

## ORIGINAL RESEARCH ARTICLE

# Experiences of pressure to have children among mothers in Accra, Ghana

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## Abstract

Pregnancy and childbirth are viewed as both an event and a marker of womanhood and a key reason for marriage in Ghana. Consequently, women often encounter substantial pressure to have a child, particularly within the context of marriage. Drawing on semi-structured interviews with thirteen women in Ghana, this study explores the pressure to have a child irrespective of fertility status. The study demonstrates that community members consistently scrutinize and assess the bodies of participants, remaining vigilant for any signs indicating pregnancy. Additionally, women experience both internal and external pressures to have children. Interestingly, not all participants desired immediate pregnancy after marriage, and some were not entirely content upon discovering their first pregnancy. The findings underscore the necessity for public education aimed at shifting the responsibility placed on women to bear children. There is a crucial need to educate individuals to refrain from intrusive behaviors such as questioning why a woman has not yet given birth. (*Afr J Reprod Health* 2023; 27 [12]: 43-50).

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**Keywords:** Fertility, childbearing, Ghana, pressure, pregnancy

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## Résumé

La grossesse et l'accouchement sont considérés à la fois comme un événement et un marqueur de la féminité et une raison clé du mariage au Ghana. Par conséquent, les femmes subissent souvent des pressions considérables pour avoir un enfant, notamment dans le contexte du mariage. S'appuyant sur des entretiens semi-structurés avec treize femmes au Ghana, cette étude explore la pression exercée pour avoir un enfant quel que soit son état de fécondité. L'étude démontre que les membres de la communauté scrutent et évaluent systématiquement les corps des participantes, restant vigilants à l'égard de tout signe indiquant une grossesse. De plus, les femmes subissent des pressions à la fois internes et externes pour avoir des enfants. Il est intéressant de noter que toutes les participantes ne souhaitaient pas une grossesse immédiate après le mariage, et certaines n'étaient pas entièrement satisfaites après avoir découvert leur première grossesse. Les résultats soulignent la nécessité d'une éducation publique visant à transférer la responsabilité accordée aux femmes d'avoir des enfants. Il est crucial d'éduquer les individus pour qu'ils s'abstiennent de comportements intrusifs, comme se demander pourquoi une femme n'a pas encore accouché. (*Afr J Reprod Health* 2023; 27 [12]: 43-50).

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**Mots-clés:** Fertilité, procréation, Ghana, pression, grossesse

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## Introduction

Pregnancy and childbirth serve as significant markers of fertility for both men and women across many parts of Africa, including Ghana<sup>1</sup>. Studies conducted in sub-Saharan African countries such as Ghana, Nigeria, South Africa, Mozambique, and Gambia have consistently highlighted the immense value placed on childbearing<sup>1-5</sup>. Children bestow status and prestige upon their parents, leading to a widespread belief that the essence of marriage lies in procreation; thus, marriages without children are often considered insecure and short-lived<sup>1-5</sup>. Research in sub-Saharan African nations like

Nigeria, South Africa, Somalia, Mozambique, and Gambia suggests that the need to have children overrides love and affection between married couples. In these societies, the inability to conceive can precipitate divorce or polygamous relationships<sup>2-5</sup>. Pressure from both family members and society places a strain on childless marriages, leading to mounting frustration between couples and ultimately resulting in divorce<sup>6</sup>. According to Tabong and Adongo<sup>7</sup>, the longstanding tradition of expecting immediate childbirth after marriage persists despite modernization. Addai, Opoku-Agyeman, and Amanfu<sup>8</sup> discovered that childbirth correlates with enhanced marital satisfaction,

acceptance by in-laws, personal fulfillment, and joy. Asante-Afari, Doku, and Darteh<sup>9</sup> further demonstrated that the birth of a child and the transition to motherhood foster a sense of completeness and interconnections within the family. Moreover, children play a crucial role as intergenerational social security for aging parents<sup>7,10</sup>.

