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"I Don't have the desire to have Sex": Quality of Life and Sexual Concerns of Women with Secondary Infertility in the Tamale Metropolis

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Abstract

Background: Infertility adversely affects the general quality of life and sexual satisfaction among women. This study explored the quality of life and sexual concerns among women with secondary infertility in the Tamale metropolis.

Methods: A qualitative exploratory descriptive design was used. Individual in-depth interviews were conducted using a semi-structured interview guide. Ethical approval was received from the Ghana Health Services ethics review committee. Fourteen (14) participants with secondary infertility receiving treatment at the Tamale Teaching Hospital were purposively selected and interviewed for the study, each lasting about 30 minutes to one hour. The interviews were audiotaped with permission from the participants, transcribed verbatim and content analyzed.

Conclusion: The findings from this study revealed that happiness, well-being and value in life were compromised among these women. Concerning sexual satisfaction, the majority of the participants experienced low sexual drive and physical pain during sexual intercourse which led to poor sexual satisfaction. There is a need for more exploration into the sexual health of women with infertility

Introduction

Infertility is widely acknowledged as a significant public health concern that affects people of all sexes in various ways and affects their functioning and overall health [1]. Infertility negatively impacts the self-esteem of affected persons making it the fifth most serious disability in the world and women continue to bear a heavier sociocultural burden from these adverse effects than men [1,2]. From the general standpoint, infertility is considered to be the inability of one to conceive after one year or more of regular unprotected sexual intercourse [3]. Clinically, primary infertility refers to the inability to conceive after 12 months of regular, unprotected sex whereas secondary infertility refers to the inability to conceive after a previous conception [4,5].

Quality of life (QoL) is an indicator of biological, mental, and social well-being and a comprehensive view of extremely complicated medical problems [6]. Other studies are of the view that Quality of life is a complex and multifaceted factor that encompasses intellectual, psychosocial and affective well-being, as well as abilities required for family, sexual satisfaction, social, and occupational [7–9]. The age of the couple with infertility, their emotional state, level of education, how long they have been married and their socioeconomic status can have a direct negative impact on their quality of life [6]. Couples experiencing infertility have been found to experience psychological distress, marital problems, and sociocultural consequences including depressive episodes, guilt, sexual problems, and detachment from family and acquaintances [10–14]. A lot of research worldwide has focused on psychotic symptoms, and some studies have found that women receiving medical treatment for infertility suffer from significant rates of mental conditions which affect their quality of life [15,16]. Furthermore, research suggests that medical therapy causes individual and relational suffering, sexual dissatisfaction, depression, and poorer life satisfaction [17].

Navigating the high costs of unsuccessful treatment sessions, is a strong determination to become parents at all costs, and these have negative consequences on the quality of life of couples who struggle with infertility [18]. Results from a conducted in Sub-Sahara Africa posits that women with infertility feel it was meaningless for them to work hard to acquire a lot of wealth since they do not have children who will inherit what they have labored for [19]. According to the author, they are less motivated to work, and this affected their economic status leading to poorer quality of life. Women generally express more negative emotions than men during infertility diagnosis and treatment, which reduces the quality of life of women than men [20,21].

According to a quantitative study in Nigeria, sexual satisfaction among women with infertility decreased from 33.9% prior to the diagnosis of infertility to 12.2% after infertility diagnosis [22]. The study revealed that nearly two-thirds of the respondents (65%) stated that they no longer enjoy having sex with their husband/partner, and 38.9% of them felt they were no longer attracted to their partners, which has a detrimental effect on these women's quality of life [22]. The findings from this study therefore suggest that sexual satisfaction enhances quality of life yet majority of women with infertility experience sexual dysfunction and reduced sexual satisfaction. Anxiety, social stigmatization, and fear of possible divorce are major contributors to the high prevalence of depression leading to poorer quality of life among women with infertility in Nigeria [10,22]. Sexual coercion and sexual dissatisfaction are associated with severe psychological distress and poor life satisfaction, hence, also leading to a poorer quality of life [17,23].

Though the quality of life and sexual concerns of women with infertility have been extensively explored globally, little is known about these phenomena among women with infertility in the northern part of

Ghana. This study therefore explored the quality of life and sexual concerns among women with infertility in the Tamale Metropolis**.**

Methodological consideration

A qualitative exploratory research design was used to explore the quality of life and sexual concerns of women with infertility in the Tamale Metropolis.

