Challenges confronting infertile couples in Africa : a pastoral care approah

by
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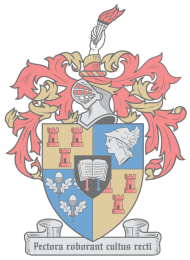

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Supervisor: Prof. Christo Thesnaar

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DECLARATION

I, Yusuf Philemon Tagwai, hereby declare that the work contained in this Thesis is my own original work and that I have not previously, in its entirety or in part submitted it at any university for a degree.

Signature…… Date……..

LETTER OF DECLARATION

I, Philemon Yusuf Tagwai, hereby declare that I have edited and translated the Abstract of this thesis work into Afrikaans and edited the entire thesis with the aid of a professional and highly experienced editor and a translator respectively. The editing and translation of the Abstract of the thesis was done by a staff of the language service of the language centre of Stellenbosch University who holds a B.A Honours in Afrikaans and a certificate in practical translation, language theory and editing (English and Afrikaans). The editing work of the rest of the thesis was done by Mr John Philip Hayab who holds a PhD in African languages from the Department of African languages, in the faculty of Arts and languages of Stellenbosch University who is currently a lecturer at the English department of the Federal College of education Gidan Waya, Kaduna state, Nigeria.

Similarly, that I have effected all the necessary corrections suggested by my examiners as well as my study leader.

ABSTRACT

In the light of scriptural understanding, children are a gift from God. Although some may choose not to have children (mostly in the Western world), others desire children more than any other thing, especially in African cultures. This desire is due to cultural emphasis on child bearing, which results from diverse reasons. One of these reasons is the agrarian nature of most African societies, as children can serve as a workforce without the need for labourers to be hired and paid. Another reason is the economic security that parents derive from having children because of the prevalence of poverty, stemming from corruption, among other social vices, in most African countries. Because of the cultural emphasis on child bearing, infertile couples are regarded as unproductive members of society.

In view of the high premium placed on child bearing in Africa, as highlighted above, and in view of the way in which infertile couples are treated, besides other challenges that they face in their daily living, it can be said that children are the focus of marriage in African cultures. This is underscored by the definition of adulthood in such cultures: the ability to bear children. The attainment of adulthood can therefore be barred by infertility, culturally speaking, and a man or a woman can be derogatively referred to as a boy or a girl. This leads to people being denied their full personal and human dignity.

This thesis argues that, among other challenges confronting infertile couples in Africa, they are also confronted with a set of quadruple challenges in their everyday lives, namely Cultural, Social, Psychological and Medical/Economical challenges. In view of these challenges, pastoral caregivers can help such individuals with sound biblical support and guidance on how to weather these challenges that are with a stable faith in God rather than in people or even in themselves.

OPSOMMING

Op grond van Skriftuurlike interpretasie is kinders ’n gawe van God. Alhoewel sommige mense dalk verkies om nie kinders te hê nie (meestal in die Westerse wêreld), begeer andere kinders meer as enigiets anders, veral in die Afrikakulture. Hierdie begeerte is die gevolg van die kulturele klem op kinderbaring, wat uit verskeie redes voortspruit. Een van hierdie redes is die agrariese aard van die meeste Afrikasamelewings, aangesien kinders as ’n werksmag kan dien sonder dat arbeiders gehuur en betaal moet word. Nog ’n rede hiervoor is die ekonomiese sekuriteit wat ouers put uit die feit dat hulle kinders het, veral vanweë die voorkoms van armoede, wat die gevolg is van korrupsie en ander sosiale gebreke in die meeste Afrikalande. As gevolg van die kulturele klem op kinderbaring word onvrugbare paartjies as onproduktiewe lede van die samelewing beskou.

In die lig van die hoë premie wat op kinderbaring in Afrika geplaas word, soos hierbo aangedui, en vanweë die manier waarop onvrugbare paartjies behandel word – dit is behalwe die ander uitdagings wat hulle in hul daaglikse lewe ervaar – kan daar gesê word dat kinders die fokus van die huwelik in Afrikakulture uitmaak. Dit word onderstreep deur sodanige kulture se definisie van volwassenheid: die vermoë om kinders te baar. Die bereiking van volwassenheid kan dus kultureel gesproke deur onvrugbaarheid gestrem word en daar kan op verkleinerende wyse na ’n man of vrou as ’n seun of dogter verwys word. Dit beteken dat mense hulle volle potensiaal en menswaardigheid ontsê word.

Hierdie proefskrif redeneer dat te midde van ander uitdagings wat onvrugbare paartjies in Afrika in die gesig staar, sodanige paartjies in hulle daaglikse lewe ook gekonfronteer word deur ’n viervoudige stel uitdagings, te wete kulturele, sosiale, sielkundige en mediese / ekonomiese uitdagings. Gegewe hierdie uitdagings kan pastorale versorgers sodanige individue bystaan met grondige Bybelse steun en leiding oor hoe om die uitdagings te bowe te kom, dit wil sê met ’n bestendige geloof in God eerder as in mense of selfs in hulself.

DEDICATION

I gladly dedicate this research to God for his sufficient grace that pulled me through the period of my Master of Theology studies at Stellenbosch University. This research is dedicated first to him (God) for his grace upon my life. Secondly, to my father, late Warrant Officer II (W.O II) Yusuf Tagwai, who vowed to see me through my studies to the masters level but the Master deemed it fit to call him to glory without actualising this dream. And to my mother who laid the very foundation of my education, without whom I would have been an illiterate today, to this trio I say, *Magode nmwa nmwa, adamilo!* Thirdly, to my promoter, who supervised me as a father and a mentor would do to see me succeed in my pursuit of an academic career, a true epitome of a pastoral care giver, a practicing practical theologian to the core, *Dankie* Prof.

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I cannot forget the support of ECWA Gospel Church Karu, ECWA Wuse two and ECWA Maitama and ECWA Church Tammah, Nasarawa and ECWA fellowship Shebwokpma who all 'sew seeds' in my course of study, I remain grateful.

Some of the families and individuals who supported me financially, morally and spiritually, the family of Rev.Dr. and Mrs Abraham Thomas Yisa, my Pastor at ECWA Gospel Karu, Pastor and Mrs Emmanuel Samson and the members of ECWA fellowship Shebwokpma. I remain grateful and to the family of Mr and Mrs Habakkuk Aboki of the same Church, I say, the Lord bless you very much. Other families include those of Rev. Dr and Mrs Zachariah Bulus Takore, Rev. Dr and Mrs F.S Kassa, Rev. and Mrs Bulus Makama and Rev. Dr and Mrs O.J Dickson, Dr and Mrs Sallek Yaks. Others include the members of ECWA Goodnews Stellenbosch and those of Stellenbosch Baptist Church who contributed to the success of this work, who are too numerous to be mentioned here, to you all I say, na goggode!

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LIST OF ABBREVIATIONS

NIV New International version

N.T New Testament

O.T Old Testament

ECWA Evangelical Church Winning All

DRC Dutch Reformed Church

CHAPTER ONE

General Introduction

1.1 Introduction and Motivation for the Study

Children, the Scriptures say, are a heritage from the Lord (Psalms 127:3)[1]. For many couples,[2] the inability to conceive often comes withsome challenges within the immediate and extended family, especially in cultures where all married couples and their relatives look forward to and expect that offspring will be a natural result of marriage. In fact, infertility is a serious challenge for many couples in contemporary African cultures notwithstanding the explosion of population in the continent. Marcia Inhorn aptly describes the scenarios that often face these couples:

> A husband and a wife have been married for a year or more, and, much to their dismay, they have been unable to have a child. Both of them want children very much, and their families of Origin want them to produce offspring. In other words, the infertile husband and wife are increasingly aware of their "problem" and of mounting social scrutiny[3]. (Inhorn, 2012:138)

According to the British Journal for Medical Practitioners, "All over the World, infertility problems affects 10- 15% of Couples of reproductive age"[4] (Tran, 2010, 33). In most cases, such couples live childless all their lives while some eventually bear children later in life. If such couples eventually do have children, the gift of children brings joy to the hearts and smiles on the faces of the couples, their parents, the entire clan as well as their ancestors among other well-wishers within and outside the immediate community and Society. Cooper

[1]Unless otherwise stated, all the scripture quotations in this thesis are from the New International version of the Bible, copyright © 1989

[2]Throughout this research, the term infertile couple will be used to refer to married individuals, male and female who are trying to have babies because of their marriage or marital status in a bid to raise a family.

[3]Marcia C. Inhorn, InfertilityandPatriarchy: The CulturalPoliticsofGenderandFamilyLifeinEgypt, 2012.

[4]Tran, N.D British Journal for Medical Practitioners 2010; 3(3) a 33.

captures something of the cultural value of fertility when she noted, “Family and children signify varied meanings in different cultures. The advent of Children in most couples’ lives signifies the rite of passage into adulthood. It serves as a link between and a bond between generations (Cooper, 13)”[5]. This fact is very true to virtually all African cultures and societies.

In his understanding of the problem of Infertility in Cultural settings, Emmanuel Lartey may therefore well ask, “What does it mean to remain childless in a Culture in which children are the ‘sign and seal’ of the marital bond?”[6](Lartey, 2003, 42). In these cultures, childlessness makes life very stressful and painful this among other things is because infertility has a spreading effect, in that both the couples and their families becomes worried due to cultural expectations of automatic fertility. In the light of the foregone, Cooper correctly admits that “When there are religious or cultural differences within the coupling system, infertility may present an entire set of additional stressors”[7](Cooper, 14).These stressors may include psychological, emotional, or even social in nature and often makes life more difficult for the couple.

In the light of these “additional stressors” (as mentioned by Cooper) that comes with the challenges of Infertility among couples and the relief that follows an eventual childbirth or fruitfulness, a woman who later overcame her infertility while reflecting on her own experiences, states: “Out of my difficulties I hope I have been able to create a fertile path for other suffering souls to travel. I hope my experience will make others ’burdens solvable” (Cooper, 14)[8]. Further, my personal experience of being a pastor in a society often faced with the challenges posed by infertility to married couples as well as being part of such a couple myself in a culture that expects all couples to have children automatically, are the main motivations behind this study on a possible pastoral care approach to the challenges often faced by such couples.

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[5] Beth Cooper-Hilbert Infertility *and* Involuntary Childlessness*:* Helping Couples Cope, 1999,13
[6]Emmanuel Y. Lartey. In Living Color*:* AnInterculturalApproachtoPastoralCareandcounselling,2003, 42
[7]Cooper, Ibid.14
[8]Ibid.

1.2 Statement of the Problem

As stated in the introduction (on page one)above, infertility affects 10- 15% of couples of reproductive age globally. In Africa, the challenge of infertility among couples is made more complexby the cultural emphasis on prolific childbearing, without which feelings of emptiness as well as unhappiness ensue. Though one of the main causes of unhappiness and often leading to divorce and in some cases marital infidelity among couples, it is surprising that theologians have not duly explored this aspect of marriage and family life and it seems that Pastoral caregivers have not played their roles adequately in assisting infertile couples in view of the cultural emphasis on childbearing and associated dehumanization of infertile couples in many African cultures and or societies. This view is confirmed by KajsaAlstrand in commenting on AuliVahakangas' (Vahakangas, 2009:189) work in which the latter "addresses an issue that theologians have ignored for too long", viz. the infertile Christian couple[9] (Vahakangas, 2009, 189). This and related issues associated with the challenges of infertility among couples in Africa constitute the thesis of this research.

1.3 Research Question

This study will focus on the following primary research questions:

.What are some of the major challenges faced by infertile Christian couples on the African continent, and

.What is the role of a pastoral caregiver in assisting them in facing these challenges.

[9]AuliVahakangas, *Christian Couples Coping with Childlessness:* Pickwick Publications, *2009; 189.*

1.4 Goal of the Research

The goal of this research focus is:

.To create an understanding of the nature of the problem of infertility.

.To elucidate the plights/ challenges of the infertile couples in African Christian communities.

.To assist pastoral caregivers in deemphasizing the cultural perceptions and dehumanization associated with being childless.

. To challenge some bad cultural practices which are a hindrance towards human rights and human dignity.

1.5 Research Design, Methodology and Theoretical Framework

This research will be in the form of a literature study within the discipline of practical theology, and will therefore engage various forms of literature that may offer insights into the nature of the issue of infertility as well as the challenges associated with or encountered by infertile couples in the contemporary African societies and Christian communities in particular. In order to answer the research question, the role of the pastoral caregiver, specifically within the context of infertility will also be highlighted with reference to literatures on the subject.

This research will use Osmer's four tasks (the descriptive-empirical, interpretive, normative and pragmatic tasks) of carrying out practical theological interpretation as its theoretical framework and its practical theological and pastoral care approach to the problem of infertility among couples. These tasks are the descriptive-empirical, interpretive, normative and pragmatic tasks respectively. Chapter one is mainly an introduction to the work while chapter two dwells on the issue of infertility in the light of the descriptive-empirical task of practical theology in a bid to bring to bear "What is going on?"Similarly, chapter three discusses some of the challenges confronting infertile Couples in Africa in a quest to

understand the nature of the challenges faced by infertile couples in Africa; this will be done in the light of the interpretive task of practical theological interpretation to respond to the question “Why is this going on?” Chapter four gives a brief highlight on a theological as well as a medical understanding of the challenges that infertile couples in Africa are faced with in relation to the Normative task of practical theology thereby answering the question “What ought to be going on?” instead of what is going on. Chapter five responds to the question “How might we respond?” This response dwells on a practical theological and pastoral care approach to the challenge of infertility among couples in Africa in the light of Osmer’s pragmatic task of practical theological interpretation. Richard Osmer explains his method of carrying out practical theological tasks as follows: “The method of practical theology explored in this book, which includes descriptive-empirical, interpretive, normative and pragmatic tasks, may be brought to bear on any issue worthy of consideration”[10] (Osmer, 2008, x). In this research, the issue of infertility is under consideration, this is because in many African Societies infertility has become an intensified focal point in that it has influenced couples’ total existence. As a result, pastoral caregivers must take this issue of infertility into account as well as realize the immenseness of the task of confronting it when approaching the challenge of infertility among couples in the contemporary church and society. In view of how the issue of infertility is affecting the stability of marriages, there is an urgent need for pastoral care and counselling to come into play because sensitive counselling intervention is required at this point (primarily) more than anything, not even any form of medical intervention(s)which might be needed as a secondary intervention .

The latter is highlighted by Daniel Louw in expatiating the Science of Pastoral Care and Counselling, hinting that, ‘‘In Cura Vitae [his publication Louw is referring to], I wish to

[10]Richard R. Osmer 2008. Practical Theology: An interpretation, Grand Rapids, Michigan: William B Eerdmans Publishing Company, x.

express Pastoral Caregiving in a way that engages with human suffering and enable people to live with hope and human dignity"[11] (Louw,2008,15).

Chapter six is the conclusion revisits the research problem, question and goal in order to be sure that they have been answered and or achieved and the research findings summarized and concluded upon while the research recommendations followed and the topic/research focus was recommended for further exploration.

1.7 Definition of Working Terms / Key Word

The following working terms have been used in the course of this research work: African, Infertility, Trauma, Psychological, unexplained infertility, psychogenic factors, Human dignity, Laparoscopy and Pastoral caregiver. These terms as related to this research work are defined below:

i. **African:** This word among other things means belonging to Africa or connected with Africa[12].

ii. **Infertility:** This means sterility, childlessness, fruitlessness, and unfruitfulness[13], the British Journal of medical practitioners define infertility as "the inability to naturally conceive, carry or deliver a healthy child", the World Health Organization definition based on 24 months of trying to get pregnant is recommended as the definition that is useful in clinical practice and research in different disciplines[14]. In this research work, it refers to the inability of a person, male or female to reproduce or bear a child or children at a given point in time. Other terms for Infertility include barrenness, sterility and childlessness and will herein be used interchangeably.

[11] Daniel Louw. (2008), CURA VITAE: Illness and the Healing of Life in pastoral Care and Counselling, 15
[12] A.S Hornby (Editor). Oxford Advanced Learner's Dictionary (International Students edition), Oxford University Press, 2005, 25.
[13]Sara Tulloch (Edit.) *Readers digest oxford complete word finder* Published by Readers Digest Association London, 1994,18
[14]British Journal for Medical Practitioners 2010; 3(3) a 33.

iii. **Trauma:** This term refers to an event in which a person witnesses or experiences a threat to his or her own life or physical safety or that of others and experiences fear, terror or helplessness[15] (VanderBos,2011,1099), in relation to this study, it refers to the negative experiences of the barren which threaten their sense of being.

iv. **Psychological:** Psychological means belonging to or relating to the relationship between physical Stimuli and mental events(VanderBos,2011,492)[16]

v. **Unexplained Infertility**: The term unexplained infertility has to do with instances of infertility where there are limitations in diagnostic skill or where no diagnosis can be made, in other words, the diagnosis of the problem of patients with such cases is yet to be made(Cooper,19)[17].

vi. **Psychogenic factors*:*** According to Bos and Cleghorn, "the term psychogenic factors refer to the psychiatric factors at the root of female infertility" (Ceghorn, 2008,9).[18]

vii. **Human Dignity*:*** The term "Human Dignity is an attribute of all human beings establishes their significance or worth. The word dignity originate from the Latin terms *Dignitas* ("worth"), and *dingus* ("worthy") suggesting that dignity points to a standing by which people should be viewed and treated" (John, 2004, 1193)[19].

viii. **Laparoscopy**: Laparoscopy is "a surgical diagnostic procedure meant to examine the interior of a woman's pelvis by way of a scoping device" (Inhorn, 2008, 42)[20].

[15]Gary VanderBos (Edit. In Chief*) American Psychological Association* (APA) Dictionary (The pacifics Pub.), 2011,1099
[16]Ibid; 492.
[17]Cooper, Ibid.19
[18]Bos, C. and Ceghorn, R.A Psychogenic Sterility: Fertility and Sterility; 9, 2008.
[19] John FK Human Dignity Encyclopaedia of Bioethics Vol. 2(3), 1193-12000, 2004
[20]Inhorn*,* 42

ix. **Pastoral care:** The term Pastoral care "refers to the solicitous concern expressed within the religious community for persons in trouble or distress (Ramsey, 2005, 836)"[21]

x. **Pastoral caregiver:** From the term "Pastoral care" defined above, a Pastoral caregiver can be said to be an individual who is saddled with the responsibility of supporting and or caring for individuals in distressing or challenging circumstances.

1.8 Conclusion

This chapter is the first and introductory chapter has highlighted the fact that children are blessings from God and that in most African cultures, couples are expected to have children notwithstanding their decision on whether to or not to have children or due health or other problems. As highlighted herein, it is naturally expected that couples give birth to children and failure to do so for whatever reason is greeted with derogations of many kinds and pressures from family members and the society. As a result, there are many challenges faced by couples who are unable to have children at any point in time in their married life, which will be explored in chapter three.

Because of the challenges that come with infertility among couples in most African cultural settings, it (infertility) has been viewed as one of the main causes of unhappiness often leading to divorce and in some cases marital infidelity among couples.

The goal of this chapter is achieved by bringing to light the nature of the problem of infertility and the plight of the infertile couples in Africa Christian communities.

[21]Nancy J. Ramsey (Edit) Dictionary of Pastoral Care and Counselling: Abingdon Press, Nashville, 2005, 836

CHAPTER TWO

Perspectives on the Challenges of Infertility in Different African Contexts

2.1 Introduction

In this chapter, an overview of the problem of infertility in selected African contexts is highlighted in the light of the descriptive-empirical task of practical theology to bring to light "What is going on". This task of practical theology deals with "gathering information that helps us discern patterns and dynamics in particular episodes, situations, or context (Osmer, 2008, 4)"[22]. First infertility will be defined, the types of infertility will be stated and the causes thereof. Furthermore, some of the challenges of infertility in some selected African contexts or settings will be highlighted as part of the broader goal of this thesis. Four countries from the North, East, West East and South of Africa will serve as a sample to gain an idea of the challenges confronting infertile couples in the entire African continent aimed at creating an understanding of the nature of the problem of infertility in Africa in line with the goal of this research focus.

2.2 Definition of infertility

Like many terms, defining infertility is problematic as doing so often prioritize some aspects at the expense of others. The American Fertility Society defines infertility "as the inability to conceive a child after a year or more of regular sexual relations without contraception or the inability to carry pregnancies to a live birth"[23] (Davajan, 1999, 18). It recommends that a diagnosis of infertility be done when conception does not occur after a year of continuous sexual exposure in a couple who are trying to have a child (Davajan, 1999, 18)[24]. It is worthy

[22]Osmer, Ibid; 4
[23]Davajan, V and Mishell (1999). Evaluation of Infertile Couple, in Mishell and Davajan, 18
[24]Davajan, Ibid; 18.

of note that the definition above is problematic in that it lacks further elaboration, firstly, it is one dimensional because it concentrates on a biological or medical definition alone, secondly, the definition is static in so far as it occupies itself more with the state of infertility than with its development.

2.3 Types of infertility

There are two forms of infertility; the primary and secondary infertility (Okonofua, 2000, 208)[25]. This categorization is important and is on the premise that not all problems of infertility are the same but that the surrounding circumstances or nature of the problem results in one or the other form of classification. In this light, Cooper notes "Many will be equally distressed by an inability to have a second or third Child as others are by an inability to have they're first'' (Cooper, ix)[26]. The term "Primary infertility refers to the situation where the couple has never achieved a pregnancy", secondary infertility, on the other hand, refers "to the form of infertility in which the couple has achieved at least one previous conception" (Westerfield, 2012, 498)[27].Infertility can further be classified or categorized based on gender, i.e. into male and female infertility, the latter being as a result of the medical condition of the male partner and the former due to the medical condition of the female partner (Cooper, 8)[28]. In this research,however, primary and secondary types of infertility will be used to elucidate the challenges faced by infertile couples on the continent of Africa.

2.4 Causes of Infertility

[25]F.E. Okonofuaetal. The ATLA Serials: *Health Transition Review,* 208, 2000.
[26] Beth Cooper, ix, Ibid.
[27]Karen B. Westerfield Tucker. *When the Cradle is Empty*: Rites Acknowledging Stillbirth, Miscarriage, and Infertility. The ATLA Serials;498, 2012
[28]Cooper, 8

While there is no clear-cut annual demographic account or the record of occurrences/exact incidence of Infertility to determine the continental (record of occurrences for each continent) percentage which will determine its contemporary effect worldwide every year, it can be said to be on the increase based on continuous incidental reportage in some research worksas re-echoed by Arthur Greil (Arthur, 2010, 140)[29]. Infertility, being the absence of the ability to conceive or produce a child due to physical and or psychological factors as noted in chapter one above, and fertility on the other hand which is based on the proper timing of several physiological events, namely: the male must be able to produce semen of sufficient quantity, quality and motility to fertilize an ovum; the female must produce a healthy ovum; the male must be able to deposit sperm/semen in his female partner's reproductive tract; the sperm must be able to survive within that environment and travel through the cervical mucus in order to unite with the ovum within the fallopian tube[30]. Once fertilization occurs woman's uterus must provide for implantation and the nurture of the embryo (Simons, 1992, 10)[31]. In contrast to the above, the question that readily comes to mind is "What is/ are the causes of infertility"?

Prior to the modern day scientific ways of proving medical facts through laboratory and other means of testing, in the past it was generally assumed that if a couple was infertile, it was the problem of the female; this was a sheer misconception that was more prominent in predominant African settings particularly in the African traditional religion. It has been medically proven that approximately 40 percent causes of infertility problem can be attributed to the male partner (Inhorn, 2012, 135)[32], 40 percent to the female partner, and 20 percent to the duo (Simons, 1990, 110)[33]. In a study by Simons entitled "What you should know about Infertility" it was gathered that about 10 percent of all couples studied, there was

[29]Arthur L. Greilet'al. The *experience of infertility: a review of recent literature.* Sociology of Health & Illness Vol. 32 No. 1 2010, pp. 140–162
[30] For an in-depth explanation, (analysis and tabulation) of the factors responsible for fertility and infertility, see Beth Cooper, 7
[31] Simons, HF *Infertility as an emerging Social concern*: A substantive Paper, 1992, 10
[32]Inhorn, Ibid; 135
[33]SimonsK.J. What you should know about Infertility, 1990,101-105

no cause of their infertility detected (unknown causes of Infertility cited or referred to in chapter one), however, progress in medical technology is reducing the number of these unexplained cases as Drake in his study revealed that there is a decrease in the percentage of unexplained cases following the introduction of the laparoscopy procedure; from about 10 percent to about 3.5 percent.[34] On the other hand, a physical problem was found in 90 percent of cases that were investigated (Drake, 1997, 17).[35]

Actually, infertility is primarily a physical problem (Simons, 1992 17)[36] although it does have emotional repercussion; it scarcely (though sometimes do) results from psychological factors, the problem with sexual technique, the timing of sexual intercourse or marital problems. On the average, at least 50% of infertile couples can eventually achieve a successful pregnancy provided they receive the needed medical attention/ diagnosis and treatment. Instead of playing the blame game, it must be admitted as stated earlier on in this chapter that the problem of infertility is traceable to the man and partly female related. In the words of Simons, the possible causes of male infertility include Azoospermia, which refers primarily to the lack of or inadequacy of semen parameters e.g. low sperm count, low sperm motility and or a low percentage of morphology. According to him, it can also be due to the inability of the male partner to deposit semen in the woman's reproductive tract, which may be because of weak erection or related problems. Another cause can be because of an obstruction in the passageway carrying the semen (Simons, 1992, 19).[37]

Prior to the contemporary advancement in medical technologies, problems relating to male infertility were mostly thought to be untreatable, today, this is not the case (Newton, 1994, 13,)[38]. On the contrary, in recent years there has been much appreciable progress regarding the diagnosis and treatment of male infertility problems. In contrast to their female counterparts, male infertility problems are simpler to diagnose, this can be done through

[34] Drake et'al (1997), Unexplained Infertility: A reappraisal,17.
[35] ……. What you should know about Infertility, Ibid.
[36] Simons, 3, Ibid.
[37] Ibid.4
[38] Newton, RA The medical work-up: Male problem, 13-22, 1994.

physical examination and semen analysis. Unfortunately, however, the treatment of male infertility is still rather limited unlike the simplicity in its diagnosis and much of the current therapy for the males with infertility problems is empirical and not based on complete understanding of the physiology involved in the situation (Newton, 13)[39].

