

CHILDLESSNESS AMONG MARRIED COUPLES IN EKITI STATE.

BY

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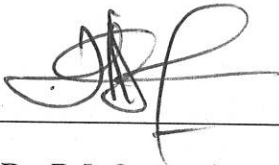
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CERTIFICATION

I hereby certify that OLUBUMMO YETUNDE DEBORAH with Matric Number: SOC/14/2089 carried out this project in the Department of Sociology, Faculty of Social Sciences, Federal University Oye Ekiti, Ekiti State. In partial fulfilment of the requirements for the award of Bachelor of Science in Sociology (B.sc sociology)



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DEDICATION

This work is dedicated to Almighty God, the Alpha and the Omega, the I am that I am, the Lion of the tribe of Judah, the lily of the valley, the ancient of days, the rose of Sharon, the rock of ages, the unchangeable changer, the all sufficient God, the master of the universe, the mighty one in battle, the captain of my salvation. The one who has seen me through with this project work despite the hard time i experienced in the course of carrying out this research work. Also my lovely mother Ms Getrude Shola Shittu for her moral and financial support throughout my stay in the university. Also to my late Dad Late Pastor Olubummo Modupe Joshua for his advice and support and also to my step mother Mrs Theresa Olubummo for her motherly love, prayer and care.

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ABSTRACT

Studies have been carried out in both developed and developing countries in examining childlessness and its effects on the coping mechanisms employed by the childless couples. This study investigates childlessness among married couples in Oye and Ado local Government Area in Ekiti state. The study focuses on couples without children from different ethnic and socio-economic backgrounds, with varied education. Data was collected using questionnaire and structured interviews. The population constituted a sample of two hundred (200) respondents from Oye and Ado. A total of 12 In-depth interview (IDI) sessions were used to complement the survey. Descriptive analysis and inferential analysis such as chi-square was used to analyze using statistical package for social sciences (SPSS) version 2.0. The findings revealed that the most notable causes of childlessness among married couples according to the respondents were genetics or chromosomal disorder, chronic consumption of alcohol, long term infection in the pelvic area, appendicitis, abdominal or pelvic surgery, ovulation disorders and uterine or cervical abnormalities also the social and cultural impact on the other hand have impact as well, the culture of several communities have placed stigmas on childless couples and that way they feel it's always the woman's fault. Major impacts on spousal relationship highlighted by respondents were infidelity, domestic violence, polygamy etc. It was discovered that the community have perceptions or attitudes towards childless couples and such perception have been negative. The study recommends that all couples should be very prudent with their decision when it comes to managing childlessness to avoid spousal disagreement. In conclusion, It was noted by the researcher that childless couples faces a lot of stigmatization, depression etc. This can be lessening by adopting various coping mechanisms listed in the survey.

CHAPTER ONE

1.0 BACKGROUND OF THE STUDY

Marriage, a universal phenomenon and for the Nigerians in particular is a union between a man and a woman, which brings together families, communities and ethnic groups (Ekong 1988). Though, a universal phenomenon, cultural differences abound in the formation of the family and the universal features are important. The system of marriage differs from people to people and what is considered as the importance varies from one place to the other. One of the general cultural beliefs in Yoruba marriage is that procreation is the basic aim of marriage. Marriage and procreation are inseparable. Marriage is significantly implied in both couples and their families in a form of legal commitment. It couples to establish a strong relationship and also variety of relationship with family (Benkraits, 1996). During marriage (both traditional and Christian), one of the most appreciated and common gestures of goodwill shown to the newly married couple is praying for them for the fruit of the womb: “may God grant you many children”, “you shall give birth to male and female”, “in nine months we shall gather to celebrate the birth of your baby”. In these wishes, both the societal perception of marriage and the use of sexuality in marriage as primarily geared toward the begetting of progeny are encapsulated. Having children is a natural part of reproductive cycle. This expectation emanates from young people as individuals, as a couple, and from the society of which they are part (Mabasa, 2000). The problem arises when a marriage fails to lead to procreation. A cultural context that stresses procreation blames a woman for any failure in this regard.

In Nigeria, a high premium is traditionally placed on having children (Feyisetan and Bankole, 2002; Makinwa et al., 1999). Voluntary childlessness is rare with less than one percent of men and women stating zero as their ideal number of children (NDHS, 2008;

2003; 1999; 1990). The Nigeria Demographic and Health Surveys also reported that up to five percent of women aged 15-49 years lack the capacity to conceive (Infecund or Infertile). In a setting such as Nigeria, where cultural norms and values encourage reproduction and celebrate parenthood, childlessness becomes a potentially stigmatizing status, which can adversely affect the identities and interpersonal relationships of married people (Larsen, 1996; Gage-Brandon, 1992). Although, there have been a lot of changes in the last couple of decades in the living arrangement of families (due to social mobility and migration, which has led to growth in single-family housing units), fertility issues especially childlessness is not allowed to be kept private between couples. The status of someone without a child in any Nigerian community is better imagined. For most of history, childlessness has been regarded as great personal tragedy involving much emotional pain and grief, especially when it is resulted from failure to conceive or from the death of a child (Mail, Charlene, 1986). Before conception was well understood, childlessness was usually blamed on the woman and this in itself added to the high level negative emotional and social effects of childlessness. Some wealthy families also adopted children as a means of providing heirs in case of childlessness or where no son had been born, the monetary incentives offered by westerners desire for children is so strong that a commercial market in the child laundering business exists (McCurry, 2005). Couples who would like to be parents but are unable to produce a biological child of their own suffer from the biological and/or perhaps the psychologically caused condition of infertility. They have the social status of being involuntarily childless (Matthews & Matthews, 1986). Unless otherwise noted, the terms infertility, involuntarily childless, involuntary childlessness and biological childlessness will be used interchangeably in this study to refer to the inability to conceive a child.

Infertility is a global phenomenon that can come as a devastating blow to the individual(s) concerned. An estimated one in ten couples around the world has difficulty

conceiving at some point in their reproductive lives. In South Africa one in six couples are faced with the devastating impact of infertility and childlessness (www.vitalab.com). According to statistics about 15% of all South African couples of reproductive age have a fertility problem (www.vitalab.com). This study intends to add to the existing knowledge about impact of childlessness on married couples.

1.1 STATEMENT OF RESEARCH PROBLEM

In Nigeria, it is believed by most ethnic groups that after marriage child bearing is the next step that the new family should take, this shows the importance the society places on children in the marriage institution. And because Nigeria being a typical African society. For example among the Yoruba tribe in western Nigeria, children are regarded as great treasures. For this, a proverb aroused saying” OMO LASO EYAN” meaning “CHILDREN ARE THE CLOTHES OF THE BODY”. it is believed that childlessness is always the fault of the bride that is why there is lot of pressure on the woman to produce offspring after marriage. Childlessness in a marriage can make the marriage unbearable for the woman who is constantly troubled by her in-laws and the society at large, she is constantly frustrated and disappointed. She losses her respect among her peers, she will be tensed and unhappy. On contrary African men particularly Nigerian men or men in general have refused to learn that they could have been the problem of their childlessness, in some cases, it leads to the husband taking another wife just to be able to prove his manhood. The stigma and anxiety that comes with childlessness in a marriage is sometimes more than the problem itself.

In recent times even with the increase in medical innovations around the globe, the issue of childlessness is becoming rampant amidst couples in the society because of different reasons which amongst them are drug abuse by both male and females, hard drugs effect,

contraception used by females before and during marriages for family planning, numerous abortions, and genetically inherited sickness and in most cases, psychological problems. The problem of childlessness in marriage has made many couples to pass through many challenges and it has also being responsible for divorces in some marriages. According to Nwapa (1996), some couples attribute their problem of childlessness to the supernatural, the hope in God that gives children to remember them at the appropriate time while some couples usually fall back to adoption, they are comfortable for being biologically infertile, they no longer want to know the cause of their infertility and solve it or get rid of it (Diemere et al, 2000). However, there is difficulty in the way childless couples have been communicating with friends who do have children. They describe as negative (although sometimes well-meant) remarks within the couples' social worlds, for instance at birthday parties and other social gatherings. This study will look critically at the resulting problems and challenges in marriages as a result of childlessness.

1.2 SIGNIFICANCE OF STUDY

Infertility has received little attention from policy makers and programmers in developing countries including Nigeria as current programs are focused on population control. Where policy or program attention is given, it is basically on the medical and clinical aspect (Van Balen, 2000) and not backed by social or psychological support. There is also no notable program intervention that alleviates the negative social experiences of childless individuals. Given the various social, economic and demographic changes (urbanization, increase in level of education, increase in unemployment and under employment and diminishing societal monitoring among others) that have been taking place in recent decades

in virtually all societies, there is the need to find out how these developments may have affected societal perception of childlessness.

This study will be of immense importance to married couples and the society at large because it will inform them on the prevailing medical solutions to childlessness which can be handled by expert in the medical field, also be enlightened enough to seek medical solutions to their problems and do away with superstitious beliefs. It will also make the society to learn to accept childless couples as they are without stigmatization in form of hateful speeches, abuses, gossiping, mocking and the likes. There have been numerous researches on this topic and this study will help beef up the existing body of knowledge and give room for further research where necessary on the socio-cultural and economic impact of married couples. It will also provide necessary and vital data on how childlessness creates problems in the family and society at large. It will also be a good guide to future couples who may find it difficult to conceive and bear their own children.

1.3 RESEARCH QUESTIONS

The research questions that will guide this study are as follows;

- What are the factors that cause childlessness in married couples?
- What are the social and cultural impacts of childlessness on married couples?
- What are the impacts of childlessness on spousal relationship?
- What are the coping mechanisms of childlessness on married couples?
- What are the perceptions and attitudes of community members towards childless couples?

1.4 RESEARCH OBJECTIVES

The general objective of this study is to ascertain the impact of childlessness on married couples while the specific objectives are as follows;

- a) To examine the factors that causes childlessness on married couples.
- b) To investigate the social and cultural impact of childlessness on married couples.
- c) To analyze the impact of childlessness on spousal relationship.
- d) To survey how married couples cope with childlessness in marriage.
- e) To analyze the perception of community members towards childless married couple.

1.5 RESEARCH HYPOTHESIS

H0: there is no significant relationship between childless couples and the effective coping mechanisms.

H1: there is significant relationship between childless couples and the effective coping mechanisms.

H0: there is no significant relationship between childlessness and domestic violence and infidelity amongst married couples.

H1: there is relationship significant between childlessness and domestic violence and infidelity amongst married couples.

1.6 SCOPE OF STUDY

The scope of this study is centred on the impact of childlessness as a concept on married couples. The study will contain views of the society at large on childlessness and its impact on the relationship between married couples and the society. It will also revolve around couples who have battled with childlessness at some point and how they were able to pull through. The study will make use of primary data which will be gotten through questionnaires.

