

Research Article

# Gender Dynamics and the Socioeconomic Implications of Infertility in Sierra Leone: A Study on Health, Social Stigmatization, and Economic Impact

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## Abstract

Gender Dynamics and the Socioeconomic Implications of Infertility in Sierra Leone delves profoundly into the intricate effects of infertility on persons and broader society. Infertility in Sierra Leone surpasses medical confines, interweaving fundamentally with cultural, communal, and economic factors. Women disproportionately bear the consequences, suffering from social exclusion, economic hardship, and psychological distress. Societal expectation that ties femininity to motherhood increase these stresses. This societal expectation places immense anxiety on women who are unable to conceive, regularly resulting in discrimination, stigmatization, and isolation from family and social life. Financially, families expend considerable amounts on fertility treatments, which frequently lead to monetary instability, especially in lower-income families. Infertile women, already marginalized, face compounded challenges due to reduced inheritance rights, limited economic possibilities, and societal exclusion. Psychologically, the emotional toll is severe, with many experiencing depression, anxiety, and isolation. The research calls for comprehensive policies that address the multifaceted character of infertility. It advocates for gender-sensitive reproductive wellness initiatives and societal efforts to decrease the stigma associated with infertility. By promoting equitable access to healthcare, improving mental health services, and tackling cultural stigmatization, the study emphasizes the need for a holistic approach to mitigate the socioeconomic and health-related impacts of infertility in Sierra Leone. Ultimately, the findings highlight the urgency of policy reforms that integrate medical, social, and economic viewpoints to better support those affected by infertility.

## Keywords

Infertility, Sierra Leone, Gender Inequality, Socioeconomic Impact, Cultural Stigma

## 1. Background

Within medical circles, infertility is defined as the failure to achieve conception after a year of attempting to get pregnant with no contraception. This kind of health issue is a common problem that affects many couples worldwide. However, infertility concerns go beyond mere medical con-

cerns and significantly impact areas like Sub-Saharan Africa, where cultural, social and economic circumstances impact the people affected [1]. Infertility in Sierra Leone carries a severe social stigma that affects both the individuals and the society, more significantly, the women who are usually held

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responsible for reproductive failures [2].

Studies show that spouses have significant influence over each other's contraceptive attitudes in Sub-Saharan Africa, which affects decisions related to family planning [6].

There are pressure points for women in Sierra Leone about fertility that call for explaining such practices rooted in traditional religious beliefs and cultural values on the importance of childbearing as the centerpiece of femininity and social status [4]. Sierra Leone is among those many African societies where it is rather difficult to separate bearing children from safety and financial improvement. Children are also vital in carrying on the family name, providing workforce and earning assistance when one is aged [3]. Thus, the issue of infertility is not only a personal problem or medical problem but also one that affects society in terms of status, economic activity and well-being [5].

In Sierra Leone, women face intense pressure to get pregnant. Their social standing is pegged on how many children they produce, especially sons who can carry on the family name and inherit property. Because of such sociological patterns, women are always beset by expectations to perform their reproductive functions. Whenever this does not happen, the women face pressure in social contexts that are viciously stigmatizing [8]. Sierra Leone's infertility problems have a gendered aspect, which is very much interlinked with the issue of gender discrimination in society. Women who fail to keep their babies are described as barren, which is a disrobing enormous. They could be cast out of their society and be abused both verbally and physically and even uncared for by their men [2]. These women are sometimes pushed to communities practising polygamy, which makes them inept and isolates them from the social and economic activities of their society [1].

The absence of children in a Sierra Leonean family unit has economic consequences ascribing to the family unit's size or makeup [12]. He notes that Children, especially girls, are still perceived as economic assets that provide financial stability in the family. Furthermore, In the culture of Sierra Leone, children are still considered providers, particularly for older women [9]. Children, particularly young girls, remain the economic asset that ensures the family's economic stability. According to him, property rights and inheriting power are interlocked with the status of marriage and childbearing in the Sierra Leonean culture, which makes it difficult for women to have successors. [9] further underscores this argument by noting that childless women face obstacles in poverty and a lack of avenues for economic empowerment. Additionally, this economic exclusion is made worse by the inadequacy of the financial resources to buy infertility medicine in most populations. Citing economic considerations, families usually prioritize spending money on artificial and natural alternative ways to overcome infertility rather than buying necessities [15]. These treatment options tend to be costly and consume financial resources. However, there are low chances of successful restoration of women's fertility, which in turn returns them back to the line

of poverty where distress over economic insecurity has become the order of the day [12].

