

**UNIVERSITY OF EDUCATION, WINNEBA**

**Narrative enquiry into the psychological consequence of childlessness among  
Awutu Senya East christian community in Ghana**



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**MASTER OF PHILOSOPHY**

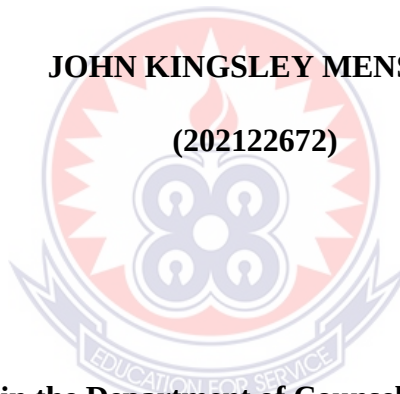
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**NARRATIVE ENQUIRY INTO THE PSYCHOLOGICAL CONSEQUENCE  
OF CHILDLESSNESS AMONG AWUTU SENYA EAST CHRISTIAN  
COMMUNITY IN GHANA**

**JOHN KINGSLEY MENSAH**

**(202122672)**



**A thesis in the Department of Counselling Psychology,  
Faculty of Educational Studies, submitted to the school of  
Graduate Studies in partial fulfilment**

**of the requirements for the award of the degree of  
Master of Philosophy  
(Counselling Psychology)  
in the University of Education, Winneba**

**JULY, 2023**

## DECLARATION

### Student's Declaration

I, JOHN KINGSLEY MENSAH declare that this thesis, with the exception of quotations and references contained in published works which have all been identified and duly acknowledged, is entirely my own original work, and it has not been submitted, either in part or whole, for another degree elsewhere.

**Signature:** .....

**Date:** .....

### Supervisors' Declaration

We hereby declare that the preparation and presentation of this work was supervised in accordance with the guidelines for supervision of thesis as laid down by the University of Education, Winneba.

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**Name of Supervisor:** Ms. Veronica Esinam Eggle (Co-Supervisor)

**Signature:**.....

**Date:**.....

## **DEDICATION**

I dedicate this work to God for granting me the grace to go through this programme  
and to my wonderful family for their support.



## ACKNOWLEDGEMENTS

I am incredibly grateful to everyone who has played a significant role on this journey. Thank you to my supervisors for allowing me to undertake this research under their supervision. I want to thank my mentor Professor Hannah E. Acquaye in particular for her unwavering support and insightful critiques throughout my research journey. Her guidance and dedication to my academic excellence as well as her meticulous attention to detail have significantly shaped this thesis. I am also thankful to Ms Veronica Esinam Eggley whose profound knowledge in academia enriched this thesis.

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## TABLE OF CONTENTS

| <b>Content</b>                            | <b>Page</b>   |
|-------------------------------------------|---------------|
| <b>DECLARATION</b>                        | <b>iii</b>    |
| <b>DEDICATION</b>                         | <b>iv</b>     |
| <b>ACKNOWLEDGEMENTS</b>                   | <b>v</b>      |
| <b>TABLE OF CONTENTS</b>                  | <b>vi</b>     |
| <b>LIST OF TABLES</b>                     | <b>x</b>      |
| <b>LIST OF FIGURES</b>                    | <b>xi</b>     |
| <b>ABSTRACT</b>                           | <b>xii</b>    |
| <br><b>CHAPTER ONE: INTRODUCTION</b>      | <br><b>1</b>  |
| 1.0 Introduction to the Chapter           | 1             |
| 1.1 Background to the Study               | 1             |
| 1.2 Statement of the Problem              | 7             |
| 1.3 Theoretical Framework                 | 10            |
| 1.3.1 Relational-Cultural Theory (RCT)    | 11            |
| 1.3.2 The Stages of Grief Model           | 15            |
| 1.4 The purpose of the Study              | 18            |
| 1.5 Objectives of the Study               | 18            |
| 1.6 Research Questions                    | 19            |
| 1.7 Justification of the Study            | 19            |
| 1.8 Significance of the Study             | 20            |
| 1.9 Delimitation of the Study             | 21            |
| <br><b>CHAPTER TWO: LITERATURE REVIEW</b> | <br><b>23</b> |
| 2.0 Introduction to the Chapter           | 23            |

|                                                                       |           |
|-----------------------------------------------------------------------|-----------|
| 2.1 Definitions of Childlessness and Identified Key Conceptual Issues | 24        |
| 2.2 Contributing Factors of Unintended Childlessness                  | 26        |
| 2.3 Socio-Cultural Experiences of Unintendedly Childless Couples      | 29        |
| 2.6 Disadvantages of Being Childlessness                              | 32        |
| 2.7 Coping Strategies of Childless Couples                            | 33        |
| 2.7.1 Escape/Avoidance strategy                                       | 34        |
| 2.7.2 Self-control coping strategy                                    | 34        |
| 2.7.3 Seeking social support coping strategy                          | 35        |
| 2.9 Religion and Childlessness                                        | 36        |
| 2.10 Social Causes of Childlessness                                   | 37        |
| 2.11 Psychological and Emotional Effects of childlessness             | 38        |
| 2.12 Biological Causes of Childlessness                               | 38        |
| <b>CHAPTER THREE: RESEARCH METHODOLOGY</b>                            | <b>39</b> |
| 3.0 Introduction to Chapter                                           | 39        |
| 3.1 Overview of Methodologies                                         | 39        |
| 3.2 Research Philosophy                                               | 41        |
| 3.2.1 Ontology                                                        | 41        |
| 3.2.2 Epistemology                                                    | 42        |
| 3.3 Research Approach                                                 | 43        |
| 3.4 Research Design                                                   | 44        |
| 3.5 Study Area                                                        | 45        |
| 3.5.1 Population                                                      | 45        |
| 3.5.2 Target Population                                               | 46        |
| 3.6 Sample Size and Sampling Technique                                | 46        |
| 3.6.1 Instrumentation                                                 | 47        |

|                                                       |           |
|-------------------------------------------------------|-----------|
| 3.6.2 Data Collection Procedures                      | 47        |
| 3.7 Data Analysis                                     | 48        |
| 3.8 Trustworthiness of Data                           | 49        |
| 3.8.1 Reflexivity                                     | 49        |
| 3.8.2 Trustworthiness                                 | 49        |
| 3.9 Ethical Considerations                            | 50        |
| <b>CHAPTER FOUR: RESULTS AND OUTCOME OF THE STUDY</b> |           |
| <b>FINDINGS</b>                                       | <b>53</b> |
| 4.0 Introduction to Chapter                           | 53        |
| 4.1 Results                                           | 53        |
| 4.1.1 Background Information of Participants          | 53        |
| 4.3 Coding Regime Used to Generate Themes             | 57        |
| 4.2 Dream for marriage                                | 61        |
| 4.3.1 Positive source of support                      | 63        |
| 4.3.2 Negative source of support                      | 63        |
| 4.4 Exploring outside resources                       | 64        |
| 4.4.1 Exploring medical resources                     | 65        |
| 4.4.2 Exploring spiritual resources                   | 65        |
| 4.4.3 Exploring psychological resources               | 65        |
| 4.5 Pressure to perform                               | 66        |
| 4.5.1 Pressure from Family                            | 66        |
| 4.5.2 Pressure from peers/friends                     | 67        |
| 4.5.3 Pressure from church                            | 67        |
| 4.6 Coping mechanism and Strategies for Surviving.    | 68        |
| 4.6.1 Acceptance                                      | 69        |

|                                                                   |            |
|-------------------------------------------------------------------|------------|
| 4.6.2 Praying and Fasting                                         | 69         |
| 4.6.3 Assured security/Love                                       | 69         |
| 4.6.4 Avoidance                                                   | 70         |
| 4.7 Perceptions of unintended childlessness                       | 70         |
| 4.8 Managing unintended childlessness                             | 72         |
| 4.9 Mental health consequences of unintended childlessness        | 73         |
| 4.10 Managing unintended childlessness                            | 74         |
| <b>CHAPTER FIVE: SUMMARY, CONCLUSIONS AND<br/>RECOMMENDATIONS</b> | <b>76</b>  |
| 5.0 Introduction to Chapter                                       | 76         |
| 5.1 Summary of Findings                                           | 76         |
| 5.2 Conclusions                                                   | 78         |
| 5.3 Implications and Recommendations                              | 79         |
| 5.3.1 Counselling implication to the study                        | 79         |
| 5.3.2 Implications for Research                                   | 83         |
| 5.4 Limitations of the study                                      | 84         |
| 5.5 Recommendations                                               | 84         |
| 5.5.1 Recommendations for Further Studies                         | 85         |
| <b>REFERENCES</b>                                                 | <b>86</b>  |
| <b>APPENDIX I</b>                                                 | <b>101</b> |
| <b>APPENDIX II</b>                                                | <b>102</b> |

## LIST OF TABLES

| Table                                      | Page |
|--------------------------------------------|------|
| 3.1: Research Sample                       | 47   |
| 4.1: Participants' Demographic Information | 54   |

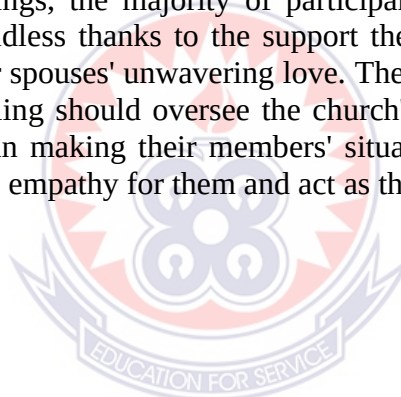


## LIST OF FIGURES

| Figure                                                                                                                                      | Page |
|---------------------------------------------------------------------------------------------------------------------------------------------|------|
| 1.1: Relational-cultural theory (RCT)                                                                                                       | 12   |
| 1.2: The Stages of Grief Model                                                                                                              | 15   |
| 3.1: A guide to ontology epistemology and philosophical perspectives for interdisciplinary researchers (adopted from Moon &Blackman, 2014)  | 42   |
| 3.2: A guide to ontology, epistemology and philosophical perspectives for interdisciplinary researchers (adopted from Moon &Blackman, 2014) | 43   |
| 4.1: Thematic network of unintended childless Christian couples                                                                             | 61   |
| 4.2: Sub-thematic network of support for Christian couples struggling with childlessness                                                    | 62   |
| 4.3: Sub-thematic network of Christian couples struggling with childlessness exploring outside resources                                    | 64   |
| 4.4: Sub-thematic network of Christians struggling with childlessness under pressure to perform.                                            | 66   |
| 4.5: Sub-thematic network of coping mechanisms and strategies that Christians struggling with childlessness use in surviving                | 68   |

## ABSTRACT

The joy of couples is to have children after marriage. "Voluntary childlessness" cannot be found in the dictionaries of people in Ghana. Against this backdrop, this study explored the mental health-related impact of unintended childlessness among married couples from a Christian cultural perspective. The purpose of the study was to explore and understand the experiences of Ghanaian Christian couples in terms of childlessness they did not anticipate, vis-à-vis how the Christian community has come alongside them in navigating this phenomenon in their lives. The study's specific goals included examining how couples in Ghanaian Christian society perceive unintended childlessness, identifying management strategies for unintended childlessness, examining the mental health effects of unintended childlessness among Ghanaian Christian couples, and determining the impact of religious (faith-based) interventions and church support on perceived psychological adjustment. The study used a semi-structured interview guide to gather data and a qualitative method approach using narrative inquiry as the design. The study used a thematic analysis by identifying, analysing and interpreting themes. The data was collected and an initial coding was done, a coding was categorize in a code book then it was grouped and refined into themes. The study used a sample size of thirteen (13) participants. According to the findings, the majority of participants were able to deal with the difficulty of being childless thanks to the support they receive from their churches, their families, and their spouses' unwavering love. Therefore, it is advised that experts in the field of counselling should oversee the church's counselling department. This implies that, rather than making their members' situation worse, pastors and family members ought to have empathy for them and act as their advocates.



## **CHAPTER ONE**

### **INTRODUCTION**

#### **1.0 Introduction to the Chapter**

Having lived with my paternal auntie for four years and observing her life without children all these years, I was concerned about her mental health and how her struggles with infertility affected her quality of life. Becoming a Christian leader later in life also gave me an inkling of how some Christian couples struggling with childlessness are coping with life. The desire to find out the perceptions and acceptance of childlessness within the Christian community gave birth to this study.

This chapter establishes the context on which the study sits and addresses the background to the study and the problem. The chapter also provides a theoretical framework, here counselling-related theories that are applicable to the study are explored. The significance of the study is addressed, here the people and/or organisations that could benefit from the study are mentioned. Finally, the broader parameters and boundaries of the study are addressed in the delimitation part. In this section factors and variables not included in the study are addressed.

#### **1.1 Background to the Study**

Traditional Ghanaian society is pro-natal (Adjei, Abrokwah, & Boaheng, 2024), where the ultimate purpose of marriage is to produce children who will continue the name of the family (Anderson, 2013). The joy of couples is to have children after marriage since ‘voluntary childlessness’ cannot be found in the dictionary Ghanaians. Voluntary childlessness is a choice, commitment, and permanence regarding the decision not to parent (Avison, & Furnham, 2015; Shapiro, 2014; Gobbi, 2013). Voluntary childlessness is very uncommon in Ghana, and

married women with no children are likely to be those with fertility problems. Increasing childlessness among married couples is only one among the many changes in demographic behaviour that prevail in modern society. Childlessness, sometimes synonymously referred to as ‘infertility’, is considered a ‘disease’ by the World Health Organization (WHO, 2010). The WHO defines childlessness as a disease of the reproductive system defined by the failure to achieve a clinical pregnancy after 12 months or more of regular unprotected sexual intercourse (Muthini, 2022). Unintended childlessness among couples is, therefore, the inability of a sexually active, non-contracepting couple to achieve pregnancy in one year (WHO, 2010).

Childlessness is a significant public health issue with high medical and social costs, both to the affected couples and society in general. The estimated prevalence of mental health problems ranges from 30% to 80%; it is oftentimes associated with the cause and duration of childlessness, and the number of attempts made by couples to get pregnant using different treatment options (Dooley et al., 2014; Luk & Loke, 2015). The psychological impact of childlessness on couples includes inferiority complex, stress, anxiety, depression, as well as other negative effects on couple’s interpersonal relationships (Kucur-Suna et al., 2016). Typically, women are more likely to suffer from psychological disturbances, especially in societies where the woman is mostly accused for being the reason for a married couple’s inability to conceive. These sociocultural pressures and norms are among the most important contributing factors in the development of these psychological and mental health issues for married women (Haimovici et al., 2018). According to Domar, A. D., Gross, J., Rooney, K., and Boivin, J. (2015), childless women have significantly higher depression scores and twice the prevalence of depression as fertile women or women with children. Relatedly, childless men are also reported to have increased

anxiety, which in turn may increase the probability of infertility (Szkodziak, Krzyżanowski, & Szkodziak, 2020). Men are often pressurized to go for a second wife or engage in multiple marriages, which adds to the psychological problem for married women (Yusuf, 2016). Women struggling with infertility also tend to have a greater psychological vulnerability to stressors and mood disorders than men (Hamid, Alrawaili, Alrawaili, Alanazi, & Alanazi, 2024). This makes childlessness a very stressful life event, and depressive symptoms are a normal response among couples (Obiyo, 2016). Grief reaction is identified to be common in childless couples, particularly the women, and, if sustained, can turn into depression and pathological grief (Fieldsend, & Smith, 2020)

Upsurges in childlessness is as a result of rapid ageing among the female population in a given society (Last, 2013). Others have also described it as an outgrowth of an egocentric and individualistic society (Siegel, 2013). Still, other authors blame childlessness among couples on what is termed ‘childfree lifestyle’ or ‘bypassing parenthood’ (Mantel, 2013; Walters, 2012). According to Kreyenfeld and Konietzka (2017), the child-free lifestyle idea is common among people who hold feminist perspectives on the matter of childbearing. This means that childlessness can either be a deliberate decision by a couple or not. Unintended childlessness results from either male or female infertility among couples (Yusuf, 2016). Childlessness is not only induced by diverse socioeconomic and psychosocial factors but also leads to major genitive psychological and social consequences for married couples, particularly women, especially in social contexts where fertility or childbirth is accorded premium value (Persson, 2020). As noted by Gouni, Jarašiūnaitė-Fedosejeva, Kömürcü Akik, Holopainen and Calleja-Agius, (2022), childlessness

could result in a life without children for many couples due to infertility, stillbirth, pregnancy loss, or even child death.

The meaning of childlessness and the reactions it attracts are contextual and are influenced widely by socio-cultural factors. As is typical of different societies, these socio-cultural factors are also generally diverse across societies. For instance, the socio-economic, personal, and psychological consequences of being without children are different in Africa than the West. These consequences are very noticeable in African developing countries than in the West (Okpan, & Otega, 2021). Many countries in western Europe have witnessed very drastic demographic behavioural changes beginning from the mid-20<sup>th</sup> century. One of these demographic changes is a yearly increase in childlessness. The yearly increases in childlessness, categorically, includes increasing shares of permanent childlessness among men and women alike (Kreyenfeld & Konietzka, 2017). One may term this a post-modernization phenomenon that has widely characterised the West.

The pre-modernisation generations were motivated to embrace childbearing and parenthood because of religion and societal norms. The present generation is more 'privileged' with more 'liberal' post-modern circumstances and social change, where they can freely decide whether to bear children or remain childless (Burkart, 2014). The proliferation of effective birth control techniques has also contributed to the present generation embracing a child-free lifestyle. Moreover, historical demographers opine that childlessness is not a modern phenomenon. They argue that childlessness used to be an integral part of what is termed the 'western European marriage pattern'. Increasing childlessness is only one of the many shifts in demographic behaviour that have been occurring in Europe in recent decades, but in the public debate, it is probably the most ideologically charged of these developments.