Study setting

The Northern Region of Ghana has Tamale as its capital, and the Tamale Metropolitan Assembly is one of the region's 20 administrative districts. The metropolitan area is separated into three sub-metropolitan areas: Tamale South, Tamale Central, and Tamale North. In the Region, there are three primary public hospitals: Tamale Teaching Hospital (TTH), Tamale West Hospital (TWH), and Tamale Central Hospital (TCH) now known as Tamale Regional Hospital. The Tamale Teaching Hospital serves as a tertiary referral centre to the five regions in the northern part of Ghana. Secondary-level service centres include TCH and Tamale West Hospital. These healthcare facilities offer maternal health care services which enhanced the goals of the study.

Inclusion and exclusion criteria

Fourteen women with secondary infertility, aged between 24-47 years were purposively sampled for the study. These women were receiving care from a Teaching Hospital in Northern Ghana and could communicate in English, Frafra, Dagaare and/or Dagbani. Women with secondary infertility who had obvious emotional or psychological crises were excluded. Table 1 below presents details of the demographic characteristics of the participants.

Table 1: Characteristics of the Participants

Demographic data	**Category**	**Frequency (N=14)**	**Percentage (%)**
Age (Years)	21-30 years 31-40 years Above 40 years	7 5 2	**50** **35.71** **14.29** **Total= 100**
Ethnicity	Dagombas Mamprusi Frafra Kasena Dagaati Busanga	8 2 1 1 1 1	**57.14** **14.29** **7.14** **7.14** **7.14** **7.14** **Total= 100**
Level of education	Tertiary S.H.S No education	10 3 1	**71.43** **21.43** **7.14** **Total= 100**

Religion	Islam Christianity	10 4	**71.43** **28.57** **Total= 100**
Employment status	Employed by the government. Private sector employment Self-employed Unemployed Student	6 1 5 1 1	**42.86** **7.14** **35.71** **7.14** **7.14** **Total= 100**
Duration of infertility	1-5 years Above 5 years	5 9	**35.71** **64.29** **Total=100**

Tool for data collection

The data were collected using a semi-structured interview guide. The questions for the interview were based on the study objectives and a review of related literature. The interview guide was made up of two sections, the socio-demographic details of the participants were the subject of section A and section B focused on the quality of life and sexual life of the participants. To ensure the validity of the interview guide, the interview guide was reviewed by qualitative research experts and pre-tested before the interviews.

Pre-testing of the tool

To eliminate any issues regarding the quality of the tool, the semi-structured interview guide was pre-tested among women with secondary infertility in Yendi Municipality. Yendi Municipal was chosen because it has characteristics similar to those of the Tamale metropolis in terms of cultural values and language, among others. This helped to reduce the number of errors that could be associated with using the interview guide.

Data collection

A face-to-face interview and audio were recorded at the participant's convenience and permission. The interviews were conducted in English and Dagbani because the participants felt comfortable communicating in these languages. The participant's real names were replaced with pseudonyms to maintain privacy and anonymity. Each interview lasted thirty minutes to one hour and was transcribed verbatim at the end of each day. During each interview, participants' non-verbal gestures were documented

in a field diary, and a clinical psychologist was contracted to provide counselling services to clients in case the need arose.

Data analysis

Following the transcription of all audio recordings, thematic content analysis was done using the six steps of data analysis by Clark and Braun [24]. The six data analysis steps were adhered to by the researchers. For the first step, the data were prepared by labelling each transcript with a pseudonym and making copies for each analysis team member. Copies of each transcript were made for every member. Secondly, to get acquainted with the data collected, every team member read the transcripts several times. Creating coding categories was the third stage. This was accomplished by classifying words and phrases in each transcript that had comparable meanings before elaborating on the meaning of each category. To generate subthemes, further similarities were found and described. The uncoded texts in each transcript were examined in the fourth phase, and each team member evaluated the coded texts for overlap. The themes were then continuously modified as more data was analyzed to make sure they accurately depicted the data in the fifth stage. The last stage involved finding the exact quotations that best encapsulated each major theme's meaning. The team members met to review the six-step procedure and the selected verbatim quotes to confirm and approve the categories unanimously.