On a general note, poor health can be a cause of infertility in men (Simons, 103)[40]. For an instance, a man who is obese, malnourished or alcoholic is incapable of producing good quality sperm and may at worst lose interest in having sex at all or at least in most cases. On the other hand, a serious illness, especially one that is accompanied by a high fever can possibly affect semen production and semen motility and morphology, while this kind of problem is by nature temporary, if not taken care of or given the needed attention and or solution, it may persist for a long time and may never be rectified completely and can go a long way in complicating if not worsening the whole infertility problem of such a person (Simons, 105)[41].

On the whole, inadequate semen production or fertility has been proven to be linked or related to chronic fatigue, excessive use of tobacco, caffeine or marijuana and nervous stress and fear of impotence, similarly, an undescended testicle or underdeveloped (atrophic) testicles could fail to produce adequate numbers of sperm, more so, sperm motility can be affected by Varicocele. The term Varicocele is a medical condition where the male has various veins around the testicles and such veins may develop into strong strands thereby unable to transport sufficient blood to the testes thereby leading to weak or no erection at all. Varicocele may be associated with a sudden rise in testicular temperature and is mostly accompanied with pains in the scrotum (Simons, 105)[42].

Like her male counterpart, the female has her own ‘fair share’ of the infertility problem. According to Thompson in his analysis of the female infertility problem stated that 30

[39] Newton, Ibid. 13
[40] Simons. What you should know about Infertility, 1990,101-105
[41] Ibid,105
[42] Simons, What you should know about Infertility, Ibid.105

percentof female infertility is due to tubal causes, 20 percent to ovarian causes, and 15 percent to cervical causes[43] (Thompson, 1994, 3-12). Simons in his paper Infertility as an emerging social concern outlined five causes of female infertility thus:

a) Ovulatory difficulties
b) Blockage of the fallopian tube
c) Endometriosis
d) Cervical factors
e) Uterine abnormalities

Unlike the male, the diagnosis of the female infertility is rather complicated and usually proceeds from the simplest to the more involved or complex tests (Simons, 5)[44].

While explaining how infertility can be caused by ovulatory defects, Simons highlighted that the inability of the ovary to release an egg or to produce an adequate amount of Hormones can result in infertility, according to him, Anovulation and Ovarian dysfunction can result from stress but may also be caused by dysfunction of the entire hormonal system. Simons furthered that an endocrine dysfunction in the ovaries usually affect the endometrium (lining of the uterus), which requires adequate hormone production for a fertilized egg to be implanted. Discussinghow blockage of the fallopian tube relates to infertility, he advanced that this problem results in the inability of the fallopian tube to pick up an egg simply because it is blocked or as a result of adhesions caused by inflammation or other diseases in the reproductive system.[45]

Concluding on endometriosis, Cervical and Uterine factors as they relate to the problem of female infertility, Simons commented that failure of the cervix to secrete mucus during the mid-cycle (endometriosis) could hamper fertility. According to him, adequate mucus of a specific quality is needed or necessary for the sperm to swim to the uterus, this problem may

[43] Thompson, I.E. The Medical work up: Female and combined Problems, 3-12, 1994.
[44]Simons; Ibid 5.
[45] Ibid,

either signal a hormonal defect, inflammation of the cervix, damage from earlier cauterization or it may be idiopathic (psychological influence). It may also result from the excessive use of drugs and thereby worsen the infertility dilemma.[46]

Furthermore, apart from the '50-50' (equal or near equal responsibility for infertility among couples) share of the causes of Infertility among couples as earlier stated in this chapter, problems such a sexual dysfunction, inappropriate timing of intercourse as well as immunological problems as other causes of infertility can be referred to as combined factors responsible for this challenge of infertility. Another real but neglected factor responsible for this problem is poor communication between the partners or a lack of understanding of human sexuality can result in sexual problems often leading to infertility. In a related development, when both partners work and have different work schedules or when one partner has to travel on business, the duo may not be having intercourse during the woman's fertile period. Similarly, in a situation where a woman did not remain in bed for a short while preceding sexual intercourse, it can be difficult to achieve pregnancy as laying for some time aids the semen to travel through her system instead of standing up immediately as doing so can reverse its journey backwards or downward.[47]

In his research entitled 'Psychogenic sterility: fertility and sterility', Vergin, discovered that psychogenic factors can cause infertility among couples. These refer to or point to psychological factors that may play a role in the origin as well as the duration of the problem of infertility.[48]In Brand's perspective, to say that an infertility problem may be psychogenic means that the woman is either wilfully refusing to have a child, either through conscious deception, unconscious hostility or emotional instability.[49] He further stated that psychogenic infertility could also refer to an instance where a woman is over-eager to have a child (idiopathic infertility). According to Benedek (Benedek,1992, 84), on the other hand in such

[46] Simons;Ibid;6
[47]Ibid; 6.
[48]Vergin, LA Infertility: A guide for Pastoral Care and Counseling. (Claremont School of Theology), 1991.
[49]Brand, HJ. Psychogenic Spanning in Infertility: Unpublished Dissertation, 1997.

cases (idiopathic infertility), there is a feeling that there is an unconscious repressed aversion which is a defence against the dangers inherent in the procreative function which may prevent ovulation. For him (Benedek in his Psychology of pregnancy) there is an evidence of idiopathic infertility where psychogenic causes result in physical abnormalities such as anovulation and amenorrhea.[50]

The overwhelming assumption on the role of the woman in the psychogenic aspect of infertility has been that if the couple fails to achieve pregnancy, and there are no identifiable organic causes, the woman is probably subconsciously refusing pregnancy, on the other hand, few studies have been done on the psychogenic dynamics in men which could affect their own or their wives'/ partners' infertility and the bulk of the research points more to the women than their men folks.[51]In the light of Vergin's analysis above, Simons stated succinctly "It is however Ironic that psychogenic theory stigmatizes both voluntarily and involuntarily childless women with the same accusation of not really wanting" (Vergin, 1991, 61).[52]The implication of the theory of psychogenic infertility among others is that a reduction of the psychological problem will have a positive effect on infertility. Advocates of the above theory are of the view that adoption, for instance, will have a positive effect and that post-adoptive pregnancies will occur in an infertile couple.[53] Based on the argument above, the researcher, however, opines that this cannot be said to be applicable in all instances of adoption or couples' circumstances.

Conclusively, one must accept unquestionably based on studies/ various research works available in public domain that there is overwhelming scientific evidence that the causes of infertility are primarily physical even though it has a seismic effect as it affects the existence of the individual and the couple. This may cause alienation between partners as well as relationship towards themselves and each other, other people and indeed, God. Because of

[50]Benedek, T. The Psychology of pregnancy in Harwich's Readings in the Psychology of Women, Harper and Row Publishers,Newyork; 1992, 84
[51]Vergen, Ibid. 61
[52] Simons, Ibid. 32
[53]Guttmatcher, A and Gould, J *Why can't you have a baby?* Public affairs Committee Pamphlet, 1992.

infertility, relationships among couples may become contaminated or better still sour and the couple may experience themselves as infertile beings and feel that their existence is meaningless. In many cases, infertility has become an intensified focal point in that it has influenced couples' total existence. As a result of the foregone, pastoral caregivers must, therefore, take cognisance of the totalitarian effect of infertility (in the lives of couple) into account and must realize the immenseness of the task confronting them when approaching the challenge of infertility among couples in the contemporary Church and society, hence the need for them (pastoralcaregivers) to help these individuals and couples to face their challenges with a stable faith in God.

2.5 The problem of infertility in Africa

It is an indisputable fact that a lot of research work has been done on the subject of infertility among couples in Africa. More interestingly, these research works are interdisciplinary in nature (comprising of Anthropological/cultural, medical, sociological, anthropological as well as theological, among others (these will be discussed in chapter three)) and are spread over the various sub-continents. Some of these studies/ research include the one conducted by Marcia Inhorn entitled "Infertility and Patriarchy: The Cultural Politics of Gender and family life in Egypt" (North Africa) (2012), AuliVahakangas' "Christian Couples Coping with Childlessness infertile couples in the slopes of Kilimanjaro in Tanzania" (East Africa), (2009), Dyer S. et al's"Psychological distress among men suffering from couple infertility in South Africa: a quantitative assessment"(2015), (South(ern) Africa),Friday E. Okonofua et al's"The social meaning of infertility in Southwest Nigeria (West Africa)" (2010).The nature of the problem faced by infertile couples in four countries will be highlighted below:

2.5.1 The Nature of the Problem of Infertility among Couples in Nigeria, Western Africa

Nigeria has a population of about 190 million people, its population growth as well its fertility rate are high, a community-based data gathered y Anakwa states that about 30 per cent couples in certain regions of Nigeria are likely to be confronted with difficulties with conception after a year or two of marriage without the use of any form of contraception. “The results of a Demographic and Health Survey of Nigeria indicate that approximately four per cent of women aged 30 years and above have never borne a child” (Anakwa, 2013, 16)[54]. This suggests that infertility is one of the major health problems in Nigeria in view of the fact that, as stated above, 30 percent of couples are childless.

Furthermore, Anakwa reported that Nigerian gynaecologists often report that cases of infertility sometimes constitute about 60 to 70 per cent of the cases they consult in most tertiary health centres. Furthermore, according to Anakwa, in a survey of women of reproductive age in a Southwestern part of Nigeria shows that about 20 per cent of those women experience secondary infertility due to exposure to reproductive tract infections. Anakwa furthered that studies have shown that postpartum infections, septic abortions and sexually transmitted diseases (STDs) are responsible for a high proportion of significant proportion of secondary infertility in the country. Pertaining gender discrepancies in the causes of infertility, some studies show that “disorders in males and females account for an equal proportion of infertility, with the malefactor being associated with a greater percentage of cases of primary infertility”.[55]

In 2013, a study[56] of 17 males whose females who was said to be infertile, and eight males with established cases of acute semen defects that could have been responsible for their female partners’ infertility. In contrast the high rate of male and female related incidental causes of infertility in Southwest Nigeria, there are few treatments alternatives available for those couples who are confronted with the issue of infertility. The conventional treatments of infertility in some certain tertiary medical institutions in Nigeria scarcely have a success rate

[54]Ebere Anakwa. “Problem of infertility” in Africa Human Life review, Vol. 39 issue 2, spring, 2013;16
[55]Ebere, Ibid; 19
[56] Ibid.

of, say, higher than 10 per cent and facilities for the specialized treatment of the more difficult cases of infertility are lacking in the Southwest region of Nigeria. Additionally, a lot of couples who have the challenge of infertility couples are sceptical about choosing adoption as a way of tackling the menace of infertility due to some cultural factors relating to stigmatisation as well as the lack of clearly spelt out legal provisions in the laws about adoption.

The Nigerian Demographic Health Services in the southwestern region reports that adoption/ fosterage is about 8.6 per cent[57]and that it is not a satisfactory method of resolving infertility as stated above. It is factual that in this kind of context where adoption as an option is not a popular alternative, many couples foster children to provide social security for such children and not for the purpose of resolving the social and psychological challenges paused by the problems associated with infertility. Although there are programmes such as family planning that seeks to reduce the rate of fertility in Nigeria, it is rather unfortunate that none such or similar one that addresses the corresponding high rate of infertility. Although prevention and treatment of infertility are one of the stated policies in the Nigerian population policy document, it is rather unfortunate that virtually no family planning clinics offer counselling service(s) for involuntarily childless couples. More so, there are no special intervention programs that are specifically tailored towards addressing the incidences of infertility, and neither are there health educational messages that views or include infertility as a major health issue/ challenge.

Although, Inhorn's and Vahakangas' indicate that Africa has extremely high rates of infertility cases and consequential effects of and that infertility produces profound social consequences for African women, only very few systematic studies has been undertaken in some African communities to discern the basis of the social effects or the cultural practices that surrounds the issue of infertility, as such the absence of comparable data on infertility has limited the 'comprehensiveness' of reproductive health and hampered efforts to provide

[57]Anakwa, 2013, Ibid.

balanced interventions for the promotion of reproductive well-being in sub-Saharan Africa. Despite the forgone, Marcia Inhorn in her work suggests that the social consequences of infertility are particularly profound for African women as compared to men. Due to predominant cultural perception, regardless of the medical cause of infertility, women receive the major blame for the reproductive "setback" and they suffer personal grief and frustration, social stigma, ostracism and serious economic deprivations which characterizes the Nigerian as well as most African cultural settings.[58]

Friday et' al reports, "in Cameroun infertility does her husband distribute a ground for divorce among the Bangangte tribe causing a woman to lose her access to land. Where she is able to avoid divorce, an infertile woman receives fewer gifts from her husband and is abandoned in old age with no child to till the land for her". This is further highlighted in Inhorn's work, which captures the fact that "in Egypt, women go through a complicated ritual known as *kabsa*(a form of fertility-producing, polluting boundary violation) in efforts to overcome infertility. The researchers also hinted that among the Ekiti of southwestern Nigeria, infertile women are treated as outcasts and their bodies are buried on the outskirts of the town with those of demented persons".[59]

The above studies revealed that it is highly rather unfortunate that regarding the issue of infertility, documentation has been least regarding the social interpretation of infertility, the treatment-seeking behaviour of childless couples, as well as the various socio-cultural factors that modulate treatment seeking and the coping mechanisms for infertility that operate in some communities. In some communities, there isevidence that the high rate of fertility is partly driven by the persistently high rates of infertility. This is so because childless couples are tended towards prolific childbearing in the case that they eventually overcome infertility. As an example in Nigeria, where infertility rates may be as high as 30 per cent, the contraceptive prevalence rate is only six per cent and women generally link contraceptive use to subsequent infertility. Thus, it is conceivable that the elucidation of societal beliefs

[58]Friday E. Okonofua et'al, Ibid, 218
[59]Ibid; 219

regarding infertility can lead to the discovery of many fertilities related beliefs and ideas on how fertility is promoted intentionally and unintentionally in many communities. Such ideas can be utilized in developing some culturally appropriate programs in an attempt to reduce the levels of both infertility and fertility in the Nigerian/ African communities.[60]

2.5.2 The Nature of the Problem of Infertility among Couples in Egypt, Northern Africa

Marcia Inhorn in her book entitled "Infertility and Patriarchy: The Cultural Politics of Gender and family life in Egypt" relates what life is like for infertile couples, especially the womenfolk in a culture that is patriarchal or male-dominated just as it is with most African cultures. She reiterated the fact that infertility is felt, mourned, suffered and feared due to among other things; the social and psychological consequences of what she referred to as "missing motherhood" a derogatory term often used in referring to a woman's inability to be a mother, i.e. bear a child - infertility[61]. Inhorn's research reveals the consequences – social and psychological as lived by Childless women in Egypt. She explores the facts that in Egypt, there is a stigma that is often associated with the challenge of infertility. This implies that an infertile woman in Egyptian societies is seen as one who is not supposed to be there – an outcast who is making no meaningful contributions to, but rather, getting from the society. Other challenges associated with infertility, which either leads to or are psychological in nature include emotional duress, self-alienation, ostracism and harassment as well as emotional and psychological violence[62].

In a study conducted in Egypt[63], it was revealed that there is a scarcity of information on infertility in that country; this according to the study is due to two principal factors, the first factor responsible is that both the government of Egypt as well as its foreign partners/donor

[60]Friday E. Okonofua et'al, Ibid; 219
[61]Inhorn, Ibid. 1
[62]Ibid; 1-2
[63]Marcia C. Inhorn and Kimberly A. Buss *Ethnography, Epidemiology and Infertility in Egypt Social Science Medicine Vol. 39, No. 5, 1994, pp. 686*

governments (majorly the United States of America)are both responsible for Egypt's problem of overpopulation; this is due to the fact that the issue of Egypt's overpopulation is not viewed holistically by the duo partners. Because of that, the problem infertility is viewed merely from a policy viewpoint as an insignificant social and statistical issue rather than a challenge worthy of any attention; this can be viewed in the area of constant emphasis on family planning and little or no corresponding emphasis on reduction of the plight of infertility.

Secondly, because of the lack of significant development of the study of disease and its spread as well as the associated field of biostatistics in Egypt as a country, as well as well as lack of substantial distinctions in the practices of the Egyptian studies on disease spread and control, as a result, a lot reliable descriptive epidemiological data relating to a wide variety of health issues/problems, including infertility are grossly inadequate[64].

On the other hand, the above research found it very interesting that some useful data on infertility epidemiology have begun to emerge from some of Egypt's neighbouring nations, some of these nations (South of Egypt), forms part of the so-called "sexually transmitted disease-induced infertility belt of sub-Saharan Africa."[65] Therefore, in relation to an international World Health Organization (WHO) sponsored effort to trace global infertility patterns, especially those of African nations, an estimate of the infertility rate in Egypt as a whole was arrived at. According to the duo researchers (Inhorn and Buss), however, this estimate by the WHO which states that 8 per cent of the total Egyptian couples that have never conceived are infertile is unbelievably underestimated by a lot of percentages, this according to them is in view of the fact that when one sees the plight of barren couples in search of infertility cures from both Bio and ethno gynaecologists, the percentage given above is a gross underestimation.

[64]Inhorn and Buss,686
[65] Ibid.

Furthermore, they stated that little is known about the particular factors that may be causatively related to infertility in Egypt and its cultural setting[66]. The above study also reveals the risk factors associated with infertility in Egypt, a city which has an estimate of 5 million.[67] Herein, a population sample of 100 women was selected to participate in a case-control design. These women selected, represented the entire patient population of Shatby Hospital comprising of the poor as well as the lower-middle-class women, all of the women were having infertility cases (primary and secondary). All these participants were married for upwards of two years and of the reproductive ages of 15-45, and challenges with conception for at least 2 years of their married life[68].

Out of the 100 infertile women who were selected for the above study, 56 of them had had cases of primary infertility(they had never conceived following at least one year of unprotected intercourse and, in all cases, they desire to become pregnant). Thirty-seven of these women, on the other hand, was in the second stage of infertility (they had failed to become pregnant following a previous pregnancy). Seven of them out of the above categories were supposedly secondarily infertile, in that they suspected they had been pregnant and spontaneously aborted, although the spontaneous abortion had never been medically confirmed in any of the medical facilities[69].

Additionally, infertility cases in the study above were based on different categories, these include according to types of infertility (i.e. primary and secondary infertility respectively), and this was based on a careful review of their diagnostic medical records. According to these researchers, infertility can be categorised according to causative factors. Thus, for example, 56 per cent of women in the study were diagnosed with “ovarian-factor infertility”, while 46 per cent of the Husbands of the Women in this sample were diagnosed as having “malefactors”. However, a good number of the women and their spouses suffered from

[66] Inhorn and Buss, Ibid; 686
[67] Ibid, 687
[68] Ibid.
[69] Ibid. 689

multifactorial aetiology. This information on infertility factors, or what is defined in this study as the presence of 'disease,' reflects what was known about the entire population of 100 infertile women and their Husbands upon inclusion in the study[70]cited herein.

In the light of the research above, some fundamental issues/ problems are likely to arise, this is so because due to their desire to know or get to the root causes of their current health problems/status which is militating against their abilities to conceive. Similarly, cases such as these are more likely to present or report exposures to risk factors that may not have been present in actual reality. As a result of the foregone, some cases may likelyover-report some circumstances that have led to their exposures due to projective cognisance or insinuations, most especially when they are privileged to know the goals of the study/ research[71].

Judging from an epidemiological point of view, small sample sizes often tends to be problematic in terms of strength of association, being that due to small numbers, the tendency to spot or identify a significant association where it is available highly exists, that is, a situation where the null hypothesis is false, is less than in a study with additional subjects in view. Thus, in the discussion that follows, the researchers have no option than to present reports or results that they believe are significant, those with "borderline" values inclusive in the range. Therefore, the absence of statistical significance at this level may have resulted from these two factors: (a) lack of association or (b) small sample size[72].

As a result of the above, two major points come to bear: Firstly, though there is a number of potential biases and problems of small sample, it is of immense importance that studies such as the one analysed above, be done every now and thenin view of what can be learnt regarding possible associations between risk factors and health outcomes.

[70] Inhorn and Buss, Ibid.689
[71]Ibid.
[72] Ibid.

Secondly, as noted by the researchers above,

> "Some of the relationships between risk factors and infertility outcomes we investigated are not new. In many cases, studies in the West have provided convincing evidence of associations between these risk factors and infertility outcomes" [73](Inhorn and Buss, 1994, 689).

Furthermore, the researchers identified some culture-specific risk factors as well as explain they're possible or potential significance in the aetiology of the challenges associated with infertility in Egypt. By way of summary, the goals of these researchers were to determine Egypt's similarities as well as different how it is different from the Western settings wherein some of the infertility risk factors have already been highlighted, they also wanted to specifically state the context of these similarities and dissimilarities in the Egyptian socio-cultural setting[74].

2.5.3 The nature of the problem of infertility among couples in Tanzania, Eastern Africa

Among other teeming researchers on the subject of infertility in Tanzania such as Ewbank, Larsen as well as other research works conducted by the Tanzanian National and Demographic Health Survey. Auli Vahakangas, a theologian explores the nature of the challenges of infertility in Machame community on the slopes of Kilimanjaro, Tanzania. The study carried out by Vahakangas delves into the dilemma of childless couples by way of narratives of the spouses concerned and the members of their communities. These stories as revealed by her shows that childlessness in the above context like other African contexts comes with pain and brokenness, within and without family structures. Interestingly, the above research presents infertile couples with faith in the afterlife that other world religions

[73]Inhorn and Buss, Ibid. 689
[74] Ibid

can in no way offer to those who are baffled with the problem of infertility as they are often rejected and dejected by the society in which they live.

Similarly, in a research conducted by Marida Hollos& Ulla Larsen (2008:159) entitled "Motherhood in sub-Saharan Africa: The social consequences of infertility in an urban population in northern Tanzania"[75].These researchers attempted to examine the various personal and social aspects of infertility in an African urban population with low fertility, a case study of Moshi, in Tanzania. This study was conducted in a multi-ethnic community with relatively high levels of education and a well-developed health services and infrastructures. The dominant question the researchers asked was whether, in a low fertility urban population, both primary and secondary infertility bring about serious personal ramifications for women similar to those in rural areas[76]. Interestingly, the studies proved that whether rural or urban, infertility portends the same or similar personal ramifications for women in all settings i.e. rural and urban, implying that the setting does not matter.

Their research method included a survey of a total of 2,019 women as well as through interviews with some 25 fertile and 25 infertile women. Out of the 1,549 sexually active women in a normal or regular sexual union, this research shows that 2.7% had never had a child in spite of trying to conceive for at least two years. Further, Out of the 1,352 women who had previously had a live birth, an additional 6.1% were infertile afterwards. The most important finding from the qualitative analysis concerns in the study above was the major discrepancies that exist between childlessness and subsequent infertility (or primary and secondary infertility) in terms of implications for the women who were affected. The study also of these findings underscores the significance and or importance of prolific childbearing in sub-Saharan African populations[77]and by extension the entire African continent, which forms the crux of this research. By implication those saddened by the challenges paused by

[75]Marida Hollos& Ulla Larsen, *Motherhood in sub-Saharan Africa: The social consequences of infertility in an urban population in northern Tanzania*, Culture, Health and Sexuality, 2008, 159-173
[76] Ibid. 162
[77] Ibid. 172

infertility later heaved sighs of relieved because of the arrival of children in their marriage union.

Furthermore, Ulla Larsen's (2006: 2) article entitled "Childlessness, and Infertility in Tanzania"[78] revealed that according to the Tanzanian Bureau of Statistics, "Infertility used to be widespread in Tanzania" and that was due to the high rate of the usage of contraceptive. She added that:

> "An outstanding issue in African infertility research concerns the potential trade-off between a reduction in impaired fertility and an increase in contraceptive use. The impact in contraception on current levels of fertility in Tanzania is modest because current use of contraceptives is low (users number fewer than 10 percent); only 27 percent of nonusers intend to practice contraception in the future" (Ulla Larsen's (2006: 2)[79]

For Larsen in the research above, Childlessness in Tanzania is prevalent among women aged 40-49 marked by geographical location, for instance, she added that "From less than 5 percent in the southwest highlands (in selected areas of the Mbeya regions, in the west of Ruvuma region along the Rift of Iringa region to about 20 percent in the Northwest highland" (Ulla Larsen, 2006:3).