According to Tabong and Adongo<sup>7,11</sup>, in Ghana, particularly Northern Ghana, it is customary for the families of a newly married couple to anticipate pregnancy within a year of marriage. Following the payment of bride wealth to the woman's family, the expectation of pregnancy arises, leading to the scapegoating of women who face difficulties conceiving. Ghana maintains a pronatalist stance, with entrenched social values and gender norms that strongly advocate for childbearing. Within this context, childlessness, whether voluntary or involuntary, is perceived as deviant. Mostly, in sub-Saharan Africa, the inability to bear children is regarded as a misfortune, often resulting in scorn towards childless women<sup>12-14</sup>. Moreover, women who lack experience in pregnancy, labor, and delivery are frequently excluded from "adult conversations"<sup>2,15</sup>. For instance, the Chad people liken childless women to trees without leaves<sup>3</sup>, while in Zimbabwe; the gender identity of Shona women is largely derived from marriage and childbearing<sup>16</sup>.

Although both men and women experience infertility, the burden of childbirth is often placed on women in most African societies when couples encounter fertility struggles<sup>17-18</sup>. Pregnancy and childbirth are perceived not only as significant events but also as markers of womanhood, with motherhood synonymous with femininity. A study conducted among Ghanaian women in the Netherlands revealed that the term "mother" embodies the essence of a proper, fulfilled, and happy woman<sup>19</sup>.

Infertility is clinically defined as the incapability to conceive and achieve birth after one year of regular unprotected sex<sup>20</sup>. However, this definition does not consider the cultural variations in perceiving infertility. The meaning of infertility is significantly dependent on socio-cultural perceptions<sup>21</sup>. A couple might be considered infertile if they do not have enough children or the right type of children<sup>22</sup>, such as not having sons<sup>23</sup>. Sometimes, the inability to become pregnant

immediately after initiating sexual intercourse is viewed as infertility<sup>23</sup>.

Most of the literature have focused on the experiences of infertility and found that the stigma associated with infertility causes mental health issues, lack of sexual desire, stigmatization and abuse, etc.<sup>15,24-27</sup>. However, women suffer more social and psychological consequences than men. In the case of Ghana, Donkor, Naab and Kussiwaah<sup>28</sup> found that infertile women express worry, lack of concentration and loneliness. Scholars<sup>17,24</sup> have discovered that infertile women frequently rely on religious beliefs and faith as coping mechanisms. Additionally, Ghanaian women<sup>24</sup> have reported employing denial, wishful thinking, busying themselves and keeping their problems to themselves and their partners as coping strategies. While most studies center on the experiences of infertile women<sup>7,11,15,24,25,27</sup>, there remains a dearth of attention given to the pressure women face to have a child, regardless of their fertility status. This paper sheds light on the experiences of mothers who encountered substantial pressure to have a child particularly immediately after marriage. It explores their feelings toward their first pregnancy, offering insight into societal expectations and its impact on women.

### ***Performing womanhood***

The dramaturgical framework in Goffman<sup>29</sup> emphasizes that the body is constantly under public scrutiny. Apart from possessing a body, individuals also actively perform the body in response to social and cultural discourses<sup>30</sup>. In their "doing gender framework" rooted in symbolic interaction's dramaturgical perspective, West and Zimmerman<sup>31</sup> argued that gender is done or performed through social interaction. The scholars perceived gender as an accomplishment achieved through practices that signify the normative conceptions of masculinity or femininity while behaviors are subjected to assessment and reactions by an audience. According to Goffman<sup>29</sup>, culturally established roles entail expressing and performing a script for observers. Performing gender involves a "socially scripted dramatization of the culture's idealizations of femininity or masculinity"<sup>31:130</sup>. Gendered scripts, containing signs and symbols, serve as the basis for evaluating actors' performances. Audiences, inclined to accept these signs/symbols, may raise

questions if the actor fails to express symbols consistent with gendered cultural scripts<sup>29</sup>.

The notions of fertility and infertility are influenced by gender. Through gender socialization during childhood, women are culturally taught that their womanhood is tied to motherhood which conditions them to accept the responsibility for reproduction and infertility<sup>15,25</sup>. The body of a (married) woman is biological and physical; it is also associated with certain social and cultural expectations in the form of social norms. The primary identity of women in most but not all parts of the world is motherhood and wifehood. This mostly makes them responsible for reproduction<sup>26</sup>. Community members constantly scrutinize and evaluate women's bodies, compelling them to perform according to cultural norms/scripts. This phenomenon is evident in Ghana, as will be further discussed.

## Methods

### *Data collection*

The findings presented in this paper are based on semi-structured interviews with 13 women in Accra, the capital city of Ghana. Guest and colleagues<sup>32</sup> investigated theoretical saturation among a sample of women in 2 countries and discovered that saturation becomes noticeable around the sixth interview and is certainly evident by the twelfth interview. Based on this, 13 participants were selected for the study.