Women struggling with childlessness for the rapid aging population is alarming for societies and for the looming decay of social security systems (Focus, 2013; Last, 2013). Meanwhile, commentators on the other side of this debate have called for a “childfree lifestyle” and have recommended “bypassing” parenthood (Mantel, 2013; Walters, 2012). From a feminist perspective, the decision to remain childless has been described as an expression of a self-determined life, as in previous generations a woman’s life had been constructed around the roles of wife and mother (Correll, 2010).

However, unlike the West, childbearing and childlessness are very pronounced in African contexts. In sub-Saharan Africa, the traditional belief systems are founded on the continuity of lineages and posterity such that a high premium is placed on fertility or the ability to bear children (Lesthaeghe, 2023). Thus, the sub-Saharan African perceptions of couples concerning childlessness, especially resulting from infertility of the woman, is often judgemental and derogatory.

The woman, in traditional African contexts, is reckoned as one whose primary function in marriage is to bear children, and as such, her social and economic status are sometimes hinged on the ability to mother children (Mair, 2013). Thus, due to the social norms and gender-based expectations in the traditional African contexts, the woman is typically criticized and condemned when a couple fails to bear children early in their marriage (Nkomo, 2014). A childless married woman becomes an object of open ridicule, social stigma, isolation from members of her society, especially the husband’s family.

Childlessness also subjects women to abandonment and rejection by their husbands and husbands’ families, economic deprivation, divorce, threats, or even physical violence and abuse. These treatments could be potential sources for

emotional stress, distress, lowered self-esteem, and depression among African married women (Oyuyo, 2024). However, unlike women, childlessness in men is invisible and does not receive these reactions and acknowledgement. The reason for this could be social and traditional practices that allowed men to marry or impregnate other women, men arranging for other men to impregnate their wives, or even wives who suspect infertility in their husbands get pregnant with other men on behalf of their husband struggling with infertility (Sydie, 2011).

In Ghana, a number of studies have reported psychological distress among women struggling with infertility. Infertility-related stress and stigma were found among women seeking infertility treatment in Southern Ghana (Donkor, Naab, & Kussiwaah, 2017). The authors reported that 23% of the women experienced moderate stigma and 41% experienced severe infertility-related perceived stigma. Women who reported severe levels of perceived stigma had the highest mean score for fertility-related stress. Furthermore, two recent studies in Ghana reported on the mental health effects of infertility among Ghanaian women (Fledderjohann, 2012; Naab et al., 2013). According to these studies, Ghanaian women struggling with infertility experience many psychosocial consequences of childlessness such as social stigma, marital instability and mental health problems including worrying, crying for long periods, and insomnia (Fledderjohann, 2012). Similarly, 53% of women seeking treatment for fertility problems in Ghana were depressed (Naab et al., 2013). Some individuals facing infertility who cannot withstand the high stigma on childlessness in Ghana also end up taking their own life.

This confirms previous statements that the consequences of involuntary childlessness are usually more dramatic in developing countries when compared to Western societies, particularly for women (Egede, 2015). Against this background,

this study seeks to explore the mental health-related impacts of unintended childlessness among married couples from a Christian cultural perspective. The study will explore perceptions and acceptance of childlessness within the Christian community.

## **1.2 Statement of the Problem**

The Ghanaian society, just like other African traditional societies, is pro-natal with pro-childbearing attitudes (Tabassum, Sadia, Khan, & Fatima, 2023). A high premium is placed on having children and this is widely celebrated in most Ghanaian societies. In the Ghanaian culture, the ultimate purpose of marriage is procreation, i.e., to produce children who will continue the heritage and name of the family, and to guarantee the perpetuation of the lineage (Tonah, 2022). Relatedly, children are mostly considered a form of social and economic security for their parents in their old age. This makes childbearing and motherhood a major role of women and a respected female identity. Nevertheless, many Ghanaian women are faced with childlessness due to problems with fertility. Infertility is surprisingly reported to be increasing among women. According to Borumandnia, Majd, Khadembashi and Alaii (2022), the primary infertility rate for women is estimated to be 2% and the secondary infertility rate to be 14%.

Due to the premium placed on female fruitfulness and having children, the majority of cases of childlessness are unintended (Tabong & Adongo, 2013; Yaw Osei, 2014). Voluntary childlessness is not common in Ghana, and currently, married women with no children are likely to be those with fertility problems. Thus, motherhood or having children is accorded very high social value and has received traditional support through traditional rights, rituals, or even languages (Withers, Kharazmi, & Lim, 2018). Given the importance attached to the role of childbearing

and motherhood, the inability of married couples to meet this expectation could incur societal displeasure and unfavourable attitudes from couple's families. Having children is one of the most likely wishes any couple can have and be unable to bear one despite having regular and unprotected intercourse for years could lead to the development of serious mental health problems for couples (Yusuf, 2016).

In a religious context, some societies in Ghana, e.g., Christian and Muslim societies, consider having children of utmost importance for couples. In Muslim societies for instance, childlessness can be very distressing for married women struggling with infertility as they fear their husbands can ignore them and marry other wives. This is because the Muslim society and Islamic religion allow men to have more wives as they can take care of (Alghafli, Hatch, & Marks, 2014). Mumtaz, Shahid and Levay (2013) observed that some men tend to use their wife's inability to conceive as good excuse to remarry. Similarly, Christian societies are also pronatalist when it comes to marriage. Many church denominations emphasize the importance of having children in marriage. For instance, in Catholicism, the primary purpose of marriage is procreation and rearing of children, whereas the mutual satisfaction and support of the husband and wife, along with the satisfaction of their sexual desires are considered secondary purpose ( Lynch, I., Morison, T., Macleod, C. I., Mijas, M., du Toit, R., & Seemanthini, S., 2018). According to Lynch et al., (2018), childlessness was by reason of contraception, at best, frowned upon by the Catholic Church, if not discouraged.

Although the scholarly contributions on the general impacts of childlessness abound (Beaujouan et al., 2015; Budig et al., 2012; Correll, 2010), they provide only a neutral fact-based assessment of the consequences of unintended childlessness. Moreover, evidence from the literature suggests that there appears a gender bias in

research on childlessness among couples as many studies have often focused on women, reinforcing the belief that childlessness is mainly caused by female factors. Furthermore, with too much focus on women, little attention has been directed at the experiences of childless married men in a pronatalist society. Besides, available evidence in literature on the psychological and mental effects of childlessness among couples have been analysed from the traditional African perspectives and cultural and ethnic paradigms. Few studies have examined childlessness in the African religious and cultural contexts: Lusembo, V. F. (2020) studied coping strategies of Christian couples dealing with childlessness in Uganda. Ademiluka (2019) and Ademiluka (2021) investigated childlessness among Christian couples in Nigeria, and Oti-Boadi and Oppong Asante (2017) studied the psychological health and religious coping of Ghanaian women battling infertility. The findings revealed that a negative religious coping with childlessness resulted in somatization, depression and anxiety while a positive religious coping resulted in an improvement in all the domains of psychological health.

Given that religion and faith have been found to be significantly linked to less childlessness-related distress and fewer infertility depressive symptoms among childless couples (Roudsari & Allan, 2011), a relationship between religiosity and the psychological well-being of couples with infertility problems can be hypothesized (Roudsari & Allan, 2011). While most couples (especially women) with infertility issues tend to faith and religion to cope with social and psychological stress related with childlessness. (Oyuyo, 2024), religion may also increase the stress levels of other couples as they may apply outdated and harmful religious practices as a coping strategy, e.g., by being angry at God for their predicament (Hart, 2023).

Moreover, in a Christian culture, the experience of infertility among couples goes beyond the medical experience as they take it as a spiritual crisis and a threat to the very core of their beliefs about self, life, and ultimate truths (Oti-Boadi & Oppong Asante, 2017; Ryan, 2012). Since, religion and faith play key roles in the life of Africans and Ghanaians, especially when dealing with distressful circumstances (Mhaka-Mutepfa, M., & Maundeni, T. (2019)), it is compelling to explore married couples' use of religion and faith to manage their inability to have children. In one of the Assemblies of God churches in Awutu Senya East an usher told a marriage women struggling with childlessness that what was important was for her to get pregnant and give birth. This incident sadden all those heard it and created a problem. The study focus on Christian couples who have had challenges with childbearing in the Awutu Senya East District in Ghana. The findings of this study would contribute to the sparse research in Ghana and also contribute to academic literature on unintended childlessness.

### **1.3 Theoretical Framework**

Theoretical Framework serves as a research's "blueprint" or manual (Grant & Osanloo, 2014). It clarifies a research's direction and firmly roots it in theoretical ideas. The overarching goal is to increase the acceptability and relevance of research findings within the context of the field of study. By giving the research inquiry both direction and momentum, it aids in fostering research and assuring the expansion of knowledge. It also improves a study's rigor and empiricism. Imenda (2014) did not exaggerate when she stated that a research's theoretical frameworks give it life.

It is a framework built on an established theory in an area of research that is relevant to and/or represents the study's objectives and questions. The function of the theoretical framework is compared by Mensah et al (2020) to that of a road map or

travel itinerary. Thus, the map directs your route when traveling to a specific location. Theoretical framework consists of theoretical principles, constructs, concepts, and tenants of a theory (Pearce, 2014). It offers the framework for demonstrating how a researcher defines his or her research from a philosophical, epistemological, methodological, and analytical perspective (Omodan, 2022). It places research in a scientific and academic context. Kivunja, C. (2018) makes it clear that a study without a theoretical foundation is lacking in precise guidance for the search of pertinent literature and academic debates of the study's conclusions. The theoretical framework offers a shared worldview or lens from which one can approach the problem under study and conduct data analysis for other researchers in the field (Grant & Osanloo, 2014). The theories underpinning this study are the relational-cultural theory (RCT) and the Stages of Grief Model.

### ***1.3.1 Relational-Cultural Theory (RCT)***

The late 1970s saw the creation of relational-cultural theory by a team of four female clinicians Judith Jordan, Janet Surrey, Irene Stiver, and Jean Baker Miller. The work of Jean Baker Miller, whose best-selling book *Toward a New Psychology of Women* was published in 1976, served as the model's basis. The book was an account of Jean Baker Miller's experience in clinical practice in which she realized that the pivotal relationships of her client's life was inconsistent with traditional theoretical counselling model she was taught in medical school.

According to the relational-cultural theory (RCT) relationships that support growth are the source of purpose and empowerment and that we develop through and toward relationships throughout our lives. These "good relationships" are characterized by The Five Good Things (Jordan, 2023): zest, clarity, sense of value, productivity, and a desire for more connection. Just like we require oxygen and water,

we also need connection. Relationships are not secondary or auxiliary in our lives; they are primary. Self-interest is not a biological necessity but rather a societal prescription.

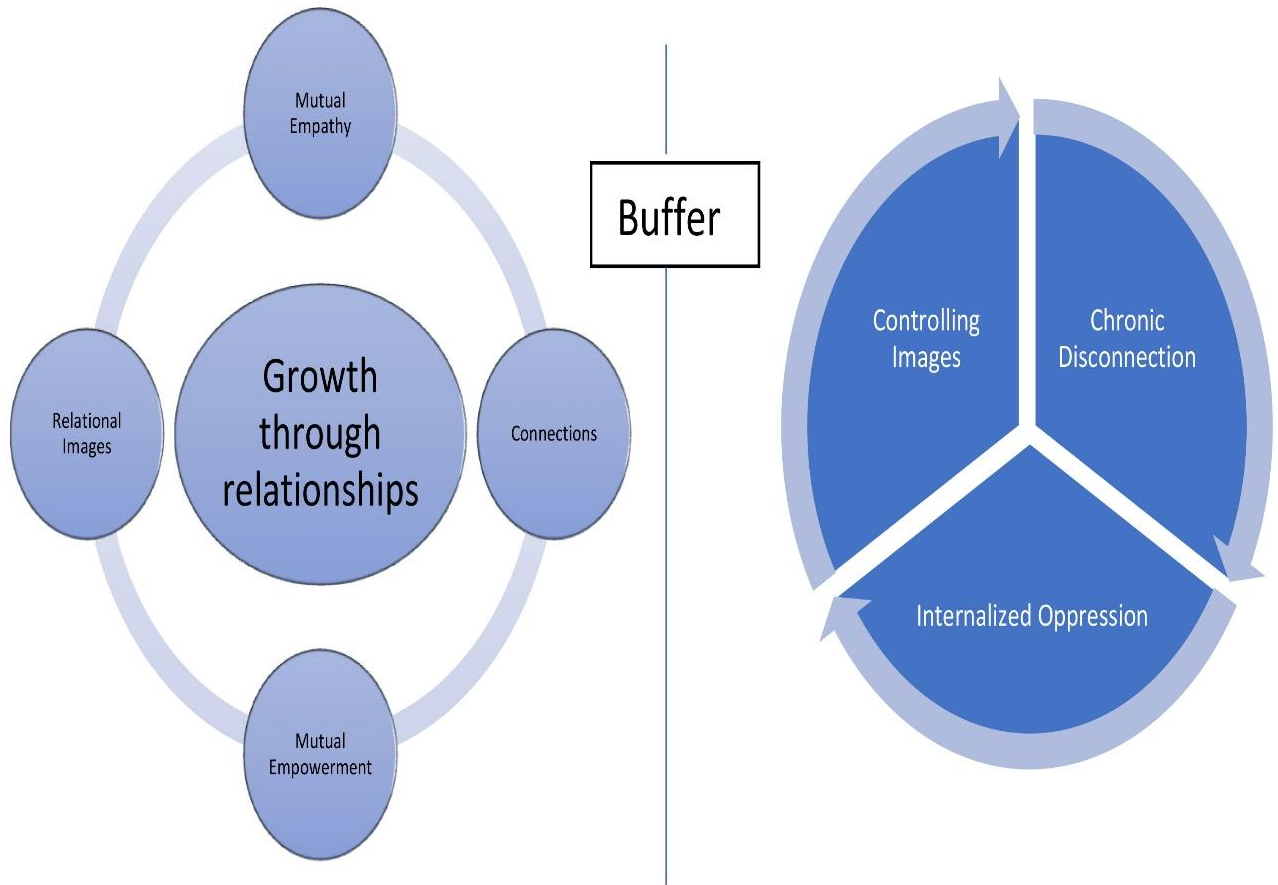


**Figure 1.1: Relational-cultural theory (RCT)**

Relational-cultural theory (RCT) looked at how early childhood, persistent disconnections from empathically failed and non-responsive relationships are stored as relational images and how these images influence our expectations for contemporary relationships. Acute disconnections provide opportunities to repair previous relationship breakdowns; in fact, when we can express our true emotions and discover acceptance, receptivity, and empathy, we develop trust and a sense of relational competence. When disconnections are ignored, however, and a person is made to feel as though they don't matter, she or he develops the ability to mould herself into the relationships with strong people in her life (such as parents for

children and bosses for employees). Mutuality wanes, the misunderstood person loses more and more of their authenticity and the good relationship rift widens. The antithesis of The Five Good Things of zest, worth, clarity, productivity, and a desire for greater connection, which are seen in such circumstances, are despair, low energy, confusion, immobility, isolation, and self-blame.

According to the RCT, one of the main causes of psychological distress and dysfunction is isolation. Healthy development is fuelled by re-establishing meaningful connections with others. The client feels understood and less alone as she engages in empathetic responding with the therapist. She starts to consider the possibilities of getting better and feeling important. Disconnection tactics start to change, and the client starts to take tiny, sensible risks by introducing vulnerability into connections. In order to be open and influenced by our relationships with others and thus be able to grow in connection, this vulnerability is necessary.

The study will incorporate how the relationship of the Ghanaian Christian couples with their various churches foster healthy relationships. Highlighting how contextual and sociocultural barriers in and out of the church prevent Ghanaian Christian couples struggling with infertility from developing, maintaining, and taking part in relationships that foster growth in everyday life. It will shed light on the complexities of human development by providing a thorough examination of the development of relational competencies over the course of their marriage life. According to Jordan (2023), people including couples experience the following;

1. Develop through and toward relationships over the course of their lives.
2. Mature functioning is characterized by a shift toward mutuality rather than separation.

3. Psychological development is characterized by the capacity to engage in relational networks that are both more complex and diverse.
4. Relationships that promote progress are based on mutual empowerment and empathy.
5. In order to truly engage in relationships that promote growth, authenticity is required.
6. When people help to create relationships that support growth, they themselves grow as a result of their involvement in those interactions.

The accomplishment of greater relational skill throughout the course of a lifetime is the aim of growth. Using the five good things as a yardstick the development relational competency of the couples will be examined. As Bell (2014) states, most times couples struggling with infertility are marginalized and misunderstood affecting their psychological wellbeing. There must be a sense of zest or energy. The freshness and vibrancy of their marriage relationship and the value the church place on for their marriage as they struggle with childlessness. The worth the church places on childless couples. Clarity; on their personality and increase knowledge of their spouse. Productivity; the ability of the couples part in play their respective roles in the marriage and in the church. The acceptability or rejection of actions taken by the couples by the church. The desire for more connections as Christian couple deal with their challenge and how the church connects with its members dealing with childlessness.

In keeping with personal experience and the larger societal structures, it is crucial that psychological realities of human existence no longer be a private concern. According to relational theorists, the existence of "growth-fostering relationships" is eventually hindered when we ignore our multidimensionality in social interactions including the

relationship of the church and his members. Recognizing the extensive falsehood and distance that convince many societal structures and hence impact human life is the first step toward reform. The world becomes a place where the value of relationships in our lives and the reality of global interconnectedness act as catalysts for long-term growth and change in the direction of peaceful coexistence rather than as barriers.

### 1.3.2 The Stages of Grief Model

This social psychology model aims to explain the coping mechanisms people use when faced with anxiety-provoking circumstances like childlessness. Early in the twenty-first century, Elizabeth Kubler-Ross is credited with creating the model. According to the Kubler-Ross model, there are five stages of grief that people go through when facing issues related to childlessness and emotional trauma. Denial, rage, bargaining, sadness, and acceptance are the five stages. Her research on terminal illnesses served as the inspiration for this concept, which was initially presented in her book on death and dying.

