

Experiences of Childlessness and Psycho-Spiritual Well-Being Of Koubri Association

Members In Ouagadougou Diocese, Burkina Faso

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ABSTRACT

The study examined the experiences of childlessness and psycho-spiritual well-being among members of the Koubri Association in the Catholic Diocese of Ouagadougou, Burkina Faso. A mixed-methods convergent design was employed, integrating quantitative data from 68 respondents and qualitative insights from 10 interviews. Key findings identified medical factors (e.g., irregular ovulation, erectile dysfunction), socio-cultural beliefs (e.g., curses, ancestral disapproval). Participants reported high levels of societal stigma (mean = 3.47), psychological trauma (mean = 3.47), and stress (mean = 3.93), yet demonstrated moderate to high psycho-spiritual well-being (mean = 3.94) through faith, community support, and resilience. The study underscores the need for culturally sensitive interventions combining medical, psychological, and spiritual support to address childlessness in Burkina Faso.

Key Words: Childlessness, psycho-spiritual well-being, infertility stigma, Burkina Faso, faith and resilience.

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INTRODUCTION

This study explores the psycho-spiritual experiences of childlessness among Catholic individuals and couples in the Diocese of Ouagadougou, Burkina Faso. In many sub-Saharan African societies, including Burkina Faso, fertility is closely linked to personal and social identity, making involuntary childlessness a deeply distressing condition (Kwaghtser, 2023).

Using a mixed-methods approach grounded in Lazarus and Folkman's (1984) Transactional Stress and Coping Theory and Masten's (2001) Resilience Theory, the study investigates the causes, emotional and spiritual impacts, and coping strategies adopted by members of the Koubri Association. Infertility in the region arises from both medical and socio-cultural factors, including sexually transmitted infections, chronic illnesses, and congenital abnormalities, as well as spiritual explanations such as curses or ancestral displeasure (Somé et al., 2017; Ouedraogo et al., 2023; Nduka & Ozioma, 2019).

Cultural norms often blame women for infertility, leading to stigma, psychological distress, and marital tension (Koala, 2022; Asimwe et al., 2022). Economic barriers and gender inequality further limit access to reproductive healthcare and treatment options (Ouedraogo et al., 2023). Despite these challenges, faith-based coping strategies such as prayer, participation in church groups, and pastoral counseling help sustain emotional well-being and promote resilience (Pandya, 2022; Nwaomah & Dube, 2018).

Social support from family and friends also plays a crucial role, although its effectiveness varies with cultural attitudes. While previous studies have addressed the medical and social dimensions of infertility, few have examined the intersection of psychological and spiritual well-being within Catholic African communities, particularly from the perspective of both men and women (Kwaghtser, 2023). This study addresses this gap by offering a holistic and context-specific analysis of childlessness through the lens of psycho-spiritual well-being.

RESEARCH DESIGN AND METHODOLOGY

The study adopted a convergent parallel approach to investigate how childlessness affects the psycho-spiritual well-being of Koubri Association members in the Diocese of Ouagadougou. It involved collecting qualitative and quantitative data at the same time and analyzing them independently. The findings were later combined to provide a well-rounded insight into the issue.

The study used a census method to survey all 90 married participants from the Catholic Diocese of Ouagadougou, ensuring accuracy through direct contact with each respondent. A research assistant supported the process. Ten participants were then selected through systematic random sampling for interviews.

The researcher employed three main instruments: a questionnaire addressing issues related to childlessness, another assessing psycho-spiritual well-being, and a structured interview guide to gather in-depth qualitative insights.

The researcher collected quantitative data using questionnaires administered to all 90 participants and analyzed with SPSS. In-depth interviews with 10 participants were conducted using a semi-structured interview guide and analysed thematically.