Results

Two main themes were generated from the data: quality of life and sexual concerns of women with infertility. To secure anonymity and privacy, pseudonyms have been used to describe the verbatim quotes presented. Examples of the analysis process from the raw data to the themes are given in Table 2 whereas the main themes and subthemes generated from the data are illustrated in Table 3.

Table 2 Examples of the analysis: Process from raw data to coding and themes.

Quotation	Meaning unit/coding	Sub-themes	Main themes
"Because I am not conceiving, my husband is trying his luck with other women to prove he is a man. So, because of his multiple sex partners, I am always queried on PID, always PID and STIs ***(Ama)***	Extramarital affairs, Compromised health	Well-being	Quality of life
"There is no meaning or value to my life. We Dagombas, when you marry and you are unable to give birth to your own children, your husband will marry another wife or even two and it will be like you are not part of the family, but you will be the one doing all the work. You are treated like an outsider ***(Maira)***	Threat of co-wives, Disconnection from family ties	Value of life	Quality of life

"Sometimes the desire to have sex is not there because having sex all the time without anything to show is demoralizing and traumatic" (Sumaa)	Loss of libido	Low sexual drive	Sexual concerns
" I always feel severe pains seriously, inside me anytime we are having sexual intercourse, So, I'm struggling" **(Akua).**	Pain during sexual intercourse	Painful sexual intercourse	Sexual concerns

Table 3. Themes and sub-themes from the analysis

Sub-themes	Main themes
Well-being Value in life Level of happiness	Quality of life
Low sexual drive Painful sexual intercourse	Sexual concerns

Theme 1: Quality of life

Quality of life in this study describes the degree to which women with infertility are healthy, comfortable, and able to enjoy life events. It includes the participants' perception of their position in life, in the context of the culture. The women narrated varied experiences of how infertility has compromised their health, reduced their value in life, and made them unhappy. Quality of life generated three subthemes: the level of happiness resulting from infertility, well-being issues, and value in life.

Level of happiness as a result of infertility

The participants expressed varied views about how infertility has shuttered their lives and taken away their happiness in life. These women explained that their inability to have children, now makes them feel they have nothing, while others believed that having children is the most important thing in their lives. Therefore, their inability to have the number of children they desire makes them unhappy. Naa, a 29-year-old woman, married for five years, had this to share;

> *"Because I don't have kids, I feel like I have nothing. I don't have anything. I am a very sad person. I won't lie to you; I am not a happy person. I feel like if I have a child, or get pregnant again, then I can also show off. Even if I achieve something right now, I don't feel happy showing it off. I feel like there is no meaning in showing. There is no point showing it off when I don't have the most important thing"* **(Naa).**

Sarah, a 47-year-old trader who has two children in her previous marriage and has no child with her current husband emphasized:

> *"What can I want to have in life more than having children. I cannot be happy in life without kids because it is the kids that will bring happiness to the home. Who will give happiness if not your children? I wish to have more children and money to take care of them. The children are not coming and the little money I had to take care of myself, I spent all of it seeking treatment and this makes me very sad."* **(Sarah).**

Maira, a 30-year-old Pupil teacher who had a stillbirth over four years ago also shared this:

> "*Even if we get all the money in the world and you still don't have kids, you will not feel that actual happiness because it's like when you just die, that's all. No one is there to take over. Everything*

about you will be forgotten. So that thing alone is disturbing me a lot and that makes me unhappy all the time" **(Maira).**

Serwaa also shared her experience as stated below:

"I will be very happy if I get another child. Yes, it will be a happy moment for me if that happens because children bring inner happiness. So, if another child comes in, I will be happy but if another child fails to come in, I will move on with my life. I will focus on my education. I hope to further my education again and get to the highest level there is. If I get to the highest level of education, it will also make me happy" **(Serwaa).**

Well-being issues

Well-being in this context describes the state of health of women with infertility. These women explained in diverse ways how infertility has compromised their well-being. Some of the women sorrowfully disclosed that because of their inability to conceive, their husbands now indulge in extramarital affairs with the hope of getting different women pregnant to prove their masculinity, and this behavior exposes them to sexually transmitted infections and pelvic inflammatory diseases.