While analysing the data collected for the above research, Larsen stated that the information collected for her research was from women and was collected in a bid to know or obtain information on the levels of fertility, mortality to ascertain regional discrepancies across socio-economic and cultural groups. The survey according to the author covered 65,000 households in 70 rural clusters and 22 towns in mainland Tanzania. In furtherance of this research, the urban area was divided into Dar es Salaam city, "urban large" and urban small. The former included the ten largest cities, and the latter covered four small towns and seven largest townships, with a sample of 10 percent interviewed. Out of the rural areas selected for this research (18 regions in all), four rural clusters were randomly selected for the

[78] Ulla Larsen Childlessness and Infertility in Tanzania. Vol. 27, No.1 (Jan.-Feb. 2006), pp.18-28
[79] Ibid; 2

purpose of the research. In 10 of the 18 regions above, about450 households were interviewed.

In the above research, data obtained showed that the proportion of childless women aged 30-39 was higher in most regions. More so, childlessness in the research was measured by the proportion of women who are childless among those aged 30-39 and those aged 40-49 as earlier hinted. It was discovered in the research that the proportion of childless women from 10 percent for those age 30-39, and 11 percent for those aged 40-49 to 3 percent for those aged 30-49 and this dramatic decline continued in both the rural and urban areas though childlessness was more prevalent in the urban areas. More specifically, the research showed that childlessness declined from 14 percent both for urban women aged 30-39 and those aged 40-49 to 5 percent for women aged 30-49 and from 10 percent and 11 percent to 3 percent in rural areas respectively. According to this research, the trend (increase or decrease as the case may be) in childlessness captured childless women with the age ranges adequately as discussed above. Regarding the trends and variations in childlessness, the research showed four findings, which are worthy, of note:

(1) Childlessness declined in each zone.

(2) According to the results obtained in the survey and partly analysed above, women aged 40-49 were more often childless than women aged 30-39 in each zone.

(3) The greatest decline occurred in the lake basin zone

(4) The proportion of women aged 30-49 who are childless exceeds 2 percent only in the three rural zones of the northwest highlands, the Tabora plateau, and the coast.

According to this research by Larsen, a higher percentage (virtually all) Tanzanian women marries at the age of 25. Thus, a measure of childlessness for women at the age of 30 does not capture childlessness among younger women because their period of exposure to pregnancy is short. The measures are valid indicators of the proportion of women who are

unable to bear children this measure is referred to as “Childlessness estimator”. The difference in childlessness estimator by rural zones reflects a similar pattern as does that of childless women aged 30-49. According to this estimator, the Tabora plateau, as well as the coastal zone, rank highest with four percent of women who are childless compared with 2 percent or fewer in the other zones that were analysed. It further stressed that the rural population of mainland Tanzania no longer suffers from an elevated level of childlessness.

Finally, the study revealed that the childlessness estimator suggests that there is a lower proportion of childlessness in each zone when compared with the proportion of childless women within the age range of 30 -49. The forgone estimate shows clearly that childlessness is lower among women younger than 30 (seeing that most Tanzanian women are into early marriage as earlier on revealed) compared with women who are much older than 30, say women aged 40-49 in the Tanzanian population.

2.5.4The nature of the problem of infertility among couples in South Africa, Southern Africa

Talking about the challenges of Infertility among couples in Southern Africa with specific reference to infertility in South Africa, Abraham M Hofman et al, in their study titled “Infertility in South Africa: women's reproductive health knowledge and treatment-seeking behaviour for involuntary childlessness” (Abraham et al, 2002, 1659)[80]. These researchers in their paper present the findings of two studies, these studies focus on the previous knowledge that infertile women have about the issue of fertility, the causes of infertility, their treatment-seeking behaviour and their expectations of an “ideal” infertility clinic.

[80] Abraham M Hofman et al *Human Reproduction*, Volume 17, Issue 6, 1 June 2002, Pages 1657–1662.

In that study, a total of 150 infertile women were sampled from a culturally diverse, urban community in South Africa to participate in the two studies. Both qualitative and quantitative research methods were applied with the aid of in-depth, semi-structured interviews as well as structured questionnaires.

The results of the studies showed that women who participated had little knowledge about human reproduction and modern treatment options for infertility, as a result, they were highly motivated to find treatment and accessed both traditional and Orthodox/modern healthcare as well. Treatment impediments imminent within modern health care were identified, at the end of the studies, the importance of health education and counselling was recognized and brought to bear by these women themselves, and the dire need to be integrated into infertility treatment and or management, particularly in the developing world such as their contextual setting was well understood by them.

This study, which was, conducted in the city of Cape Town shows that the three major racial groups in the province (black, coloured and white) and the three major language groups mostly spoken by these people groups (Xhosa, Afrikaans and English) are present. Actually, there is a considerable overlap between these racial and language groups, with black people speaking predominantly Xhosa and English, and coloured and white people speaking mostly English and/or Afrikaans. The various racial groups above consist of further subgroups, and they often differ, in their culture and religion. The Reproductive Medicine (the branch or aspect of medicine that deals primarily with reproduction, an aspect that characterize all living things. Here, human reproduction is in focus) service offers modern infertility treatment ranging from endoscopic reconstructive tubal surgery to assisted reproductive techniques/ technologies (ART). According to this study, annually, nearly 1000 couples were referred to the facility where this study was conducted, either from the respective local public primary care services or from the general practitioners. One of the things that are very conspicuous in this study, is the fact that a large number of referrals reflects the couples are in dire need of treatment at that level, as such cases have gone above primary health care/ services,

although due to “massive” referrals, the effectiveness of the service is currently compromised, this is due to a high patient default rate evident by over 65 percent patronage or access to treatment.

The research above shows the various findings of two studies which were carried outfor the purpose of gaining insight into women's health-seeking behaviour and to explore some of the factors militating against modern infertility treatment bearing in mind that men generally do not seek treatment as much as women do, as such, it was projected that the outcomes of these studies would further enhance the development of future interventions aimed at enhancing modern infertility treatments/services delivery to women from developing communities and different cultural or population groups.

The population of this study totalled 30 women attending a tertiary hospital care/infertility clinic for the very first time (referred to as Group A). In a bid to ensure thatthe study sample broadly represents the culturally diverse population served by this clinic, women were selected from four racial/ cultural and tribal and religious groups, namely;12 black Xhosa-speaking women, six women from the Muslim community, six coloured or white women and six patients who were given the nomenclature `private patients', i.e. those patients with medical cover/insurance or whose family income was above a certain level and paid a higher service fee for treatment received. Qualitative methods were employed; this was donewith the aid of semi-structured, in-depth interviews. Further, the interviews in the study were conducted before these women met with any member of the medical team. More so, in order to encourage openness and privacy, the women were interviewed alone, without their spouses. This was done with the aid of a multilingual professional nurse who was not actually involved in the provision of services and was trained in in-depth interviews and counselling, who conducted all the various interviews. Again, in order to ensure clarity of understanding, these interviews were held in the women's first language, i.e., Xhosa, English or Afrikaans, as the case may be, and were all taped, transcribed and translated into the

English language. More so, an interview guide was designed and the questions were virtually all centred on the exploration of knowledge of human reproduction, the causes of infertility, health seeking practices and expectations of an infertility service. Further questions in the above study focused on the psychological and social experiences of the challenges surrounding infertility.

In the quantitative study, on the other hand, a total of 120 women were selected at their initial visit to the infertility clinic and were referred to as Group B (as distinct from Group A earlier mentioned above). Personal interviews were conducted with the aid of structured questionnaire aimed at obtaining information on demographic data about women's understanding and expectations of modern infertility treatment and their previous attempts at obtaining it. As in the interviews with group “A” above, a multilingual professional nurse who has a training in research skills which responsible for administering all the questionnaires. The women who were chosen were interviewed independently in their chosen language.

Before going into the research, the consent of all women in both groups (A and B) was sought for in compliance with the ethical standards and conditions for ethical clearance. These women were given the assurance that they had a choice whether or not to participate and that choosing not to do would in no way influence the management of their sterility. The study was approved and the researchers followed all ethical standards as revealed by the studies.

In the first group of the studies (Group A), the mean age of the women interviewed that were interviewed was 31.5 years (the range between 21–41) and 12of them were experiencing primary infertility while 18 of the women were in the second stage of infertility, this study further revealed that six out of those experiencing secondary infertility had no living children and only three had a child in their present relationship. The studies showed that the mean duration of their infertility was 4.8 years (the range between 1–15). On the other hand, the

mean age of the women in Group "B" was 29.2 years (the range between 21–40). At the end of the study, all the respective women who were selected for the qualitative study took part in it. However, in the quantitative study, of 126 women who were approached, six of them refused to participate in the study. Out of these 6 women who did not participate, 2 said that they did not have time to respond to the interview, one of them suggested that her husband should be interviewed as it seemed to her that it was a male factor infertility (the husband seemed to be the infertile partner), and three Husbands prevented their wives' participation.

On the other hand, in a study entitled "Psychological distress among men suffering from couple infertility in South Africa: a quantitative assessment*"* by Dyer et al, with his expertise, Dyer (a medical and an Obstetric Gynaecologist), and his team of researchers gathered that there is what they termed " A growing interest in the impact of infertility on reproductive health in developing countries". Their research, addressed the psychosocial consequences of infertility in African countries, they admitted that although a lot of similar research has been and that most of such research focused on women. As a result, the researcher in the above study assesses "The psychological distress quantitatively in men suffering from couple infertility living in an urban community in South the Republic of Africa"[81].

In the research above, a standardized instrument for the measurement of current psychological symptom/status was administered to men totalling 120 upon their first presentation to a public health sector infertility clinic (a tertiary referral centre). The control group comprised 120 men who attended an antenatal clinic with their respective partners[82].

The above research revealed that participants in the study group differed in their psychological symptom status when compared with controls. Furthermore, when compared with controls, male partners of infertile couple's experienced elevated levels of psychological distress, but without, on average, suffering from psychopathology compared to their female

[81] Dyer S. et al Human Reproduction journal 24 (11): 2009, 2821-2826
[82] Ibid; 2823

partners in other similar research work. In the end, there was a comparison between qualitative studies from African countries and quantitative studies from the Western industrialized world, the results showed that there were both similarities and differences between the two, indicating that psychological challenges of infertility know no bound[83].

2.6 Conclusion

This chapter has so far explored the worlds of infertile couples in the different sub-continents of Africa by way of bringing to light what is happening or going on in line with the practical theological research methodology. The chapter also cites different research works done across various discipline to bring together insights from different disciplines. Concisely, Friday E. Okonofua, a sociologist in “The social meaning of infertility in Southwest Nigeria” gives an insight into how the society defines infertility and how infertile couples and treated negatively due to their inabilities to do what the society expects from them. Marcia Inhorn, an Anthropologist gives insight into the nature of the challenges confronting infertile couples in Egypt with emphasis on women in view of the patriarchal nature of the society coupled with poverty, which makes life complicated if not unbearable for these women in a patriarchal society.In an article by Inhornand Buss on the infertility situation in Egypt, they examine the various factors that are putting poor urban Egyptian men and women at high risk of infertility, which is a global health problemthat has attracted insufficient attention from the international health, epidemiological, as well as social scientific communities. Among the many potential risk factors considered in this study, four of them where mentioned, theywere cervicalwart removal treatment, male occupational exposure to noxious agents, male waterpipe smoking, as well as close cousin marriage practices which all appeared to be significantly associated with infertility outcomes peculiar to their Egyptian setting. While examining the effects of these various risk factors on infertility in Egypt, the secondary aim of the duo researchers

[83] Dyer et al, Ibid;2826

above has been to show the benefits of a combined “ethnographic-epidemiological” approach to the study of important but underprivileged health problem- infertility.

Furthermore, Auli Vahakangas, a theologian explains the problems and pains of childlessness in Tanzania while exploring the various cultural treatments meted on infertile couples and insisting that childlessness must be viewed as a pastoral problem. Dyer, a medical Doctor, did a “quantitative analysis *I*studies on the distress among men suffering from couple infertility in South Africa” where he stressed that due cultural influences and/or standards or definition,some men are referred to those who are unable to have children hence the psychologicaldistress found in men who are not able to meet up with this societal “standards”.

The next is chapter three and it gives an insight on the nature of the challenges of Infertility among couples in Africa.

CHAPTER THREE

An Understanding of the nature of the challenges of Infertility among couples in Africa

3.1 Introduction

Although infertility can be biologically or medically determined, its meanings, related challenges and/or effects vary from society to society. The experience of infertility is a shared reality of couples and/or individuals shaped by the specific social context within which they find themselves. It can be associated with varying challenges such as cultural, psychological, economic and social, among other consequences for the one that is affected. In African cultures, for instance, nothing (not even infertility) is seen as a fate, accident (undesirable occurrence) and/or coincidence or even an act of God. Anything that happens has an interpretation; some circumstances are regarded as blessings while others are regarded as curses. For example, a woman gives birth to a mentally challenged child or a healthy one, while the former will be said to be a curse, [84]the latter will be seen, counted or referred to as a blessing.

According to Nwachukwu, “Infertility, in particular, is regarded as a curse to a couple while fertility is a blessing”[85].Hence, an infertile couple is cursed as opposed to a “fertile” couple since they “contribute to the community/ society biologically.

Glaringly, there are many challenges that confront infertile couples in Africa such as abuse and marital unfaithfulness. In this chapter, however and for the purpose of this research; four of these challenges have been chosen due to space and time for this research and considering the fact that these are the more common/evident challenges that infertile couples face in most contemporary African societies. These challenges will be dealt with in a quest to understand the nature of the challenges of Infertility among couples in African

[84]Tokunboh Adeyemo, Ibid
[85]Nwachukwu, Ibid.70

cultures. This discusses being the concern of this chapter, will be approached in the light of the interpretive task of practical theological interpretation. This task asks the question "Why is this going on"? Osmer explained this task thus: "Drawing {from} the arts and sciences to better understand and explain why these patterns and dynamics are occurring".[86]

The four-fold challenges of infertile couples to be herein highlighted are the Anthropological/cultural, Sociological, Psychological, and Medical/economic challenges respectively (the medical and economic challenges will be jointly dealt with because affording medical treatments is an economic issue).These challenges will be approached from a *macro-theory* perspective within a frame of reference called "conflict paradigm". This paradigm "views human behaviour as attempts to dominate others or avoid being dominated. It is interested in the relationship between individuals and society" (Babbie, 2010, p.36). In relation to this research, this theory shows how African cultures attempt to dominate childless couples in the face of their circumstances while denying them their human worth in terms of their relationships in and or within the society.

In relation to the above, firstly, the Anthropological/cultural challenges result from the cultural demands on childbearing which often result to psychological challenges (the second point to be examined in this chapter) emanating from the perception of infertility evident in the predominantly culturally dominated past generations and more, unfortunately, contemporary African cultures. Thirdly, the Medical/ Economic factors which are obvious in the dilapidating state of most medical facilities and the widespread poverty in the continent resulting in the inability of couples affected with infertility to access better medical services due to their economic statuses will be examined. Finally, the sociological challenges have to do with the social effects of the stigma that often goes with the issue of infertility in most if not all African societies today will also be studied herein. In addition, these four challenges

[86]Osmer, Ibid; 4

will be examined to bring about an understanding of the nature of the challenges confronting infertile couples in Africa, which is in line with an overallgoal of this research work.

3.2 Anthropological/Cultural Challenges Associated with infertility among Couples

The term “Cultural” means connected to or deals with the culture of a particular society or group, i.e. its customs, beliefs, e.t.c; Anthropological, on the other hand, implies “In conjunction with the origin, customs and beliefs of the human race. (Hornby, 2005, 357, 53) [87]. Culture deals with the way in which an individual, a community or a society’s life is defined; the totality of their way of life. For Mokobo Nokaneng, “Culture is about a man’s search for meaning, purpose and redefinition of his relationship with himself, his ancestry, his God, wherever he or she may be and [in] the world”[88]. Culture can be said to be the central concept in anthropology, which denotes man's distinctive quality, thereby setting him apart from all other life forms[89]. Simply defined, culture may be considered the total way of life or the design for living characterizing each human society. It includes a complexly integrated whole, all learned and shared behaviours stemming from themes or values within an emotional matrix or ethos[90]. The Anthropological/Cultural Challenge is so-called because most African cultures have rather become problematic rather than solaces to and in the life of couples who are childless.

While some may try to dismiss anything in relation to culture as unchristian, it must be understood that culture in itself is not negative. However, there are some cultural practices that are not helpful to these people confronted with the challenges caused by infertility. These include the treatment meted on an infertile couple as a result of their inability to “add”

[87] Hornby, Ibid.
[88] MokoboNokaneng Crucial *Issues: The African Paradigm*, Wands beck, South Africa: Reach Publishers,2009, 22
[89] Ibid. 24
[90] Ibid.

to the society biologically. Such treatments or practices found in most African cultures and/or societies further worsens or compound the “problems” of such individuals rather than alleviate the attending pains and or challenges associated with their infertile circumstance, which is uncalled for.

The negative experiences of infertile couples in most African cultural settings are not pleasant to the ear. While couples (most often the woman alone) are made to be “ashamed of themselves” as the result of their “problem” due to the societal stigma resulting from cultural expectations which erode their human dignity. In most cases, the woman is left to suffer alone, which is something viewed that the gods might be punishing her for her misdeeds. This is evident in circumstances where the husband makes his choices which are most detrimental to those of the woman, for example, he remarries or refuses medication while claiming he has no problem as the issue of infertility is mostly associated with the woman and not the man. In a situation where there are no offsprings, the security of such a marriage is not usually guaranteed. This is because procreation is synonymous with marriage among Africans, meaning “No children, no marriage”. Childlessness is regarded as a serious curse on the couple. In most cases, the female is looked upon as the culprit because as stated above, the male spouse can always take another wife to fulfil this purpose of marriage. Due to these and other cultural challenges associated with infertility, childbearing is always a great source of anxiety for the African couple, especially the female spouse[91].

Similarly, in the African context,for instance, infertility is a key factor responsible for the polygamous nature of most families. This is because having grandchildren is the pride of virtually all grandparents as well as most couples’ primary, if not the sole aim of getting married. Because of the cultural emphasis on having many children, and preferably sons, the Hebrews had laws that seem to accommodate polygamy. Like Africans, Jews associated

[91] Jean Masamba and Daisy Nwachukwu, Ibid. 103

marriage with having children, more so that the some Jewish cultural practices overlaps with that of Africans, especially in regards to procreation and fertility, among others.

As a result, barrenness led Jewish men to take a second wife[92]. A woman whose marriage was threatened because of the issue of infertility once explained "Now he is saying in jest, 'I give you three months. If you are not pregnant by then, I'll give you a piece of paper (divorce decree) and send you to your father's house"[93]. In relation to this kind of threat, a mother-in-law said to her daughter-in-law, "If my son had used the dowry (Lobola) he paid to marry you in buying a goat, it would have had 'grandchildren' "[94]. Glaringly, Infertility is one of the causes of unhappiness in most African Christian homes owing to these cultural and allied challenges. In culturally dominated societies in Africa, it is believed that there could be problem responsible for such unhappiness, e.g. that the gods are not favourably disposed towards the individual.

Because of the above, in Africa, it is believed that everything has a cause hence the adage, "*there is no smoke without fire*". In case(s) of infertility in a traditional religious African setting, Nwachukwu stated, "there is often a lingering suspicion that one or both spouses have fallen out of favour with their personal god or the ancestors"[95]. For an instance, in terms of a dispute between a husband and wife regarding the issue of infertility, it is mostly believed that it could be caused by a malevolent spirit who is punishing the woman for her misdeeds to her husband or her lack of love for children she comes across in or around the neighbourhood [96]. When one thing or the other happens to an individual, in a community or society, which is perceived or considered as negative, more often than not the consequences of such things or happenings are tied to or identified with the individual –it is

[92]TokunbohAdeyemo, (2006), Ibid.
[93]Marcia Inhorn (2012), Ibid.
[94] The above is a true life story/ experience that a woman in a suburban town in Abuja Nigeria had with her mother-in-law and was forced to leave her husband and got married to another Man only to start bearing children since then, and her formal Spouse who also remarried had no children by the woman he married.
[95] Ibid.
[96] Jean Masamba ma Mpolo and Daisy Nwachukwu (Edits.), Pastoral Care and Counselling in Africa Today; New York: Peter Lang, 1991, 160

his own problem. While one may receive help in certain circumstances, infertile couples are often left alone to "suffer for their sins". Rosemond puts it this way: "Over the years, the burden of infertility has become more and more of a personal one rather than a shared burden."[97] This is often unlike as well as contradictory to the African cultural values and communal way of life, which values all members of the society as a part of a whole. This kind domination, segregation as well as stigmatization is happening because those who are not directly affected by infertility, sees those who are confronted with the challenge as worthless thereby tend to dominate and discriminate against them.

3.3 Sociological Challenges Associated with Infertility among Couples

The term "Sociological" means in relation to the society and the behaviour of the people (Hornby, 2005, 1399)[98]. The Ubuntu philosophy of the African cultural setting and understanding of life in the society or community in which one lives is to a typical African man and woman what life is all about. Hence, "We are, therefore I am". Little wonder, there is the emphasis on the need to promote the importance of closer affinities among kith and kin in an individual's life as well as the need to have them impute on matters that affect one among many in the community where he or she lives, even on issues such as the choice of a marriage partner, choice of career, etc. As Mokobo Nokaneng puts it, "The African self is predominantly interdependent as well as collective".[99]The irony of the above is that when the very ones who are supposed to make life meaningful, bearable and/or enjoyable in the society, turns out to be the ones that are not only intruding into another's affairs without defining their boundariesresultsin frustrating one's life/ meaningful living either directly or indirectly, which causes more harm than good simply due to the fact that he/ she is infertile.

[97]Rosemond Akpene Hladzi *Couples in search for Children: A study of strategies and Management of Infertility in Contemporary Ghana*. A Thesis submitted to the University of Ghana in partial fulfilment of the requirements for the award of Doctor of Philosophy (PhD) Sociology Degree, July, 2014; 5
[98] Hornby, Ibid; 1399
[99]Nokaneng, Ibid; 20

In view of the above, many African societal opinions regarding infertile couples are rather a problematic than succour to and in the life of its infertile members, hence the sociological as well as psychological challenges confronting childless couples in the African continent.

The communal nature of life and relationships in Africa portends good potentialities, as it is said in common parlance "two (good) heads are better than one", it is meant to and supposed to build up the life and relationship of an individual rather than destroy it. It is rather unfortunate seeing the way and manner in which communal and societal pressures add "insult to injury" for and in the lives of infertile couples. This was encapsulated in the words of Marcia Inhorn(2012:240) when she accounted that in Egypt this pressure to achieve parenthood involves the achievement of normal sexual and gender identity as proof of that which makes men and women[100]. In many African societies, for women, bearing children represents the most important confirmation of a woman's femaleness-of having reproductive parts and processes that allow her to gestate a foetus and give birth to a child. Women, who by virtue of their infertility are unable to become pregnant, are often called "males" to signify their questionable sexual identity.[101]

Furthering the above argument, Inhorn opined that only by becoming a mother can a woman prove her gender identity as a woman. In Egypt, motherhood is seen as "completing" a woman, for only through motherhood can a woman express her natural maternal instinct, thus, women who are "deprived" of their own children are seen as "incomplete", as "less than" other women, for they are unable to experience those maternal feelings that make other women whole and normal[102]. For men, these sexual and gender identity issues are equally, if not more important. As with women, proof of a man's sexual identity, or maleness, hinges upon the demonstration of his ability to impregnate his wife. Men whose wives remain

[100]Inhorn, Ibid; 240
[101] Ibid.
[102] Ibid; 240

barren are suspected of being impotent-of being “no good for women” by virtue of unmanly sexual organs that fail to function properly[103].

The above scenario can be said to be a tip of the iceberg when compared to situations where name-calling is not enough but some men resort to wife battery and forcefully evicting of them (wives) or even cheating on them as a way of telling them that they are not good enough to be their wives as well as signalling to them that they are about to or will soon be divorced and replaced by “good” or “better” women. Should such “rivals” eventually become pregnant in the process of these men’s humiliation of their legally married wives, the society “vindicates” them of such ill-treatment that they meted on their wives.

More so, in some cultures such as that of the *Gade* and the Igbo in Nigeria, a lady has to be pregnant for a man before the marriage union takes place to serve as a proof that she is fertile, her inability to take in is automatically interpreted as being infertile and going ahead with the marriage will mean marrying a fellow man in the name of a wife thereby rendering the man’s lineage dead or unproductive at the onset. Unfortunately, like their unbelieving[104] counterparts, most believers are involved in such practices and engage in mounting social scrutiny on their fellow members within the community in which they live.