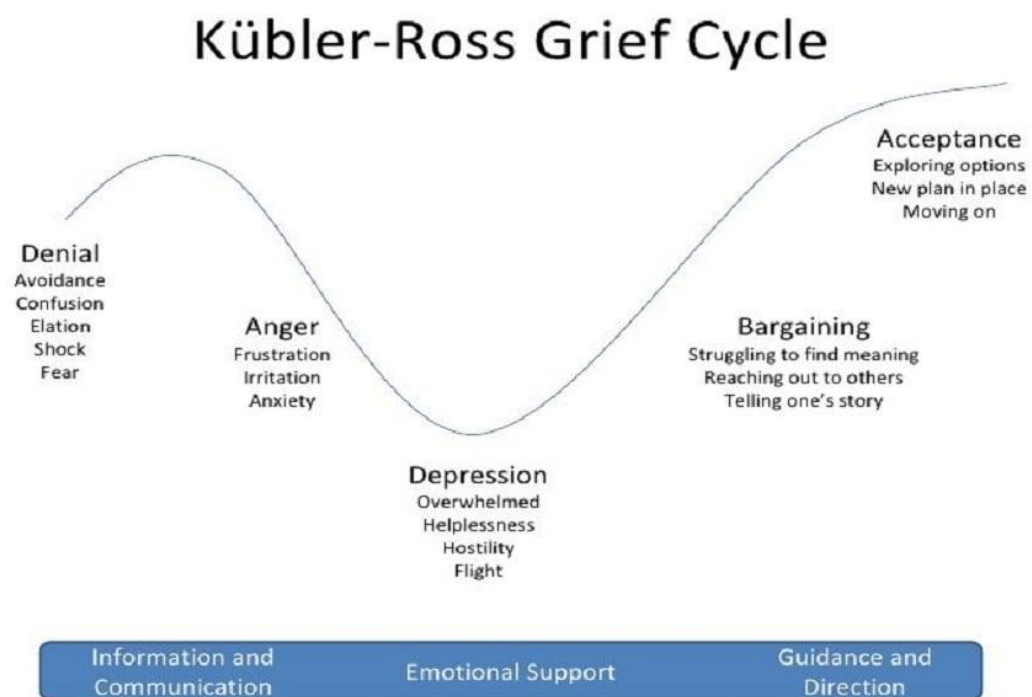


**Figure 1.2: The Stages of Grief Model**

Later, it was broadened to include all types of calamities that result in personal loss, including the loss of a child, a loved one, a job or source of income, severe rejection, a persistent sickness, as well as numerous tragedies and disasters or childlessness brought on by infertility (and even little loss) (Broom, 2017). According to Broom (2017), the term DABDA is used to refer to the five stages of the Kubler-Ross model, which are as follows: Denial, one of the initial reactions following the failure to conceive is denial because accepting the reality of childlessness is challenging. It entails the willful or unwillful rejection of the pertinent data, facts, and reality. It is a totally rational countermeasure. Anger, the individual now understands that denial is not viable. When people struggling with childlessness become angry with others, especially those close to them, anger becomes apparent.

Bargaining, the belief that one may somehow avoid or undo a source of sadness is present in the third stage. A higher power is typically bargained with in order to lengthen life in exchange for leading a changed lifestyle. Other times, they will utilize anything of value as a negotiating tool with another human organization in an effort to lengthen or prolong their lives. Psychologically, the person is expressing, "I know I have a problem, but if only I could do anything to buy myself some more time or fix it." People who have experienced less severe trauma can haggle or try to reach a compromise. For instance, when confronting a breakup, "Can we still be friends?" or "Can we still stay in this marriage?"

The grieving person starts to comprehend the certainty of the situation at the fourth stage. The bereaved person starts to interpret events. Due to this, the person may start to withdraw, deny guests, and spend a lot of time sobbing and grumbling. This process enables the mourning person to distance themselves from people and things they love and care about, sometimes in an effort to prevent more trauma.

Depression could be thought of as the "aftermath's" dress rehearsal. When passing through this stage, it is normal to experience emotions like sadness, regret, fear, and skepticism. It is a form of acceptance with an emotional attachment. It demonstrates that the individual has at least started to accept reality. Acceptance, this stage varies depending on the circumstance, but generally speaking, it shows some objectivity and emotional distance from the family.

According to this hypothesis, couples who are struggling with childlessness and attempting to make sense of their circumstance experience the Kübler-Ross model, also known as the five stages of grieving, on a universal level. After suffering an unexpected miscarriage or failing to become pregnant after getting married, she described the issue. Many often, people deal with being childless in isolation, going through the five stages of grief alone and without support from those who could. "Denial" is the first stage of mourning. One is inclined to deny the possibility that it could be true when one first starts doubting his or her fertility as a pair, which is frequently after several months of trying to conceive unsuccessfully.

In an effort to convince themselves that it is not infertility, one or both partners may begin learning more about infertility. However, denial is only effective for a limited period of time. During this stage, couples or infertile people will speak to someone to learn more about the disease, which coincides with the coping strategy of looking for social support. Denial typically follows "Anger" as soon as realization sets in. There are murmured screams of unfairness.

The phrase "I did nothing wrong" is commonly used in an effort to shift blame for your predicament to someone else. If the partner is mostly to blame for the shared infertility, it could be tempting to become angry with them. Other people who have been blessed by luck and have been able to conceive are likewise the target of anger.

Any new mother, pregnant woman, or individual in the first five phases of suspicion of pregnancy becomes an invisible foe. This model is relevant to this study because it gives an insight on how Christians couples can effectively cope and are coping with childlessness in some Pentecostal churches in the Awutu Senya East Municipality. (Rasak & Oladibo, 2017)

#### **1.4 The purpose of the Study**

The main purpose of this study is to explore and understand the experiences of Ghanaian Christian couples in terms of childlessness they did not anticipate, vis-à-vis how the Christian community has come alongside them in navigating this phenomenon in their lives.

#### **1.5 Objectives of the Study**

The overall aim of this study is to explore the psychological consequences of unintended childlessness among Christian couples.

The specific objectives of the study are:

1. To examine the perceptions of unintended childlessness couples in the Ghanaian Christian culture.
2. To identify ways unintended childlessness is managed by couples in the Ghanaian Christian society.
3. To investigate the mental health consequences of unintended childlessness among Ghanaian Christian couples.
4. To find out the religious (Christian-faith-based) interventions and support from Churches on the perceived psychological adjustment of Ghanaian Christian couples experiencing unintended childlessness.

## **1.6 Research Questions**

The study seeks to provide answers to the following questions.

1. What are the perceptions of couples about unintended childlessness within Awutu Senya East?
2. How is unintended childlessness managed by couples in the Awutu Senya East?
3. What are the mental health consequences of unintended childlessness among Ghanaian Christian couples in Awutu Senya East?
4. How does religious (Christian-faith-based) interventions and support from Churches affect the perceived psychological adjustment of Ghanaian Christian couples experiencing unintended childlessness in Awutu Senya East?

## **1.7 Justification of the Study**

The study seeks to explore the mental health-related consequences of unintended childlessness among Christian couples. There is evidence from the literature suggesting gender biases on childlessness among couples as many studies have often focused on women, reinforcing the belief that childlessness is mainly caused by female factors. (Rijken, & Merz, 2014; Hudde, A. 2018; Ciaccio, Bronson, & Contrada, 2021). The present study will contribute to filling this gap by unearthing new findings with respect to the male gender dimension of the Body of knowledge on childlessness. Moreover, very few studies have been conducted to understand the religious dimensions of the mental health issues that are associated with childlessness in couples. This study will be a valid contribution to this aspect of the research.

### **1.8 Significance of the Study**

The rationale of this research is that there are many couples experiencing unintended childlessness who may or may not be receiving their requisite support from their Christian affiliations. Unintended childlessness has been a challenge to couples since the beginning of time. However, the general society and the Christian community could be predominantly ignorant about the presence or magnitude of the dilemma and psychological distress caused by childlessness to couples. This research seeks to unveil this phenomenon and bring awareness to both the sufferers and the society, so as to ensure better psychological adjustment of those affected. The findings of the study will also support the call for support from the Christian church and other humanitarian/para-church organisations, to ensure timely and affordable assistance to couples struggling with childlessness.

Childless couples often fail to discover their hidden capacity to be useful or relevant to society in other ways besides childbearing. The findings of this research would also encourage Christian churches to set up special church-based groups on marriage to reach out and bring together childless couples. Churches can be inspired to open up desks to address the plight of childless couples which has for long been invisible, isolated, and neglected.

The findings of the study will influence policy making process in both the church and the state in line with the social and psychological support that childless couples can get so as to enable them to live a hopeful and fruitful life. The study highlights the role that the Church in making childless couples not only feel at home as members of the church but also discover their potential to bring about fundamental contributions to the church and society at large. Lastly, the present research underpins

the role of religion and psychology in supporting childless couples, as such the findings of the study forms a basis for further research on the subject.

### **1.9 Delimitation of the Study**

This study was carried out in Awutu Senya East Municipality of the Central Region in Ghana. The study targeted Ghanaian Christian couples in the Assemblies of God church.

### **1.10 Definition of terms**

**Childlessness:** Allen and Wiles (2013) state, childlessness implies that the person without a child, is lacking in having children. Gouni et al. (2022) also define childlessness as the absence of children in the life of an individual. Childlessness for the purpose of this work is defined as Christian couples who do not have biological children, not because they chose not to, but due to conditions outside their control.

**Postponement movement:** Allen and Wiles (2013) describe postponement movement as including situations such as women who planned to have children but delayed having them to focus on personal aspirations, until it became impossible to conceive.

**Pronatalism:** Tabong and Adongo (2013) posits that pronatalism is practice of encouraging people to have children, the promotion of childbearing.

### **1.11 Organization of the Study**

The study is organized into five chapters. The chapter one focused on the general introduction and background to the study. It projected the statement of the problem, purpose and objectives of the study, research questions, significance of the study, and delimitation of the study and organization of the study. Chapter two on the other side dealt with the literature review related to the study, highlighting theories made by other researchers. The chapter three focused on the methodology, tackling

the research design, population, sampling and techniques, research instrument, data collecting procedure. Chapter four is the presentation and analysis of results, and chapter five discussed the summary of finding, recommendations, and conclusions.



## **CHAPTER TWO**

### **LITERATURE REVIEW**

#### **2.0 Introduction to the Chapter**

This chapter reviews the available knowledge on unintended childlessness that is relevant to this study. The chapter presents a discussion on the incidence of unintended childlessness giving a brief background, the factors that influence unintended childlessness, the challenges of unintended childlessness on couples. These specific areas are discussed;

- Definitions of childlessness and identified key conceptual issues
- Contributing factors of unintended childlessness
- socio-cultural experiences of unintentionally childless couples
- Disadvantages of being childless
- Coping strategies of childless couples
- Religion and childlessness
- Social causes of childlessness
- Psychological and Emotional Effects
- Biological causes of childlessness

Every rigorous research process requires a review of the existing literature to provide a framework and context within which the current study can be located. The results of the literature review for this present study revealed that there is no coherent body of knowledge about African Christian women, and that there are no comprehensive studies of Ghanaian Christian women ageing without children. The researcher sought to understand the prevailing current knowledge and understanding of unintended childlessness among Christian women. The review comprised the

definitions of childlessness and how they have evolved over time, the pathways and contexts of ageing without children, the experiences of living without children from research which focuses on African (few Ghanaian) participants, as well as other social, cultural and religious contexts of living without children and the implications of childlessness for participants. Lastly, a synthesis and rationale to the study was discussed by analysing the findings from the literature review, considering the strengths, limitations, gaps and silences in the existing research base on unintended childlessness and how they shape this study.

## **2.1 Definitions of Childlessness and Identified Key Conceptual Issues**

The term childless is universally used and accepted by many to describe a person who does not have children. This term is more likely to be used with women rather than men without children and the definition is contested. Childlessness is linked to the pronatalist idea that motherhood is a natural part of women's life course. Thus, a woman who does not have a child is at risk of being constructed as being less than a woman with a child.

As Allen and Wiles (2013) state, childlessness implies that the person without a child is lacking in having children: "childless, without children and non-parent". Other terms, such as voluntary and involuntary childlessness, have attempted to make a distinction between different groups of childless people. However, these terms often view childlessness as a dichotomy between those who make an active choice and those who are unable to have children due to infertility or health reasons.

Hadley (2018) research on pathways to ageing without children used positioning theory to evidence how the conventional voluntary–involuntary binary fails to capture the diverse experiences of those living without children. For example, where might an adult position themselves if they had delayed childbirth due to

reasons of career development and when they wanted to conceive it was not possible? The above terms do little to consider the diverse trajectories that may lead to women and men not having children.

The term infertile has also been used interchangeably with the term involuntary childlessness. The term infertile can be critiqued for the negative connotations associated with it, as it implies an inability to conceive, often blaming the women for not being able to have children (Jensen, 2016). However, the development of concepts such as the ‘postponement movement’ challenges the terms voluntary and involuntary childlessness (Lesthaeghe, 2020).

Childfree has been used in research to imply a more positive choice not to have children, suggesting experiences such as liberation from the expectations and responsibilities of raising a child (Harrington, 2019). Being childfree, however, may reinforce stereotypes associated with childlessness, such as being selfish, immature, free of the burden of parenting and free to do as one pleases (Lee, 2011). Acknowledging women who are ‘okay either way’ about having children can be liberating for those individuals who are free to decide whether they want children or not (McQuillan et al., 2011).

It is evident that the definitions and understandings of what it means to live without children are far more complex than the terms imply. For instance, Allen, & Wiles (2013) uses the term ‘functional childlessness’ as a way to describe children and parents who have very little contact with each other or who are estranged from one another.

However, other research has acknowledged that some older adults may have outlived their own children (Tunstall, 2024) or someone may have lost a child due to death or miscarriage (Allen & Wiles, 2013). It is important to acknowledge the

different meanings and contexts of childlessness as the lived experience of adults who have never had children will differ significantly from those who have lost children due to a fatality, for example.

Research has also begun to acknowledge adults who do not have their own biological children but who foster and adopt children or who are step-parents (Umberson et al., 2010). The complexities and diversity around defining childlessness, as outlined above, have started to be acknowledged in research, providing a more nuanced understanding. Nevertheless, there remain some unanswered questions in terms of understanding individuals' experiences and the context of living without children. One key area that has been consistently overlooked is that of cultural differences in regard to the terms used. For instance, do Black and Ethnic Minority communities use specific terms or definitions to describe their experiences of childlessness? And do their experiences of not having children differ substantially from White communities? (Barth, 2010).

There is a need for greater recognition of diversity and fluidity across the life course to reflect continuing changes regarding living without children, and a better understanding of complexities regarding childlessness is required (Mynarska, Matysiak, Rybińska, Tocchioni, & Vignoli, 2015). Although the terms 'living/ageing without children' and 'childlessness' are used throughout the study, there is no absolute consensus as to what constitutes childlessness, and the term remains somewhat contested. (Gouni et al., 2022).

## **2.2 Contributing Factors of Unintended Childlessness**

Contemporary research suggests that the pathways and contexts to ageing without children centre on a number of different pathways, factors and circumstances over an individual's life course (Komp & Johansson, 2016) for example, caring for

older parents, marrying late and being separated from their spouse during the war. For other individuals, ageing without children was caused by circumstances outside their control such as loss of a child, infertility, outliving children and/or having to give up a child up for adoption (Hadley, 2018). Some older adults are childless because they remained unmarried, as remaining unmarried implied remaining childless (Hayford, 2013). Similarly, the Avison and Furnham (2015). Study found that the strongest factor in determining whether people remained childless was being single. Avison and Furnham (2015) identified diversity underpinning the term 'singleness', including being single by choice and by circumstances including being unable to find a suitable partner and/or caring for an ageing relative. Being single by choice was likely to align with people who were childless by choice, the experience of about a third of the men and women in their study. Further, the findings indicated that some primary reasons for married childless adults were factors such as age, fate, infertility and a history of genetically transmitted conditions. Women were often blamed for not being able to have children and were considered to be at fault due to their age or experiences of infertility. Blaming women for childlessness reflected a social and cultural tendency to focus on female infertility rather than on the males (Allen & Wiles, 2013). Other commentators such as Reed (2012) have suggested that pronatalist views and traditional gender norms often result in women being blamed for childlessness.

The different pathways to ageing without children can also bring about different reactions and responses. For example, a number of participants in Allen and Wiles' (2013) study saw childlessness as a positive and active choice and an enjoyable way of living life. For some other participants, childlessness was an active choice taken to break a cycle of family violence, whereas other participants explained that being childless was as a result of continuous change and social upheaval. The

participants who were childless because they could not have a child openly talked about their feelings of emotional distress and grief at being unable to conceive a child. Buhr and Huinink (2017) study also highlights that participants were unwilling to marry and have children with ‘just anyone’. The findings from Buhr and Huinink (2017) study have developed a knowledge base of the unique contexts of ageing without children. Their study showed that the contexts of ageing without children vary; therefore, it is important not to assume that everyone has similar experiences. This is an important study because it critically unpacks the diverse circumstances in which people may age without children. Increasingly, studies have argued that women and men experience distinctive pathways and contexts to childlessness (Mynarska et al., 2015). Education, employment and marriage are gendered experiences and, to some extent, are associated with being childless (Allen and Wiles, 2013). Older adults without children and women in particular have often had different occupational careers than those who become parents (Mynarska et al., 2015). The absence of child-rearing responsibilities seems to have better enabled them to devote themselves to career pursuits.

The work patterns of women who have never married stand out, as these women have lengthy careers and reach relatively high positions in the corporate structure (Damaske, 2011). Similarly, Keizer et al.’s (2008) study found that educational attainment and career progression increased the likelihood of women remaining childless but, conversely, increased the likelihood of men becoming a father. Never having a long-term relationship but rather having multiple and/or short-term partnerships was one of the main reasons for men remaining childless.

### **2.3 Socio-Cultural Experiences of Unintendedly Childless Couples**

My approach was to review studies that examined younger women from various African countries who did not have children in order to determine what the implications and/or similarities might be for African-Caribbean women, since there are currently no published studies that look at African-Caribbean women aging without children.