Also, the health effects of infertility in Sierra Leone are far worse than being unable to give birth. Psychologically, the effect is worse, especially for women who have to bear the consequences of social discrimination and stigma. Feelings of guilt, compliance, and low self-worth develop, which increase the risk of developing anxiety disorders, depression, suicidal thoughts and other forms of psychopathologies [7]. In the case of Sierra Leone, where mental illnesses are still regarded as a taboo subject having very few services available, people aggravate their conditions and problems without appropriate care [5]. In addition, when infertility is driven underground, there are further specific physical health hazards associated with 'improving' fertility by heretical or heroic means. Due to the high cost and poor accessibility of modern healthcare services, people in Sierra Leone seek the services of traditional healers or untrained persons to help them with infertility treatments. Research has shown that many sick people go to healers out of desperation, and while the healers' intention may be justified, the patient is often the recipient of cultural beliefs that, because of little or no scientific evidence, may result in adverse health consequences like infections, pains, and even deaths [9]. Then there are other methods of reproductive health treatment, including the use of unsupervised, unsafe, and abusive medication, devices and surgical operations, rendering infertility a major public health threat [15].

There is insufficient literature in Sierra Leone regarding infertility despite its adverse effects on the individual and society [3]. Most of the available literature on infertility in Sub-Saharan Africa is predominantly medical: it explains the main reasons for infertility or how it may be treated. In many academic discourses, however, this understanding of infertility is expanding through the need to explore the social and economic death consequences of infertility, especially in cases where culture and femininity allow women relationships and infertility [4]. This research aims to address this issue by investigating the gender aspect and socioeconomic impact of infertility in Sierra Leone, particularly on the health, social status, and economic status of people experiencing infertility.

One of the primary setbacks in tackling infertility within Sierra Leone is the absence of a proper framework for reproductive health care provisions. Most people in Sierra Leone do not have access to health facilities and services, which is even worse in most rural areas where most of the population lives [10]. Fertility services, whether they are diagnostic tests or treatment forms, are likely often to be nonexistent or beyond the means of reach of the majority of the population. This lack of with knowledge on how to handle the health issue and the available failure increases the chances of occurrence of barrel upon barrel of avoidance of reproductive activity being prevalent, and. Expenditure on harmful and often futile health-seeking practices is expected. For example, people are said to

waste a lot more money than necessary on traditional healers and unregulated fertility treatment that most times is unsuccessful, with some cases being dangerous [9].

Furthermore, the fear of being judged for problems connected to infertility may discourage individuals from consulting a physician, aggravating the situation [8]. Women in this regard quite often keep quiet about their inability to conceive since they fear being called undesirable or that there is something wrong with their life circumstances. This cycle of dysfunction, characterised by a lack of resolution rather than a breakdown or restoration, worsens social and mental healthcare-related dysfunction, although the causal factors remain untreated [4]. Besides, available evidence indicating that infertility crosses the boundaries of other social determinants of health like poverty, gender discrimination, and education limits aggravates the problems yet again. It makes it impossible to develop efficient solutions [10].

It has been demonstrated that infertility in Sierra Leone cannot be treated merely as a health issue; instead, this calls for a multifaceted approach. The relevance of socioeconomic status to infertility means that policies and programs are needed that address the social aspects of infertility, including but not limited to stigma reduction and access to sexual and reproductive health services [2]. Educational campaigns geared toward the public have the potential to grow societal views centrally towards the notion that infertility is a condition of health and not a failure of a personal nature [4]. Including mental health treatment and improving access to health providers who perform quality, low-cost care, such as providing fertility services, is critical to avert infertility's health and economic burdens [1].

To sum up, infertility in Sierra Leone involves multifaceted issues that have gendered complexities and socioeconomic ramifications. It also touches on the cultural views, the status of women and the socioeconomic conditions of the society, thereby making it a timely public health issue that should be tackled through integrated approaches that consider the culture [3]. This research work tries to explore the complexity of infertility in Sierra Leone within its context in furtherance of understanding how infertility impacts women and men and society in Sub-Saharan Africa.

