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Why Not the Male Baby? The Modality of Marital Suffering within the Assisted Reproductive Technology

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Abstract

The absence of the child boy in the household, a problem that has hardly been studied by researchers in the human and social sciences, specifically by clinical psychologists, is one of the modalities of marital suffering in certain couples in traditional black Africa. The birth of a male child, a neglected parameter in some societies, is more of an injunction that fits into the cultural values of most Cameroonian ethnic groups. This article aims to explain the anxiety-depressive behavior observed in infertile couples confronted with assisted reproduction in a context where the culture requires a male child, the future guarantor of the lineage, but where the preimplantation diagnosis does not allow the choice of the sex of the embryo. Data for this study were collected from the Hospital Anxiety Depression scale and semi-structured interview; with 5 infertile couples; all desirous of conceiving not only a child but a male child, with a view to killing two birds with one stone; taking into account the cultural constraints and the exorbitant cost which does not favor several tests. The age of participants is between 30 and 37 years for women; 35 and 43 years for men. The content analysis technique in its formal variant led to the conclusion that the anxiety-depressive disorders observed in infertile couples who are confronted with ART could be explained by the non-authorization of the choice of sex via the Preimplantation diagnosis, in a context where the presence of a male child is a cultural constraint. They find themselves in a failure of loyalty vis-à-vis their family, in-laws and the entire community.

Keywords

Anxiety-Depressive Disorders, Baby Boy, Marital Suffering,

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Preimplantation Diagnosis

1. Introduction

The heterosexual couple married or living in common law is the foundation of this institution which promotes the reproduction of the human species and the social bonds that are woven from generation to generation (Albernhe & Albernhe, 2008; Garcia, 2007); it is about the founding of a family, a place where the valorization of the individual must be coordinated with the production of collective interest (Chateauneuf, 2011; Singly, 2004). The notion of a couple is as old as the existence of humanity. Its ultimate goal in all civilizations is to perpetuate the lineage. In Africa, this is the union between several families, clans and not two individuals (husband and wife); in order to safeguard traditional knowledge, ancestral customs and traditions and to enlarge communities from their descendants (Yana, 1988).

However, this union of partners is often confronted with several difficulties which induce suffering in one, the other or both members of the couple. Researchers from various branches of psychology have reported that the marital distress observed through, stress, anxiety, depression, anxiety, and many other disorders can be caused by the problem of infertility, one of the partners (Nguimfack et al., 2016); excessive alcohol consumption (D'Amore, 2009; Tamian, 2017), infidelity of one of the partners (Garcia, 2015; Van Ditzhuyzen-Collomb, 2015); the birth of a deficient child (Dupré La Tour, 2006; Pascau, 2007), the problem of serodiscordance (Gokaba, 2020); polygamy (Brohm, 2017; Faye et al., 2011), partner violence (Morhain & Martineau, 2003). But studies, especially in clinical psychology, have not sufficiently focused on the sex of the child or children as a modality of marital suffering; problem encountered in some corners of the world such as Africa and Asia. Yet anthropologists, demographers and epidemiologists have highlighted gender preference in households and even discrimination for sons. Das Gupta et al. (2003) warned about the increased preference for sons in the face of radical economic and social changes in the countries they studied. Moreover, in their research, Madan & Breunin (2014) highlight the fact that preimplantation and prenatal diagnostic techniques are used in India and China to selectively eliminate females. Gellatly & Petrie (2017) also referred to "prenatal sex selection" used in households in favor of boy children and to the detriment of female children. It should also be noted that in Palestine and the United States and the Turkish Republic of Northern Cyprus, this technique is also used for gender selection. However, in France, the use of this practice is prohibited by the National Consultative Ethics Committee. The same is true for Belgium, several African countries and some fertility clinics in Cameroon.

The aim of this article is to explain the anxiety-depressive behavior observed in infertile men confronted with ART in a context where the culture requires a male child, the future guarantor of the lineage but where the preimplantation diagnosis does not authorize the choice of the sex of the embryo.