1.7 DEFINITION OF TERMS.

Marriage: also called matrimony or wedlock, is a socially or ritually recognized union between spouses that establishes rights and obligations between those spouses, as well as between them and any resulting biological or adopted children and affinity (in-laws and other family through marriage). The definition of marriage varies around the world not only between cultures and between religions, but also throughout the history of any given culture and religion, evolving to both expand and constrict in who and what is encompassed, but typically it is principally an institution in which interpersonal relationships, usually sexual, are acknowledged or sanctioned. In some cultures, marriage is recommended or considered to be compulsory before pursuing any sexual activity. When defined broadly, marriage is considered a cultural universal. A marriage ceremony is known as a wedding.

Couples: a pair of people who live together. Two people who are married or having a sexual or romantic relationship. Couples also refer to two people to whom each is the significant other of the other.

Childlessness: Childlessness, according to the International Union for the Scientific Study of Populations (IUSSP) demographic dictionary, "refers to the state of a woman, man or couple who have been so far infertile." It should be distinguished from sterility or infecundity, terms which describe impairment of the capacity to conceive or the capacity to produce a live child. Childlessness can be measured for any person or couple in position to have (or to have had) a child, whatever the reason they did not do so. Childlessness is the state of people – men and women – not having children. Childlessness may have personal, social or political significance. Childlessness, which may be by choice or circumstance, is distinguished from involuntary childlessness, or being "childfree", which is voluntarily having no children.

Voluntary childlessness: Voluntary childlessness, also described by some as being childfree, is the voluntary choice to not have children. It can also be said to be the outcome of a deliberate choice, resulting from sexual abstinence, contraception, or abortion, or a consequence of social circumstances such as the absence of an available partner, or inability to provide for a family.

Involuntary childlessness: this is the consequence of sterility or infecundity, which may be congenital or caused by malnutrition or disease, especially sexually transmitted disease. This can be defined as the inability of a couple to bear children due to different

CHAPTER TWO

LITERATURE REVIEW

This chapter is based on the review of literature and theoretical framework on the effects of childlessness on married couples. As a result of the nature of this research, this chapter reviewed the past articles of various scholars which have to do with the above underlined factors. Many scholars have written one or two articles relating to this topic and this chapter entails highlighting their different contributions and connecting them to the above thesis. This chapter also allows for the vivid explanation and understanding of what previous scholars have noted about childlessness generally.

2.1. CHILDLESSNESS AS A CONCEPT

Clinicians and epidemiologists use the concept childlessness to mean having difficulties to conceive by a woman or to impregnate a woman by a man. That is, no conception after at least one year of attempting to achieve a pregnancy (Adegbola, 2007). Demographers define childlessness as the inability of a non-contracepting, sexually active woman to have a live birth. Childlessness is defined as the inability to achieve pregnancy after one year of unprotected sexual intercourse. The commonly-used description of childlessness is: after a year's unprotected sex, no pregnancy has taken place (Uyterlinde, 2003:133). It seems that the desire for a child involves a complicated motivation founded on psychological need, biological drives and historical and social tradition. Although the definitions of childlessness clearly indicate that childlessness concerns a couple system, communities tend to view childlessness as a woman's problem, man is hardly accused of childlessness as this is seen to demystify patriarchal norms and punctures man's ego.

Childlessness is the term for people -men and women -having no children. Childlessness may have personal, social and/or political significance. Approximately 70-80 million couples worldwide are currently infertile (Balen, 2009) and it can be estimated that tens of millions of couples are primarily infertile or childless. For most people, having children is immensely important; not being able to have children is a major life problem. There is also a large group of women and men, who have children, possibly from a previous relationship, who desperately wants to have another child. A considerable body of research in Western countries has shown that involuntary childlessness has strong psychological consequences (Greil, 1997). Most of the studies carried out in this domain point in the same direction. There are various psychological and psychosomatic effects, and especially women are affected with. The most frequently mentioned effects are distress, raised depression and anxiety levels, lowered self-esteem, feelings of blame and guilt, somatic complaints, and reduced sexual interest. For a small minority of women and men in the Western world these effects are at a clinical level or can be considered extremely serious (Greil, 1997). Children are obviously important to people all over the world, especially in societies lacking in such inventions as life insurance and socialized medicine. Children may serve as insurance against personal disaster in old-age or infirmity; they may be the means to build useful alliances or to acquire greater wealth, they can be entertaining; they may be a source of status or a sign of virility or fertility; children often strengthen the bond of marriage, and for many people, children may be a source of meaning in life and a palliative for distressing cognitions about death. When a married couple proves to be childless, it is usually a great blow to them and often other people around them.

Childlessness is one aspect of the diversity inherent in contemporary experience of marriage and the family. Childlessness is a concern, partly because of its implications for the maintenance of societies and partly because of its unwanted consequences for individuals.

Like any other social phenomenon, childlessness needs to be understood within historical, social, and cultural circumstances as well as individual and relational characteristics (Kelly, 2009). In industrialized countries, childlessness was more prevalent at the start of the twentieth century than at the end of the twentieth century. It was, however, less conspicuous because it occurred in conjunction with a large family system; that is, where some had four or more children, partly offset the childlessness of others, keeping birth rates relatively high. In the present situation, one reason why the effects of childlessness are now more apparent is that smaller families are more prevalent, with pronounced preferences for two children; relatively few couples have four or more. Childlessness can now make the difference between maintaining population numbers and precipitating long term decline.

The meaning of and reaction to childlessness is mediated by socio-cultural factors, which vary widely among societies. In Sub Saharan Africa the traditional belief systems based on continuity of lineages place a high premium on fertility Van Zandvoort and De Koning, 2001; Donkor and Sandall, 2007; Caldwell and Caldwell, 1987). As a result the perception of people regarding childlessness especially in a woman, whose primary function is considered childbearing and whose economic and social status is often hinged on their ability to have children, is often derogatory and judgmental. Whatever the cause, as a result of existing social and gender norms, women are often blamed if a couple is childless. A woman may suffer any or a combination of the following as a result of being childless - distress, depression, lowered self-esteem, social stigma, open ridicule, isolation, economic deprivation, physical violence, threats from husbands and husbands' family, rejection, abandonment and divorce McQuillan et al, 2003; Unisa, 1999; Pearce, 1999). Studies have also shown that infertile women suffer more health complaints including sexual dysfunction compared to fertile women (Waziri-erameh and Omoti, 2006). On the other hand, childlessness of the male as a result of infertility is often not acknowledged (Okonofua, 2002)

and is less visible. Further, there are other socially sanctioned ways in which men can mask their infertility. Childless men may therefore be less traumatized. However, in cases where the infertility of a man is known in the society, such man may also suffer different kinds of trauma and stigma. In some cultures, childless men have lesser status in the community compared to their peers with children and their views may not be considered or they may not be allowed to contribute to societal discussions (Upton, 2001).

In Nigeria, high premium is traditionally placed on having children and this is celebrated in the society by rites and rituals (Feyisetan and Bankole, 2002; Makinwa Adebuseye, Edewor, Odimegwu, Pearce, 1999). Voluntary childlessness is rare with less than one percent of men and women stating zero as their ideal number of children (this most likely includes men and women with confirmed infecundity and that have accepted their status as such). On the other hand, infertility (as defined by the inability of a woman to conceive or carry a pregnancy to full term) among women aged 45-49 years ranged from 3-5% in the country (NDHS, 2008; 2003; 1999; 1990). Infertility was found to be consistently higher in the rural areas compared to the urban and in the North compared to the South. Further, infertility and related complaints have been identified as the highest cause for gynaecological consultations in some countries including Nigeria (Mogobe, 2005; Okonofua, 2002). In a setting such as Nigeria, where cultural norms and values encourage reproduction and celebrate parenthood, childlessness becomes a potentially stigmatizing status, which can adversely affect the identities and interpersonal relationships of married people (Larsen, 1996; Gage-Brandon, 1992). Despite changes in the last couple of decades in families' living arrangement (due to social mobility and migration, which has led to growth in single-family housing units and less interference from extended family members), fertility issues especially childlessness is still not allowed to be kept private between couples.

2.2 TYPES OF CHILDLISSNESS

Types of childlessness can be classified into several categories

- **Natural sterility;** One can think of it as the minimum level of permanent childlessness that we can observe in any given society, and is of the order of 2 percent, in line with data from the Hutt rites, a group established as the demographic standard in the 1950s.
- **Social sterility;** which one can also call poverty driven childlessness, or endogenous sterility, describes the situation of poor women whose fecundity has been affected by poor living conditions.
- **People who are childless by circumstance;** These people can be childless because they have not met a partner with whom they would like to have children, or because they tried unsuccessfully to conceive at an advanced maternal age, or because they suffer from certain medical issues, such as endometriosis or PCOS, that make it difficult for them to conceive.
- **People who are childless by choice;** Many of these are educated and tend to postpone marriage to invest more in their career, or have a very high opportunity cost to bear and rear a child, often in terms of foregone labour income. The first three categories are often grouped under the label "involuntary childlessness". The latter category is often called "voluntary childlessness", also described as being "childfree", occurring when one decides not to reproduce (Baudin et al., 2015).

2.3 CAUSES OF CHILDLISSNESS

Medically, there are different causes and risk factors for couple's childlessness. According to Eisenberg (2011), infertility for men is most often caused by low or no sperm

count and blockage of the tubes that transport sperm. Infertility in women on the other hand, is caused by a range of other factors such as problem with ovulation, blockage of fallopian tubes and physical damage to the uterus. Sexually Transmitted Diseases (STD), advanced age, smoking, and excess alcohol use are also mentioned as risk factors of infertility. However, a considerable number of people in the majority world have limited level of knowledge about the medical causes of infertility. The problem is thus usually perceived as caused by other factors than medical ones. Some associate infertility with supernatural powers and others associate it with diseases or with the absence of reproductive organs. A study by Oknofuaa et al. (1997) on the social meaning of infertility in Southwest Nigeria showed that there are several traditional beliefs regarding the causes of infertility. Social scientists, however, are still debating the relative importance of voluntary and involuntary factors in the upturn in levels of childlessness, although individual self-fulfillment and freedom of choice have been seen as important (Poston and Kramer 1983). In the United States, Poston and Gotard (1977) attributed the early part of the rise in childlessness mainly to voluntary factors "linked to broader changes in the fabric of society regarding fertility control, contraceptive technology, female work preferences and patterns, and sexual and family norms". There has probably always been a mixture of voluntary and involuntary factors in childlessness. It cannot be assumed that in the past marriage and family formation was universally desired, or that in the present, all are able to achieve their particular marital and reproductive goals. Nor is there an absolute distinction between voluntary and involuntary outcomes, especially since childlessness often results from delaying childbearing, rather than from a single decision never to have children (Poston and Trent 1982; Morgan 1991). Overall, the rising prevalence of childlessness is one aspect of the diversity of life-cycle experience among people of reproductive age. It arises from a combination of varied phenomena including: the decline of social pressures to marry and bear children,

inability to find a partner, lack of interest in finding a partner, insufficient commitment in relationships, concern about the durability of relationships, concern about the prospects for children in insecure environments, financial problems and constraints, difficulties in combining parenting and employment, dislike of children, postponement of childbearing, declining fecundity at older ages of family formation, and pursuit of careers and material consumption.

