MSI Journal of
Education and Social Science

Volume: 2, Issue: 3 (July-September 2026)
Published by *MSI Publishers*
ISSN 3107-5940 (Online)

Received: 01-07-2026
Accepted: 27-07-2026
Published: 31-07-2026

Coping and Resilience among Ghanaian Couples Facing Unintended Childlessness: A Descriptive Phenomenological Study in African Christian Spirituality

Authors Details

Doris Ekua Yalley[1*]
Theology Unit, Central University. Kumasi Campus, Ghana.

Ebenezer Yalley[2]
Theology Unit, Central University. Kumasi Campus, Ghana.

Corresponding authors: *Doris Ekua Yalley*

ABSTRACT: Unintended childlessness in sub-Saharan Africa has a burden that is much more than a biomedical one. The couple who are unable to conceive is faced with a social, spiritual and existential crisis, rather than just a medical one, in pronatalist cultures where children are not just a medical condition but are a sign of God's blessing. The epidemiology and psychosocial impact of infertility in Africa is well known, but little is known about how infertile couples deal with it, or how they are able to remain resilient with the support of African Christian spirituality. The aim of this paper is to present a descriptive phenomenological study of the experience of living with the absence of children in Christian marriages in Ghana. With Colaizzi's method with the researcher's theological presuppositions bracketed, it outlines the difficulties these couples encounter in their families, churches and communities; their spiritual coping mechanisms; and how African Christian spirituality helps them survive and thrive. Transcended by Pargament's theory of religious coping and the literature on spiritual and family resilience, the study

DOI: *10.5281/zenodo.21713893*

claims that the church is a sanctuary and a place of stigma in Ghana, and that couples learn to be resilient through prayer, Scripture, worship, community, and a new understanding of fruitfulness, particularly when the church emphasizes deliverance. The paper argues that pastoral caregivers and counsellors need a theology of childlessness that moves beyond a liturgy of fruitfulness toward accompaniment, lament, and the nurture of resilience. Implications for pastoral care, counselling practice, and African theological education are discussed.

Keywords: *unintended childlessness; infertility; African Christian spirituality; religious coping; resilience; pastoral care; descriptive phenomenology; Ghana.*

1. Introduction

In the light of biblical understanding and African Christian culture, children are a gift from God. Although some may choose not to have children, a choice more visible in the Western world, others desire children above all else, especially within African cultures (Ademiluka, 2019; Dierickx et al., 2018). In most African contexts, infertility is among the most tabooed of subjects, one that is 'silently' devastating many married couples. Childlessness resulting from infertility affects couples worldwide, regardless of ethnicity, society, culture, religion, or economic status (Dierickx et al., 2018; Fehintola et al., 2017; Mascarenhas et al., 2012; Warner et al., 2015). The terms unintended and involuntary childlessness are used interchangeably in the literature to describe the situation of couples who desire children but cannot conceive; this paper adopts unintended childlessness throughout. Definitions vary across disciplines owing to the complexity of the condition (Gurunath et al., 2011), but infertility is typically described as the inability to conceive and achieve a successful clinical pregnancy after twelve months of regular unprotected sexual intercourse (Dierickx, 2020; Gurunath et al., 2011).

The scale of the problem is now clearer than ever. The World Health Organization's first global prevalence estimates in more than a decade indicate that approximately one in six adults worldwide, around 17.5 per cent, experience infertility at some point in their lives, with lifetime prevalence of 17.8 per cent in high-income countries and 16.5 per cent in low- and middle-income countries (Cox et al., 2022; World Health Organization [WHO], 2023). Infertility, then, does not discriminate by income or region, but its social

 DOI: *10.5281/zenodo.21713893*

consequences are deeply unequal, and nowhere are they heavier than in the strongly pronatalist societies of sub-Saharan Africa.

The WHO recognizes two distinct manifestations of the condition. Primary infertility denotes the inability to achieve conception and a successful live birth without any previous pregnancy or live-birth history, whereas secondary infertility denotes the inability to conceive and carry to live birth after having already had a biological child (WHO, 2023). From a biblical standpoint, both can constitute significant crises for married couples who desire children, for as the Scripture says, children are a heritage from the Lord (Psalm 127:3, New International Version). For many Christian couples, the inability to conceive brings acute challenges within the immediate and extended family, especially in cultures where couples and their relatives expect offspring as the natural fruit of marriage. Infertility remains a serious challenge for many couples in contemporary African societies notwithstanding the continent's population growth.