"Because I am not conceiving, my husband is trying his luck with other women to prove that he is a man. So, because of his multiple sex partners, I am always queried on PID, always PID and STIs. Because I don't know where it is coming from. Previously when I was pregnant, I had never been on any PID medications, but now always it is PID or STIs, and I am aware that it is a result of multiple sex partners. So, that is what I am in right now" **(Ama).**

The women narrated that their inability to conceive is causing them to think a lot, especially when they are alone, predisposing them to high blood pressure.

"We are living in a big house. So, somebody will come one year, and the person will give birth to one or even two and I am still trying. So, when I see that it will worry me small, small and I will be crying and thinking. Anytime I am alone, it will be disturbing me, and I will be thinking. So, one doctor told me to relax because I am thinking too much, my BP is increasing, and it is very bad" **(Esi**).

There was narration that because the hospital medications did not work out effectively for them, some of the women had to resort to traditional treatment which had dire consequences on their health.

"Because the hospital medications didn't work for me, I went with some friends to see a herbalist on this issue. Hmm, my sister. I took a lot. I remember one product I was taking which was giving me a lot of trouble. Severe abdominal pains and sometimes I feel bloated after taking it and worst of it was vaginal dryness" **(Sumaa).**

Value of life

The women gave diverse views on how they perceived the value of their lives. Some indicated that their lives were valueless and meaningless without having biological children.

"There is no meaning or value to my life. Yes, we Dagombas, when you marry and you are unable to give birth to your own children, your husband will marry another wife or even two, but you will be the one doing all the work. No one values you in the house. You yourself don't value your own life……" **(Maira)**

Others also narrated that their inability to give birth causes their family members to humiliate and disregard them.

> *"No one values me in the house, even children talk to me anyhow. My life is not better for me because of what I am going through. I just feel like everything is shattered because I am not able to have children. There is no value in my life because of the humiliations I go through. They do not value me in the family. My life would have been better if only I had a child with my current husband"* **(Sarah).**

Naa, a 29-year-old unemployed woman, emphasized that she does not attach any value to her life. According to her, there is no difference between her and someone who is not married.

> *"I feel like I am going backwards. Yea, I feel like there is no difference between me and someone who is not married and that makes me not attach any value to my life in society. Because I feel I don't have the most important thing in life"* **(Naa).**

On the contrary, some of these women revealed that they attached so much value to their own lives regardless of what others think about them. According to some of these women, life must not depend on one's biological children alone.

> *"I value my life. Without a child, life is worth living because it is not only your biological children that can help you when you are old. So, whether I give birth to a child or not, I should be able to tell God that I am happy for him creating me. I value my life and I don't care if others value me or not. Because if you take care of someone's child, you don't know who will take care of you tomorrow"* **(Apaah)**
>
> . *"Oh, for me, once there is one child, that one child to show, it makes me okay because I try to tell myself what about the person who doesn't have it at all. Some women are struggling to also have just one and it is not easy for them, so I value my life"* **(Serwaa).**

Adwoa, a 36-year-old health tutor who has a six-year-old daughter and is currently battling with infertility also added.

> *"Well, I feel that once I have one child, I am kind of content in a way because we have people who have never given birth because they have never been pregnant in this life. Some even just want to get pregnant, and it will abort, and people will say they have ever been pregnant. So, I'm content with it and it makes me satisfied. So, life is worth living and I value my life"* **(Adwoa).**

Theme 2: Sexual Concerns

Sexual life is an essential component that contributes to reproducing offspring. Unfortunately, some of these women lamented about low sexual drive and painful sexual intercourse as they struggled with infertility.

Low sexual drive

Some participants confirmed that they no longer have an interest in sex which is a basic need. According to these women, having regular sex and not conceiving is very traumatizing and this reduces their desire for sex.

> *"My desire for sexual intercourse has reduced. Sometimes you feel that after all this thing is just for nothing. It's not going to produce anything even if you concentrate on it because at the end of it all I will still see blood, so sometimes I don't feel like having sexual intercourse"* **(Apaah).**

Sarah, a 47-year-old trader who had two children in her previous marriage and has no child now in her current marriage added:

> *"I don't even care about sexual intercourse anymore. I don't feel like having sexual intercourse. Even with my husband, I sometimes don't have interest in having sexual intercourse with him and he understands me because he knows what I am going through"* **(Sarah).**

Sumaa, a 44-year-old midwife supported Sarah's narration as follows:

> *"Sometimes the desire to even have sex is not there because having sex all the time without anything to show is demoralizing and traumatic*" **(Sumaa).**

Many of the women were of the view that they did not have an interest in sexual intercourse anymore, but when their husbands demanded sexual intercourse, they gave in because they did not know when conception would take place.