While quoting the demographer John Weeks in his discussion on Muslim pronatalism in Egypt and elsewhere, Inhorn in her research work explained how the Egyptian society further compounds the problem as well as excruciating the pains of the barren men and women, when she highlighted the facts that the underlying of these reasons (to have children) is perhaps the most important motivation of all- the desire for social approval. When a community believes that parenthood is important, it rewards parents with its more precious commodity-the approval of others. Equally important is the threat of rejection if we

[103] Ibid.
[104] The term believers and unbelievers as used here and elsewhere in this thesis refer to Christians and non-Christians respectively.

fail to meet society's expectations[105]. To ensure that sufficient numbers of children are born, virtually all human groups in Africa have institutionally pronatalist pressure-pressures to marry, the pressure to procreate, so much so that the decision to bear children is often misconstrued as "voluntary". As far as the issue of procreation is concerned, nothing could be further from the reality that typical Africans are socialized from birth to learn the rules of childbearing and believe that they are right, and this is reinforced by everyday life that puts us in contact with the norm-enforcement process.[106]

From the above, it is a glaring fact that in typical contemporary African societies or communities there is a societal problem or mounting pressures on individuals in which they tend to "force" such people to bear children notwithstanding their health or any other factor hindering them from giving birth to children. Failure to bear children, is to be a failure at all and to be put in the society's "black book" or to be counted or regarded to be "incomplete" by the very community or society in which one was born or that raised them, simply owing to the fact that they are not able to meet up with their societal expectation(s). In essence, members of the same society label some of their selected fellows negatively (due to their infertile status) for a reason chosen by them due to the societal chauvinistic "standard" or yardstick and/or definition(s).

3.4 Psychological Problems Associated with Infertility among Couples

The term "Psychological" means "belonging to or relating to the relationship between physical Stimuli and mental events"(VanderBos,2011,492)[107].Due to the problem of infertility, oftentimes couples go through or experience feelings of depression and helplessness as well, which is either in the open or in secret as a result of their sterile state. In a certain research on 108 childless African couples who were experiencing long-terminfertility, it was

[105]Inhorn, Ibid; 242
[106] Ibid.
[107]Vanderbos, Ibid;492

discovered that these groups of women experienced low self-esteem and well-being than other women in general with no similar distinction between infertile men and women in general.[108] This is because,in Africa, failure to bear children renders the woman "useless." In the West,however, that is not often the case. The focus in the Western world on the psychological consequences of infertility could simply be due to the fact that the prevailing cultural and economic circumstances of these countries make infertility a personal rather than a societal problem, while that is not the case in Africa, on the contrary, reproduction in Western societies is more of a self-chosen goal. This, therefore, makes studies on the psychological effects of infertility more relevant within the African context because there tends to be more psychological duress resulting from the inability to bear children[109]in view of societal emphasis and expectations on couples to have children.

It must be noted also that infertility is not a static state which can be limited to a number of tests or a number of years of trying, it should be seen as a dynamic state of being: "it characteristically unfolds to a couple in a gradual fashion, over a period of time. It progresses from small doubts to concern, to deep concern and the intensification of the search for the cause of the problem. The labyrinth of infertility may take years to negotiate, or it may be a matter of few simple tests." The story/ experience of Judith, a woman who was psychologically "tormented" by the challenge of infertility perhaps best explains the forgone fact:

> Summer came and went, and so did a few more summer, but I wasn't too worried. I began working with an infertility specialist, and with that, the relationshipcame pills, surgery, sex by appointment, and an ever-increasing anxiety and depression. All along the way, my husband and I made rules for ourselves that we would soon break. We would take my temperature and have sex ordered by the thermometer, but I certainly wasn't going to mess with my hormones by taking pills. No success.

[108]Rosemond, Ibid. 115
[109] Friday, 220;Ibid

> Probably nothing would be wrong with taking a few pills, but I certainly wasn't going to have Surgery. This went on and on until I had done everything there was to do. Suddenly...I realized that I was 41 years old and was no closer to having a child than six years earlier. I slowly saw that I had to accept the truth: we were one of the 17 percents of all couples who have infertility problems. We were shocked. My husband and I had been accustomed to getting what we wanted. Always willing to work hard, we never had to make apologies for our accomplishments. We were so shocked that for some time, we could say little more than, I can't believe it, now what do we do? I don't know" (Judith, 2009: 53).[110]

While discussing the problem and emotional stages involved in Infertility Crisis, Cooper who experienced infertility herself, amplified the above line of reasoning when she stated that the many losses experienced by infertile couples are similar to the grief and loss stages. This according to her is because as the couples navigate through the stages, there are profound effects on the marital system, such as intense conflict, sexual difficulties, and constricted communication, other issues such as gender differences are accentuated under the stress of infertility. She furthered that most find it at least as stressful as divorce or death of a close family member. The crisis according to Cooper is severe and enduring and may persist for years and many will be equally distressed by an inability to have a second or third Child as others are by an inability to have their first, as a result, families are torn apart as rivalries and jealousies fester[111]. Hence, unhappiness ensues.

The key issue among many others that often leads to psychological challenges confronting infertile couples is the misconception, misunderstanding and/or misinterpretation of their surrounding circumstances and the remote causes of their dilemma, which is often accompanied with provocations/derogations by people around. As in the case of Hannah where Peninah kept taunting her notwithstanding the Psychological and emotional trauma, she was going through owing to the fact that God had closed her womb (1 Sam. 1:5-8),

[110]Judith S. Lee. By All Means: *The Crisis of Infertility and the Path of Adoption* (The Atlas Serials, New York), 2009,53
[111] Cooper, Ibid; ix

According to Hugh, "Hannah's antagonistic rival torments her with vicious barbs and taunts…. Hannah is caught up in the midst of 'Baby mama drama' ". This was perhaps what Cooper meant when she stated succinctly "Infertility, which affects one in six couples- over ten million people- is at once a psychological and social problem." While in some rare cases the blame is laid on the husband as being unable to father a child, in most cases, particularly in the traditional African context, more often than not, the blames are heaped on the woman for being 'infertile', a witch, or accursed resulting from her inability to conceive let alone bearing children and is in most cases stripped of her human dignity. This was highlighted by Inhorn when she explained:

> Children "complete" Egyptian women in other ways as well- as full females and as full women, the two being only partially conterminous. Namely, a woman without children feels as is viewed as, less than a normal female – a "pseudo-male" who is more masculine than feminine by virtue of her uncooperative reproductive organs. In addition to her ambiguous sexual identity, the infertile woman's gender identity is marred, for without claims to motherhood she can never be viewed as a complete woman, who has fulfilled her God-given adult role in life. Thus infertility is a serious blemish in a couple's social identity… a failure of a woman to achieve "norms of being" widely held among pronatalist Egyptian populace (Inhorn, 2008, 10)[112]

Furthering the above argument, Inhorn went on to state that "Children are a source of power that infertile women cannot claim and this serves to devalue them significantly in many cases. Infertility can tarnish so seriously Egyptian women's social identity intimate relationship and quality of life" (Inhorn, 2008, 10)[113]. Explaining the above fact in the light of 1 Samuel chapter one, Hugh highlighted that "One should note that in instances of infertility in the Old Testament the onus is usually on the woman: concerns regarding conception are never attributed to the husband's physical problems…. Hannah clearly bears the brunt of the issue".[114]

[112]Inhorn, Ibid; 10
[113] Ibid; 2
[114]Hugh, 18

To add salt to injury, some women have lost their Husbands to 'Fertile' women who have borne children to their Men signalling that the faults are entirely theirs, leaving them with unbearable pains meted by their Husbands, extended families as well as rivals. Marcia Inhorn furthered this argument when she said that:

> In a society where the patriarchal fertility mandate is emphatic, the social and Psychological consequences of "missing motherhood- of being a woman unable to deliver a Child for her husband, family, affiances, community, faith, nation may be accompanied inter by alia, emotional duress, self-doubt and alienation, ostracism and harassment by kin and neighbours, the twin threats of polygamous remarriage or divorce on the part of Husbands, and in some marriages violence of an emotional and physical nature (Inhorn, 2008,10)[115] .

Furthermore, as noted earlier on in the introduction to chapter one, infertility has a spreading effect; hence, it affects all the relationships of the couple- from nuclear to extended family, couples' social, amongst other settings. Infertility is an existential experience that is not only confined to the physical or psychological dimensions of a humanbeing but involves the total sphere of a person's life. In other words, it has a seismic effect as far as it reverberates through all the relationships of the individual and the couple. Sometimes it causes alienation between the person and him or herself, between the partners involved in infertility, between the couple and people around them, between the couple and their world of experience and alienation from God. Infertility is comprehensive as the physical cause affects all relationships; the couple at times views themselves as barren, empty and meaningless persons, i.e. in terms of their relationship to the world rather than in terms of their relationship with God.[116]

The societal value placed on prolific childbearing in most, if not all, African societies' results from the fact that, children are highly valued for different reasons which includetheir

[115]Inhorn, Ibid 1
[116]Inhorn, Ibid; 110

economic, religious and personal benefits. Reproduction is therefore largely a social obligation due to the nuclear as well as the extended family and the community at large. As such, the inability to fulfil this societal obligation comes along with varying societal consequences. In these societies, the women folks, in particular, withstand the worst pressures relating to infertility as stated earlier on in chapter two. More so, infertile couples are ostracized and often experience stigmatization from other society members[117]. The experience of an infertile woman in such a context is further buttressed by Mbiti when he says: "Unhappy is the woman who fails to have children for, whatever other qualities she might possess, her failure to bear children is worse than committing genocide: she has become the dead end of human life, not only for the genealogical line but also for herself"(Mbiti, 1990; 10).[118]

From the above, it can be said that more often than not, these discriminatory acts affect them (the couple, particularly, the woman) psychologically. This stigmatization comes in various forms ranging from divorce, abuse, loss of social status, gossip, lack of participation in community activities amongst others. Infertile women experience a lot of verbal abuse from family and community members. They also experience marital insecurity, rejection and a fear of abandonment by their Husbands.

As stated above, infertility leads to stigmatization of women, particularly in many African cultures, and can contribute to poverty as they stand to lose their pride and full adult status if they are infertile and are considered as inferior in status to other women who are fertile and face such societal consequences as outright divorce or polygynous marriage from their Husbands, stigmatization from extended family members and outright ostracism from the community of the so called "fertile" women. [119]This among other things robs them of their God-given sense of human worth/ dignity.

[117]Inhorn, Ibid.
[118]Mbiti, J. S. African Religions and Philosophy. Portsmouth, New Hampshire. Heinemann, 1990;110
[119]Rosemond, Ibid. 118

In relation to the above, most childless women often experience marital instability and its related psychological effects due to scorn and gossip from family and community members. An example of such gossip is "...there is no woman in that house, only two men-since she has no child" (Mbiti, 1990; 10)[120]. Rosemond (2014, 118) referred to Donkor in her study in Ghana who says stigmatization of Ghanaian infertile women is a common social consequence of childlessness in the country. This stigmatization is evidenced in the form of verbal abuse, gossip and quarrels coming from family and societal members. They face a similar fate when they are unable to bear sons and/ or bear as many children as their mother or their mother-in-law; as a result, they are excluded from societal events and ceremonies[121].

In Nigeria, it has been reported that childless women risk expulsion (divorce) from their husband's house and left alone to fend for themselves aside fallen out of "favour" with the nuclear, extended family and the larger community. They also stand the risk of being excluded from inheriting their husband's property and may not be included in decision making within the family and risk not having any financial or social security amongst others[122]. In South Africa, Dyer et al in their study of 30 women seeking treatment for infertility reported that these women experienced psychological suffering, marital instability, stigmatization and abuse from members of their family and the community as a whole[123]. In Tanzania, the Pemba, infertile women risk losing their marriages[124]. These various accounts of stigmatization suffered by women in African countries provide a worrying picture of the situation of infertile women in such societies and suggest the experience of even dire psychological effects because of the intensity of the societal effects being experienced.

[120]Mbiti, 110; Ibid.
[121]Rosemond, Ibid; 119
[122]Rosemond, Ibid; 118
[123] Dyer et'al,13; Ibid
[124]Rosemond, Ibid;119

As the Gbagyi[125] saying goes *"Obo tawo lama sna*" meaning an infertile woman is easily offended or disturbed by slight offences. This is because she can easily connect virtually any slight offence and or treatment perceived to be negatively "meted" on her in connection to her infertile state or condition. This is directly connected to the psychological trauma she experiences as a result of her inability to conceive since her thoughts become psychologically obsessed with this issue, as such her thoughts and actions revolve around it. So also is with her male counterpart as he usually tells himself (especially in an African context or worldview), "So am not a 'real' man"? Such psychological disturbances that couples become confronted with almost on a daily basis often compound their entire problem of infertility.

A typical African woman has an inner longing to fulfil her feminine "duty" of bearing children for her husband and if for any reason, she is unable to do so, lives her whole life worrying about her perceived failure to do "what she is meant to do". As a result this, the accompanying stress of this "failure" or non-fulfilment for a child has often been associated with some emotional squeal which includes anger, depression, anxiety, marital problems and feelings of worthlessness among such women[126]. Generally speaking, among infertile couples, the women folks often show higher levels of distress than their male partners do. Additionally, distress, as observed by Kumar *et al*, can be said to be associated with lower pregnancy rates among women pursuing fertility treatment. Since psychological factors play an important role in the pathogenesis of infertility which has cultural and social impacts[127]

The increasing participation ininfertility treatment has raised awareness and inspired investigation into the psychological ramifications of infertility. Consideration has been given to the association between psychiatric illness and infertility. Researchers have also looked

[125]Gbagyi is a language spoken in Nigeria, West Africa, and the Gbagyi speaking people of Nigeria are part of the family of the "Nge" tribes of the Niger Congo, they are found in five states located in the Middle belt of the Federal Republic of Nigeria.
[126]Rosemond, Ibid; 118
[127]Prasanta Kumar et al. The psychological impact of infertility: The Journal of Reproductive Medicine, Winter, 2013,113

into the psychological impact of infertility per se and of the prolonged exposure to intrusive infertility treatments on mood and well-being. There is less information about effective psychiatric treatments for the infertile population; however, there is some data to support the use of psychotherapeutic interventions. Infertility has a psychological effect on the couple because parenthood is one of the dominant transitions in the adult life for both the men and the women respectively[128]. The stress of the non-fulfilment of a wish for a child has been associated with emotional squeal such as anger, depression, anxiety, marital problems and feelings of worthlessness as stated above. As a result, partners/ couples may become more anxious to conceive, ironically increasing sexual dysfunction and social isolation. Marital discord often develops in infertile couples, especially when they are under pressure to make medical decisions. Couples often experience stigma, sense of loss, and diminished self-esteem because of their infertility.[129]

It is important to stress here as it relates to the psychological effects of infertility among couples that as stated earlier on, women show higher levels of distress than their male partners do. However, men's responses to infertility closely approximate the intensity of women's responses whenever the infertility is attributed to a malefactor. Because of the above, both men and women experience a sense of loss of identity and have pronounced feelings of defectiveness and incompetence. Women trying to conceive often experience clinical depression rates that are similar to women who have heart disease or cancer. Even those couples who are undertaking IVF (in-vitro fertilisation) often face considerable stress due to the uncertainty of its success, among others. Most often, emotional stress and marital difficulties are greater in couples where infertility lies with the man (perhaps due to the sense of pride in the male partners in African settings. Therefore, the psychological impact and or

[128]Prasanta, 113-114; Ibid.
[129]Prasanta, Ibid; 113-114

consequences of infertility can be devastating to the infertile persons and to their partners[130] as well as to their extended families and social settings.

According to a study that was done in Sweden by Prasanta et al, there were three different factors that were contributing to the psychological challenge/stress men and women go through due to their infertility. Those three factors for the women were: “Having Children is a Major Focus of Life", "The Female Role and Social Pressure", "Effect on Sexual Life. The men, on the other hand, reversed the first and the second factors. The third factor, however, was equally significant to both the men and women. In the study, it was also shown that the women experienced the psychological and other challenges associated with infertility more strongly than the men did as indicated by virtually all studies cited earlier. Again as in most research works, the women also showed more anxiety or intense desire to have babies than their male counterparts did.[131]Although all of them (Men and Women alike) have interest or desire in bearing children.

In relation to the above, some of the behaviours of the couple due to infertility mainly include the following: stress; depression and anxiety. These three have more often been described as the common consequences of infertility. In this and a number of studies, it has been found that the incidence of depression in infertile couples presenting for infertility treatment is significantly higher than in fertile controls, with prevalence estimates of major depression cases in the range of 15 to 54 per cent[132]. Similarly, anxiety has also been indicated as significantly higher in infertile couples when compared to the general populace, with 8 to 28 per cent of infertile couples reporting clinically significant rates of anxiety. In the same research by Prasanta et al, a study of 58 women reported a two-fold increase in risk of infertility among women who had a history of depressive symptoms; however, they were

[130]Prasanta ,Ibid;114
[131]Ibid.
[132] Ibid.

unable to control for other factors that may also influence fertility, some of these factors include cigarette smoking, alcohol use, decreased libido and body mass index. [133]

It is important to stress that psychological factors can also affect the reproductive capacity of individuals in search for children**.** Although infertility has an effect on a couple's mental health, different psychological factors have been shown to affect the reproductive ability of both partners. The researchers proposed that the mechanisms through which experiences of depression could directly affect infertility involve the physiology of the depressed state such as the elevated prolactin levels. Again in a study of 10 depressed and 13 normal women,Prasanta et al suggest that depression is related to abnormal regulation of luteinizing hormone, a hormone that is responsible for regulating ovulation. More so, changes in the immune function associated with stress and depression may adversely affect reproductive functions and or capacity/ ability. However further or more studies are needed to distinguish the direct effects of depression or anxiety from associated behaviours (e.g., low libido, smoking, alcohol use, among others) that may interfere with reproductive successes. Since stress is also associated with similar physiological changes and challenges, this raises the possibility that a history of high levels of cumulative stress associated with recurrent depression or anxiety may also be a causative factor. [134]

While many couples presenting for infertility treatment have high levels of psychological distress associated with the challenges caused by infertility, it has come to bear that the process of assisted reproduction itself is also associated with increased levels of anxiety, depression and stress as cited earlier on. Worthy of note is the fact that a growing number of research studies have examined the impact of infertility treatment at different stages, with most of them focusing on the impact of failed IVF trials on couples concerned. Some comparisons between women undergoing repeated IVF cycles and first-time participants have suggested that ongoing treatment may lead to an increase in depressive symptoms in

[133]Prasanta ,Ibid; 113
[134] Ibid.

couples[135]. The data, however, is however still controversial since other studies have found minimal psychological disturbance induced by the infertility treatment process or lack of successes of IVF procedure. In the light of the discrepancy in results stated above, there has been an increaseof interests in the factors that contribute to dropping out from infertility treatment since this population is often not included or declined to participate in studies. Whereas high cost relating to the economic challenges andthe outright refusal of physicians to continue treatment have been cited as reasons for discontinuing some treatments, Prasanta et al'sresearch x-rayed above, suggests that a significant number of dropouts are due to psychological factors associated with assisted reproductive technology,for example,high cost and/or failure to achieve pregnancies after some consecutive or repeated attempts.[136] Because of the foregone and related issues, Couples become psychologically disturbed because the society dominates and sideline them for not being able to produce children thereby lacking any vital contribution biologically to the community or human society.

3.5 Medical/Economical Challenges Associated with Infertility among Couples

The term "Medical" is "Connected with illness and injury and their treatment". The word "Economical on the other hand refers to "Providing good service or value..." (Hornby, 2005, 916, 465)[137].More often than not, either infertile couples in Africa in their search for fertility treatment are confronted with realities such as the unavailability of such treatment facilities or inability to access treatment due to poverty or economic challenges as the cases are in many African countries. These facts were alluded to by Vahakangas in her narratives on the perception of infertility in two Christian communities in Machame on the slopes of

[135]Prasanta Ibid. 114
[136] Ibid. 113
[137]Hornby, Ibid.

Kilimanjaro, when she said that the fact that Western fertility cures are often unavailable further complicates the life of couples, hence the medical/ economic challenges often faced by childless couples[138].

According to her, because of this, many infertile women would remain infertile for the rest of their lives. She went on to lament that it is rather unfortunate that infertility is not a primary concern for national health policy. The main interest of the health policy in Tanzania is limiting family and teaching family planning, without any corresponding attention or help for those who have problems bearing children even though children are highly regarded in that culture[139].

As stated in the above paragraph, the cost of accessing advanced reproductive technologies (ARTs) has proven to be a bane for many people the world over, particularly in the African continent as a result of poverty. In the United States, for instance, Rosemond while quoting, reports that, insurance coverage for ARTs exists in only fourteen of the fifty states that make up the country, for that matter, many American couples who wish to utilize the service have to spend an average of $12,400 per IVF cycle as of 2003.This according to her is prohibitive and has resulted in very few numbers (1 per cent) resorting to infertility treatment through this (IVF) means. In addition to the elements of cost in the United States, issues of the race also affect access to fertility treatment via ARTs. Groups of marginalized populations become disadvantaged both in terms of the fact that they are low-income earners and also belong to a different race.[140]It is also important to stress that there are some African traditional believers who do not believe in medical examinations and procedure, and such people are protected by the bill of rights which respects their choices. It is therefore the responsibility of pastoral care givers to convince such people with the aid of practical examples, among other ways and or arguments, also, referral to other counsellors and or psychologists can also be helpful here.

[138]Vahakangas, Ibid; 1
[139] Ibid; 1-2
[140]Rosemond, Ibid;47

In Britain as well, there are reports of a similar disadvantage experienced by low income earning British people as well as South Asians hoping to receive infertility care via ARTs as in the case of low-income Black Americans above. Furthermore, Rosemond noted that some evidence also exists in studies carried out in Europe on the experiences of other races with respect to infertility care. In Sweden, as contrasted to the cases in Britain and America, there is not any significant difference between accesses to ARTs by foreign-born women in Sweden as opposed to Swedish-born women as all women were covered by the national health insurance system for their first three cycles of IVF. However, Rosemond while analysing the data provided by Yebei, shows that the former's study of Ghanaian women in the Netherlands found that these women had a lower access to infertility treatment via ARTs as compared to the indigenes mainly because of poor insurance coverage, low socio-economic status and language barriers. This is because, as alluded to previously, national health insurance rarely covers infertility treatment. With the exception of South Africa, assisted reproductive technologies are rarely provided in the public health sector in Africa. ARTs are offered in most instances, only in private clinics and are thus very costly.[141]

In an international survey of 25 countries (Rosemond, 2014:52-53), it was discovered that the mean cost of just a single IVF procedure ranged from $1300 in Iran to $6400 in Hong Kong. This cost was found to be more than half of an average individual's annual income in each of these countries. Similarly, Inhorn reports that, in Egypt, as of 1997 when the annual per capita GNP was about $790, a single trial of IVF could cost more than $3000, an amount that is more than twice the annual income of the average Egyptian. In Nigeria as well, Giwa-Osagie reports that the average cost of one cycle of IVF is between $2000 and $2700- a figure, which is much more than the minimum wage of $52-$60 a month. Donkor and Sandall also estimate the cost of one IVF procedure in Ghana to be the equivalent of a nurse's salary over a period of one and a half years.[142]

[141]Ibid; 52
[142] Ibid 52-53

According to Rosemond, the comparison between the costs of accessing ARTs with the various national income levels of average citizens within the countries in question is very important as it gives an insight into the economic realities/challenges that confront infertile couples globally[143]. The issue of high costs of treatment via ARTs is exacerbated by the low success rates of procedures across regions. Success rates of ARTs are estimated at 27% in the United States and around 20% in Latin America. According to Giwa-Osagie, the success rate of IVF procedures within the Sub-Saharan Africa region is estimated at between 5% and 15%. This, therefore, leads to a situation of repeated IVF procedures making it all the more difficult for the average citizen to be able to afford it. Repeated IVF procedures also bring mixed feelings of hope followed by despair when success is not achieved after every trial[144]. Becker refers to this scenario as the pursuit of the elusive embryo (Becker, 2006, 883)[145].

While lamenting on the cost of medical treatment and its allied challenges, Lee stated that fertility treatments cost money and that it is very unfortunate that health insurance often does not cover these treatments even though most of these policies include family planning. In line with the high cost of infertility treatment, she highlighted that this is most often true of IVF techniques as well, which according to her can cost $5,000 to $10,000 per attempt, with a 20% success rate.)"[146]. In the light of Lee's lamentation, poverty is one of the realities of life in Africa due to factors such as poor leadership, corruption, wars and the HIV pandemic, among others. In circumstances such as these, many couples cannot afford IVF treatment and if they are able to do so once without success, affording money for continuous attempts is often a problem.