In the African context, the desire for children has sociological, religious, economic, and emotional roots. Traditionally, the agrarian character of most African societies made children a source of labour for family farms and enterprises, and many across the continent regard children as a parent's future economic security (Cooper-Hilbert, 1999; Dyer et al., 2004; Fehintola et al., 2017). Children are also bound up with continuity and remembrance: in much African thought a person lives on through descendants, so that to be without a child is to be cut off from the community of the living and the dead (Mbiti, 1969). Cooper-Hilbert (1999) observed that family and children carry varied meanings across cultures: the advent of children signals the rite of passage into adulthood and forms a bond between generations. In cultures that place a premium on children, childlessness renders life stressful and painful, not least because infertility has a spreading effect, drawing the couple's families into worry through the cultural expectation of automatic fertility (Lartey, 2003). The cultural emphasis on childbearing causes childless couples to be regarded as unproductive members of society; culturally speaking, the attainment of adulthood can be barred by infertility, such that a man or woman may be derogatively referred to as a boy or a girl (Yusuf, 2018). Recent Ghanaian evidence shows that these dynamics are still in play: women that experience unintended childlessness speak of insults, heavy in-family pressure, maltreatment by husbands and in-laws, and even shifting

 DOI: *10.5281/zenodo.21713893*

from the community to avoid stigma (Naab et al., 2019; Ofosu- Budu & Hänninen, 2020); couples describe childlessness as a psychosocial burden, with every aspect of life touched by it (Diallo et al., 2024).

1.1 Research Problem

In Africa, the problem of infertility is complicated by the importance placed on the production of offspring and the psychological and emotional effects of not having children, leading to a sense of emptiness and unhappiness. Infertility is both subtly and profoundly felt by people who suffer from it, both men and women, with repercussions that are deeply felt and undeniable in matters of self, in peoples' sense of self (Hudson & Culley, 2013). Unintended childlessness could challenge the feelings of completeness and wholeness in life by the desire for parenthood (Batool & de Visser, 2016; Behboodi-Moghadam et al., 2013; Cunningham & Cunningham, 2013). Infertility at first appears as a physical issue, but it is a wide and all-encompassing experience that is typically linked with psychological, emotional and spiritual distress (Lee et al., 2009; McCarthy, 2008). Diagnosis and fertility treatment add to couples' stress not just in their marriage, but in their social roles as well (Greil, 1997; Greil et al., 2010).

Similar to other chronic conditions (McQuillan et al., 2007; Seybold, 2002), infertility can be said to be a disease that impairs the affected person's quality of life and well-being. A spiritual crisis can thus occur, causing couples to doubt their significance and purpose in life (Oddens et al., 1999; Roudsari et al., 2007). Researchers, however, have focused mainly on the physiological and psychosocial aspects of unintended childlessness (Greil et al., 2010; Oddens et al., 1999; Roomaney et al., 2024) and not the spiritual aspect of living with unintended childlessness (Roudsari et al., 2007). Although spiritual aspects of this complex topic are less explored and understood, some authors have shown that it is important to incorporate spirituality when studying and managing this topic (Attard et al., 2014; Roudsari et al., 2007). The inclusion of spiritual aspects in addressing barriers to providing care for the infertility patients in the public health sector is confirmed (Attard et al., 2014), and thus the need to attend to the spiritual journey of infertile couples becomes more important (Cunningham & Cunningham, 2013; van Empel et al., 2010). There has been even less focus on how couples cope and become resilient over time, maintaining

 DOI: *10.5281/zenodo.21713893*

their hope, identity and meaning in the face of extended childlessness (Pargament & Cummings, 2010; Walsh, 2016).

Moreover, although infertility is a leading cause of unhappiness, divorce, and in some cases marital infidelity among African couples (Baloyi, 2017; Vähäkangas, 2009), it is striking that theologians have not duly explored this aspect of marriage and family life. However, there seems to be a lack of spiritual and pastoral care, as childless couples are dehumanised in many African cultures, which places a high value on childbearing, thus leaving role players of spiritual and pastoral care duties less supportive (Baloyi, 2017; Greil et al., 2010; Vähäkangas, 2009; Yusuf, 2018). In the book, Asamoah-Gyadu (2007) has illustrated that, in the Pentecostal and Charismatic quarters of the church in Ghana, the church has tried to engage childlessness mostly in ritual settings of deliverance where childlessness is viewed as a curse to be eliminated, which can cause more problems than solutions to those who may not have children. Vähäkangas (2009) has claimed that the topic of infertility and the spiritual experiences of the infertile have been neglected by theologians for way too long.

The present paper thus presents a descriptive phenomenological study on the lived experience of Christian couples in Ghana who experience unintended childlessness, challenges they encounter, the African Christian spiritual coping mechanisms they employ and how their spirituality supports their coping and wellbeing.

1.2 Objectives and Research Questions

The research aims to describe the major challenges faced by Christian couples who are struggling with unintended childlessness, from the perspective of a typical Christian community; to explore the coping strategies that the African Christian spirituality has provided these couples in relation to those challenges; and to examine the effect of the African Christian spirituality on the coping and well-being of these couples. As a result, the paper will answer the following research questions:

1. What are the major challenges experienced by Christian couples living with unintended childlessness within a typical Christian community?

 DOI: *10.5281/zenodo.21713893*

2. What African Christian spiritual coping strategies do these couples adopt in dealing with those challenges?

3. How does African Christian spirituality foster resilience and well-being among couples experiencing unintended childlessness?

