of a wife's fertility and a husband's virility" (Omran, 1992:30-31).

Children also carry an economic, as well as social, value. Children constitute a built-in social security system for parents in old age, in crippling sickness, and in case of unemployment. Pride in having a large family is a feature of traditional societies where numbers are equated with power. This stems from tribal beliefs that having many children, particularly sons, was a prerequisite for protecting family wealth, property,

honor, and social functions (Omran, 1992:34). The messages from the Muslim religion are mixed, acknowledging that children are not the only reason for marriage, but placing a value on them socially and economically. The more informal messages from the Muslim culture are more strongly pronatalistic. This can lead to feelings of separation from their faith and culture by the infertile Muslim couple.

Omran (1992) recognized the dilemma these messages pose for the infertile couple and supported help for them from the medical community: "The treatment of infertility is the complement of family planning. Having children is one of the joys of life and those who have no children should be assisted to have some. Services to control infertility should therefore be provided as an integral part of family planning services" (Omran, 1992:184). However, these treatments are limited by the Quran:

> The treatment of infertility is not only allowed but recommended. There is no problem with chemical or surgical therapy as long as it is performed by honest, experienced specialists. . . Although surrogate motherhood is not specifically mentioned in the *fatwa*, it is understood from other evidence that it is forbidden. Adoption is also forbidden because of the deception involved. Caring for a child and treating him or her as kin is allowed but no false family name is provided. (Omran, 1992: 186)

Thus, adoption and surrogacy are not options for the infertile couple. Other methods are preferred and acceptable in the Muslim religion. Although the acceptance of these treatments is encouraging for the infertile couple, the restrictions on adoption and surrogacy limit their options for having a child. A couple wishing to follow these options would be further disenfranchised from the Muslim way of life. Like Islam,

Catholicism, and Mormonism, the Jewish faith also communicates the importance of childbearing to its followers.

2.3.5 Judaism

Judaism is comprised of three dominant branches: reform, conservative, and orthodox. This discussion attempts to address commonalities about infertility within, rather than differences between, these branches.

In Ancient Israel, a woman's motherhood was seen as her primary role in Jewish society. "Childbearing and raising children were highly regarded functions and were seen as essential to the survival of the Jewish people" (Kaufman, 1993: 46). The stories of Rachel and Elizabeth in the Old Testament are told in the Jewish religion, as well as in the Catholic and Mormon religions. For the Jewish follower, "fertility is associated with blessing, barrenness is associated with punishment for transgressions" (Kaufman, 1993: 46). Although there are many different sects of Judaism, all Jews accept the "importance of family and entry into marriage as a religious and social obligation" (Hyman, 1986: 7). In the Jewish wedding ceremony, an officiant praises God for "fashioning woman in the likeness of man, preparing for man a mate, that together they might perpetuate life" (Hertzberg, 1991: 114). These views are similar to those of the Catholic Church. However, in the Jewish religion the pressure of fertility and procreation is placed on the man rather than the woman.

Generally, Jewish teachings view marriage as the bond that makes two incomplete beings whole. Sexual relations in marriage are acceptable even when the purpose is not

procreation. It is part of the bond of husband and wife. Marriage is considered optional and voluntary for the woman under the reasoning that seeking a mate is an aggressive act, more suited for the man than the woman. It must be noted, however, that "Judaism regards the deliberate intent to remain single as unforgivable selfishness" (Kaufman, 1993:16). For the woman, the release of having to seek out a mate lessens some of the pressure to bear children. In addition, the Jewish religious text, the Torah, does not require a woman to bear children if it might endanger her health. A commitment to having children must be made by a woman's "free will" and not by order of an outside source (Kaufman, 1993:17)

The command to procreate is directed toward the man more than toward the woman. Lauterbach (1970) cited the "duty of propagation" as central to a man's role, "a man must fulfill the duty of propagation of the race" (Lauterbach, 1970:218). However, Lauterbach described many situations where marriage and sexual relations were acceptable even when having children was impossible. For the infertile couple, marriage is not seen as demanding childbearing, yet the emphasis placed on procreation might seem contradictory.

Today the pressure for Jewish couples to bear children might be even more intense (Schneider 1984). Schneider asserted that the Jewish population level is cause for alarm: "We're not even at replacement level! The goals of the Jewish community are clear: at the same time that Zero Population Growth is urging high school students to plan for one-child families, the Task Force on Jewish Population in New York is advocating that Jewish schools put up posters showing families with five children" (Schneider 1984 :371).

Longing to respond to the urge to have children, infertile couples feel left without resources, but Schneider noted that, artificial insemination is encouraged for couples who are fertile but cannot conceive, as long as the husband's sperm is used (Schneider, 1984 :396)

2.4 Impact of Infertility

Infertility is a major life crisis for couples who have to live with this condition in their life. Infertility could be said to be the thief of dreams and it robs couples of joy and happiness. It even becomes more serious in our religio-cultural context where every married couple is expected to bring forth children.

This section will look at how an infertility diagnosis can result in a sense of widespread loss, raise questions about gender identity and challenge the foundation of the couple's relationship. Deveraux and Hammerman (1998:57), maintain that "with the loss of fertility comes a host of other losses including the loss of social outlets, sexual well being, physical comfort, privacy, financial resources, psychological stability and family harmony". The psychological, social, economic, religious and gender impact of infertility will be discussed in this section.

2.4.1 Psychological Impact

The failure to fulfill the natural tendency or yeaning to bring forth children has a substantial psychological impact on the couple concerned. Edelmann and Connolly (1986; 59:209-19) indicated that the impact of infertility upon psychological functions is a complex matter influenced by many variables including the duration of infertility, the investigative procedures carried out, whether the cause of infertility is with the man

or the woman, and the diagnosis and prognosis from the investigations. Other variables are the previous relationship and personality, social and economic factors, and the clinical regime to which couples are subjected.(Monach 1993:25)

2.4.2 Sexual Problems

The deep sadness that some couples experience permeates every arena of their lives, most notably in their sexual relationship. Some couples no longer feel spontaneous and carefree in their lovemaking because it is so closely associated with their desperate attempt to conceive. Many couples report a diminished sex drive due to the need to schedule sex, the loss of spontaneity, and the focus on conception. Sexual encounters which used to be a comfortable expression of their feelings for one another become laced with sadness for many couples. (Deveraux and Hammerman, 1998:59)

2.4.3 Loss of Privacy

Studies have shown that most infertile couples lose their privacy as a result of the ordeals they go through in their bid to bring forth. Whereas menstrual cycles and frequency of intercourse were once a woman and her partner's private concern, after a diagnosis of infertility a client's cycles and sexual practices are often scrutinized by a number of individuals, from fertility specialists to family members. She is asked specific questions regarding her menstrual and sexual history, from birth control methods to her final gynecological health. Friends and family members provide unsolicited advice about how they should have their sex. Most couples have repeatedly been asked questions about their inability to have children and why it is taking them so long to start their family. Thus, a couple's sex life becomes a subject of fact discussion. Many people

assume that when a couple does not have children, the couple is willing to discuss their fertility problem openly.

Most of the time, couples do not want matters of their intimate functioning to be the subject of a public forum. Nor do they wish to discuss the details and expense of their fertility treatment. (Hammerman and Deveraux, 1998:60- 61)

2.4.4 Financial Drain

Fertility treatment in general is very expensive. This serves as a drain on the finances of couples living with infertility who will want to go for the treatment. The drain on couples' financial resources also limits their access to the reproductive technologies that they may be able to participate in and this contributes to their growing sense of powerlessness. In addition exorbitant cost directly affects the choices clients can make regarding other paths to parenting such as adoption (Hammerman and Deveraux, 1998: 61).

2.4.5 Infertility and Gender Identity

Gender refers to the social attributes and opportunities associated with being male and female and the relationships between women and men; and girls and boys, as well as the relations between women and those between men. These attributes, opportunities and relationships are socially constructed and are learned through socialization processes. They are context or time-specific and changeable. Gender determines what is expected, allowed and valued in a woman or a man, in a given context. In most societies there are differences and inequalities between women and men in the responsibilities assigned,

activities undertaken, access to and control over resources, as well as decision-making opportunities. Gender is part of the broader socio-cultural context. Other important criteria for socio-cultural analysis include class, race, poverty level, ethnic group and age (http://ITU.com 27/4/10).

Infertility has an impact on a couple's ability to fulfill their gender-specific, biological roles in the reproductive process. Hammerman and Deveraux (1998:63) pointed out that, while women assume that they can get pregnant, men assume they can impregnate. Men and women assume that the choice is theirs. Infertility defies the basic assumption of men and women about what it means to be female or male and seemingly robs them of their reproductive choices. In our Ghanaian culture, procreation is viewed as an entitlement and the inability to reproduce is viewed as a fundamental deficiency. The impact of infertility on each gender varies according to roles that men and women play in reproduction, but there is a common link: both genders experience losses as the result of an infertility diagnosis. Cultural distinctions are made between boys and girls from the moment of birth. Parents, relations, peers, television, books, advertising and religious doctrines impact values about gender to children. What infertility does is it prevents men and women from conforming to or from meeting their reproductive expectations. So infertility undermines a couple's self concept or identity as a male or female. (Hammerman and Deveraux 1998:53)

2.4.6 Infertility and Masculinity

Infertility impacts greatly on the male partner in several ways. Men who are or whose partners are diagnosed with infertility are faced with a potential assault on their

manhood. Because masculinity is associated with virility, potency and strength, while infertility is commonly associated with impotency, weakness and being effeminate. Infertility causes men to feel as though the legitimacy of their identity as a man, a husband, and a potential father is being challenged, both by society and by the man himself (Hammerman and Deveraux 1998:65). The foregoing discussion actually shows how infertility affects men and their identity.

2.4.7 Infertility and Femininity

Infertility presents women with a complex variety of challenges and emotions which, they, by the nature of their gender and socialization feel obliged to unravel. One such reaction is the response that some women give for the loss of their experience of pregnancy and childbirth. This loss can be experienced as both a physical and psychological assault on the woman's identity. The decision for a woman to procreate or not is often understood to depend on prerogative as opposed to limitation. Women are also reminded on a monthly basis through menstruation of their biological role in procreation. The biological expectation that all females are potential mothers is coupled with a cultural expectation that all females desire motherhood. As young women and adults, females are further prepared for motherhood through television programs, advertising, home economic courses and babysitting. The underlying message is that motherhood is the ultimate expression of feminity. (Hammerman and Deveraux 1998:66) Women begin to ask themselves who they can be if they cannot be mothers. It is as if their human value has been reduced and their whole being, body and soul have become 'infertile'. At this point infertility ceases to be a medical condition and turns to

be a 'definition of self'. This is how a woman who has reached this point expressed her feeling:

> …All I know is that if I was going to be a mother, I would feel like my life was complete. But since I am not, I guess I better figure out what I am going to do with the rest of my life. I just cannot imagine ever feeling good about anything again. I do not even know if my husband will stay with me when he realizes that children are not an option for us. My guess is that he will find someone who will be able to give him a baby. Since I cannot do that, I cannot imagine that he would be happy with me. I am not happy with me. (Hammerman and Deveraux 1998: 67)

The theme in the above story which is a woman questioning her value as a woman and believing that she is incapable of nurturing anything, because she cannot 'grow a baby', is typical of many women who have allowed infertility to sabotage their self- concepts.

2.5 Emotional Impact

Discussions of the emotional effects of childlessness acknowledge the distress often experienced. The ideas of psychologists including Erikson, Bowlby, and Parkes, influenced Menning's model of the emotional impact of infertility. Menning's model as outlined in Monach (1993:36-42) suggests that reactions to the distress of infertility follow a pattern akin to bereavement. These reactions include surprise, denial, isolation, anger, depression, grief and finally acceptance and resolution.

2.5.1 Surprise

People assume that they will be able to conceive without difficulty. This lack of preparedness might be seen as one aspect of the pronatalist attitudes that affect all our society. A couple might well react with surprise, shock, and disbelief at the realization that conception is not going to occur with the dramatic suddenness that family planning propaganda portrays in alerting the unwary to the dangers of unplanned parenthood.

2.5.2 Denial

The stance is that 'this can't be happening to me!' Although it is unlikely to be an available strategy for most infertile couples, there may be situations, where it has longer term value for the couple.

2.5.3 Isolation

This is an aspect of the general presumption of universal fertility. The isolation is, partly, the inevitable result of attempts to keep the infertility hidden from others, and thus self-imposed, although nonetheless painful. This might have undesirable consequences in a number of ways: reducing the sources of help available; encouraging misleading notions of why the couple concerned are not having children, perhaps reinforcing negative stereotypes; perhaps permitting untrue ideas to arise concerning the location of the problem. (Miall 1986; 33, 4: 268-282). For many couples, childlessness is experienced as emptiness, a sense of not belonging, a deficiency in one's perspective of the future, a lack of purpose in life. In addition there is often the fear of having to rely on strangers in old age and a fear of severe loneliness upon the loss of the marital partner (Bierkens 1975:180).

Most couples who have been diagnosed as infertile report of gradual shift in their ability to relate to people with whom they had once talked easily. They notice that it is hard to listen to others because they are forever anticipating the dreaded questions about children. Some eventually withdraw from social settings in an attempt to avoid having to answer awkward questions and listening to the news of others' pregnancies and their children's developmental milestones. Husbands and wives report increasing frustration with each other and with themselves as they discover the impossibility of meeting all the needs of their spouses. They become unable to do anything out of pure enjoyment because they are always remembered of their isolation and of the fact that there is no one else with whom they can comfortably be. This is how a woman in this situation expressed her frustration:

> If one more person at work gets pregnant that will be the end of me. I just cannot stand it. Why everyone with the exception of Jason and I are having kids does not make sense to me. I cannot believe how nosy some people are, too, because they will just come right out and ask us when we are going to have kids. Can you believe it? I do not need to be around all that anyway. (Hammerman and Deveraux1998:58).

There is also this angle that, although they have isolated themselves, couples may also feel abandoned by their friends and family members who are fearful of saying the wrong thing.

2.5.4 Anger

An immediate consequence of infertility is the surrender of a sense of control over one's body and important life decisions. The medical profession has to be given access to parts of one's life and behaviour usually regarded as entirely private, engendering a feeling of helplessness. The other aspect of loss of control is the extent to which it is necessary to consider sexual matters when taking decisions which would normally be quite unrelated. The second explanation is an extension of the first: personal defense mechanisms operate to protect the individual from the sense of personal failure or betrayal by the partner; these feelings may be projected outwards as anger onto convenient authority figures, in this case doctors, hospitals, family, and friends.

2.5.5 Guilt

Infertile people are encouraged to review their histories in the sort of detail which makes it likely that they will find something about which to feel guilty. Everyone, given the opportunity or pressure for such a review, would find something discreditable. The careful search for a cause which infertility investigation involves may lead to self-blame. These guilt-producing experiences include abortions, contraception, premarital sex, venereal disease, masturbation, divorce, and unusual sexual practices.

2.5.6 Grief

Grief over infertility and childlessness is particularly difficult to cope with because there is no object of the grief, rather it is the loss of 'what might have been' and therefore 'unfocused'. Childlessness may involve various kinds of loss. Some of these losses are relationship with a child, self-confidence, stake in the future, vicarious

fulfillments of parenthood, self esteem and security in sickness or old age among others. These are summarized as the 'three negations', and are outlined as *thwarted love*; the love a parent gives to, and receives from a child, *peripherally*: those unable to establish the conventional family feel themselves peripheral socially and finally genetic *death*: the realization that their genes will not be passed on through countless generations.

2.5.7 Depression

Mahlstedt (1985; 43) claims that any one of the losses experienced by couples living with infertility could precipitate a depressive reaction in an adult. Depression, characterized by a sense of hopelessness and despair, is a very common consequence of the diagnosis and treatment of infertility. This may particularly be the case where the infertility is unexplained.