## 2. Literature Review

### *Infertility in Sierra Leone*

Infertility is a national problem in Sierra Leone, where nearly 20-25% of couples wishing to have children are affected. It has its variables, male and female factors. Among that, infectious diseases, especially STIs such as gonorrhoea and chlamydia, feature significantly in the causes of infertility among women [1]. Most of these infections lead to tubal factor infertility, which is a result of poor reproductive health services and education [3]. Also, the common practice of unsafe abortion and post-abortion morbidities contribute a great portion to the problem of female infertility in Sierra

Leone [9]. – Compared to female infertility, male infertility is little acknowledged in prevalence. Approximately 30% of infertility cases arise from male factors. Such factors as varicocele, poor sperm characteristics and exposure to toxins are important contributors to infertility [10].

Many contexts that see infertility will be affected by the cultural setting of Sierra Leone, infertility being such a context. Children are seen as a source of continuity in households, as well as their social standing and economic status [4]. In this respect, infertility becomes more of a stigma than a health problem, more so among women. Given this social construct, women face a great deal of stress with expectations to give birth, leading to exclusion, verbal attacks and more extreme measures, including physical violence [2]. This is exacerbated by masculinity around reproduction because men are the least likely to be blamed for infertility [7].

### 2.1. Socioeconomic Impact of Infertility

Infertility in Sierra Leone has severe socio-economic consequences, especially for women. Infertile women commonly suffer social ostracisation, economic exclusion and loss of reputational superiority in the community [8]. Such situations are devastating, especially in a region where earning a living depends on the family's size, causing the couples' finances to shake. Husbands do divorce women who fail to bear children, and they suffer denial of property rights and lack of economic empowerment [12]. The costs associated with conception via reproductive procedures, both orthodox and folk, have proven to be very exorbitant. More often than not, very low-income setups suffer the most [5]. Such expenses, along with the feeble rates of success, only worsen the plight of poverty and financial insecurity [3].

The aspect of partners' fertility also negatively impacts the partners' relations. Marriages and children are recognised as forms of social and economic security in Sierra Leone, and most men and women remain in marriages through economic dependence and infertility where, from other pursuits, income will not be generated. This further deepens the cycle of marginalization of infertile persons, especially women, within society [2].

### 2.2. Health Effects of Infertility

Infertility has both physical and mental health consequences in Sierra Leone. The most difficult aspect of infertility is often ignored without addressing mental health issues and includes worthlessness or feelings of being inadequate, depression, anxiety, and stress [5]. Fertility seeking through unregulated and unsafe means endangers a person's health through acquiring infections, chronic writhing pains and even death [9]. Ignorance and lack of knowledge about infertility and its symptoms aggravate the problems where many people do not go for care on time, hence, their health deteriorates [10].

## 2.3. Theoretical Framework

This study adopts two main theories as its theoretical framework: Feminist Theory and Social Determinants of Health despite the determinants of health mostly directing attention towards individual provision of health services or interventions. These are used in analyzing the interrelations between infertility, the role of gender, Sierra Leone's economy, and its citizens' health.

### 2.3.1. Feminist Theory

Feminism as a theoretical framework provides a basis for understanding the complexities stemming from infertility in the Sierra Leone context. It suggests that there is an inherent and unjust pressure in society towards women to fulfil their expected roles as mothers within the context of women maintaining their dignity and worth as people above their reproductive abilities [13]. From this stance, infertility becomes more than a medical condition as it is also a social ill that seeks to maintain female subordination. It is considered ethnocentric in many African societies, Sierra Leone included, where women are pressured to bear children as a measure of oppression in a male-dominated society where women's worth is embedded in their reproductive function [4]. This theory contributes to the understanding that women are more disadvantaged by childlessness than men in all aspects, including social and economic aspects, as well as the further implications of the problem of childlessness [2].

### 2.3.2. Social Determinants of Health Theory

The social determinants of health (SDH) theory offers a vantage point from which the social, economic and environmental factors that bear upon health outcomes, including infertility, can be examined [1]. From the perspective of SDH theory, health is not only influenced by biological factors but is also a product of the surroundings in which people live and work [10]. In Sierra Leone, poverty, healthcare and education deficiency, and gender discrimination are some of the factors that contribute towards a lot of infertile women in the country and their associated health effects [3]. Those factors have been increasingly referred to as fertility inequalities, emphasising the importance of social determinants for improving reproductive health policies [12].