1.1. The Act of Procreating

Freud already considered that reproduction satisfies not only the wishes of the subject but also the ends of the species. To say of reproduction that it satisfies wishes implies that at the base there is a desire; this desire for procreation being specific to all species. We can therefore agree with Bydlowsky (1997: 139) to say that the desire for a child is "*the natural translation of sexual desire in its collective function of ensuring the reproduction of the species and in its individual function of transmission of personal and family history*." In the process of procreation, parents seek the transmission of their characters. It should be seen that in the populations of some Greek islands, Frunzeanu (2009) was able to grasp four types of appropriation of physiological resemblance. According to him, boys and girls, depending on the order of birth and their sex, sometimes resemble their father, sometimes their mother, or in their majority like their father, as is the case with the Meganissiote group. This logic of resemblance means that the children, by the name received, are closer to one lineage than the other, which could condition their future alliances and their inheritances. In traditional Greek societies, Frunzeanu (2009) insists resemblance is determined not only by the birth order of children, but also by the sexual strength attributed to either parent.

Likewise, in certain tribes of West Africa, continues the author, in the process of identifying the child, certain physiognomic or behavioral traits which appear abnormal in the eyes of his parents are susceptible to be related to one of his ancestors; this is how the newborn's name is chosen based on the child's resemblance to a family member who may even be an ancestor. This issue of parental resemblance was introduced into philosophical literature by Aristotle. According to the latter, the male's sperm holds the active virtue and through its formative power, brings the menstrual matter in the female's uterus into action. Hence, the resemblance of children to their fathers depends on the strength of the sperm to imprint its individual character in matter. It can also result, since everything that deteriorates is transformed into its opposite, that the action of a weak seed has for counterpart the resistance of the menstrual fluid, then, several combinations occur which can cause that children look like one or another member of the family. In general underlines Frunzeanu (2009) the males look like the father and the females like the mother. Hence the growing desire for fathers to father sons.

For Charton & Levy (2017) and Héritier (1985), it is more a question of a desire for descent and a desire for accomplishment rather than a desire for a child, and the need to accomplish a duty to oneself and to the community rather than the claim of a right to own. Seen from this perspective, the desire for a child would thus be subject to social and cultural dimensions that vary according to the context in which it emerges (Charton, 2009; Chateauneuf, 2011). This explains the presence of certain disorders and even suffering observed in the parenting process in Africa as required culturally. It is not uncommon to find that, although having in children, some couples or some partners suffer from the fact that nature is not favorable to them for the balance in the sex of the children. As

long as couple X needs to give birth to at least one girl, couple Y rather needs at least one boy. The question of the choice of the sex of the child is causing a stir in most Asian and even African societies.

1.2. The Sex Ratio and Preference for the Male Sex

In sub-Saharan Africa, considering the number of births each year, the difference between a birth sex ratio of 103:100 and 106:100 is approximately 250,000 male births each year.

According to data from the World Atlas, Cameroon's male/female ratio increased from 96.11 men per 100 women in 1950 to 100.06 men per 100 women in 2020, increasing at an average annual rate of 0. 29%. The sex ratio by broad age group ranging from 0 to 24 years old is 101.5 men per 100 women

Several studies have been done on the sex ratio with an emphasis on the related problems in families and couples. Morse & Luke (2021) point out, for example, that in India and China fewer girls are born than boys, which usually results from the selective abortion of female fetuses. In contrast, fetal loss (spontaneous miscarriage) could be behind the trend of "missing boys" and low sex ratios at birth in sub-Saharan Africa). Ritchie & Roser (2019) insist that the sex ratio is not equal at birth; and that in all countries births favor men. This is because there are biological reasons why there are slightly more boys born each year than girls. The authors state that in countries where the preference is for boys, the sex ratio at birth is biased according to birth order. So the third or fourth children born are more likely to be boys than the first or second child because when a girl is born, the parents are more likely to have another child; therefore they will continue to have children until a son is born. These perpetrators are raising the alarm that there are more than 130 million "missing women" worldwide as a result of selective abortions. They explain that the ban on sex determination analysis and sex-selective abortion may have limited the increase in the sex ratio at birth in some countries, but not entirely solved the problem.