### *Sampling*

Purposive sampling was employed in participant selection, as the objective was not to generalize findings to the entire population but rather to gather detailed information from a specific group of women. The research participants were recruited via a maternal page on Instagram, and the researcher's personal contacts. The Instagram page provides a forum to share motherhood experiences. The researcher observed the experiences of women featured on the page and initiated contact by sending them private messages to recruit participants. Consequently, 7 women were recruited through this method. Additionally, a friend of the researcher, who works as a midwife, recruited three participants from a hospital. The remaining participants were recruited from the researcher's personal contacts. The interviews were conducted in early to mid-2021

via Zoom meetings, phone calls and face-to-face interviews. The duration of the interviews ranged from 45 minutes to 2 hours.

### *Data analysis*

The interviews were audio recorded and transcribed and these transcriptions were reviewed against recordings for accuracy. Transcriptions were stored and uploaded directly into the NVivo software (QSR International Cambridge MA). The data was coded with NVivo software and analyzed using thematic analysis guidelines<sup>33</sup>.

### *Ethical considerations*

The primary aim of the study and its associated risks were explained to the participants prior to the start of their interview. They were informed that pseudonyms would be used to ensure anonymity. Oral and written consent both offline and online via emails and text messaging were obtained before the interviews took place. Ethical approval for the study was granted by the Humans and the Research Ethics Committee, Faculty of Social Science, Hong Kong Baptist University, and the Ethics Committee, College of Humanities, University of Ghana.

## Results and Discussions

### *Participants*

The participants' ages ranged from 28 to 32 years old. The majority have higher education: 4 hold postgraduate degrees, while 6 possess university degrees/diplomas/certificates; the remaining 3 participants completed high school. Among the participants, 7 are non-first-time mothers, and 6 are first-time mothers. Regarding their children's ages, 8 women have a first child aged 5 months to 2 years, while the remainders have a first child aged between 2 to 5 years. In terms of marital status, ten are married, two are cohabiting, and 1 is single.

### *Pressure to have a child*

In Ghanaian culture, marriage is seen as the legitimizing factor for women to start a family. The expectation is that a real woman should become pregnant shortly after marriage, making childbearing a fundamental aspect of marital life<sup>1</sup>. Among the married women in this study, many recounted experiencing significant pressure from

their families and society regarding pregnancy. Their bodies were constantly under scrutiny and assessment for any signs of pregnancy immediately after marriage. Friends, family and the participants' church community regularly inquire about their pregnancy status when they do not see any signs of pregnancy. Questions such as: "*why don't you have a child yet?*" or "*why are you waiting so long to have a child?*" were commonplace in women's narratives. Martha (married, postgraduate), who married at 26 years old, made the choice to wait for approximately 18 months before beginning a family. However, her community failed to comprehend her decision and instead viewed the delay as a sign of infertility. Consequently, Martha faced considerable pressure from her family members, friends, and church community, she stated: "*I had so much pressure, but... I wanted to enjoy my marriage before having children. People kept asking if we had infertility issues*".

Individuals within the community, especially friends and the church community, often posed inquiries about the participants' plans for having children. Within the Christian context, the Bible's Genesis 1:28 commands humans to "be fruitful and multiply" portraying marriage as the appropriate context for procreation. Hannah married at age 24 while still a full-time student. She and her partner made a mutual decision to postpone having children until after her graduation and securing employment since her husband was the sole earner. However, the Bible scriptures such as Philippians 4:19 advise against worry and promises divine provision. Hannah's church community felt that she should have children while still in school:

*At church, they were of the view that we should hurry up and start a family. The pastors were like I can combine school and pregnancy and childcare. One lady pastor said she was able to do so, so I should be able to do that as well* (Hannah, married, university degree).

Hannah's church community also questioned her faith in God's ability to provide for her family and asked questions such as: "*don't you have enough faith that God can take care of you?*" She nearly caved to the pressure:

*I started putting pressure on my husband for us to start trying for a baby, because like the lady pastor said, "God will take care of us". But I later snapped out of this because... I felt that I*

*just can't combine family with school* (Hannah, married, university degree)

Seddy (married, postgraduate) married at age 29 and initially decided to postpone having children. However, during the first six months of her marriage, she encountered persistent inquiries such as: "*when do you intend to start a family because you are not getting younger*". Although her initial decision was to wait for a year before considering starting a family, Seddy eventually succumbed to the societal expectations of womanhood and accepted the culturally established role. She felt compelled to adhere to the normative script of womanhood<sup>31</sup> and consequently skipped her contraceptive pills, resulting in an immediate conception. Unfortunately, the sudden pregnancy left her mentally unprepared and devastated upon realizing she was pregnant. She stated: "*...the pregnancy happened too quickly; I wasn't settled in my heart and mind*".