2. Literature Review

2.1 Childlessness in African and Ghanaian Contexts

A substantial body of African scholarship documents the social weight of childlessness. In Ghana, Fledderjohann's (2012) study, titled 'zero is not good for me', found that infertile women experience marital instability, social exclusion, and economic insecurity, with childlessness threatening the viability of the marriage. Tabong and Adongo (2013) showed that in northern Ghana childbearing is understood as the central purpose of marriage, such that childlessness invites suspicion, ridicule, and pressure toward polygyny or divorce. Donkor and Sandall (2007) demonstrated that perceived stigma significantly elevates infertility-related stress among women seeking treatment in southern Ghana, while Naab et al. (2013) established that Ghanaian women's own beliefs about the causes of infertility shape their psychosocial health. More recent studies confirm the persistence of these patterns: infertile women in the Ashanti and Northern regions report insults, pressure, and stigma severe enough to prompt relocation (Ofosu-Budu & Hänninen, 2020), and couples in Cape Coast describe infertility as an encompassing psychosocial burden borne disproportionately by wives (Diallo et al., 2024).

Two features of this literature deserve emphasis. The first is the gendered character of the burden. Although male-factor infertility accounts for a substantial share of cases worldwide, African women overwhelmingly bear the blame, the stigma, and the treatment-seeking labour (Baloyi, 2017; Dyer et al., 2004; Naab et al., 2019). Dyer et al. (2004) captured the corollary for men in the words of a South African participant, 'you are a man because you have children', which shows that masculinity, too, is constructed through fertility. The second feature is the supernatural framing of aetiology. Ofosu-Budu and Hänninen (2021) found that most women experiencing unintended childlessness in Ghana attributed their condition to supernatural factors such as witchcraft, curses, or spiritual attack, irrespective of setting, education, or religion. This aetiological framing channels

 DOI: *10.5281/zenodo.21713893*

help-seeking toward religious and traditional healers as much as toward biomedicine (Dierickx, 2020), and it helps explain the church's deep entanglement with the experience of childlessness.

2.2 African Christian Spirituality, Religion, and Infertility

African Christianity is marked by a spirituality that is holistic, experiential, and communal, in which the visible and invisible worlds interpenetrate, and faith is expected to bear on every dimension of life, including fertility (Bediako, 1995; Mbiti, 1969). In this context prayer, worship, Scripture reading and the ministry of the congregation are not private consolation but are active ways of relating to a God whom it is believed will open and close the womb. This kind of faith has been a special concern in African women's theology for its impact on their experiences of marriage, motherhood and value, and at times limitations, on women (Oduyoye, 2001: 13-21). In this uniquely African Christian spirituality, Ghanaian couples make sense of and react to unwanted childlessness.

Infertility is not an outgrowth of religion in Africa. It influences the experience, understanding and treatment of the condition. After a review of the international literature, Roudsari et al. (2007) concluded that religion and spirituality have an impact on distress, meaning- making, and treatment choices of infertile people, but have not been addressed in fertility care. In the context of African Christianity, the biblical stories of barren women (Sarah, Rebekah, Rachel, and especially Hannah in 1 Samuel 1:1-20) are the most obvious interpretive texts for the reading of the childless Christian couple's experience. This is also made clear by Ademiluka (2019) who discusses how the Hannah story is well understood in the African context, but how the church's use of such stories can also lead to the expectation that the prayed child will follow, and those who don't must be presumed to lack faith.

Asamoah-Gyadu (2007) offers one of the most detailed accounts of contemporary Ghanaian Christian responses to barrenness. Pentecostal and charismatic churches, operating within a worldview in which events have spiritual causes, have mounted ritual contexts such as anointing services, deliverance sessions, and covenants of fruitfulness that wrestle with childlessness as the work of curses and hostile spirits. While such rituals affirm the seriousness of the condition and offer hope, Asamoah-Gyadu argues that this

 DOI: *10.5281/zenodo.21713893*

partial approach to 'healing' childlessness has produced one-sided interpretations of fruitfulness and prosperity, and has neglected, indeed deepened the troubles of, those who may never have children. Baloyi (2017) reaches a parallel conclusion from a pastoral-theological standpoint in South Africa, arguing that the gendered character of barrenness demands a deliberate pastoral response, while Vähäkangas's (2009) Tanzanian narratives demonstrate that couples' coping is worked out in the space between congregational teaching, extended-family expectation, and personal faith. Taken together, this literature establishes both the centrality of Christian spirituality to the experience of childlessness in Africa and the ambivalence of the church's ministry to the childless. These twin observations motivate the present study.

2.3 Coping, Resilience, and Spirituality

Beyond describing the burden of childlessness, a growing literature examines how people cope with it and, in some cases, grow through it. Coping refers to the cognitive and behavioural efforts people make to manage demands that tax their resources (Pargament, 1997), while resilience refers to the process of adapting well in the face of adversity and recovering a sense of meaning and purpose (Southwick & Charney, 2018; Walsh, 2016). While the two are related, coping refers to what people do in the moment, resilience refers to the longer pattern of adaptation that coping can help establish. For many of those of faith, religion and spirituality are at the heart of both. Religion is an anchor that helps children to be resilient and helps them to make sense of life, provide comfort, and sustain a relationship with the sacred (Pargament and Cummings, 2010) and shared belief systems such as spirituality and transcendence are identified as a key process within family resilience in crisis (Walsh, 2016). Applied to unintended childlessness in a strongly Christian setting, these ideas suggest that spirituality may be not only a way of coping with stigma and grief but a wellspring of resilience. How far that promise is realised, and where instead spirituality compounds distress, is an empirical question that this study takes up.