This study examines the gaps in knowledge and understanding of infertility in terms of gender, class, and health through the combination of feminist and social determinants of health theories within the Sierra Leonean context. This theoretical framework reveals infertility's heterogeneous yet intersectional nature within a society where culture and economic background dictate how infertility is experienced [13].

## 3. Methodology

This study employs a mixed-methods approach to investigating the socioeconomic and health implications of infertility in Sierra Leone. It combines qualitative and quantitative data collection techniques to understand the issue comprehensively.

### 3.1. Data Collection

1. **Qualitative Data:** In-depth interviews and focus group discussions were conducted with 50 individuals, including infertile couples, healthcare providers, traditional healers, and community leaders across urban and rural areas. These interviews aimed to explore personal experiences, social attitudes, and cultural perceptions related to infertility.
2. **Quantitative Data:** To quantify the prevalence of infertility and its associated social and economic impacts, a survey was administered to 200 couples of reproductive age, selected through stratified random sampling. The survey included questions on demographic characteristics, fertility history, healthcare access, and economic expenditures related to infertility.

### 3.2. Data Analysis

Qualitative data were analysed using thematic analysis to identify recurring patterns and themes related to infertility's social and economic consequences. Quantitative data were analyzed using descriptive statistics to determine the prevalence rates, common causes of infertility, and the distribution of socioeconomic impacts.

### 3.3. Ethical Considerations

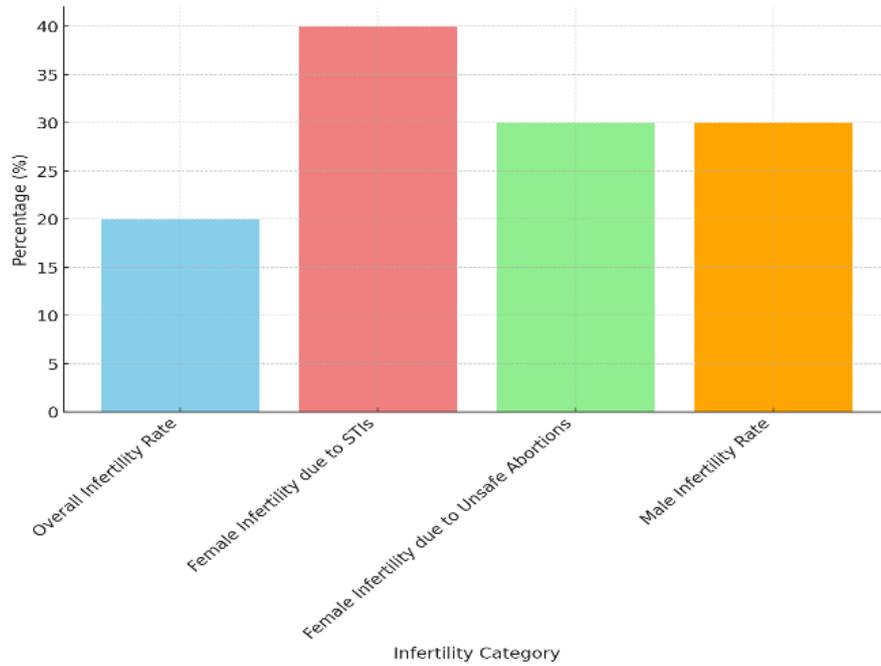
The study adhered to ethical guidelines, ensuring informed consent, confidentiality, and sensitivity to the participants' cultural context. The Central University approved the research of Sierra Leone's ethics review board.

This methodology provides a robust framework for understanding the multifaceted nature of infertility in Sierra Leone, combining statistical rigour with deep cultural insights.