2.4 IMPACT OF CHILDLessNESS ON MARRIAGES

According to American Childlessness Association, (2003) childlessness significantly impacts a couple's marriage and become a greater contributor of stress than any other life problem. Women are left with feeling empty, defective, incomplete, unworthy, and undesirable (Emmanuel 2008). In turn, some couples find it necessary to endure the pain of childlessness through social isolation in order to protect themselves. As a result of the loneliness experienced, couples with childlessness often have difficulty expressing their feelings of sorrow and most often grieve in private because they feel as though no one can truly understand their feelings of despair and hopelessness.

2.4.1 Psychological Impact of Childlessness

Several studies have confirmed that childlessness is associated with emotional responses such as depression, anxiety, guilt, social isolation, and decreased self-esteem in both men and women (Hollos, Larsen, Obono, and Whitehouse, 2009). Although the association between childlessness and these emotional disturbances has been shown, there has been little research examining the specific nature of these variables in relation to childlessness. Hollos, Larsen, Obono, and Whitehouse, (2009) conducted a key study exploring the impact of childlessness on psychological functioning. Using 116 couples recruited from a childlessness clinic, participants completed the Eysenck Personality

Questionnaire (EPQ), the General Health Questionnaire (GHQ), the Beck Depression Inventory (BDI), the State-Trait Anxiety Inventory (STAI), Dyadic Adjustment Scale (DAS), Interpersonal Support Evaluation List (ISEL), and BEM Sex Role Inventory (BSRI). Analyses were conducted using three stepwise multiple regression analyses to determine the best predictors of psychological disturbances in both men and women. For males, the only predictor was a diagnosis of male-factor childlessness which was predictive of increased anxiety. For females, increased interpersonal support was predictive of lower anxiety, and trait anxiety was related to depression.

The authors concluded that the two major findings from the study revealed first, there was little evidence of psychopathology in study participants for the first seven to nine months of childlessness treatments. Second, they concluded that marital relationships of infertile couples pursuing childlessness treatments were relatively stable. (Link & Darling, 1986, as cited in Connolly, et al. 1992). In a recent qualitative study, Williams (1997) examined the psychological effects of childlessness on women. Five women were interviewed in a pilot study and 10 women were interviewed for the research study. Williams conducted open-ended interviews and used inductive methods of analysis. She found that 11 themes emerged universally from the women participating in the study: negative identity, worthlessness/inadequacy, lack of personal control, anger/resentment, grief/depression, anxiety/stress, lower life satisfaction, envy of other mothers, loss of the dream of co-creating, emotional roller coaster, and isolation. With regards to grief and depression, each woman noted that every menstrual period represented a loss that was irretrievable, that pushed them closer to the end of their hopes. Women reported grieving and feeling a loss that was incomparable with any other they had experienced in their lives.

2.4.2 Political Impact

Specific instances of childlessness, especially in cases of royal succession, but more generally for people in positions of power or influence, have had enormous impacts on politics, culture and society. In many cases, a lack of a male child was also considered a type of childlessness, since male children were needed as heirs to property and titles.

2.4.4 Social Impact

Socially, childlessness has also resulted in financial stress and sometimes ruin in societies which depend on their offspring to contribute economically and to support other members of the family or tribe (Matthews, 1986). In the 20th and 21st centuries, when control over conception became reliable in some countries, childlessness is having an enormous impact on national planning and financial planning (Gilbert, 2007).

2.4.5 Associated Stigmas

In a society that encourages and promotes parenthood, with its current social norms and culture, childlessness can be stigmatizing. The traditional idea that couples should reproduce and want to reproduce is still widespread in Nigeria. Childlessness is considered deviant behaviour in marriage and this may lead to adverse effects on the relationship of the couple, as well as their individual identities when pertaining to the lack of children being involuntary. This transition is from the anticipated parenthood to an unwanted status of non-parenthood. Such a transition may require the individual to readjust their perspective of self and/or relationship role with their significant other (Miall, 1986).

2.4.6 Education

Childless persons tend to have higher level educations than those that do have children. Due to their higher education these childless couples also tend to have professional and managerial positions.

2.4.7 Finances

As a result of their higher level educations, higher paying jobs, and dual income, childless couples tend to have greater financial stability as compared to those with children. On average, a childless couple spends 60 percent more on entertainment, 79 percent more on food and 101 percent more on dining out. Childless couples are also more likely to have pets and those that do tend to spend a good deal more money on them (Gilbert, 2007).

2.4.8 Quality of Living

Childless persons typically eat healthier than those with children, consuming more meats, fruits, and vegetables. Happiness may also play a distinctive role in the comparison to people with children and those without. Different studies have indicated that marital happiness dramatically decreases after a child is born and does not recover until after that last child has left the house. A study at the University of Wisconsin-Madison found that working outside the home and receiving less support from extended family, as well as other factors, has increased the level of stress associated with raising children and decreased overall marital satisfaction as a result. Childless couples were more likely to take vacations, exercise, and overall live a healthier life style than those that have children (Gilbert, 2007).

2.4.9 Social and Cultural Impacts of Childlessness on Married Couples

According to Ugwanyi (1999), the number of children a man has determines the socio-economic importance of the man. Childlessness demoralizes some of the affected

couple's zeal to accumulate wealth, this is because they view that wealth accumulated would go to the community when they die, because of this, most of the couples squander their money while they are still alive. Also culture measures the political strength by the number of children a man has, childless couples are not recognized in the society they find themselves in a political desert. Ugwanyi (1999), explained that children help to render valuable services and this create source of income on their father's farm land, cattle, rearing and in agricultural pursuit, besides this, the females are source of income to their parents when they get married. Cultural beliefs come in various forms and the cumulative effect of these beliefs is a set of taboos and norms whose counteracting effect results in childlessness (Larsen, 1996). Analysis and findings has shown the perception of childlessness in sub-Saharan Africa and the adverse effect of this on women who takes the blame for a couples' childlessness. The findings agree with that of (Larsen, 1996; Dyer et al. 2002). The consequences of childlessness are more profound in women as compared to men (Inhorn 1994). It is generally believed that men cannot be infertile so far as he can sustain an erection. Fertility and potency are often thought to be synonymous. According to Orubuloye et al (1996), if a man cannot father a child, a male member of the family can always assist him in doing so. This is done in the western countries and it is called surrogate motherhood or fatherhood as the case may be. Having child is clearly more important than loyalty to one's spouse, which is evidenced by the common practice of divorce because of childlessness. The findings are in keeping with other qualitative and quantitative studies which indicate an overwhelmingly negative implication of the inability to procreate (Sabatelli, 1988; Kemmann et al. 1998)

2.5 EMPIRICAL LITERATURE

2.5.1 THE PERCEPTION OF MOTHERHOOD AND WOMANHOOD

The “motherhood” myth positions motherhood as easy, natural and wonderful, the peak of women’s achievements and the only reason for their existence (Lee, 1997). Conceptions of womanhood and motherhood are based on the assumption that motherhood is essential to women and that motherhood must be based on biological or genetic links (Miall, 1994). In essence motherhood is the central site of gender categorization as well as contemporary public debates about women’s proper place. McMahon (cited in Hays, 1998) refers to the “older definition” of motherhood as women’s master status. Contrary to this view however, in contemporary societies women still continue to be defined predominantly in terms of their reproductive capacities.

Infertile women repeatedly face the belief that having a child is central to femininity and that without the ability or the desire to have children, women are perceived as unfeminine and abnormal. Society still takes for granted that woman equals mother equals wife equals adult, and this assumption still remains apart of medical, political and public thinking (Letherby, 1999). Herman (1993) so fittingly states that the desire to be a mother is uniformly described as natural, psychologically fulfilling, praiseworthy, and so compelling that to have children is, to be born again. Women who are distressed by their infertility often take on an identity of themselves as infertile, pushing aside other important identities such as friend, spouse or partner, or family member. The result is social separation and disconnections from others as these identities become unimportant while the identity as infertile becomes central (Herman, 1993).

Two major fertility norms predominate in society, i.e. the one is that all married couples should reproduce. The second is that all married couples should want to reproduce. In

fact, childlessness whether voluntary (i.e. women choosing not to have children) or involuntary (i.e. women who would like to have children but who cannot conceive) has been designated as a form of abnormal behavior in that it is statistically unusual and violates prevailing norms of acceptable conduct. Veevers (cited in Miall, 1994) has noted that societal acceptance of the fertility norms of having and wanting children appears to be extremely strong, transcending sex, age, race, religion, ethnicity and social class divisions. Therefore, the issue of whether or not to have children has the most profound impact on women's lives. Such choices impact centrally on women's identity as either mother's or non-mothers (Meyers, 2001). Women's identity is so strongly tied to motherhood that a discussion on identity is critical.

2.5.2 FOCUS ON PARENTHOOD vs. NON-PARENTHOOD

Matthews and Matthews (1986) posit that although the transition to parenthood has received considerable attention from social scientists the transition to non-parenthood experienced by couples who are involuntarily childless has received little consideration. They state that the phenomenon of voluntary childlessness has been well studied by family life specialists such as Porter and Christopher, but the phenomenon of non-parenthood has been virtually ignored by family sociologists and psychologists. Porter and Christopher (cited in Matthews & Matthews, 1986) argued for the inclusion of material on infertility in courses and textbooks.

- They argue that just as couples have to make the transition to parenthood the same theory can be used to focus on the transition to non-parenthood. The involuntarily childless have also undergone a transition, from the anticipated status of potential parenthood to the unwanted status of non-parenthood. According to Matthews and Matthews (1986) the involuntarily childless who are unable to make the transition to

parenthood as they had anticipated, must undergo reality reconstruction, identity transformation and role readjustment. They argue for focusing on the social construction of reality, identity and role relationships of those who must undergo the often psychologically painful transition to non-parenthood. In the only study that links directly to the views set out by the above mentioned researchers, Daniluk(2001), focused on how couples made the transition to biological childlessness after medical treatment has failed. The study looked at how couples who have abandoned their efforts to produce a child coped with the permanence of biological childlessness, as well as how couples meaningfully reconstruct their lives and make decisions about their future. The focus of this study was to discover the common meaning that the couples assign to their lives. This implies that the involuntarily childless have to re-envision their self and their lives based on the reality that they will never know, i.e. what it is like to birth a child, to see the things they love most about their partners reflected in their offspring and to experience the sense of genetic continuity that for many is an important part of procreation (Daniluk, 2001).

- Referring to what Matthews and Matthews (cited in Daniluk, 2001), calls the reality reconstruction; couples had begun the process of incorporating the reality of their infertility and biological childlessness into their identity. This involved an acknowledgement of the many losses associated with this reality and an ability and willingness to reject the socially constructed link between fertility and self-worth. Findings in this study included a sense of being a survivor rather than a victim of circumstance; recognition of the gains associated with surviving infertility; integration of infertility into their self-structures; a renewed sense of efficacy and personal agency; strong sense of the rights of the infertile; a sense of normalcy and restored

equilibrium, personally and in their relationships; and the feeling that their infertility experience is part of their past.