FINDINGS

Causes of Childlessness

Table1

Causes of childlessness

Causes of childlessness	N	Minimum	Maximum	Mean	Std. Deviation
Miscarriages	68	1	5	2.68	1.343
Irregular ovulation	68	1	5	3.31	1.363
Erectile dysfunction	68	1	5	2.82	1.392

The survey had 68 respondents. Each of the three causes was rated on a scale from 1 (least significant) to 5 (most significant). Irregular ovulation (Mean = 3.31) was perceived as the most

significant cause of childlessness among the three factors. Erectile dysfunction (Mean = 2.82) was moderately perceived as a cause while miscarriages (Mean = 2.68) was considered the least significant cause among the three. All standard deviations (ranging from 1.343 to 1.392) are relatively high, indicating diversity in perceptions among respondents. There was no strong consensus on the severity of each cause, and views may vary significantly among individuals.

The data suggests that irregular ovulation was considered a more common or more impactful cause of childlessness than miscarriages or erectile dysfunction in the context of this study. The relatively moderate mean scores (all below 3.5) indicate that none of the causes is overwhelmingly agreed upon as the main reason for childlessness, but irregular ovulation stands out slightly. The high standard deviations point to the need for individualized diagnosis and interventions, as perceptions and possibly experiences with causes of childlessness vary among people.

Table 1 therefore indicates that among the listed biological causes, irregular ovulation is most perceived as contributing to childlessness, suggesting that reproductive health programs should particularly focus on women's hormonal and ovulatory health, while not neglecting male factors and miscarriage management.

Infertility remains a significant cause of childlessness. One respondent noted:

Chronic diseases, infertility of one of the partners, and blood incompatibilities are significant barriers to conception (Respondent KAOD 9, Interview, 10/01/25) This response emphasizes the medical complexities that can hinder pregnancy, showing that infertility is not always a result of a single factor but rather a combination of health conditions. Congenital malformation was also mentioned during interview by a respondent:

For our case, we discovered that I had a congenital malformation during my first pregnancy. My uterus is heart-shaped, with a membrane separating it. Both of my pregnancies ended prematurely, one at 20 weeks and the other at 30 weeks. Each time, I had to undergo surgery (Respondent KAOD 2, Interview, 23/01/25).

One of the spouses may be suffering from a sexual infection that prevents ovulation. Poorly treated infections become chronic and cause blockages in the reproductive system (Respondent KAO D 6, Interview, 07/01/25). The response from the interview describes multiple causes of infertility, including male impotence, ovulation problems, infections, and reproductive system damage.

Cultural and Traditional Beliefs

“Some believe that childlessness can be caused by a spell cast on one of the spouses, particularly if the parents opposed their marriage or if an ex-partner harbours resentment” (Respondent KAO D 6, Interview, 07/01/25). These beliefs reflect deeply ingrained sociocultural views on fertility that have been noted in various African societies. Studies have shown that these interpretations frequently result in pressure from the extended family and stigmatization (Koala, 2022).

Level of Psycho-spiritual well-being and Childlessness

Table 2

	N	Minimum	Maximum	Mean	Std. Deviation
Psycho-Spiritual wellbeing level	68	2.48	4.96	3.9353	.50902
Valid N (listwise) 68					

The study shows that 68 respondents had their spiritual wellbeing assessed where the mean score was 3.94. The average score was close to 4, indicating that participants generally rate their psycho-spiritual wellbeing as high on the scale of 1 to 5, where 1 = lowest and 5 = highest wellbeing. The minimum and maximum values were 2.48 to 4.96. This range suggests that while some individuals report moderately low levels of psycho-spiritual wellbeing (around 2.48), others reported very high levels (up to 4.96). The Standard Deviation (0.509), which is approximately 0.51 indicates a moderate variation in responses, which indicates that most participants cluster around the mean (3.94).

This implies that overall high mean score indicates that most participants perceive themselves as having a relatively strong sense of psycho-spiritual wellbeing, which could reflect positive mental health, sense of purpose, spiritual connection, and inner peace. However, the presence of lower scores (minimum = 2.48) signals that a minority of individuals may be struggling with their psycho-spiritual health and may benefit from targeted support or counselling. Programs aiming to improve overall wellbeing should maintain support for those already doing well while also identifying and assisting those at the lower end of the wellbeing spectrum.