Likewise, in their site, Sivak & Smirnov (2019) explain that parental preference for sons is a well-known phenomenon. They were interested in examining the impact of parental use of social media on gender choice. According to their study, posts from 635,665 St. Petersburg users on a popular Russian social networking site mentioned sons more often than daughters. Likewise posts featuring threads get more "like" mention. The results of these authors indicate that girls are under-represented in parents' digital accounts of their children. Moreover, the gender imbalance in sending messages would suggest that girls are less important than boys or that they deserve less attention. This would reinforce the inequality between the sexes from an early age. An analysis by Rossi & Rouanet (2015) concludes that in sub-Saharan Africa, traditional family systems predict the nature of gender preferences well. The magnitude of preferences is greater for the richest and educated women. Ethnographic studies in France (Barthélemy, 1988; Arrizabalaca, 2002) show that the transmission of heritage in a patrilineal

peasant environment is based on a single heir according to various methods such as the absolute birthright whether the child is boy or girl but the preference is made for boys. Ethnographic studies in France (Barthélemy, 1988; Arrizabalaca, 2002) show that the transmission of heritage in a patrilineal peasant environment rests on a single heir according to various methods such as the absolute birthright whether the child is a boy or girl but the preference is for boys. For the male child encourages people in need of a perpetual search such as recourse to modern rites and techniques.

In some African societies, the birth of a boy child is celebrated in the family; besides, it makes the joy of the new father. He is the child indicated to perpetuate the offspring; the child who passes the name on to the next generation; the guardian of the family in the absence of the head of the family. It is rare to see a female chief in most traditional African chiefdoms in general and Cameroonian in particular. In the Bamiléké tradition, a Cameroonian ethnic group; only men are heirs and cranial authorities in many families. The child girl being taxed not only incompetent and fragile, but also can easily cede the property, the family power to the stepson (her spouse) who can use it as he pleases against the will of the potential holders.

1.3. Modern Technique of Antenatal Sex Selection: Preimplantation Diagnosis and Prenatal Diagnosis

Preimplantation genetic diagnosis (PGD) claims to be limited to preventing the birth of severely disabled children without resorting to the abortion often prescribed after prenatal diagnosis (PND), underline Testart & Sèle (1999). According to these authors, PGD is potentially an opportunity for endless accommodations depending on advances in biology, genetics, and changing social and parental demands. According to the Biomedicine Agency 2016, PGD can only be performed when one has previously identified, in one of the parents or one of his immediate ascendants, a particularly debilitating disease, or one with late onset, prematurely putting in game a vital prognosis. These methods (prenatal diagnosis and preimplantation diagnosis) have been used in Palestine for the selection of the sex of the embryo since 2009. One consists of sorting the sperm, the other in *in vitro* fertilization (IVF) with preimplantation diagnosis (Memmi & Desgrées du Loû, 2014). In Palestine, this method allows couples to limit their number of children since elsewhere; it is not uncommon for couples to procreate endlessly until the day they obtain the child they are looking for. This method, as noted by Memmi & Desgrées du Loû (2014) in their article, helps women not only to keep their marriage by giving a son to their spouse, but also spares them the violence that would be engendered by the fact that they did not give birth to a male.

1.4. Suffering Linked to the Absence of the Male Child in the Couple

The suffering of partners in an African couple is very mixed. It can sometimes be explained by the absence of the child boy especially if the man comes from a patrilineal society where a male child is required to carry the line. This is how the

joy of an African woman, for the most part, is conditioned by the sex of the child she gives to her husband. Despite the advances in human biology with the study of male and female sex chromosomes, and their impact in determining the sex of the future being, most men in Africa to this day are still unaware that they are responsible for sex of the child their wives give. And this is what explains the growing infidelity in households, polygamy, hatred and violence inflicted on women by their husbands and in-laws for not having given birth to their husbands. The woman who has not given birth to a boy (the heir) is taxed as zero, and must be replaced by the one who will offer her husband this precious gift which will prosper ancestral values. One could say that the fate of the Cameroonian/Bamileke woman who did not make a boy is not far from that of the infertile woman with regard to her in-laws and her spouse. Consequently, the latter feels diminished, devalued; powerless in the face of the setbacks of her spouse who struggles body and soul to give herself value within her community; by engaging in either polygamy, infidelity or at worst, divorce for the benefit of the one who will give him the desired child.

In the case of the search for a child of a specific sex, the anxiety, far from coming from endocrine disruptions, from unconscious conflicts related to the factors involved in conception, will rather come from the fear of giving birth to a child unwanted (therefore the sex is not the expected one). This is how these couples will clearly express their concern, multifaceted anxiety related to the conception of an unwanted sex child.