## 4. Findings

### 4.1. Prevalence and Causes of Infertility

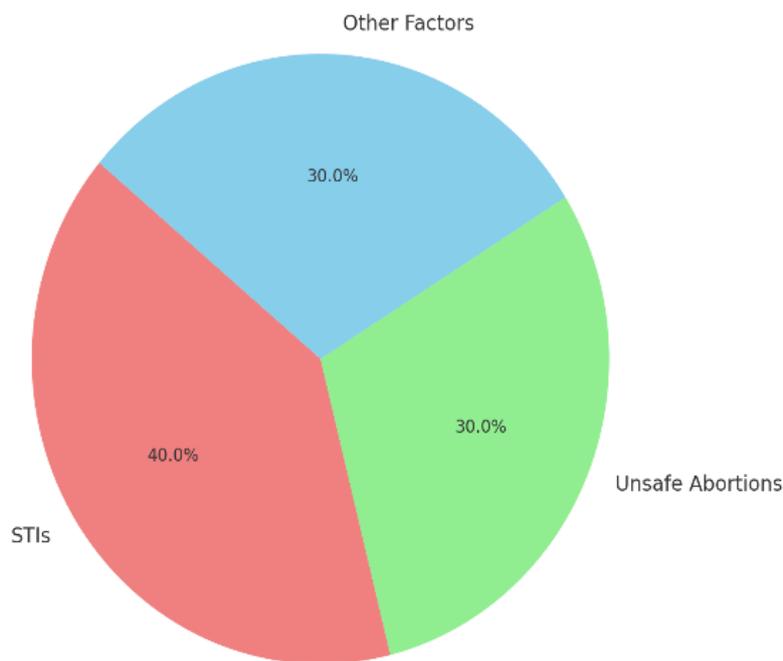
Research done in different provinces of Sierra Leone shows that infertility is quite a reproductive health challenge affecting almost 20-25% of the population. The prevalence is higher in rural regions involved in the study than in urban centres, mainly due to poor healthcare services, poor health facilities, and a high poverty level. The analysis shows that in Sierra Leone, infecundity can be attributed to several causes, including both men and women.



**Figure 1.** Causes of Infertility in Sierra Leone.

For women, infections are the leading cause of infertility, particularly tubal factor infertility. Sexually transmitted infections (STIs), such as gonorrhoea, chlamydia, and HIV, account for nearly 40% of female infertility cases. These infections are often the result of inadequate sexual and reproductive health education, lack of access to contraception, and untreated STIs. Additionally, complications from unsafe abortions contribute significantly to secondary infertility among women.

Male infertility, although less socially recognised, is a significant contributor, with nearly 30% of infertility cases involving male partners. The causes of male infertility include infections, varicocele (a condition causing swelling of the veins inside the scrotum), poor sperm quality, and environmental factors such as exposure to toxins and heavy metals. Despite the substantial role of male infertility, cultural norms in Sierra Leone often place the blame solely on women, further complicating the social dynamics of infertility.



**Figure 2.** Causes of Female Infertility in Sierra Leone.

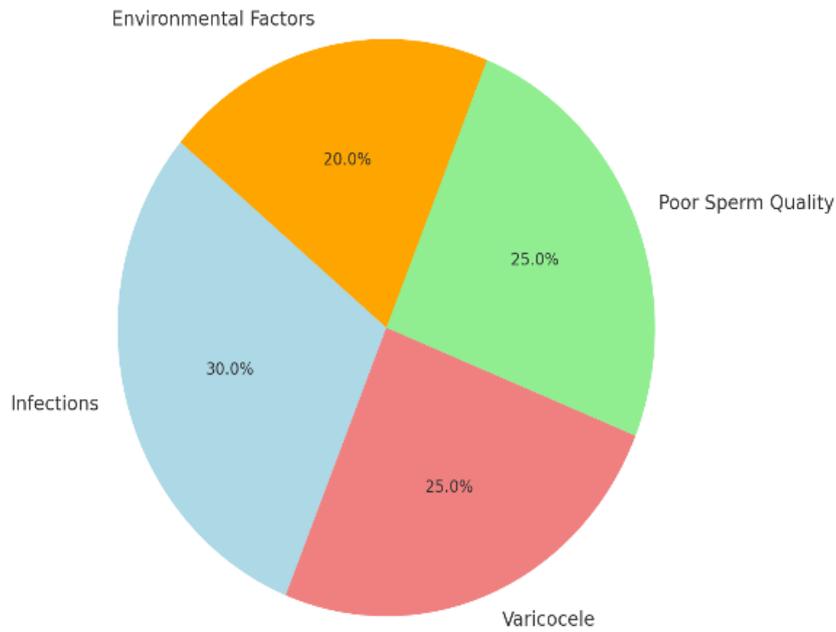


Figure 3. Causes of Male Infertility in Sierra Leone.