The findings suggest that the participants generally enjoy a good level of psycho-spiritual wellbeing, but the variation among individuals points to the need for personalized interventions, especially for those whose scores indicate potential distress or spiritual disconnection.

The above finding was collaborated by qualitative data from the interviews. For instance, some participants reported the following:

To deal with the situation that I am experiencing with my partner, we as Christians have faith that God has not forgotten us, that our day will come. Together as a couple, we support each other, we try to clear our minds and move forward on our path..."(Respondent KAOD 2, Interview, 23/01/25). The participant reveals strong religious faith.

Ways to Support Childless couples or individuals

Table.3

	N	Minimum	Maximum	Moyenne	Ecart type
I feel supported by my friends and family	68	1	5	4,24	,994
I feel supported at my work place	68	1	5	3,41	1,011
N valide (liste)	68				

The study shows that childless individuals/couples reported stronger support from friends and family (mean = 4.24) than from their workplace (mean = 3.41). Workplace support had more variability, suggesting some respondents feel much less supported than others. The minimum score of 1 in both categories indicates that some individuals feel completely unsupported in both personal and professional settings. While social networks (friends/family) provide strong support for childless individuals, workplace support is perceived as moderate and less consistent. This could highlight an area for improvement in organizational policies or societal attitudes toward childless individuals.

In collaborating the quantitative data, one of the key findings from the qualitative data was the importance of family and friends' social support. As a respondent in Interview 6 stated:

In my situation, I feel more supported by my family members and also friends who approach us and try to understand our situation. They give us as a couple information on specialized clinics that can help us diagnose our illness or even refer us to traditional medicine. They guide us on the paths (Respondent KAOD 6, Interview, 07/01/25).

Spiritual and Religious Support

In order to cope with childlessness, faith and spirituality are essential. Many respondents said they relied on religious communities' assistance, prayer, and faith. One participant pointed out:

It is above all prayer that supports us and also between us couples we try to encourage each other and above all not fall into the trap of accusing each other of any failure. We also have acquaintances who support us in prayer and also with their advice. The use of prayers is recurrent among exorcist priests, pastors and even recourse to the most renowned charlatans (Respondent KAOD 10, Interview, 12/12/24).

DISCUSSION

Infertility among Koubri Association members reflects a complex interplay of biomedical complications such as congenital malformations and reproductive infections and culturally mediated beliefs in spiritual causation, both of which exacerbate psychological distress; although quantitative data indicate generally high psycho-spiritual well-being ($M = 3.94$), score variability signals that a subset of individuals would benefit from targeted pastoral care. Informal support networks of family, peers, and faith communities offer critical emotional and informational assistance, yet formalized mechanisms particularly within occupational contexts are lacking. These findings underscore the necessity of integrating structured counselling services and peer-support programs alongside existing spiritual care to address the multifaceted needs of childless individuals.

SUMMARY, CONCLUSION AND RECOMMENDATIONS

Infertility within the Koubri Association arises from both medical factors and cultural beliefs in spiritual causation, leading to significant psychological distress. While most members report strong psycho-spiritual well-being bolstered by informal support from family, peers, and faith communities, the absence of formal counselling and workplace support highlights the need for structured interventions alongside existing spiritual care.

Conclusion

The investigation of Catholic community members in Ouagadougou revealed that infertility stemming from medical conditions (e.g., infections, congenital anomalies) and culturally rooted spiritual attributions elicits stigma and emotional turmoil, yet most participants sustain resilient psycho-spiritual well-being ($M = 3.94$) through religious devotion, pastoral engagement, and social networks. The study advocates for integrated interventions comprising structured counseling, enhanced pastoral training, and community education to alleviate stigma and reinforce formal support mechanisms.

Recommendations

- Religious leaders should train pastoral agents to better support individuals facing infertility and childlessness.

- Government and traditional leaders should collaborate on challenging harmful cultural norms regarding fertility and childlessness.
- Healthcare systems should prioritize accessible and culturally sensitive reproductive health services.

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