> *"I don't have an interest in sexual intercourse but if my husband wants, I always give it to him because I don't know when, like which day or time I will pick. Sometimes you are just doing it, but you don't have the appetite and because of that at times you won't get an orgasm but because you don't know when it will happen, you just do but you won't feel it"* **(Asimah).**

On the contrary, few of these women disclosed that they have a high interest in sexual intercourse. However, their husbands do not want to have sexual intercourse with them because their husbands feel it is a waste of time and energy.

> *"For now, I need sexual intercourse, but he is not coming in, yeah. He does not want to have sexual intercourse with me because he feels he is wasting his time on me. So, I told him I was going to report him to his parents. Sometimes, I have to force my way to get him to have sexual intercourse with me. At times I beg him, and when I beg him, either he will agree or not. So, he does it when he feels like or when he just wants to calm me down"* **(Ama).**

Painful sex

These women narrated that sometimes they feel pain during sexual intercourse, and this makes them not interested in sexual intercourse. However, sometimes they reluctantly give in when their husbands demand it.

> *"You know, sexual intercourse is all about the mindset and if you don't have the happiness that you deserve, you know that it will disturb you and your interest in sexual intercourse will not even be there. But when my husband wants to have sexual intercourse, I give it to him and when he is doing it, I will just be feeling some pain. I always feel severe pains seriously, inside me anytime we are having sexual intercourse, So, I'm struggling"* **(Akua).**

The women revealed that because they are treating infertility, their gynaecologist have recommended that they should have regular and timely sexual intercourse. As a result, their husbands want to have sexual intercourse all the time and this brings pain and physical exhaustion. Naa, a 29-year-old unemployed graduate indicated that:

> *"Because we are still trying to conceive, when you go to the hospital, the doctor will say have regular sex, like 4 or 5 times a week. My husband now wants to have it every day. Like you have sexual intercourse today, tomorrow you have sexual intercourse and tomorrow next too you want to have sexual intercourse again, I just feel like it is too much and sometimes I just feel tired and some pains doing it over and over"* **(Naa).**

Discussion

Quality of life (QOL) describes a person's perception of their position in life about their goals, expectations, standards, and concerns in the context of the culture and value systems in which they live [25]. According to the World Health Organization, infertility compromises the general well-being of women and their true purpose in life. Comparatively, this novel study discovered that the general well-being of women with infertility is significantly compromised.

In this current study, some of the women narrated that they experienced physical, emotional, and mental disorders because of infertility as also reported among women in Southern Iran [8]. Therefore, it appears that infertility affects the health and general well-being of women especially those within the reproductive age group. As a result, there is a need for psycho-educational counselling for couples with infertility.

Women with infertility in this current study reported that their inability to have the desired number of children their husbands wanted compelled their husbands to keep multiple sex partners. According to these women, this unhealthy lifestyle behaviour of their husbands exposed them to a lot of sexually transmitted infections, which compromised their quality of life. Other previous studies conducted across the globe reported similar findings[26,27]. These studies have demonstrated that in Africa, a man's masculinity is determined by the number of biological children. Men living in such pronatalist societies would therefore do anything to prove their masculinity including extramarital affairs. Quite apart from the sexually transmitted infections, many of the participants also reported that they developed hypertension and other psychological problems after being diagnosed with infertility which affected their general health and well-being and this was similarly documented in a study conducted in Zamfara State of Nigeria [10].

Another interesting finding from this current study is that women with infertility who received higher monthly income had improved well-being than those without any source of income as reported in previous studies [28,29]. However, results from previous studies conducted in Turkey revealed that higher income among couples with infertility has no relationship with their well-being and general quality of life [30,31]. According to these authors, quality of life is not assessed in terms of living standards alone, but psychologically and physiologically. Based on this argument, the authors concluded that income alone is not enough to increase the quality of life of couples living with infertility. The different sociocultural contexts of the above studies may be a reason for the controversial findings. For example, in Turkey, where the previous study was conducted, the state has subsidized the cost of infertility treatment, reducing the financial burden of infertility on the couple. Therefore, the cost of infertility treatment which requires higher income will not be a bother to Turkish women with infertility. On the other hand, Ghana, the setting of the current study, has no subsidies on the cost of infertility treatment. Therefore, women with infertility will have to deal with the higher cost of infertility treatment.