### 4.2. Socioeconomic Consequences of Infertility

The socioeconomic impact of infertility in Sierra Leone is profound, particularly for women who bear the brunt of the social and economic repercussions. Infertility is often perceived as a personal failure, leading to significant social stigma and discrimination. Women who are unable to conceive are frequently blamed for the condition, even when the cause lies with the male partner. This blame is rooted in cultural beliefs that place the responsibility for reproduction solely on women, reflecting profoundly ingrained gender

inequalities.

The study found that infertile women face various forms of social exclusion, including ostracisation from community activities, verbal abuse, and in extreme cases, physical violence. This social exclusion often extends to economic marginalisation, as women who are unable to bear children may be abandoned by their husbands or forced into polygamous marriages. These women are also at a disadvantage in terms of inheritance rights and access to economic resources, as their status within the family and community is diminished due to their inability to contribute to family continuity through childbirth.

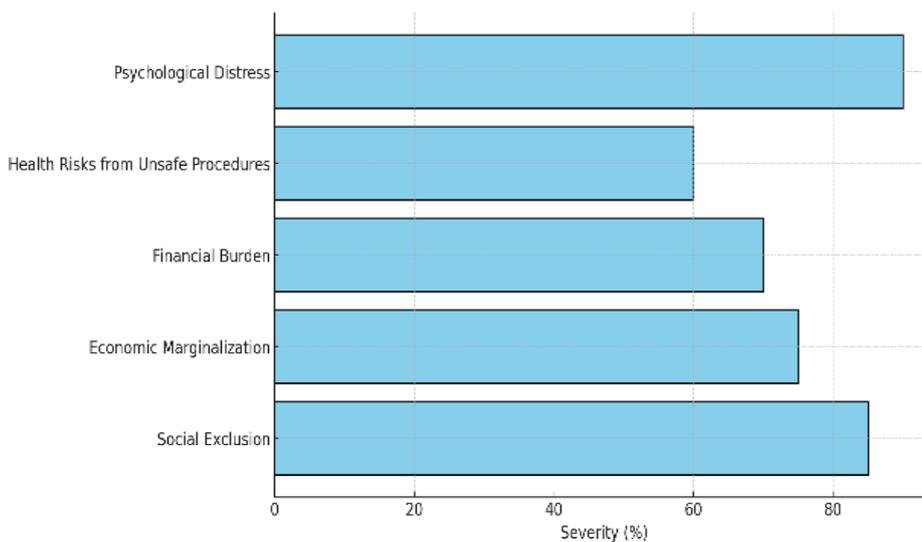


Figure 4. Socioeconomic and Health Consequences of Infertility.