Women have been socialized about their duty to conceive and have children in order to be considered a true woman<sup>15,25</sup>. Right from childhood, women are socialized that their womanhood is tied to motherhood and held responsible for reproduction. This form of socialization conditions them to internalize the gendered social expectations which results in feelings of unhappiness, worry, inadequacy, desperation and other psychological problems<sup>15,34</sup>. Some of the women in this study stated that they felt internal pressure to have a child right after marriage. Nina (married, university degree) married at age 26, and even though no one asked her about becoming pregnant, she became worried when she could not conceive after two months even though her husband was not eager to have a child right away. Similarly Lois (married, university graduate) who married at 27 and became pregnant 3 months into her marriage mentioned that prior to the pregnancy; she was anxious and eager to have a child. She was always: "*calculating and checking her menstrual cycle to determine*" her "*ovulation*". The lives of Ghanaian women are influenced and shaped by the cultural and religious environments. Often, the women internalize societal gendered scripts and manifest sexist attitudes towards themselves<sup>34-35</sup>.

Non-married cohabiting women also faced pressure to have children, particularly those who had their first child at 29 years old or older. Charity

(cohabiting, junior high school) who cohabited with her partner for approximately six years and became pregnant at 29, expressed that she felt bad when people questioned why she was taking so long to conceive. She lamented: *“Even 15-year-old girls were getting pregnant and I was unable to...”*. Rose (cohabiting, university certificate) also cohabited with her partner for 2 to 3 years before having a child. Even though she terminated 2 pregnancies, she started becoming worried and concerned about her ability to have a child when a neighbor, during a quarrel, cast doubts on her ability to have a child. This pressure and insult to her womanhood compelled Rose to take action: *“I started taking folic acid tablets... I also started praying to God about it”*. In her bid to prove true womanhood, Rose became intentional about getting pregnant.

### ***Feelings about first time pregnancy***

The feelings of the women when they discovered that they were pregnant varied and this was influenced by whether the pregnancy was planned. Planned pregnancies caused excitement as in the case with Martha (married, postgraduate) who started to plan her pregnancy after her first marriage anniversary: *“I planned my pregnancy; I started taking folic acid medication three months prior becoming pregnant, I also did a pap smear. I celebrated when I discovered I was pregnant”*. Similarly, Lois (married, university degree) stated that immediately after getting married, *she was earnestly waiting to have a child*; hence, she was excited when she had her first child. However, she did not feel the same way when she discovered she was pregnant with another child merely 14 months after giving birth because that pregnancy was not planned.

Even though all of the women in this study are of age and mostly married, not all of them were happy with the news of their first pregnancy. Pokua (married, postgraduate) stated that she became pregnant right after her wedding and was annoyed for most of her pregnancy because she did not expect to get pregnant so fast. Some of the women who had not planned their pregnancies had mixed emotions and feelings of unpreparedness. Akos (married, postgraduate) who became pregnant 5 months after her wedding asserted: *“I wanted to wait for a while... because I was not ready, however, my partner and family were happy”*. Seddy (married, postgraduate) was still in the

process of preparing her *“heart and mind for pregnancy”* when she discovered that she was pregnant. She struggled with conflicting emotions as she had not fully prepared herself mentally for pregnancy. Balancing her career and impending motherhood post probation was challenging which impacted her productivity and feelings towards the pregnancy. The period right after probation was an opportunity to prove her competence at the workplace, however, this was difficult to achieve due to the pregnancy. She expressed: *“The pregnancy was devastating; my productivity at work went from 100 percent to like 20”*. Despite the belief that children are associated with happiness and fulfillment<sup>2,8</sup>, not all of the participants were eager to become pregnant immediately after marriage. The findings of this study contradicts societal norms that consider quick conception after marriage as morally correct and fulfilling, thus expecting women to desire to fulfill this expectation.