2.5.3 GENDER AND RESPONSES TO CHILDLESSNESS

Phipps (1993) postulates that although the inability to have a child is often devastating to both partners, men and women have very different reactions to infertility. She argues that prior research has tended to concentrate on the woman's experience while virtually ignoring the man's. Her findings indicate that both sexes experience strong feelings of sorrow, isolation, urgency, guilt, and powerlessness. But as a rule how these feelings are expressed, is very different. In general, women are more verbal and tend to seek out support during times of stress, while men use avoidance, minimization, and denial and mute their emotions. Consequently these differences are accentuated during the infertility experience. For example Phipps's (1993) study showed that husbands often viewed their wives need to talk about their infertility as a demand for the husband to find a solution, while the wives saw it as a coping strategy. In turn, the wives were protective of their husbands and didn't always share their feelings with the men. Women also described more feelings of low self-esteem because of their inability to have a child than did their husbands. Men also expressed more concern as to whether a child was worth the ordeal of infertility treatment, particularly when they wanted to protect their wives from the emotional and physical effects. The views of infertile couples are strongly influenced by societal attitudes towards parenthood; which leads to the focus on how infertility is constructed within society.

2.5.3.1 Childlessness and Depression

In the general population, major depression is twice as prevalent in women as it is in men (Llewellyn, Stowe, and Nemeroff, 1997). Many authors have reported that depression is a common consequence of childlessness (Domar & Seibel, 1990; Leader, Taylor, & Daniluk, 1984; as cited in Domar, Broome, Zuttermeister, Seibel, and Friedman, 1992). However, the exact nature of this relationship has been understudied (e.g., severity, directionality). Only a few articles exist that directly examine the relationship between depression and childlessness. Domar and colleagues (1992) conducted a study examining the prevalence rates and predictability of depression in infertile women. Three hundred seventy-six infertile participants were recruited for the study from a childlessness treatment center. A control group of fertile women was obtained through patients from a hospital based gynecological practice. Participants were asked to complete two depression measures, the Center for Epidemiological Studies Depression Scale (CES-D) and the Beck Depression Inventory (BDI). The CES-D scale was specifically designed for research. It is intended to measure symptoms of depression rather than general distress. The BDI was used to measure the intensity of depression among study subjects. Participants were also asked to complete a demographic form measuring age, duration of childlessness, and length of childlessness treatments, past treatments, primary or secondary childlessness, childlessness diagnosis, and history of psychotherapy. To appropriately assess depression levels in study subjects, cut off scores of 16 for the CES-D and 9 for the BDI were utilized to indicate the presence of depression symptoms, according to the respective test guidelines. Study results indicate no significant differences between infertile women and fertile women with regard to demographic variables.

2.5.3.2 Childlessness and Stress

The reports regarding the impact childlessness has on relationships seemed to be contradictory. Some studies indicated that the childlessness process brought them closer

together. But in another study wives expressed dissatisfaction that their husbands were not willing to participate in decisions related to the childlessness treatment. One of the major issues couples must confront almost immediately upon initiation of the childlessness process is that of stress placed on the marriage (Abbey, Andrews, & Halman 1991). The stress imposed by childlessness treatment stems from a number of factors. Perhaps the root of the stress can be attributed to the treatment process and the sense of urgency that the treatments impose. Another component of the stress is the amount of guilt felt by the partner who has been diagnosed as infertile (Abbey, Andrews, & Halman 1991). At times this type of situation may be beneficial as it can serve the purpose of strengthening the bond between the husband and wife, but many times it leaves each partner with the inability to meet each other's needs. When couples are able to show empathy and are sensitive to the other's feelings, the marital bond is strengthened (. However, when couples are not equipped with the ability to openly share their thoughts and feelings, the couples may become isolated from one another and drift apart. The research conducted in the area of childlessness with regards to stress indicated that, for the most part, women experience stress in a more intense manner as compared to men. In a study that investigated the gender's role in responses to childlessness, the researchers found that the wives of the infertile couple perceived their fertility problem as significantly more stressful than their husbands (Abbey, Andrews, & Halman, 1991). In addition, the wives expressed feelings of having experienced more disruption and stress in all aspects of their lives, including personal, social and sex lives.

In a study that investigated the experience and meaning of childlessness as lived by the infertile men revealed that they incurred feelings of grief and loss, powerlessness and loss of control, inadequacy, as well as betrayal and isolation. According to the research conducted in examining gender's responses to the childlessness, the wife is typically the one who acknowledges the possibility of childlessness. Infertile couples may experience loneliness

and isolation as they grieve through their sorrow. Unfortunately, couples whose communication patterns are poor are often more likely to have greater feelings of discontentment, which can be exasperated by physical, emotional, and financial strain caused by the childlessness.

2.5.4 ROLE OF GENDER IN RESPONSE TO CHILDLISSNESS

Freeman, Boxer, Rickels, Tureck, and Mastroianni, (1985) conducted a large-scale study examining the differences in men's and women's responses to the stress of childlessness. They studied 449 volunteer couples at a fertility clinic in Montreal, Canada. Couples participating in the study completed the Index of Psychiatric Symptom Inventory (Ilfeld), (a 29-item scale measuring depression, anxiety, cognitive disturbances, and anger), the Rosenberg Self-esteem scale, the Psychological State of Stress scale, the Dyadic Adjustment Scale, the Index of Sexual Satisfaction, and the Inventory of Socially Desirable Responding. Data collection was conducted at six-month intervals over a two year period, thus qualifying the study for longitudinal status. Findings showed that women experienced significantly more psychological distress than their partners. The women also reported lower levels of self-esteem and greater overall psychological stress. Wright also reported that on average, infertile men and women reported greater overall psychological distress than men and women in the general population. Abbey, Andrews, & Halman, (1991) examined the role of gender in response to childlessness. They conducted in-person interviews with husbands and wives in 275 couples (550 individuals) recruited from childlessness specialist. The results from their study confirmed those of many others, namely that wives perceived their childlessness as significantly more stressful than their husbands. They also found that infertile women were more likely to be involved in problem-solving and escape coping, and

were also more likely to attribute greater responsibility to them for childlessness than did their husbands.

2.5.4.1 Childlessness in Men

Fatherhood is not as central to the male identity in Lowa society; males are not exempt from the influence of social culturalization. The essence of masculinity, as taught by society, is a man's ability to demonstrate strength, virility, and potency. However, the infertile man fails to demonstrate these characteristics. As a result, male clients typically report feeling the loss of their identity as a man, a husband, and as a potential father, both by society and by themselves. In essence, they are faced with a potential loss of their manhood (Dyer, Abrahams, Mokoena, and van der Spuy, (2004).). Thus, childlessness also attacks the core of the male identity, but in a slightly different way than it does for females. According to Okonofua, (2002) childlessness of the male as a result of childlessness is often not acknowledged and is less visible. Further, there are other socially sanctioned ways in which men can mask their childlessness. Childless men may therefore be less traumatized. However, in cases where the childlessness of a man is known in the society, such man may also suffer different kinds of trauma and stigma. According to Upton, (2001) in Lowa society, childless men have lesser status in the community compared to their peers with children and their views may not be considered or they may not be allowed to contribute to societal discussions.

2.5.4.2 The Effect of Childlessness on the Couple's Relationship

Childlessness often comes as an unexpected shock to most couples. For many, having children is not a question of if, but when. Differences in the way couples commonly view childlessness can lead to tension and anger in marital relationships. According to Watkins & Baldo (2004, 399) infertile couple goes through feelings of disbelief, denial, anxiety and loss

of control, isolation and guilt. One woman in their study stated, I was angry at him, because I didn't think it really affected him like it did me. I just felt that his life was good and my life wasn't. A man in the same study commented, My wife would get upset with me, saying you don't really seem to care, you don't seem to take interest in this. Freeman, Boxer, Rickels, Tureck, & Mastroianni. (1985). reported that almost 50% of women considered childlessness the most distressing experience of their lives, compared to only 15% of men. Greil, Gannon, Sherr, and Abel (1988) found that wives considered childlessness an enormous role failure, while husbands perceived childlessness as a disconcerting event, but not a tragedy. Several studies have been conducted examining the link between marital adjustment and childlessness. Although there has been a general consensus that infertile individuals and couples are generally more distressed than those presumed to be fertile, there has been some disagreement whether childlessness related stress has a negative effect on couples' marital relationships.

Several researchers propose the stress related to childlessness causes depletion in the resources of a marriage, uncovering problems that might not have been addressed and adding an unmanageable burden on the couple (Gray, 2002). In these instances, the couple typically relies on each other for support. However, a second group of researchers report that infertile couples have above average levels of marital satisfaction hypothesizing that childlessness acts as a challenge that brings the couple closer together and opens up new lines of communication and problem solving (Callan, 2007). Shapiro (2002) was one of the first authors to write about the impact of childlessness on marital relationships. Writing from a developmental perspective, he noted childlessness was a, unanticipated shock for most married couples. . He noted that crises are situations that are perceived as a threat, loss or challenge and typically occur after the normal coping strategies and resources of the couple have been depleted. He hypothesized that couples typically mourn the loss of their

expectations to have a child and commonly pass through the stages of grief: denial, anger, grief, and acceptance. Shapiro, (2002) proposed ways in which counsellors may help infertile couples at each stage in the grieving process, and suggested that grief resolution was a necessary component in resolving marital difficulties associated with childlessness. Watkins and Baldo, (2004) and Tulppala, (2002) discussed in their publications about the roles of counselling, support from friends and relatives and peer-support in infertility crisis. Watkins and Baldo (2004, 395) noticed that couples would benefit from counselling. Watkins & Baldo, (2004, 395) find that group of infertile couples who participated counselling for 8 weeks reported having less distress and depression compared to infertile couples who didn't participate counselling at all. Results showed that for men, marital satisfaction was not determined by the variable of pregnancy nor sexual satisfaction, but was solely accounted for by the level of stress they experienced as a result of the childlessness. For women in the study, it was found that sexual satisfaction was the only variable that was predictive of marital satisfaction, suggesting that the quality of a women's sexual relationship is linked to the overall adjustment of her marriage. The authors concluded that although childlessness was a stressful experience for both men and women and had effects on their sexual functioning, it did not positively or negatively affect their levels of marital satisfaction.