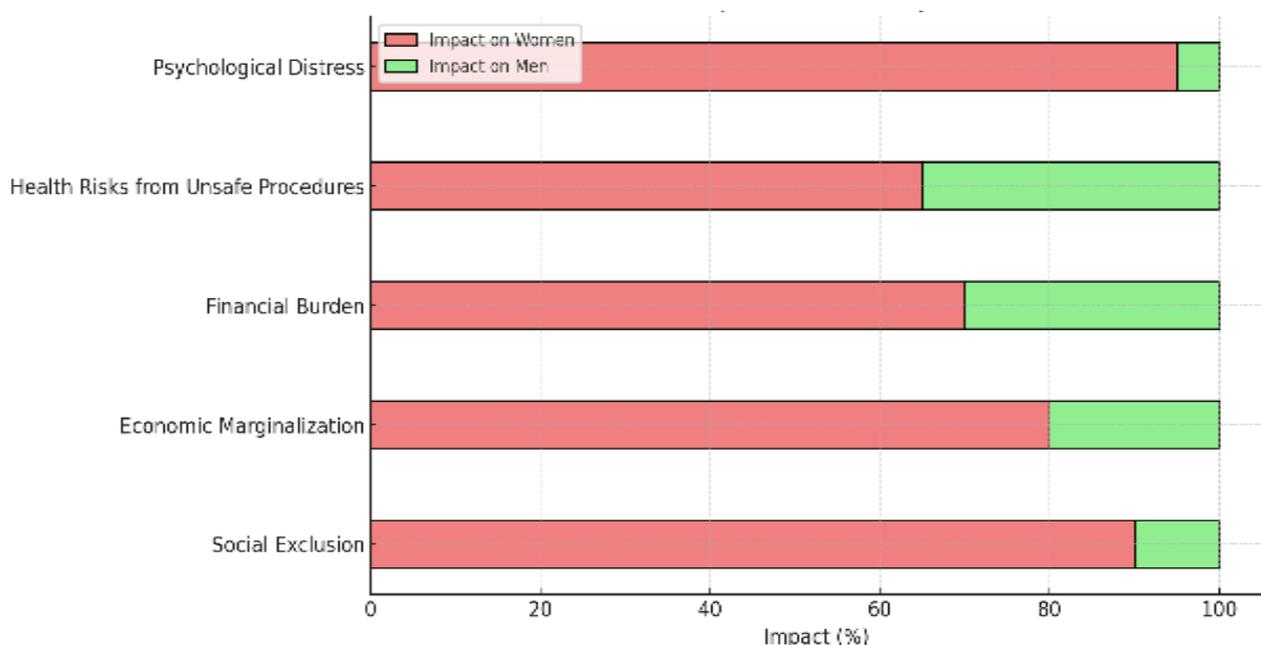
Economically, the burden of infertility is significant. Families spend substantial amounts of money on fertility treatments, often at the expense of other essential needs. This financial burden is particularly heavy for low-income families, who may resort to selling assets or taking loans to afford treatment. The high cost of infertility treatments, combined with the low success rates, often leads to financial distress, exacerbating poverty and economic insecurity. This financial strain can also lead to marital instability, with some marriages ending in divorce due to the inability to conceive, further contributing to the social and economic marginalisation of infertile women.

### 4.3. Health Implications

The health implications of infertility in Sierra Leone are both physical and psychological. The study found that infer-

tile individuals, particularly women, experience high levels of stress, anxiety, and depression due to the social stigma and discrimination associated with infertility. Many respondents reported feelings of worthlessness, isolation, and hopelessness, with some contemplating suicide. The lack of mental health services in Sierra Leone exacerbates these psychological issues, as many individuals have no access to counseling or support services.

Physically, the pursuit of fertility treatments, often through unregulated and unsafe channels, poses significant health risks. The study found that many women undergo multiple invasive procedures, including unsafe abortions and unregulated surgeries, in their quest to conceive. These procedures can lead to infections, chronic pain, and even death. Moreover, the use of traditional remedies, which often lack scientific validation, can result in adverse health outcomes, including poisoning and complications from harmful substances.



**Figure 5.** Gender-based Impact of Infertility in Sierra Leone.

The study also identified a lack of awareness and education about infertility and reproductive health as a significant barrier to addressing the issue. Many respondents were unaware of the causes of infertility or the available treatment options, leading to delays in seeking appropriate care. This lack of knowledge, combined with the stigma surrounding infertility, contributes to the persistence of harmful practices and the worsening of health outcomes.

## 5. Discussion

The results from this study illustrate that infertility in Sierra Leone is indeed a contested terrain owing to the interplay

of all these components, most notably culture, society, and economics. The affected individuals, especially women, face mounting challenges. Infertility is often regarded as confined within the medical realm; this study, however, in profound obscurity, exposes infertility as a socio-economic hazard that evokes many implications.

### 5.1. Cultural and Gender

Infertility in African societies carries profound ethical and social implications, deeply rooted in cultural norms and gender inequalities [11].

In Sierra Leone, the society is fertility conscious, which implies high regard for having children not only for the

childbearing mother but for the family and society generally, as they are viewed to provide improvement of self-worth, economic stability and family continuance. Due to this competition for having more children, particularly for women, this culture has created a lion's share of responsibility for women, making them the apparent child bearers. The study deduced that women who do not bear children are looked down upon, and there is no motivation for women and children. Hence, they are sometimes beaten up verbally and, in some extreme cases, physically killed. This is attributed to a gender-biased society where a woman's identity is defined by childbearing and those who fail to attract discrimination. It has come to commentary that infertility can be blamed on a few men, even though about fifty per cent of the reasons for infertility can be due to men and more than fifty per cent to women. There is exemplary evidence of deep-seated traditional views which promote men's control over women, seeking to satisfy the reproductive demands of women and neglecting their personhood and rights.