3. Conceptual Framework: Religious Coping and Resilience

The study is read alongside two related bodies of theory: Pargament's (1997) theory of religious coping and the literature on spiritual and family resilience. Pargament holds that religion works as an active orienting system, not a passive backdrop to stress, through

 DOI: *10.5281/zenodo.21713893*

which people appraise adversity, conserve or transform what they hold significant, and search for meaning, comfort, intimacy, and control. Pargament et al. (2000) operationalised this theory in the RCOPE, distinguishing positive religious coping (benevolent religious reappraisal, collaborative problem-solving with God, and the seeking of spiritual support and congregational connection) from negative religious coping, which includes appraising adversity as divine punishment or demonic attack, spiritual discontent, and interpersonal religious strain. A consistent finding across health conditions is that positive religious coping is associated with better psychological adjustment, whereas negative religious coping predicts heightened distress (Koenig, 2012; Pargament et al., 2000).

Resilience theory extends this account from the moment of coping to the longer arc of adaptation. Walsh's (2016) family resilience framework treats resilience not as a fixed trait but as a set of relational processes, among them shared belief systems, and locates spirituality and transcendence at the heart of how couples make meaning of hardship, sustain hope, and draw strength from something larger than themselves. Pargament and Cummings (2010) similarly describe faith as a resilience factor that anchors people through loss, while cautioning that religious struggle can undermine adaptation as well as support it. Taken together with religious coping theory, this literature frames the questions the study asks of its participants: the challenges they meet are read as demands on their coping; their spiritual strategies as positive or negative religious coping; and the well-being they recover, or fail to recover, as the fruit of a resilience in which African Christian spirituality is deeply implicated.

This framework is well suited to unintended childlessness in Ghana. The Ghanaian religious ecology, in which supernatural aetiologies of infertility are pervasive (Ofosu-Budu & Hänninen, 2021) and churches offer ritual responses to barrenness (Asamoah-Gyadu, 2007), supplies precisely the appraisals ('the Lord has closed her womb', 'this is a curse to be broken') and the communal resources that the theories identify as consequential. Because the study adopts a descriptive phenomenological design, however, these concepts are held lightly. They are used as sensitising lenses in the discussion rather than as a template imposed on the data; the analysis itself stays close to what participants describe, and the researcher's theoretical and theological commitments were bracketed so that the couples' own accounts could come to the fore.

 DOI: *10.5281/zenodo.21713893*

4. Methodology

4.1 Research Design

The study took the descriptive phenomenological design in the Husserlian tradition (Husserl, 1970; Giorgi, 2009) which aims to reveal the structure of lived experience as it is experienced to those who experience it. The technique of descriptive phenomenology is a suitable method for exploring unintended childlessness as a spiritual experience because it allows the participants to tell their stories and will not try to explain the experience beforehand. The main feature of the approach is to bracket out all preconceived notions, stereotypes and personal beliefs, in order to encounter the phenomenon again. This bracketing was particularly important here as the researcher was a theologian and church leader in the same faith tradition as the participants, and her presuppositions along with her ideas of childlessness, prayer, and the action of God were identified and set aside in a bracketing journal during data collection and data analysis.

4.2 Participants and Setting

Participants were married Christian couples (individuals) who had experienced unintended childlessness for at least three years, recruited through purposive sampling from selected congregations in the Kumasi Metropolis, Ashanti Region. Purposive sampling prioritised depth of experience over statistical representativeness. Couples were included if both spouses professed the Christian faith, were active in a local congregation, and consented to be interviewed. Participants ranged in age from 35-40 and represented both the Pentecostal, charismatic, and historic mission churches.

4.3 Data Collection

Data were collected through in-depth, semi-structured phenomenological interviews of approximately 45 minutes each, conducted in both Twi and English] between 2022 to 2023. Consistent with the descriptive approach, the interviews used open, non-leading questions that invited participants to describe their experience in their own words. The interview guide explored the couple's journey since discovering their difficulty conceiving; experiences within the family, congregation, and community; spiritual practices and beliefs employed in coping; and their assessment of the church's ministry to them. Interviews were

 DOI: *10.5281/zenodo.21713893*

audio-recorded with consent and transcribed verbatim; Twi interviews were translated into English and back-checked for accuracy.

4.4 Data Analysis

Transcripts were analysed using Colaizzi's (1978) descriptive phenomenological method. The steps were followed in sequence: each transcript was read several times to acquire a sense of the whole; significant statements bearing on the experience of unintended childlessness were extracted; meanings were formulated from these statements; the formulated meanings were organised into theme clusters; the results were integrated into an exhaustive description of the phenomenon; the fundamental structure of the experience was then stated as concisely as possible; and this structure was returned to participants for validation. Throughout, the epoché was sustained through the bracketing journal, so that the description arose from the data rather than from the researcher's prior commitments.