A number of studies have examined younger African women's experiences of childlessness, especially in societies that are underpinned by cultural and religious beliefs that promote traditional gender roles and pronatalism. In societies where religious membership and adherence to religious beliefs and practices are expected as the norm, views on children and childlessness are often influenced by religious discourse and pronatalist ideology (Tabong & Adongo, 2013). Research has found that being childless in these societies can result in severe consequences for the childless adult, particularly women (Ibisomi & Mudege, 2014).

Having a child is often viewed as an obligation for women, which reflects wider social attitudes about their purpose, as motherhood is perceived as the most important and desirable role for women. There is no obvious legitimate place for a childless woman who is seen as deviating from traditional norms and expectations (Ibisomi & Mudege, 2014; Tabong & Adongo, 2013).

Childless women face more severe emotional, financial and social consequences and difficulties as a result of being childless, leading to marginalisation and invalidation (Darroux, 2022). Studies such as that of Njoya (2024) found that among the Bangangte community in Cameroon, women who are infertile were at risk of being divorced, resulting in women being deprived of access to their husbands' property. Similarly, Njoya (2024) study on childless Cameroonian women found that they were

often abandoned due to being considered unmarriageable, and were left struggling to earn a livelihood. The study undertaken by AMIAH (2024) found that childless women from Ekiti Yoruba in Nigeria were treated as outcasts. Supporting Egede, H. (2015) earlier findings, Whitehouse and Hollos (2014) survey in Nigeria also found that a frequently held view was that “a woman who has not given birth to a child may as well never have been born.”

While most of the studies reviewed focused on younger women, Tabong & Adongo (2013) briefly acknowledged that older childless women in Ghana were often seen as witches and abandoned by their relatives. Although there is a limited representation of old childless women in existing research, it is reasonable to conjecture that if you are childless as a younger woman you will continue potentially to be seen as an outcast, impacting on the experience of ageing.

Research has found that a woman’s status in her community and her value are linked to her ability to have children (Fisher, 2024). For example, a study undertaken by Tønnessen, L. (2019) found that in the Sudan being unable to conceive threatens women’s power and the social order, as children are considered to be a source of power for women in relation to men. Moreover, having children is deemed to be important in terms of women’s progression through the life stages and in the creation of their identity as they mature. For example, childless women from Tswana in Botswana cannot attain womanhood (Smith, S.S 2017). This may result in them never being seen as women or having the respect that comes with reaching womanhood by achieving motherhood (Smith, S.S 2017).

Studies show that in some regions in Africa, many people believe that it is a man’s right to have children; thus, if a woman cannot have children, it is the man’s right to abandon or replace his wife (Ibisomi & Mudege, 2014, Tabong & Adongo,

2013). Within this current literature a dominant theme is that women are assumed to be responsible for the couple's childlessness and therefore they should face the consequences. Being unable to have sons, or having only one child, also constitutes a form of infertility as cultural norms dictate that large families are preferable and that having sons is a necessity (Ibisomi & Mudege, 2014; Tabong & Adongo, 2013). This evidences the different meanings and constructions of childlessness as well as the fact that in some societies girls are often seen as having very little value. Ibisomi & Mudege's (2014) study showed that a broad definition was given to voluntary childlessness in Nigeria, including adults that were childless because they remained in a relationship with an infertile partner and those who could not have their own children and chose not to adopt.

The majority of the studies reviewed do not explicitly examine the pathways to and reasons for childlessness. Studies invariably group childless women together, referring to them as infertile, childless or women who are unable to conceive. Notably, Ramsay, G. (2017) study has shed more light on the different reasons why Cameroonian women interviewed were childless and how this shaped their experience. For example, some women in her study had miscarriages and health issues while others had partners who did not want to be intimate with them. The varied experiences determined the degree of self-blame and condemnation they faced. An overall finding from the studies reviewed is that not having children, whether involuntarily or not, warrants similar treatments. There was some evidence of a more tolerant attitude to involuntary childlessness, suggesting possible changes in perceptions of the condition (Ibisomi & Mudege, 2014; Tabong & Adongo, 2013). Nevertheless, childless women were still seen as different and were, at times, considered as an object of pity or possibly suspicion, for example, bringing bad luck.

## 2.6 Disadvantages of Being Childlessness

One of the most misunderstood aspects of marriage is the inability to have children. Even the name infertile itself is harmful. Some women take offense at the term childless because they have no interest in having children. The social stigma that childless women face is only one example of their daily challenges. Childless couples are shunned, are not permitted to take on leadership roles in the community, and are not permitted to join the ancestral world (Tabong & Adongo, 2013). Women in rural areas, in particular, face additional societal stigma due to their inability to have children. Devkota, Kett, and Groce, (2019) state that childless parents have weaker social integration. Childlessness is a global issue that puts childless couples at a disadvantage.

Nevertheless, families without children miss out on what some thinkers have called "the meaning of life": raising a son (Masten, 2014). As they age, these families will undoubtedly feel abandoned because no one will look out for them. Not having children may be a major source of tension in a marriage, and many couples only come to terms with this once it is too late to start a family.

Couples struggling with infertility may feel various emotions, including jealousy, depression, envy, loneliness, and resentment (Hamid, Alrawaili, Alrawaili, Alanazi, & Alanazi, 2024). They could feel alone because of a situation that so few others seem to go through, and they might have trouble integrating into groups where everyone else has kids. Infertility affects men and women in different ways. Women frequently endure severe grief and anguish. They frequently shed tears and found relief from their worries by venting. On the other hand, men are less troubled by infertility and show fewer signs of emotional distress. They do not have the same

sense of safety when expressing their emotions and rarely get to do so in social settings.

The emotional, social, and sexual well-being of a relationship may be negatively impacted by infertility (Luk, & Loke, 2015). Anger and disappointment, typical responses to infertility, can seep into marriages and lead to resentment and blame. Many couples experience despair, which can cause them to isolate themselves from friends and family. When children are present at a party or family gathering, the pain of infertility can resurface (Becker, 2022). Couples, therefore, avoid these situations. When having children is the primary goal of a couple's relationship for an extended period, sexual interaction loses its romantic quality and becomes only a means to an end.

## **2.7 Coping Strategies of Childless Couples**

What we mean by coping techniques of childless couples is how men and women in a marital affair adjust to the reality of not having children despite their best attempts over time. Coping techniques include turning to friends and family for understanding and affection, trying to distance the pair so they do not get hurt emotionally, practicing self-control, and turning to organized religion for solace (Zandi et al., 2017). The researcher has particularly modified four childless couples' coping mechanisms because he believes they are relevant to the study subject. These tactics consist of: Self-control is referred to as the ability of the childless couple to keep their unpleasant feelings in check. Escape avoidance is the ability of the childless couple to divert their attention away from their unpleasant situation, such as by refraining from participating in conversations about pregnancy or children (Muthini, 2022). Securing social support is the act of a childless couple attempting to approach the community for advice, resources, and emotional support; Positive

reappraisal is viewed as an effort by childless couples to stay optimistic by focusing more on their own development, spirituality, and utilizing reproductive support services (Khadivzadeh, T., Roudsari, R. L., Bahrami, M., Taghipour, A., & Shavazi, J. A. 2013).

Having self-control, seeking solace in religious organizations, escaping or avoiding situations in an effort to shield the couple from emotional harm, and seeking social support from family and friends through their company and displays of affection are some of the coping techniques (Daniels, 2021).

### ***2.7.1 Escape/Avoidance strategy***

Behaviours that aim to shield oneself from emotional harm might be called coping mechanisms. Avoidance coping, also known as escape coping, is a maladaptive coping style characterized by the desire to avoid experiencing stress. Modifying one's experience and perception to reduce the impact of difficulties like high levels of stress, low self-esteem, depression, and interpersonal conflicts are all examples of avoidance coping strategies. The strategy's primary goal is to shield oneself from distressing mental and physical experiences (Greenberg, 2010). Those who employ this method of coping with infertility avoid interacting with pregnant women, never express how they feel about it to outsiders, and instead turn to work or other hobbies to divert their attention from their inability to have children.

### ***2.7.2 Self-control coping strategy***

According to Myers et al. (2015), self-control is a way to immediately reduce psychological disturbances and lessen the impact of stress on one's physical and mental health. According to Akst, D. (2011), self-control is a deliberate behaviour

aimed at resisting a wide range of self-inflicted obstacles to a targeted behaviour of choice.

### ***2.7.3 Seeking social support coping strategy***

Social support refers to the conviction and experience that one is supported, that others are willing to assist, and that one is part of a supportive social network (Knight, C. J., Harwood, C. G., & Sellars, P. A. 2018). These resources can provide emotional support like caring, material support like financial aid, informational support like advice, or company. One's perception of the support system's accessibility, the help given, or the level of social network integration can all be measured (Gottlieb & Bergen, 2010). Friends, family, groups, and co-workers are just a few of the many people and places we might draw strength from.

### ***2.7.4 Emotional support coping***

Strategy Emotional support expresses sympathy, care, love, compassion, trust, acceptance, closeness, or encouragement. Social support systems provide warmth and care. Supporting someone emotionally shows them that they care for them. It is also known as esteem support or evaluation assistance. Tangible support is provided through monetary aid, material goods, or services. This also encompasses the practical, immediate ways people assist others and is known as instrumental support. Informational support gives someone advice, direction, suggestions, or valuable knowledge. This information might help others find answers to their problems. A person's sense of social integration is fostered through companionship (belonging). This could be seen as the availability of companions to participate in everyday social activities to reduce the stress of infertility (Rasak & Oladibo, 2017)

## 2.9 Religion and Childlessness

In light of the absence of studies which examined ageing African-Caribbean women's experiences of childlessness in the context of religiosity, I have reviewed research from varied countries that examined how religion shapes adults' experiences of living without children. For example, Ibisomi and Mudege's (2014) study of childlessness in Nigeria found that having children was seen as a religious duty and obligation. Religion was also used to justify exerting pressure and forcing couples to have children. The link between religiosity and having children has also been reported in other countries worldwide. For example, Arousell, & Carlbom, (2016) has shown an association between strict religious beliefs and high birth rates in Muslim societies, while in Italy voluntary childlessness tended to be higher among women who were less religious (Fiori, Rinesi, & Graham, 2017). Studies have found that many religious groups encourage procreation and traditional family formation (Merz & Liefbroer, 2012). For example, adults who attended Christian churches reported that there was more emphasis on getting married and having children and less emphasis on individual autonomy (Self, 2022).

Some studies have found that religion has been used to explain why individuals are childless. For example, Gürtin-Broadbent, Z. (2012) study of Turkish immigrants found that many couples believed that having or not having children was the will of Allah. Similarly, Freeman (2023) study found that some of the childless women from Cameroon believed that since the "Lord didn't give me children...I had to accept it that way" and that their childless status was "the will of God".

Religious beliefs also influenced some women's decisions not to seek medical treatment to help them conceive, believing that medical intervention could "work against God's will" (Freeman, 2023). Again, Karaca & Unsal's (2015) study found

that some women believed that their childless status was as the result of their previous sins and/or mistakes, which is also seen in studies in other Muslim countries (Gouni et al., 2022). Believing that God rewards obedience and punishes disobedience and sin helped many childless women make sense of their circumstance. It also shaped and informed the meaning that women ascribe to being childless (Karaca & Unsal, 2015). Many childless women turned to God and prayed as a form of solace and to reduce feelings of desperation and despair (Karaca & Unsal, 2015).

## **2.10 Social Causes of Childlessness**

Economic instability, poverty, and limited access to resources might affect fertility decisions and raise the risk of involuntary childlessness. Childlessness may result from a lack of access to high-quality healthcare, including fertility treatments, especially in communities with little resources (Ombelet, 2014). Voluntary childlessness can result from someone delaying or choosing not to have children in favor of their education or professional development (Shapiro, 2014). Especially for men, not having a partner or having several relationships might be a significant predictor of childlessness. Fertility is necessary. Having children is viewed as a basic component of both manhood and womanhood in many cultures, which causes societal pressure and stigma for those who are childless (Gouni et al., 2020).

Cultural norms and a lack of knowledge about the condition, people who are having trouble becoming pregnant may experience feelings of shame, worry, and loneliness. Women are frequently subjected to the majority of cultural expectations around motherhood, traditional gender roles might worsen the social consequences of childlessness (Hummer, 2024). Families struggling with childlessness are more likely to hide their issues and keep their distance from society because childlessness is still stereotyped in society. The family feels socially ostracized and their life is incomplete

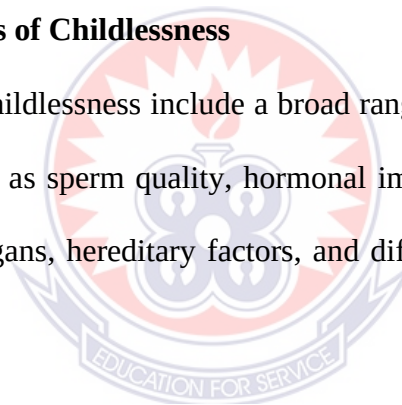
without children. Meetings with friends, family, and coworkers are frequently avoided by families. Because of the unfavorable public perception, couples struggling with childlessness conceal their issue out of concern for social rejection (Nwafor, 2018).

### **2.11 Psychological and Emotional Effects of childlessness**

Depression, anxiety, and grief Significant psychological suffering, such as anxiety, despair, and bereavement, can result from infertility or childlessness (Fieldsend, & Smith, 2020). The inability to conceive can have a detrimental effect on one's general wellbeing and sense of self. People who are childless may feel isolated and stigmatized by society, which makes their mental problems worse (Oyuyo, 2024).

### **2.12 Biological Causes of Childlessness**

Biological causes of childlessness include a broad range of variables that impact both men and women, such as sperm quality, hormonal imbalances, anatomical problems in the reproductive organs, hereditary factors, and difficulties with ovulation (Gouni et al., 2020).



## **CHAPTER THREE**

### **RESEARCH METHODOLOGY**

#### **3.0 Introduction to Chapter**

This chapter presents a discussion on the methodological approach adopted in carrying out the research, including, the research paradigm and design, and how data was collected, analysed, and interpreted to achieve the stated objectives of the study. Firstly, the chapter gives an overview of the various methodological options employed by previous researchers in researching unintended childlessness. This guided the researcher to situate the research methods employed in this particular study. The philosophical and theoretical underpinnings guiding the selection of the methods for the study are also discussed. The chapter also gives a description of how data was collected, analysed, and concludes with potential ethical issues and how they were managed in the process of data collection and data management.

#### **3.1 Overview of Methodologies**

A review of prevailing literature suggests that researchers in the field of fertility have used quantitative and qualitative research approaches. Generally, the use of quantitative approaches involved data gathered through large scale quantitative surveys while the qualitative data were collected through field observations, in-depth interviews, and focus group discussions. Whereas the quantitative studies have been useful in providing information on large samples, the qualitative ones were used by researchers to enrich the data by providing details and insights into the population group. With regard to research settings, there has been a general preference for clinic-based studies especially in most western countries (Nardi, 2018). This, however, is heavily criticized for its lack of generalizability to the other group of people

struggling with infertility who do not access any form of formal or clinical treatment or who do not access treatment at all (Grail et al., 2010). In response to this criticism, more and more studies are now being conducted on non-clinic-based samples through the use of national samples, internet surveys, or even religious samples particularly in Africa (Hiadzi et al., 2021; King, 2010). This shift is more evident in the developing world where studies conducted on infertility have largely been community-based and ethnographic in nature (Greil et al., 2010). Greil et al. (2010) opine that the adoption of more qualitative methods in fertility studies in developing countries throws more light on the subjective meanings of infertility in varying socio-cultural contexts.

Regarding the sampling determination for qualitative studies, however, questions about the representativeness of the samples in these small-scale studies have been raised by critics as is generally characteristic of research that employs qualitative methods (Denscombe, 2017). However, the prevailing argument is that the delicate nature of research on a sensitive topic such as unintended childlessness, however, makes a qualitative and small sample more relevant especially when seeking to understand issues concerning meanings, experiences and responses to childlessness and its psychological effects on couples. In summary, the literature suggests that whichever methods chosen by a researcher in conducting a study in the field of fertility has its advantages and disadvantages in addressing the varying issues related to infertility. The best method for any particular research depends to a large extent on the questions one seeks to answer and the researcher's evaluation of the best ways to achieve these objectives while maintaining rigor in the research process. In effect, the researcher adopts a fully qualitative approach to this study. The various qualitative methods of data collection and data analysis are further discussed in the subsequent sections of this chapter.

### 3.2 Research Philosophy

It is critical for every research to be constructed and conducted based on an appropriate philosophical ground, as this influences the selection of methods for carrying out the study. Thus, the elements of philosophy, ontology and epistemology are therefore crucial for social scientific inquiry or experimentation (Jackson, 2013). Jackson defined research philosophy as a “set of interrelated constructs (concepts), definitions, and recommendations that present a methodical perspective of phenomena through the specification of connections among factors; to clarify and predict the experience” (Jackson, 2013). Bell, Bryman, and Harley (2018) further explain that these core values defined by the philosophical structure lead and guide how information or data for the research is gathered, investigated, analysed, and also how the outcomes of inquiry interpreted or deciphered.

#### 3.2.1 Ontology

Ontology refers to the form and nature of reality that researchers investigate (Killam, 2013). It leads to the methodological question of how the researcher will go about finding out what he/she believes can be known (Bell et al., 2018). Concerning which selecting a research approach, Saunders et al. (2015) argued that there are no right or wrong methodological approaches, but only suitable ones. Ontology denotes what sort of things exist in the social world and assumptions about the form and nature of that social reality. It is concerned with whether or not social reality exists independently of human understanding and interpretation; for instance, is there a shared social reality or ‘multiple context-specific realities.