2.5.8 Acceptance/Resolution

The final stage is that of acceptance. All the theorists of grief and bereavement see mourning as a healthy process which, when properly completed, leads to acceptance and resolution; they also recognize the possibility of blockages occurring. As Menning observes, several factors conspire to inhibit this process. Firstly, the loss may not be recognized by others. Secondly, social attitudes still seem to make the loss in some respects unmentionable, being associated with sexual matters. Thirdly, the loss may not be absolute, in that for so many couples fertility will not be zero, and hope, however remote, might remain until the woman's menopause. Finally, the childless couple may lack strong social support networks which would enable them to deal with the feelings without fear of being left without support. All the literature of people's experiences

previously referred to accept that this process might take a long time to complete, and that, just as with grief, the pain will never go away entirely, but lie hidden to emerge on occasion (Monach, 1993:36-42).

Chapter Three

The Gã People and Their Religio-Cultural Perspective on Infertility

3.0 Introduction

This chapter will discuss the religion and culture of the people of Ghana in brief and specifically of the Gã people of Ghana. It will also discuss the religio-cultural perspectives of the Gã People on infertility.

Amoateng and Heaton (1989) in a paper in the *Journal of Comparative Family Studies* stated that "The cultural heritage of Ghana is pervasively religious". (Amoateng and Heaton 1989:81) It was also noted that in traditional African communities it was not possible to distinguish between religious and non- religious areas of life: all life is religious. The belief is held among African communities that supernatural powers and deities operate in every sphere and activity of life. The collective religious experiences of the people give ritual recognition to the things the community value, especially those connected with birth, marriage or death. Parrinder (1954:9) refers to the African as "incurably religious". This statement aptly summarizes the religiosity of the African and for that matter the Ghanaian. Salm and Falola (2002:33) also maintain that religion is inseparable from virtually every aspect of Ghanaian life and is important in the determination of the Ghanaian worldview. Religion commands a central place in the organization of social, political, and cultural life, and regulates the relationship between people and their physical and spiritual environment.

There are various religions in Ghana but the predominant ones are Christianity, Islam and African Traditional Religion. The belief systems of these religious groups help in the formulation of the world view of most people in Ghana. These belief systems also determine how most people will go about seeking solution to problems and the challenges they face.

Another factor that determines the behavior and attitudes of a people is their culture which Asante, quoting De-Graft Johnson, defines as "those ways of life which peoples have devised over a long period, and found to be helpful in building their society" (Asante 1999:147). Ghanaians have a rich cultural heritage. Different tribal groupings in Ghana have different cultural perceptions and value systems. These cultural norms also determine the reaction of a people to various adverse situations and conditions. In the context of this thesis the main issue is with infertility or barrenness.

3.1 Religio-Cultural Perspective of Infertility in Ghana

Asimeng (1981:62) enumerates three factors that are normally considered in the choice of partners. These are: the tribal linguistic origin of the partners; the background of criminality, honesty, or psychiatric disposition not only of the individual but of other individuals in the sub-clan or the lineage and finally the fertility or barrenness of the wife.

This criterion gives us an indication as to how important children and childbearing are in marriages in the Ghanaian context. It also presupposes that if the to be partner is barren then the marriage might not come on. The need for children is so crucial that if

a wife died without children, there could be a sister-substitute to continue the marital arrangement. This is indicative of how important children are in the worldview of the Ghanaian society. In Ghana, the idea that a woman's glory is enhanced if she gave birth to more children, and also that it is a taboo to reject conception are dominant themes in the Ghanaian religio-cultural context. This point also buttresses the importance of children in the religio-cultural milieu in Ghana. These perceptions in the Ghanaian cultural milieu inform the behavior and attitudes of Ghanaians when it comes to the issue of infertility and barrenness. From the foregoing it can be inferred that, it will be quiet uncomfortable for couples without children to live within the Ghanaian religio-cultural setting.

3.2 The Gã People of Ghana

3.2.1 Origins of the Name Gã

'Gã' is the name particularly applied to the people and country bounded on the east by the lagoon Tshemu near Tema, on the west by the river Sakumo fio, on the south by the sea and by the Akwapem Mountains on the north. It is, however, generally applied to the people and land from Cook's loaf or Langma to the Volta. (Reindorf 2007:24)

The reduplication of Gã is *Gãgã,* which is the name of the big black ants which bite severely and are dangerous to the white ants. The natives call themselves *'Loeiabii'*. *Loei* is the Gã term for another species of dark brown ants, which wander about in great swarms and invade houses, killing and devouring every living thing they meet. These ants are called 'nkrang' by the Twis and Fantes (Reindorf 2007:24).

3.2.2 Location and Grouping

This is how Field (1961) describes the land of the Gã people:

> The country of the Gã is a flat grassland often short of water. The sea is its southern boundary and on the north the sharply rising scarp of the Akwapim 'mountains' separates the hungry plain from the well-rained-upon forest country with its Twi-speaking tribes. The western boundary is the river Densu and the eastern, the Laloi lagoon and its tributary stream coming down from Aburi in the Akwapim range. (Field 1961:1)

The towns from west to east are Accra, Osu, Labadi (La), Teshi, Nugua, Tema and Kpong. Each owns a strip of territory stretching northwards and each has its own independent government" (Field 1961:1). The towns themselves are of curious constitution. The people of each town narrate that it was founded by what seems to have been a harried gang of refugees fleeing from eastern lands and travelling probably along the beach, a natural highway. The gangs appeared at different times and each consisted of 'a few men and their sons and brothers and many wives and children'. Each gang seems to have first fortified one of several hills on the boundaries of plain – Legon, Okakwei, Adzangote, Lanma, and to have removed later to the coast and settled there permanently. (Field 1961:2).

3.2.3. Language

The Gã language is spoken along the coast from the River Densu just west of Accra to Tema in the east. In Ghana today, the Gã language is spoken by people in all the regions in the country as a result of movement of people and inter marriages.

3.2.4 Kinship

Inheritance and succession among the Gã-speaking people are in general determined by patrilineal descent and the basis of social organization is the patrilineage or house (*we*). Each of the Gã 'towns' is a configuration of a varying number of houses or patrilineages, whose members trace their descent back to the founder of the house and call themselves the *webii* (house children) or sometimes the *weku* (literally house group). Membership of a patrilineage may be acquired by adoption as well as by birth. Every house has its own set of personal names, divided into two sub-sets used in alternate generations. A number of brothers severally receive the same names as their paternal grandfather and his brothers. Sisters receive the same names as their paternal grandfather's sisters. Thus grandparent and grandchild are socially equated. Every house has its own god or *dzemawɔn* whose shrine is in the main lineage house or *adeboshia*. There is a strong feeling of corporate responsibility among lineage members; the lineage is collectively responsible for the behavior of its members and there is a tradition of great pride in one's house, which is a powerful sanction of law and order (Manoukiam 1950:73).

The Gã term *dzemawɔn* can be translated as 'god' and '*wɔn*' as anything that can work but not be seen. A *dzemawɔn* is a powerful type of intelligent *wɔn*, who is practically omnipotent and omniscient. The *dzemawɔn*, though invisible and like the wind, can for its own purposes take any incarnation it likes (Field 1961:4).

3.2.5 Marriage

When discussing marriage among the La people, Azu, indicated that marriage among the La people, is the final goal of the sex life of men and women, and sexual activities are from their earliest manifestations given the stamp of this cultural value. (Azu 1974:25). It is not the mere union in marriage that men and women clamour for, but a marriage which is blessed with children. It is thus the ambition of every La youth to marry and have children. Even in childhood, it is clear to the boy and girl that marriage and the birth of children are the ultimate purpose of the sexual functions to which all earlier activities of a sexual kind is a prelude. The above point is very significant for this study. This is because the above value system might be one of the motivating factors for married women who go to every extent to bring forth children in the Ga religio-cultural context.

3.2.6 Population

According to the 2000 population census the total population of Gã-Adangbe people in Ghana is 1,383,064. The Greater Accra Region has the highest population of 793,501 followed by the Eastern Region with 373,167. The Upper Region (now divided into Upper West and East Regions) has the least population of 2,798 (2000 Ghana Census Document)

3.2.7. Gã Government

Field (1961:3) maintains that Gã governments were originally absolute theocracies and the only rulers were the priests. The idea of secular chiefs and stools is quite foreign to the Gã and has been borrowed from Ashanti and Akuapem. The Gã people maintain that

originally the chief *wulɔ mɔ* or high priest was the only ruler of the town. After the coming of the Europeans and for purposes of warfare, alliances and negotiation with foreigners and outsiders, it became necessary for the high priest to relegate much of the secular part of his duty to two of the lesser *wulɔ mɛi* or priests, who became known as the *Mantsɛ* (town father) and *Mankralo* (town guardian). The *Mantsɛ* and *Mankralo* receive their authority directly from the chief *wulɔ mɔ* and only by virtue of their primary positions as lesser priests.

3.3 The History of the Individual Towns

The following is an outline of the history of the individual towns of the Gã people

3.3.1. Accra (Gã Mashi)

Gã speaking refugees who are said to have come "down the Niger" from inland at the end of the sixteenth century, gave rise to the *Asere, Abola, Gbese* and *Sempi* 'quarters' of Accra, each of which has its own stool and *Mantsɛ* and to the *Akunmadzei* 'quarters' which has no *Mantsɛ's* stool. The *Otublohu* 'quarter' originally consisted entirely of Akwamu people, later joined by some Denkera who had come to Accra as servants of then Dutch. The *Alata* 'quarter' was first lived in by workers from Lagos brought by the English to build a fort.

The *Alata* and *Sempi* 'quarters' later joined by *Akunmadzei*, united for military purposes and they put themselves under the protection of the English, becoming known as English Accra or Jamestown. The two main sections of the *Gã Mashi – Asere* and *Abola* joined respectively by *Otublohu* and *Gbese* put themselves under Dutch

protection and these four 'quarter' became known as Dutch Accra (Manoukiam 1950:67).

3.3.2. Osu

According to history, some people from Osudoku in the Krobo district were given part of the land in their area, overrun by hunters from Nungua. They formed two 'quarters' which were later increased to four by a group from Labadi (La) and some former servants of the Europeans in the Christianborg fort (Manoukiam 1950:68).

3.3.3. Tema

A small number of farming settlements scattered around the present site of this town were menaced by raiders from the forest country and by guerrilla warfare between the people of Nungua and Labadi (La), so they joined forces and came to live on the present site of Tema. They organized for war under Adzeite Asari, said to be an Akwamu refugee, whose descendants formed that half of the 'town' known as Asaman (Asare's town). The other half is composed of *Kpesi* people, later joined by some people from Latɛ and is known as Amudun (Manoukiam 1950:68).

3.3.4 Nungua

It is said that originally the Nungwa people were made up of two separate stocks with two sets of lineage names only. They lived in two sets of villages scattered within a four or five mile radius of the present Nungwa. One group was Gã–speaking immigrants from 'Nigeria country' who came at the same time as the Accra immigrants, probably in the late sixteenth century. The other group was already on the land when the Gã-

speaking people arrived; tradition says they were of Akwamu origin (Manoukiam 1950:68).

3.3.5. Labadi (Lá)

This section was founded by the Gã Boni who maintains that they came from Bonni on the Nile delta and arrived in the country with the *Gã Mashi*. They founded five 'quarters' and a sixth was created later by a party of Ewe (Manoukiam 1950:68).

3.3.6. Tɛshi

This section (town), was first organized by a party of colonists from Labadi whose leader had quarreled with the Labadi *Mantsɛ*. They joined with earlier occupiers of the site to form the town of *Tɛshi* which now have five 'quarters', consisting of *Kpesi* people, the descendants of the Labadi colonists, a group of *Fante* fishermen *Gbugbla* refugees and some *Shai* people (Manoukiam 1950:68).

3.4 Gã Religious Belief System

This section will discuss the Gã people's religious belief system.

3.4.1 Gã Cosmology

The Gã cosmology is intertwined with the mental mapping of the physical world. (Parker, 2000:21).The Gã identifies a distant 'withdrawn' supreme being *Nyɔ nmɔ* , who is associated with the physical phenomena of rain. Parker continued that as with many African Societies everyday worship is directed toward more accessible 'gods of the

world' *Dzemawɔ dzi* (sing: *Dzemawɔ n*), the most powerful of an array of supernatural forces *wɔ dzii* (sing: *wɔ n*) jostling for space with mankind's living, dead, and unborn. The Gã people believe that just as the known world is bounded by the omnipresent sea and attendant rivers, so spiritual power is phased by the fluidity, ambiguity and coolness of water. Water – and its highly potent variation, alcohol served to mediate relations between the living and the dead, between the known and unknown. (Parker, 2000: 21).

3.4.2 The Gods and their Servants

The Gã term *dzemawɔ n* is translated by Field as 'god'. A *won*, by Gã definition, is "anything that can work but not be seen" and includes the smaller beings of specialized and limited activity associated with medicines and magic. A *dzemawɔ n* is a powerful type of intelligent *wɔ n*, not specialized in his activities but practically omnipotent and omniscient. 'He comes and goes like the wind'. He is called *dzemawɔ n* 'because he walks about the world and the towns' (*dze* – world, *man* –town). (Field 1961:4)

Dzemawɔ dzi may be associated with certain places, such as hills or lagoons, or with certain animals; there are rain giving *dzemawɔ dzi*, others associated with fishing, with birth and with war.

In each town there are dozens of gods, some of which are found in more than one town and are worshipped by all the inhabitants and some which are worshipped by small groups.

Field identifies four main types of deities and their respective modes of worship and classified them as follows:

1. The gods worshipped with singing and dancing are called *Kplé*. These include the aboriginal gods worshipped before the coming of the Gã tribes.

2. The gods whose worshippers sing and dance to the '*Mé* ' type of music. They are of Adangbe origin brought by migrants from the Krobo District.
3. The *Kpã* gods centered in Labadi (*Lá*). They were originally war-gods and have drums as their fetishes.
4. The gods whose worshippers use the *Otu* and *Akɔ n* types of dancing and music; they are yam eating gods of Fanti and Akwapim origin respectively.

The senior God of each 'town' is always the rain-giver; in fact he is the giver of all good things; his priest was originally the ruler of the town and still toady has the final voice in any moral controversy. Every important god except those who have sacred groves called *aklabatsa*, has a house called a *gbatsu* (*gba-* to foretell, prophesy, relate, declare, commune; *tsu* – a room), usually enclosed in a yard whose entrance is forbidden to uncircumcised men and menstruating women. In the *gbatsu* are kept various insignia, such as brooms and pots of holy water used for ceremonial cleansing, and a stool for the god to sit on. There is usually a sacred tree outside, under whose shade the god may sit if he is hot.

The priests of the gods are called *wulɔ mɛi,* (sing. *wulɔ mɔ).* The priest of the senior god in any town is referred to as *'the wulɔ mɔ '.* Those of the other gods are distinguished by the name of their god. The *wulɔ mɔ* of any god is elected from one or more Houses (patrilineages) in which the priesthood of that particular god is vested.

The preists are supported by the wɔ yei (sing. *wɔ yo* ie *wɔ n yoo* – the *wɔ n's* or *dzemawɔn's* woman), *agbayei* and (sin. *agbayo*) *dzranɔ yei* (sin. *dzranɔ yo)* (Field 1961:4-9).

Priests give their gods daily or weekly libations, and if they are priests of town gods they officiate at public worship and interpret to the people the wishes of the gods. In all Gã towns there are large public ceremonies performed by the chief *wulɔ mɔ* on behalf of the whole town and attended by most of the townspeople. The most important of these are *Kplédzo* and *Homowo*.