In traditional black Africa, a man who has not given birth to a boy always feels diminished in the midst of pairs who never miss an opportunity to remind him that he has no caretaker in his house. This is all the more remarkable as in households where there are only girls; the man must do everything to have a child out of wedlock. This, with the support of his family who believes that without a boy he will not have an heir after his death; even if that boy is a bandit, as long as he is male. This is how the woman who has not given a son to her husband is rather stigmatized to the detriment of the one who, without being a wife, has succeeded in giving one to this man. Among the Bamiléké in western Cameroon, a child made out of wedlock, if it is female, is not taken into account except that child who is male. It is also not uncommon for men to argue over a male child in their partner's house. She in turn must blackmail her for having given birth to the much-needed child.

Moreover, this article, following the doctoral research work of the corresponding author, highlights the reasons why certain infertile men faced with new reproductive technologies want the selection of the male gamete to be taken into account to make it a stone two birds, in order to be sufficiently respected in their family and culture of belonging.

2. Methodology

This article is based on data from the corresponding author's doctoral research.

2.1. The Participants

The participants of this study are 5 infertile couples, aged 30 to 37 years for women and 35 to 43 years for men. Each couple has at least 5 years of married life. They were selected by reasoned choice method during a consultation in a Cameroonian obstetric gynecology clinic. These are couples whose conception difficulties arise medically from the man and who are being followed for the assisted reproduction procedure.

2.1.1. Inclusion Criteria

A number of criteria are set up in the selection, namely:

- Present a problem of male infertility formally established by obstetric examinations;
- Be in consultation in the fertility center;
- Be in a regular relationship as a couple.

2.1.2. Exclusion Criteria

Any couple who do not meet the above inclusion criteria will be excluded from the scope of this research.

2.2. Semi-Structured Interviews

Semi-structured research interviews were conducted with both the spouse and with five infertile couples. We know that in the human sciences, interview is both the most effective method and tool in understanding the psychic functioning of human beings. In the case of the semi-directive research interview, it allows us here, through its semi-directive property, to explore more or less specific aspects of the psychic functioning of our participants in relation to our research objective. However, the interview with the woman did not focus on her or their marital experience but rather on understanding the experience of assisted reproduction and the need for a male child in her spouse who already has reproductive difficulties. Ten interviews were conducted with two interviews per case, lasting an average of 45 minutes. Interviews were conducted with couples who came for counseling for medically assisted procreation. As a researcher in clinical psychology, the Center had given me an office in the ART department where I could easily talk to patients after their consent. There was a perfect collaboration between the doctor in this department and me. This is how he referred all cases to me according to a reasoned choice. These are couples who meet my inclusion criteria. Once during the interview I had them fill out the HADs scale and after the interview I requested the second, out of a measure of confidentiality and respect, the telephone interview was requested instead of a second meeting. After a very couple interview, the discussions continued individually, in order to identify the elements of each person's experience. All interviews were audio-recorded followed by written transcripts; we obtained the consent of the participants and assigned them pseudonyms for confidentiality and ethics reasons. All interviews were anonymized and subsequently they were

transcribed for analysis.

2.3. The Transfer of the HADs Scale

During these interviews, the infertile spouse would take a few minutes to complete a standardized self-report questionnaire. This is the Hospital Anxiety Depression Scale (HADs) also known as the Hospital Anxiety Depression Scale (HADs). In its current use, this scale is made to diagnose anxio-depressive syndrome and assess its severity, but in the case of this study, the objective of its administration was not to confirm or not the existence of an anxiety-depressive disorder in the participants, but rather to identify some manifestations related to these pathologies in these participants; because the process explored in this research relates to the intrapsychic, inter-psychic and even trans-psychic experience because it concerns not only the individual, his couple and even the family; by ricochet the community.

2.4. Analysis of HADs Data and Semi-Structured Interviews

For the data analysis, we used content analysis in its formal variant since it is fundamentally qualitative and takes into account the analysis of expressions, utterance, co-occurrences and the form of discourse.

3. Results

The research results relate to the presentation of the scores of different couples after passing the Hospital Anxiety Depression scale (HADs) in Table 1, and the data collected after the semi-structured interview with each couple (Table 2). It should be noted that presented in tabular form, the results are more explicit. This makes it easier to read and understand the highlighted theme.

Table 1. Scores of participants after passing the HADs. Each member of the couple has individually completed the HADs form, the scores are as follows.

