Title: Religiosity and perceptions about infertility in Ablekuma South, Accra

ABSTRACT

Infertility is a significant public health issue which is recognised as one of the six overlooked aspects of maternal health. It carries both physiological and mental health ramifications. Even in regions like sub-Saharan Africa, where birth rates are notably high, infertility remains prevalent and constitutes a major concern among couples or partners. Generally, the understanding of and attitudes towards infertility are inadequate, with causes often ascribed to supernatural or non-scientific phenomena. This misunderstanding contributes to the stigmatisation of those believed to be infertile, influencing their pursuit of treatment. People facing infertility may simultaneously turn to medical, traditional, and/or faith-based interventions. Religion and religious beliefs serve as coping mechanisms for various challenging life situations. They offer hope during tough times, although "religion" itself is a complex term with over 17 definitions identified in scholarly literature. On the other hand, religiosity refers to the degree to which an individual follows their religious beliefs or convictions. These beliefs influence morals, behaviours, preferences regarding fertility, and approaches to addressing infertility. While religion plays a significant role in the narrative surrounding fertility, there is still limited understanding of how strict adherence to religious beliefs impacts views on infertility and its management.

The study has three objectives: to examine how respondents' religiosity aligns with their perceptions of infertility; to explore religious leaders' perceptions about infertility and its treatment; and to determine how healthcare personnel navigate through their beliefs and those of their clients when treating infertility.

The study employed a convergent parallel mixed-method approach. For the quantitative aspect, 950 male and female respondents were sampled through a multistage sampling approach in the study community (Ablekuma South Metropolitan Area). The independent variable of interest was religiosity, measured using the Centrality of Religiosity Scale version 15, while the two outcome variables were perceptions about treatment seeking and perceptions about primary solutions. Religiosity was categorized as highly religious, moderately religious, and less religious, while the outcome variables were binary in nature. Treatment seeking was categorized as either both partners seeking treatment or one partner seeking treatment, with the model predicting the outcomes for both partners. The second outcome variable, perception about infertility, was also a binary variable, categorized as medical or non-medical, with the

model predicting medical as the primary solution. At the multivariate level, four binary logistic regression models were run after employing descriptive statistics and bivariate analysis using STATA version 18.

The qualitative aspect explored the perceptions about infertility among religious leaders and how healthcare workers navigated the religious context in their care of infertile clients. This involved in-depth interviews with 10 healthcare workers (obstetricians and gynecologists) and 17 religious leaders in the community. The data were analyzed separately, employing thematic analysis by bringing similar basic codes together to form organizing and overall global themes using Atlas. ti version 23.

Respondents' religiosity aligns with the perception that both partners should seek infertility treatment with those identifying as less or moderately religious showing a lower likelihood of supporting this approach. However, respondents' religiosity does not predict the perception that medical treatment is the primary solution. Variables such as education and blame for infertility predict both perceptions about treatment seeking and the primary solution, emphasising the need for education and community engagements. The second objective of the study focused on understanding the views of religious leaders regarding infertility and its treatment. From the analysis, three principal themes emerged: perceptions concerning infertility; attitudes towards assisted reproductive technology (ART); and proposed solutions. It was noted that religious leaders' understanding of infertility and ART was not comprehensive, mirroring findings from the quantitative part of the research. Identified causes of infertility were categorised into physical and spiritual realms, with the latter including both human-induced and divine origins. Physical causes ranged from medical reasons, such as complications from abortions to non-medical factors like ignoring specific cultural rites. Despite the variety of cited reasons, explanations frequently circled back to spiritual interpretations. The viewpoints on ART among religious leaders varied significantly, falling into three categories: full acceptance, outright rejection, and a neutral or middle stance. They acknowledged their role in addressing infertility, suggesting that solutions should be delivered through both medical and spiritual approaches. The third objective of this study was to investigate how healthcare professionals manage the interplay between their own beliefs and those of their clients in treating infertility. This led to the identification of three main themes: solutions offered, barriers to solutions offered and faith integration. Predominantly, women were the ones seeking help at medical centers in varied psychological states including feelings of anxiety, depression, and hopelessness. Healthcare providers consistently offered solutions

to infertility, but also acknowledged the hurdles in accessing these treatments. Identified barriers included the patients' acceptance of certain treatments, financial constraints, socio-cultural attitudes, the complexity of the adoption process, and religious considerations. While recognising the significant role of religion in infertility treatment, healthcare workers tended to focus more on scientific methods, given the ambiguous nature of religious aspects. However, they did advocate for their religious clients to supplement medical treatments with faith-based, non-intrusive practices such as prayer. Echoing the views of religious leaders, healthcare professionals generally agreed that a combined approach of religion and medicine offered the best solution to infertility.

The study concludes that a complex interplay of cultural, educational, and demographic factors influences individuals' beliefs and decisions regarding infertility treatment. This observation is supported by some scholarly perspectives while contradicting others. Conversations with religious leaders and healthcare professionals further emphasize the crucial role of religion in addressing infertility. Both religious leaders and healthcare workers recognize the significant role that religiosity plays in the care of infertility. However, healthcare workers caution that certain rituals may be harmful, and religiosity can potentially cause rejection of some forms of medical intervention and delays in seeking treatment. Religious leaders believe that they offer solutions to infertile clients either through spiritual or psychological support. Their stance on Assisted Reproductive Technologies (ART) lies between acceptance, total rejection and neutral. This research extends the study on infertility by deepening our understanding of the many factors that influence the pursuit of infertility treatment. It emphasizes the need to consider various cultural, social, and educational aspects when addressing infertility issues in different communities.