4.5 Trustworthiness

Trustworthiness was pursued using Lincoln and Guba's (1985) criteria. Credibility was addressed through validation of the emerging structure with participants and through prolonged engagement in the field; dependability and confirmability through an audit trail of analytic decisions and the bracketing journal; and transferability through thick description of the participants and setting, so that readers may judge the relevance of the findings to other contexts.

4.6 Ethical Considerations

Ethical approval was obtained given the profound sensitivity of infertility in the Ghanaian context, particular care was taken with informed consent, the right to decline any question, confidentiality, and the use of pseudonyms throughout. Participants were offered referral to should the interviews occasion distress.

5. Findings

Colaizzi's analysis yielded five theme clusters, presented below with illustrative excerpts from participants (all names are pseudonyms).

 DOI: *10.5281/zenodo.21713893*

5.1 'A Marriage under Scrutiny': Familial and Communal Pressure

The first theme concerns the relentless scrutiny to which childless couples' marriages are subjected by extended family and community.

5.2 'Why Has God Shut My Womb?' Spiritual Struggle

A second theme captures participants' spiritual struggle, that is, experiences consistent with negative religious coping, including appraisals of childlessness as divine punishment, a curse, or spiritual attack, alongside seasons of doubt, anger toward God, and spiritual discontent.

5.3 'Prayer Is My Medicine': Devotional Coping and Resilience

The third theme gathers the positive religious coping strategies through which participants sustained resilience: persistent prayer and fasting, immersion in Scripture (with the Hannah narrative repeatedly invoked), worship, and a collaborative posture of 'waiting on the Lord' while pursuing medical care.

5.4 The Church as Sanctuary and as Site of Stigma

The fourth theme concerns the ambivalent role of the congregation. Participants described the church as, at times, a place of belonging, intercession, and practical support, and at other times a place of exposure, where fruitfulness theology, public prayer for the barren, mother's-day rituals, and prophetic declarations intensified their shame.

5.5 Reframing Fruitfulness: Meaning-Making, Resilience, and Transformed Hope

The final theme traces the ways some couples moved beyond mere endurance toward resilience, transforming rather than only conserving significance: redefining parenthood through adoption or fostering, embracing spiritual parenthood within the congregation, and articulating a broadened theology of fruitfulness in which their marriage and ministry bear fruit beyond biology.

6. Discussion

Read through the frameworks of religious coping and resilience, the findings display the full repertoire of religious coping in a context where religion pervades the meaning of

 DOI: *10.5281/zenodo.21713893*

childlessness. The first theme of familial and communal pressures corroborates the trend across the Ghanaian literature: childlessness puts the marriage on trial, and the pressure is especially strong on the wife, as seen in the literature (Diallo et al., 2024; Fledderjohann, 2012; Naab et al., 2019; Ofosu-Budu & Hänninen, 2020; Tabong & Adongo, 2013). The present study contributes that these pressures, for Christian couples, come with a theology, and a blessing/curse/covenant theology, so that social stigma and spiritual struggle cannot be separated.

The second and third themes are similar to the negative and positive religious coping, respectively, (Pargament et al., 2000). As with the rest of the literature on religious coping, the appraisals of childlessness as punishment or attack seemed to be associated with the most intense feelings of distress (Koenig, 2012); such appraisals were linked to the most severe distress, as reported by the respondents. In contrast however, the devotional approaches used within the third theme (prayer and Scripture, worship, and collaborative waiting) were seen to be the actual resources of endurance and resilience, reflecting Vähäkangas's (2009) Tanzanian stories and in keeping with the claims of Roudsari et al. (2007) that the devotional life is not an adjunct to the experience of infertility, but a core part of it. These common spiritual practices were used as a belief system to give meaning to their situation and to provide strength for the couples beyond themselves, according to Walsh's (2016) framework.

The fourth theme concerns the study's main contribution, the church as a sanctuary and a place of stigma. Congregational life provided a place of belonging and intercession, it contained a reserve of hope and a shield for shame, whilst theology and public ritual of fruitfulness drew couples to the fore, and it heightened the stigma it was meant to dissipate. This ambivalence provides empirical substance to Asamoah-Gyadu (2007)'s criticism of the ‘half-and-half' approach of the church to 'healing' childlessness and the calls by Baloyi (2017) and Vähäkangas (2009) for a deliberate pastoral theology of childlessness. Finally, the fifth theme demonstrates how transformation of significance and a lasting resilience can occur in Ghanaian Christianity, as some of these couples come to a broader understanding of biblical fruitfulness, stemming from adoption, spiritual parenthood, and a re-imagined vocation, that does not bar out grief but does not limit hope to biological conception either.

