


Exploring the psychosocial dimensions and impacts of infertility in Africa: a commentary on Roomaney *et al*'s scoping review of current evidence

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Commentary on: Roomaney *et al*. A scoping review of the psychosocial aspects of infertility in African countries.

Implications for practice and research

- ▶ Incorporate affordable, culturally and religiously sensitive psychosocial support and interventions, including assessment, education and abuse management, into infertility treatments in African contexts.
- ▶ Expand research on infertility across African countries, focusing on psychosocial interventional studies and the development of culturally appropriate assessment tools.

Context

Infertility impacts approximately one in six people globally,¹ with distinct patterns in Africa where both primary and secondary infertility are prevalent.² Women, who account for 54.01% of African infertility cases, face disproportionate social stigma, regardless of the cause.^{2,3} In these cultures, where childbearing carries significant social value, the psychological impact is severe,^{2,3} with high depression rates among infertile individuals.³

Roomaney *et al*'s³ scoping review highlights an important gap in infertility research, which predominantly focuses on developed countries. By mapping studies on the psychosocial dimensions and impacts of infertility in Africa, the review establishes the urgent need for increased Afrocentric research and interventions that will address the unique sociocultural determinants of infertility in African communities.³

Methods

This scoping review examined psychosocial aspects of infertility in Africa from 2000 to 2022 as part of a larger study, focusing on one of three regions.³ A systematic search strategy was developed with a specialist librarian, drawing from multiple databases and grey literature.³ A multistage blinded evaluation process including

independent reviewers screening articles using Rayyan, with a third reviewer assessing conflicted cases, was employed.³ Selection criteria comprised English-language publications, primary and secondary studies and research involving men and women with primary or secondary infertility in Africa.³ Data extraction used a standardised charting form, tested for consistency among reviewers.³

Findings

After screening 2372 articles, 116 papers were included (60 quantitative, 56 qualitative), with 81% of studies conducted in Nigeria, Ghana and South Africa.³

Depression prevalence ranged from 20% to 62% among infertile individuals, with women experiencing poorer quality of life.³ Those with primary infertility showed greater psychological dysfunction than those with secondary infertility.³ Infertility-related stress was reported in several studies, affecting women more than men, while higher education served as a mitigating factor.³ Social consequences were severe, with 40% reporting their lives on hold, 56% perceiving social exclusion and 41% experiencing abuse with associated impact on marriage.³ Children symbolised life progression, lineage and social status in African communities.³ Cultural beliefs and patriarchal norms placed a disproportionate infertility burden on women.³ Treatment accessibility remained a challenge, with cost being a primary obstacle.³ Traditional and spiritual healing methods were favoured, while adoption and surrogacy showed limited awareness.³

Commentary

The global landscape of infertility highlights the complex interplay of medical, social and cultural dynamics. Research indicates that while infertility affects approximately 12% of women globally, significant racial disparities exist in both prevalence and access to care, with black women experiencing nearly double the infertility rates yet being 50% less likely to seek treatment.⁴

Roomaney *et al*'s scoping review highlights these disparities, exhibiting methodological strengths through comprehensive database searches and standardised data extraction.³ However, the review's focus on English-language publications and its concentration on just three countries potentially excludes valuable insights from research published in other languages.³ Nevertheless, the review provides crucial insights into the psychosocial burden of infertility in Africa.

Legal and infrastructural challenges further complicate the landscape. Nigeria's legal framework, for instance, demonstrates significant gaps regarding surrogacy regulations, potentially deterring people from engaging with treatments.⁵ These legal uncertainties and challenges in establishing and maintaining in vitro fertilisation clinics in resource-limited settings substantially hinder care access.⁶

In Africa, the social implications of infertility are severe, leading to marriage instability and social stigma.^{2,3} This social pressure significantly influences treatment-seeking behaviours and psychological outcomes, creating a cycle requiring careful consideration in research and clinical practice.

Addressing these challenges requires a nuanced approach that acknowledges traditional and modern perspectives. Providers must develop culturally sensitive evidence-based care approaches. Future research should expand beyond geographic and linguistic limitations to provide a more comprehensive understanding of the impact of infertility across diverse African contexts.³

Improving infertility care requires addressing racial research and treatment bias gap and developing culturally appropriate interventions. This includes respecting local beliefs while ensuring access to contemporary treatments. Only through comprehensive approaches can we address infertility challenges in Africa and globally.

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