The above argument was captured in different scenarios by Inhorn while narrating some true life stories about some Egyptian women and their experiences of poverty and infertility. Example of these women as narrated by InhornisFayza and Aida. Fayza, who's only hope of

[143]Rosemond, Ibid; 53
[144]Ibid; 53-54
[145]Becker, G., Castillo, M., Jackson, R. &Nachtigall, R.D. Infertility among low-income Latinos. Fertility and Sterility,2006;85, 882-887
[146]Judith S. Lee *BY ALL MEANS: The Crisis of Infertility and the Path of Adoption ,2001, 141*

conception according to the doctors was through IVF, a procedure that would cost more money than she could afford at the present and her previous treatments were mostly funded by the monies she realizes from pawning her precious jewellery or gold wedding bands in a bid to support her fertility treatment.[147]Further, the story of Aida revealed that after several failed attempts of Artificial Insemination by Husband (AIH), the physicians recommended IVF; they prescribed to her a medication costing $ 300 which she had to finance all by herself as the husband seemingly does not care, she lamented: "I will try to get this medicine, one way or another, last month's salary, I didn't touch it. And am going to sell my wedding ring…. And my sister will give me some money, too, if it's going to be used for in vitro fertilization. I will do it, but I'm not going to tell Samir that, because if he wanted a child from me, he would get the money anywhere".[148]

It is glaring from Aida's narration of her frustrations above due to economic or financial challenge, that the marital relationship is threatened with lack of mutual understanding and support. At the end of the story, Samir married another wife who had a child for him and he later on divorced Aida following the insistence of her parents that she seeks a divorce due to ill-treatment by her husband who went to the extent of throwing some of his new son's baby clothes on Aida's face while saying contemptuously "I have the child now that you couldn't give me".[149] Such stories abound in many African cultures and settings owing to the challenge caused by poverty/poor state of most African economies as well as poor infrastructures in government hospitals among other cultural factors and/or practices.

In view of the above challenges brought about by infertility among couples, the question that readily comes to mind is the fact that how does a pastoral care intervenes seeing that more than anything, such couples need to be pastorally cared for. This will be highlighted in chapter five.

[147]Inhorn, Ibid. 55
[148]Ibid; 90
[149] Ibid.

3.5.1 A Medical understanding of infertility among couples in Africa

The need for understanding the challenge of infertility among couples in the light of other fields such as medicine cannot be overemphasised. While expounding on the Cross-disciplinary dialogue, Osmer explains “The conversation between theology and other fields forms part of all practical theological interpretation”[150]. While there are other fields of study that relates to and expatiates on the issue of infertility, medicine is one field that cannot be overlooked as it forms the very core of the issue of infertility. As a result, a pastoral caregiver who will attain to the issue of infertility or pastorally assist couples facing such challenges needs to understand the medical aspect relating to the issue of infertility among couples.

Byinvestigatingthe challenge of infertility medically, the pastoral caregiver or the investigator may at the end of the day discover that a couple may have more than one problem causing failure to achieve pregnancy. It is therefore of utmost importance to advice that both partners are completely evaluated medically in a bid to ascertain the problem (s) or evaluate their medical conditions to enable the physician to find out the remote cause or causes of their problem(s) so that he/she can find an appropriate management plan for their individual as well as collective conditions.

The above needs to be done because as noted earlier on in this chapter while talking about the causes of infertility among couples, it is very important to know that the issue of infertility is a problem which affects the duo (apart from the individual physical or medical condition) and not specifically a male or emphatically a female problem as it is mostly seen, referred to or understood in most typical African settings due to beliefs long held down generations. It is therefore important that the couple undergo a medicalevaluation to ascertain what the problem is and how to go about it.

[150]Osmer, 173, Ibid.

3.5.2 Medical Evaluation and Treatment for the Male Couple

As noted earlier on, the male sexual reproductive system is not as complex as that of his female counterpart, therefore, the male fertility evaluation is done majorly by means of semen analysis. Simply, a semen sample is produced into a dry and clean container after a set period of abstinence, say 2-3 days. The specimen is then examined under a microscope and analysed. As part of the analysis, the physical appearance such as the volume, colour, viscosity and ph (acidity) is examined. In addition, a drop is examined to ascertain the presence of spermatozoa as well as the motility and number present therein. After the estimation, depending on the number of sperm, a dilution is made and the sperm counted with the aid of a device called haemocytometer. This is done when a smear for the morphological sample is made, air dried, stained and it is counted at a later stage[151] to attain a good result

While most medical practitioners would prefer that before the above is done, at the beginning of the consultation, a comprehensive medical history is recorded before any medical examination is done.[152] In attempting to get the record of the medical history correct, the patient is required particularly for those factors that could possibly have had an influence on his fertility. He is also asked about the time of onset of puberty (so long as he can remember), his sexual development and any disease(s) or operation(s) he might have had. Of equal importance is the detailed family history of the fertility rate (number in the family tree) of the patient's family line is obtained. More so, a written record is made of the number of children in the person's family and the number of children of his married brothers and sisters. An inquiry about intermarriage(s) within the person's family is also important at this juncture. To further this evaluation, a comprehensive systematic medical examination is done on the patient and special attention is devoted to the Reproductive Organs. Other

[151] Slabber et'al Continuing Medical Education, 2, 1994.
[152] For the details of this examination, see Mehl, R. *Society and* Love*:* Ethicalproblems *of family life*. The Westminster Press; Philadelphia, 1991.

analysis includes taking the blood and urine samples in a bid to ascertain certain aspects after which a more specialized consultation is done.[153]

In the consultations following diagnosis, relevant medications or surgeries are recommended depending on the diagnosis made. In the case that nothing or no problem is discovered, intercourse may need to be carefully scheduled and possibly increased within the ovulation period of the female counterpart, however, if there is morphological, motility, and quantity problems, (e.g. Oligospermia) based on physicians' recommendations, some couples choose artificial insemination by husband (AIH). In AIH, the first part of the ejaculation is either placed at the opening of the uterus, or the sperm is washed and the swim-up process, an amount is placed deeper into the uterine cavity during the woman's fertile period. On the other hand, complete lack of sperm (Azoospermia) may indicate either no sperm production or blockage. In the latter case solution can sometimes be achieved through surgery but for the absence of production, the patient can be placed on special diets that can boost sperm production and in such cases, couples sometimes choose artificial insemination by donor (AID) to alleviate their problem.[154]

Furthermore, in instances where the male couple refuses to undergo semen analysis, pastoral carers can counsel such a partner to see the need to participate in such medical exercise. However, depending on the decision of the physician, some choose to continue with the wife's case(especially in cases where infertility lies with her). This is because continuing with the woman when the problem lies with the man is a waste of time, energy and resources among others, so also is continuing with the husband where the wife discontinues her diagnosis (although this is very rare as women are mostly found to be more committed to diagnostic procedures whether the problem lies with them or not) is as well tantamount to time wasting. In either case, refusal to participate or sudden lack of interest in continuing with a diagnosis may indicate a serious lack of commitment on the part of a party

[153] Details of this examination are described by Menkveld in his work Spermatogenesis and semen parameters, University of Stellenbosch, 1997.
[154]Menkveld, Ibid 105.

and should be suspected as a symptom of a breakdown in the marriage relationship due to the infertility problem. This is where pastoral care and counselling must come into play because sensitive counselling intervention is required at this point more than anything, not even medications are.

3.5.3 Medical Evaluation and Treatment for the Female Couple

In the words of Daniel Louw, "Today medicine enjoys a very high status in Western society. Its practice is no longer based on empiricism and superstition, but advanced knowledge of the structure and function of the human body"[155]. Cooper pointed out from a physician's perspective that "Working with infertile couple involve been familiar with medical as well as psychological issues…the male and female biology, problems that may be related to an individual's biology"[156] (Cooper, 1996 ix-x). In that regards and as pointed out earlier on, naturally speaking, the female reproductive system is more complex than that of her male counterpart, so also is the nature of her fertility problems. Unlike the case of the male fertility where virtually all tests are centred on semen analysis, that of the female has to do with her basal body temperature, post-coital examination, fallopian tube tests, among other myriads of tests and procedures.

It is of foremost importance to state categorically clear that ovulation is key to female fertility as well as her infertility. This is becausephysicians usually test for ovulation by means of indirect tests. A simple method to determine whether a woman is ovulating or not is to have her keep her basal body temperature chart, a precise recording of her temperature immediately after waking up each morning. If her ovary is functioning normally, the temperature of her body will be low the morning before ovulation. After ovulation, however, when the ovary produces progesterone, the basal temperature rises and remains elevated for about 12-14 days preceding her ovulation period.[157] This ovulation test is done by the

[155] Daniel Louw, Ibid;36
[156] Beth Cooper, Ibid;ix-x
[157]Menkveld, Ibid. 105.

woman in the comfort of her home and can begin while the couple awaits the first appointment by the doctor/ physician or lab scientist as the case may be.

It is, however, a different case completely if the woman does not menstruate regularly since irregular menstruation is mostly as a result of a disease and or stress or if the quality of the mucus she produces is poor, in such a situation, additional examinations are required than just the ones mentioned earlier on above. The tests required include evaluating the woman's endocrine function, looking for abnormalities of the tubes and or uterus; others include testing for immunological infertility or examining the cervix in case of any inflammation due to cervical cancer or other cause(s). The disorders of the ovary range from inability to ovulate to failure to produce sufficient hormones. Biologically, the nervous system and the pituitary gland control the entire ovulatory process; the ovary, in turn, regulates the pituitary gland production of hormones and, to a certain degree, the nervous system by producing sex hormones i.e. the estrogen and progesterone.[158]

In determining the basal body temperature, the basal temperature thermometer can be used, more so, it is inexpensive and simple to use but requires only patience and commitment because every morning immediately after waking up, preferably at the same time each day before any activity, the woman is expected to take her temperature and chart or plot it on a graph. A normal chart for a month during which ovulation took place is characterized by a biphasic or two-phase graph. By implication, the graph shifts from a low point to a higher plane thereby indicating that ovulation actually took place. If however there is no any difference between the first and the second half of the month, the chart is said to be mono-phased, indicating the probability of a zero or no ovulation during that period of time.[159]

In the case of a doubled phased or bi-phasic curve where the basal body temperature of the last 12-15 days of the cycle demonstrates, a sustained raise higher than those of the first half of the cycle is almost certain evidence of ovulation. The rise or change in temperature is

[158] Menkveld,Ibid; 105.
[159] Ibid. 105-106.

a thermal response to progesterone production. As it is, there is no consensus as to the timing of the actual occurrence of ovulation. Because of progesterone production by the follicle which usually increases prior to ovulation, it seems likely that the thermal shift bears a variable relationship to ovulation. The basal body temperatures are also of assistance for diagnosing anovulatory bleeding and in cases of an inadequate luteal phase, when the normal pattern is not observed.[160] It is very important to state unequivocally that the charts are not able to pinpoint the exact time of ovulation and can therefore not be used to time intercourse, they simply show whether ovulation actually occurred and the approximate time of occurrence as earlier stated above.

It is noteworthy that because of some imbalances which usually result in a definite and sharp rise in temperature, but this does not always come at ovulation time alone as a delay in hormonal response can delay the temperature rise. On a general note, a physician must interpret the charts to differentiate individual variation from diagnostically significant data. One way of detecting ovulation is through the study of the hormones present in the blood and endometrial biopsy is another way. This the physician can do by removing a sample of tissue from the uterine lining a few days before the onset of the menstrual cycle. When examined under the microscope, the appearance of the tissue will indicate the presence or absence of progesterone, which is usually secreted by the ovary immediately following ovulation.[161]

As hinted earlier on in conjunction with the medical evaluation and treatment of the male couple, in order to conceive, a couple should have intercourse around the time of ovulation, which is usually between the 12th and the 16th day of the menstrual circle. There are however variations in this regard, for an instance, a woman with a 28-day cycle normally ovulates 14 days before the onset of the next menstrual period. On the other hand, if a woman has a 3-5 day circle, she usually ovulates 21 days following her last period. In the

[160]Menkveld, Ibid.105.
[161]Ibid. 106.

case where ovulation is inconsistent, it can be regulated with a drug like Clomid[162] and can be ascertained with the help of a recently made device by the name *Predict*. If, however, some signs indicate that ovulation is not taking place at all, further tests can be done to reveal the reason(s) behind it. If it happens to be a thyroid deficiency, it can be easily corrected and if the Ovaries are not producing eggs, a fertility drug may be used to correct it.[163]

The importance of the interaction between the sperm and the cervix in relation to pregnancy cannot be overemphasized; such interaction is determined by means of post-coital examination. Under normal circumstances, the vagina is a hostile territory for the sperm; as a result, it must escape it by moving through the cervix into the uterus or womb. Through the post-coital test, it is determined whether the sperm has been able to migrate through the cervical channel into the uterus. The post-coital test is performed 1-2 days prior to the ovulation period. This test can evaluate the formation of good cervical mucus with adequate androgenisation of the mucus, namely ferning of the mucus, which increases elasticity. For a good result in carrying out the postcoital test, a woman is advised to have intercourse and within 2-10 hours after the intercourse report to her physician where a sample of her cervical mucus is obtained. The sample is examined microscopically in an attempt to determine whether sperm are present and alive, this test is usually done with such urgency because then the cervical mucus is still watery and thin.[164]

A good result for the post-coital test will show a minimum of 10-20 actively motile sperm moving forward. With a proper timing of the test, the number of active sperm found in the mucus 10-16 hours after coitus may be correlated with the occurrence of the pregnancy. At least ten or more active sperm per microscopic high power field is an evidence of adequate insemination, less than five active sperm on the hand is considered a poor post-coital test

[162]Ibid.
[163] Ibid.106
[164]Ibid. 108

result.[165] Even though the post-coital test may show a good relationship between the semen and the cervical mucus, still a semen analysis is necessary for a thorough analysis of the male couple so as to certify that the semen is in perfect condition as regards to active motility. In a situation where a post-coital test finds few or more inactive sperm from a man with a normal sperm count, it may indicate an inflammation or infection of the cervix which is killing the sperm. This medical condition can be treated by cauterization of the cervix and pregnancy can also be attained through artificial insemination where the husband's sperm is placed beyond the cervix of his female counterpart[166] (This kind of insemination is known as artificial insemination by husband (AIH)) as contrasted to the one in which the sperm placed in the woman's cervix is that of a donor (artificial insemination by donor (AID)),this is done when the husband's sperm has a high mortality rate or inactive at all due to medical or a combination of other factors e.g. excessive alcoholism.

The post-coital test cited above is important because it may be able to reveal some immunological factors, which may in the first place be responsible for the entire problem of infertility. This is because whenever the above test is carried out, in 10-15 percent of the cases, the female is most likely to develop antibodies to her partner's sperm so that the sperm are immobilized by an antigen-antibody reaction thereby indicating exactly where the problem lays i.e. either it is with the male or female couple. When the sperms are immobilized, it is glaringly a male problem, as stated above; this type of problem can be detected by a post-coital test or by in-vitro techniques measuring sperm movement in the cervical mucus. It has however been verified that the treatment of this problem by Cortisone, Gamete Intra Fallopian Tube Transfer (GIFT), In vitro fertilization (IVF) and Homologous Insemination are controversial, since there is no therapeutic modality proven to be

[165]Menkveld Ibid. 108-109
[166]Menkveld,Ibid.108

unequivocally effective even though some female do conceive spontaneously or after treatment despite the presence of the sperm antibodies in the female.[167]

Another important diagnostic effort worth considering and or taken is the fallopian tube test.This test is important because about 25% of infertility problem in women is as a result of some tubal problem even though there is no single test that can show all tubal functions, the tubal patency and the tube's position in relation to the ovary can be checked thereby help in the process of problem identification as well as suitable solution to the problem. Because fertilization takes place in the fallopian tubes, with the sperm swimming upstream and the egg moving down toward the uterus, more so, because the channel is no larger than a straw, anything that narrows or obstructs it can attempt to or even completely prevent the passage of the egg or sperm, or the two, and thus interfere or stop conception in its entirety. In order to determine the whether the tubes are in condition, there are three important, overlapping but separate tests that are required or important, these include The Rubin test, Hysterosalpingogram and Endoscopy tests respectively. [168]

The Rubin test consists majorly of passing carbon dioxide gas beneath monitored pressure through the tubes. Usually, in a bid to carry out this test successfully, the woman is made to sit up, as the test is being carried out, she will feel pain in one or both of her shoulders which is caused by the carbon dioxide bubbles rising and passing through the tubes as well as pushing against her diaphragm, shoulder pain is actually a good sign, an indication that the tubes are open. However, if there is no shoulder pain, or it occurs after some delay, it could be indicative of some sort of blockage (possible or total blockage). Importantly, there are times when the tubes are merely temporarily closed by a spasm and will easily open when after administering a relaxant or an anaesthetic. As good as the Rubin test is in determining the presence or absence thereof of tubal blockage(s), it is currently hardly used because of it

[167] Ibid.108-109
[168]Menkveld, Ibid; 109

sometimes if not mostly unreliable, as a result, some physicians have replaced it with or prefer by far to use the Hysterosalpingogram.[169]

The second tubal test is called the Hysterosalpingogram test, this test has to do with taking x-ray pictures of the inside of the Uterus and the fallopian tubes. This is done by injecting a special dye into the Uterus and the tubes respectively. The resulting x-ray pictures reveal any abnormality in the shape of the Uterus as well as respective areas of partial or complete tubal blockage. If the dye spills out into the abdominal cavity and is absorbed, it is an indication that the tubes are open. The injection both the gas for the Rubin test earlier described above and the dye for the Hysterosalpingogram can be sufficient to break through a minor tubal blockage; many testimonies have abounded about women who have conceived within a month or two after the duo of Rubin and Hysterosalpinogram tests respectively. [170]

The third test, the Endoscopy test is a method, which enables the physician to see the Uterus, ovaries and tubes. The term Endoscopy refers to an instrument through which a visual diagnosis can be made. A tiny periscope-like instrument with a tiny light at its end is inserted into the abdominal area in this test. Both the Rubin and the Hysterosalpingogram tests may give “normal” results when the tubes are not actually normal. A typical example is a situation where the tubes are corkscrew-shaped or tapered rather than funnel-shaped at the end. Either of the foregone conditions can prevent the passage of the egg. Connected to Endoscopy are Culdoscopy and laparoscopy, Culdoscopy involves vaginal entrance with the aid of the tiny periscope-like instrument described above, while laparoscopy requires “Band-Aid surgery” with entry through the abdomen. The particular test to be carried out solely depends on the physician’s preference, however, if a tubal disease is suspected or if the tests do not definitely indicate tubal patency the physician may suggest laparoscopy. [171]

[169] 109-110
[170] Menkveld, Ibid; 109
[171] Ibid; 110

The above procedure is usually done in a hospital operating room on an outpatient basis. The patient can be admitted in the morning and go home in the afternoon, through the laparoscope, the physician can see the anatomy of the reproductive system of the patient by using a series of lights and lenses. At the same time, the tubes can be examined by passing dye through the cervix and the uterus as described above under the Hysterosalpingogram test. In most cases, treatment of the tubal closure requires doses of antibiotic and Cortisone into the tubes or surgical reconstruction. The latter has less than 50% estimated success rate, as a result, it is not popular or even mostly recommended. Overall, Infertility specialists hope that a major breakthrough in the treatment of infertile couples will be made.In the case of the female partner (which is more complicated than her male counterpart), as more is learned about what causes the fallopian tubes to move to the ovaries to pick up the egg, how conditions in the tube help or hinder the meeting of the sperm and egg, the effect of seminal fluid on its sperm's life-span and motility as well as male and female immunological reactions which may destroy sperm or the fertilized egg, there is the tendency that more breakthroughs will emerge in the cause of time.[172]It therefore important that pastoral caregivers acknowledge another specialist who attempts to give their own approach to the challenges of infertility so as to create a good team with the same goal of attending to the overall needs of infertile couples in their contexts.

3.6 Conclusion

This chapter has so far taken into consideration the four-fold challenges that infertile African couples are faced with every now and then with the aid of the interpretive task of practical theological interpretation. These challenges considered are the Anthropological/cultural, sociological, psychological, and medical/ economic challenges. Due to cultural beliefs and/or demands, many couples have been pitched against each leading to divorce, extramarital

[172]Menkveld, Ibid; 110

affairs, among other desperate measures aimed at augmenting their infertility. This is all in an effort to meet the cultural and/or societal “demand” of what is meant to be adults as well as man and woman “enough’’ in the communities where they live. Among other things, they feel not belonging and/or accepted in such settings where they find themselves which leads to psychological trauma among other problems as they often cannot avoid being ostracized by those who are considered or who consider themselves fertile.

As noted in the discussion on the cultural challenges confronting infertile couples above, it is worthy of note that there is nothing wrong with culture in itself, rather, what is or becomes a problem is the fact that when certain cultural practices do not conform to or uphold human dignity in the treatment of its members in the name of observing and preserving itself becomes a problem and causes more harm than good. As observed earlier on, the way and manner in which infertile couples in Africa are treated in the name of culture are uncalled for. More so, certain cultural practices which include the treatment meted on the infertile couple in most African cultures and/or societies which compound their “problem’’ instead of helping them, heaps more to the daily struggles that they experience.Consequently, childlessness remains a continued source of family tension. The intensity with which in-laws and extended family kinsfolk interfere with couples’ intimacy to ensure that there are offspring in a marriage raises the anxiety and frustration levels of the childless couple, as a result, the problem of a couple’s childlessness becomes more and more compounded on almost a daily basis.

Similarly, the societies in which we live further compound the problem that infertile couples are faced with. In Africa, the society defines a person, hence it determines who a man or a woman is and labels not just that but who a “real” man and a “real” woman is, as such it refers to childless couples as not man and woman enough to bear children and as a result deny them certain rights and privileges enjoyed by the so-called “fertile” individuals. Generally speaking, Africans are socialized from birth to learn that childbearing is automatic and made to believe that infertility is a curse and not necessarily a health issue.

Consequently, there is a societal problem of mounting pressures on individuals to bear children notwithstanding their health or any other factor hindering them to give birth to children, and failure to do so is to be a failure or regarded to be “incomplete” by the very community or society in which one is born or that raised him/her simply because of the fact that they are not able to meet up with the societal expectations.

Furthermore, as a result of the cultural and social challenges, infertile couples are often put in a difficult “corner” which often results in psychological problems due to their inability to meet some cultural and societal expectations. These among others include various forms of psychological trauma starting from divorce to abuse, loss of social status, gossip, as well as lack of participation in the community activities amongst others. Similarly, childless women particularly more often than not do experience a lot of verbal abuse from family and community members. These women also experience marital insecurity, rejection and a fear of abandonment by their Husbands. As stated above, infertility leads to stigmatization of women and also contributes to their impoverishment. This stigmatization is evidenced in the form of verbal abuse, gossip and quarrels coming from family and societal members. They face a similar fate when they are unable to bear sons and/ or bear as many children as they are expected to bear. As a result, they are excluded from some social events and/or ceremonies that often leave them depressed with a high sense of helplessness and low self-esteem.

More so, it has been discovered in this chapter that childless couples in the African continent are bedevilled by the twin challenges of lack of sufficiently advanced medical facilities meant for the diagnosis and treatment of infertility and that of lack of financial capabilities to afford available treatment options due to high cost and widespread poverty. Apart from the high cost of IVF, the percentage success rate for Africa is put at 5 to 15 per cent, implying that when each attempt fails, repetitions are the only options and are often not done due to poverty leaving most couples infertile for life. What is rather contradictory about health

policies in most African countries is that as a continent that promotes childbearing, infertility treatments are often not made available by the government as well as mostly excluded from medical insurance. Instead, family planning is made available everywhere and made mandatory.

More so, aside from the constant pressures meted on childless individuals in most African cultures, these individuals are faced with economic difficulties due to poverty resulting from corrupt Governments among others as well as the dilapidated state of the hospital and other medical facilities. Chapter four follows and is concerned with a theological understanding of infertility among couples.

CHAPTER FOUR

A Theological understanding of the challenge of infertility among couples

4.1 Introduction

This chapter, i.e. chapter four seeks to highlight theological conceptual understanding/idea of infertility and the challenge ofinfertility among couples. This will be done in the light of the normative task of practical theological interpretation. Osmer highlighted the foregone when he said, “The normative task {is} using theological concepts to interpret particular episodes, situations, or contexts”[173].This (normative) task of practical theological interpretation to be explored herein is about a theological reflection on the issue of infertility. In his efforts to explore this task, Osmer has portrayed the normative task of practical theological interpretation along three lines. The three lines are first, the use of theological concepts to interpreted episodes, situations and contexts. Secondly, he made use of ethical norms to reflect on as well as serve as guidance for practice and moral ends. Thirdly, the author made use of good practice i.e. deriving norms from good practice by looking retrospectively at how positive past practices can influence and transform contemporary practices. For the purpose of this research, the first approach will be utilized due to the space and scope of this work.

This chapter will briefly highlight the issue of infertility from the scriptural standpoint in a bid to bring about an understanding of the problem of infertility among couples in Africa in the light of the scripture thereby responding to the question “What ought to be going on?” Instead of what is currently going on in the lives of infertile couples on the continent.

As will be seen herein, from the O.T to the N.T, down to thepresent times, the issue or problem of infertility/ barrenness has plagued the human race, by implication this problem has been and will always be an everyday challenge as far as the human race is concerned.

[173]Osmer, 4

But regarding what should be happening in the place of what is going on with and in the lives of infertile couples, the scriptures is to the rescue as it clarifies the fact among others that infertile couples are not less human neither are they under God's curse but what has been and will always be due to several factors including health reasons. Furthermore, some theological themes such as Guilt, Faith, Punishment, Theodicy, Exclusion, among others will be explored in a bid to interpret the circumstances of infertile couples on the African soil as it relates to the plight(s) of infertile couples in Africa.