2.6 THEORETICAL FRAMEWORK

2.6.1 Symbolic Interactionist theory

The symbolic Interactionist theory was adopted as a theoretical orientation. The approach is anchored on the idea that people do not respond directly to the world around them, but to the meaning they bring to it. Furthermore, the approach assumes that society, its institutions and social structure exist as a result of human interaction (Blumer, 1969). This means that reality is what members of society agree opposed that childlessness could be

viewed as a crisis, or a turning point that offers the opportunity to be reality and this is shaped in social interaction. During such interactions, objects and symbols are developed and used (Blumer, 1969), which denotes things in the real world whose meaning is defined by the actor. Therefore, different objects have different meanings for different individuals. For example, people interact on the basis of how they see and understand a situation and the meaning they attach to the situation or encounter. Consequently, each person's definition of the circumstances surrounding the interaction influences others definition. This means that the meaning attach to social interaction can be modified because people bring their own definitions of situations. These definitions shape the way people see and experience the world. Consistent with Blumer's view, every time social interaction occurs, people creatively construct their own understanding of it whether "real" or not and behave accordingly. Furthermore, these shared meaning and or understanding do not necessarily need to be accepted by all-hence the capability and autonomy for unique and independent choices. This aforementioned view agrees with the assertion of Thomas and Thomas (1928), that "if men define situations as real, they are real in their consequences", allowing for the possibility of individuals' definition of situation in which people modify meanings and symbols. For example, in doing gender, the interactionist approach contend that concepts used to collectively categorize people do not exist in actuality but emerge through socially constructed process. Thus, concepts such as gender are found in the meaning people bring to them, since gender emerges not as an individual characteristic but something consummated through the process of interaction with others. People, therefore basically do gender and doing gender is an interactional aspects of daily life that take place in social situations with others (Fenstermaker, West and Zimmerman, 2002). Doing gender is therefore consistent with Goffman's dramaturgic view, an offshoot of the Interactionist approach which maintained that to understand social interaction is to consider it as a performance in a theatre, where

different strategies are adopted by actors to impress people by showcasing information in order to present themselves in a favourable light (Goffman, 1977). This theory agrees with this study because it shows that childlessness in itself depends on the societal construct given to it. It's the amount of meaning the society at large gives to childlessness in marriages that really affects the marriage more than the fact that the couples are really childless. Furthermore, the stigma and emotional torture that childless married couples go through can be associated with the way and manner in which people around them view their reality, the side talks and snide remarks that couples experience from the society can make the reality of childlessness unbearable for the couple.

2.6.2 Feminist Theoretical Framework Approach

This study is also embedded within a feminist theoretical framework as it provides the opportunity to look at non-parenthood from the perspective of the marginalized. Feminists have demonstrated that many women feel discrepancies between how they experience the world and the official or expert definition of their identity, for e.g. in relation to sexuality and motherhood. These discrepancies may result in guilt, fear, anxiety and feelings of ambivalence and exclusion (Letherby, 1999). Although the feminist approach situates the experience of childless women in a socio-political context, individual experiences of involuntary childlessness may feel personal and private. To ensure that participants' are provided with the best conditions in which to share their experiences, a Feminist Standpoint Theory will be utilized in this study.

2.6.2.1 Feminist Standpoint Theory

Feminist standpoint theory is based upon post positivist critical theory informed by the political traditions of radical and socialist feminism as well as womanism. Working from the ontological assumption that there is no single objective truth, this theory claims that class,

race, gender, and sexual orientation structure a person's understanding of reality. To survive, less powerful groups must be attuned to the culture of the dominant group. In fact, these marginalized individuals have the potential for a more complete and less distorted views of social reality precisely because of their disadvantaged position (Hughes, 2002). According to Standpoint theorist, Sandra Harding, the distinctive features of women's situation in a gender stratified society are being used to produce empirically more accurate descriptions and theoretically richer explanations than does conventional research. The underlying philosophy is that differences between women's and men's situation give a scientific advantage to those who can make use of the differences. In gendered-stratified societies women and men are assigned different kinds of activities, consequently they lead lives that have significantly different contours and patterns. By using women's lives as grounds to criticize the dominant knowledge claims, i.e. based on the lives of men, the preconceptions and distortions can be decreased. Thus feminist research makes it possible for people to see the world in an enlarged perspective because they remove the covers and blinders that obscure knowledge and observation. Therefore, feminist standpoint epistemology reflects the way the world is and contributes to human emancipation (Harding, 1991).

According to another standpoint theorist, Hartsock (1987) by living out their lives in both the dominant culture and in their own culture, members of stigmatized groups can develop a type of double vision, and consequently a more comprehensive understanding of social reality. This standpoint, however, must be developed by appropriating one's experiences through intellectual and political struggles against gender, race, class, and sexual orientation inequalities. The location of oppressed groups in comparison with their oppressors creates the potential for critical social analysis, but such a standpoint only emerges through consciousness raising experiences. Hence, standpoint theorists issue a challenge to find groups on the margins of social structures and actively engage them in describing their

experiences and perceptions. Practically, feminist standpoint research utilizes a variety of methodologies (e.g., both qualitative and quantitative approaches) to engage research participants (typically members of oppressed groups) in reflection on how their gender, race, social class, and sexual orientation shape their experiences in the social world. In addition, from a feminist standpoint position researchers must reflect upon (and share with their readers) how their own social group status influences their interpretations of their data (Hartsock, 1987, 1998). As mentioned before extensive literature exists about the attempts to “cure” non-motherhood which is involuntary through new reproductive technologies. Detailed discussion that validates the experiences of women who don’t mother children is still lacking. Therefore, this aspect of the theoretical framework offers an exploration of women’s non-motherhood that is grounded not in medical or pathological discourses but in their own personal perspectives as biologically involuntarily childless women.

CHAPTER THREE

METHODOLOGY

This section is strictly on the methodology of the research work. It includes in detail the study site, research design, population size and study, data collection method and instrument etc. It also gives a detailed analysis of how the research will be carried out.

3.1 STUDY SITE

Ekiti is located in the south western part of Nigeria, bounded on the north by Kwara state (capital Ilorin), on the south by Ondo state (capital Akure) and on the east by Kogi state (capital Lokoja). Ekiti was known as the "Fountain of Knowledge" but popularly known now as the "Land of Honor". It was created by the late former head of state and commander-in-chief of the Armed forces of the federal republic of Nigeria, General Sani Abacha on the 1st of October 1996. The common religion practiced among the people of Ekiti is mostly Islam and Christianity while few of them still practice Traditional worship. Ekiti state has sixteen local government areas which includes Ekiti south west, Irepodun, Ijero, Ikere etc. Its capital Ado Ekiti is one of the popular towns alongside with Aramoko-Ekiti., Efon Alaaye-Ekiti, etc. The current governor of Ekiti is Dr John Kayode Fayemi and the deputy Mr. Bisi Egbeyemi.

Ado Ekiti is a city in south west Nigeria. The state capital and headquarters of Ekiti state. The population of Ado Ekiti at the 2006 census was estimated to be 308,621. The people of Ado Ekiti are mainly of the Ekiti sub-ethnic group of the Yoruba. Ado Ekiti has a state owned University known as Ekiti state University (EKSU), a privately owned University known Afe Babalola University, a Polytechnic, Federal Polytechnic Ado Ekiti, a privately owned polytechnic known as the Crown polytechnic Odo-Ado. Ado Ekiti also has a teaching hospital known as the Ekiti state teaching hospital (EKSUTH). Ado Ekiti is the state center of a farming region where Yams, Cassava, Grains and Tobacco are grown. Cotton is also grown for weaving.

Oye Ekiti is one of the 16 kingdoms of Ekiti land. Oye local government is bounded by Irepodun/Ifelodun to the south, Ikole local government to east, Ilejemeje local government to the north and Ido/Osi local government the west. Oye ekiti people are a group of the south

western Yoruba. Oye is the headquarter for Oye local government area in Ekiti state, Nigeria. Oye local government area was carved out of the defunct Ekiti North Local Government in 17th May 1989. It comprises of the following towns and villages: Oye Ekiti, Ilupeju Ekiti, Aiyegbaju Ekiti, Ire Ekiti, Itapa Ekiti, Osin Ekiti, Ayede Ekiti, Itaji Ekiti, Imojo Ekiti, Ilafon Ekiti, Isan Ekiti, Ilemeso Ekiti, Omu Ekiti, Ijelu Ekiti, Oloje Ekiti and others. Most dwellers in Oye Ekiti are of the Yoruba Ethnic groups. The population according to the 2006 census was 168,251 (National population commission 2006). Farming is the major occupation with Cocoa as the cash crop. Food crops include yam, maize, rice, banana, cocoyam, pepper, cassava and plantain. Majority of Oye indigenes are Christians but Islam is also represented. Traditional worshippers are also inherent in Oye Ekiti.

3.2 RESEARCH DESIGN

The research design is the plan, structure and strategy of investigation chosen to attain certain answers to address the research questions or problems (Ogunbameru 2010). It includes an outline of the collection, measurement and analysis of data. Research design helps the researcher obtain answers to questions of the research and guide line on how the research will be carried out. The method of research design adopted in the process of this research is an exploratory one. It was used to satisfy the curiosity and the desire to gain better understanding and also to test the feasibility of better knowledge about phenomena. This method is very cheap and saves time.

3.3 POPULATION OF THE STUDY

A population can be defined as a group of inhabitants within a particular political or geographical boundary (Ogunbameru 2010). The research population is seen as the number of people in which the research is and data will be gathered from. The population of the study comprises of the barren couples in Ado Ekiti and also other people's perspectives in Oye, and Ado local government respectively (with the ages 18 and above) was put into consideration as far as childlessness is concerned in the community. For the purpose of this research, the researcher gathered proper and vital information from Ekiti state teaching hospital EKSUTH (gynaecology wards) under this local government area.

3.4 SAMPLING SIZE AND SAMPLING TECHNIQUES

A sample is a smaller representation of a whole statistical group that is been studied. .Experts sampling technique and snowball sampling techniques was adopted by the researcher for the in-depth interview while a random sampling technique was adopted by researcher for the questionnaire. The purpose of adopting these methods of sampling techniques was to identify group of people who possesses this attributes and also used to identify experts in that field. However, the researcher distributed 100 questionnaires to each of the study areas that is, (Oye, and Ado Local government area). Also for the qualitative aspect which is the interview, 4 interviews were carried out each on barren couples, experts in the field gynaecology and in-laws associated with barren couples in Ado Ekiti. However a total of 200 (two hundred) respondents and 12 (twelve) interviewee were considered (which means that 4 experts in the gynaecology ward were considered, 4 barren couples were also considered as well as 4 in-laws). The researcher also used experts to identify barren couples in gynaecology ward.

3.5 METHOD OF DATA COLLECTION

Both quantitative and qualitative methods of collecting data were adopted by the researcher. The researcher adopted this mixed method because qualitative method gives in-depth answers to understand childlessness among married couples while the quantitative enabled me get wide results on different opinions on different couples.

3.6 INSTRUMENTS OF DATA COLLECTION

The gathering of this study required a standard questionnaire (which includes closed and open ended questions) and a recorded interview. The questionnaire was designed by the researcher. The questionnaire as well as the interview was administered on the respondents. The primary data was generated using questionnaire and in-depth interview while the secondary data was generated from internet, journals and other sources.

3.7 DATA ANALYSIS

The collected data from this research study representing childlessness among married couples was analyzed using statistical methods which include inferential and descriptive statistics. The inferential analysis was conducted on the data obtained for the purpose of hypothesis testing while the descriptive statistic summarized the data obtained from the administered questionnaire and interview.

3.8 ETHICAL CONSIDERATION

This research was conducted with the consent and approval of childless couples as well as gynaecologist. The questionnaire administered has no space for name and the respondent's emotions remained anonymous. The respondent was also assured of the confidentiality of their response. The information provided was used for the purpose research.

CHAPTER FOUR

DATA PRESENTATION, ANALYSIS AND INTERPRETATION

In this chapter, the researcher presents the result of the analysis of primary data gathered through questionnaire administered to various respondents in tables showing frequencies and percentages and also the result of the interview conducted. The result and interpretation of the research hypothesis earlier stated in chapter one of the research work were also presented. A total of two hundred (200) questionnaires were distributed and were duly completed and returned. Thus, response rate of this study is 100.0%. However, the study used all the data collected for the purpose of the analysis.