 DOI: *10.5281/zenodo.21713893*

7. Implications for Pastoral Care and Counselling

Four implications follow. First of all, the pastoral caregiver must have a theology of childlessness rather than a liturgy of fruitfulness. The focus of the three elements of preaching, prayer and ritual needs to be given to lament and to the possibility that faithful couples might never conceive, and to resist framings that equate continued childlessness with a lack of faith (Ademiluka, 2019; Asamoah-Gyadu, 2007). Rather than focusing on childlessness, this is the positive task of fostering resilience; maintaining meaning, hope and belonging in relationship, regardless of the child's birth (Pargament & Cummings, 2010; Walsh, 2016). Second, congregational practice demands audit: any practice that brings childless individuals into public view should be thought again, as should public prayers for the barren, and pressure to testify. Thirdly, deliberate integration of pastoral care and professional counselling is needed. Spirituality cannot be ignored as noise to be filtered out from one's interaction with Ghanaian couples; spiritual coping assessment (distinguishing punishment/curse from collaborative and hope-conserving faith) should be incorporated into the process of case conceptualisation; and referral pathways between clergy, counsellors, and fertility services should be established (Attard et al., 2014; Roudsari et al., 2007). Fourth, the couple and not the woman alone must be the unit of care: ministering to husbands in addition to confronting the gendered allocation of blame, engaging extended families are pastoral tasks in their own right (Baloyi, 2017; Dyer et al., 2004). Theological education in Ghana should therefore train the ministers appropriately, including the inclusion of the pastoral care of childless couples in the curriculum for marriage, family and counselling.

8. Limitations and Future Research

The results from this study are not statistically generalisable, but are valuable for their descriptive depth, and have come from a sample of Christian couples that has been purposefully selected. Being a member of the same faith community allowed access and rapport but required disciplined bracketing of her own faith convictions in reading into the data. Couples who no longer go to church, possibly due to stigma, do not appear in the sample and could travel in a very different way. Future research should continue to explore such de-churched couples as well as the experiences of men with childlessness in Ghana, a

 DOI: *10.5281/zenodo.21713893*

comparison of experiences across denominational traditions, and intervention research on the effectiveness of congregation-based support for childless.

9. Conclusion

In Ghana, an unintended childlessness is not solely a medical problem, it is a social challenge and spiritual quest, done in the presence of family, congregation and community. In this study, it has been described in the light of religious coping and resilience. It demonstrates the power of African Christian spirituality to provide the resources of endurance to childless couples, and at times, their sharpest wounds. It is the same faith that can wound with curses and unbroken covenants that can provide resilience through prayer, Scripture, worship and the fellowship of a congregation that chooses to accompany. That is why the church that prays for the barren must also learn to sit with them, and that which celebrates Hannah's answered prayer must honour her tears. A Ghanaian Christianity that could do both, pray for the miracle and also to be patiently by their side while they wait, would transform the lives of childless Christians from silent suffering to an accompanied hope and sustained resilience. That is a pastoral and theological shift and its past due.

Disclosure Statement

The author reported no potential conflict of interest.

References

1. Ademiluka, S. O. (2019). Interpreting the Hannah narrative (1 Sm 1:1–20) in light of the attitude of the church in Nigeria towards childlessness. Verbum et Ecclesia, 40(1), 1–10. https://doi.org/10.4102/ve.v40i1.2004

2. Asamoah-Gyadu, J. K. (2007). 'Broken calabashes and covenants of fruitfulness': Cursing barrenness in contemporary African Christianity. Journal of Religion in Africa, 37(4), 437–460. https://doi.org/10.1163/157006607X230535

3. Attard, J., Baldacchino, D. R., & Camilleri, L. (2014). Nurses' and midwives' acquisition of competency in spiritual care: A focus on education. Nurse Education Today, 34(12), 1460–1466. https://doi.org/10.1016/j.nedt.2014.04.015

4. Baloyi, M. E. (2017). Gendered character of barrenness in an African context: An African pastoral study. In die Skriflig, 51(1), 1–7.

5. Batool, S. S., & de Visser, R. O. (2016). Experiences of infertility in British and Pakistani women: A cross-cultural qualitative analysis. Health Care for Women International, 37(2), 180–196. https://doi.org/10.1080/07399332.2014.980890

6. Bediako, K. (1995). Christianity in Africa: The renewal of a non-Western religion. Orbis Books.

7. Behboodi-Moghadam, Z., Salsali, M., Eftekhar-Ardabily, H., Vaismoradi, M., & Ramezanzadeh, F. (2013). Experiences of infertility through the lens of Iranian infertile women: A qualitative study. Japan Journal of Nursing Science, 10(1), 41–46. https://doi.org/10.1111/j.1742-7924.2012.00208.x

8. Colaizzi, P. F. (1978). Psychological research as the phenomenologist views it. In R. S. Valle & M. King (Eds.), Existential phenomenological alternatives for psychology (pp. 48–71). Oxford University Press.