Kplédzo is the main annual religious feast of the *kplé* gods. It takes place, according to the town, either at the time of corn-planting, or harvesting or both, lasts for several weeks, and involves ceremonies of thanksgiving to the gods and requests for their blessings on all the townspeople. *Homowo* the 'feast of hunger hooting' is cerebrated in August at the time of the Gã New Year. It is universal but not heartily observed in those towns where the *Kplé* worship predominates. It is connected with the *Kpã* gods, whose cult is centered in Labadi (*Lá*).

3.4.3 Medicine and Medicine -Men

'Medicines' are believed to be the abodes of the won (Field 1961:99). Medicines are for the purpose of curing illness, but there are also others , such as fishing, hunting and trading 'medicines', 'medicines for the protection against thieves or enemies and also harmful 'medicines'. The Gã stools are war- medicines'; they were carried into battle to make the warriors brave and to bring victory. There are always well defined conditions attached to the working of medicines. Various forms of uncleanness spoil medicines especially menstruation. But the most important requirement for the working of a good medicine is the moral uprightness of its owner and of his wives. Medicine men nearly always get their medicines from foreigners, for instance from Dahomey (now Benin)

from the northern parts of Ghana or from the Krobo area. There are good and bad medicine men. Good medicine men are called *wɔ ntsɛ* (father, owner of won) or *tsofatsɛ* (father or owner of *tsofa* –tree roots). Bad medicine men are called *wɔ ntsulɔ* or *wɔ n* sender or *sulɔ* or poisoner.

Nearly every medicine is used in conjunction with herbs. When the medicine is first prepared in a calabash, herbs are invariably included among the ingredients; others may be clay, feathers, wax and so on. Fresh herbs of the same kind are used to dose patients: these are believed to establish sympathy between the patient and the *wɔ n* in the medicine. The herbs are believed to be agents through which the *wɔ n* acts.

3.4.4 Human Personality.

The *G*ã people believe that a human being is comprised of three entities, the *susuma*, the *kla* and the *gbɔ mɔ tso* or body.

The *susuma* is a spiritual element on which depends a person's individuality. It corresponds to the personality and it is that which is able to leave the body in dreams and in mind wanderings. The *susuma* is not always conscious. A man often does not know what his *susuma* wants. Also the *susuma* knows more than the man himself knows and is wiser than the man himself.

The other entity is the *kla*. Every person has a *kla*. If the *kla* leaves the body life departs. The *kla* is that part of the individual which is passed on in reincarnation. The *kla* is supposed to have arms, legs and organs corresponding to those of the body. The day

name given to everyone according to the day of the week on which he is born is known as the *kla* name.

The *kla* is that which carries the *gbeshi*. Every family *dzemawɔ n* sends out to each of his children what is called a *gbeshi*. The *gbeshi* is a man's own and corresponds to the individuals fate, or life programme. The *gbeshi* is personified and conceived as external to its owner. The *gbeshi* usually carries an unpleasant implication when used unqualified, but it is sometimes used qualified by *kpapka* – good, to denote good fortune. The *gbeshi* walks behind the man; or rather it should walk behind. If it walks in front it gets out of hand and leads the man into trouble. It is believed that "the commonest activity of a bad *gbeshi* is to cause barrenness and miscarriages" (Field1961:94-96)

3.4.5 Sky Family

Every individual's fate is also influenced by what field calls his 'sky family'. This includes parents, brothers, and sisters and above all a sky wife or husband. Before birth everyone is believed to belong to a family in the sky which remains nearer and dearer to one than any earthly relatives. During life in this earth one's *susuma* is always a little homesick for its sky family. Pleasing one's sky family leads to prosperity. On the other hand if they are displeased they may punish one by sending misfortune.(Field 1961:97)

3.4.6 Causes of illness and death

Field (1961:120) summarizes the Gã beliefs about the causes of illness and death as follows:

1. Injury to the *kla*. This injury may be done by for example witches, or by parasitic *gbeshi*
2. Resentful *kla*. This may be brought about by wrong feeding or by sin on the part of the patient.
3. Absence of *susuma* for instance when it is in captivity
4. Resentful *susuma*, as when a witch tries to make an unwilling person into a witch.
5. Breaking of taboos, either religious or magical.
6. Action of a big *dzemawɔn*. This may be set in motion by either malicious curses of an enemy or the righteous indignation of a person wronged.
7. Anger of the dead.

3.4.7 The after Life

The dead are believed to wander about their haunts, in the form of an invincible ghost or *sisa*, for about forty days after death, after the flesh of the skull has fallen away. They then cross a river, *Nsatsi*, to a place *Nsa na*, where their noses are broken.

Spirits wandering about after a violent or premature death are known as *otofoi* (sing. *otofo*). They are savage and resentful, and jealous of the pleasures of the living and they try to kill people returning from pleasure by chasing them until their heart gives out.

After three days at *Nsa na* the spirits of the dead are free to return to their former homes.

The invincible dead of any household are fed, respected, thanked and looked on as guardians and givers of blessing, but they are also feared and are not encouraged to be familiar with the living. (Field 1961:202)

3.4.8 Ancestor Veneration

In everyday life the dead are very present. Most people, as a regular habit, never drink, and many never eat, without throwing a portion on the ground for their forefathers. The living never forgets that they are the trustees of the dead. The dead are always watching to see that the living preserve what their forefathers have established. They also have the power to send blessings or adversity to their descendants. The welfare of the living is therefore bound up with the faithful performance of ancient custom. The dead share in the annual *Homowo* festival held in every town and they are fed on special food (*kpokpoi*) and asked for their blessing for the New Year.

3.4.9 Reincarnation

This m normally occurs in one's own patrilineage. The first born son reincarnates his grandfather or classificatory grandfather, and the younger sons their great uncles. Girls reincarnate their paternal grandfather's sisters. Children are named according to a fixed system. Every lineage has its own set of names, which recur in alternate generations, in accordance with this idea of reincarnation. It is the *kla* which is believed to be passed on in reincarnation. (Field 1961:175)

3.4.10 Witchcraft

Field maintains that Witchcraft beliefs enter so deeply into the mental and social life of the Gã people and, at the same time, it is very difficult to investigate. Witchcraft can be defined as a bad medicine directed destructively against other people but its distinctive feature is that there is no palpable apparatus connected with it, no rites, ceremonies, incantations or invocation that the witch has to perform.

It is simply projected at will from the mind of the witch. In witchcraft there is no calling or talking, and no action except the invisible projection of thought. The motives of the witch are felt to belong to a monstrous, sinister order of things that transcends comprehensible goodness and badness. (Field 1961:136)

Witches are believed to kill, injure, or cause illness or barrenness in their victims by eating their *kla*. This is done at night when the witch's *susuma* leaves her body during sleep and flies off to join the other members of the company (*obayifo feku*) who meet round a special cooking pot known as *baisea*, if this is lost or stolen the company breaks up. Witches are also believed to travel on the backs of animals such as antelopes, leopards, and most commonly snakes. Witches are often believed to turn themselves into snakes.

Besides such bodily afflictions as blindness, and sores, all kinds of misfortunes may be inflicted on victims, such as poverty, debt, and spoiling of crops. It is believed that witchcraft can also be put to useful ends, though if once used for evil ends, the power of the witch can never again be used to do good.

A witch's power may be acquired in several ways. An *obayi* may be left as a legacy by a relative, or it may be given to people against their will, to spite them. Acquisition of full power may be instantaneous, or it may take years. Men are less often given to witchcraft than women but are held to be more terrible when they give themselves to it.

Suspected witches, their victims and people who believe they are being turned into witches, are dealt with by medicine men that specialize in this work. A witch's power is often believed to be destroyed by the very act of exposing her. This is followed by a ceremony of renunciation and cleansing carried out as soon as the witch has finished the ceremonies pertaining to the curing of her victims.

3.5 The Gã Belief System and Infertility

We will now look at the relationship between the Gã belief system and infertility.

3.5.1. Witchcraft and Infertility

There is a strong belief in the Gã religio-cultural context that there is a relationship between infertility and witchcraft. Most unexplained phenomena are attributed to the activities of witches. It is believed that witches are able to cause infertility by tampering with the reproductive systems of both male and female. Igwe Leo maintains that

> Witchcraft is one of the most potent and 'dreaded' superstitions in Africa. Most Africans believe witches are real active beings that can act to influence, intervene and alter the course of human life for good or ill. Africans accept witchcraft as a mode of explanation, of perception and interpretation of their problems, events, nature and reality even when reason and common sense suggest otherwise. They believe witches can cause poverty, diseases, accidents, business failures, famine, earthquake, infertility and childbirth difficulties. Many people in Africa

attribute any extraordinary mysterious or inexplicable event, manifestation or phenomenon to witchery and wizardry. (culurekithen.com).

Ghanaians, and for that matter, the Gã people have a similar perception about witchcraft as the rest of Africa.

A crime often attributed to witches and confessed by them is the causing of barrenness. It is considered even more dastardly than killing, for a dead child can be re-born to its parents in the next child, but barrenness deprives ancestors of reincarnation.

Witches are believed to meet at night for the purpose of sharing and eating other people's *kla*. The *kla*, though invisible, has arms and legs and bodily organs corresponding to the visible body, and the witches cut it up, and share it round and eat it. Witches are believed to be very prone to prey on the *kla* of unborn children. It is also believed that when witches steal the *kla* of an unborn child it is born dead.

Field gave a number of examples of witches confessing to this crime as follows; 'one woman confessed that she had 'taken the womb of another and was asked by the witch doctor,

'How long have you had it?

'About a year'

Where have you put it?'

It is in an earthen pot in my house.

Will you let her have it back?

I will give it back to her with joy.

Will you bless her as well?

'I will do so'

Another confessed to taking a womb and said she had hidden it at the bottom of an Odum tree but would restore it. Yet another said she had taken her daughter's womb but would restore it. Again another said that she had taken the womb of two victims she named, but would give them back. Another witch confessed to stealing a man's phallus causing impotence. The same witch also admitted taking another victim's womb.

One important thing to note is the fact that it is not the physical substance of the womb or phallus that is stolen but rather the essence or *kla* is usually transferred to some other concrete object. This theory concerning the transfer of the essence of an object to another object could be compared to the theory of Trans-substantiation where by objects which look like ordinary bread and wine may be the body and blood of Jesus Christ (Field 1961:143-144).

The foregoing discussion points to the belief by the Gã people that one of the major causes of infertility is witchcraft. This informs their attitude to the barren, infertile and impotent. That is, such persons are victims of witchcraft activity. It portrays the infertile person as vulnerable to the dictates of witches. This belief system influences the infertile person's approach to finding solution to the problem. This explains why most Gã people living with infertility go to medicine men and *wɔyei* for treatment.

3.5.2 Dzemawɔ n and Infertility (The gods and Infertility)

The *dzemawɔ n* as has been described earlier is believed to be a powerful type of intelligent *wɔ n* not specialized in its activities but practically omnipotent and omniscient.

Every Gã community is believed to have a number of *dzemawɔ dzi* which are able to influence the people in a variety of ways. One of these ways is their ability to cause people to be barren. Barrenness is believed to be caused by a woman's lineage *dzemawɔ n.* As a result when barren people go to a *wulɔ mɔ* for treatment, the first point of inquisition is to find out whether the barrenness is caused by a *dzemawɔ n.* The first point of call for barren woman is the *wulɔ mɔ* of her own family god. The *wulɔ mɔ* will usually say "your god (*dzemawɔ n*)" is not allowing you to bear children. This is proof of the belief that *dzemawɔ dzi* (plural) are responsible in some instances for barrenness (Field 1961:161).

3.5.3 Gbeshi (fate, life programme) and Infertility

The *G*ã conception of a human being is comprised of three entities, the *susuma,* the *kla* and the *gbɔ mɔ tso* or body. It is the *kla* which carries the *gbeshi* which every family *dzemawɔ n* sends out to each of his children. The *gbeshi* usually carries an unpleasant implication when used unqualified, but it is sometimes used qualified by *kpapka* – good, to denote good fortune as discussed earlier. It is believed that "the commonest activity of a bad *gbeshi* is to cause barrenness and miscarriages" (Field1961:94-96).

3.6 Childhood Rites and Infertility

The Gã people have elaborate rites for receiving a new born into the family and this goes with a lot of fanfare in recent times. Predominant among these rites is the naming ceremony *'kpodziemɔ '*

3.6.1 Kpodziemɔ (Naming Ceremony)

This rite is normally performed on the eighth day after birth. The child is kept indoors for the first seven days of its life after which it is believed that the child is now 'worthy to be called a person' (Field 1961:171). Before this ceremony, the baby is not counted as a member of the family or lineage. If it dies before the eighth day it is never remembered or talked of, and it is buried outside the compound. However, if it dies after the ceremony, it is always remembered for it will have been given a family name. (Azu 1974:36-37) On the eighth day, very early in the morning, at about four o'clock, two women of the father's family are sent to bring the child from the mother's house, where it was born and where it will be suckled, to its father's house. The friends and relations assemble in the yard outside the house for the *kpodziemɔ* or 'going out' or what is currently called out-dooring ceremony.

An old person, chosen for his (or her, if the child is a girl), admirable character, asks a blessing with rum and then takes the child in his or her arms and lifts it upwards three times. Then he/she makes a speech as follows:

Twa, twa twa omanye aba *Yao,*

Wɔ gbe kome? *Yao*

Twa omanye aba *Yao*

Gbɔ ni ba nɛ, esɛ tüv *Yao*

Ehie faŋŋ *Yao*

Ebatsu nii ehã etsɛ *Yao*

Ebatsu nii ehã enye *Yao*

Eka dju *Yao*

Eka fõ *Yao*

Wekumei abii wɔ ŋõ fan ii wɔ fa lɛ *Yao*

Ekɛ ewabii enumɔ abatsu nii ni eye *Yao*

Eyi aba bu djeŋ *Yao*

Enye yi wala *Yao*

Etsɛ yi wala *Yao*

Kɛ́ wɔ bɔ le kutu wɔ na akepshi *Yao*

Kɛ́ wɔ dje bu wɔ dje nu nɔ *Yao*

Kɛ́ wɔ yɛ wɔ dju wɔ kojii anɔ adjɔ wɔ *Yao*

Kɛ́ wɔ na futu lɛ, ayilɔ ŋ *Yao*

Kɛ́ wɔ na tu lɛ enyo djiŋ *Yao*

Gã humi lɛ kɔ yɔ tswa ni owieɔ owoɔ mli. *Yao*

Ona miŋnako *Yao*

Onu miŋnuko *Yao*

Gã humi malee *Yao*

Kɛ́ okashi le djweŋɔ onitsumɔ he *Yao*

ŋmene, ayɛ lo sulɔ ko ni hoɔ ni eebi noni afiɔ , ni atsoɔ lɛ

Ni ewie wiemɔ foŋ ko lɛ alo moni tao akɛ bi ni kã shi nɛ agbo,

Ni wɔ djɔ nɛ wɔ ŋdjɔ lo	*oho!*
Σɔ kɛ hɔ gba gbealɛ	*Eegbo!*
Wɔ eyia	*Ho-o-o*
Twa, Manye aba	*Yao,*
Wɔ gbe kome?	*Yao*
Twa Manye aba	*Yao*
Hail, Hail, Hail, May happiness come	Amen
Are our voices one?	Amen
Hail, let happiness come	Amen
The stranger who has come, his back is towards the darkness	Amen
His face is towards the light	Amen
May he work for his father	Amen
May he work for his mother	Amen
May he not steal	Amen
May he not be wicked	Amen
The children of this family forgive everything that can be forgiven	Amen
May he eat by the work of his five fingers	Amen
May he come to respect the world	Amen
Upon his mother's head, life	Amen
Upon his father's head, life	Amen
If we should join up to make a circle, may our chain be complete	Amen
If we dig a well may we come upon water	Amen
If we draw water to bathe our joints may they be refreshed	Amen
If we see white may it be white clay	Amen

If we see black may it be our slave Amen

Circumspect *Gã*, like the blowing wind, be better than your word Amen

You see but you have not seen Amen

You hear but you have not heard Amen

A circumspect *Gã* does not lie Amen

If you lie down think about your work Amen

Today if any witch or sorcerer is passing and asks what we are doing and they tell him and he says any evil word or wishes that the child lying here shall die, shall this blessing be to bless him? Oho!