### ***Pressure for more than one child***

Following the birth of their first child, the women in the study continued to encounter pressure from others to expand their families with more children. Having one child is clearly insufficient to prove womanhood<sup>25</sup>. Comments such as *“you are keeping too long”*, *“hurry up and give your child a sibling”*, and *“when will you start trying for baby number 2”* were commonplace in women’s narratives. Pokua (married, postgraduate) expressed surprise at this pressure, feeling she had already proven her fertility by having a first child: *“I have a first child who is about a year old, so I do not understand the pressure to give birth again”*. Shiela (married, university degree) mentioned her mother’s concerns about potential complications if she delayed having a second child after the first. Hiadzi<sup>18</sup> found that married women with one child often felt compelled to have more children due to societal norms in Ghana. Even though the women in the present study mentioned that some of these comments might have been expressed out of concern, they also stated that these comments *“...put a lot of pressure”* on them (Seddy, married, postgraduate). Additionally, the women expressed that pregnancy, childbirth, and childcare, along with formal employment, are demanding responsibilities. They highlighted that those pressuring them for more children are absent when help with childcare is needed. It is evident that commentators often disregard the impact of their

questions/comments about pregnancies and childbearing on these women.

### ***Pregnancy out of wedlock***

Ghanaian culture generally holds strong views about pregnancy out of wedlock. This is influenced not only by the culture but also by religious and traditional beliefs<sup>36</sup>. Despite the pressure on women to have children, pregnancy outside of marriage is discouraged and seen as dishonorable within Ghanaian society. Rona (single, senior high) became pregnant at age 26 while still learning hairdressing. Advised by her mistress and colleagues to terminate the pregnancy, her decision to keep the baby led to strained relationships with some friends. Similarly, Trisha (married, senior high school) faced criticism for becoming pregnant at age 23 while unmarried. She received disapproval for not waiting until marriage. Yaa (married, university degree) became pregnant at age 27 while unmarried. Despite being in a stable relationship and wanting to build a family with her partner, Yaa was not particularly happy when she discovered she was pregnant. She felt the societal pressure to be married first before pregnancy and dreaded informing her parents about the pregnancy.

In spite of the negative connotations around pregnancy out of wedlock, Rose (cohabiting, university certificate) emphasized that in Ghanaian society, while marriage may bestow respect upon a woman, having children holds greater importance than getting married. She stated: “... *marriage is nothing without a child...because when you die, society will be interested in how many children you left behind*”. In many African countries including Ghana, children are fundamental for perpetuating the family lineage. They confer a sense of belonging, and ensure continuity. Furthermore, they play a crucial role in the highly regarded funeral traditions as they are responsible for mourning and organizing proper burials for deceased parents<sup>19</sup>. Rose’s narrative aligns with the societal imperative for women to bear children, highlighting that a child holds greater importance for a woman than any other aspect, including marriage. According to Ofusu-Badu and Hanninen<sup>37</sup>, the recognition of married women in society heavily hinges on their ability to have children, often overshadowing their contributions elsewhere. Women without children may be unfairly perceived as useless or

irresponsible, underscoring society’s emphasis on motherhood as the primary means of recognition.

## **Conclusions**

This paper has explored the experiences of women in Ghana who mostly faced pressure to have a child especially immediately after marriage. The study shows that in addition to pressure from community members, the participants also felt internal pressure to have a child. Despite the belief that children are associated with happiness and fulfillment<sup>2,8</sup>, not all women who became pregnant with their first child were content upon discovering their pregnancy. For some, pregnancy posed an unwelcome distraction and led to conflicts between their roles as mother/mother-to-be and paid worker.

## **Recommendations**

Public education is needed to shift the responsibility placed on women to have children. There is a crucial need to educate individuals to refrain from intrusive behaviors such as questioning why a woman has not yet given birth.

## **Suggestions for future research**

It is important to note that this study was conducted in Accra, the most urbanized area in Ghana, with a relatively small and educated sample. Therefore the results cannot be generalized to the entire Ghanaian female population. Future studies can focus on less educated women and those residing in rural areas to determine if the findings align with those of this study.

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## **Ethical approval**

The study was approved by the Humans and the Research Ethics Committee, Faculty of Social Science, Hong Kong Baptist University and the Ethics Committee, College of Humanities, University of Ghana. The ethical clearance number for the University of Ghana ethics committee is

ECH070/20-21. The ethical approval letter by the Research Ethics Committee, Faculty of Social Science, Hong Kong Baptist University does not have a number. Approval letter is available upon request.

## Informed consent

Oral and written consent was provided by participants of the study.

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