9. Cooper-Hilbert, B. (1999). Infertility and involuntary childlessness: Helping couples cope. W. W. Norton.

10. Cox, C. M., Thoma, M. E., Tchangalova, N., Mburu, G., Bornstein, M. J., Johnson, C. L., & Kiarie, J. (2022). Infertility prevalence and the methods of estimation from 1990 to 2021: A systematic review and meta-analysis. Human Reproduction Open, 2022(4), Article hoac051. https://doi.org/10.1093/hropen/hoac051

11. Cunningham, N., & Cunningham, T. (2013). Women's experiences of infertility — towards a relational model of care. Journal of Clinical Nursing, 22(23–24), 3428–3437. https://doi.org/10.1111/jocn.12338

12. Deka, P. K., & Sarma, S. (2010). Psychological aspects of infertility. British Journal of Medical Practitioners, 3(3), Article 336.

13. Diallo, A. A., Anku, P. J., & Oduro, R. A. D. (2024). Exploring the psycho-social burden of infertility: Perspectives of infertile couples in Cape Coast, Ghana. PLOS ONE, 19(1), Article e0297428. https://doi.org/10.1371/journal.pone.0297428

 DOI: *10.5281/zenodo.21713893*

14. Dierickx, S. (2020). Women experiencing infertility in The Gambia: A contextualized understanding of agency, harm and violence [Doctoral dissertation, Vrije Universiteit Brussel].

15. Dierickx, S., Rahbari, L., Longman, C., Jaiteh, F., & Coene, G. (2018). 'I am always crying on the inside': A qualitative study on the implications of infertility on women's lives in urban Gambia. Reproductive Health, 15, Article 151. https://doi.org/10.1186/s12978-018-0596-2

16. Donkor, E. S., & Sandall, J. (2007). The impact of perceived stigma and mediating social factors on infertility-related stress among women seeking infertility treatment in Southern Ghana. Social Science & Medicine, 65(8), 1683–1694. https://doi.org/10.1016/j.socscimed.2007.06.003

17. Dyer, S. J., Abrahams, N., Mokoena, N. E., & van der Spuy, Z. M. (2004). 'You are a man because you have children': Experiences, reproductive health knowledge and treatment-seeking behaviour among men suffering from couple infertility in South Africa. Human Reproduction, 19(4), 960–967. https://doi.org/10.1093/humrep/deh195

18. Fehintola, A. O., Fehintola, F. O., Ogunlaja, O. A., Awotunde, T. O., Ogunlaja, I. P., & Onwudiegwu, U. (2017). Social meaning and consequences of infertility in Ogbomoso, Nigeria. Sudan Journal of Medical Sciences, 12(2), 63–77. https://doi.org/10.18502/sjms.v12i2.917

19. Fledderjohann, J. J. (2012). 'Zero is not good for me': Implications of infertility in Ghana. Human Reproduction, 27(5), 1383–1390. https://doi.org/10.1093/humrep/des035

20. Giorgi, A. (2009). The descriptive phenomenological method in psychology: A modified Husserlian approach. Duquesne University Press.

21. Greil, A. L. (1997). Infertility and psychological distress: A critical review of the literature. Social Science & Medicine, 45(11), 1679–1704. https://doi.org/10.1016/S0277-9536(97)00102-0

 DOI: *10.5281/zenodo.21713893*

22. Greil, A. L., Slauson-Blevins, K., & McQuillan, J. (2010). The experience of infertility: A review of recent literature. Sociology of Health & Illness, 32(1), 140–162.

23. Gurunath, S., Pandian, Z., Anderson, R. A., & Bhattacharya, S. (2011). Defining infertility — a systematic review of prevalence studies. Human Reproduction Update, 17(5), 575–588. https://doi.org/10.1093/humupd/dmr015

24. Hudson, N., & Culley, L. (2013). 'The bloke can be a bit hazy about what's going on': Men and cross-border reproductive treatment. Reproductive BioMedicine Online, 27(3), 253–260. https://doi.org/10.1016/j.rbmo.2013.06.007

25. Husserl, E. (1970). The crisis of European sciences and transcendental phenomenology (D. Carr, Trans.). Northwestern University Press. (Original work published 1936)

26. Inhorn, M. C. (1996). Infertility and patriarchy: The cultural politics of gender and family life in Egypt. University of Pennsylvania Press.

27. Koenig, H. G. (2012). Religion, spirituality, and health: The research and clinical implications. ISRN Psychiatry, 2012, Article 278730. https://doi.org/10.5402/2012/278730

28. Lartey, E. Y. (2003). In living color: An intercultural approach to pastoral care and counseling (2nd ed.). Jessica Kingsley.