May Wednesday and Sunday kill him Let him die

Let us hoot upon his head Ho-o-o

Hail, let happiness come Amen

Are our voices one? Amen

Hail, let happiness come Amen

Then, the child is laid naked on the ground under the eaves. Eminent families have a slab of stone on which the child is laid, and under this stone 'something was buried long ago'.

Then the 'godfather' takes water in a calabash and flings it three times on the roof, so that it trickles down on the child like rain. This is to introduce the child to the rain and to the earth; then the child, as it lies on the ground, is blessed:

Mi djɔ bo *Yao*

Mi djɔ bo *Yao*

Mi djɔ bo	*Yao*
Ohe adjɔ bo ni ona hedjɔ lɛ daa	*Yao*
I bless you	Amen
I bless you	Amen
I bless you	Amen
May you be blessed and may you receive blessing always	Amen

Then he kicks the child gently with the left foot, saying, *mi twao nane'* (I am striking you with my foot, an idiom meaning, I am impressing you with my character). Then he does it again with the right foot and then says, *'kɔ mi nane'* (take hold of my foot – become like me). Then he takes the child again and, if he likes, makes it a long extempore speech retailing the good points in his own character and telling the child to copy them, then the assembled company chime in between each phrase with *'Yao!'* (Amen) (Field1961:171-174).

In recent times the researcher found that this solemn ceremony is followed by partying and fanfare. Family members buy the same cloth normally black and white. They invite family and friends to eat and dine sometimes for long hours.

This ceremony is so cherished by women in the Gã religio-cultural context to the extent that it is every woman's wish and longing to bring forth, so that she could be 'honoured' this way. Besides the *kpodziemɔ*, the married woman who brings forth enjoys certain benefits from the husband.

A week after childbirth, or later the husband gives *'otsi wuɔ'* (literally one week's fowl) to the wife: that is, he presents his wife with a fowl which she cooks and eats with her friends and relatives. This is done with the understanding that there are many perils in childbirth, so if the wife has escaped them, she must be congratulated in some way, else her *'susuma'* (spirit) will be annoyed and the next delivery will not be all that easy. In addition to the fowl, he gives her a gift of three sets of cloth and some head ties (*duku*). This is called *'dwelemɔ'* (congratulations) and is to thank her for having given him a child. Friends and relatives also give her presents for safe delivering. A week or more after the *kpodziemɔ*, the husband kills a goat or fowls, procures rum and gives a feast to his wife and his friends as a thanksgiving celebration for the new child (Field 1961: 175).

This ceremony is made more special for a woman who has delivered her tenth child. What is then killed is a goat *nyɔma too* (literally goat for ten). Other articles given by the husband include cloths and jewelry. Ten mats are spread out on the floor and she rolls on them from one end to the other. The expression is *'ewɔ nyɔma saanɔ'* (she has slept on the mat for ten). Many women aim at obtaining this goat for they then qualify for the pet name of *'nyɔma nyɛ'* (mother of ten). Such women are also able to participate in men's deliberation and decision taking in the community.

From the foregoing it can be deduced that the woman who brings forth is at the centre of all these rites which goes with a lot of benefits, prestige and honour. This treatment of women, who have brought forth, might be part of the motivation for Gã women to bring

forth children and so will go to every extent to do that. They would like to bear children so that they would be treated well by their husbands and regarded well in the society.

Chapter Four

Treatment of Infertility

4.0 Introduction

The discussions in chapter three, pointed to the fact that living with infertility in the Gã religio-cultural context could be devastating and very unpleasant. This situation motivates people living with infertility to seek remedy for their situation. Culturally, there are certain remedial measures taken by people living with infertility in their bid to bring forth children. Some of these measures are found in certain rituals of the Gã people and the work of medicine men. In modern times some of the people living with infertility resort to Prayer and Deliverance Camps, Herbal Centers, and Conventional Medicine which include Modern Assisted Reproductive Techniques. This chapter will discuss some of these remedial measures.

4.1 Traditional Treatments

To the La people and for that matter the Gã people, if after nine months of marriage, the wife is still not pregnant; there is anxiety in the extended families especially the man's side. They would normally mount pressure on the couple to do something about the situation. In such instances, the couple will first of all go to the man's lineage *wulɔ mɔ* (priest) for supernatural help. Should this prove unsuccessful, they will go to *Naa Yoomo*, the goddess of child birth (Azu 1974:35). It is expected that the barren wife will move from one god to another, one medicine man to another until she gets a child. Thus the time frame set by the Gã people for declaring a wife barren is nine months. This is less than the time frame for the conventional definition of infertility, which is at least

twelve months. It also brings to the fore the importance the Gã people attaches to child birth.

On her own a woman who is afflicted with barrenness goes to all kinds of medicine men, but first of all to the *wul*ɔ *m*ɔ of her own family god. The *wul*ɔ *m*ɔ will usually give the cause of the infertility which is either from the person's *dzemaw*ɔ *n* or *gbeshi*. The *wul*ɔ *m*ɔ _then either implores the god with sacrifices to relent or else if the *gbeshi* is bad he arranges to drive it away. The *wul*ɔ *m*ɔ prays, pours out rum, and prepares a bowl of water containing rum and herbs. The woman puts this on her head and carries it down to the sea accompanied by all the young virgins and female children she can organize. These girls shout, scream, clap, and hoot to drive away the bad *gbeshi*. Finally the woman washes herself in the sea. On the other hand, if the woman visits an ordinary practitioner she will probably be made to sit in the middle of his yard with a basin of herbs, water and rum on her head while he and his assistant try to drive out the *gbeshi* with gong-gongs, drums, songs and loud admonitions. If all goes well she will afterwards conceive a child. If not she goes round from god to god and physician after physician, a most pathetic figure. (Field1961:161)

Thus the Gã people and in their religio-cultural context places the burden of trying to bring forth on the woman in a marital union, since she will have to go through all the rituals and ordeals that go with trying to bring forth. In almost all cases, the men are not subjected to such treatment. The above also reveal what the researcher calls 'societal anxiety' among the Gã people when it comes to the issue of barrenness. The whole extended family beginning from the man's lineage through the woman's lineage gets

involved in tying to help the couple bring forth children. This in effect puts so much pressure on the couple more especially the woman (wife) to the extent that they are prepared to go through any ordeal that promises child birth.

4.2 Treatment of Repeated Miscarriages

Women who have repeated miscarriages, are thought to have the problem of infertility and so the society comes together to help with the treatment. The ritual which the woman is taken through is called *musukpamɔ* (removal of bad omen). A woman in this situation goes either to a medicine man or the *wulɔmɔ* of a god who takes her just outside the northern boundary of the town where the rubbish heaps (*tumo*) are. Here she is stripped and bathed to wash away the troublesome evil thing. Food is laid down so that the evil spirit shall have no occasion to come back to the town for food. Then a young white chicken is taken, the evil is laid upon it and it is driven off into the bush. This chicken is known as the *musukpamɔ wuɔ* (Field 1961: 161).

These rituals are done due to the belief that miscarriages and barrenness are caused by evil spirits, witches and *gbeshi*. In the case of miscarriages, it is believed that the evil spirits feed on the conceived baby, that is why food is provided and also when the *musu* which allows the evil spirit access to the pregnant woman is casted out, the woman can retain the pregnancy and will be able to bring forth. As discussed earlier witches are believed to remove either the woman's womb or the baby or both and so bring about infertility.

4.3 *Dudon nu wo* (Ritual for People Living with Infertility)

This is a ritual performed by the Tema people, two weeks after their major *kpledzoo* festival. This ritual has certain components which seek to treat infertility in the community. According to Field (1961:20), a procession of men and women especially selected from all the quarters of the town accompany the *Sakumɔ* and *Naa Yoo wulɔ mɛi* in procession to the lagoon side. The men carry hoes on their shoulders. The ten women are naked but for white skirt-cloths and have unbound hair. Six of them carry pots of water on their heads, others calabashes of corn wine. After the ritual at the lagoon side, all the party with the exception of the *wulɔ mɛi* goes to look for crabs in the mud. When a woman finds a crab-hole, she calls a man and he digs the crab with his hoe. The woman seizes it, ties it and puts it in her empty water pot. The *wulɔ mɔ* then pours more libation into the lagoon, distributes the remainder of the drink, and the company returns home singing as before. The women of the procession are all women who have never borne children but wish to do so. They pay a shilling to the *wulɔ mɔ* on setting out and on returning, sixpence to the man who dug out their crab. On reaching the house, each woman hands her crab to some house fellow who cooks it for her with prescribed herbs. While it is cooking the barren woman fetches water from *Sakumɔ 's* house and bathes herself. After the bathing, she dons a white calico cloth and goes to the *Na Yoo wulɔ mɔ* (*Na Yoo* is the goddess of human birth) and receives a blessing symbolized by the two vertical stripes of *Sakumɔ* on her forehead. When she gets home again she eats her crab with corn *dzidzi*, confident that *Sakumɔ* will bless her with a child.

The above ritual serves two purposes. In the first place, it is supposed to be the climax of the *kplédzoo* festival and secondly it also serves as a treatment for infertility. This is one of the rituals that are used in the religio-cultural context to address pertinent challenges of people living with infertility or barrenness.

4.4 Use of Fertility Dolls in the Treatment of Infertility

The use of fertility dolls, *akuaba* (Asante) or *tsobi* (Gã), (*tsobi* literally means wood child or tree child), originated mainly with the Asantes. Its use in the Gã context is quite limited. Small Gã figures occur in both single and double (twin) versions, and are probably used much as *akuaba* are. (Cole and Ross1977:107). The above suggests that the Gã people also use these fertility dolls as a way of treating infertility. According to Field(1961), in the Gã people's bid to treat miscarriages and infertility, little flat wooden dolls (*tsobii* plural of *tsobi*) are nearly always to be found on any rubbish-heap. This is what Field said about these doll, "I am uncertain of the theory of wooden dolls and whether they always work in the same way. Their presence, however, invariably indicates that a child has died and is desired to return. I have seen them on rubbish heaps, carried on women's backs as living children are carried, laid outside *Naa Afiye's* groove with offerings of food pots and laid on the tray with twin's horns when one of the twins has died" (Field1961:162)

Field seems not to be very certain about the use of these *tsobii* but his statement indicates that at least these dolls are used in the Gã religio-cultural context to address miscarriages and infertility. Their use though might not be as extensive as the Asantes

do, still it adds to the remedial measures taken within the religio-cultural setting of the Gã people to address the issue of infertility.

4.5 Herbal Treatment

In recent times there is a lot of interest in herbal medicine in Ghana. There are numerous herbal centers in Ghana and for that matter in the Gã community which promise people the cure of almost every ailment, including infertility. There are some of these herbal centers which specialize in the treatment of infertility. Most people living with infertility tend to visit these herbal centers for solutions to their problems.

4.6 Prayer and Deliverance Camps

With the advent of Christianity and the proliferation of prayer camps and spiritual churches, most of the people tend to seek treatment for their condition from such places. This has come about also with the use of some of the tools of information and communication Technology to advertise these churches and prayer camps.

4.7 Medical Treatment

Throughout history and across cultures, medical solutions to infertility have been diverse and varied such as relics, charms, incantations, eating special foods, vaginal treatments, treatments to enhance male sexual potency, and special potions and/or poultices. Whether 'primitive' medical treatments or the more sophisticated assisted reproductive technologies of today, medical treatments for infertility have always been actively pursued and held particular power and influence for couples living with

infertility. Medical solutions to involuntary childlessness have become even more powerful and appealing to the infertile in recent times.

There are a number of hospitals and Clinics in the country which specialize in the treatment of infertility and barrenness. Thus conventional medicine has become a very important option for people living with infertility. In recent times clinics which use more modern technologies have been set up in Ghana and so though expensive, some of the people living with infertility have resorted to these modern treatments.

The ultimate goal of infertility treatment is a healthy pregnancy and the birth of one healthy infant. There are various treatments for infertility, depending what the problem is. Identifying the cause of the infertility is important as it may affect the choice of treatment. If the cause is known, the treatment can be tailored to the problem. A fertility treatment plan, involving both the man and woman, may include changes in nutrition, lifestyle, and environmental factors. There are other modern treatment methods such as In-vitro fertilization (IVF), Artificial Insemination (AI), Gamete Intra-Fallopian Transfer (GIFT)

4.8. The In Vitro Fertilization (IVF) Procedure

The medical process is described in Carla Harkness's book *The Infertility Book* and Mitchell and Buckley's pamphlet on "Infertility and the New Reproductive Technologies" (Harkness 1987: 173-177; Mitchell and Buckley: 5-6).

The first step in the procedure is to give the woman a follicle stimulating hormone (FSH). Though a woman normally produces one egg (ovum) per month, this medication causes the woman's ovary to super ovulate, that is, produce several follicles each containing an egg ready for fertilization. The follicles are then removed from the woman and prepared for fertilization.

The next step is to fertilize the ova by taking sperm from a donor and manually, using microscopic instruments, inserting one sperm into the egg to fertilize it. In order to increase the probability of success, several eggs are fertilized and allowed to start the process of cell multiplication. The fertilized eggs, called zygotes, are then observed and some may be discarded if they appear to be less healthy or underdeveloped.

The healthiest zygotes are retained and prepared to be placed in the female's uterus. One or more of the zygotes are placed in the woman's uterus with the hope that at least one of them will successfully implant in the uterine wall and fully develop. If more than one zygote is placed in the uterus, more than one may implant and develop resulting in a multiple pregnancy

ZIFT (zygote intra-fallopian transfer) allows fertilization to take place in a Petri dish and the fertilized embryo is transferred to the fallopian tube. Other important variations on the IVF procedure include sperm and egg donation and surrogacy. These options are considered when one or both parties have a substantial infertility problem wherein they cannot produce an adequate sperm or egg or when the female cannot adequately carry a child to term.

Regarding the success rates and risks of IVF, the American Society for Reproductive Medicine reports that the success rate of IVF is 22.8% live births per egg retrieval. They also note that this success rate is similar to the 20% chance that a healthy, reproductively normal couple has of achieving a pregnancy that results in a live born baby in any given month (ASRM 1996:98). IVF also increases the chance of multiple pregnancies. Usually, two to four embryos are transferred with each IVF cycle. Of all the pregnancies that result from IVF and end in a live birth, about 50% are singletons, 24% are twins and 5% are triplets or more (ASRM 1996:98). Put another way, about 30% of all IVF deliveries were multiple births, more than ten times the rate in the general population (JAMA 2001: 874).

4.10 Theological Reflections on Infertility, Procreation and Life

Infertility can be a very troubling experience. Couples face a variety of thoughts and emotions related to their inability to conceive. Men and women are likely to experience feelings of guilt, inadequacy, fear, anger and grief similar to reactions to the death of a loved one (Worthington 1987: 226-228). Couples and individuals respond differently to the problem, but it is important for family and friends to be sensitive to the struggling couple especially around holidays such as Mother's Day or during the celebration of the birth of another person's child.