Table4.1: Frequency distribution of the respondents

LOCATION	<i>Frequency</i>	<i>Percentage</i>
Ado	100	50
Oye	100	50
Total	200	100
AGE		
18-22	46	23
23-27	56	28
28-32	21	10.5
33-37	37	18.5
38-42	24	12
43+	14	7
Total	200	100
GENDER		
Male	107	53.5
Female	93	46.5
Total	200	100
MARITAL STATUS		
Single	105	52.5
Married	70	35
Separated	10	5
Divorced	11	5.5
Widowed	4	2
Total	200	100
ETHNIC GROUP		
Igbo	38	19
Yoruba	126	63
Hausa	16	8
Others	20	10
Total	200	100

EDUCATIONAL QUALIFICATION		
No formal education	8	4
Primary	2	1.5
Secondary	18	9
Tertiary	171	85.5
Total	200	100
RELIGIOUS AFFLIATION		
Christianity	149	74.5
Islam	45	22.5
Traditional	3	1.5
Free thinker	3	1.5
Total	200	100
OCCUPATION		
Civil Servants	69	34.5
Self Employed	51	25.5
Private	28	14
Unemployed	52	26
Total	200	100

Table 4.1 shows the demographic distribution of the respondents. The local of the respondents and the result shows that (100) which accounts for 50% are from Ado and that (100) which accounts for 50% are from Oye. The employment statuses are also presented in the table. The result shows that 69 which accounts for (34.5%) of the respondents are civil servants, 51(25.5%) are self employed, 28(14%) are employed by private organisations while the remaining 52(26%) are not employed. The result of the gender distribution of the respondents is presented in the table. The result shows that 107 which accounts for 53.5% are male, while the remaining 93(46.5%) are female.

Also, the result of the ethnic distribution of the respondents is presented in the table Igbo accounts for 35(19%), Yoruba 126(62%), Hausa 16(8%) while others are 20(11%). The religious distribution of the respondents is also presented in the table. Christianity accounts for 149(74.5%) of the total respondents, 45(22.5%) practice Islam, 3(1.5%) of the respondents are traditional worshippers while 3(1.5%) are freethinkers. Also, age distributions of the respondents are also presented in the table. The result shows that 46(23.0%) of the total respondents are within the age range of 18-22, 56(28.0%) are 23-27 years, 21(10.5%) are within the age 28-32, 37(18.5%) are 33-37, 24(12.0%) are 38-42, while the remaining 14 which account for 7.0% of the total respondents are 43 years and above.

Also presented in the table is the marital status of the respondents. 105(52.5%) are single, 70(35%) are married, 10(5%), 11(5.5%) are separated while the remaining 4(2%) are widowed. Finally, the educational qualification of the respondents are also presented in the table 8(4.0%) have no formal education, 2(1.0%) have primary education, 18(9.0%) have secondary education while the remaining 171(85.5%) have tertiary education.

Table 4.2: Distribution table showing the cause of childlessness among married couples

Who do you think is responsible for the cause of childlessness in marriage?		
	<i>Frequency</i>	<i>Percentage</i>
Husband	22	11
Wife	34	17
Both	69	34.5
None	69	34.5
Total	194	98

Table 4.2 above revealed 11% of the respondents think the husband is responsible for childlessness among couples, 17% of the respondents think wife is responsible for childlessness among couples. Also, 34.5% of the respondents think that both wife and husband are responsible for childlessness among couples while another 34.5% of the respondents think that neither the wife nor the husband responsible for childlessness among married couples.

To support the quantitative analysis result on the causes of childlessness among married couples, the interviewed respondents were also asked questions on most of the causes of childlessness. Different opinions were given by each of the respondent. Some identified that it could be gynaecological issues, excessive drinking etc

The first respondent said *"First and for most, I will to say that there are chromosomal or genetic causes of infertility which is usually prominent in male. It could be detected without proper clinical testing and diagnosis. Excessive stress and overly intense exercise produce high levels of adrenal steroid hormones which cause a testosterone deficiency resulting in infertility"*(IDI Ado-Ekiti 37 Female)

Another respondent:

"Medically, childlessness have been characterised by different causes. First and foremost in man, childlessness could be as a result of chronic consumption of alcohol, uses of anabolic steroid are causes of infertility and testicular shrinkage. Also, obesity causes leptin insensitivity in the hypothalamus which in turn alters the release of gonadotropin. Some of the causes of infertility for the woman include the long term infection in the pelvic area, appendicitis, abdominal or pelvic surgery, ovulation disorders and uterine or cervical abnormalities"(IDI Ado- Ekiti 51 male)

Another respondent:

"The medical cause of childlessness varies it could be as a result of the following; it could be the disruption of egg cell development, oviduct associated infertility, Endometriosis, alteration of uterus and cervix, polycystic ovarian syndrome, disturbances of the immune system, behaviour changes etc are these are of the woman. From the man's side the most common reason of childlessness relates to sperm count and viability. There are also other factors that contribute which include; childhood mumps, various vein development in scrotum, cryptorchidism, hormonal dysfunction, diabetes, surgical tumour removal, hereditary factors, stress, infections etc. However, some rare causes are associated with sperm movement through the male reproductive tract. In such case, sperm production is good but cannot be properly transferred to the female reproductive tract"(IDI Ado -Ekiti 28 female)

Another respondent:

"The causes of infertility or childlessness in marriage could be due to several factors. It could be obstetric or gynaecological problems, including physical injury caused by a previous pregnancy. Also, biological causes of infertility vary because many organs of both sexes must function properly for conception to take place"(IDI Ado-Ekiti 43 Male)

The responses confirm the result of the quantitative analysis presented above. Majority of the respondent complained that the causes of childlessness could be low sperm reproduction or damages in the female reproductive system.

To also gather more, questions were also asked if the causes were prominent in men or in women. The interviewed persons explained further that it could be the man or the woman. Other are of the opinion that it nobody while some agreed that it could both of them.

The respondent that agreed that its none of them said " *I don't blame anybody for being because I usually advise childless couple to look up to God. God's time never closes despite what the natural biological clock says. If God can do it for Sarah and others in the bible, he can do it for other women. There is nothing impossible with God. While I watched the recent holy ghost congress, I heard of the story of a woman who gave birth at the age 63".(IDI Ado Ekiti Male 74)*

Another respondent;

"The causes are more prominent in women. This is simply because the woman reproductive system is very delicate"(IDI Ado Ekiti Female 28)

Another respondent;

" It could be either one of the two of them that's why as a medical practitioner, I usually advice couples to go for medical and laboratory tests after one year of marriage" (IDI Ado Ekiti 51 Male)

Another respondent;

"The inability of a person to conceive is due to complications related to either or both the man or the woman. But in this modern society or pre-modern society, Male infertility has been a major factor responsible for childlessness among couples"(IDI Ado Ekiti Female 37).

Table 4.3: Distribution table showing the social and cultural impact of childlessness on marriage

Have Childlessness affected the social life of couples at large?		
	<i>Frequency</i>	<i>Percentage</i>
Yes	119	59.5
No	59	29.5
I don't know	21	10.5
Total	199	99.5

Table 4.3 above revealed that 59.5% of the respondents believe that childlessness in marriage affects the social life of the couple, 29.5% of the respondents affirmed that childlessness does not have an impact on the social life of the couple while 10.5% of the respondents are not sure whether childlessness impact their social life or not.

Basically, being childless has various impacts on the couple. To support the assertion that being childless has impacts on couples, interviewed were carried out to confirm these. The interviewed persons have confirmed that. One of the respondents claimed that *"The social effects is that It doesn't give the woman a social standing in the society while the cultural effects has to do with culture. The culture of several communities have placed stigmas on childless couples and that way they feel it's always the woman's fault"* (IDI Ado Ekiti Male 43)

Another respondent

"The social and cultural effect goes a long way especially when it has its effects on childless couples and usually its affects the woman more. The society stigmatizes couples who have been married for a long time without children and this is wrong. This kind of thing happens because we are not as civilised as the western world where some people get married and don't want children. In this part of the country, we are already thinking of children as soon as the wedding ends. All these are bound to weigh down any person who is yet to have children" (IDI Ado Ekiti Female 37)

Another respondent;

" I really do not have much to say at that aspect, all I know is that the woman is always at the receiving end as far as culture is considered. But for the social aspect, I feel the woman is also affected" (IDI Ado Ekiti Male 51)

Another respondent;

"Instead of the community to focus on the emotional and physical health of the childless couple, they rather focus on the benefits of childless couple in the society and this way, it hurts them. Several couples come to my office for treatment with a pained heart and it especially the women" (IDI Ado Ekiti Female 28)

The result above supports the result on the quantitative analysis on the social and cultural effects of childlessness on married couples.

Table 4.4: Distribution table showing the effect of childlessness on spousal relationships

Does Childlessness have negative effects on spousal relationship?		
	<i>Frequency</i>	<i>Percentage</i>
Yes	151	75.5
No	37	18.5
I don't know	11	5.5
Total	199	99.5

Table 4.4 above opined that 75.5% of the respondents believed that childlessness have a negative effect on spousal relationship, 18.5% of the respondents are of the opinion that childlessness does not have negative effect on spousal relationship while 5.5% of the respondents are of no opinion on the effect of childlessness on spousal relationship.

In addition to the quantitative analysis, the effects of childlessness on spousal relationship have been identified by respondents to take several folds. Respondents have identified that childlessness have resulted to domestic violence, infidelity, polygamy etc.