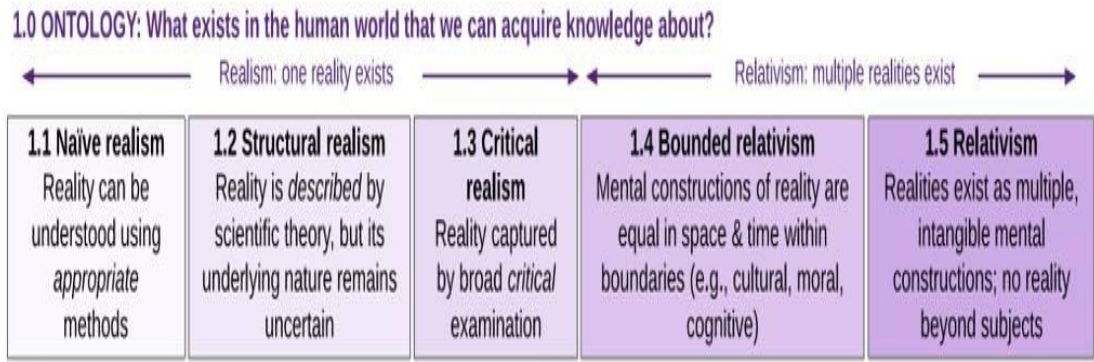


**Figure 3.1: A guide to ontology epistemology and philosophical perspectives for interdisciplinary researchers (adopted from Moon & Blackman, 2014)**

Broadly speaking, three distinct ontological positions identified are realism, idealism, and materialism (Harman, 2011). Realism claims that there is an external reality independent of what people may think or understand it to be. Idealism maintains that reality can only be understood via the human mind and socially constructed meanings. Similar to realism, materialism claims that there is a real world but it is only the material or physical world that is considered to be real. Other phenomena, for instance, beliefs, values or experiences arise from the material world but do not shape it.

I have an ontological view of idealism or relativism. Relativist ontology holds that reality is constructed within the human mind, such that no one true reality exists. I believe that reality can only be understood via the human mind and socially constructed meanings.

### **3.2.2 Epistemology**

Epistemology refers to the nature of the relationship between that reality and the researcher that is how we know what we know (Sol, & Heng, 2022). Hence, it is proper that the researcher to legitimise his unique approach, decisions, and procedure, bearing in mind the impact of his or her philosophical stance on this investigation.

Epistemology is concerned with the nature of knowledge and ways of knowing and learning about social reality. Two main perspectives for knowing are positivism and interpretivism. Constructivism and ‘naturalistic’ are terms commonly referred to in the literature and sometimes in an inconsistent way for interpretivism (Gray, 2016). The term constructivism is helpful because it identifies the basic principle that reality is socially constructed; a relativist position that holds the view that there is no external reality independent of human consciousness (Willig, 2016).

|                                                                                                                                 |                                                                                                                               |                                                                                                     |
|---------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| <p>2.1 Objectivism<br/>Meaning exists within an object: an objective reality exists in an object independent of the subject</p> | <p>2.2 Constructionism<br/>Meaning created from interplay between the subject and object constitute the reality of object</p> | <p>2.2 Subjectivism<br/>Meaning exists within the subject. Subject imposes meaning on an object</p> |
|---------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|

**Figure 3.2: A guide to ontology, epistemology and philosophical perspectives for interdisciplinary researchers (adopted from Moon & Blackman, 2014)**

A constructionist would concentrate on how meaning and knowledge are created within a certain social environment through interactions between people (the subject) and their logging activities (the object).

My epistemological stance is constructivism. I believe that people impose meaning and value on the world and interpret it in a way that makes sense to them.

### 3.3 Research Approach

Research approach shows the techniques used by researchers in executing their research. Leavy (2016) explains it as the researcher’s action plan, detailing the entire processes for the research, how the study is framed and executed. Out of the three traditional approaches to research design, namely, qualitative, quantitative, and mixed-method approaches (Turner, Cardinal, & Burton, 2017), this study adopts a qualitative approach, which adopts purely qualitative techniques to gather and analyse

data on people, their feelings, and what influences general human behaviour (Tracy, 2024). Qualitative design is found suitable for this research as it helps researchers to discover diverse experiences and perceptions which quantitative approaches would not help identify. Moreover, the approach helps the researcher understand different behaviours and attitudes and helps to ascertain deeper insights into the subject matter of inquiry (Myers et al., 2010).

Critics have opined that in the quest for objectivity in their study, qualitative researchers just tend to use common sense to try to explain correlations between variables (Gray, 2014). However, Ezzy (2013) disagrees stating that qualitative analysis provides a systematic and objective means to make valid inferences from verbal, visual, or written data to describe and interpret specific phenomena. Qualitative research is characterized by its emphasis on context, meaning, and the subjective experiences of individuals (Creswell, 2014). It aims to understand the social world through the exploration of rich, detailed, and nuanced data. The researcher's role is to interpret and make sense of the data, allowing for the emergence of new insights and understandings.

### **3.4 Research Design**

A research design helps the researcher to set out an appropriate framework to obtain relevant outcomes. Thus, a research design is basic to every research, as it helps the researcher in linking research theory, methods of gathering and analysing data to arrive at relevant outcomes (Creswell, 2014). There are several genres within qualitative research. Some identify people or cultural groups in their daily living – Ethnography (Wolf, 2012), while others strive to build a theory from ground up – Grounded Theory (Charmaz, 2015), to examine the shared experiences of participants the phenomenological approach (Creswell & Poth, 2018; Merriam & Tisdell, 2016).

However, this study set out to use first person accounts of experiences – Narrative Inquiry (Butina, 2015). This study is exploratory research: exploratory studies aim to gain an understanding of a situation, phenomenon, community or person (Ponelis, 2015). The exploratory nature of this research was because the study explored Christian couples dealing with the challenge of unintended childlessness and how they were psychological functioning.

### **3.5 Study Area**

Awutu Senya East Municipal District is one of the two hundred and sixteen, Metropolitan, Municipal and Districts Assemblies (MMDAs) in Ghana and forms part of the seventeen Districts in the Central Region. The Administrative Capital of the District is Kasoa and it covers a surface area of 62.19 km<sup>2</sup>. Originally it was part of the then-larger Awutu Senya District on 29 February 2008, until the eastern part of the district was split off to create Awutu Senya East District on 28 June 2012, it was later elevated to Municipal District Assembly status on 15 March 2018 to become Awutu Senya East Municipal District; thus the remaining part has been renamed as Awutu Senya West District. The population of the Municipal is currently estimated to be 236,527 using a growth rate of 7.5 per annum, according to the 2020 Population and Housing Census. Out of this 51.2% are females and 48.8% are males.

Some of the economic activities in the Municipality includes agriculture (farming and fishing), wholesale/retail trade, agro-processing, informal sector service and commerce.

#### **3.5.1 Population**

Punch and Oancea ( 2014) stipulated that population is the target group, usually large about whom we want to develop knowleged but which we can not study directly

in its entirety; therefore, we sample from that population. Burns and Grove (2011) describe a population as a specific group of individuals or elements who will be focused on during the research. According to the Effrim (2014), population is the entire set of individuals to which generalizations are made based on experimental sample. The population is all Pentecostal Christian couples in the Awutu Senya East Municipality.

### **3.5.2 Target Population**

According to Korb (2012), the population is the group of people the researcher wants to draw conclusions about once the study is completed. The participants in this study were couples in the Assemblies of God church in the Awutu Senya East Municipality dealing with challenge of unintended childlessness. A purposive sampling technique was used to select participants based on their number of years married, experience and knowledge. To capture a broad spectrum of perspectives and experiences.

### **3.6 Sample Size and Sampling Technique**

A sample is a selected representation for a bigger population that is being studied by a researcher. Sampling is either probability or non-probability (Creswell, 2014). For the present study, a non-probability sampling method, namely, purposive sampling will be employed due to the nature of the present research (Hewson & Laurent, 2012). The research used a combination of homogenous purposive sampling and convenient sampling methods (Creswell & Poth, 2018; Patten & Newhart, 2018). Interviews took place over a period of five months in 2022. Each interview lasted between 45-90 minutes. Interviews were recorded over a password-protected mobile device.

Saturation occurred after the 15<sup>th</sup> participant when the researcher discovered that no new information was coming from the interviews.

**Table 3.1: Research Sample**

| <b>Sampled Study Site</b>                 | <b>Sample Size</b> | <b>Description</b> |
|-------------------------------------------|--------------------|--------------------|
| House of Victory Assemblies of God church | 2                  | 1 couple           |
| House of Liberty Assemblies of God church | 2                  | 1 couple           |
| Perfect love Assemblies of God church     | 2                  | 1 couple           |
| Faith Assemblies of God church            | 2                  | 1 couple           |
| House of Praise Assemblies of God church  | 6                  | 3 couples          |
| House of Judah Assemblies of God church   | 2                  | 1 couple           |
| <b>Total Sample Size</b>                  | <b>16</b>          | <b>8 couples</b>   |

### **3.6.1 Instrumentation**

I used an open-ended semi-structured interview guide as a research instrument for the study. It was sectionalized into two A and B. Section A required demographic information such as age, gender, religion etc. of participants. Section B consisted of the open-ended questions like how/what the participants feel/think about unintended childlessness, how they survive the challenge and what they will do differently when given another opportunity. This is appropriate instrument for qualitative studies. Interviews offer one the opportunity to seek clarification during the research exercise. Research participants are also able to express their feelings and experiences. Using this instrument, though time-consuming enable the researcher to gather valid information for analysis and enough data for the study. I also used Observation by shadowing and a password protected phone.

### **3.6.2 Data Collection Procedures**

A qualitative design comprising narrative and semi-structured audio recorded interviews was used to gather qualitative data from the sampled participants of the

study. With approval from the University of Education, Winneba and the local denomination heads of selected Christian churches, participants were recruited through their local church assemblies. Participants were observed at church by the researcher. Interviews are conducted individually and with the couples together. A narrative interview is audio recorded, with informed consent. Participants are asked to tell their own story, with as little interruption as possible, to capture their own accounts of their experience of unintended childlessness and highlight the aspects that were important to them. The researcher also used a series of prompts to explore particular issues further in the semi-structured part of the interview. This section of the interview included questions about how and why information and support had been accessed and processed by the couple, although this was frequently raised in the initial narrative. Questions were added by the researcher during the course of the interview as new issues emerged, that are relevant to the theme of the study.

### **3.7 Data Analysis**

The recorded narrative interviews are transcribed verbatim for analysis. To ensure accurate transcription of narrative interview audio recordings, transcripts were read to each of the participants to review and approve. In all instances, interviews were recorded and notes were taken. This formed part of the field notes and were all used in analysing the data from the research. All transcribed interviews and field notes were read, re-read and systematically coded (Stoffelen, 2019).

A qualitative interpretative approach was taken, combining thematic analysis with constant comparison, so that data were explored for themes already known from the literature as well as emergent themes (Guest et al., 2012; Patton, 2015). The data and themes were developed by the researcher and discussed according to the stated objectives of the research. Anticipated and emergent themes were identified,

discussed, and further refined by the researcher. Concerning reporting the findings in the data, pseudonyms are used to protect participants from self-identifying details.

### **3.8 Trustworthiness of Data**

Using the principles of reflexivity and trustworthiness, the data's quality was ensured.

#### **3.8.1 Reflexivity**

Recognizing the researchers' contributions in actively co-constructing the scenario they aim to analyze is referred to as reflexivity in research (Flick, 2019). The subjectivity of both the researcher and the subjects under investigation is incorporated into the research process. Reflections from researchers on their actions and field observations, as well as their impressions, annoyances, moods, and so forth, become data in and of themselves and contribute to the interpretation.

Here, the researcher is a licensed clinical psychologist who is still in training, therefore he was aware of how his training in psychology can influence the conclusions and how the data are interpreted. This person's background includes first-hand knowledge of living with a paternal aunt who battled infertility her entire life. However, the voice of the participants has been presented as they are, so that they can reflect the true meaning and experiences of the participants.

#### **3.8.2 Trustworthiness**

The researcher used several strategies to ensure trustworthiness (Creswell, 2013). For confirmability I used audit trail and bracketing interview. In using the audit trail, I maintained comprehensive record of how data was collected. I checked in with my supervisor to make sure the research protocol was followed.

Using bracketing interview meant that researchers would reflect on their connection with the topic being investigated. I had some experience with unintended childlessness. Researcher would regularly debrief on how my own experience provided a unique lens in understanding participants' narratives. My supervisor provided a neutral voice, especially in how questions were asked about explaining participants' narratives.

The second approach to trustworthiness was to ensure credibility by embarking on member checking. I read the verbatim transcripts to the participant face to face to solicit their feedback regarding the accuracy of data which all participants approved as been the true reflection of what they said. I gave them a copy though most of them decided not to take copies.

The third approach to trustworthiness was to ensure dependability by sending my verbatim transcription to my supervisor to read and react with her embedded researcher interpretations.

### **3.9 Ethical Considerations**

Ethical issues remain a core consideration in every research, even those that do not directly involve human participants (Patten & Newhart, 2018). Ethical consideration is an important part of the planning and execution of any research and not as an afterthought. Thus, ethical guidelines are meant to ensure that participants in any kind of research are protected and free from all exploitation at all times. Creswell and Creswell (2017) opine that research participants must be protected to promote the integrity of the research, develop trust with and guard against misconduct and impropriety. According to Creswell (2017) the researcher must foresee ethical issues and make effort to resolve them. Therefore, for this research the ethical considerations were based on the ethics of care and code of ethics of the following; The Ghana

Psychology Council, the American Education Research Association, the American Psychological Association, and the American Counselling Association. All these organisations address ethical protocols of confidentiality, respect for autonomy and informed consent.

Confidentiality is where the details of the participants for the study are concealed or protected. Researchers have a primary obligation to protect confidential information of participants. I am also encouraged to take reasonable precautions to protect information obtained through and stored in any medium. I was cautious to recognize the extent and limits of confidentiality may be regulated by law or established by institutional rules or professional or scientific relationship (Lowrance, 2012). Hence I as the researcher ensured that the privacy and identity of the participants were respected and protected by giving the participants the right to choose their Pseudonyms. In relation to autonomy, participants were given the information they would need in order to decide to enter the study or not to participate. This implied that each person (married male or married female) was given the respect, time, and opportunity necessary to make his or her own decisions.

Informed consent involves properly informing the participant about everything to do with the study detail; the purpose of the study, what they will be asked to do in the study, time required, age requirement and study contacts for questions about the study or to report a problem, procedure, objectives, risks, and benefits as a basis for consenting or not to participate. I used English as the sole medium of communication to make every information clear to participants as and when necessary, throughout the study. In addition, informed consent was sought from the participants in relation to recording. The participants were also made to understand that they have the right to refuse to participate or withdraw from the study at any time. No participant was

forced or coerced to participate in the research, it was on a voluntary basis. There were no monetary incentives for participants as well. Thus, before the research commenced, the researcher sought and gain ethical approval from the University's ethical committee. Moreover, privacy concerns and emotional risks were envisaged as considerable risks for participants in the data collection process for this study. To ensure the protection of the privacy of participants, interviews were conducted in private and quiet natural settings of the participants. Documentations and recorded interviews were safeguarded and maintain on passworded device accessible to the researcher alone.



## CHAPTER FOUR

### RESULTS AND OUTCOME OF THE STUDY FINDINGS

#### 4.0 Introduction to Chapter

This chapter describes the results of the data collected from participants. The chapter addresses the demographic information of participants as well as the themes and codes that came about as a result of a combination of deductive and inductive coding processes. Lastly, the chapter will connect the results to the literature in addressing the findings of the study.

#### 4.1 Results

##### 4.1.1 *Background Information of Participants*

The study sought to explore the narratives of married Christian couples who were childless not by choice. The research used a combination of homogenous purposive sampling and convenient sampling methods (Creswell & Poth, 2018; Patten & Newhart, 2018). Interviews took place over a period of five months in 2022. Each interview lasted between 45-90 minutes. Interviews were recorded over a password-protected mobile device.

Saturation occurred after the 15<sup>th</sup> participant when the researcher discovered that no new information was coming from the interviews. Two weeks after the interview, two of the participants reached out that they did not want their data included in the research. The final number of participants therefore became 13. Table 4.1 describes the demographic information of participants.

Each participant was given the chance to choose a pseudonym. This action is in line with both research and clinical ethical protocols of autonomy and respect for persons (Remley & Herlihy, 2017).

**Table 4.1: Participants' Demographic Information**

| No | Pseudonym                 | Age | Gender | Number of years married | Profession   | Religious Affiliation |
|----|---------------------------|-----|--------|-------------------------|--------------|-----------------------|
| 1  | Precious<br>(Widowed now) | 73  | Female | 42                      | Engineer     | Charismatic           |
| 2  | Pearl                     | 32  | Female | 6                       | Teacher      | Pentecostal           |
| 3  | Chichi                    | 38  | Male   | 6                       | Entrepreneur | Pentecostal           |
| 4  | Takyiwa                   | 48  | Female | 18                      | Teacher      | Pentecostal           |
| 5  | Abi                       | 30  | Female | 9                       | Trader       | Pentecostal           |
| 6  | Hero                      | 43  | Male   | 11                      | Teacher      | Pentecostal           |
| 7  | Emefa                     | 28  | Female | 8                       | Clerk        | Pentecostal           |
| 8  | Eu                        | 39  | Female | 20                      | Trader       | Pentecostal           |
| 9  | Kweku                     | 46  | Male   | 20                      | Teacher      | Pentecostal           |
| 10 | Ella                      | 32  | Female | 6                       | Nurse        | Pentecostal           |
| 11 | Kofi                      | 39  | Male   | 6                       | Accountant   | Pentecostal           |
| 12 | Joe                       | 40  | Female | 14                      | Teacher      | Pentecostal           |
| 13 | Dan                       | 56  | Male   | 29                      | Teacher      | Pentecostal           |

Each of the thirteen participants had unique experiences that varied from the number of years married to their appreciation of the challenge of childlessness.

**Precious:** A seventy-three years old woman who was married for forty-two years and who described herself as a charismatic.

**Pearl:** is a thirty-two years old woman. A teacher who is married for six years old. She describes herself as a Pentecostal.

**Chichi:** A thirty-eight years man. An entrepreneur who is married for six years. He describes himself as a Pentecostal.