4.2. A theological understanding of infertility in the Old Testament and Hebrew Culture

The first case of infertility mentioned in the Scriptures is in Genesis 11:30, which that: "Now Sarai was barren, she had no children". After the first case of infertility in the Bible cited above, the scriptures have recorded a number of cases of infertility among couples ranging from the O.T to the N.T. in the light of the above Anthonissen (1989) added that these couples (in general, i.e. apart from the ones in the O.T and N.T narratives), have suffered the challenges of infertility,"With a lot of them "Caught" in the web of Socio-cultural challenges within nuclear and extended family as well as extended social settings"

As stated above concerning Sarah's barrenness in Genesis 11:30, it is interesting to know that the contemporary challenges as experienced by infertile couples is not an issue that just began yesterday, it is an age long problem which was experienced by the patriarchs and matriarchs of the Old Testament as well as saints in the New Testament also.

The issue of barrenness/ infertility is referred to in among other scriptures, 1 Sam. 2:5; Job 3:7; Isa 49:21, Prov. 30:16. In the context of the O.T, infertility means, "to be sterile or unproductive as if extirpated or routed out/ removed from the generative organs"[174]. Far

[174] Thomas Ress, *International Standard Bible Encyclopaedia,* Electronic Version,12; 2012

more than that of the N.T, the number of cases of infertility in the O.T is higher. Beginning with the case of Sarah in Genesis 11:30, the Bible also cited those of Rebecca in Genesis 25:21, Rachael in Genesis 29:31, Manoah's wife in Judges 13:2-3, and Hannah's in 1 Samuel 2:5. Summarizing the severity of the above cases, Anthonissen hinted that "Infertility is stronger and more serious for the family of promise because, after Sarah, Rebecca (Gen. 25:21), Rachael (Gen.29:31) and Hannah (1 Sam.1:2) were also infertile. He added that the whole family of Gen. 1-11 is very reminiscent of the experience of infertile couples through history.[175]

Speaking on barrenness/infertility from the Old Testament view/perspective, Rees opined that barrenness could be viewed from two standpoints: Barrenness of the land that bears no crop because it is naturally poor and sterile or because it is under God's curse and that of a woman that bears no issue/ child[176]. While furthering on barrenness in relation to the latter, Ress(2000, 15) reiterated that:

> In Israel and among Oriental peoples generally, barrenness was a woman's and a family's great misfortune. The highest sanctions of religion and patriotism blessed the fruitful woman because children were necessary for the perpetuation of the tribe and its religion. It is significant that the mothers of the Hebrew race, Sarah, Rebecca, and Rachael were by nature sterile, and therefore God's special intervention shows his particular favour to Israel (Ress, 2000, 15).[177]

Childlessness among the Hebrews (in the ancient Near East), is viewed as a total failure to the society and particularly in the aspect of producing children which are seen as a major problem and or calamity for a family in the ancient world, this is because it meant a complete break in the generational inheritance pattern and also left virtually no one to care for the couple in their old age. As a result, legal remedies were developed which allowed a man

[175]Anthonissen, Ibid. 68
[176]Thomas Ress, *15, Ibid*.
[177]Ibid.15

whose wife had failed to provide him with a child (most preferably a son)the right to impregnate either a slave girl or even a prostitute in order to give him an heir. The father could then acknowledge the children from this relationship as his heirs. Abram and Sarai, therefore,employed the same legally accepted strategy when they used their slave girl Hagar as a legal surrogate to produce an heir for the aged couple[178], while this was a mere human arrangement, God's intervention took the day while the former resulted to immediate and long-term calamities with contemporary effects.

From the foregoing, it is obvious that there were lots of cases of childlessness in the O.T, such as those of Sarah, Rebecca, Rachael and Hannah which came with their peculiarities and attendant challenges, God's intervention eventually calmed down their "storms". Although it is not a promise today that every infertile couple must or will have children. It is noteworthy that while each of the cases mentioned above had its peculiarities and details, yet, the hallmark therein is that God later intervened in all the cases by eventually giving them children at one point or the other due to his divine favour to Israel as highlighted by Ress above. This among other things, Implies that it is God alone that gives children and chooses to or not to give to anyone he desires and without bias or preference, rather, based on his divine choice, mercy, providence or prerogative and can do so today if he so wishes.

In the ancient Hebrew culture, the ability to bear many children was viewed as evidence of divine approval and blessing. A simple explanation for this attitude and or desire of wanting to bear many children is to attribute it to obedience to God's injunction to Adam, "be fruitful and multiply" (Genesis 1:28), which was reiterated to Noah (Genesis 9:1, 1) and to Jacob (Genesis 35:11), all which can be used to propound or support the procreation. However, other factors undoubtedly influenced the Hebrews who were so often prone to disobeying God in observing this command by incorporating it into their cultural values. For instance, we may infer from God's covenant with Abraham, with its dual promise of possession of the

[178]Intervarsity Press (IVP), *Bible Background Commentary electronic version* (PC Study Bible Version 5), 2012

Holy Land and "I will make you exceedingly fruitful" (Genesis 17:6), that many children provided economic security for old age in a pastoral (agrarian or farming) economy as well as populating a sparsely populated country that is much desired by more populous and stronger nations/neighbours[179]. The Psalmist in these lines unequivocally advocates this pro-fertility theme:

> Lo sons are a heritage from the Lord, the fruit of the womb a reward. Like arrows in the hand of a warrior are the sons of one's youth. Happy is the man who has his quiver full of them! He shall not be put to shame when he speaks with his enemies in the gate (Psalm 127:35 RSV).

Such a thinking as seen in the above scriptural reference (Psalm 127:35) glaringly promotes a rapidly expanding population to foster an abundant society where a man was surrounded by many children to care for him in old age, to expand his flock and field, as well as to increase the tribe with members and prosperity for strength and security to the entire Jewish nation. This attitude was also meant to preserve the family name and lineage thereby ensuring inheritance and continuity in the land -a theme that reinforced the abundant societal goal, this is because failure to have offspring to carry on the family name was a misfortune imperilling the social structure[180]. Levirate marriage, a cultural practice requiring a man to marry his deceased brother's wife in a bid to produce offspring to preserve the dead brother's name and inheritance, illustrates the Hebrew thought regarding fertility and infertility[181]. As some of the scriptures above revealed and as earlier hinted, the Jewish nation emphasiseschildbearing and God seems to be in support of them. For example, in Genesis 38, when Judah’s son, Onan, refused to honour his levirate responsibility, “The Lord

[179]Stephen, Ibid; 99
[180] Ibid.
[181] Ibid; 99-100

slew him, to emphasize a cultural value which reinforced prolific human fertility patterns among the Hebrews".[182]

4.3 A theological understanding of infertility in the New Testament and its cultural setting

The Greek understanding of infertility/barrenness is derived from the idea of being "hard" or "strong", hence the English word *sterile*, which signifies "barren" or not bearing children. It is used with a natural significance tree time in the New Testament, in the Gospel of Luke, to be specific (Luke 1:7; 23:29) and with a spiritual significance in Galatians 4:27 as quoted by Paul from Isaiah 54:1. The apostle used this term to distinguish between the works of the law and the promise by grace and applies it to the circumstances of Sarah and Hagar, which the prophet Isaiah undoubtedly had in mind[183] when he wrote the book bearing his name and in the chapter above.

In contrast to the number of cases of barrenness among couples in the O.T, the N.T only cited the lone case of Zachariah the Priest and his wife Elizabeth in Luke 1:7 saying "...But they had no children because Elizabeth was barren…". The foregone incidence may arguably be referred to as an O.T case or scenario in view of the characters involved and the priestly/sacrificial setting or at best an Inter-testamental case, but for the fact that it is mentioned in Luke, the third book of the N.T and in connection to the story to the birth of Christ, it is favourably an N.T event which happened immediately preceding and in connection to Mary's conception followed by the great event of the birth of Jesus. This was confirmed by Wilson in her; "*Blessed are The Barren: The kingdom of God springing*

[182] Ibid. 100
[183] Vine's Expository Dictionary for New Testament Words in Intervarsity Press (IVP), Bible Background Commentary electronic version (PC Study Bible Version 5), 2012

forth"[184]while hinting that "Elizabeth and Zechariah mark the end of an old covenant, just as they mark the beginning of Luke's gospel". The circumstance of the above couples was that they had no family, and they made this a matter of constant prayer. Little did they know that God would answer their prayers and give them, not a priest, but a prophet! In addition, not an ordinary prophet and their son would be the herald of the coming King![185]"

Analysing Gen. 1:1 as it connects to the issue of barrenness and probability of having children in the future; Brueggemann said that Gen. 12:1 is a paradigm for the resurrection. He went further to allude that this resurrection is the calling of the infertile one(s) to pilgrimage and that the speech of God in the text above brings people who had no capacity for response to a faithful response. He concluded that Paul urges this understanding of resurrection when he speaks of the God of the progeny of Abraham as the one "…who gives life to the dead and calls things that are not as though they were (Rom. 4:17)[186]. In line with the above, Anthonissen opines that:

> The progeny of Christ can share in this resurrection, and that to those progenies that are infertile and who experience infertility as hopelessness with no foreseeable future, the speech of God is heard adding that the infertile can accept the goodness of God and despite their infertility, they can manifest the fruit of the Spirit as found in Gal. 5:222-23.[187]

When one considers cultural factors affecting human fertility in N.T times, there is some evidence that marriage and children were accorded high evaluation and werecited as models of acceptable faith in God. For instance, at the inception of Christianity, Paul perhaps echoes a similar opinion towards human fertility in instructing Timothy thus: "So I would have

[184]Hinicky Wilson. Blessed are The Barren: The kingdom of God Springing forth (Christianity Today), 2007
[185]Bible Background Commentary, 162; Ibid.
[186]Ibid.
[187]Anthonissen, Ibid. 59.

younger widows marry, bear children, rule their households, and give the enemy no occasion to revile us" (1 Timothy 5:14, RSV). There is, however, no detailed or extended statement suggesting explicitly what the family size should be. Paul spoke both for and against family ties when he sought to cope with emerging problems within the first struggling churches. In short, we cannot conclude that the N.T. presented an explicit view to influencing human fertility rates among the first Christians, unlike the O.T[188].

4.4 Pastoral theological themes for assisting infertile Christian couples in Africa.

Depending on the subject under consideration, theological themes can shed light into a subject matter in such a way that further insights or better understanding can be gained. Some of the pastoral theological themes to be considered as they relate to the subject of this research include Suffering, Guilt, Faith, Punishment, Theodicy, Exclusion, Justice, and Hope

4.4.1 Suffering

Suffering “is the experience of severe loss, damage, pain, distress or even death by an individual or a group of people”[189]. Suffering is actually a very complex as well as a multi-faceted issue and or phenomenon. Because of this, it is very difficult to talk about it in a few words or in a summary form especially to the person experiencing or someone who has gone through it. For example, an unaffected person may attempt to say or narrate/ explain adequately the challenges faced by childless couples, yet,it is almost impossible or does not make sense to the affected person whatsoever as he/she stands the better if not the best chance to explain the challenges therein. It is an undeniable fact that suffering affects our human as well as our spiritual identity, i.e. our understanding of God. In suffering, our human

[188]Stephen Ibid; 99

[189]Bruce D. and Keith J.M (Edits.) Dictionary of Everyday Theology and Culture, Colorado Springs: The Navigators, 2010, 400.

dignity and even God's faithfulness are at stake. Who am I? Who is God?...Furthermore, suffering challenges our philosophy of life and our quest for meaning and significance. It confronts us with a struggle to come to grips with the most painful question: why? Suffering becomes even more traumatic when one experiences isolation and rejection by our loved ones from whom one expect unconditional acceptance, support and understanding. The worse is the experience that even God is absent. Then the theological question surfaces: but can I trust God? Where is God in this misery? What t is God's will in suffering?[190]

This among other things implies that where or when an individual passes or is passing through moments of suffering, life becomes almost unbearable and relationships (either with God or other humans) are tampered with, especially when the community, individuals or the society at large fails to stand by such individual. In relation to infertile couples, the worst is when the culture that expects automatic fruitfulness fails to see it, becomes antagonistic instead of being supportive which then cause more pains or worsens the situation of the sufferer.

4.4.2 Justice

From a biblical or Christian concept, perspective and or understanding, justice is founded upon the character and will of God as revealed in scripture. This can be said to mean that Justice is transcendent in nature (one of the attributes of God). However, justice is actually and should be rooted in the daily living of human; this is so because it reflects the immanence of a God who is involved in the affairs of the entirety of humanity. As such, to speak of justice in a biblical, Christian way is to recognize and hold in tension the paradoxes that often accompany the meeting of the transcendent and the imminent. Because justice

[190][190]Louw, Meaning in Suffering, Ibid; 9

obtains its meaning from the revealed character and actions of God as stated above, to speak of justice in a biblical sense is to say many things at the same time.

"In the Old Testament, God's justice is connected to his righteousness (*şědāqâ*) and the law as an external reflection of his righteous will; therefore, to be in a relationship with God carries the idea of the covenant where law serves as a reminder that obedience to God"[191]. In most African cultures, childless couples often feel unjustly treated, this is because the care and support they need or deserve is often lacking or hardly given to them in the name of cultural expectations and in that stead, they face pressure in place of pleasure in their marriages.

4.4.3 Justification

In Christianity, it is a basic fact that God pardons and accepts believing sinners whenever they come to him in repentance (see Ps. 32:1-5; 130; Luke 7:47-50; 18:9-14; Acts 10:42; 1 John 1:7-2:2). The doctrine of justification by faith as propounded by Paul is an analytical exposition of this fact (the nature of the Christian faith) in its full theological connections. As stated by Paul (most fully in Romans and Galatians, see also 2 Cor. 5:14-21; Eph. 2:1-18; Phil. 3:4-11), the doctrine of justification determines the whole character of Christianity as a religion of grace and faith. It defines the saving significance of Christ life and death by relating both to God's law (Rom. 3:23-31; 5:16-21). It displays God's justice in condemning and punishing sin, his mercy in pardoning and accepting sinners, and his wisdom in exercising both attributes harmoniously together through Christ (Rom. 3:23-26).

The bible states categorically clear that for those who are in Christ Jesus, there is no condemnation for them (Rom. 8:1)

The Biblical meaning of "justify" (Hebrew, *şādēq; Greek, LXX and* NT, *dikaioō*) is to pronounce, accept, and treat as just, i.e., as, on the one hand, one penalty liable,

[191] David G. and Peter C. H, Baker Encyclopedia of Psychology and Counselling (ademic2nd Edition), Grand Rapids: Baker Academic, 2005, 641-642

> and, on the other, entitled to all the privileges due to those who have kept the law. It is thus a forensic term, denoting a judicial act of administering the lawin this case, by declaring a verdict of acquittal and so excluding all possibility of condemnation. Justification thus settles the legal status of the person justified (Deut. 25:1; Prov. 17:15; Romans 8:33-34).[192]

In line with Romans 8:1 and the meaning of justification, which imply among other things to accept and treat as just, it is highly lamentable that couples who are faced with the plight of infertility are often unaccepted and treated as worst sinners due to their inability to have children as if to say that their childlessness is due to their sinfulness.

4.4.4 Punishment

From the O.T to the N.T, i.e. throughout the entire Bible, it is insisted by God that sin is to be punished. In an ultimate sense, this implies that God will see that this is done because it is in line with his character of holiness not to condone anything sinful or wrong, but temporarily he has placed the obligation to punish wrong doings upon those in authority to see that wrongdoers are punished. According to David G. and Peter C.H:

> Two important points emerge from O.T usage. The verb used in the sense of "punish" is *pāqad,* which means, "visit". For God to encounter sin is for him to punish it. Of the nouns used, most are simply the words for sin. Sin necessarily and inevitably involves punishment. In the NT "punishment" is not as common as condemned is sufficient.[193]

From the above quotation, for anything sinful, punishment is implied, meaning that sin attracts divine punishment. The removal of punishment is brought about by the atoning death of our Lord Jesus Christ. It is not said in so many scriptural references that Jesus bore punishment, rather, he is depicted as bearing our sins (Heb. 6:28; 1 Pet. 2:24).

[192] David G. and Peter C. H,642
[193] Ibid. 645

Nevertheless, that his suffering was penal seems clearly relates to and explains the NT teaching. It is rather unfortunate that rather than viewing punishment in the above light, that is, in the light of Biblical analogy, in most African cultures, it is rather thought that childlessness is because of God's punishment on infertile couples due to their past sins or even present ones that they are committing, such accusers do so forgetting that God sends rain to the field of the righteous as well as that of sinners. It is glaring from the foregone that there is a gross misconception of punishment in many African cultures, especially in relation to the issue or circumstances childlessness.

4.4.5 Guilt

According to Hogan (2006:185):

> Guilt is the state of a moral agent after the intentional or unintentional violation of a law, principle or value established by an authority under which the moral agent is subject. The law may have been established by the head of a social order as a part of a greater legal system. God may have established it in his effort to lead and protect the highest well-being of humankind. Alternatively, the law may have been established by one's own authority and integrated into his or her own personal code of ethics[194]

Hogan above establishes two things, namely, Guilt results from man's wrongdoing and God's doing "establishment" for the protection of humanity. In the bible when limited to its theological distinction, guilt is that state of a moral agent after the intentional or unintentional violation of a law (cf Lev. 4:2-3, 13, 22, 27; 5:2, 3, 15) or principle established by God. The Bible shows a progressive development in the concept of guilt. Early in the book of the law, personal responsibility was not necessary for one to have been considered guilty. The priest's sins brought guilt upon the people (Lev. 4:3).

[194]Marj Orie Hogan. Dictionary of Sociology, New Delhi: Academic Publishers,2006, 185

Scripturally, Jesus recognized even broader and deeper implications in guilt. He was concerned not only with the outward actionsbut also the inner attitude (Matt. 5:21-22). Biblically, infertility is unconnected to the above definition of guilt. While sometimes, childless couples are made to feel guilty for their inability to bear children, as if they have done something wrong to warrant their state of sterility, it is to be understood that children are a gift from God and not due to guiltlessness or any form of human worth and or ability. The foregone position was supported and amplified by Marj Orie Hogan who stated that the "Guilt, however, is not simply the result of individual inadequacy failure or. It arises from conflicting values and demands and thus is a reflection of inconsistencies in the social and cultural environment of the individual."[195]

4.4.6 Theodicy

A theodicy can be referred to as that which justifies Divine justice or the justification of divine justice. In other words, a Theodicy in a religion justifies divine justice, despite the existence of evil. "From the word "*Theos"* which means "God" and *dike*meaning *"*justice," a term used to refer to attempts to justify the ways of God to man."[196]Although there are different views and different nature of theodicy, "A successful theodicy resolves the problems of evil for a theological system and demonstrates that God is all powerful, all loving, and just despite evils existence."[197]

The above concept (Theodicy) was used by Max Weber to explore how religious beliefs may legitimate social privilege or compensate for the suffering of the disprivileged. The most frequently used illustration of a theodicy is "The rich man in his castle, the poor man at his gate, God made them highly and lowly and ordered their estate"[198]. From a Christian standpoint, God is in charge of everything, both good and bad, it then implies that whether it is inability to bear children or any other challenges that comes the way of a Christian,

[196] Evangelical Dictionary of Theology (2nd edition), Walter Elwell (Edit.), Baker Books, 1999,1185
[197] Ibid
[198]Marj O.H, Ibid; 354

thebelief that God is in charge or control often gives comfort, hope and joy in the face of the situation(s).

4.4.7 Hope

Hope is a desire that a thing that is being anticipated will come true;it is in other words accompanied by the expectation that thatwhich is desired will be obtained. This is to say that hope is partly cognitive (i.e. it is a thought), and partly emotional (it involves anticipation and other positive effects), as well as partly volitional (it contains belief). “Hope has traditionally had spiritual or religious connotations. For this reason “Hope has not been a major focus of psychological study in spite of its obvious emotional components. It has, however, been present in literature and is a prominent concept in the bible”[199].

In scripture, hope is a major theme in both testaments (O.T. & N.T.). The Psalmist often spoke of hope as a major resource for coping with defeat, discouragement, and danger (e.g., Ps. 119:116; 146:5). The hope of the Old Testament was but a foreshadowing of the hope found in Jesus Christ (1 Tim. 1:1; Col. 1:27). Hope is prominent in Acts and the epistle and is described as a central element of the Christian’s resources. Hope serves the function theologically of linking the believer to the future promised by Christ.

As the follower of Christ experiences a new spiritual life; there is a keen awareness that the earthly enjoyments of faith in Christ are incomplete. What has begun on earth will continue into eternity. Hope links the believer’s present with a glorious future. It is therefore important for childless Christian couples to put their hope in God who is able to give them children (if he wills to do so), and like Daniel and his friends in Babylon, even if God does not give them children, they must keep their faith in him alive.

[199] Ibid; 578-579

4.5 Conclusion

The theological understanding of the challenges faced by childless couples has been explored herein. In this light, the O.T. and N.T. perceptions of infertility have been reviewed. From the O.T. biblical cultures in antiquity down to the present, religious views have been found to be integrated with some cultural factors in encouraging high human reproduction rates while banking on those scriptures such as Gen. 1:27-8, which states that man should "be fruitful and multiply, and fill the earth and subdue It" that seemingly propound the procreation theory. The N.T., on the other hand, does not seem to be explicit in suggesting a family size.

Chapter five follows, it deals with a practical theological and pastoral care approach to the challenges of infertility among couples in Africa.

CHAPTER FIVE

A Practical Theological and Pastoral care approach to the challenges of infertility among couples in Africa.

5.1 Introduction

In the light of the pragmatic task of practical theological interpretation, this chapter focuses on the strategic responses to the challenges of Infertility among couples.Elaborating on it, Osmer says "The pragmatic task. Determining strategies of action that will influence situations in ways that are desirable...."[200]This task addresses or answers the question "How might we respond"? Concisely, this chapter seeks to highlight strategies to be put in place where the challenge of infertility exists. While there could be other strategies of action or

[200]Osmer, 4

approaches, the strategies that will be unpacked further herein includes the Spiritual, African cultural/ ritualistic and pastoral strategies. The Spiritual approach deals with how infertility can be surmounted or overcome through prayer. The African cultural/ ritualistic approach, on the other hand, including making use of culturally known means like rituals and symbols and or herbal treatment for infertility while the pastoral strategy will deal with recommendations for pastoral caregivers in different African settings can handle circumstances where couples are faced with infertility.

This chapter will, therefore, utilize the pragmatic task of practical theological interpretation. This task deals particularly with moving particular episode, (in this case, that of infertility), towards the desired end by forming strategies of action that will influence or lead to what is needed, thereby leading to a change in the situation at stake as it relates to the overall goal of this research work.

5.2 Spiritual Strategy/Approach to the challenges confronting infertile couples in Africa.

It is important to stress that while there may be other approaches to the challenge paused by childlessness among couples, there is the spiritual approach; the approach herein has to do with prayer as a way of approaching infertility, i.e. prayer as a way through which contemporary pastoral caregivers can help childless couples face the challenge of infertility . This approach is rooted in the scriptures through prayer as a therapy or 'prayer-therapy.'[201] In their understanding of the forgone, Lartey et al noted succinctly:"The perception of infertility as a sickness in the Christian religion and the healing process by prayers,

[201] This concept as used by the researcher is derived from two key words, namely "Prayer" (a communion, communication or discuss with God), and "Therapy" (a form of medication or solution to an illness). It is herein used to refer to a prayerful approach to life's challenges in a bid to find a way out of sickness or other problems by means of divine healing. In relation to the circumstance of infertility it can be seen in Gen. 25:1, where Isaac prayed to God for his wife and she was healed from her infertility.

devotions and worship also exist in the African belief system[202]This is to say that God is able to take away or heal the 'reproach' of infertility. While the above statement on the possibility of childbearing after experiencing infertility is not a promise for every infertile couple(s) today, it is one of the ways just like the medical treatment that the problem of barrenness can be overcome, as Daniel Louw gave the discrepancies between the former and the latter above (spiritual and medical approaches), when he notes that "…healing points more in the direction of non-medical methods and treatment[203] Although even with the two approaches above (medical and spiritual) it is not all cases of infertility that are averted, as such this is not to propound the theology that every barren couple will have children after been prayed for or given medical attention. In his exhortation to the Philippians with regards to prayer instead of worries about life's challenges Paul instructed "Do not be anxious about anything but in everything by prayer and petition, with thanksgiving, present your request to God (Philippians 4:6).

A very prominent case study regarding prayer as a therapy/prayer therapy is Genesis 25:21, which rendered "Isaac prayed to the Lord on behalf of his wife, because she was barren, and his wife Rebecca became pregnant." In support of the above emphasis on the potency of prayer, Karen in her article '*When the Cradle is Empty* quoted the *blessings of the marriage chamber* states that;

> So it was that in former times you blessed Ruth the Moabite, and in the latter days, you permitted second marriage (for widows and widowers) through your apostle. Grant, then, Lord, to these your servants that, by their single-minded desire for children, the Lord may make this woman, who enters into your house, to be like

[202]Lartey et al, 71.
[203]Daniel Louw, CURA VITAE, 89.