A respondent said; *"The family used to loving, used to be a very happy place. When we go to work (my husband and we used to be eager to come back but two years after the wedding, everything turned around. I have not experience domestic violence, but for infidelity, yes. A delay in childlessness does not mean couple's love for one another should be less. They should keep loving each other more and stay united in their resolve".(IDI Ado Ekiti 53 female childless couple)*

Another respondent:

"For me and my wife, it's difficult to accept the fact that we are yet to conceive. One thing am not worried about is regret. I turned 42 this year and I don't regret the decision I have made. I do love kids. I have spent my whole life around kids working as a primary school

teacher at first and later a secondary school teacher. So the way i feel it has affected my marriage is the fact that I find it hard to believe that despite my love for kids, I still haven't had mine and it kills me that it makes my wife unhappy and i haven't done anything to correct that mistake. My best isn't enough" (IDI Ado Ekiti Male 42)

Another respondent;

"Most times, It makes me feel depressed and it also makes me feel am not worthy of my husband which often leads to disagreement between the both of us" (IDI Ado Ekiti Female 40)

Another respondent;

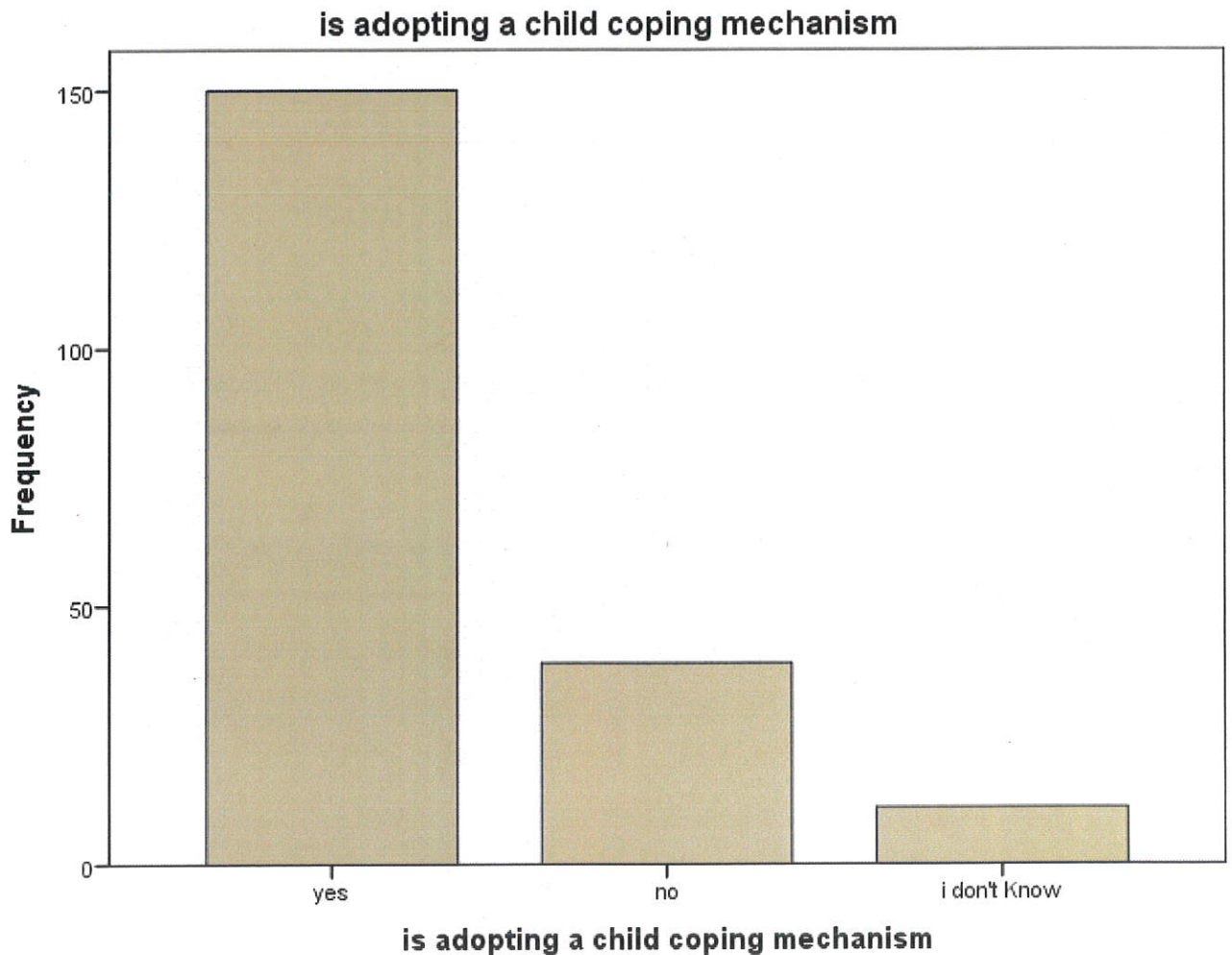
"After eight years of being childless, my husband succumbed to the pressures of his family members. The issue of being childless had already put a strain on our relationship so much that we had stop talking to each other for months except for customary greetings" (IDI Ado Ekiti Female 53)

The result supports that childlessness have affected spousal relationship as earlier confirmed in the quantitative analysis that the respondent are cordially supported.

Table 4.5: Distribution showing the adoption of coping mechanism among childless couples

Is adopting a child a coping mechanism?		
	<i>Frequency</i>	<i>Percentage</i>
Yes	150	75
No	39	19.5
I don't know	11	5.5
Total	200	100

Table 4.5 above revealed that 75% of the respondents believed that adopting a child is a measure of coping mechanism to be adopted by childless couples, 19.5% does not support the assertion while 5.5% of the respondents does not have an opinion



Also the interviewed respondents also have confirmed that adoption is a coping mechanism of childlessness. A respondent was asked if he encouraged adoption and he said *"Of course I do to an extent. The only problem associated with it is that Its takes time"* (IDI, Male 43 Ado-Ekiti)

Another respondent:

"There is no problem in trying to adopt children. I have a friend who adopted two children after several inseminations didn't work for her. Also, here have been cases of women who adopted babies too after days of not been able to have their own children."(IDI Male 51 Ado-Ekiti)

Another respondent:

"Like I mention earlier, Adoption is still one of the coping mechanisms so far."(IDI Female 28 Ado - Ekiti)

Another respondent:

"Like I said at first that if other mechanisms does not work out then the next option is trying adoption." (IDI Female 37 Ado -Ekiti)

These results support the result on the quantitative analysis on adoption as a coping mechanism of childlessness. There have been other coping mechanisms that have been identified by other interviewed respondents. A respondent have suggested another coping mechanism to deal with childlessness, he said *"There are several coping mechanisms of childlessness, it varies to the choice of the couple. It could be IVF, Egg donation, Surrogacy, Artificial Insemination, it goes on like that"* (IDI Male 43 Ado Ekiti)

Another respondent:

"Sometimes, the factors of childlessness are usually treatable while some are non-treatable. We treat some of them and they get pregnant and this is where the coping mechanisms comes in, This is where we ask them to try assisted reproductive techniques which could be through insemination, In Vitro Fertilisation or an operation. If any of these do not work out, we tell them not to give up on having children or better still try adoption"(IDI Female 37 Ado Ekiti)

Another respondent:

"There are several coping mechanisms of childlessness ranging from artificial insemination that is in a case where produced sperm is not properly transported and also surrogacy or egg donation in a case inflammation has hindered the transportation of sperm to the cervix. We also have In Vitro Fertilisation etc"(IDI Female 28 Ado Ekiti)

Another respondent:

"There are several coping mechanisms i have heard of. My gynaecologist told me several since i have met her, she told me about finding a surrogate mother, or better still artificial insemination"(IDI Female 53Ado Ekiti).

The results above corroborate the result on the views of other respondents on other different kinds of coping mechanisms childless couples engage in.

Table 4.6: Distribution table showing the community perception of childlessness among married couples

The community perceived childlessness of married couples as?		
	<i>Frequency</i>	<i>Percentage</i>
Wife's barrenness	124	62.0
Husband's impotency	21	21
Wife's past promiscuity	28	14

Intentional decision	1	.5
Couple's past mistake	26	13.0
Total	200	100

Table 4.6 above revealed that 62% of the respondents argued that community perceived childlessness of married couples as a result of wife barrenness, 10.5% of the respondents affirmed that community perceived childlessness of married couples as a result of husband impotence. Also, 13% of the respondents opined that community perceived childlessness of married couples as a result of couples past mistakes, 14% of the respondents argued that community perceived childlessness of married couples as a result of wife past promiscuity while 0.5% of the respondents argued that community perceived childlessness of married couples as a result of intentional decision of the couples themselves.

Generally, respondents have agreed that the community have different perception about married couples that are childless. One of the respondent said that *"Actually, the community view has a negative effects to the extent that whenever you see a barren woman what comes to our mind is maybe the way she live her life when she was young. People might think she has committed a lot of abortions during her youthful age that's why she is barren. In other words, it could be that she is not quick to conceive"* (IDI Ado Ekiti Female 69)

Another respondent;

"Nobody wants to believe that the problem could also be from the man as well. They always have effects on them. The perception of the community doesn't always have good effects on childless couple. They always believe it's the woman's doing. They believe whenever there is delay, the woman has done something that is not right when she was young. Its either they believe that she has aborted a lot of pregnancies or she has slept with the wrong man".(IDI Ado Ekiti Female 64)

Another respondent;

"The community usually have a negative perception of childless married couples. They always view childless couple irrelevant they feel for you to be a notable person in the society, you should have children. They believe having children gives you respect and honour. So, not having children is seen as a bad thing. Immediately after a wedding, the next thing is naming ceremony. That's the culture here in Nigeria. For example, among the Yoruba tribe, they believe whenever a woman cannot get pregnant, her husband should marry another wife, they have this believe that, there is a proverb that goes like this that " ori omo lo ma pe omo wa ye" which means that the presence of a child brings forth another child. It's rare to find a community where childless couples are given importance in Nigeria. Even they are rich,

people will have the perception that nobody will inherit their wealth when they are gone".
(IDI Ado Ekiti Male 74)

Another respondent;

" The perception of the community have ended up in breaking so many homes because they believe that any childless home is not worthy of being called a happy home. Discrimination and stigmatization sets in especially on the woman"(IDI Ado Ekiti Male 71).

The result corroborates the result of the community perception of childlessness among married couples.

Table 4.7: Chi Square table showing the relationship between childless couples and the effective coping mechanisms

Chi-Square Tests			
	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	5.217 ^a	10	.876
Likelihood Ratio	5.706	10	.839
Linear-by-Linear Association	.483	1	.487
N of Valid Cases	200		

Table 4.7 above revealed that there is no relationship between childless couples and the effective coping mechanism. ($X^2(10) = .876 p > .05$). Null hypothesis is retained.

Table 4.8: Chi-square table showing the relationship between childlessness and domestic violence and infidelity amongst married couples

Chi-Square Tests			
	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	7.526 ^a	10	.675
Likelihood Ratio	8.228	10	.607
Linear-by-Linear Association	.397	1	.529
N of Valid Cases	200		

Table 4.8 above revealed that there is no relationship between childlessness and domestic violence and infidelity among married couples. ($X^2(10) = .675 p > .05$). Null hypothesis is retained.

4.9 DISCUSSION OF THE FINDINGS

This section of this chapter provides the discussion of the research findings as they relate to the objectives of the study and the answers to the research questions. These results of the above are discussed below;

4.9.1 FACTORS THAT CAUSES CHILDLESSNESS AMONG MARRIED COUPLES

The result of the analysis in this chapter revealed that the most notable causes of childlessness among married couples according to the respondents were genetics or chromosomal disorder, chronic consumption of alcohol, long term infection in the pelvic area, appendicitis, abdominal or pelvic surgery, ovulation disorders and uterine or cervical abnormalities etc. The result in Table 4.2 above revealed little sum of the respondents think the husband is responsible for childlessness among couples, few of the respondents also think wife is responsible for childlessness among couples. Also, a large part of the respondents think that both wife and husband are responsible for childlessness among couples while another part of the respondents think that neither the wife nor the husband responsible for childlessness among married couples. Another study shows that the causes of childlessness are prominent in the man or in the woman. Some also believed that nobody is responsible for the cause of being childless in a marriage.