An important way for couples to cope with infertility is to see how the scripture speaks to the issue. First, the Bible tells us the bearing of children is good, and parenthood, when possible, is to be celebrated. Starting with the story of creation, God has indicated

that procreation is a blessing. In Genesis 1:28, Adam and Eve are given the command to "be fruitful and multiply." The Psalmist reminds us that children are a blessing from God when he states: "Behold, children are a heritage from the Lord; the fruit of the womb is His reward. Like arrows in the hand of a warrior, so are the children of one's youth. Happy is the man who has his quiver full of them" (Psalm 127:3-5a, NKJV). Children even had a special place in the ministry of Jesus (Matt. 18:1-6; Mark 10:13 - 16). Clearly, one of God's purposes for his created beings was for them to have children. (Mitchell and Buckley: 7-8)

However, it is equally clear in scripture that the sovereign Lord is the one who opens and shuts the womb (Mitchell and Buckley: 8). In I Samuel 1:5, we are told that "the Lord had closed Hannah's womb." For reasons that are not always clear, God wills many events to take place in our lives that remind us of our frailty and his sovereignty. While children are a blessing from the Lord, the ability to bear children is subject to the mystery of God's providence. Therefore, we must submit all our desires, even the desire of bearing children, to the will of God. James cautioned us that instead of brazenly following our own wills, we should say, "'If the Lord wills, we shall live and do this or that'" (James 4:15 KJV).

Even still, God's plan is always for His glory and, by His grace, in our best interest. God tells us in Romans 8:28-29 that all things work together for good for His children in order that they might become more Christ-like. It may not be God's will for a couple to have children; therefore, such couples should not be treated as second-class citizens. But trials and disappointments in life can teach believers to pray, as Hannah did, or can lead couples in other directions of blessing such as adoption.

Trials such as infertility can also expose sinful thinking or behavior. An infertile couple will almost certainly deal with feelings of jealousy and envy of other couples. Yet the tenth commandment warns us not to set our desire on things which are not ours. (Douma 1996: 340-341) Coveting in such a way can lead to sinful behavior. Just as King David's desire for Bathsheba led him to pursue immoral means to satisfy his desires, a couple facing infertility can be faced with immoral methods to achieve their desire for a child of their own. There is nothing inherently evil about desiring a child, but this commandment forbids us to nurse that desire and to develop and implement an immoral plan to satisfy the desire.

Finally, the scripture leaves an important option open to couples who face the prospect of infertility, specifically, medical intervention. Rae and Core note, "For the most part, technological interventions that clearly improve the lot of mankind are considered a part of God's common grace, or his general blessings on creation. The use of medicine to alleviate infertility is parallel to the use of medicine to eliminate other physical effects of the Fall, namely disease". (Rae and Core 1994: 9-10) Given that many causes of infertility are a result of the Fall, we should not limit couples from pursuing medical intervention in order to increase their chances of pregnancy.

The task of procreation is commanded in scripture. It is a responsibility given to man and woman as the Lord tells them to "be fruitful and multiply" (Genesis 1:28 NASV). The context of this task is further clarified in Genesis 2:24 as the Lord ordains the marriage covenant and indicates that the husband and wife will become one flesh.

The sanctity of marriage and limitations on sexual expression are prominent biblical themes found in the earliest biblical accounts of Lamech (Gen. 4:19), Abraham (Gen. 16) and Joseph (Gen. 39) and clearly stated in the eighth commandment (Ex. 20:14). John Murray summarizes the command and its restrictions well when he states:

> We discover, therefore, that the exercise of the procreative impulse and compliance with the divine command to be fruitful are not to be given unrestricted and indiscriminate scope. The institution of procreation is circumscribed. It is only within the marital bond that a man is to know a woman, and only his wife may he know. And since the marital bond is monogamous, only with one wife may a man enter into conjugal intercourse (Murray 1957: 46).

Therefore, it is important for us to identify scriptural restrictions on the procreative process in order to determine the boundaries which must be set related to the IVF procedure.

The theme of scripture is that marriage is an exclusive spiritual and physical relationship between husband and wife. This is the thrust of the seventh commandment and every related story or teaching in scripture. For this reason Douma, in his discussion on the seventh commandment, eliminates artificial insemination with sperm from a donor (AID) as an appropriate infertility treatment. Even though we cannot speak of physical adultery, we can speak of artificial adultery since the child becomes physically that of another man. As Douma puts it, AID "really involves a 'someone' and not merely a 'something' of that someone" (Douma 1996: 253).

The same issue applies to egg donation or sperm donation to accomplish fertilization in a Petri dish as a part of the IVF procedure. Though physical adultery does not occur, fertilizing a donated egg or fertilizing an egg with donated sperm constitutes a breach in the marital bond. The result is a child that is not physically that of the husband and wife. Though the process of fertilization does not involve physical contact between the contributors of the gametes, the psychological and emotional connection is still a factor and the end result, a child with a parent outside of the marital bond, is still the same.

Not only at issue is the prohibition to commit adultery, but also the injunction that believers live life within the confines of God's covenants and commands and that we trust God for the results. The story of Abraham and Hagar is an ancient illustration of this principle. When Abram and Sarai were unable to conceive a child, Sarai told her husband to take her maid and have a child through her. Abram and Sarai jumped ahead of God's plan to provide a child for them. One consequence of this action which must not be overlooked is the subsequent resentment Sarai had toward Hagar which lasted a lifetime (Gen. 16:4-6). Thus, issues of procreation are not just physical; they are very emotional, psychological and spiritual.

4.10 Religious Perspectives of Assisted Reproductive Technologies (ART)

This section will explore some of the religious responses to various aspects of Assisted Reproductive Technologies (ART). The Catholic Church, Judaism and Islam and the Gã people's response will be considered. The consideration of the other religious views is because of the religious pluralistic nature of the Gã people in modern times. Some of

these religious persuasions have influenced their worldview and perceptions when it comes to issues like infertility and its treatment.

4.10.1 The Catholic Church

The discussion in this section was taken from portions of the Vatican's doctrinal documents: *The Evangelium Vitae and the Donum Vitae.* From these documents it is clear that the Catholic Church upholds the fact that a human being comes into existence at the moment of fertilization of an oocyte (ovum) by a sperm. The Church teaches that a human being must be respected-as a person-from the very first instant of his existence as a human being, and therefore, from that same moment, his rights as a person must be recognized among which in the first place, is the inviolable right of every innocent human being to life. This is what Pope John Paul II, commenting Jeremiah 1:5: "I formed you in the womb, I knew you and before you were born, I consecrated you" has to say, he writes: "the life of every individual, from its very beginning, is part of God's plan..."(Evangelium Vitae #44). Expressions of awe and wonder at God's intervention in the life of a child in its mother's womb occur again and again in the Psalms and in the Gospel of St. Luke. In the light of God's loving regard for life in the womb, the Holy Father raises the terrible question: "How can anyone think that even a single moment of this marvelous process of the unfolding of life could be separated from the wise and loving work of the Creator and left prey to human caprice?" (Evangelium Vitae #44). Human life is precious from the moment of conception; but, sadly enough, the biblical respect for human life is being eroded in our contemporary society. Without a deep reverence for the sacredness of human life, humanity places itself on the path of self-destruction.

The Church also teaches that from the moral point of view a truly responsible procreation vis-à-vis the unborn child must be the fruit of marriage.

Pope Paul VI has taught that there is an "inseparable connection, willed by God, and unable to be broken by man on his own initiative, between the two meanings of the conjugal act: the unitive meaning and the procreative meaning." (Evangelium Vitae)

IVF violates the rights of the child: it deprives him of his filial relationship with his parental origins and can hinder the maturing of his personality. It objectively deprives conjugal fruitfulness of its unity and integrity; it brings about and manifests a rupture between genetic parenthood, gestational parenthood, and responsibility for upbringing. This threat to the unity and stability of the family is a source of dissension, disorder, and injustice in the whole of social life.

The Catholic Church teaches that medical research must refrain from operations on live embryos, unless there is moral certainty of not causing harm to the life or integrity of the unborn child and mother, and on condition that the parents have given free and informed consent to the procedure. Since stem cell research on human embryos, in practice, invariably causes the death of those embryos, it too stands condemned. The Vatican document Donum Vitae clearly stated that the destruction of embryos harvested from *in vitro* fertilization procedures is tantamount to abortion. By voluntarily destroying human embryos, "The researcher usurps the place of God; and, even though he may be unaware of this, he sets himself up as the master of the destiny of others inasmuch as he arbitrarily chooses whom he will allow to live and whom he will send to death, and kills defenseless human being" (Donum Vitae, 1987).

In summary, the Catholic Church condemns as gravely evil acts, both IVF in and of itself, and stem cell research performed on IVF embryos.

4.10.2 Judaism

Judaism derives its view on IVF from the Torah and the Talmud. The Torah is the first five books of the Christian Bible while the Talmud is considered to be the oral Torah. The first and most important commandment to the Jews in the Torah is be "fruitful and multiply". As a corollary, human life should be preserved above all.

According to Siber (2003:730), the Jewish views on IVF issues are readily deducible from these commandments. According to the Talmud, the soul does not enter the embryo until forty days. Furthermore, we all have an obligation to have offspring and to ''be fruitful and multiply.'' Therefore, IVF is absolutely obligatory when it is medically indicated in order for a couple to have children. It is not just allowable but it is obligatory. Furthermore, pre-implantation genetic diagnosis (PGD) represents no moral or ethical risk because the soul has not yet entered the embryo. Furthermore, selective reduction of a multiple pregnancy is acceptable if its goal is to enhance the possibility of life. Embryo research to promote life is, therefore, acceptable. Furthermore, not only is therapeutic cloning acceptable but it is an obligation to do any research which can enhance and promote life-saving treatment such as stem cell and cellular replacement therapy.

4.10.3 Islam

With the advent of assisted reproduction technology (ART) since the birth of Louise Brown in UK on July 25, 1978, it became possible to separate the bonding of reproduction from sexual act (Steptoe & Edwards 1978:2:366). ART, whether in vivo or in vitro, enabled women to conceive without having sex. ART made it possible for the involvement of a third party in the process of reproduction whether by providing an egg, a sperm, an embryo, or a uterus. ART opened the way for several other practices including gender selection, pre-implantation genetic diagnosis (PGD), genetic manipulation, cryopreservation of gametes, embryos and gonads, cloning . . . etc. This challenged the age-old ideas and provoked ethical debate, which continued since its earliest days (Scrour, Aboulghar & Masour1995:559-565). The teaching of Islam covers all the fields of human activity; spiritual and material, individual and social, educational and cultural, economic and political, national and international. Instruction which regulates everyday activity of life to be adhered to by good Muslims is called Sharia. There are two sources of Sharia in Islam: primary and secondary. The primary sources of Sharia in chronological order are: The Holy Qur'an, the very word of God, the Sunna and Hadith, which is the authentic traditions and sayings of the Prophet Mohamed. The secondary sources of Sharia are Istihsan, which is the choice of one of several lawful options, views of the Prophet's companions, current local customs if lawful, public welfare, and rulings of previous divine religions if they do not contradict the primary sources of Sharia. A good Muslim resorts to secondary sources of Sharia in matters not dealt within the primary sources. Even if the action is forbidden, it may be undertaken if the alternative would cause harm.

The Broad Principles of Islamic Jurisprudence are permissibility unless prohibited by a text (Ibaha), no harm and no harassment; necessity permits the prohibited and the choice of the lesser harm. ART was not mentioned in the primary sources of Sharia. However, these same sources have affirmed the importance of marriage, family formation, and procreation (Sura Al-Ra_d 13:38, Sura Al-Nahl 16:27, Sura Ai-Shura 42:49–50, Holy Qur'an.). Also, in Islam adoption is not acceptable as a solution to the problem of infertility. Islam gives legal precedence to purity of lineage and known parenthood of all children. The Qur'an explicitly prohibits legal adoption but encourages kind upbringing of orphans (Sura Al Ahzab 32:4–5). In Islam infertility and its remedy with the unforbidden is allowed and encouraged. It is essential if it involves preservation of procreation and treatment of infertility in the married couple (Gad, 1980:3215-3228). This is applicable to ART, which is one line of treatment of infertility. The prevention and treatment of infertility are of particular significance in the Muslim World.

Today, the basic guidelines for ART in the Muslim World are: if ART is indicated in a married couple as a necessary line of treatment, it is permitted during validity of marriage contract with non mixing of genes. If the marriage contract has come to an end because of divorce or death of the husband, artificial reproduction cannot be performed on the female partner even using sperm cells from former husband. The excess number of fertilized eggs can be preserved by cryopreservation. The frozen embryos are the property of the couple alone and may be transferred to the same wife in a successive cycle but only during the validity of the marriage contract (Gad, 1980:3215-3228).

The strict view was that marriage ends at death, and procuring pregnancy in an unmarried woman is forbidden by religious laws. Embryo research, for advancement of scientific knowledge and benefit of humanity, is therefore allowed before fourteen days after fertilization on embryos donated for research with the free informed consent of the couple. However, these embryos should not be replaced in the uterus of the owner's of the eggs or in the uterus of any other woman (Gad, 2000).

Muslims adhere to the view that human life requiring protection commences two to three weeks from conception and uterine implantation. Accordingly, decisions not to attempt replacement of embryos produced in vitro on grounds that they show serious chromosomal or genetic anomalies, such as aneuploidy, cystic fibrosis, muscular dystrophy or hemophilia, are accepted. PGD is encouraged, where feasible, as an option to avoid clinical pregnancy terminations for couples at exceptionally high risk (Scrour & Dickens.2001; 74:187-193).

4.10.4 The Gã Religio-Cultural Response

The most important intrusions and interruptions that the new assisted reproductive technologies for the treatment of infertility bring into the procreation process that concern the Gã people of Ghana has to do with royal inheritance, ancestral reincarnation and the sacredness of the conception process.

Royal lineage among the Gã people is patrilineal. This is determined strictly by pure family blood that is a man from the family has to marry and bring forth a child by his awn seed before the child is qualified to be a pure blooded family member. The assisted reproductive technologies like egg donation sperm donation would corrupt and interfere

with the purity of the child or children born in the royal lineage this is because in the patrilineal inheritance system of the Gã, the person who fathers a child is very important in determining the purity of the ancestry of members of the family especially when it come to appointment of *Mantsɛmɛi* and *wul mɛi*.

The Gã people believe that their ancestors reincarnate in the children that are born into the family. They therefore believe that the assisted reproductive technological procedures would interfere with the reincarnation process. This is because with sperm donation, the child would not have originated from a member of the family. With regards to the sacredness of procreation, the Gã people believe that it is only God *Ny nm* and the *dzemaw dzi* who are responsible for bringing about conception, therefore when the process of conception is performed in the laboratory, it would mean humanity is usurping the powers of these deities and making the process unholy.

We will now examine the findings of this study in the next chapter.

Chapter Five

Findings

5.0 Introduction

This chapter will take a critical look at the findings of this research work. To find out answers to the problem question, questionnaires were developed and administered to individuals who are living with infertility. Some other personalities and opinion leaders in the Gã cultural context were interviewed. A focused group discussion, with Nii Adjei Npka (IV) and his Elders was used to gather information. The responses were qualitatively analyzed and presented in this chapter.

5.1 The Opinion of Traditional Leaders on Infertility

5.1.1 Yoomobi Akrong-Nabi

Yoomobi Akrong-Nabi a prominent traditionalist was interviewed for his views on infertility among the Gã people at La Accra. When questioned about the causes of infertility, Yoomobi indicated that the Gã people believe that infertility is caused by a multiple of agents. In his view infertility can be caused by God. This, he explained to be that there are some people who by the way God created them, may not be able to bring forth. For instance he pointed out that some women do not menstruate at all and so such

women are unable to bring forth. He also pointed out that some men are also born eunuchs. This, he believes, is one of the major causes of infertility. The second point he made was that the Gã people believe that witches and wizards can and do cause infertility. Witches, he said, do this by tempering with the reproductive system of their victims. It is believed that the witches are able to remove the wombs and take 'away the power of the male organ'. Such people, before they can bring forth, will have to pacify the witches in a way or be exorcised

Another cause of infertility which he stated is what in the Gã language, is called *"musu"* translated as bad omen. When a person has this bad omen and it is not removed or treated it can lead to infertility when he or she gets married. *"Loomɔ" or "wɔ nbɔ ɔ"* (casting of spell) is believed to cause infertility. It is believed that when someone casts a spell on another person, it can result in that person becoming infertile unless it is reversed by a *wulɔ mɔ , wɔ yoo,* or a medicine man. Yoomobi also indicated that *gbeshi* can cause infertility. As explained earlier, *gbeshi* is the fate or life programme of an individual which adversely affects the individual who has it. When a person has a bad *gbeshi*, *it* can prevent the individual from bringing forth. The bad *gbeshi* can be removed through certain rituals to pave the way for the person to bring forth children.