**Takyiwa:** is a forty-eight years old woman. A teacher who is married for eighteen years old. She describes herself as a Pentecostal.

**Abi:** is a thirty years old woman. A trader who is married for nine years old. She describes herself as a Pentecostal.

**Hero:** is a forty-three years old man. A teacher who is married for eleven years old. he describes himself as a Pentecostal.

**Emefa:** is a twenty-eight years old woman. A Clerk who is married for eight years old. She describes herself as a Pentecostal.

**Eu:** is a thirty-nine years old woman. A trader who is married for twenty years old. She describes herself as a Pentecostal.

**Kweku:** is a forty-six years old man. A teacher who is married for twenty years old. he describes himself as a Pentecostal.

**Ella:** is a thirty-two years old woman. A Nurse who is married for six years old. She describes herself as a Pentecostal.

**Kofi:** is a thirty-nine years old man. An Accountant who is married for six years old. he describes himself as a Pentecostal.

**Joe:** is a forty years old woman. A teacher who is married for fourteen years old. She describes herself as a Pentecostal.

**Dan:** is a fifty-six years old man. A teacher who is married for twenty-nine years old. he describes himself as a Pentecostal.

The findings showed five distinct themes from their narratives. These themes are; (i) dream for marriage (ii) support (iii) exploring outside resources (iv) pressure to perform and (v) coping mechanism and strategies for surviving. These are represented in thematic network (Figure 1) for clearer understanding and are discussed in turns.

### **Coding Regime**

Five main themes emanated from the data collected. These themes were: dream for marriage, support, exploring outside resources, pressure to perform and coping mechanism and strategies for surviving. Bedu- Addo (2010) recommends a

four-step analysis procedure in qualitative analysis. These steps are getting a total impression, identifying meaning units, abstracting the contents of individual meaning units and summarising their importance. In line with this research work, individual participants responses to questions were initially listed. Secondly any divergent responses to questions were checked for any elements of the dominant themes. Thirdly, any recurrent opinions expressed by a majority of the participants were highlighted. Finally, statements that were concise and explains clearly participants' opinions and related directly to research questions were identified.

The subsequent pages therefore provide a tabular format for the coding regime of the data collected from participants.



### 4.3 Coding Regime Used to Generate Themes

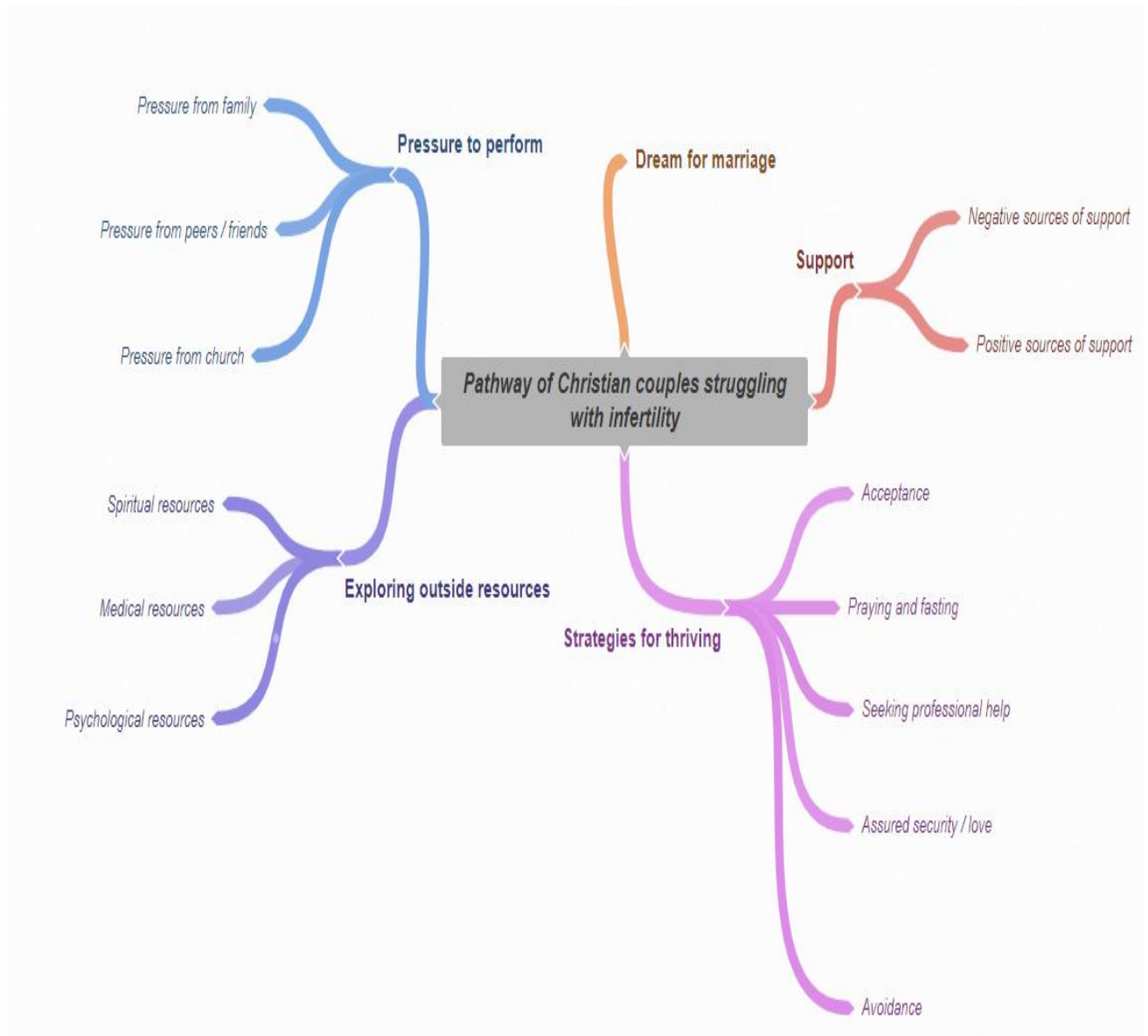
| Code            | Meaning Unit                                                                                                                                                                                                                                                                   | Condensed Meaning Unit.<br>Description close to the text                  | Condensed Meaning Unit.<br>Interpretation of<br>underlying meaning | Sub-Theme                  | Theme              |
|-----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|--------------------------------------------------------------------|----------------------------|--------------------|
| <b>Pearl</b>    | “Hmmm my dream was to have a happy home a partner whom I can confide in and live to the end of this life that was my dream. I don’t have any intention of entering and then coming back out of it. My dream was to stay in and have peaceful marriage and a very nice family”. | Having a reason and a goal for marriage.                                  | Expectations of the couple before they got married.                | N/A                        | Dream for marriage |
| <b>Precious</b> | “Um to have a beautiful and wonderful marriage and family ah ha ha. Um a had this fantasy of a marriage without problems full of money, everything you can wish for ha ha ha”                                                                                                  | Having a reason and a goal for marriage.                                  | Expectations of the couple before they got married.                | N/A                        | Dream for marriage |
| <b>Ella</b>     | “Oh, my parents are always encouraging and supporting me with whatever I need all the time. Oh, Mummy will call with scriptures for me to read and meditate upon and my father will call to ask if am in any need. Yes, they have been there for me yeh yeh.”.                 | Support that couples struggling with childlessness considered as positive | Participants described aspects of positive source of support       | Positive source of support | Support            |
| <b>Eu</b>       | “Hmm err my family has been a pillar of support for us especially my mother and my husband father. Hmm hmm I will say he is a known nonsense man. He knows about the abortion I had with his son. He has made sure                                                             | Support that couples struggling with childlessness considered as positive | Participants described aspects of positive source of support       | Positive source of support | Support            |

| Code          | Meaning Unit                                                                                                                                                                                                                                      | Condensed Meaning Unit.<br>Description close to the text                  | Condensed Meaning Unit.<br>Interpretation of<br>underlying meaning | Sub-Theme                     | Theme                       |
|---------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|--------------------------------------------------------------------|-------------------------------|-----------------------------|
|               | his son married me and sticks with me.<br>The church has been a bastion for all the participants during these difficult times.”                                                                                                                   |                                                                           |                                                                    |                               |                             |
| <b>Hero</b>   | “Oh yes let me say this to you that my father has ever tried and actually brought me a lady together with my brother, they were like you are aging so you have to do something”                                                                   | Support that couples struggling with childlessness considered as negative | Participants described aspects of negative source of support       | Negative source of support    | Support                     |
| <b>Chichi</b> | “err, my sister is always bringing me things to help to me which is every disturbing. To be frank sexual weakness medicines can you imagine hmm all in name of helping me”.                                                                       | Support that couples struggling with childlessness considered as negative | Participants described aspects of negative source of support       | Negative source of support    | Support                     |
| <b>Takiwa</b> | “whatever, they thought we should visit the hospital which we did. They were encouraging both of us and were ready to help us to seek medical help but when you come to the other side that is my husband side for them, they careless about it”. | Visiting medical centres for professional medical help                    | Seeking medical help                                               | Exploring medical resources   | Exploring outside resources |
| <b>Abi</b>    | “I believe in God and prophesies. I have received prophesies from powerful prophets, after three years of marriage before those prophesies came and they will definitely be fulfilled”.                                                           | Seeking spiritual help from their the clergy                              | Seeking spiritual help                                             | Exploring spiritual resources | Exploring outside resources |

| Code            | Meaning Unit                                                                                                                                                                                                                                                                        | Condensed Meaning Unit.<br>Description close to the text                                          | Condensed Meaning Unit.<br>Interpretation of<br>underlying meaning | Sub-Theme                         | Theme                                         |
|-----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|-----------------------------------|-----------------------------------------------|
| <b>Hero</b>     | “We went back to see our old counsellor at hmmm. We were able to do only two sessions but I must say it help”.                                                                                                                                                                      | Seeking help from professional counsellors                                                        | Seeking psychological help                                         | Exploring psychological resources | Exploring outside resources                   |
| <b>Chichi</b>   | “Oh yes let me say this to you the pressure from my father to show that am a man is enormous, he keeps informing me that am aging so you have to do something. The desire to prove myself a man is enormous.”                                                                       | The demand place on couples struggling with childlessness by the family to give birth             | Expectation of family members for the couples to give birth        | Pressure from family              | Pressure to perform                           |
| <b>Takiyiwa</b> | er er whenever I see them er they will say you are keeping long, you are keeping long and when they see my husband er eer they will say has the woman conceived Um all that pressure in the name of care. But I will say that er er a friend is not supposed to complicate matters. | The demand place on couples struggling with childlessness by their friends and peer to give birth | Expectation of friends and peers for the couples to give birth     | Pressure from friends and peers   | Pressure to perform                           |
| <b>Emefa</b>    | Whenever they are praying for people to have children, we have to go for the prayers hmmm my husband has asked me never to go out there for that again because it is depressing are disgracing ourselves.                                                                           | The demand place on couples struggling with childlessness by the church to give birth             | Expectation of the church for the couples to give birth            | Pressure from church              | Pressure to perform                           |
| <b>Precious</b> | We accepted that we may not have children. I have five sisters and I have taken care of the children of all of them yeh. I will tell you before I married, I have always taken care of my sister's children yeh I must say they                                                     | The couples coming to terms of the possibility of not giving birth.                               | Realization that the situation may not change                      | Acceptance                        | Coping mechanism and strategies for surviving |

| Code            | Meaning Unit                                                                                                                                                                                                                                                                                                                           | Condensed Meaning Unit.<br>Description close to the text                                                      | Condensed Meaning Unit.<br>Interpretation of<br>underlying meaning | Sub-Theme                 | Theme                                         |
|-----------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|---------------------------|-----------------------------------------------|
|                 | resemble me a lot so very body thinks they are my children yeh. Thankful my wife sisters' children also resemble us yeh.                                                                                                                                                                                                               |                                                                                                               |                                                                    |                           |                                               |
| <b>Pearl</b>    | "I have some days dedicated towards fasting. I spend time in praying and fasting every week. But we have spoken to a few trusted pastors and prayerful people we knew they spend time to pray with us                                                                                                                                  | Confidence in the help of the God.                                                                            | Putting their trust in help of God                                 | Praying and fasting       | Coping mechanism and strategies for surviving |
| <b>Precious</b> | "he has been my first love and true love. I can't love any other person am stuck with him forever".                                                                                                                                                                                                                                    | The bond of love between them keeps them going                                                                | Love forms a strong wall for them                                  | Assured security and love | Coping mechanism and strategies for surviving |
| <b>Eu</b>       | "people who will spoil my day regarding that issue I move away from and I made sure I always do what is expected of me as a wife and you know sometimes when it happens like that the men if you don't take care, they will be going away so I needed to be responsible as a woman to take his mind and everything off from going out. | "Using avoidance as a defence mechanism from people who trouble the couple with the subject of childlessness. | Avoiding people who will question them about children              | Avoidance                 | Coping mechanism and strategies for surviving |

*Adopted from Bedu-Addo, P. K. A (2010). Work- life Interference among Ghanaian Professional Women in Higher Status Occupation (Published PhD Thesis) University of Nortttingham.pp102-104*



#### 4.2 Dream for marriage

Dream for marriage entailed the goals for marriage, the reason for marriage and the understanding for the marriage institution. All the participants had some level of understanding, a reason and a goal for their marriage. This is summarized in the narrations of three participants; Precious, Pearl and Hero. Pearl describes her dream this way:

*Hmmm my dream was to have a happy home a partner whom I can confide in and live to the end of this life that was my dream. I don't have any*

*intention of entering and then coming back out of it. My dream was to stay in and have peaceful marriage and a very nice family.*

Precious stated that

*“Um to have a beautiful and wonderful marriage and family ah ha ha. Um a had this fantasy of a marriage without problems full of money, everything you can wish for ha ha ha” . Hero supported his goal for marriage by stating that “my dream was to have a happy marriage full of children. I have always loved children hmm playing with children is a lot of fun”. Their goal had an influence on their marriage as they wanted to achieve them.*

### 4.3 Support

All participants received some form of support that help them in navigating this challenge. Under the theme support two sub-themes that emerge were positive source of support and negative source of support. These sub-themes are discussed below.

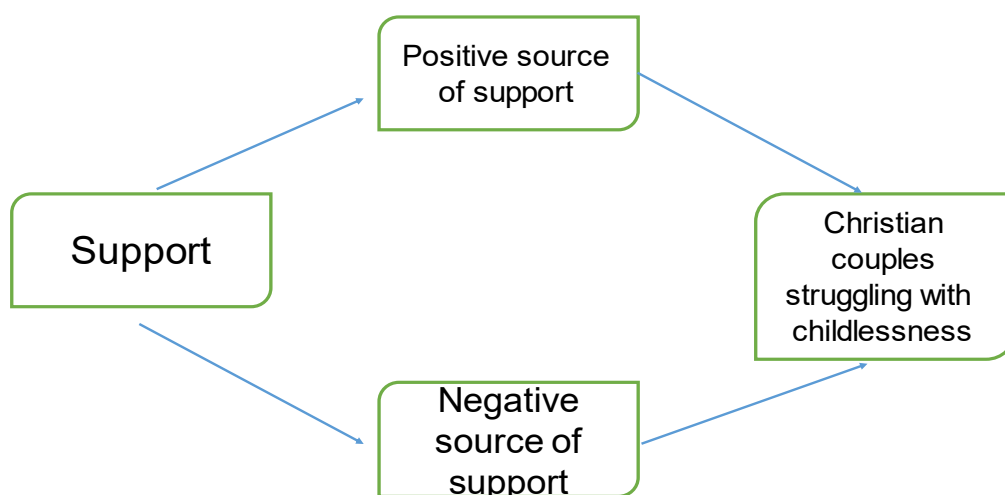


**Figure 4.2: Sub-thematic network of support for Christian couples struggling with childlessness**

#### **4.3.1 Positive source of support**

For sub-theme positive source of support, participants described aspects of positive source of support from the family and the church. Participants spoke of how helpful the family has been to them. Ella stated

*Oh, my parents are always encouraging and supporting me with whatever I need all the time. Oh, Mummy will call with scriptures for me to read and meditate upon and my father will call to ask if am in any need. Yes, they have been there for me yeh yeh.*

*Dan also emphasized “it been encouragement from both families, they are always urging us on”. Eu stated*

*Hmm err my family has been a pillar of support for us especially my mother and my husband father. Hmm hmm I will say he is a known nonsense man. He knows about the abortion I had with his son. He has made sure his son married me and sticks with me.*

*The church has been a bastion for all the participants during these difficult times. Joe explained that*

*For the pastors it has been constant teaching of the word of God and prayer support each time we had a program, they support us with prayer when we visit or they visit. Calling always to give us words of encouragement from the bible to and to encourage us to have faith in the lord.*

*Emefa smiled as she also corroborated “The church has not given me any pressure er er reverend always assures me that am still very young and it is not late at all. He is always calling. I am ok with church members.” Eu confirmed “oh my church has made me a leader despite my situation and oh they accord me with the needed respect I need. This church is not backward they love and appreciate my person”.*

#### **4.3.2 Negative source of support**

However, under the sub-theme negative source of support, participants described hurtful and sometimes unhealthy suggestions veiled as support. Hero

indicated “Oh yes let me say this to you that my father has ever tried and actually brought me a lady together with my brother, they were like you are aging so you have to do something”

Chichi also stated “err, my sister is always bringing me things to help to me which is every disturbing. To be frank sexual weakness medicines can you imagine hmm all in name of helping me”.

#### 4.4 Exploring outside resources

Exploring outside resources was another theme that emerge under which three sub-themes exploring medical resources, exploring spiritual resources and exploring psychological resources emerge from the narratives. These sub-themes are discussed below.