Participants / HADs Results		Anxiety Score (A)	Depression Score (D)	Conclusion
Couple Seba, 40 years old and Mrs 32, 7 years of married life;	Mr Séba	13	11	All the couples present a symptomatology with anxio-depressive tendency
	Mrs	9	10	
Couple Bric, 35 years old and Mrs., 30 years old; 5 years of married life	Mr Bric	10	11	
	Mrs	8	9	
Couple John 42 years old and Mrs., 36 years old, 10 years of married life	Mr John	14	12	
	Mrs	9	8	
Couple Mr Anto 43 and Mrs, 37 years old, 8 years of married life	Mr Anto	11	12	
	Mrs	10	10	
Zirac couple 39 years old and Mrs, 35 years old; 6 years of married life	M. Zirac	11	11	
	Mrs	10	10	

Table 2. Results of semi-structured interviews with couples.

Anamnestic data of participants		Semi-structured interview collections		
		Cognitions	Affects	behaviour
Couple Mr. Seba and Mrs.; 7 years of married life. Consult for infertility problem.	Mr Séba: 40 years	He is heir to his late father and is keen to pass on the surname, and this name will only be carried by a son. "*My biggest dream is that this insemination once gives a boy, it will solve a lot of problems in my head.*"	The fear of the failure of the procedure or the impossibility of giving birth to a boy: "*I have been afraid since I got older, I can't fall asleep, I don't know if it should be successful, and if it succeeds even what sex will it be, all this disturbs me.*"	Performed cleaning rites. To meet the pastor, and persists in having a child. Pray it's a boy. "*My wife and I took decoctions for the wash; we go to pray regularly. If the good Lord can only answer our prayers. I will spend here in the hospital until I win.*"
	Mrs, 32 years old	Would like to give birth to a baby boy, because it is said a household without sons does not live: "*My wish is that if it works this; that it is really a boy.*" Has for concern to alleviate his sentence vis-à-vis his spouse. "*I feel so humiliated with my in-laws that we don't have children.*"	The joy of being inseminated, but the fear of giving birth to a girl; "*I'm happy for the insemination already; if it works at least naked we will have our child even as our wish is that it is a boy.*"	Engages in all kinds of potions and rituals to get the insemination to its goal. "*I did everything; I leave the rest to the good Lord. I don't know what to do now.*"
Couple Bric, 35 years old and Mrs., 30 years old; 5 years of married life	Bric, 35 years old	Feels limited by the financial means to redo the procedure but has the cultural injunction to give birth to a son, who will protect the house in case he is absent "*If it comes out a girl, I still have to think for a second attempt, my father said you always need at least one boy in the house to defend others in times of danger.*"	Very anxious for further insemination; it can fail, give a girl or a boy "*I am anxious and think about everything, all the time.*"	Avoid family gatherings for fear of being indexed to your problem. "*I no longer attend meetings with the family, I no longer want people to ask me questions about my household.*"
	Mrs, 30 years old	—Think about the possibility of PGD "*If only people could sort the sperm and only take the male like they do in other countries...*"	*L'angoisse de l'absence du DPI se mélange à la peur de l'échec dans l'espoir de faire un fils.*	—has done some traditional rituals to finally be able to give birth to a baby boy; "*I was in the village to do the ceremony for this purpose; but the doubt came over me.*"
Couple John 42 years old and Mrs., 36 years old, 10 years of married life	John 42 years old	—He is immersed in the popular imagination "*With us, when you don't have a boy, it's as if you don't have a child, because the girl cannot represent the father validly everywhere, in addition she will get married and get married. go away, you will be left alone;*"	The fear of failure to be loyal to one's family and the entire community "*it's a situation that bothers my head when I think of my family.*"	Strictly respects the diet prescribed by the doctor. "*I am on food supplements all the time, I don't take alcohol anymore, I hope this will work.*"
	Mrs, 36 years old	—Seems not to share the opinion of others "*The child is the child. People tell how the girl is going to marry and there will be no one to keep the property. Does not ring a bell. And if there is no good what is he going to keep?*"	Despite the fact that the child is the same, Mrs. John still cares about her husband's position and it upsets her from time to time.	Change in day-to-day driving. "*This situation has changed our pace of life, we no longer go to nightclubs to dance, we spend our time just thinking about that.*"