> Rachel and Leah who built up the house of Israel, that she may be an example of virtue in the church of God (Karen, 2012,498).[204]

According to Karen, sometimes the allusions to childbearing were relatively subtle, such as petitions for "long-lived offspring" and that the couple might live to see their "children's children" (quoting Psalm 127/128:6); the latter request sometimes used as part of a blessing was interwoven throughout numerous marriage texts[205]. Even the Psalm most often used in the nuptial context sounded the procreative refrain, but from the husband's perspective: "Your wife will be like a fruitful vine within your house; your children will be like olive shoots around your table. Thus shall the man be blessed who fears the Lord" (Psalm 127/128:3-4, NRSV).[206] Unfortunately, it has always been forgotten that the problem of infertility has always plagued the human race with some cases healed or cured and that in a situation where the problem persists that does not mean that God does not hear our prayers by allowing some to be confronted with the challenge of infertility even for life. While the prayers that are offered are important, it is of equal importance to know that it is not a guarantee for fruitfulness.[207]

Karen went further to state that the church's assumption about fertility in marriage was further accentuated through liturgical forms used when women fulfilled their expected marital ‘function’ and what was commonly believed to be their reason for being. Prayers for and by pregnant women might be offered in private, but they could also be said during the prayers of the faithful at Mass. Furthermore, Karen adds that the French formulary used in Provins at the beginning of the 14th century charges the congregation to pray for all pregnant women;

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[204] Karen B. Westerfield Tucker. When *the Cradle is* Empty: Rites Acknowledging Stillbirth, Miscarriage, and Infertility. The ATLA Serials;498, 2012

[205] Ibid.

[206] Karen, 498, ibid.

[207] Karen Ibid.498

that God may give them the grace to see the fruit of their womb presented at the holy baptismal font; and a formulary in Latin from Poland (possibly from the diocese of Poznan) dated 1510 solicits the people to pray for all pregnant ladies and women, that the Lord may give good health to them together with their children and after this the reign of heaven. [208]

Therefore, following successful pregnancies, labour and birth, women participated in a purification or "churching" rite that commenced after a designated period after delivery, Karen notes. Elaborating on the issue of churching rites She traced that it is based upon Jewish legal prescriptions concerning ritual uncleanness (Leviticus 12:2b-8) and the participation in ritual purification by Mary the mother of Jesus (Luke 2:21-24), churching marked the re-entry of the new mother into the church building and the community of the faithful. Although these rites in contrast to the Roman Catholic doctrine of Immaculate Conception often stressed cleansing from the stain of sin acquired through conception and childbirth, they also acknowledged that the woman had achieved the purpose of her marriage by bringing new life to the church. Psalm 127/128 makes an appearance in many versions of these rites, as also does Psalm 113 in which the emphasis falls on verse 9: "[God] gives the barren woman a home, making her the joyous mother of children" (NRSV). [209]

Most prayer offered by the Church as seen in Karen's narration is supported by the accounts of God opening the wombs of Sarah (Genesis 11:29-21:7), Abimelech's wife and female slaves (Genesis 20:17-18), Rebecca (Genesis 25:20-21), Leah and Rachel (Genesis 29:31-30:24), Manoah's wife (Judges 13:2-24), Hannah (1 Samuel 1:1-20), and Elizabeth (Luke 1:5-57).The stories of these biblical women and the lyrics of the psalmist seemed to demonstrate that bearing a child was a sign of God's mercy and favor and that the Lord gives or withhold such gifts to or from the one(s) that he chooses and cannot be questioned

[208] Ibid
[209]Karen, 498; Ibid.

because of the fact that he is a sovereign God . It is therefore important to view fertility and infertility as a matter that does not in any way eludes the knowledge and or intervention of the creator of heaven and earth who alone has the power to create and destroy, give as well as takes away life in accordance to his divine will or prerogative.

It is important to state without mincing words that prayer has a therapeutic function. This was highlighted when Michael Van der Merwe applying the prayer of Jabez argued extensively that prayer is communion within the personal relationship between God and man; it describes the influence between God and the person who prays as therapeutic functions of prayer. Prayer is, therefore, more than just counselling (psychotherapy) or conversation. According to him, prayer is a pastoral therapy, it is a blessing to anyone who prays and can, therefore, be a form of therapy.[210]

According to Van der Merwe, it is hypothesized that the result of the prayer of Jabez (1 Chron. 4:10) is therapeutic to the believer's salvation and wellbeing, he added that this prayer is more than just a straightforward instruction to God. He furthered that the possibility is examined that healing actually took place in the life of the person who prayed, the blessing that Jabez experienced confirms that health entails much more than physical healing. Prayer as a therapy consists of quiet time with God in meditation. The person who is praying should become aware of his or her brokenness with accompanying dependence on God. Through God and by means of prayer, man is capable of the seemingly impossible; as such, the

[210]Callie Hugo, Caring for the soul and life: Essays in Honour of Daniel Louw. CB Powell Bible centre, UNISA, Pretoria, 2009.

person healed by God does not only pray for what is humanly possible, rather, what God alone can do.[211]

It can, therefore, be said that the therapeutic function of prayer has a trans-psychic effect on the person who prays. It allows one to focus on what you can achieve through God. Prayertherapy shifts the focus away from the person who prays to the one to whom prayer is offered, i.e. God, that is to say, that the therapeutic function of prayer resides in the petition to God. The fact that one may approach God boldly brings inner peace. The function of prayer is not only to pray for what is predictable but also what seems to be humanly impossible. The focus is not on the quality of the person who prays, rather, the content of the faith, which is Jesus Christ! The person who prays is therefore united to the risen and exalted Christ who is the content of his faith through the Holy Spirit. The value of the therapeutic prayer is that the person who prays is won over to God, as such, or she trusts God[212]

Van der Merwe went on to propound that healing through prayer is to experience the peace of God. He furthered that the challenge of pastoral work according to him is not to live from a "why" context, but rather in a therefore context.

Pastoral work in the light of prayer ministry has to do with the reality of poor circumstances and an existence where mere survival is transformed into true life. Therefore, the real function of prayer is therefore of cardinal importance. Pastoral therapy focuses on the trans-psychic reality. The involvement of God in our lives through prayer transforms our territory into a tenable reality! The involvement of God in our lives leads to a new understanding of our (often-unchanged) reality. Meeting God by way of prayer encounter is dynamic in nature

[211] Callie Hugo, I*bid,101*
[212]*Ibid.*

as his gracious and powerful work becomes visible in our circumstances. The therapeutic effect of prayer is a meaningful orientation in life. The Bible has many examples of people who were faced with difficult circumstances, who prayed to God, they discovered God's plan and had dramatic changes took place in their lives and circumstances including those of infertile couples.[213]

Furthermore, prayerful meditation allows us to enter God's realm of reality. In this way, our territory becomes God's territory. The person who prays has much more than a vague dream for comfort in a bigger territory. Prayer is a step taken in faith wherein God's power becomes visible in his love for us no matter the circumstances at hand. God's protective love is revealed when we live by faith in this fallen and hostile world and the attending realities. It becomes our new reality in Christ on the ground of his redeeming reality. It is important that the prayerful person should never doubt God. It is our responsibility to pray, what happens following our prayers is not our responsibility, after making our petitions, we commit the situation to God. As believers, we are still human beings that deeply depend on God's grace.

The purpose of pastoral encounter is not to become independent of God but rather to discover one's total dependence on God as a believer, as such, prayer require our focus to shift towards God and away from ourselves. Through faith in God, the person who prays is empowered to take his stand against the devil's schemes (Eph.6:11). The therapeutic effect of prayer lies in the hope that anticipates that God will provide. Where there is hope, there is life! Prayer does not only mean to pray, but rather to rise fromour knees and to live in the anticipation that God has already answered (Dan.9:20-23).[214]Interestingly, this answer can come either in the way one expects, e.g. the case of Isaac in Gen 25:21 "Isaac prayed to the LORD on behalf of his wife, because she was barren. The LORD answered his prayer, and his wife Rebekah became pregnant", in that instance, infertility was averted. On another hand, it

[213]Callie Hugo, I*bid,101*
[214] Ibid, 102-103

can be like that of Apostle Paul in 2 Cor. 12:9 "My grace is sufficient for you, for my power is made perfect in weakness." In either case, the sovereignty of God is central (Dan. 3:17-18).

5.3 African Cultural/Ritualistic Strategy for approaching the challenges confronting infertile couples in Africa.

In traditional Africa, it is not culturally acceptable to say that a man is infertile[215]; as a result, failure to give birth to children is solely the fault of a woman not minding what the problem is or might be since giving birth to children is believed to be the work of a woman[216]. The foregone and related facts need to be known by a pastoral caregiver to enable him care and counsel couples facing infertility challenges. Based on traditional African culture, a man cannot be said to be impotent or infertile, banking on that , impotent men resort to denial as to the reality of their medical condition since the culture forbids that such “secret” be pronounced,[217]in a bid to keep this “secret” a male relative of an infertile or impotent man would father a child for him (with the wife of the latter) in order to release him from the “shame” of infertility[218].When this happens, it is expected to remain a family secret and all parties involved are expected to avoid leakage of such confidential deal or truce as doing so will lead to a disgrace not just for the parties involved but the entire family.

As stated above while commenting on the spiritual approach to infertility, the Christian religious view or the perception that infertility is a sickness needing the healing process by prayers, devotions and worship exist in the African traditional system of belief[219]. In African tradition, diverse means are employed in a bid to curb the “menace” of infertility; these

[215]Inhorn, Ibid; 24,208
[216]AuliVahakangas, Ibid. 14-15, see also Inhorn, pp. 97,241-242.
[217]Auli, Ibid; 68
[218]Auli, Ibid;98
[219]Nwachukwu et’al, 71

include the appeasement of the fertility gods,[220]ethnomedical/ethnomycological consultations[221]. In her article "Rituals and symbols in the healing of infertility in Africa", Daisy Nwachukwu deals with the crucial question of visual and symbolic representations in the spiritual healing process in African faith. She examines different cases of the healing processes through which some infertile African couples utilized traditional practices such as rituals to their cases of infertility.[222] In her findings, symbols were generously used in all the cases even though such symbols were different from Christian ones. At the end of the day, the 40 women examined by Nwachukwu, 9 of them had children as a result of medical attention; six had children depending on sacrifices as treatment while three had children as a result of combining medical treatment with traditional sacrifices.[223] In cases where none of the above works, especially in non- Christian settings (sometimes among Christians as well), divorce or separation has been the popular outcome of most marriages.

It is important to note here "Rituals and symbols per se are nothing evil, heathenish, idolatrous, mythical or even scientific in them. Basically, a symbol represents an emblem or a construct imputed upon it"[224]. Although there is a difference between Christian and African traditional symbols and or ritual, a typical example of a symbol in Christianity is the cross and that of a ritual is the Holy Communion. In the light of this understanding, Lartey et alexamines the question of rituals and symbols in the healing process of infertile African couples within the context of pastoral care and counselling. They went on to address the problem of how the contemporary church in Africa deals with the question of traditional rituals and symbols involved in the healing process of the infertile Christian couple. The researchers further asked, "What is the church's pastoral response, in terms of care and

[220] Jean Masamba et'al, Ibid; 103
[221]Inhorn; 53
[222]Nwachukwu et al, 7
[223], Ibid; 77
[224]Lartey et al, Ibid. 68

counselling, to the issues involved in African contextualization of the healing process as they involve members of the Body of Christ?[225]"

The healing of infertility (among other health issues) as it relates to the Christian faith can be better understood in the light of Christ's healing ministry. Exploring the foregone facts as it relates to Christian rituals and symbols, Lartey et al quoted Kesley who noted that:

> The sacramental and devotional practices directed towards healing were simply discouraged or discontinued, while theology turned its attention elsewhere. Today, there is an almost total lack of theological support for such ideas or practices. Yet, at the same time, there are several indications that the question is not exactly settled. Infact, when asked directly, we find, not that healing has finally died out in the Christian world, but rather that we have poked a whole hornet's nest of divergent practices and ideas about it.[226]

It is of immense importance for African Christians to look up to and embrace the fact that there is no medical condition that God cannot heal if he chooses to do so and to know as well that traditional medication can be highly effective in the healing of infertility as stated earlier on. While different activities within the ritualistic approach to the healing of infertility in Africa are symbolic, they speak to the people in the way and manner that they understand.

5.4 Pastoral Strategies in dealing with the challenges confronting infertile couples

Having discussed the importance of the 'functions' and prayers for marriages to be blessed with children as seen in the spiritual approach, it is important that as we keep praying, we must ask the question, "What about the couples who are yet to become joyous parents"? (I.e. the infertile couples?), should they be left in and with their plight, because God does not

[225] Ibid. 69
[226] Lartey et al, 71

seem to be answering our (their) prayers? That is exactly where the role of a pastor, i.e. pastoral care for the infertile couples comes to play, as well as other believers' supportive role i.e. the Church at large to be of encouragement and support to these "*mothers of the missing ones"* as Marcia Inhorn referred to the barren from the Egyptian derogatory colloquial Arabic terminology.

The above statement on the need for the Church, especially, pastoral caregivers to stand by and with those suffering (in this case infertile couples) is best expressed in the words of Daniel Louw when he noted that "It is crucial for a pastor who is deeply involved in human suffering, is able to work creatively with people in their suffering and should help these people…even in a critical situation"[227].More positively according to Karen as quoted earlier on when she commented on the prayers for the blessings of marriages, based on her experience, the church in certain locations offered specific rites or prayers that spoke directly to a woman's inability to bring a child to term, but always in the broader context of the expectation of fertility.[228]

Nancy, a pastor's wife shares the story of her husband's ministry experience in the *Journal of Pastoral Care* while shedding light on the role of pastoral caregivers for the infertile couples noted that one of the surest ways to be helpful is simply to be aware of the presence of couples for whom infertility is an everyday reality. Due to their experience (the couple mentioned above), and the experiences of friends, Nancy's husband approached mother's day with a new awareness. In the pastoral prayer, he included a petition for "women who were unable to be mothers. After the service, a couple they knew only casually invited the duo to their home for a visit. To their surprise, the invitees poured out a story of the intense painof their medical condition, which prevented them from being able to conceive, the

[227] Daniel Louw *Meaning in Suffering: A Theological Reflection on the Cross and resurrection for pastoral care and counselling*, Peter Lang Publication, 191, 2000
[228] Karen,499; Ibid

woman shared of her rage at the unwed teenager mother with whom she worked, of the desperate and costly efforts in which they were now engaged, among other things. The barren couple spoke of their lack of support, and how much the prayer that was said meant to them. Interestingly, expressions similar to the above in congregations or with counselees signal that caregivers are trustworthy persons who will understand the pains expressed by barren or people with other challenges in life.[229]

Kunhiyop[230] has suggested helpful ways in which Christians should approach infertility and in this case, how pastoral caregivers can help infertile couples navigate through the challenge of being childless. He pointed out that there is the need for a good understanding of marriage rather than viewing it as merely a means of procreation. He furthered that there is the need for helping couples to understand infertility in the light of the scriptures (as explored in chapter four), the need to avoid jumping to conclusions on the causes of infertility and judgments and or stigmatization as well as the need to consider other options such as adoption. Amplifying latter (adoption), O'Donovan states "Adoption is a very beautiful Christian solution to the problem of childless.[231]"

Another way to help is simply being available to talk. This is because Infertility is extremely stressful for both individuals and couples. Often couples hesitate to talk about infertility for fear of getting insensitive advice and unhelpful comments but pastors can provide a safe place to discuss a difficult topic[232]. According to Nancy, as a way of helping infertile couples, a national network was established for support and make available information for infertile persons in the United States of America. This network according to her was to among other

[229]Geisler, D. Nancy *Pastoral Care for Infertile Couples* (Elm Pub. Manchester). The Journal of Pastoral Care, winter,33; 2013
[230] Samuel Waje Kunhiyop. African Christian Ethics: Hippo Books, 2008, 202-203.
[231] Wilbur O'Donovan. Biblical Christianity in African Perspective: Paternoster Press, 1996, 296
[232]Geisler, 33; Ibid.

things avail infertile couples the various literary works relating to their challenge and how some got medical as well as other assistance that helped them overcome their situations. According to Nancy, reading is especially helpful as couples learn to cope with their diagnosis of *Infertility,* she recommended a book by Linda Salzer, adding that it is the best book she has found that addresses the emotions of infertility for both men and women, according to her (Nancy), Linda Hunt Anton's "*Never to be a Mother"* outlines the process of resolution for women who have not parented, regardless of the reason. For the pastoral caregivers, she recommended Shapiro's "*Infertility and Pregnancy Loss" as* a useful summary of treatment issues.[233]

In addition to assisting couples with their developmental crises, communication, conflict resolution, decision making, sexuality, finances, dealing with family and friends, the clergies/ pastoral caregivers are in a unique position to help couples deal with their crises of faith,this is because, with infertility, couples deal with a number of extremely powerful issues, the question of their own mortality, while perhaps not the presenting issue, is certainly a strong undercurrent in the experience of infertility hence the need for caregiving.[234]How we understand and accept events beyond our control, how we deal with questions of meaning, are all part of infertility. Often individuals have to go through a faith crisis in which they reinterpret the meaning of suffering, the use of prayer, their understanding of God. It is not unusual to hear individuals struggle with anger with a God who could be so withholding or to get stuck in guilt, imagining infertility as a punishment. It is equally easy for couples to be stuck in denial, refusing to grieve or to stop their efforts at medical treatment

[233] Ibid
[234] Ibid.

Giving support to the idea of viewing of women's worth not based solely on their capacity to bear children is an important way to help which should not be taken for granted. Teachings found in more conservative churches, which mostly forbids from undergoing some kind of medical treatments often adds to the pain of couples unable to bear children due to medical conditions beyond their control. Many medical treatments are now possible which increase the chances for conception but which may cause difficulties for the couple—artificial insemination by donor, or AID, is one such option, and in vitro fertilization (IVF) is another but some couples are not allowed by their religious traditions to undergo such medical treatments. Giving the couple an opportunity to discuss these options with sensitivity to their feelings and to the ethical dilemmas posed by these techniques is critical when treatment is not successful, couples have to face anguishing decisions about treatments which have very little chance of success. The cost to the couple, financially and emotionally, needs to be weighed against their continuing desire to have their child often these decisions must be made when the couple is already tired from earlier efforts and procedures when the stress has exacted a high cost. For some, the time will come when "enough is enough," and the decision to stop treatment is a relief and a way to move on with life.[235]

While infertility may result from a combination of medical and or Spiritual factors, most of the cases have been due to unknown circumstances while some results from either of the two reasons above, some cases remain obscure leaving couples to their fate where they resort to either rightful or wrongful efforts in a bid to solve their problem. In any case, Christian couples need to understand that God has promised never to leave them nor forsake them no matter their circumstances, more so, other believers, especially Pastors must rally round them in a bid to minister to them by trying to alleviate their pains, struggles and troubles of such people by giving them hope as found in the scripture just as Eli the Priest did to

[235] Ibid

Hannah in 1 Samuel 1:17. Daniel Louw (2008:185) confirmed as well as amplified this argument when he advanced that:

> The role of a pastor is of the utmost importance within the African Context. In a certain sense, the pastor could assume the role of a "prophet healer". The task of the prophet healer is to scrutinize the past in order to identify the spiritual and human agents responsible for the human and communal misfortune…. As a prophet healer, the pastor must, therefore, play an interpretative and listening role, taking into consideration the unique cultural and religious milieu…. Listening patiently to the story of the afflicted and their environment makes an important contributionLouw (2008:185)[236]

Doing the above, will go a long way in calming their troubled hearts and assuring them in the light of God's word in the Scriptures that it could be a matter of time as seen in the cases of barren couples in the Bible, such couples include Sarah and Abraham (Genesis 15:2, 21:7), Zechariah and Elizabeth (Luke 1:5-7), just to mention a few examples of couples who battled the problem of barrenness in the Bible and were eventually given children later on, even at old age(s), and in the case that they don't have children it does not in any way suggest that God hates or does not care about their circumstance(s).

For all couples, whether infertility ends with a birth, an adoption, or a decision to live without a child, the experience leaves scars, which need to be worked through. A birth does not completely take away the pain of infertility or its consequences for each couple; this is a very individual process. A member of the clergy who has become an understanding listener can assist the couple in naming and mourning of their losses, making their decisions, grieving, and moving on. Finally, for some, a liturgy can be a way to symbolize letting go and moving on. According to Geisler,

[236]Daniel Louw, (2008), CURA VITAE: Illness and the Healing of Life in pastoral Care and Counselling.

> In an earlier article based on my experience with former parishioners, I fashioned a service for a couple unable to conceive. We named their hopes and dreams, their losses. We cried and laughed. We named the new life that was possible, now that a decision had been made, and the new dreams and hopes that were forming. We offered all of these to God, the one who makes all things new. This is perhaps the most crucial role of all for clergy—the opportunity to help a couple move beyond an experience with death and find meaning and purpose in new life, blessed and filled with God's grace [237](Geisler,2001,36).

Undoubtedly, the importance of the role of the Pastoral Caregiver cannot be overemphasised. This Geisler stated without mincing words "With the intervention of a pastoral caregiver, individuals and couples may be able to weather this crisis with a deeper and more considered sense of meaning, more finely tuned coping skills, and a transformed faith."[238] This will help them continue trusting God rather thanlost faith in his because of their infertile state. Daniel Louw captured this reality while analyzing the phenomenon of suffering when he highlighted that "The worst is the experience that even God is absent"[239]

There is the need for pastoral caregivers to help couples who are childless when they are making procreative decisions; this is because Christians have more than technological questions to ask. This is because reproductive technologies such as Cloning are not value-neutral. That is to say, just because these technologies are available does not mean that they ought to be used or that they pass ethical muster. Like other decisions, decisions concerning reproductive technology should be informed by a Christian worldview. Questions such as "What does the Bible say about infertility" should be asked. First, bearing children is good and parenthood when possible is to be celebrated. From the beginning, God blessed

[237]Geisler, 36, Ibid
[238] Ibid. 39
[239]Daniel Louw. A Pastoral Hermeneutics of Care and encounter: cape town, Lux Verbi, 1998, 8

procreation. As quoted above, in Genesis 1:28, God said: "Be fruitful and increase in number; fill the earth and subdue it." Similarly, as quoted in chapter one of this thesis, the psalmist says: "Behold, children are a heritage from the Lord. The fruit of the womb is his reward. Like arrows in the hand of the warrior, so are the children of one's youth. Happy is the man who has his quiver full of them . . ." (Psalm 127:3-5a).

Furthermore, the Bible says, "God sent his Son, born of a woman, born under the law, to redeem those under the law, that we might receive the full rights of sons" (Galatians 4:4). From the Galatians passage, it is clear that God chose to use the procreative process to bring his Son into the world, albeit through the virgin giving birth. Not only that, but children occupied a special place in Jesus' ministry (see Matthew 18:1-6; Mark 10:13-16). [240]Again, the believer's relationship to God is defined as a parent-child relationship: "The Spirit himself testifies with our spirit that we are God's children. Now if we are children, then we are heirs--heirs of God and co-heirs with Christ . . ." (Romans 8:16-17). Secondly, it is equally clear that the sovereign Lord is the one who opens and shuts the womb (1 Samuel 1:5-6). While children are clearly a blessing from God, the ability to bear them is subject to the mystery of his providence. In fact, the apostle James warns Christians not to be presumptuous about their lives. Rather than brazenly following our own desires, we are taught, "Instead . . . to say, 'If it is the Lord's will, we will live and do this or that'" (James 4:15).[241]

God's providence should not be a dark and foreboding reality for believers. As our Father, he always has his own glory and our best interest at heart--and there is never any conflict between the two. While we ought not to cite the verse flippantly to people who are suffering, it is nonetheless true that "we know that in all things God works for the good of those who love him, who have been called according to his purpose" (Romans 8:28). God is able to work well through our tragedies and traumas. One of the most assuring realities of the

[240] Stephen, Ibid; 99
[241] Ibid;101

Christian faith is the purposefulness of God. He never makes mistakes, commits errors of judgment, or acts capriciously.