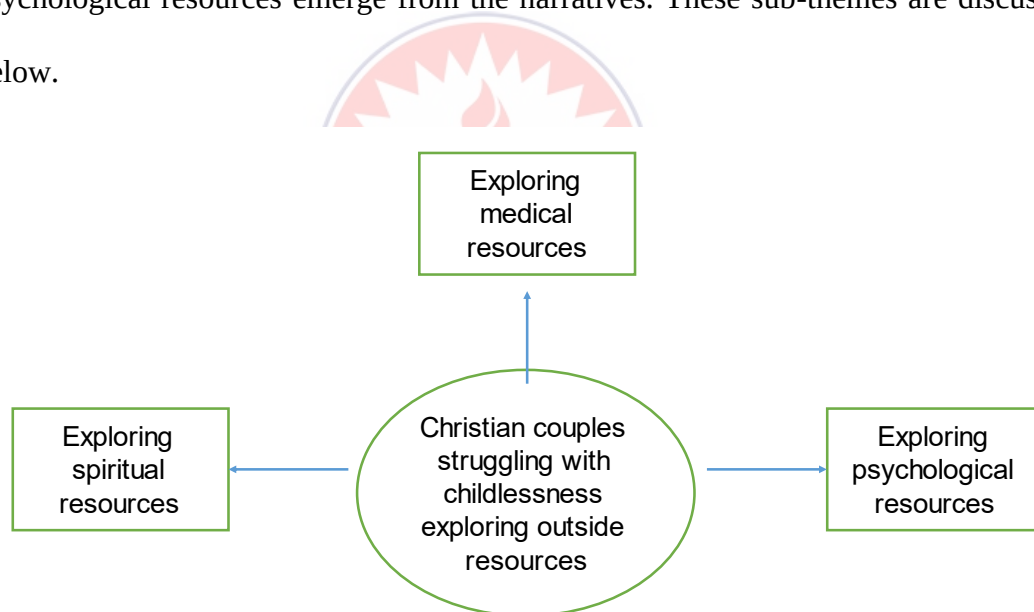


**Figure 4.3: Sub-thematic network of Christian couples struggling with childlessness exploring outside resources**

#### **4.4.1 Exploring medical resources**

When it came to exploring medical resources, Takiyiwa stated

*“whatever, they thought we should visit the hospital which we did. They were encouraging both of us and were ready to help us to seek medical help but when you come to the other side that is my husband side for them, they care less about it”.*

*Kofi stated “it was encouragement from both families they were urging us to go to the hospitals. The only thing is that you must be willing to take a lot of medicine both foreign and herbal.”*

#### **4.4.2 Exploring spiritual resources**

As Christian all the participants took spirituality very seriously. They believed that the spiritual has a lot to do with the physical.

*Abi stated “I believe in God and prophecies. I have received prophecies from powerful prophets, after three years of marriage before those prophecies came and they will definitely be fulfilled”. Kweku stated “I continue to pray, fast and have faith in God; I have some days dedicated towards fasting.”*

#### **4.4.3 Exploring psychological resources**

All participant were asked if they have discussed their challenge with a professional. These are exemplified in the quotes below;

*Eu stated “err, my sister has been of great help to me because of her experience. She encourages me with her own story and the story of others we both know. She also introduced me to a counsellor in their church and err err all I will say is that she is good”. Hero indicated “We went back to see our old counsellor at hmm. We were able to do only two sessions but I must say it help”. As stated by Takiyiwa “yes reverend here, I mean our head pastor is a professional counsellor. He counsels as twice very year”.*

## 4.5 Pressure to perform

Pressure to perform is also a theme that featured prominently with the participants. Under this theme three sub-themes emerge which are: pressure from family, pressure from peers or friends and pressure from church. These sub-themes are discussed below.

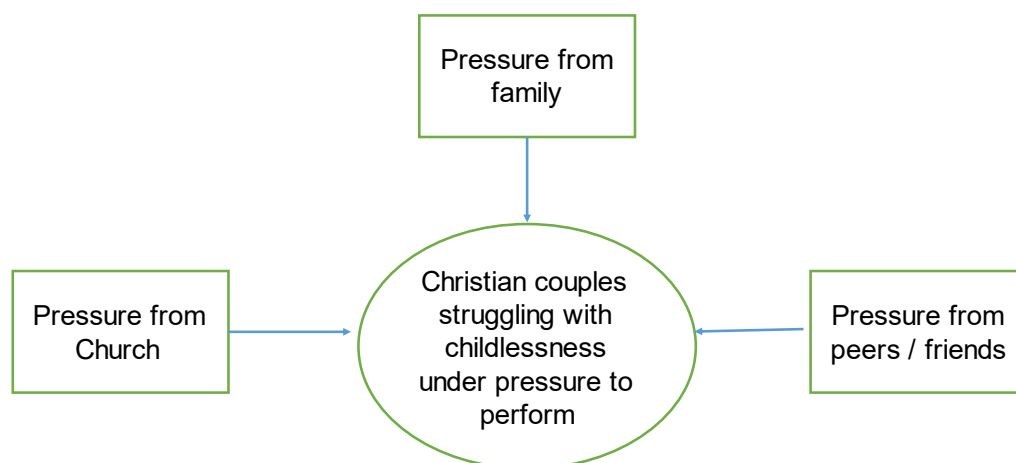


**Figure 4.4: Sub-thematic network of Christians struggling with childlessness under pressure to perform.**

### 4.5.1 Pressure from Family

The family is the basic unit of society and our first place of belonging. All participants were asked about their relationship with their family as they struggle with childlessness. Chichi stated

*Oh yes let me say this to you the pressure from my father to show that am a man is enormous, he keeps informing me that am aging so you have to do something. The desire to prove myself a man is enormous.*

Dan stated

*er er to tell you the truth there now pressuring mounting up from my side haa especially my family hmm. The pressure made me to cheat on my wife severally er er but my wife parents are very understanding and supportive. pastor it is not easy, er er my wife family is rather accommodating and*

*understanding but my father will say you are growing er er hurry up with the children so you can take care of them quickly*

Hero stated

*I'm currently talking to you my sister, my half-sister father side called me err saying that somebody, he knows whatever and that she expects us she has called on two occasions so when she called, I said oo I hear her I hear err. There have been one or two calls from the family as well wanting to help you know trying all kinds of means.*

Kweku stated

*I will say that pressure hasn't been easy, normally if things happen like that most often the pressure will have to come from the male side. They feel that it is the woman who carries the thing, so if the woman is not carrying it does it mean she is the problem? My wife is not. they know her whatever, by grace my wife is not, they know her whatever. And the respect I also have with the family so you cannot pass me to my wife its always through me, so before the get to her the pressure has been absorbed, basically that is how it is.*

#### **4.5.2 Pressure from peers/friends**

All participants were assessed on their relationship with their friends and peers.

Takyiwa stated

*er er whenever I see them er they will say you are keeping long, you are keeping long and when they see my husband er eer they will say has the woman conceived Um all that pressure in the name of care. But I will say that er er a friend is not supposed to complicate matters.*

#### **4.5.3 Pressure from church**

All participants were assessed on their relationship with their church.

Emefa stated

*Whenever they are praying for people to have children, we have to go for the prayers hmm my husband has asked me never to go out there for that again because it is depressing are disgracing ourselves. Hmm some people*

*in the church don't know that we don't have children because our sisters' children called us mum and dad yeh.*

Pearl stated

*And in this situation, one thing I have noticed is I don't know, maybe probably because of our background if we don't take care we will run ahead of God. Sometimes as a leader in the church you are under pressure, you are praying for others and its working for them but not for you. Sometimes you want to be alone and yet you don't have to turn the person down, so you have to nicely find a way to coil in.*

#### 4.6 Coping mechanism and Strategies for Surviving.

All participants spoke of how they have coped and survive this ordeal. Under this theme five sub-themes emerge which are; acceptance, praying and fasting, assured security or love and avoidance. These are exemplified in the quotes below

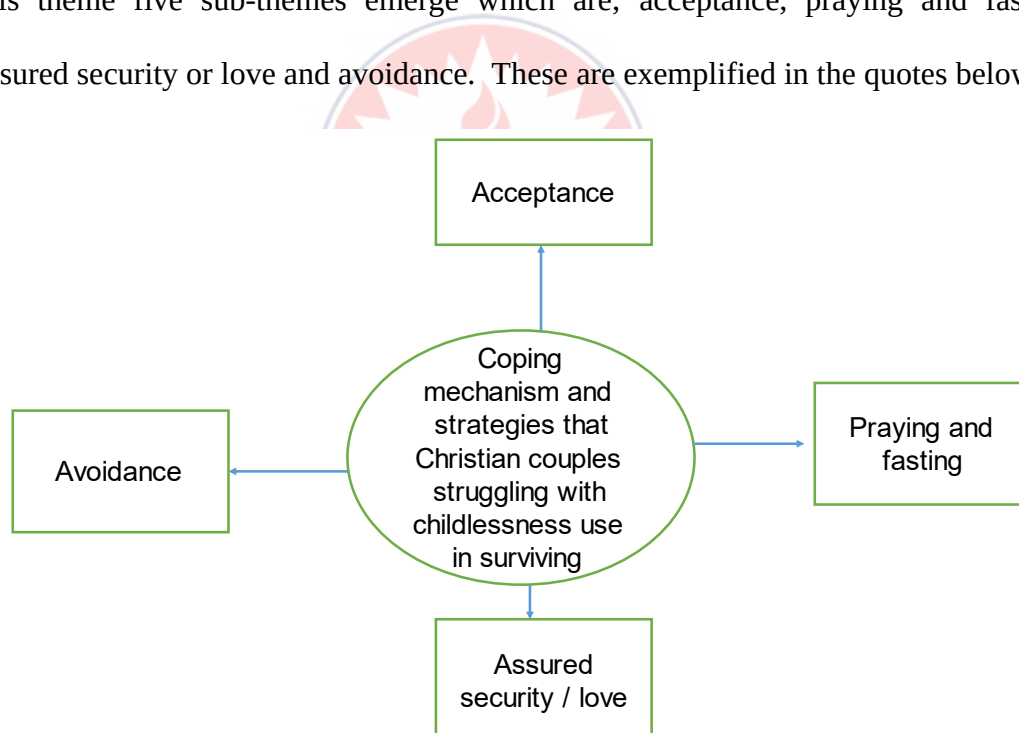


**Figure 4.5: Sub-thematic network of coping mechanisms and strategies that Christians struggling with childlessness use in surviving**

#### **4.6.1 Acceptance**

All participants were assessed on level of acceptance with their current situation.

Precious stated

*We accepted that we may not have children. I have five sisters and I have taken care of the children of all of them yeh. I will tell you before I married, I have always taken care of my sister's children yeh I must say they resemble me a lot so very body thinks they are my children yeh. Thankful my wife sisters' children also resemble us yeh.*

Ella stated

*At a point you have to come to terms that you may not give birth. Our family have not given us any stress because there are children always at our home yeh yeh and the children are from family members both his side and mine yeh.*

#### **4.6.2 Praying and Fasting**

All participants were assessed on praying and fasting.

*Pearl stated "I have some days dedicated towards fasting. I spend time in praying and fasting every week. But we have spoken to a few trusted pastors and prayerful people we knew they spend time to pray with us". Takyiwa indicated "er er waking up at dawn to pray has become very usually lifestyle for me. I er er depend in fact I live on prayers".*

#### **4.6.3 Assured security/Love**

All participants were spoke on assured security or love.

Precious stated

*"Um er I will say the love is deep err I know my husband loves so much and he can imagine losing me. Um er yes praying and reading the more of the bible. Um yes with that my husband does more of that than me. Um er just love each other, we encourage ourselves. Love really works that's what I will say"*

Pearl stated

*“he has been my first love and true love. I can’t love any other person am stuck with him forever”.*

#### **4.6.4 Avoidance**

All participants interview spoke about avoidance. Abi stated

*Oh, the issue is that those I think who was giving me negative comment I drew away from. What I thank God for is that I am someone who does not keep things in me and I always have hope and faith in the lord so my steps were to first of all draw away from negative people.*

Eu stated

*.... people who will spoil my day regarding that issue I move away from and I made sure I always do what is expected of me as a wife and you know sometimes when it happens like that the men if you don’t take care, they will be going away so I needed to be responsible as a woman to take his mind and everything off from going out*

Dan stated

*we believe that God’s time is the best yeh. It took my uncle along time to give birth but he eventually gave birth ours will also com yeh surely yeh yeh. We stay away from anybody or any event that will bring negative comments*

Pearl stated

*I stop picking his call. When he calls me one million, I will not pick one million. There is another pastor friend who was also a classmate. When he meets me, he will say be wild be wild. I didn’t like it at all. I felt what he was doing was childish. I had to draw away from him.*

#### **4.7 Perceptions of unintended childlessness**

**Research Question1:** *What are the perceptions of unintended childlessness in the Ghanaian Christian culture?*

Premarital counselling is important for newly prepared couples to enter into marriage. The counselling aims to give them an adequate understanding of marriage before they enter it and help deal with their perceptions concerning marriage. The study found that all the couples had gone through counselling before marriage, and the average period of premarital counselling was six months. Namale, Upoalkpajor, & Dzakey (2021) opines that the maximum period of premarital counselling should not exceed six months, and the premarital counselling for the participants is in line with Namale, Upoalkpajor, & Dzakey (2021) advice. Hero indicated: *“I went through a four-month process of premarital counselling. Yes, it was er, that one is for the church and then we had another one. A private one too. The private one was roughly, approximately (two months).”*

Adzovie and Dabone (2021) found the relationship between premarital counselling and the marital success of married Christians in Ghana does not contribute to the success of marriages in Ghana. The finding contradicts the study outcome since most participants said they could sustain their marriages because of the premarital counselling they had when facing childbearing difficulties. Dan indicated: *“Um er the issue of a marriage without children came up during counselling with reverend, er er and we discuss it. That has helped me to remain calm all this while”.*

The study found that most participants have been married between six and forty-two years, and the findings are aligned with the study conclusion by Birnbaum, Reis, Mizrahi, Kanat-Maymon, Sass and Granovski-Milner (2016), who found that being married for five to ten years shows that the couple tolerates each other. Currently, marriages do not last for two years due to the inability of couples to tolerate each other (Wallerstein, 2019). As Chichi recalled:

it's just the grace and one thing I will also say is that the maturity, after living together for years if you are matured in mind and if you also know God, yes it makes you strong. when I talk of the maturity is not the age but compatibility which comes over the years it makes you become calm when the waters are rough.

Marrying for an extended period gives them the experience of approaching the issue differently than new marriage couples (Wallerstein, 2019).

#### **4.8 Managing unintended childlessness**

**Research Question 2:** *How is unintended childlessness managed by couples in the Ghanaian Christian society?*

The study results show that the participant's dream before marriage was to have a happy family. As Pearl recalled:

*Hmmm my dream was to have a happy family a partner whom I can confide in and live to the end of this life, that was my dream. I don't have any intention of entering and then coming back out of it. My dream was to stay in and have peaceful marriage and a very nice home.*

A study by Barnes (2014) found that people's dream before marriage was to have a lavish wedding and a happy marriage blessed with children. The finding by Barnes (2014) is the same as the study outcome except for the lavish wedding. Bowman & Dollahite (2013) studied people's dreams before getting married and found that most people who get married dream of having a happy family with children, which is commensurate with the study outcome. Childlessness is one of the unexpected outcomes of couples in marriage (Obiyo, 2016). The study found that childbearing became a challenge for the participants, and they noticed that one year after marriage. As Eu recalled: "I think about a year after marriage initially I thought it will come, it will come but I realize it was becoming a problem."

Rouchou (2013) found in her study that couples face stigma after one year of marriage without childbearing, and the findings support the study's outcome.

#### **4.9 Mental health consequences of unintended childlessness**

**Research Question 3:** *To investigate the mental health consequences of unintended childlessness among Ghanaian Christian couples.*

The study found that one of the coping strategies for the participants for having childbearing difficulty was to seek support. As Takiyiwa recalled:

in fact, my side it was encouragement they were encouraging me then supporting me with whatever, they thought I should visit the hospital they were encouraging both of us but when you come to the other side that is my husband side for them, they careless about it.

Rasak & Oladibo (2017) found that emotional coping is used by childless couples, which includes the desire to love, listening to counsel, and having valuable knowledge from other people. Rasak and Oladibo's (2017) findings support the study's outcome. The study found that the participants received support from their families on both sides. The support includes prayers, encouragement, and valuable knowledge, enabling sustained participants to perform their intricate movements. However, some participants also received pressure and stigma from their family members. As Kweku recalled:

I will say that the pressure hasn't been easy, normally if things happen like that most often the pressure will have to come from the male side. They feel that it is the woman who carries the thing, so if the woman is not carrying it does it mean she is the problem. The respect I also have with the family so you cannot pass me to my wife its always through me, so before they get to her the pressure has been absorbed, basically that is how it is.

Iskandar, Kasim and Halim (2019). found that childless couples receive stigma and have weaker social integration, and the findings are consistent with the study outcome.

#### **4.10 Managing unintended childlessness**

**Research Question 4:** *How does religious (Christian-faith-based) interventions and support from Churches affect the perceived psychological adjustment of childless Ghanaian Christian couple*

The study also found that when the couple was having issues with childbearing, they received support from the church. Abi recalled:

Um the church is very supportive yes we are leaders of the church and we are accorded the needed respect and recognition. Reverend is very understanding and caring. I am the assistant leader of women's fellowship and they respect me a lot. They even bring me issues for me to help resolve it for them.

Jennings (2010) opined that the church should support the childless couple, and his advice confirmed the study outcome where the participants received support from the pastor, the church leaders, and the congregation. The support from the church includes words of encouragement, prayer, and faith-building. Joe recalled:

For the pastors it was just the word of God and prayer support each time we had a program, they support us with prayer when we visit or they visit prayer and then words of encouragement from the bible to encourage us and to have faith in the lord.

Most of the coping strategies used by the couple involved trusting 100% in God by depending on the word of God, fasting, and praying. Davis (2021) found that the coping strategies used by married people depend solely on the word of God, and the finding matches the study outcome.