Again Yoomobi indicated that infertility may be due to the influence of a *wɔ n* (a god). The *wɔ n* can be from either the maternal or paternal lineage. The *wɔ n* can also be male or female. In some cases if a male *wɔ n* possesses a woman, it can prevent her from bringing forth children. Some can also render the men they possess impotent.

Yoomobi subscribed to spiritual, herbal, and conventional medical treatment. Spiritual treatment, he explained, is as a result of the fact that some of the barrenness or infertility is caused by spirits and so their treatment should be spiritual. He agreed that Christian and other religious prayers can be used in the treatment of infertility. On herbal or traditional treatment he said that there are a lot of "*baatseloi*" (literally leave pickers) who have medicines for the treatment of infertility. He said they also believe in the use of conventional medical practices and modern technological methods to treat infertility.

Yoomobi indicated that the Gã people believe that marriage is for procreation. This explains why the whole family tries all means possible to support the couple to bring forth children after marriage. When the family support for the couple, which might come in the form of various rituals, does not produce children, divorce or polygamy ultimately results.

5.1.2 Numo Yemote Odoi VI, Lakpã Wulɔ mɔ

The *Lakpã wulɔ mɔ* was interviewed and the following were his view on the research topic. On the question on the causes of infertility the *Lakpã Wulɔ mɔ* indicated that some people are born as eunuchs, that is, naturally they cannot reproduce, this manifests in the fact that some women do not menstruate and some men are impotent. Offending a partner, parents or even relatives can lead to infertility, and also witches, curses, Satan and evil spirits, abortion and the misuse of drugs can all cause infertility. According to the *Wulɔ mɔ* , in the Gã cultural and religious milieu, people living with infertility are not discriminated against when it comes to appointments to leadership positions. The

only issue about it is that within the Gã religio-cultural context, the issue of childbirth is considered to be very sensitive and so it is not normally spoken of in public.

The *wulɔ mɛi* play a very vital role in the treatment of infertility. This is because they are the link between the people and their gods and so in such important issues like childbirth, the people come to consult them for redress. They perform a variety of rituals for them including the pouring of libation, and the removal of *musu,* that is the removal of any bad omen which might have affected the person as a result of curses, bad *gbeshi* and even the influence of witches. Children who are born as a result of the intervention of the *Wulɔ mɔ* are called *dzemawɔ nbii* (children of the gods) and have special names: boys are called *Kpabi* (*lapkã bi*) and girls are called *Kwakueley*. For the *wɔn* not to disturb or take these children away, they need to be brought to the *wulɔ mɔ* at a point in time so that certain rituals are performed for them to, as it were, set them free. The *Lakpã wulɔ mɔ* indicated that the religio-cultural structures of the Gã people do not discriminate against conventional medical treatment, and the treatment by prayer camps and other religious interventions.

As to why all couples and especially the women will want to give birth, the *Lapkã Wulɔ mɔ* gave two reasons: In the first place he stated that it is a natural tendency, and secondly, it is due to the cultural setting and the philosophy of the Gã people.

5.1.3 Rev. I. O. Sowah & Mrs. Sowah

Rev. I. O. Sowah is a retired Minister of the Presbyterian Church of Ghana. He is also very well versed in the traditions and culture of the Gã people. He was interviewed with his wife.

Though Rev. and Mrs. Sowah were of the view that the issue of infertility might not be the fault of either partner they indicated that it might be due to certain behaviors of either partner earlier on in life, including early sexual activity, multiple partners and abortions. They stated that culturally it is believed that the gods, witches, *gbeshi*, bad omen (*musu*), and curses can cause infertility.

On the issue of how people living with infertility are treated, the retired Reverend Minister indicated that these people are normally given derogatory names, insulted and looked down upon, and are not normally received well in society. According to Rev. & Mrs. Sowah, one of the derogatory statements that are used with regard to people living with infertility is the following "*bo hu yaafɔ onɔ*" literally meaning: "you should also go and bring forth your own child". In some cases, in-laws also put undue pressure on the couple by always asking for their grandchildren.

As to what motivates couples, especially women, to go to every extent to bring forth children, Rev. Sowah indicated that the way the Gã people value children in the socio-culture setting is one of the main motivating factors. He also added that another contributory factor is the pressure society puts on these people. Rev. Sowah was of the opinion that, to curtail these things, there should be public education on the issue of infertility. Churches and religious bodies should come up with programs to assist people

living with infertility. Avenues should also be created in public institutions and churches for the people living with infertility to be counseled and helped to cope with their life challenging situation. He urged that prayers should be said for such people.

5.1.4 Nii Adjei Nkpa IV, Nmatii Gyrasɛɛ Akutsotsɛ, La Kusum Mantsɛ and his Elders (Focus Group Discussion)

The researcher had a purpose group discussion with Nii Adjei Nkpa and three of his elders. The group indicated that the Gã people do not have a structured way of viewing infertility. The group came out with the fact that people perceive individuals who are not able to bring forth as disgraced, (*abuɔ mɔ ni fɔ ɔ ake eshiwe ehie shi*) and not complete persons since they are not able to give birth to children to continue the family lineage. People also make fun of and tease people living with infertility, most of the time behind them, by calling them names. A woman who is not able to bring forth children is called "*kenney*" and the man who is not able to bring forth children is called "*kai-tsɛ*" (literally, the father of "*kai*". Though *Kai* is the name given to the third born daughter in most Gã clans and families), there is a teasing or derogatory connotation in the name '*Kai-tsɛ*". This is because it is impossible to bring forth a third daughter without bringing forth the first and the second.

The group was of the opinion that the issue of infertility is a real problem in most Gã communities. The group believe that abortion (*hɔ dziemo*), witches (*ayɛi*) , curses or casting of spells (l*oomɔ* or *wɔ nbɔ ɔ*) can cause infertility. On the issue of *gbeshi*, the

group maintained that in the Gã cultural context it is held that everybody has a "*kla*" (soul). Every *kla* has its likes and dislikes. If an individual does things that the *kla* does not like, it allows evil spirits to possess that person and this is what is normally referred to as *gbeshi*. They also agreed that *gbeshi* can cause infertility and added that in most cases if the person with the *gbeshi* persists in trying to bring forth, he or she may end up with abnormal children. In the olden days, some of these children were allowed to live whilst others were sent to *'tsofatsɛmɛi'* for their lives to be terminated. The group was of the view that some practices such as early sexual activity by teenagers and some women having multiple partners may also lead to infertility. The group was of the view that to the Gã people one of the main purposes of marriage is to bring forth children; the second which is also quite important is partnership. The group indicated that this situation came about because in the olden days couples needed children to continue the family lineage and also more hands to help them on their farms and at sea, since most of them were farmers and fishermen. However in these modern times large families are not the coveted norm.

5.2 People Living with Infertility

The following are the responses of people living with infertility.

5.2.1. Getting to Know Status

After years of trying to bring forth without success, most of the people interviewed got to know their status through visits to conventional medical facilities.

5.2.2. Initial Reactions

Initial reactions to the news of infertility, by the people living with infertility varied from surprise and wonder to hope and trust in God. Others were not overly disturbed because of the assurance they received from medical officers that their condition can be treated through medication. Yet others were however depressed and worried because despite the assurances of the Doctors, their conditions did not change. And others did not accept the fact that they were infertile. One interviewee said that when she was told that she could not bring forth, she exclaimed: "it is impossible" – that is, it is impossible for her to be infertile. Some of the people accepted the condition and affirmed their trust in their God who they believed is capable to turn the table in their favor.

5.2.3. Breaking the News to Husbands

Some of the people interviewed informed their husbands themselves whilst others went to the hospital with their husbands and so both of them were informed together. Some could not inform their husbands themselves and so did so through friends and confidants.

5.2.4 Initial Reaction of Husbands

The initial reactions of the husbands were varied. Most of them were alarmed and worried. Others received the news calmly and were very supportive of their wives by encouraging and calming them down. Others did not believe what they heard initially but later came to terms with the situation. Some of the husbands lost trust in their wives because of their diagnosed condition.

5.3 Reaction of Family, Church and Society.

5.3.1. In-laws

Some of the people interviewed indicated that they had kept their situation from their families and friends. Others who had informed their in-laws reported that some of them were saucy and cheeky and expressed displeasure about the situation. This is what one of those interviewed had to say"…my in-laws told me they want their grandchild, so they gave me a period within which I should bring forth otherwise they will find another woman for my husband." Some in-laws were however supportive.

5.3.2 Other Family Members and Friends

Some family members who got to know the status of these people living with infertility were supportive and encouraged them. Other families put up hostile attitudes. Some of the respondents reported that some of the family members were hostile, and angry at them. This mixed attitude is to be expected, since traditionally, people did not accept the fact of marriage without children. This could be the reason why some of the families were hostile. The mindset of the people in the olden days and even in these modern days is that marriage is mainly for procreation. Some friends of people living with infertility supported them whilst others were irritating and saucy. Some of the respondents indicated that infertility has had diverse effects on their marriages, prominent among these effects are divorce, taking other wives and infidelity. In most cases it is the wives or the women who are blamed for infertility and so endure the more difficult effects.

5.3.3 The Attitude of Society

Most of the people interviewed indicated that, in general, society looked down on them and rumored about their situation. Some persons even went to the extent of casting insinuations about people living with infertility. Some of these are: "*bohu yaafɔ onɔ* " (literally: you also go and bring forth your own). Again, most of the respondents indicated that, people talked about their situations behind them, but pretended to be nice in their presence.

Other people also pester them always by asking them for the time the children will come. Some of the respondents reported that people used infertility as an excuse to intrude into their privacy. Some go as far as telling them how and when to have sex. People also direct them to people and places where they think childless people can find solutions to their problems. Some of these places are spiritualists, herbalists, medicine men, "powerful" men of God, prayer camps and hospitals. For the fear of people's negative attitude towards them some of the people living with infertility withdraw from society and public places and keep to themselves.

5.4 Knowledge about Causes of Infertility and Consultations

A few of the respondents knew some of the scientific causes of infertility, but the majority did not know the causes. Almost all of them agreed that witches, *wodzi*, *gbeshi*, *musu* and curses can cause infertility. When the question of abortion and miscarriages was put, some indicated that they have had abortion and a few also indicated that they have had miscarriages. All the people interviewed had consulted one or more of the following: conventional medical practitioners, herbalists, traditional medicine men, spiritualists, fetish priests, and religious leaders, to seek solution to their problem.

5.5 Religious and Cultural Perspectives on Infertility

Some of the respondents indicated that their religious belief is that it is God who determines who should be fertile or infertile, so they turned to and depended on God for the solution to their problem. Others maintained that there is the cultural perspective that people living with infertility are either cursed, bewitched or have engaged in immorality at some point in their lives. There is also the perception that witches cause infertility; and others believe that infertility has other spiritual causes. These include the belief that evil spirits and some fetishes (*wɔ n* and *gbeshi*) cause infertility. There was also the general perception by some of the respondents that though this condition is real and affects so many people, the cultural setup is apparently silent on it.

5.6 Effect of Infertility on Marriage and Sexual Life

A few of the respondents reported that their condition has neither had a negative effect on their marriages nor their sexual live. Majority of the respondents indicated that their condition has affected their marriages negatively and made their sexual life boring. This is how one woman described her situation: "… I personally demand for sex most of the times even when I am in my menses because I want to get pregnant". Another respondent reported that"…my sexual life is not as interesting as it used to be". In some instances, respondents indicated that the condition of infertility led to divorce and multiple marriages.

It was evident, from the respondents that the condition of infertility affected their marriages and sexual lives in diverse ways. In the case of marriages it normally led to

separation, divorce or multiple marriages. Infertility diminished the sexual desire in some women while, it made others demand more sex from their partners in their bid to get pregnant.

5.7. Effect of Infertility on the Sense of Womanhood and Personality

Most of the respondents maintained that the condition of childlessness has negatively affected their sense of womanhood and personality as women. On the sense of womanhood this is how some of the respondents responded: "Sometimes I feel disappointed as a woman"; "I feel I am not a complete woman without a child", "My condition sometimes make me feel bad"; "it has affected me emotionally". The above responses indicate how serious the issue of infertility affects women and their sense of womanhood. One can then infer that childbirth is very important to women and so they will go to every extent to bring forth children.

Infertility does not only affect women's sense of womanhood, but also their self-worth and confidence. It also affects their ability to express themselves freely in public. This point is corroborated by the response of one of the respondents: "I used to be an extrovert but now I am an extreme introvert". Some of the childless women reported that they feel inferior to other women who have children. Others were disturbed and irritated by the fact that they are not able to have children. Some childless women become annoyed and upset when relatives and friends become pregnant and more so when they are invited to naming and out-dooring ceremonies and birthday parties.

5.8. Support from Religious Groups

Almost all the people who were interviewed had at one time or the other discussed their situation with their religious leaders. They reported that these leaders have been very supportive and encouraged them. Some of these religious leaders prayed with them, poured libation for them and in the case of the traditional religious practitioners, they took them through rituals that they believe will enable them bring forth.

5.9 Motivation to have Children

The respondents gave a variety of reasons and factors that motivate them to do everything possible to have children. Some notable responses that will help us in the discussions are as follows: "I want to have my own children so that I can continue the human race" ; "I am motivated by the word of God"; "I want to have children because children are a gift from God"; "I want to have children so that I can give care and love to them"; " I just want to have children" ; " I want to have children around me at any given time"." It is really shameful when you are married and cannot conceive". "Society should not look down on people living with infertility…"

The above statements spell out the motivation or the driving forces behind the urge of people living with infertility to have children at all cost.

5.10 Effect of Infertility Treatment on Finances

Almost all the respondents indicated that their quest to find solutions to their condition have really drained them financially. This is because they have to move from place to

place trying to find remedy for their condition and this involves money. In most cases they reported that they spent all these money and yet they did not get results.

The above were the responses of the people interviewed. In the next chapter we will discuss these findings and draw conclusions and make recommendations.

Chapter Six

Discussions, Conclusions and Recommendations

6.0 Introduction

This chapter will discuss and draw conclusions from the study of infertility and its treatment within the religio-cultural milieu of the Gã people and outline recommendations on how people living with infertility should be perceived in the Gã religio-cultural milieu and in Ghana and implications for future research.

6.1 Discussions

Generally, the study sought to examine the religio–cultural perspective of infertility and its treatment, a case study of the Gã people in Ghana. Review of books and the responses elicited from respondents through questionnaire administration and interviews conducted with traditional leaders and people living with infertility provided the input for the discussion.

6.1.1 *Marriage and Procreation*

It was found that the issue of marriage and child bearing are inseparable within the Gã religio-cultural context. This is because from infancy children are taught that childbirth is the ultimate in the marriage relationship and so infertility is out of the question when it comes to cultural expectations among the Gã people. This emphasis on childbirth is as a result of the cultural system within which childbirth is used as a tool for the continuation of the ancestral lineage. This is what makes infertility a crisis situation among the Gã people and so the whole community gets involved in remedial interventions. In the light of this, the whole religio-cultural apparatus is called into operation to help resolve this crisis situation when it occurs by recourse to the *wulɔ mɛi*, *wɔ yei*, and *tsofatsɛmɛi*, who play leading roles in this crusade.