Continued

Couple Mr Anto 43 and Mrs, 37 years old, 8 years of married life;	Mr. Anto 43years old	Must submit to tradition "*Tradition dictates that the boy is the heir, so I don't know if I could still afford to redo if that fails or if a girl comes out. I put myself back to God, if it could once give a girl and a boy, I would be very happy.*"	Would like to have a future heir as is customary but faces financial difficulty of assisted reproduction which causes suffering.	Change in eating habits "*there are a lot of things that I used to eat and now I don't eat.*"
	Mrs, 37 years old	Very upset. —suspected the infidelity of her spouse. "*I'm sure he's cheating on me, he has tried elsewhere in vain, but what to do?*"	*Feels under pressure from the in-laws* "*—I feel very uncomfortable knowing that it is difficult to have children. Especially since his family puts too much pressure on me to be his heir. They don't know about his infertility problem.*"	—Was put on a saltier diet to conceive a boy. "*I was advised to eat more salt, as it favors a boy's conception, I did, but I don't know if it will work.*"
Zirac couple 39 years old and Mrs, 35 years old; 6 years of married life;	Zirac 39 years old	Also wants to have a child but presents the shortcomings of the daughter; "*The Lord must give us a boy who will carry my no, that's the law of society, isn't it? Everyone knows that once married, the girl will only bear the name of her husband and will give it to her children.*"	Anguished by the social constraints which require the boy in the household. "*I don't understand why people give boys more weight in our society, but what can I do?*"	Commits entirely to God, trusts him for the future; "*After all that I have done to have a child without success, I surrender to God, his will be done, I am no longer capable of anything.*"
	Mrs, 35 years old	*Wouldn't like to have only daughters like her mother* "*My mother has always been looked down upon in her in-laws for being just girls, I would like to have a boy so that I wouldn't suffer the same fate as her.*"	—Loss of pleasure "*I don't feel interested in anything.*"	Has an insomnia problem "*I don't sleep well and I think all the time. Why even all this suffering.*"

The collection of the semi-structured interview is presented in the form of cognitions, affects and behaviors with the aim of better presenting the experience of a couple and more precisely of the infertile man who finds himself constrained by culture to give birth to a son even though he is faced with the pathology of the reproductive organ. The cognitions here imply a body of knowledge, we have said all the information received throughout life about the obligation to have a son in the household; the effects show the affective state, painful or pleasant, vague or qualified, presenting itself in the form of a massive discharge or as a general tone (Laplanche & Pontalis, 1967). Freud says of effect that it is the qualitative expression of the amount of drive energy and its variations. The behavior here is a set of adaptive reactions put together to overcome this situation.

4. Analysis of HADS Results and Interviews

4.1. Analysis of HADs

Following the HADs scale, the average score for men is 11.8 on the Anxiety pole and 11.4 on the Depression pole; which reflects the presence of anxio-depressive symptomatology as stipulated by the designers of this scale (Zigmond & Snaith, 1983). From the perspective of the general adaptation syndrome theory of Selye (1962), men are all in the resistance phase, but closer to the exhaustion phase. This psychic process put in place by men, who combine both thoughts related to

anxiety and depression, is not exactly the psychic process of anxio-depressive syndrome since in their different situations they do not have manifested strictly speaking negativism or hypervigilance, which are successively the main symptom of depression and pathological anxiety.

They should nonetheless note that at the level of the "Anxiety" pole, the men more marked the items: "I feel tense or angry; most of the time"; "I'm worried; very often"; I have a sudden feeling of panic; often enough." It reflects deep feelings of fear of failure. Anxiety scores would reflect the level of cerebral solicitation, while the depression scores would reflect the more or less notable exhaustion of psychic processes, following the duration of the stressful situation, that of the search for 'child. The longer the situation takes, the more the subject gets used to it and, subsequently, what initially appears as a symptom of pathological anxiety, also called state anxiety, turns into trait anxiety, considered a personality trait. For example, with Mr John who has been frantically searching for the child for 10 years, with the hope that it will be a son to have the highest score whether at the anxious or depressive pole. It must be said that the more time passes, the more the pressure mounts, among the youngest couples, Mr Bric for example, who has only accumulated 5 years of life. The scores are lower compared to those of John. This psychic process with an anxiety-depressive tendency would surely be less expressive outside this specific period of ART, located between insemination and the period of the first ultrasound which will reveal the results. This positive diagnosis in men is also justified by the absence of psychological care in the medical treatment protocol. The existence of this anxiety could therefore be a brake or interference in the effectiveness of the medical follow-up.