4.9.2 THE SOCIAL AND CULTURAL IMPACT OF CHILDLESSNESS

Analysis revealed that there are some social and cultural impacts of childlessness. Table 4.3 in this chapter provides insights to how childlessness has affected the social life of couples at large. The cultural impact on the other hand have impact as well, the culture of several communities have placed stigmas on childless couples and that way they feel it's always the woman's fault. Majority of the respondents affirmed that there are social stigma associated to being childless which usually lead to them being affected and also how the culture have stigmatized childless couples. Also in the analysis, childless couples hardly have a good social life and they do not relate well with people and this has become a problem for them.

4.9.3 THE IMPACT OF CHILDLESSNESS ON SPOUSAL RELATIONSHIP

The analysis in this chapter reveals the impact of childlessness on spousal relationship. Table 4.4 in this chapter explained that it brings negative impact on spousal relationship. Major impacts highlighted by respondents were infidelity, domestic violence, polygamy etc.

4.9.4 COPING MECHANISM

Couples employed series of mechanism to deal with childlessness in marriages. Some of identified mechanisms as analyzed in this chapter were adoption (especially in table 4.5). Other mechanisms were pinpointed by experts who include egg donation, artificial insemination, surrogacy, In Vitro Fertilisation (IVF) etc. Virtually, all the respondents affirmed that these coping mechanisms have been effective to cope with childless life.

4.9.5 PERCEPTION OF THE COMMUNITY TOWARDS CHILDLESS COUPLES

It was discovered that the community have perceptions or attitudes towards childless couples and such perception have been negative. Table 4.6 in this chapter explained that community perceived childlessness as a result of wife's bareness, husband impotency, couples' past mistakes, wife's past promiscuity etc. Respondents affirmed that the community have negative perception about childless married couples and the wife is always at the receiving end. Studies also shows that nobody wants to understand that the problem could also be from the husband.

CHAPTER FIVE

SUMMARY, CONCLUSION AND RECOMMENDATION

5.1 SUMMARY

The main aim of this study is to identify the effects of childlessness on married couples. However, this project has been classified into five (5) chapters. The first chapter deals with the introduction of the research topic. The second chapter deals with the definition of concepts, theoretical and empirical framework. The literatures related to this research were reviewed particularly, empirical reviews and the clean surplus sociological theories which underpin the study. The third chapter deals with the research methodology, data sources and estimation procedure used to analyze the result of the research work.

The fourth chapter presented the results of the analysis of primary data gathered through questionnaire administration and interview. The result and interpretation of the research hypothesis were also presented. It also deals with the discussion of research findings as they relate to the study and providing answers to the research questions formulated in this research.

The fifth chapter was divided into three (3) major parts which are the summary, conclusion and recommendation.

5.2 CONCLUSION

From the result of the empirical findings in chapter four (4) of this study, the researcher therefore concludes that;

- Childless couples face a lot like stigmatization, depression, loneliness, infidelity etc.
- Challenges faced by childless couples can be lessen by employing effective strategies like adoption, artificial insemination, surrogacy, IVF etc.
- Community perspectives have successfully ruined so many homes in a way that most mother in-laws have made the lives of those daughter in-laws miserable. They do not want to understand that the problem could be from anybody; it could even be that nobody is responsible.
- Childlessness affects the personal and social lives of couples affected.

On the overall, the study concludes that there is no relationship between childless couples and the effective coping mechanism, and that there is no relationship between childlessness and domestic violence and infidelity among married couples.

5.3 RECOMMENDATIONS

Based on the results of the findings, the following recommendations were made;

- i. All couples should be very prudent with their decision when it comes to managing childlessness to avoid spousal disagreement. They are advised to be contented and keep trusting in God.
- ii. Communities perceptive should not be the reason why several marriages be broken.
- iii. Couples should be more involved in work activities so as to reduce depression and loneliness. Their source of encouragement should be expanded.
- iv. Childless couple's families are advised to keep away all negative notions and beliefs about childlessness and develop their families with love.
- v. Finally, couples should always go for medical and laboratory tests after one year of marriage to ensure that there is no problem in conceiving and also, they should not feel less of themselves.

5.4 LIMITATIONS OF THE STUDY

The limitations that were experienced in the course of this research was sourcing for materials and administering questionnaires for this study. Difficulty that was faced by married childless couples was the fact that most of them don't want to be interviewed and also they don't want to open up. Other limitations include monetary constraints imposed on the research and also the inability of the researcher to cover the wide range of the study population which might limit the generalization of the findings to some extent. Also, the study inability to obtain accurate data, this is due to the fact that some of the respondent do

not disclose their personal feelings to towards this research topic even after they have been promised anonymity.

5.5 SUGGESTIONS FOR FURTHER STUDIES

The researcher suggests that further researchers should incorporate the limitations of this study in their future work by extending the scope of this study to their other regions. Other effects not mentioned in this study should also be researched.

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APPENDIX

Questionnaire

LETTER TO RESPONDENTS

Department of Sociology
Federal University Oye Ekiti

Dear Respondent,

This is a questionnaire designed to obtain information from you for the purpose of conducting a research on childlessness among married couples. There are no 'wrong' or 'right' answers to the questions. Please read the questions and supply the answers to the best of your understanding. Be assured that all the information required are for the purpose of this research only and it will be kept absolutely confidential.

Thanks for you anticipated co-operation

Yours Faithfully,

OLUBUMMO YETUNDE DEBORAH

SOC/14/2089

SECTION A: DEMOGRAPHIC CHARACTERISTICS

Please fill the following as correctly as possible or by ticking the appropriate bracket.

- Age as at your last birthday

(a) 18-22 [] (b) 23-27 [] (c) 28-32 [] (d) 33-37 [] (e) 38-42 []
(f) 43 and above []

- Sex

(a) Male [] (b) Female []

- Marital Status

(a) Single [] (b) Married [] (c) Separated [] (d) divorced [] (e) widowed []

- Occupation

(a) Civil servant [] (b) Self-employed [] (c) Private employment [] (d) Unemployed []
(e) Others (specify).....

- Religion

(a) Christianity [] (b) Islam [] (c) Traditional worshipper [] (d) Freethinker []

- Ethnicity

(a) Igbo [] (b) Yoruba [] (c) Hausa [] (d) Others (specify).....

- Educational qualification

(a) No formal education [] (b) primary education [] (c) secondary education []
(d) NCE/ND [] (e) B.SC/ HND [] (f) M.SC (g) PhD []

SECTION B: FACTORS THAT CAUSE CHILDLESSNESS AMONG MARRIED COUPLES.

The following questions are focused on the identifying the factors that cause childlessness among married couples. Please answer the following questions by ticking against the appropriate statement.

- Do you think the occurrence of childlessness in a marriage is attributed to a cause?

(a) Yes [] (b) No [] (c) Don't know []

- Who do you think is responsible for the cause of childlessness in a marriage?

(a) Husband [] (b) Wife [] (c) both of them [] (d) don't know [] (e) none of them []

- If Husband, state reason

.....
.....

- If Wife, state reasons,

.....

INSTRUCTION: Which of the following do you think is the cause of childlessness?

SN	CAUSES OF CHILDLESSNESS	MOST OFTEN	OFTEN	RARELY	NEVER
12	Contraceptives				
13	Abortion				
14	Husband Impotency				
15	Hereditary				
16	Wife past promiscuity				
17	Couples past mistakes				
18	Wife's barrenness				
19	Couples intentional decision				
20	Health factors				

SECTION C: THE SOCIAL AND CULTURAL IMPACT OF CHILDLESSNESS

The following questions are focused on the identifying of the social and cultural impact of childlessness on married couples. Please answer the following questions by ticking against the appropriate statement.

- Have childlessness affected the social life of couples at large?
 (a) Yes [] (b) No [] (c) Don't know []
- Have childlessness resulted in financial stress and sometimes ruin social relationship?
 (a) Yes [] (b) No [] (c) Don't know []
- Do you think couple's educational level affects childlessness?
 (a) Yes [] (b) No [] (c) Don't know []

SECTION D: THE IMPACT OF CHILDLESSNESS ON SPOUSAL RELATIONSHIP.

The following questions are addressing the impact of childlessness on spousal relationship, please identify your opinion by ticking against the appropriate answers.

- Do you childlessness have negative effects on spousal relationship?

(a) Yes [] (b) No [] (c) Don't know

- Does childlessness result to infidelity between couples?

(a) Yes [] (b) No [] (c) Don't know []

- Do you think childlessness is a reason for domestic violence to occur among couples that are childless?

(a) Yes [] (b) No [] (c) Don't know []

- Do you think childlessness is one of the reasons for polygamy?

(a) Yes [] (b) No [] (c) Don't know []

- Childless couples have experienced low sense of psychological wellbeing, feeling of depression, unhappiness and loneliness, do you agree?

(a) Yes [] (b) No [] (c) Don't know []

SECTION E: COPING MECHANISMS OF MARRIED COUPLES WITH CHILDLISSNESS IN MARRIAGE

The following questions addresses the coping mechanisms you feel childless couples may adopt alongside with the perception and attitudes of community members towards childless couples. Please tick the best option that best express how much you agree with the statement below.

- Is adopting a child one of the coping mechanism of dealing with childlessness?

(a) Yes [] (b) No [] (c) Don't know []

- Do you think artificial insemination has been a helping mechanisms of battling childlessness by childless couples?

(a) Yes [] (b) No [] (c) Don't know []

If No, state reasons

- Do you believe surrogacy is another helpful mechanisms in battling childlessness in marriages?

(a) Yes [] (b) No [] (c) Don't know []

SECTION F: THE PERCEPTION OF COMMUNITY MEMBERS TOWARDS CHILDLISS MARRIED COUPLE

- In the community, childless couples have been stigmatized by members of the community.

(a) Yes [] (b) No [] (c) Don't know []

- Childless couples have often been maltreated by their in-laws especially the woman as a result of been childless. Do you agree?

(a) Yes [] (b) No [] (c) Don't know []

- Community perceives childlessness of married couples as (tick the appropriate)

- Wife's barrenness []

- Husband's impotency []

- Couples past mistake []
- Wife's past promiscuity []
- Couples intentional decision []

Please tick as appropriate, SA- Strongly agreed, A- Agreed, UD- Undecided, D- Disagreed, SD- Strongly disagreed

SN	ITEMS	SA	A	U	D	SD
36	Having children is a necessity in every marriage					
37	A marriage without children cannot be regarded as a family					
38	Barren women are liabilities and burden to their husbands					
39	Having children gives one respect in the society					
40	Childlessness affects the physicality of couples affected					
41	Childless couples are always affected with emotional and psychological outbreak					
42	Childlessness often result to domestic violence					
43	Women are always at the receiving end of childlessness in every marriage					

Please tick as appropriate, SA- Strongly agreed, A- Agreed, UD- Undecided, D- Disagreed, SD- Strongly disagreed.

S/N	ITEMS	SA	A	UD	SD	D
44	Childless couples die early due to emotional instability resulting to health issues					
45	Childless couples don't have anyone to take care of them in their old days					

46	Having children is being given high priority in every marriage					
47	I don't want to have children when I get married					
48	Marriage without children should be dissolved					
49	There are solutions with positive results to childlessness among married couples					
50	Preference is given to individuals with children than those without children					
51	Childless couples are treated fairly and given no priority in the society					
52	All marriages must produce children					