6.1.2 Infertility and Society

In this section the way society views infertility and treats people living with infertility will be discussed. From the study it is evidently clear that society in general and the Gã society in particular place a lot of stress on people living with infertility. This is because of the stigmatization of the inability of people living with infertility to procreate and also by the glorification of parenthood by society. Society and the institutions that sustain it, create an environment that rejects and alienates the people living with infertility by virtually ignoring their condition and by offering little emotional support. Daniluk (1991: 318)) described infertility as a kind of death for which there are no rituals and little public acknowledgement. Thus people living with infertility feel invincible in a society that remains insensitive to their pain. Regardless of the reasons for not having children, childless couples receive stigmatizing messages often negating their sense of masculinity and femininity. Because people living with infertility are not

able to conceive, they are seen by society as not fulfilling their biological destinies. This point is corroborated by Valentine (1986:66) when he said "the infertile couple receives the additional stress of societal and cultural messages that they are somehow unfulfilled, lacking in adult adequacy, unnatural and selfish".

As their personal and medical histories are exposed, persons living with infertility are often made to feel guilty for past behaviours such as sexual conduct, their decision to delay childbirth, their choice of birth control methods and abortions.

Women who do not attempt treatment are stigmatized by society for not trying hard enough this is because from this study it came out that society expects every woman to be able to get pregnant and bring forth children. The Gã people of Ghana assumes that once a woman marries she should be able to bring forth children This view of society was summarized by Marshner when he was describing womanhood and stated that " A woman's nature is simply , other oriented… Women are ordained by nature to spend themselves in meeting the needs of others". (Marshner 1982:12) To him a "real woman" will go to any length necessary to have a child. Miall (1985) also stated that childlessness disqualifies infertile women from being part of the "in group of mothers". They are frequently treated by women with children as second-class citizens who cannot contribute to conversations about childbearing (Miall 1985:391) According to Abbey, Andrews, and Halman (1991: 297), "Infertile women may feel more isolated and in need of emotional support than their partners if their lack of children makes it more difficult for them to maintain their same-sex friendships". Childless women may feel disconnected from other women and female friends, increasing their desire to reproduce.

For many people living with infertility, the ability to have children is extremely important and is intricately enmeshed with their goals of fulfillment and happiness in life. This would explain why threats to one's fertility can be so devastating. Subtle and overt forms of stigmatizing messages are communicated to infertile couples every day as they participate in a society that expects them to become parents.

The Gã traditional leaders indicated that strictly speaking the traditional and religio-cultural structures and institutions do not stigmatize the issue of infertility and people living with infertility are not discriminated against when it comes to religio-cultural appointments and functions. However the leaders admitted that people in the society do in most cases stigmatize people living with infertility because of their cultural expectations. The people living with infertility indicated that they feel stigmatized and traumatized in society by virtue of their condition. As a result some of them withdraw from society and keep to themselves. The personality and personhood of some of them are affected negatively. This situation increases the motivation of the people living with infertility to procreate at all costs.

6.1.3 Causes and Treatment of Infertility

The research initially looked at the causes of infertility and its treatment. There is enough scientific evidence for the causes of infertility. At the same time science acknowledges the fact that there are some infertility conditions that could not be explained

In the Gã religio-cultural context infertility which in most cases could not be explained is believed to be caused by spiritual forces like gods,((*wɔ ji*), *gbeshi*, (fate, life programme), curses, witchcraft, and *musu*, (bad omen).

The argument is, could the Gã people be right in attributing the infertility they cannot explain to their gods and other agents? The study is of the view that the beliefs and practices within the religio-cultural setting of the Gã people should not be set aside without proper analysis. This is because to some extent the religio-cultural beliefs and practices of the Gã people agree with the scientific admission that some causes of infertility are unexplained, and so one can conjecture that these unexplained infertility conditions could be those that are ascribed by the Gã to spiritual and the other causes mentioned above?

The scientific world prescribes scientific and modern assisted reproductive technologies for the treatment of infertility. In the Gã religio-cultural setting also there are a number of methods that are used to treat infertility. Almost all these methods have religious foundations. Some of the methods are exorcism, *Dudon nu woo*, the use of fertility dolls, consulting the *Wulɔ mɛi*, medicine men, and the use of herbs. Some other religious groups prescribe religious interventions such as prayer and deliverance. The issue here is how can we put all these methods of treating infertility together to come up with a comprehensive way of handling this age old issue of infertility and its treatment in a way that will not reject the Ga religio-cultural solutions and would also not compromise scientific interventions. From the findings of this study, the most appropriate approach will be to bring all these methods together so that the couples could be helped to resolve the issue of infertility.

6.1.4 Infertility and the Family

An individual's family of origin is the most critical factor in determining his or her self-concept and worldview (Berg et al., 1991:33, 1071-1080). In the Gã cultural context, the family and the clan are the fulcrum around which all issues revolve more especially infertility. As a large part of our socialization process, the intense biological instinct to reproduce is reinforced by cultural expectations transmitted through familial experiences (Houghton & Houghton, 1984). Although families may be more accepting of alternative lifestyles than ever before, they continue to communicate powerful negative messages to infertile individuals (Schwartz, 1993), so that individuals living with infertility often feel alienated from the people they love the most. Thus, their own family may be the primary source of their feelings of inadequacy. This was demonstrated by the varied reactions of family members and in-laws at the news of infertility.

For the family, reproduction may be seen as the replenishment of generations, representing a small piece of immortality -- an extension into the future (McDaniel, Hepworth, & Doherty, 1992:20, 101-122). Implicit in the reproductive process is this notion of immortality through the distribution of the familial genetic pool. This is demonstrated overtly by older family members encouraging couples to have children in order to "pass on" the family name. Infertility interrupts this "continuity," preventing regeneration. Becker and Nachtigall (1991:20; 876) explained reproduction as: "the march of generations, the renewal of life. Infertility thus constitutes a major loss". Couple living with infertility may feel as if they have failed their families by their inability to continue the family line.

In addition to family continuation, many people see the reproductive stage of the life cycle as a prominent marker of adulthood, and childbearing as full membership into the family system. Boszormenyi-Nagy and Sparks (1973) stated that family loyalty is typically based on biological hereditary kinship. Emotional and biological continuity from generation to generation forms family identity, family legacy, and family myths. Events and rituals such as birthdays, weddings, christenings, and funerals provide the foundation for both familial and social alliances. Individuals may view reproduction as admission into this family system (Houghton & Houghton, 1984). This is evident in the way people living with infertility in the Gã religio-cultural context react to the elaborate naming ceremonies and the fanfare and the reward system that go with it.

Although family members may empathize and even internalize the pain of the infertile couple, they are often insensitive to their emotional needs. In times of crisis, many individuals turn to their families for emotional support. However, from the study infertile couples do not always find the understanding they are seeking. Interactions with family members may be a tremendous source of confusion and pain as infertile couples struggle to find significant roles within the family unit (Houghton & Houghton, 1984).

Parents of infertile couples also may feel humiliation or alienation within their own social groups when they are unable to share common experiences, such as becoming grandparents. They too are excluded from conversations and social activities that center on grand-parenting (Houghton & Houghton, 1984). This is why parents normally ask their married children the time the children will come. This shame may be communicated in the form of additional pressure on their children to procreate.

Feelings of alienation often seem to spiral and perpetuate themselves. For example, to avoid awkward situations, family members are reluctant to include couples living with infertility in social events that center on children. Conversely, it is difficult for the infertile couple to communicate and identify with family members who do not share their dilemma: "Significant others unintentionally say and do things which upset the individual in need of support, who in turn withdraws. This response causes potential supporters to feel unappreciated and unwanted, so they withdraw. Thus, the infertile individual becomes even more isolated" (Coates & Wortman : 158). This pattern of isolation may be difficult to break.

The family unit is a microcosm of a society where motherhood is traditionally regarded as an achievement. Both the family and society have a vested interest in the propagation of the human race. Childbearing is both socially and biologically significant. Families, like society at large, continue to struggle with new societal roles and expectations. Clearly, there is a need for family members to become more sensitive to the issues surrounding infertility (Houghton & Houghton, 1984).

6.1.5 Motivation to Procreate

The study also identified four main factors that motivate people living with infertility to desire childbirth. These are natural or instinctive motivation, religious motivation, social motivation and cultural motivation. The natural or instinctive motivation is the innate urge to have children. This we believe is an urge that God in his wisdom has planted in all human beings. This is what helps us to sustain and propagate the human race. The religious urge is due to the fact that most religions in the world, including Christianity

teach about the need to bring forth and propagate the human race. For instance Christianity teaches that God created humanity and charged humanity to be fruitful and multiply and fill the earth (Genesis 1:28 NRSV1995:1). This charge motivates Christians to bring forth children. Our cultural structures and values also serve as motivation to have children. One of the key cultural expectations is the need for married couples and even in some cases unmarried persons to bring forth children. This is because people with children are normally honored by cultural institutions. In the Gã cultural context for instance, a woman who brings forth ten children is given the opportunity to be part of the decision making process with men. Children are also taught that the ultimate in the relationship between the sexes is to be married and bring forth children. Socially, pressure is normally brought to bear on persons who are childless by family, friends and relations to try as much as possible to bring forth. Stigmatization sets in when this is not forthcoming.

6.2 Conclusions and Recommendations

The findings of the study could help us reshape primarily the Gã and ultimately general society's attitude towards people living with infertility.

From the study we can draw the following conclusions:

- The Gã people understand marriage mainly in terms of procreation. Other issues such as companionship are secondary.
- The Gã people view infertility as a life threatening crisis, since it threatens the continuity of the ancestral lineage.
- Infertility is a family and societal issue and so every member of these two institutions gets involved in trying to solve the problem of infertility.

- ❖ Society stigmatizes people living with infertility, but the religio-cultural structures and institutions in the Gã context do not discriminate against people living with infertility.
- ❖ Infertility has religious foundations and remedies which are embedded in spiritual causes and ritualistic treatment
- ❖ The Gã people blame infertility on the woman alone; meanwhile scientific knowledge informs us that men are also to blame.
- ❖ There is lack of scientific understanding of the causes infertility
- ❖ The biological instinct and the religio-socio-cultural pressures are the main motivations behind the Gã women's urge to procreate at all cost.
- ❖ The lack of explanation to some causes of infertility and its ascription to spiritual and other causes might be answering the scientific lack of explanation for some causes of infertility.

From the study we can finally conclude that to the Gã people of Ghana fertility, procreation and infertility are all religious and cultural issues, that is, it is a religio-cultural issue. The culture defines the expectation of the people whilst religion seeks to prescribe solutions to them.

On the basis of the above conclusions from this study, the following recommendations are made. Educational programs should be put in place within the cultural context of the Gã people and in the nation, to educate people about infertility and its causes so that the society will be conversant with issues concerning infertility. Most of the current educational programs and advertisements focus on family planning, that is the managing and prevention of conception at the detriment of those struggling to bring forth. It is

recommended that there should be some balance in the handling of these issues, this is because it is a fact that there are a lot of people who should be encouraged to manage their conception but there are also people who are struggling with infertility. These public educational programs could be used to help reduce the stigmatization of people living with infertility and also reduce their depressive tendencies. The educational programmes should include lessons on the ethics of infertility and methods of infertility treatments.

The perception that women are largely responsible for infertility could also be dealt with through education, which will bring out the fact that men could also be infertile. It is also recommended that considering the cost of infertility treatment, part of the cost of the treatment of infertility should be absorbed by the National Health Insurance Scheme, to reduce the financial burden on people living with infertility.

Counseling of people living with infertility could be introduced into the curriculum of our tertiary institutions and seminaries to produce the human resource required in the country to offer counseling to people living with infertility as this can help such people cope with and manage the stress and trauma they go through. Solution-focused infertility counseling units could be attached to our hospitals to help people living with infertility. It can also introduce people living with infertility to some of the modern technologies of infertility treatment.

The Gã people and the whole nation should be updated on modern trends in infertility treatment and other options such as adoption and living with and taking care of children

of family members as a way of infertility management among the Gã people and ultimately in the whole country. It is also recommended that Civil Society and Advocacy groups should be formed to champion the cause of people living with infertility and to help them manage the challenges they go through. Further research could look at the role of prayer camps, deliverance and herbal centers in the treatment of infertility.

Bibliography

Primary Sources

Yoomobi Akrong Nabi 11/ 10/ 10

Numo Yemote Odoi VI Lakpã Wul□m□

Rev. I. O. Sowah and Mrs. Sowah

Nii Adjei IV Nmatii Grasɛɛ Akutsotsɛ, La Kusum Mantsɛ and His Elders 11/10/10

People living with infertility.

Secondary Sources

Abbey, A. Andrews F. M. & Halman L. J. 1991, "Gender's role in responses to infertility". *Psychology of Women Quarterly*, 15: 295-316.

Abse, D.W. 1966, Psychiatric aspects of human male infertility, Fertility and Sterility 17:133-139.

Amoateng, A. Y. and Heaton T. B. 1989, 'The Sociodemographic Correlates of the Timing of Divorce in Ghana,' Journal of Comparative Family Studies Vol.XX, No.1, 81

Anderson, I. 1985, 'How IUD's cause infertility', *New Scientist* 6:18/4/85.

Asante, E. 1999, *Stewardship Essays on ethics of Stewardship*, Accra: Wilas Press.

Asante, E. 2007, Culture, Politics & Development: Ethical and Theological Reflections on the Ghanaian Experience, Accra: Challenge Enterprise.

Asimeng, M. 1981, Social structure of Ghana: A study in persistence and change, Accra: Ghana Publishing Corporation.

Azu, D. G. 1974, 'The Gã Family and Social Change', African Social Research Documents, vol. 5, African Studies Centre Cambridge.

Berg, B. J. Wilson J. F. & Weingartner P. J. 1991, "Psychological sequelae of infertility treatment: The role of gender and sex-role identification". *Social Science and Medicine*, 33, 1071-1080.

Bierkens, P. B. 1975, 'Childlessness from the psychological point of view', *Bulletin of the Menninger Clinic* 39, 2:177-182.

Boszormenyi-Nagy, I. & Sparks G. 1973, *Invisible loyalties*. New York: Harper & Row.

Bowlby, J. 1969, *Attachment and Loss*, London: Hogarth.

Charles, M. M. 1987, "Precedents for Mormon women from scriptures". In M. U. Beecher & L. F. Anderson (Eds.), *Sisters in spirit: Mormon women in historical and cultural perspective* 37-63. Chicago: University of Illinois Press.

Coates, D. & Wortman C. B. 1980, "Depression maintenance and interpersonal control". In A. Baum & J. Singer (Eds.), *Advances in environmental psychology. Applications for personal control* (Vol. 2, pp. 149-182). Hillsdale, NJ: Lawrence Erlbaum Associates.

Cole, H. M. and Ross, D. H. 1977, The Arts of Ghana, California: The reagents of the University of California.

Daniluk, J. C. 1991, "Infertile couples". *Journal of Counseling & Development*, 69: 317-319.

Denber, H. C. 1978, 'Psychiatric aspects of infertility', Journal of Reproductive Medicine, 20, 1:23-29.

Deveraux, L. L. and Hammerman, A. N, 1998, Infertility and Identity: New Strategies for Treatment, Jossey Bass, San Francisco CA, 57- 74

Diczfalusy, E. 1986, 'WHO special programme of research, development and research training in human reproduction—the first fifteen years: a review', *Contraception* 34:1.

Douma, Jochem. 1996, *The Ten Commandments: Manual for the Christian Life*. Translated by Nelson D. Kloosterman. Phillipsburg, New Jersey: P & R Publishing.

Donum Vitae 1987

Edelmann, R. J. and Connolly, K. J. 1986, 'Psychological aspects of infertility', British Journal of Medical Psychology 59:209-219.

