**PUBLIC PERCEPTION ON THE IMPACT OF CHILDLESSNESS ON MARRIED COUPLE: A STUDY OF AWGU LOCAL GOVERNMENT AREA, ENUGU STATE, NIGERIA**

**BY**

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**U14/MSS/SOC/019**

**DEPARTMENT OF SOCIOLOGY/PSYCHOLOGY**

 **GODFREY OKOYE UNIVERSITY, UGWUOMU – NIKE,**

**ENUGU STATE**

**JULY, 2018**

**TITLE PAGE**

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**A**

**RESEARCH WORK SUBMITTED TO**

**DEPARTMENT OF SOCIOLOGY/PSYCHOLOGY**

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**GODFREY OKOYE UNIVERSITY, ENUGU**

**IN PARTIAL FUFILMENT OF THE REQUIREMENT FOR THE AWARD OF BACHELOR OF SCIENCE (B.Sc) DEGREE IN SOCIOLOGY**

**JULY, 2018**

**CERTIFICATION**

 This is to certify that Nwafor Ogechi Blessing an undergraduate student in the department of Sociology/Psychology with registration number U14/MSS/SOC/019 under the supervision of Dr. Alex Aniche has successfully completed the research required for the award of Bachelors of Science (B. Sc.) Degree in Sociology in Godfrey Okoye University.

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Dr. Aniche Alex Date

Project Supervisor

**APPROVAL PAGE**

The research was undertaken by Nwafor Ogechi Blessing (U14/MSS/SOC/019) and approved by department of Sociology/Psychology, Godfrey Okoye University Enugu in partial fulfillment of the requirement for the award of Bachelor of Science (B.Sc) Degree in Sociology.

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External Examiner

Date:\_\_\_\_\_\_\_\_\_\_\_\_

**DEDICATION**

This research work is dedicated to God Almighty who in his divine support has made this project a success.

**ACKNOWLEDGEMENTS**

My unending appreciation goes to God Almighty who led me through this programme despite certain difficulties encountered and for his protection and provisions. With joy in my heart, I must appreciate God for giving me awesome and wonderful parent, Mr and Mrs Nwafor they have been a source of support and blessing to me. What I am today is a product of their readiness to always give me the support I need.