It is noteworthy that in some cases, it may not be God's will for a couple to have children; as such, infertile couples should not be made to feel like second-class humans because they cannot conceive. While this may be culturally motivated, that is not and should not be encouraged or supported as it is not good and is as well unchristian. God may well have other good and gracious purposes for them (infertile individuals). Sadly, many couples assume that infertility is always a sign of God's disfavour or a means of punishment. That is not necessarily the case. On the other hand, God's will may be to bring a couple through the experience of infertility before they conceive. Of one thing we can be certain, God has promised never to place more of a burden on us than we can bear (1 Corinthians 10:13).[242]

More so, trials, including infertility, are sometimes brought into believers' lives as an encouragement to pray. 1 Samuel 1 is a powerful reminder that prayer is often God's appointed means of fulfilling his purposes for us. Hannah was an infertile woman who desperately wanted a child. She was extremely depressed over her inability to conceive. She prayed so intensely that the priest thought she might be drunk (1 Samuel 1:11-15). Hannah responded to his allegation by saying: "I am a woman who is deeply troubled. I have not been drinking wine or beer; I was pouring out my soul to the Lord." In the course of time, Hannah conceived,she had a son she named Samuel. God answered Hannah's prayers just as he answers all his children's prayers, by accomplishing his loving purposes in their lives.[243]

Infertility can be very traumatic for couples and because of the rate at which people are experiencing it; it is helpful if it captures the attention of pastoral caregivers. The array of reproductive technologies offered can be confusing that is why sound theologically trained pastoral caregivers are needed to help in such circumstances. Decisions about which

[242] Stephen, Ibid; 101
[243] Stephen, Ibid; 101

technologies to use take a great deal of mental, emotional, and spiritual effort by praying for and with the couple. This is very important because childlessness is a condition that requires a practical manifestation of the power of God. It is a time that puts the potency of the prayer of the saints to test. The childless want the pragmatic establishment of the scriptural passage that states: “The prayer of a righteous man is powerful and effective’’ (James 5:16b). [244]

The pastoral care givers need to take up the challenge and pray earnestly that God may grant the couple children before long. The prayer should, however, include the fact that the will of God should prevail. For the counsellor’s prayer to be efficacious, he/she needs to let the childless couple realize that it is the homes which are ruled by Christ which are the happiest; a home in which all grief and worries are taken straight to the Lord in prayer. God should be earnestly called upon because He is the ultimate source of life. While and after trying every means that is humanly possible to alleviate this problem, there is the need to pray to God ceaselessly “until the answer comes”. This is not a matter of going to prayer houses for candle and incense burning. What is needed is to ask in the name of Jesus Christ and believe that it is so. It must be mentioned that the efficacy of prayer is not limited to successful childbirth in the family of the couples prayed for. The impact of the prayer on the faith of the couple matters much.[245]

There are several important ways family and friends can help couples deal with infertility. It is advisable to learn the facts about infertility. Infertility is not necessarily a life-long condition. Some couples may experience years of infertility before having children. Stories about a family member or friend who was infertile but recently had a baby may not bring comfort to couples in the throes of dealing with their own infertility. Secondly, being sensitive on special occasions is very important. For example, occasions like Mother's Day may be very difficult for infertile couples. It is good to understand why they might not feel comfortable

[244] Ibid.
[245]Stephen Ibid; 101

participating on those occasions. When one learns that a couple is experiencing infertility, it is good not to ask "Whose fault is it?" Sometimes couples feel guilty about infertility in the first place, as such asking this type of questions may not really be of help. Additionally, the insinuation of guilt, either real or imagined is unlikely to help. Instead, being supportive can go a long way. Supporting infertile couples by praying for them, pointing them to good resources, and just bearing their sense of burden with them as they seek help for their infertility can go a long way in calming their troubled “waters”[246] and supporting them pastorally.

5.5 The use of scriptures in pastorally caring for infertile couples

God's Word has so many verses to comfort and encourage a believer through anything he/she might face or is facing in life. Pastoral care givers must utilize this resource (use the Bible) in their quest to help in caring for the infertile couples pastorally through the use of the scriptures. The need for a support structure for infertile couples by way of scriptural encouragement cannot be overemphasized. This among other things is because the Bible also encourages believers to look beyond their own circumstances to God’s wider purposes, for example, Zechariah and Elizabeth, both of them ‘upright in the sight of God’ (Luke 1:6), yet they experienced years of barrenness, and social disgrace.

The biblical picture would not be complete, however, without the recognition that God can and does intervene in the lives of childless couples, or without the acknowledgment that the experience of childlessness for some contemporary couple brought them nearer to God. It is an undeniable fact that the gift of children to the barren brings joy and blessing, not only to the parents but to the wider community, and many of the heroes of the scripture (Isaac, Jacob, Samuel, John the Baptist) are children of the childless.

[246]Ibid.

Similarly, while it is correct to give them hope in the light of the scriptures, pastoral care givers must be careful not to merely raise the hopes of infertile couples. It is obvious from the scriptures that God did not remove the affliction when he prayed. God's answer to Paul's prayer is relevant to couples struggling with childlessness. "Three times I pleaded with the Lord to take it away from me. But He said to me, 'My grace is sufficient for you, for my power is made perfect in weaknesses" (2 Cor. 12:8-9). Pastors should ensure that they sensitise childless couples that while God in his sovereignty has the power and can take away infertility, in some cases, they may legitimately pursue medical means of help, this is because, sometimes the call may be, like Abraham's, to wait on the Lord, and trust His promises.

While discussing the Christian approach to infertility, Kunhiyop (2008:202) stressed that when helping couples and their families and community deal with the distressing problem of infertility, pastors and counsellors should stress the need to understand infertility in the light of the scriptures. They should not respond to infertility in ways that displease God, such as seeking for help from witch doctors. Instead, they should seek God's grace to help them deal with it, just as they would seek His grace in dealing with other problems in life.

It is also important for believers not to judge childlessness as a curse or assign a stigma to it. This is so since scripturally speaking, even the barren can be joyful, as Isaiah 54:1 puts it: "Sing, O barren woman, you who never bore a child; burst into song, shout for joy, you who were never in labor, because more are the children of the desolate woman than of her who has a husband". Depending on their respective circumstances, a couple with many children may be more miserable than a childless couple who have learned to trust God and love each other.

While recounting the role of the word of God in addressing her infertile state as well as giving biblical encouragement for couples waiting to conceive, Marrazzo (2009:28) stated that:

> "I love when he illuminates certain scriptures to me that stand out for the specific trial I am facing at any time. Recently, God showed me quite a few scriptures that pertain to my husband's and my current situation of trying to conceive a child. We have a few friends who are also facing this same situation and while many of them have been trying for much longer than we have, God's Word remains the same for everyone in this situation. I want to encourage you to continue to believe God for your future child because He is faithful. I also want to share some ways that God uses this time of waiting to actually help us![247]

Among other biblical examples of infertile couples as highlighted earlier on in this research, Abraham is a great example of faith in the Bible, and his biggest test of faith was believing God for a child, Hebrews 11:11-12 states that "By faith Abraham, even though he was past age and Sarah herself was barren was enabled to become a father because he considered him faithful who had made the promise. And so from this one man, and he as good as dead, came descendants as numerous as the stars in the sky and as countless as the sand on the seashore."

Therefore, Abraham and Sarah are a great example, especially for couples who are concerned that they are too old to conceive. The Amplified Version of verse 11 puts it thus: "Because of faith also Sarah herself received physical power to conceive a child, even when she was long past the age for it, because she considered God who had given her the promise to be reliable and trustworthy and true to His word." Sarah's story is a reminder for Christian women (couples) faced with infertility to stop focusing on the circumstances of not being pregnant/achieve conception, and to instead focus on God, who is reliable, trustworthy and true to His word, especially if it is his will for us to have children.

[247]Cortni Marrazzo, *Biblical Encouragement for Couples Waiting to Conceive*Crosswalk.com; 2009, 28

It is important for childless couples to note that believing God for anything in life can grow and strengthen their faith. The more they wait for it, the more their faith can grow (Abraham and Sarah were such strong examples of a faith-filled people!). One thing God doesn't promise believers is to give them what they have prayed for when they want it; it might be his will but not his time. We have to remember that God doesn't operate in the finite realm of time like we do; we are to walk by faith and not by sight (2 Corinthians 5:7)

According to 2 Corinthians 4:18"We fix our eyes not on what is seen, but on what is unseen. For what is seen is temporary, but what is unseen is eternal. While the time childless couples spend waiting for conception is only temporary, it is important to note that God and His promises are eternal, a few months or few years of waiting won't seem that long. Interestingly, when believers accept Christ, it doesn't mean the rest of their lives will be on easy street.

From the above, the Bible guarantees that believers will have trials and difficulties to deal with in life, yet, God has also given them (Christians) a promise that all difficulties will ultimately end or turn out for good (Romans 8:28), even if he does not do exactly what they want. Similarly, when they experience difficulties in getting pregnant, they can and should hold on the joy that God is producing patience and character in them through this trial. Marrazzo added that

> "We can rejoice, too, when we run into problems and trials, for we know that they help us develop endurance. And endurance develops strength of character, and character strengthens our confident hope of salvation. And this hope will not lead to disappointment. For we know how dearly God loves us, because he has given us the Holy Spirit to fill our hearts with his love[248]." Romans 5:3-5

From the foregone, it can be deduced that there is a need for pastoral care givers to emphasize the place of patience and character in the lives of the infertile couple, this is

[248] Marrazzo, Ibid; 28

because it does not only help them to be better Christians and witnesses for God, but it will also help them to be better parents if God chooses to give them children later in life. In line with the above, being parents is such an important role in a child's life and it is comforting to know that God cares enough about the couples and their future children to prepare them to be good parents who are full of patience and of character.

While infertile couples may be frustrated at the lack of “Activity going on in their bodies” they can rejoice in their “suffering” (2 Peter 4:13) as well as what is going on in their souls (cf 3 John verse 2) rather than in their bodies. Here they can find 2 Corinthians 4:16-17 to be handy, it says "Therefore we do not lose heart. Though outwardly we are wasting away, yet inwardly we are being renewed day by day. For our light and momentary troubles are achieving for us an eternal glory that far outweighs them all." This shows us our true source of Joy.

Also, Psalms 37:4 says "Delight yourself in the LORD and he will give you the desires of your heart." This is a great scripture for the childless to meditate on and remember when their situation stares at them on their faces. If their desire or delight is not *in the LORD* but in other things more than Him (like having a baby), when that desire is fulfilled that thing can take first place in their hearts- a place that is reserved for none else but God Himself. Although a baby is a wonderful thing and definitely a blessing and will have a huge part of their hearts, a baby cannot fulfil the love and fellowship needed in lives that only God can. The infertile couples need to develop a delight in Him (the lord), such a one that is not dependant on circumstances.

In the same light with the above, Psalms 37:7 says "Be still in the presence of the Lord, and wait patiently for him to act. Don't worry about evil people who prosper or fret about their wicked schemes." While often times believers can get so restless when waiting for something, this can extremely be frustrating when “waiting” seems no to pay up! And it can be disheartening especially to women when they see other women get pregnant around

them, especially those who aren't married and don't even want a baby. In such circumstances, the devil may send fleeting thoughts into their hearts like, "Why is it that I'm serving God and can't get pregnant while so many teenagers and people who aren't serving God are having babies!" While sometimes it seems that people who aren't doing things God's way are better off, the fact is that they are not, and believers need to reject these thoughts.

Sometimes it feels overwhelming to want something so badly and yet have to wait so long for it. While infertility can turn out to be a trial of faith,1 Corinthians 10:13 says "The temptations in your life are no different from what others experience. And God is faithful. He will not allow the temptation to be more than you can stand. When you are tempted, he will show you a way out so that you can endure."

While giving scriptural encouragement to infertile couples, Marrazzo who was once infertile stated that “I hope and pray that these scriptures comfort and encourage you if you are going through this situation and that you are able to share God's hope with others dealing with this as well”. She added 2 Corinthians 1:3-4 in view of her past experience, this scripture states: "Praise be to the God and Father of our Lord Jesus Christ, the Father of compassion and the God of all comfort, who comforts us in all our troubles, so that we can comfort those in any trouble with the comfort we ourselves have received from God."

It important that pastoral care givers help infertile couples to know that like all other issues of life, childlessness is a faith matter, requiring that we involve God and God’s people, more so, the willingness to share the pain of childlessness with one’s partner, one’s friends, one’s church and one’s God is the means by which understanding and acceptance, encouragement and ultimately fulfilment, can be gained.

5.6 Conclusion

While there may be various approaches to the challenges confronting infertile couples, it is important to stress that though these may yield result(s), employing these mediums does not guarantee the fact that couple must become productive/fertile as this is not a promise for every infertile couple, rather, these are ways that the problem of infertility can be attended to and possibly overcome. The three approaches to infertility furnished herein are the spiritual, African cultural as well as pastoral approaches respectively. The spiritual approach on the other as enshrined in the scriptures has it that through prayer, though not a Promissiotherapy[249], it emphasizes that God is able to take away or heal the 'reproach' of barrenness like he did in the cases of Rebecca and Hannah, among others. The African culture is embedded in the use of symbols and rituals as well as the use traditional medicines approach, on the one hand, deals with the use of herbal medicines and or rituals to approach the challenge of infertility and

Because of the four-fold challenges discussed earlier on, the need for pastoral caregivers to assist infertile couples in their challenges cannot be overemphasized. In relation to that, a pastoral strategy has been devised with the and a framework for these caregivers to function effectively has been given which will among other things serve as underlying ideas or guidelines for their operation. This framework simply supports the facts that procreation is biblical and that even God sent his son into the world through the virgin birth and our relationship with God is viewed as a father-children relationship, yet, it must be understood that God is the one who opens and shuts the womb, as such, the ability to bear children is subject to the mystery of his divine providence and that he can work out good out of our most horrible experiences of life. The guideline also elucidated the fact that such cultural practices that devalue the human worth of infertile couples should be discarded and regarded as unchristian as they are not scriptural. It went further to state that trials such as

[249] The term Promissiotherapy as used by Daniel Louw in his Book CURA VITAE: Illness and the Healing of Life in pastoral Care and Counselling refers to the healing dimension of the fulfilled promises of God as revealed in the Biblical text, guaranteed by the faithfulness of God…Promissiotherapy operates within our being functions and activates an intense courage to be. For a deeper understanding of Promissiotherapy as hope care this concept in general, see Daniel Louw'sCura Vitae pp. 65,67,221,236ff, 241,255,257.

infertility should motivate believers to pray more and to believe in the power of prayer even if they do not get children as a result. Also, pastoral caregivers have herein been warned to be very discerning and/or sensitive about infertile couples on special occasions like mother's day and to avoid asking questions like "Whose fault it is?" and rather be supportive through prayers and recommendation of helpful resources.

The next chapter is the last; it summarizes, concludes and gives various recommendations on the challenges confronting infertile couples in Africa.

CHAPTER SIX

Summary, Conclusion and Recommendations for further research

6.1 Introduction

In the light of the overall goal of this research focus, being to create an understanding on the nature of the challenges confronting infertile Christian couples in Africa as well as to clarify on what these challenges while discouraging the emphasis on prolific childbearing with little or no consideration for those couples who are unable to do so as a result of varied hindrances to their childbearing ability. This chapter is set to summarize the findings arising from the overall studies to enable the researcher to give certain recommends arising from the research as well as recommending a further research on or of the subject matter as no single studies on a given subject is sufficient neither can it cover the adequately the subject under consideration.

6.2 Research Problem, Question and Research goal

The fact that infertility among couples as well as the challenges associated with it has been properly explored or even ignored too long was at the beginning as the problem of this research. This study has successfully made an attempt in addressing the issue of infertility among couples which has always “begged” for the attention of theologian over the years.

This study focused on the following primary research questions:

- What are the major challenges faced by infertile Christian couples in the African continent
- What is the role of a pastoral caregiver in assisting them in facing these challenges?

The above research questions have been answered in the sense that the major challenges confronting infertile couples in Africa have been found to be as follows: Cultural, Social, Psychological and Economical/ Infrastructural challenges respectively.

Furthermore, the research has the followings goals in focus:

- To create an understanding of the nature of the problem of infertility.

- To elucidate the plights/ challenges of the infertile couples in Africa Christian communities.

- To assist pastoral caregivers in deemphasizing the cultural perception associated with being childless.

The research goals outlined above, have been achieved in the sense that while pastoral caregivers may not be knowledgeable or versed in the discipline of medicine, an understanding on what the nature of the problem of infertility has been created in such a way that it can be said that one does not necessarily have to be a medical practitioner to understand the problem of or the challenges associated with the issue of infertility among couples. More so, the various plights encountered by infertile couples have not only been identified but explained/ clarified in a bid to give insight to pastoral caregivers as well as other readers on what these challenges mean so as to either understand these challenges or attend to those confronted by them or both, have had a working knowledge on what these challenges are. Furthermore, pastoral caregivers have been urged to use their office and authority in deemphasising the cultural beliefs and practices that tend to demean infertile couples and rob them of their God-given human dignity.

6.3 Summary of Research findings

Chapter one is the first and introductory chapter has heightened the fact that children are blessings from God and that in most African cultures couples are expected to have children notwithstanding their decision whether to or not to have children or due health or other problem as it is naturally expected that they give birth to children. Failure to do so for whatever reason is greeted with derogations of many kinds and pressures from family members and the society. As a result, there are many challenges faced by couples who are unable to have children at any point in time in their married life. Because of the many challenges that come with infertility among couples in most African cultural settings, infertility has herein been viewed as one of the main causes of unhappiness often leading to divorce and in some cases marital infidelity among couples. It is rather unfortunate that theologians, which are the problem of this research, have not adequately explored this aspect of marriage and family life. Furthermore, this research raises and answers the question of the challenges faced by infertile Christian couples in specific African contexts and the role of pastoral caregivers in assisting them in facing these challenges.

The goal of this research has been achieved in that it has brought to light the nature of the problem of infertility and the plight of the infertile couples in Africa Christian communities. It has also assisted pastoral caregivers to see the need for deemphasizing the cultural perception associated with being childless. The study has looked into the role of the pastoral caregiver with regard to his/her role in interpreting the Bible within the context of infertile couples in Africa. This research work is a literature study has engaged various forms of literature that gave insights into the nature of the issue of infertility as well as the challenges associated with or encountered by infertile couples in the contemporary African societies and Christian communities in particular.

Chapter two has among other things defined infertility to mean the inability to conceive a Child after a year or more of regular Sexual relations without contraception or the inability to carry pregnancies to a live birth while arguing that infertility is not a static state that is limited

to a number of tests adding that it should be viewed as a dynamic state of being not only confined to physical or psychological dimensions of the human person but also has to do with the totality of the affected person's life which has a seismic effect that affect all phases of the individual/ couples life. Furthermore, infertility has herein been classified into two, namely, the primary and secondary, the former implying or referring to the situation where the couple has never achieved a pregnancy, the latter i.e. secondary infertility on the other hand refers to the form of infertility which the couple has achieved at least one previous conception leading to either a live birth or miscarriage but now unable to further take in.

Again, this chapter has taken into consideration the various subcontinents in Africa and their various perspectives and or cases of infertility.

Chapter three has taken into consideration four-fold challenges that infertile African couples are faced with every now and then. These challenges considered are the cultural, social, psychological, and medical/ economic challenges. Due to cultural beliefs and/or demands, many couples have been pitched against each leading to divorce, extramarital affairs, among other desperate measures aimed at augmenting their infertility. This is all in an effort to meet the cultural and/or societal "demand" of what is meant to be adults as well as man and woman "enough'' in the communities where they live. Among other things they feel not belonging and/or accepted in such settings where they find themselves which leads to psychological trauma among other problems as they often cannot avoid being ostracized by those who are considered or who consider themselves fertile.

As noted in the discussion on the cultural challenges confronting infertile couples above, there is nothing wrong with culture in itself, rather, what is or becomes a problem is the fact that when certain cultural practices do not conform to or uphold human dignity in the treatment of its members in the name of observing and preserving itself becomes a problem and causes more harm than good. As observed earlier on, the way and manner in which infertile couples in Africa are treated in the name of culture are uncalled for. More so, certain

cultural practices which include the treatment meted on the infertile couple in most African cultures and/or societies which compound their “problem’’ instead of helping them, heaps more to the daily struggles that they experience.Consequently, childlessness remains a continued source of family tension. The intensity with which in-laws and extended family kinsfolk interfere with couples’ intimacy to ensure that there are offspring in a marriage raises the anxiety and frustration levels of the childless couple, as a result, the problem of a couple’s childlessness becomes more and more compounded on almost a daily basis.

More so, it has been discovered in this chapter that childless couples in the African continent are bedevilled by the twin challenges of lack of sufficiently advanced medical facilities meant for the diagnosis and treatment of infertility and that of lack of financial capabilities to afford available treatment options due to high cost and widespread poverty. Apart from the high cost of IVF, the percentage success rate for Africa is put at 5 to 15 %, implying that when each attempt fails, repetitions are the only options and are often not done due to poverty leaving most couples infertile for life. What is rather contradictory about health policies in most African countries is that as a continent that promotes childbearing, infertility treatments are often not made available by the government as well as mostly excluded from medical insurance, instead, family planning is made available everywhere and made mandatory.

Chapter four examines both the theological as well as the medical perspectives or understanding of the issue of infertility. While the former concentrated on the O.T/N.T references to the challenges of infertility and that of the early church and non-Christian cultural settings, the latter deals with the medical understanding as well as the treatment and evaluation of the male and female couples. Furthermore, the chapter gave insights into some pastoral theological themes for assisting infertile Christian couples. These themes include suffering, Justice, Justification, Punishment, Guilt, Theodicy and Hope.

The fifth chapter focuses on a practical theological and pastoral care approach to the plight of childless couples in Africa with emphasis on spiritual or prayer approach, African cultural/

ritualistic approach as well as pastoral approaches or strategies for approaching childlessness among Christian couples in Africa.

Chapter six has summarized the entire thesis work while concluding that infertility is a problem that can be approached from a spiritual, African cultural/ ritualistic as well as pastoral angles or strategies. The research has been recommended for further research as this thesis can in no way cover everything on the subject of the challenges confronting infertile couples in Africa, let alone the pastoral dimension to caring for infertile couples.

6.4 General Conclusion

From the primary research questions:

What are the challenges faced by infertile Christian couples in specific African contexts? And what is the role of a pastoral caregiver in assisting them in facing these challenges, it can be concluded that infertile Christian couples in the various African contexts face among other challenges a four-fold challenge: Cultural, Social, Psychological and Economical/ Infrastructural challenges. The Pastoral caregiver is saddled with the responsibility of teaching the scriptures to all including infertile couples in a bid to help them among other things to know that God does not see us the way the society sees or labels them thereby deemphasizing cultural and other forms of stigmatisation against infertile couples in his local congregation and possible in the society at large. He is also to play a referral role by pointing them to medical and other services that will be of help to them.

By implication, infertility pauses socio-cultural, psychological as well as economic/ infrastructural challenges to many couples in Africa. The above is due to the fact that among other things, children are not only valued but expected to automatically follow marriage in virtually all African cultures. Part of the reasons why children are highly valued in these cultures is the fact that they serve as social security for their aged parents, a workforce for

agrarian/ subsistence among other forms of agricultural activities. These children as well serve as the pride for or to their parents as they serve as a ‘stamp(s)’ for their adulthood thereby making them the men or women that the society wants them to be.

While infertility may result from a combination of physical/medical and or Spiritual factors or unknown circumstances, some results from either of the two reasons above. Christian couples need to learn to understand that God has promised never to leave them nor forsake them no matter their circumstances, even if they never have biological children at all, they can have spiritual children in the fashion of Paul and Timothy or even embrace adoption as an alternative. Pastoral caregivers among other believers must rally around them in a bid to minister to them by trying to alleviate the pains, struggles and troubles of such people as sharing one another burden is a Christian virtue expected of all believers.

6.5 Recommendations of the research

This research haven elucidated the challenges confronting infertile couples in Africa and the place of pastoral caregivers in assisting such people faced with these challenges hereby recommends the followings:

1). There is a gross misconception on the challenges confronting infertile couples in Africa, partly due to cultural orientation and well as lack of conscious efforts on the part of many people in contemporary church and society in Africa to find out the nature of the challenges confronting these group of people. More efforts should, therefore, be put in place in finding out what peculiar challenges infertile couples are faced with.

2) Pastoral caregivers should consciously, actively and frantically be involved in the society’s decision making, e.g. town hall meetings in a bid reframe the mind of the people to think and rethink some of their decisions such as the labelling of some members of the society as “unimportant” thereby reducing or denying them their human dignity.

3) While the various governments in Africa spend a lot of money in campaigns on family planning, there is little or no attention given to couples who are unable in to have children. The various governments in Africa need to balance the above efforts by given due attention to infertile couples.

4) The governments of various African countries should enact laws that will prosecute those who discriminate against infertile couples in societies such as those laws in place for those who discriminate against people living with HIV/AIDS as well those with disabilities so as to create a level playing ground in the various societies.

5) Church Denominations/Organisations (e.g. ECWA, DRC, Anglican, Methodist, Uniting Reformed Church, among others) should mandate their ministers to give the much needed attention to infertile couples in their congregations such as the ones given to those health conditions/ illnesses that led to the opening up of mission hospitals (medical missions) in the past in an effort to meet the needs of the people who are economically “incapacitated” to afford good medical attention. With specific reference to ECWA (The researcher’s denomination, the researcher plans to submit a proposal to the general church council being the Apex decision making organ of the church with the aim of developing a policy/ working document for special medical/ pastoral care for childless couples such as the one available on people living with HIV and AIDS).

6) This research has revealed with greatest dismay that in the entirety of the African continent, with the exception of South Africa, public hospitals are not well equipped with sufficient facilities to cater for the health needs of infertile couples and because the private hospitals that possess such equipment do not make any efforts to subsidize treatment for their “patients. In this regards, this research hereby recommends to other African countries to emulate the Republic of South Africa in building “state of the art” medical facilities and providing the needed hospital equipment to cater sufficiently for the needs of the infertile couples.

6.6 Recommendation for Further Research

The breadth of possible studies on the challenges/experiences of infertility among couples and its treatment is not only extensive but multifaceted as well. In order to help pastoral caregivers, know what is happening with regards to the challenges caused by the issue of infertility in different global contexts, there is the need for more exploratory research into the subject, particularly in the African context in order to allow for a further assessment of the cultural, social psychological and economic/infrastructural challenges due to infertility among couples in the African continent.

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