29. Lee, G. L., Hui Choi, W. H., Chan, C. H. Y., Chan, C. L. W., & Ng, E. H. Y. (2009). Life after unsuccessful IVF treatment in an assisted reproduction unit: A qualitative analysis of gains through loss among Chinese persons in Hong Kong. Human Reproduction, 24(8), 1920–1929. https://doi.org/10.1093/humrep/dep091

30. Lincoln, Y. S., & Guba, E. G. (1985). Naturalistic inquiry. Sage. Mascarenhas, M. N., Flaxman, S. R., Boerma, T., Vanderpoel, S., & Stevens, G. A. (2012). National, regional, and global trends in infertility prevalence since 1990: A systematic analysis of 277 health surveys. PLOS Medicine, 9(12), Article e1001356. https://doi.org/10.1371/journal.pmed.1001356

 DOI: *10.5281/zenodo.21713893*

31. Mbiti, J. S. (1969). African religions and philosophy. Heinemann.

32. McCarthy, M. P. (2008). Women's lived experience of infertility after unsuccessful medical intervention. Journal of Midwifery & Women's Health, 53(4), 319–324. https://doi.org/10.1016/j.jmwh.2007.11.004

33. McQuillan, J., Torres Stone, R. A., & Greil, A. L. (2007). Infertility and life satisfaction among women. Journal of Family Issues, 28(7), 955–981. https://doi.org/10.1177/0192513X07300710

34. Naab, F., Brown, R., & Heidrich, S. (2013). Psychosocial health of infertile Ghanaian women and their infertility beliefs. Journal of Nursing Scholarship, 45(2), 132–140. https://doi.org/10.1111/jnu.12013

35. Naab, F., Lawali, Y., & Donkor, E. S. (2019). 'My mother in-law forced my husband to divorce me': Experiences of women with infertility in Zamfara State of Nigeria. PLOS ONE, 14(12), Article e0225149. https://doi.org/10.1371/journal.pone.0225149

36. New International Version Bible. (2011). Zondervan. Oddens, B. J., den Tonkelaar, I., & Nieuwenhuyse, H. (1999). Psychosocial experiences in women facing fertility problems — a comparative survey. Human Reproduction, 14(1), 255–261. https://doi.org/10.1093/humrep/14.1.255

37. Oduyoye, M. A. (2001). Introducing African women's theology. Sheffield Academic Press.

38. Ofosu-Budu, D., & Hänninen, V. (2020). Living as an infertile woman: The case of southern and northern Ghana. Reproductive Health, 17, Article 69. https://doi.org/10.1186/s12978-020-00920-z

39. Ofosu-Budu, D., & Hänninen, V. (2021). Explanations for infertility: The case of women in rural Ghana. African Journal of Reproductive Health, 25(4), 122–130.

40. Pargament, K. I. (1997). The psychology of religion and coping: Theory, research, practice. Guilford Press.

 DOI: *10.5281/zenodo.21713893*

41. Pargament, K. I., & Cummings, J. (2010). Anchored by faith: Religion as a resilience factor. In J. W. Reich, A. J. Zautra, & J. S. Hall (Eds.), Handbook of adult resilience (pp. 193–210). Guilford Press.

42. Pargament, K. I., Koenig, H. G., & Perez, L. M. (2000). The many methods of religious coping: Development and initial validation of the RCOPE. Journal of Clinical Psychology, 56(4), 519–543.

43. Roomaney, R., Salie, M., Jenkins, D., Eder, C., Mutumba-Nakalembe, M. J., Volks, C., Holland, N., & Silingile, K. (2024). A scoping review of the psychosocial aspects of infertility in African countries. Reproductive Health, 21, Article 123. https://doi.org/10.1186/s12978-024-01858-2

44. Roudsari, R. L., Allan, H. T., & Smith, P. A. (2007). Looking at infertility through the lens of religion and spirituality: A review of the literature. Human Fertility, 10(3), 141–149. https://doi.org/10.1080/14647270601182677

45. Seybold, D. (2002). Choosing therapies: A Senegalese woman's experience with infertility. Health Care for Women International, 23(6–7), 540–549. https://doi.org/10.1080/07399330290107304

46. Southwick, S. M., & Charney, D. S. (2018). Resilience: The science of mastering life's greatest challenges (2nd ed.). Cambridge University Press.

47. Tabong, P. T.-N., & Adongo, P. B. (2013). Infertility and childlessness: A qualitative study of the experiences of infertile couples in Northern Ghana. BMC Pregnancy and Childbirth, 13, Article 72. https://doi.org/10.1186/1471-2393-13-72

48. Vähäkangas, A. (2009). Christian couples coping with childlessness: Narratives from Machame, Kilimanjaro. Pickwick Publications.

49. van Empel, I. W. H., Nelen, W. L. D. M., Tepe, E. T., van Laarhoven, E. A. P., Verhaak, C. M., & Kremer, J. A. M. (2010). Weaknesses, strengths and needs in fertility care according to patients. Human Reproduction, 25(1), 142–149. https://doi.org/10.1093/humrep/dep362

50. Walsh, F. (2016). Strengthening family resilience (3rd ed.). Guilford Press.

 DOI: *10.5281/zenodo.21713893*

51. Warner, L., Jamieson, D. J., & Barfield, W. D. (2015). CDC releases a national public health action plan for the detection, prevention, and management of infertility. Journal of Women's Health, 24(7), 548–549.

52. World Health Organization. (2023). Infertility prevalence estimates, 1990–2021. World Health Organization.

53. Yusuf, P. T. (2018). Challenges confronting infertile couples in Africa: A pastoral care approach [master's thesis, Stellenbosch University].

 DOI: *10.5281/zenodo.21713893*