In women, on the other hand, the average scores for the "Anxiety" and "Depression" poles are respectively equal to 9.2 and 9.4; which reflects suspected disorders without this actually being proven as stipulated by Zigmond & Snaith (1983). This score could be justified by the fact that in this case, only men are really the carriers of the problem. They are victims of blackmail on the part of the in-laws; sympathize with the problem of their husbands and their couple but without bearing the guilt. In the case of Ms Bric, her low score of 8 and 9 could be justified by the fact that she is a little younger and has more hope; similarly Mrs. John who also accumulated a score of 9 and 8 says she has a child from her previous relationship. On the other hand, Ms Anto remains indifferent to the choice of sex. For her the child is the child, her only concern is that the insemination is successful. At the level of women, the views are mixed despite being pointed out with an accusing finger within their families and in-laws given the infertility of their couple.

4.2. Joint Analysis of the Interviews of the Different Couples

The joint analysis of the speeches of the different couples must dwell on the cognitive, affective and behavioral elements of the participants.

The cognitive elements are responsible for thinking and psychic processing in connection with the information received on the role of the male child in the couple and within society; in men, for example at Mr Séba, we can note his invasion in a reverie where he anticipates his life as a father holding his son aft successful insemination: "my biggest dream is that the insemination this gives once a boy, it will solve a lot of problems in my head." This will be the perfect opportunity to let go of the shame that society inflicts on him not only for not having had a child, but also for being insecure about his lineage. The reasons for the choice of sex by future parents do not always emanate from them, they are more social or cultural in nature than personal; In this regard Mr Bric mentions this: "If it comes out a girl, I still have to think for a second attempt, my father said that you always need at least one boy in the house to defend the others in case of danger." Each of the participants would like to identify with the law of the family group, which is that of having a son, especially since in their opinion the daughter cannot validly represent the head of the family wherever the need arises; Mr. John says it in his speech: "With us, when you don't have a boy, it's as if you don't have a child, because the girl cannot represent the father validly everywhere, in addition, she will get married and go away, you will be left alone." The participants of this study are in conflict vis-à-vis their tradition, as Ibrahim Sow (1977, 1978) so aptly mentioned, with their universe. This is justified in the words of Mr Anto who finds himself obliged, despite the limited financial means, to insist on the assisted reproduction procedure until obtaining a son: "Tradition requires that it be the boy who is the heir, so I don't know if I would still have the means to redo if it fails or if it leaves a girl. I put myself back to God, if it could give a girl and a boy once, I would be very happy." They also have this imperative to name their filiation, and it is up to the boy to bear and transmit the name, because in Africa, once in marriage, the woman henceforth bears the name of her husband and including all the children she will give birth: "The Lord must give us a boy who will carry my no, it's the law of society, isn't it? Everyone knows that once married, the girl will only bear the name of her husband and will give it to her children."

The cognitive aspect at the wives' level emphasizes more support for their husbands. Each of them would like to make her man happy by giving him a son: "If only people could sort the sperm and only take the male as they do in other countries..." Ms Bric would like the medical profession to go. Above and beyondethics, just to help her couple gets out of this social straitjacket. However, Ms John seems to be indifferent to the choice of sex: "the child is the child". People tell how the girl is going to marry and there will be no one to keep the property; this does not ring a bell, if there is no good what is he going to keep? This can be justified by the fact that she already has a son from a previous relationship. On the other hand, very upset by the absence of children in her home, and the fear of failure, Ms Anto suspects her spouse's infidelity of being unfaithful: "I'm sure he's cheating on me, he has already tried elsewhere in vain but what to do?" It is also common for men to try elsewhere when they fail to impregnate their wives.

On the emotional side, we note sadness, pessimism, fear, feelings of guilt, and feelings of failure to be loyal, difficulty concentrating, irritability, loss of self-esteem. All this is easily spotted in the speech of Mr Séba when he declares: "I have been afraid since the age advances, I cannot fall asleep, I do not know if it must succeed, and if it succeeded. Even what sex will be, all this disturbs me?" The joy of insemination is mixed with the fear of failure: "I'm happy for the insemination already; if it works at least naked we will have our child even as our wish is that it is a boy." Mr Zirac is rather distressed by this archetype which would like a man to be a son at all costs: "I do not understand why people give more weight to the boy in our society, but what to do?"; This situation generates a loss of pleasure, a total disinterest in people in search of this precious good which is the son: "I don't feel interested in anything." One can also note the anxiety in Bric, he says it besides "I am anxious and think about everything, all the time." These emotional elements are not only the prerogative of men but also women evoke their fear, anguish, anxiety; for example, Mrs. Anto reports: "I feel very uncomfortable knowing that it is difficult to have children. Especially since his family puts too much pressure on me to be his heir. They don't know about her infertility problem "To honor her couple, they kept the difficulty of procreating a secret." Also for women, there is the fear of giving birth to a female child who will be to the detriment of the honor of her husband.