## 5.2. Socioeconomic Consequences

In Sierra Leone, the socioeconomic influence of infertility assumes such importance that it becomes about the entire family and the community as well. Infertility results in social and economic exclusion, especially for women who may suffer the abandonment of their husbands, miss out on property inheritance and lose their financial independence. The issue pointed out in the study is that in Sierra Leone, where economic prosperity depends on having a proper family structure, rates of infertility can lead to poverty. Again, the demonstrable and low efficacy of these treatments provides an additional negative effect on the already impoverished nonsurvivors' friends and families by causing further financial distress. The excessive price of modern and home infertility treatment options increases the burden on low-income families, eroding their basic needs.

## 5.3. Health Implications

Assisted reproductive technologies face various challenges, especially in rural African communities, as noted in global reports [14].

The health consequences of infertility in the case of Sierra Leone relate both to the body and in terms of the mind, which highlights the importance of holistic approaches to the treatment of infertility, which addresses more than the biological dimension of the problem. The mental effects of infertility, for example, in the women who want to delve into childbearing and cannot do so encompasses "stress, anxiety, depression and feelings of worthlessness. These problems are made worse due to the unavailability of counselling and support options, and thus, many people are left to live with these issues. The study observed that the social ostracism associated with infertility is a barrier for most people to seek assis-

tance in coping with this issue. In addition, health hazards are prevalent when fertility stimulation is sought through illicit and ineffective means. Reliance upon unqualified and anecdotal healing strategies may cause oneself grave harm, including spasms, infection, long-lasting genital pain and sometimes even death.

## 5.4. Policy Implications

Therefore, the outcomes of this investigation call for advanced strategies and measures that would address the infertility challenge in Sierra Leone in a much more holistic manner. There is an urgent requirement to market infertility more as a disease than the fault of women by initiating public health programs seeking to change beliefs held on the issue. Addressing the infertility stigma, providing affordable infertility treatment options, and providing mental health to address the socio-economics of infertility must be included in the policies to eradicate infertility.

Also, the study reveals that there is a need to... study find also acknowledges that there is a need, among other things, to tackle health determinants such as poverty, ending gender discrimination, and lack of education, which lead to chronic cases of infertility. By doing so, it would be possible to counteract the negative effects of infertility on people and populations, improve reproductive health, and leverage gender equity in Sierra Leone.

## 6. Conclusion

Infertility in Sierra Leone has serious social, economic and health-related consequences. The conclusions of this study underline the importance of the development of comprehensive infertility policies and intervention strategies. To do this, it involves promoting gender equality and easy access to reproductive health services, among others, and also addressing social determinants of infertility. In this way, reducing the consequences of infertility for individuals and societies and promoting reproductive health in Sierra Leone overall is possible.

## Abbreviations

STIs	Sexually Transmitted Infections
SDH	Social Determinants of Health
HIV	Human Immunodeficiency Virus
AIDS	Acquired Immunodeficiency Syndrome
WHO	World Health Organization
IVF	In Vitro Fertilization
ART	Assisted Reproductive Technology
NGOs	Non-Governmental Organizations
PHC	Primary Health Care
UNICEF	United Nations International Children's Emergency Fund

## Author Contributions

Safuan Muckson Sesay is the sole author. The author read and approved the final manuscript.

## Conflicts of Interest

The author declares no conflicts of interest.

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## Biography



**Safuan Muckson Sesay** is a renowned Sierra Leonean biotechnologist specializing in Assisted Human Reproduction Technology (ART) and Embryology. With over six years of expertise in fertility enhancement, he serves as the Merck Foundation's representative in Sierra Leone and holds the position of Secretary to the Board of Directors at Central University. Safuan also contributes to academic leadership as a lecturer and Director of Human Resources at the institution. His educational background includes a Bachelor's degree in Biology and a Master's in Biodiversity & Conservation from Njala University, as well as a specialized Master's in Biotechnology with a focus on ART and Embryology from the University of Valencia. He has completed international training in Agriculture and Clinical Embryology, with certifications from China, India, and the American Society for Reproductive Medicine (ASRM). An active participant in global conferences, Safuan is dedicated to advancing fertility outcomes through ART and improving reproductive health in Sierra Leone.