As Ella indicated:

*We are praying and fasting for children and we know that God will do it yeh. It took my uncle wife along time to give birth but he eventually gave birth ours will also come yeh surely yeh yeh. We trust in God completely.*



## **CHAPTER FIVE**

### **SUMMARY, CONCLUSIONS AND RECOMMENDATIONS**

#### **5.0 Introduction to Chapter**

This chapter describes a summary of the key findings and results of the study. It also presents of the main objectives of the study, major findings as they relate to the research objective and questions. Finally, the chapter presents conclusions and recommendations on how to tackle the problem of childlessness within the study area.

#### **5.1 Summary of Findings**

This study aimed to explore how the mind and heart of the Ghanaian Christian couple have been doing as a result of not having any biological children of their own and to explore how the church community has supported them deal with their challenge. More, specifically, the study sought;

1. To examine the perceptions of unintended childlessness in the Ghanaian Christian culture.
2. To identify ways unintended childlessness is managed by couples in the Ghanaian Christian society.
3. To investigate the mental health consequences of unintended childlessness among Ghanaian Christian couples.
4. To find out the religious (Christian-faith-based) interventions and support from Churches on the perceived psychological adjustment of childless Ghanaian Christian couples.

To achieve these objectives, the study asked the following questions

1. What are the perceptions of unintended childlessness in the Ghanaian Christian culture?

2. How is unintended childlessness managed by couples in the Ghanaian Christian society?
3. What are the mental health consequences of unintended childlessness among Ghanaian Christian couples?
4. How does religious (Christian-faith-based) interventions and support from Churches affect the perceived psychological adjustment of childless Ghanaian Christian couple

A semi-structured interview guide was designed for this study. The research questions and the semi-structured interview guide helped the researcher to find answers to the problem. Major outcomes and findings of this study are summarized below:

There is a pathway that Christians couples struggling with infertility go through which are identified as dream for marriage, support, exploring outside resources, pressure to perform and coping mechanism and strategies for survival. These also dream for marriage, support, exploring outside resources, pressure to perform and coping mechanism and strategies for survival became the themes from the narratives of the participants. For each theme sub-themes emerged with the exception of the theme dream for marriage.

The sub-themes were positive source of support and negative source of support under the theme support. Exploring medical resources, exploring spiritual resources and exploring psychological resources under the theme exploring outside resources. Pressure from family, pressure from peers/friends and pressure from church were under the theme pressure to perform. For the theme coping mechanism and strategies for surviving; acceptance, praying and fasting, assured security/love and

avoidance were the sub-themes that emerge. Majority of the participants found the church as a very helpful and useful place for them to deal with infertility.

## 5.2 Conclusions

The study found that all participants had been married between six and forty-two years and had much experience. All the participants went through premarital counselling before marriage, with six months being the longest and three months being the shortest. The participants' dream before marriage was to have a happy family with kids. The participants noticed that childbearing became a problem for them after one year. The participants received support from their families on both sides, including encouragement, praying, and fasting. The study found that the church plays an instrumental role in the participants' lives as they face challenges with childbearing. The support from the church included praying for them, sharing the word of God with them, and regularly checking on them to know how they were doing.

There is the need for strengthening marital counselling both pre-marital and post-marital practice in Ghana, if we seek to make progress with mental health delivery in the country especially among couples. This calls for more evidence-based research that informs policy and practice surrounding marital counselling training implementation in the country. Using in-depth individual interviews, this study has provided the context of pre-marital and post-marital counselling for Christian couples struggling with infertility. The findings have provided insight into how Christian couples struggling with infertility are navigating in and outside the church.

These findings speak to the relevance of church in aiding Christian couples struggling with infertility live their life fully and in an attempt at bridging the mental health gap.

### 5.3 Implications and Recommendations

This section discusses the implications based on the findings from the current study. The implications are discussed in two areas. First, implications of the findings for counselling are discussed. Next, the implications for research are also discussed accordingly.

#### 5.3.1 *Counselling implication to the study*

Counselling especially premarital counselling has become a very useful and a necessary good course very Christian would be couple goes through. This study shows that when professional counsellors are given their due and are allow to do their work efficiently in the church. The church would continue to shine as a bastion for successful marriages with or without children. Couples struggling with unintentional childlessness would feel at home and reach their full potential if counsellors are given the opportunities to use their skills to aid them. Counsellors must be given the space to give talks and organize seminars for the church on how to relate with couples struggling with childlessness.

Counsellors must use assessment tools to help couples dealing with childlessness. A counsellor's assessment might be based on a variety of standardized measurements. The Beck Depression Inventory II (BDI-II), the Beck Anxiety Inventory (BAI), the Fertility Quality of Life (FertilQol) tool, and the Dyadic Adjustment Scale (DAS). The Dyadic Adjustment Scale (DAS) are five instruments that are very helpful for counsellors. The 46-item FPI can be used by counsellors to gauge the stress that both partners in a partnership are experiencing as a result of infertility. In addition to five sub-scale scores for social infertility stress, sexual infertility stress, relational infertility stress, the yearning for parenting, and views

about leading a child-free lifestyle, the FPI also provides a worldwide infertility stress score.

The FPI is especially helpful in identifying the areas that should be the focus of treatment by informing the counsellor of the domains that are the most stressful for each individual in the couple as well as whether the couple is congruent in their perceptions of the stress related to infertility - a potential key indicator of the couple's rates of depression and marital adjustment. A snapshot of each partner's depression and anxiety symptoms can be obtained using the BDI-II and the BAI. Both tests are manageable and include a short list of items (21 total).

The BDI-II gauges depressed signs and symptoms such melancholy, irritability, self-criticism, and loss of interest in enjoyable pursuits. The BAI evaluates autonomic anxiety (such as perspiration), subjective anxiety (such as difficulty relaxing, fear of the worst, nervousness), and panic symptoms (such as rapid heartbeat and difficulty breathing).

Counsellors can also use the DAS to gauge the quality of the couple's relationship and the FertilQol to gauge the impact of reproductive issues and their treatment on quality of life. FertiQoL measures how infertility affects quality of life using six sub-scales (emotional, mind/body, relational, social, treatment environment, and treatment tolerability) that are now available in 31 languages with more being added. Patients and healthcare professionals can access and score FertiQol online at <http://www.fertistat.com/fertiql>. The DAS gauges a couple's overall impression of their union as well as their degrees of contentment, coherence, agreement, and affectionate displays. The results of the DAS can be used by fertility couple counsellors to assess the quality of the couple's relationship.

To get a complete picture of the relationship and reproductive history, it's crucial to ask both members of the couple blunt yet sensitive questions. The couple's relationship history, fertility treatment history, individual reactions to the fertility issue, gender differences in communication and coping styles, the physical and emotional effects of treatment, the effect of infertility on the sexual relationship, the level of current family and social support, cultural/ethnic background, religious or spiritual factors that influence support or distress. The counsellor will be better able to comprehend the systemic and interactional nature of the couple's response to infertility by obtaining such in-depth information from both sides of the couple.

Additionally, The DAS gauges a couple's overall assessment of their union as well as their degrees of pleasure, coherence, agreement, and affectionate displays. Counsellors should ask each couple member for a thorough psychosocial history in addition to taking standardized tests. To get a complete picture of the relationship and fertility history of the couple, it is crucial to ask both individuals pointed questions while remaining sensitive. Questions can target information including, but not limited to: the couple's relationship history; fertility treatment history; individual reactions to the fertility problem; gender differences in communication and coping patterns; physical and emotional impact of treatment; impact of infertility on the sexual relationship; current levels of familial and social support; cultural/ethnic background; religious or spiritual factors that influence support or distress; and impact of infertility on employment. Gathering such detailed information from both partners of the couple will assist the counsellor in gaining a more complete understanding of the systemic and interactional nature of the couple's response to infertility.

Counsellors must apply mindfulness. Couples who are stressed about infertility may find that ideas and feelings related to infertility take over their minds.

Men and women will avoid and repress them since they are painful reminders of their losses; yet, this can actually make them stronger and more unpleasant. Couples may consciously avoid circumstances that cause them to have thoughts or feelings connected to infertility as a result, which causes major disturbance in their daily lives. Counsellors can utilize mindfulness (i.e., mindful meditation) as a professional technique to support couples who feel overtaken by the agony of their infertility-related thoughts. Mindfulness strikes a balance between being present in the moment and accepting one's experiences with compassion and without judgment. This enables one to react. And compassionate acceptance of one's experience. This allows one to respond more flexibly and less literally to thoughts and emotions by creating a healthy distance between oneself and one's internal experiences. For couples experiencing infertility, this struggle is especially salient. For example, instead of trying to dispute or otherwise change thoughts such as "It's unfair that we can't have a baby," or "I can't stand this infertility stress any longer," couples learn to acknowledge these thoughts as mere thoughts that can simply be observed, but that don't need to be believed or acted upon

Counselling is an excellent way for couples to help understand and process their emotional reactions to having problems with reproduction. It can help them talk candidly about their feelings, learn coping mechanisms, and together make decisions about where and how they want to move forward. Couples benefit greatly from infertility counselling by better understanding and managing their emotional responses to experiencing issues with conception. It can assist people in being open and honest about their emotions, learning coping skills, and jointly deciding where and how they want to go forward. It can facilitate open communication about their

emotions, teach them coping skills, and enable them to jointly decide where and how to proceed.

Counsellors must be aware of the larger cultural socialization patterns that define and shape gender in the couples they work with (traditional femininity emphasizes connection through the sharing of emotional experience with others, while traditional masculinity emphasizes emotional stoicism and interpersonal distance). The micro gender-based exchanges in their partnership reflect these macro socialization tendencies. However, counsellors and mental health specialists are ideally suited to provide the more intensive psychosocial interventions that are occasionally needed to address psychosocial issues. All phases of the infertility journey should be covered by these counselling services, which also include accurate assessments, discussions of gender differences, and mutual decision-making regarding third-party reproduction and therapy.

### ***5.3.2 Implications for Research***

This study examined Ghanaian Christian couples struggling with infertility in the Awutu Senya East District of the Central Region. It would be important to see how the results of this study will play on Christians couples struggling with infertility in other districts and municipalities/Regions of Ghana would differ from the current sample.

Further, it would be interesting to examine the role of co-workers, mentors and family (e.g., siblings) in helping Christian marriage couple deal with infertility. Narrative inquiry I used helped to explain and illuminate unanticipated research findings because it allows the researcher to examine specific emotional expression and regulation strategies in depth and in a variety of contexts (e.g., during interpersonal interactions, in church environment).

#### **5.4 Limitations of the study**

The current study suffers from some limitations that need to be taken into consideration in the interpretation and applications of the findings. Some of them are: All research participants were Christian. Given that religious values play a critical role in bringing about and resolving infertility, this comes as a limitation that needs to be taken into consideration when generalizing the findings of the study with respect to religious values in the context of this study.

The second limitation was that all the Christian couples struggling with infertility used for this study were Pentecostals with the exception of one been a charismatic. Findings therefore need to be interpreted with caution. The third limitation is that the marriage couples were educated. Majority of them reported having tertiary education. Therefore, their views and experiences might be qualitatively different from marriage couples with lower levels of education.

Again, the participants worked within urban settings. Therefore, those in rural communities might have views and experiences that are qualitatively different.

#### **5.5 Recommendations**

Base on the findings of the study the following strategic points are suggested:

1. The pastors or heads of church must ensure a mandatory course in premarital counselling for would be couples before they are allowed to marriage in the church.
2. Counsellors must take the issue of unintentional childlessness very serious during pre-marital counselling sessions with couples
3. Christians couples struggling with childlessness must explore outside resources such as medical, psychological and spiritual resources.

4. Finally, pastors must empathize with their members struggling with childlessness and be their advocates instead of increasing their predicament.

#### ***5.5.1 Recommendations for Further Studies***

Since the present study was based only on one district and some selected churches, it is recommended that further studies should be conducted in other districts, especially other districts in the central region. Again, notwithstanding the limitations discussed above, the current study makes substantial contribution to Christian marriages and research, within the broader task shifting agenda for mental health delivery in Ghana. It is therefore imperative that future studies build on this to provide deeper understanding and to improve on premarital and marital counselling practice in Ghana. The following suggestions are therefore made for future studies: First of all, for theoretical development, future studies should focus on exploring how power dynamics in institutionalized settings such as churches shapes mental health of marriages. To comprehend how religious ideals and power impact people's mental health and quality of life, different marriages, such as Islamic and Traditional, should be researched.

Second, it's crucial that future studies compare analyses of marriages from various religious backgrounds (such as Christians, Muslims, and Traditional African Religion) on how they deal with couples who are struggling with infertility in order to gain a deeper understanding of religious values in mental health practice. Future research may also take into account validating the training models for addressing marital infertility that are encountered by counsellors and other mental health practitioners on the job. Future research may examine how counsellors handle infertility themselves.

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## APPENDICES

| Appendix   | Description                            |
|------------|----------------------------------------|
| Appendix 1 | Request for Introductory Letter        |
| Appendix 2 | Letter of Introduction from Department |
| Appendix 3 | Informed consent and research package  |



## APPENDIX I

### Request for Introductory Letter

JOHN KINGSLEY MENSAH  
P.O. BOX GP 990  
ACCRA, GHANA  
0241101287 (mensahjohnkingsley@gmail.com)

17<sup>TH</sup> OCTOBER, 2022.

The Head of Department  
Department of Counselling Psychology  
Faculty of Educational Studies  
University of Education, Winneba

Dear Sir,

#### **Application for Introductory Letter for Data Collection Student #: (202122672)**

I wish to apply for an introductory letter to start data collection. My Principal Supervisor is Dr. Hannah Acquaye, and my secondary supervisor is Ms. Veronica Eggley. My principal supervisor has approved and agreed that I write to request permission to start data collection.

The purpose of my study is to explore the mental health-related consequences of unintended childlessness among Christian couples. Data will be collected from couples who have been married for more than five years.

I have been trained in Ethics in Human Subjects Research and my informed consent is a reflection of this training. It is expected that data will be collected from November 1 to November 30, 2022.

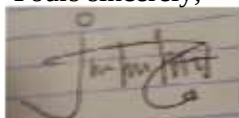
The research questions guiding the study are:

1. What are the perceptions of unintended childlessness in a Christian culture?
2. What are different ways unintended childlessness is managed by couples in a Christian society?
3. What are the mental health consequences of unintended childlessness among Christian couples?

Please find attached the instruments for data collection and the informed consent document.

Thank you.

Yours sincerely,



John Kingsley Mensah

cc: Ms. Veronica E. Eggley

## APPENDIX II

### Introductory Letter



UNIVERSITY OF EDUCATION, WINNEBA

FACULTY OF EDUCATIONAL STUDIES

DEPARTMENT OF COUNSELLING PSYCHOLOGY

P.O. Box 23, Winneba, Ghana

[psychology@uew.edu.gh](mailto:psychology@uew.edu.gh)

030 298 0904

31<sup>st</sup> October, 2022.

#### TO WHOM IT MAY CONCERN

Dear Sir/Madam,

#### LETTER OF INTRODUCTION

I write to introduce to you, JOHN KINGSLEY MENSAH, the bearer of this letter who is a student in the Department of Counselling Psychology of the University of Education, Winneba. He is reading Master of Philosophy in Counselling Psychology with index number 202122672.

He is conducting a research on the topic: NAVIGATING THE PSYCHOLOGICAL CONSEQUENCES OF UNINTENTIONAL CHILDLESSNESS IN THE CHRISTIAN COMMUNITY: A PHENOMENOLOGICAL INQUIRY. This is in partial fulfillment of the requirements for the award of the above mentioned degree.

He is required to gather information through interview guide to help him on the said research and he has chosen to do so in your outfit.

I will be grateful if he is given permission to carry out this exercise.

Thank you.

Yours faithfully,

A handwritten signature in blue ink, appearing to read 'Paul Bedu-Addo'.

DR. PAUL KOBINA A. BEDU-ADDO  
AG. HEAD OF DEPARTMENT

## Appendix III

### Informed Consent

**University of Education, Winneba**

Faculty of Educational Studies

Department of Counselling Psychology

Navigating the Psychological Consequences of Unintentional Childlessness in the Christian Community: A Narrative Inquiry

**Principal Investigator:** John Kingsley Mensah

**Faculty Supervisors:** Hannah E. Acquaye, PhD

Ms. Veronica E. Eggley

You are being invited to participate in a research study. The study is *voluntary* so you can choose to take part or not.

**Purpose of the study:** The purpose of this study is to explore how your mind and heart have been doing as a result of not having any biological children of your own. We want to explore how the church community has supported you and made you feel because of what we call ‘unintentional childlessness.’

**What you will be asked to do in the study:** When you take part in this study, you will have a conversation about your life, some conversation about married life as well as a focus on the result of the childlessness.

You will not be given any incentive in taking part of this study. However, you have the right to stop the interview when you feel any discomfort with the questions. Also, if a day or so after the interview, your heart and mind feel sick, please feel free to chat with your counselor and/or pastor about this.

**Time required:** We hope the interview will last between 45-90 minutes.

**Age requirement:** You must be above 18 years old, have married for more than 5 years, and be a part of a Christian community.

**Study contacts for questions about the study or to report a problem:** If you have questions, concerns, or complaints, or think the research has impacted you negatively in any way, communicate with: John Kingsley Mensah or his supervisor, Dr. Acquaye at [heacquaye@uew.edu.gh](mailto:heacquaye@uew.edu.gh).

## SEMI-INTERVIEW GUIDE

### **Semi-Interview Guide on a Qualitative Research on *Navigating the Psychological consequences of unintentional childlessness in the Christian Community***

Demographic Information:

1. Gender
2. Age
3. Academic qualification
4. Profession
5. What is your current marital status?
- ✓ How long have you been (were you) married? Did you go through pre-marital counseling?
- ✓ If you did, what was the duration of the pre-marital counseling?
  - ☐ What was your dream for marriage before you got married?
  - ☐ When did you notice that childbearing was going to be a challenge?
- ✓ How did family members make you feel?
- ✓ How did church and members of the church make you feel?
- ✓ What steps did you take in surviving this experience?
- ✓ If you had to do life again, what would you do differently in terms of childbearing?

Endorsed by:

Hannah E. Acquaye, PhD  
Principal Research Supervisor  
October 31, 2022