As for behavior, conducts such as scrupulous respect for instructions given by doctors, the practice of rites, rituals and even prayers have been recorded; not to give birth, but to be able to give birth to male sex.

Moreover, it should be noted that the stigma that hovers around couples who do not have a boy child is glaring in certain ethnic groups in Africa such as among the Bamileke in Cameroon. Women, still potentially accused, are treated as less courageous women for not having given an heir to their husbands; and even though there have been children, men will sometimes indulge in polygamy or have children out of wedlock just to find that male sex.

5. Discussion and Conclusion

The results of the present study show, like those of the study by (Hank & Kohler, 2003; Memmi & Desgré du Lou, 2014; Prieur, 2007; Blais & Bédard, 2010) that male preference has been the subject of several research studies. However, studies on the choice of sex leading to anxiodepressive behaviors in spouses have not theoretically been found. This article is based on the notion of conflict in the relational networks of Ibrahim Sow and the conceptual therapy of Boszormenyi-Nagy & Spark (1973) to read the disorder that is created in the psyche of the African spouse when faced with the need for a son in through medically assisted procreation. According to this theory by Sow (1977, 1978), the understanding of the mental disorder is based on major traditional symbolic categories; man as a concrete individual person is located and anchored in a pan structured universe namely the microcosmos, the mesocosmos, and the macrocosmos. So the cause and the effect of mental disorder are linked to two orders: first, what affects the

vertical dimension of being, that is to say, what affects the relationship to the Ancestor and to God, thus breaking the deep identity of the subject.

The above results corroborate with the point of view of Meynckens-Fourez & Henriquet-Duhamel (2005) who explains that family loyalty also concerns the heritage of previous generations. For this, each individual receives a bequest written long before his birth: a task, a mandate, an expectation to create something better from the past. One of the most obvious examples of achieving family loyalty is giving birth to a child or children. In this case, like the father, it is necessary to give birth to a son. In African society, this reproductive loyalty is very present; it is the case in this study. The failure of this loyalty is clearly explained by anxiety-depressive behaviors.

Still in relation to this anxiety-depressive behavior observed in infertile couples who face assisted reproduction by wishing to give birth to a male child, Tsala Tsala (2009) mentions that in a couple of situations, the suffering is first and foremost individual, before spreading in the family. If we take the case of a repetitive and unsuccessful marital act faced with the need for a child in the couple, we can immediately realize that each partner at first glance experiences individual suffering; it all starts with a personal question, everyone feels guilty by looking for causes that could come from him, his family. It is long after the accusing finger is pointed at the other and vice versa; and gradually the suffering is shared as a couple. The anguish of the infertile man confronted with assisted reproduction with a desire to father a son is more poignant than anyone can imagine; since the latter is in an ambivalent position. This is to the extent that he wants to be a father and at the same time, his culture of belonging requires an heir, a son who will be the guarantor of his inheritance. It is this position which creates in him a psychic and representational distress Tsala Tsala (2009) vis-à-vis his family; thus generating not only psychic but marital suffering. The problem of the identity of Africans would necessarily be that of the identity of families in this context. Moreover, the author explains that culture plays an essential role and "must be understood as the referent which gives meaning to the conflict as it constitutes a tension between the individual and the family "environment supposed to identify it' (p. 225). Those who are not pregnant would continue to prefer having a boy as their first born. In conclusion, only parental experience indicates better the sex to choose when a child is desired. In addition, World Health Organization (WHO) 2011 declares: "pro-boy sex is a symptom of the pervasive social, cultural, political and economic injustices facing women, and a clear violation of women's human rights," the statement notes, citing one man's testimony that "the birth of a boy strengthens my status, while that of a girl makes me bow my head."

Conflicts of Interest

The authors declare no conflicts of interest regarding the publication of this paper.

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