Happiness is a crucial aspect of quality of life and it is highly connected to the general well-being of an individual [32]. Happiness and mental health are two important components in psychology which relate to the psychological well-being of a person [33]. However, majority of the women in this contemporary study exhibited extreme levels of sadness because of their inability to have the desired number of children. Some of these women further reiterated that no matter how much success they may have achieved in life, they will never be able to experience true happiness in life and this greatly affects their psychological well-being and their ability to adapt to infertility and this was similarly documented in a previous studies[10,34,35]. Other studies on happiness have also repeatedly demonstrated that happier people are healthier [36,37]. This appears to suggest that women with infertility are more at risk of developing mental health problems than women with no fertility problems.

Another noteworthy discovery reported by some participants in this study which appears to have a detrimental impact on their quality of life apart from happiness and well-being is the value of life. Some of the women in this current study indicated that because of the difficulty they have in conceiving, they have lost the family lineage, value, and true identities and this was also reported in previous studies conducted in Zambia and the northern part of Ghana [38,39]. The value attached to having children in traditional African societies may lead to isolation and social exclusion among couples with infertility, especially women.

In a typical patriarchal society like Ghana, women are expected to give birth to many children to continue their family lineage. When the continuity of the family lineage is jeopardized, divorce and threats of a second wife come into play [40]. Similarly, women in this current study reported that their husbands married second wives, and some threatened to divorce them and possibly bring in new wives based on pressure from their families and this finding was similarly documented in research conducted in Malawi [41].

The sexual life of couples dealing with infertility can be a challenge [42]. To have a healthy pregnancy, it is equally important to understand both the science and the art of sexual activity. However, majority of the women in this current study reported worrying sexual concerns such as low sexual drive and painful sexual intercourse leading to poorer quality of life.

Majority of the participants in this current study disclosed that they have low sexual drive and lack sexual satisfaction and this finding was also discovered from previous studies conducted in Nigeria and Egypt [1,22]. Previous studies have demonstrated that these sexual concerns may lead to a reduction in sexual satisfaction and this was similarly documented in a previous qualitative study conducted in the southern part of Ghana [11]. Reduced sexual drive can have a profound effect on the women's quality of life and other aspects of self-functioning [11].

A few of the participants in this current study however narrated that their husbands denied them sexual intercourse even when they needed it, and this was similarly reported in Egypt [1]. These findings suggest a need for sexual counselling for couples with infertility.

Strengths and limitations of the study

To the best of our knowledge, this is the first study to explore the sexual concerns of women with infertility in the Tamale Metropolis. Therefore, findings from the study will promote understanding in that regard. Despite its strength, the study had certain limitations. First, discussions regarding sexual matters are frowned upon in a Muslim-dominated society like Tamale, and this may have influenced the data the participants supplied regarding sexual function.

Conclusion

Infertility negatively affects the general well-being of women leading to poorer quality of life. Timely sexual intercourse is vital when it comes to the management of infertility. However, women with infertility in the Tamale Metropolis experienced low sexual drive and lack of sexual satisfaction, which negatively affected their adaptation to infertility, leading to poor quality of life. Therefore, apart from psycho-educational counselling, there is also the need for sexual counselling for couples with infertility, as these are essential components of their quality of life.

Abbreviations

QoL: Quality of life

Declarations

Ethics approval and consent to participate

Ethical approval was sought from the Ghana Health Service Ethics Review Committee (GHS-ERC: 065/01/23). Permission was obtained from the management of the Tamale Teaching Hospital before data collection. Following a comprehensive explanation of the consent form's contents to each participant, those who were literate signed two consent forms, one for themselves and one for the researchers. A participant who could not sign the consent form made a thumbprint.

Availability of data and materials

The corresponding author will make the data used in this work available upon request.

Competing interest

Authors declare that they have no competing interest

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