Elisabeth Kübler-Ross, 1969, On Death and Dying, New York: Macmillan Publishing Co.

Erikson, E. 1950, Childhood and Society, London: Penguin.

Evangelium Vitae 1987 Number 44

Field, M. J. (1961). Religion and Medicine of the Ga people, Oxford University Press,London.

Gad El-Hak AGH 1980, In vitro fertilization and test tube baby. *Dar El Iftaa*, Cairo, Egypt.;1225:1:115:3213–3228

Garcia, C. A. Freeman, E. W. Rickels, K., Chung Wu, Scholl, G., Galle, P. C. and Boxer, A.S. 1985, 'Behavioural and emotional factors and treatment responses in a study of anovulatory infertile women', Fertility and Sterility 44:478-485.

Ghana Statistical Service, 2000 Census Document.

Greil, A. L. 1991, *Not yet pregnant: Infertile couples in contemporary America*. New Brunswick, NJ: Rutgers University Press.

Gyekye, K. 2004, *Beyond Cultures: Perceiving a Common Humanity. Ghanaian Philosophical Studies, III Washington*: The Council for Research in Values and Phlosophy and Ghana Academy of Arts.

Hanssen, M. 1984, E for Additives: The Complete E Number Guide, Wellingborough: Thorsons

Harkness, Carla. 1987,The Infertility Book. San Francisco: Volcano Press,

Harper, R. Lenton, E.A. and Cooke, I.D. 1985, 'Prolactin and subjective reports of stress in women attending an infertility clinic', *Journal of Reproductive and Infant Psychology* 3:3-8.

Hertzberg, A. 1991, *Judaism: The key spiritual writings of the Jewish tradition*. New York: Simon & Schuster.

Houghton, D. & Houghton, P. 1984, *Coping with childlessness*. Boston: Allen & Unwin.

Houghton, P. and Houghton, D. 1977, Unfocussed Grief: Responses to Childlessness, Birmingham: Birmingham Settlement.

Howe, G. Westhoff, C. Vessey, M. and Yeates, D. 1985, 'Effects of age, cigarette smoking and other factors on fertility. Findings in a large prospective study', British Medical Journal 290:1697-1700.

Hyman, P. E. 1986, *Introduction: Perspectives on the evolving Jewish family*. In S. M. Cohen & P. E. Hyman (Eds.), *The Jewish family: Myths and reality* 3-13. New York: Holmes & Meier.

JAMA, February 21, 2001, The Journal of the American Medical Association, "Fertility Treatment Statistics.": v285, i7, p874.

Kaufman, M. 1993, *The woman in Jewish law and tradition*. Northvale, NJ: Aronson.

Kilson, M. 1974, African Urban Kinsman: The Gã of central Accra. London: 89-90

Kornitzer, M. 1968, Adoption and Family Life, London: Putnam.

Kumekpor, T. K. B. 1999: *Research methods and techniques of social research*. Accra: Sonlife Press.

Lauterbach, J. Z. 1970, *Studies in Jewish law, custom and folklore*. New York: Ktav Publishing House.

Lewis, R. 1998, Life , 3rd edn, New York: WCB McGraw Hill, 218 ,699-700

Mahlstedt, P. 1985, 'The psychological component of infertility': *Fertility and Sterility* 43, 3:335-345.

Malhotra, N. K. 2007, Marketing Research, An Applied Orientation, New Jersey: Pearson Prentice Hall

Manoukiam, M. 1950, Akan and Adangme Peoples of the Gold Coast, London: Oxford University Press.

Marshner, C. 1982, *The new traditional woman*. Washington, DC: Free Congress Research and Education Foundation.

Mbiti, J. S. 1985, African Religious Philosophy, 2nd edn, London: Heinemann, Passim 130-131

McCormick, R. S. J. Ambiguity and Moral Choice, Department of Theology, Marquette University, 93

McDaniel, S. H. Hepworth J. & Doherty W. 1992, "Medical family therapy with couples facing infertility". *The American Journal of Family Therapy*, 20: 101-122.

Menning, B. E. 1977, Infertility: A Guide for the Childless Couple, Englewood Cliffs, NJ: Prentice Hall.

Miall, C. E. 1985, "Perceptions of informal sanctioning and the stigma of involuntary childlessness". *Deviant Behavior*, 6, 383-403.

Miall, C. E. 1986, 'The stigma of involuntary childlessness', *Social Problems* 33, 4: 268-282.

Mitchell, C. Ben and Don W. Buckley, M.D. Infertility and the New Reproductive Technologies. Critical Issues. Nashville, Tennessee: The Christian Life Commission.

Monach, J. H. 1993, Childless, No Choice: The Experience of Involuntary Childlessness. Routledge. New York. 21-26

Murray, John. 1957, Principles of Conduct: Aspects of Biblical Ethics. Grand Rapids: William B. Eerdmans.

Newill, R. 1974, *Infertile Marriage*, London: Penguin.

Noy, P. Wollstein, S. and Atara Kaplan-de-Nour. 1966, 'Clinical observations on the psychogenesis of impotence', *British Journal of Medical Psychology* 39:43-53.

Omran, A. R. 1992, *Family planning in the legacy of Islam*. New York: Routledge.

OPCS (Office of Population Censuses and Surveys), 1968, *The General Household Survey 1966*, London: HMSO.

Palti, Z. 1969, 'Psychogenic male infertility', *Psychosomatic Medicine*, 31: 326-330.

Parker, J. 2000, Gã State and Society in early Colonial Accra, Portsmouth NH: Heinemann.

Parkes, C. M. 1986, *Bereavement: Studies of Grief in Adult Life*, 2nd edn, London: Tavistock.

Parrinder, G. 1954, *African Traditional Religion*, London: Hutchinson House

Poston, D. L. & Kramer K. B. 1984,"Patterns of childlessness among Catholics and non-Catholics in the United States". Paper presented at the annual meeting of the Population Association of America, Minneapolis.

Rae, Scott, B. and John, H. Core, Spring 1994, "Reproductive Technologies and the Theology of the Family." *Ethics & Medicine* 10 :12.

Reindorf, C. C. 2007, History of Gold Coast and Asante 3rd ed. Accra: Ghana Universities Press.

Salm, S. J. and Falola, T. 2002, Culture and Customs of Ghana, West Port: Greenwood Press.

Sandler, B. 1965, 'Conception after adoption; a comparison of conception rates': *Fertility and Sterility* 16:313-322.

Sarahavel, P. 1991: *Research methodology*. New Delhi: Kitab Mahal.

Schneider, S. W. 1984, *Jewish and female: Choices and changes in our lives today*. New York: Simon & Schuster.

Schwartz, J. 1993, *The mother puzzle: A new generation reckons with motherhood*. New York: Simon & Schuster.

Scrour, G. I, Aboulghar M. A, Mansour R. T. 1995, Bioethics in medically assisted conception in The Muslim World. *Assisted Reprod and Genetics*;12:9:559–565.

Shipps, J. 1987, "Foreword". In M. U. Beecher & L. F. Anderson (Eds.): *Sisters in spirit. Mormon women in historical and cultural perspective:* vii-xii. Chicago: University of Illinois Press.

Siber, S. J. 2005, Religious Perspectives of Ethical Issues in ART, *Middle East Fertility society Journal* 10(3) 185-204

Spallone, P. 1989, *Beyond Conception: The New Politics of Reproduction*, London: Macmillan.

Stangel, J. J. 1979, Fertility and Conception: An Essential Guide for Childress Couples, New York: Paddington Press.

Stanway, A. 1980 Why Us? A Common Sense Guide for the Childless, London: Granada.

Stenhouse, T. B. H. 1872, *A lady's life among the Mormons: A record of personal experience as one of the wives of a Mormon elder*. New York: American News Company.

Sterney, L. M. 1994, "Feminism, eco-feminism, and the maternal archetype. Motherhood as a feminine universal". *Communication Quarterly*, 42, 145-159.

Valentine, D. P. 1986, "Psychological impact of infertility: Identifying issues and needs". *Social Work in Health Care*, 11, 61-69.

Van De Graaf, K. 2000, Human Anatomy, 5th edn, New York: The McGraw Hill Company Inc. 679, 707-708, 735

Vessey, M. P., Smith, M.A. and Yeates, D. 1986, 'Return of fertility after discontinuation of oral contraceptives. Influence of age and parity': *British Journal of Family Planning* 11:120-4.

Wilcox, L. P. 1987, "Mormon motherhood: Official images". In M. U. Beecher & L. F. Anderson (Eds.), *Sisters in spirit: Mormon women in historical and cultural perspective* 208-226, Chicago: University of Illinois Press.

Worthington, Everett, L. 1987, *Counseling for Unplanned Pregnancy and Infertility* Waco, Texas: Word Books.

Young, K. 1954, *Isn't one wife enough*. New York: Holt.

Electronic Sources

Africahttp://paa2006.princeton.edu/download.aspx?submissionId=61053 15/11/2009

America Society for Reproductive Medicine (ASRM), http://www.asrm.org 11/11/09

ASRM, American Society of Reproductive Medicine, 1996-98; FACT SHEET: In Vitro Fertilization (IVF), available from http://www.asrm.org/Patients/FactSheets/invitro.html.

Burn, L. H. and Covington S. N. Infertility Counseling, http://www.cambridge.org/us/ 23/3/ 10

Georgia Reproductive Specialists, Dispelling the Eleven worst Myths about infertility http://www.ivf.com/ch2mbpg2.html

Holos, M. Brown Anthropologist Examines Stigma of Infertility in Nigeria http://www.brown.edu/ Brown University Media Relations.mht 13/11/09

http://www.medline.net 25/3/10

Igwe, L. Witchcraft in Africa culturekitchen.com/leo_igwe/story/witchcraft_in_africa 13/11/2009

Life Cycle, http:// cesa.imb org/the religion/Zambia/profile.htm 15 /11 /09

Obi, C. A. Marriage Among the Igbo of Nigeria, http//afrikaworld.net/afiel/igbo.marriage.htm 15/11/09

Reproductive System, http://www.adam.com 10/11/09

Takyi, B. K. et al, Religion and Fertility Behaviour of Married men and women: *An empirical Examination of Data from Ghana, Sub-Saharan Africa* http://paa2006.princeton.edu/download.aspx?submissionId=61053 15/11/2009

US National Library of Medicine, Infertility, http://vsearch.nlm.nih.gov/vivisimo/cgi-bin/query-meta?query=infertility&v%3Aproject=nlm-main-website15 /03/10

What are the Treatments for Female Infertility?, http//www.health-cares.net 11/11/09

What causes Infertility? http//www.health-cares.net 11/11/09

What is Gender, http://www.itu.int/gender/about/gender.html 27/4/10

Bible Sources

Holy Bible New Revised Standard Version with Apocrypha 1999, Oxford: Oxford University Press UK.

The Thompson chain-reference Bible: New international version. 1983, Indianapolis: B. B. Kirkbride, & Grand Rapids, MI: Zondervan.

Quran Sources

Sura Al Ahzab 32:4–5, Holy Qur'an

Sura Al-Nahl 16:27, Holy Qur'an.

Sura Al-Ra_d 13:38, Holy Qur'an.

Sura Ai-Shura 42:49–50, Holy Qur'an

APPENDIX A

Appendix A contains the questionnaire for people living with infertility.

Kwame Nkrumah University of Science and Technology
Faculty of Social Sciences
College of Arts and Social Sciences
Department of Religious studies

RESEARCH QUESTIONAIRE

INTRODUCTION

This questionnaire is to help us collect information on the religio-cultural perspective of infertility. Respondents are assured of their privacy and confidentiality. You are therefore requested to provide information that will help the researchers find out the real issues involved in infertility.

Name: (optional)……
Date of Birth:……Age……
Marital Status: Married / widow / widower/ divorced
Occupation……
Home Town: ……
Religious Background: Christian / Muslim / ATR/ others

QUESTIONAIRE FOR PERSONS LIVING WITH INFERTILITY

Q1. How did you get to know that you are infertile/Barren?.....
……
……
Q2. What was your initial reaction? ……..
……
……

Q3. How did your spouse get to know?.....
……
……
Q4. What was your spouse's response? ……..…….
……
……
Q5. What has been the reaction of your
In –laws……
Church members……
Family Members……..……
Your friends ……
Society ……
Q6. What are people's attitude towards you because of the situation you find yourself in?…….
……

Q7. What do you think is/are the causes of your infertility……..……
……
Q8. Have you ever lost a pregnancy (miscarriage)? (for women only)
……
……
……
Q9. Have you gone for medical check up concerning you condition?
.....
……
……
Q10. Have you ever seen a herbalist or medicine man about your condition before? If you have where and what happened?
……
……
……
Q11. Have you been to a prayer camp for prayers before? If yes where and what happened? ……
……
……
Q12. Have you sought conventional medical treatment before? If yes where and what happened?……..
……
……
Q13. What is the view of your religion on infertility? Does that put any pressure on you?
……
……

Q14. What does your culture teach or believe about infertility?.....
……
……
Q15. How has this condition affected you socially?.....

……
……
Q16. How has the infertility condition affected your marriage and your sexual life?
……
……
Q17. How has infertility affected you as a woman or man?.....
……
……
Q18. Have you discussed your condition with your Pastor/ religious leader?.....
……
……
Q19. What help or support has your church/religious group given you so far?
……
……
Q20. Does your church/ religious group have a programme to help infertile people?
……
……
……

Q21. Can you share with us some of your experiences in trying to conceive with us?
……
……
……
Q22. What motivates you to want to bring forth Children……....
……
Q23. What are some of the sacrifices you have had to make in your bid to bring forth?
……
……
Q24. How has this condition affected you financially?.....
……
……
Q25. How has the condition of infertility affected your personality?.....
……
……
Q26. Do you become disturbed /emotional/ cry when a relative or a friend becomes pregnant?……
……
Q27. Are you upset when you are invited to an out-dooring ceremony or a children's birthday party?..... .....
……
Q28. How do you feel when relatives and friends continue to ask you about your inability to have children?.....
Q29. Do you feel inferior to other women due to the fact of not having children?
……
……
Q30. Are you irritated or disturbed by the fact of not having children? ……
……

Q31. Can witches or wizards cause infertility? How? ……
……
……
Q32 Any other comments?.....
……
……

APPENDIX B

Appendix B contains the questions used to interview Traditional Leaders

Kwame Nkrumah University of Science and Technology
Faculty of Social Sciences
College of Arts and Social Sciences
Department of Religious studies

RESEARCH QUESTIONAIRE

INTRODUCTION

This questionnaire is to help us collect information on the religio-cultural perspective of infertility. Respondents are assured of their privacy and confidentiality. You are therefore requested to provide information that will help the researchers find out the real issues involved in infertility.

Name: (optional)……
Date of Birth……Age……
Marital Status: Married / widow / widower/ divorced
Occupation……
Home Town: ……
Religious Background: Christian / Muslim / ATR/ others
Position in the traditional setting……..

TRADITIONAL LEADERS

Q1. What does your culture teach or say about infertility?.....
……
Q2. Do you have people in your community who are infertile?.....
……

Q3. What is your traditional view of infertility?.....
Q4. How are infertile couples perceived in your culture?.....
……
……
Q5. What do you believe are the causes of infertility in your culture?.....
……
Q6. Can witches or wizards cause infertility? ……
……..
Q7. What is gbeshi ……
……
Q8. Can gbeshi cause infertility? ……
Q9. Do you have rituals you perform for infertile people in your culture?.....
……
Q10. What are the effects of infertility in your culture?.....
Q11. How is infertility treated in your traditional area?.....
Q12. Do subscribe to medical/ spiritual treatment? Why?.....
……
Q13. What is the purpose of marriage?.....
……
……
Q14. Are there some cultural practices that you believe might cause infertility?.....
……
……
Q15. Any other comments……
……
……
……
……