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**TABLE OF CONTENTS**

Cover page

Title page i

Certification page ii

Approval page iii

Dedication iv

Acknowledgement v

Table of contents vi

List of tables ix

Abstract x

**CHAPTER ONE: INTRODUCTION**

1.1 Background of the study 1

1.2 Statement of the problem 4

1.3 Research questions 6

1.4 Objectives of the study 6

1.5 Significance of the study 7

1.6 Definition of terms 8

**CHAPTER TWO: REVIEW OF RELATED LITERATURE**

2.1 Review of literature 10

2.1.1 Concept of childlessness in Nigeria 10

2.1.2 Causes of childlessness in Nigeria 15

2.1.3 The socio-cultural effects of childlessness in Nigeria 20

2.1.4 Implication of childlessness in Nigeria 23

2.1.5 Solutions to the problem of childlessness in Nigeria 27

2.2 Review of related theories 28

2.2.1 Labeling theory 28

2.2.2 Bio psychosocial theory 30

2.2.3 Feminist theory 33

2.3 Theoretical framework 34

2.4 Research hypotheses 36

**CHAPTER THREE: RESEARCH METHODOLOGY**

3.1 Research design 37

3.2 Area of study 37

3.3 Scope of the study 38

3.4 Population of study 38

3.5 Sample and sampling technique 39

3.6 Instruments for data collection 41

3.7 Methods of data collection 42

3.8 Method of data analysis 43

**CHAPTER FOUR: PRESENTATION AND ANALYSIS OF DATA**

4.1 Introduction 43

4.2 Analysis of data 44

4.2.1 Questionnaire distribution and return rate 44

4.2.2 Demographic characteristics of respondents 45

4.2.3 Analysis of substantive issues 47

4.3 Testing of hypotheses 54

4.4 Discussion of results 55

**CHAPTER FIVE: SUMMARY, CONCLUSION, RECOMMENDATION AND LIMITATION OF THE STUDY**

5.1 Summary of research findings 58

5.2 Conclusion 59

5.3 Recommendations 59

5.4 Limitation of study 60

5.5 Area for further research 60

**REFERENCES** 62

Appendix I Letter of Introduction 67

Appendix II Questionnaire 68

Appendix III In-depth Interview Guide 69

Appendix IV Sample Contact Summary 70

**LIST OF TABLES**

Table 1: Age of respondents 45

Table 2: Sex of respondents 45

Table 3: Marital status of respondents 46

Table 4: Religion of respondents 46

Table 5: Educational status of respondents 47

Table 6: Causes of childlessness 48

Table 7: Social consequences of childlessness on childless couple? 49

Table 8: Cultural consequences of childlessness to childless couple? 50

Table 9: Psychological implications of childlessness on married couples 51

Table 10: Perceptions of the public towards childless couples 52

Table 11: Solutions to the problem of childlessness 53

Table 12: Do you think that women infertility is the major 54

 cause of childlessness among ch6ildless couple

Table 13: Is there a positive impact of childlessness on childless couple 55

**ABSTRACT**

*The problem of childlessness which is majorly caused by sickness, diseases and infertility in Awgu L.G.A gave rise to this study. This study investigated the Public Perception on the Impact of Childlessness on Married Couples in Awgu Local Government Area, of Enugu state. The study was conducted between November 2017 and May 2018. Six research questions and two hypotheses were formulated. The research design used was sample survey descriptive design. The quantitative and qualitative instruments used for data collection are Questionnaire and In-depth Interview guide respectively. The sampling techniques used for this study was multi stage sampling technique. Four hundred (400) questionnaires were shared randomly among the selected respondents. Three hundred and seventy questionnaires was retrieved, the data collected was processed using SPSS software. The statistical tool used to analyze is computerized statistical package for social science and the chi- square formulae was used in testing the research hypotheses. From the analysis of the data, the major findings among others include; sickness and diseases is the major cause of childlessness, there is a negative attitude of childless couples towards child adoption and surrogacy as a solution to their problem. Childless couple also suffer stigmatization, depression, labeling, abuse, disrespectful attitude from spouse and family members In view of these findings, the study recommend among others that: mass enlightenment of the public could help increase the knowledge of the causes of childlessness among couples and also reduce feeling of inferiority complex among childless couples. Childless couples should seek for medical treatment jointly.*

**CHAPTER ONE**

**INTRODUCTION**

**1.1 Background to the Study**

According to Merlo (2002), procreation is the function of the family; every man takes a wife apparently to have children for the continuity of his name and linage and for general productivity and development in the society. In traditional Igbo society, many wives try to ensure the procreation of children to its fullest limit. Where this main purpose of marriage is not forth coming into fulfillment it results to tension.

Zastrow (2001), identified reasons couples decided to have children, from the origin, biblically, having children is a blessed event and ranging from religion to ideology to economic necessity and cultural expectation. Historically, in agricultural and pre-industrial societies children were seen as economic asset; their labors were important in planting and harvesting crops and in tending domestic animals. Parents wanted large families to help with the work because, children were seen as economic asset, and values were gradually established that it was natural and desirable for married couples to procreate.

In a typical traditional society childlessness has been regarded as great personal tragedy involving much emotional pain and grief, especially when it results from the failure to conceive (infertility) or when it results from the death of a child (Charlene, 2007).

According to Mccury (2005), before conception was well understood, childlessness was usually blamed on the woman and this in itself added to the high negative emotional and social effects of childlessness. The concept “childlessness” can be seen in two senses in this study. Rowland (2001), Merlo (2002), and Zastrow (2001) describe childlessness as the willingness to have children but they are not forth coming and childlessness as the ability to have children but decide not to. Childlessness as the unwillingness to have children implies to married couples that choose not to have children and this is termed “child free”. In the same vein childlessness as the willingness to have children refers to married couples that are ready and willing to have children but are not able and this is the termed “involuntary childlessness” (Zastrow 2001), this is the concern of this study.

Some wealthy families also adopt children as a means of providing heirs in case of childlessness. The monetary incentives offered by the westerner’s desire for children are so strong that a commercial market in the child laundering business exists. Merlo (2002) and Rowland (2001) are of opinion that childlessness is concern, partly with its implications for the maintenance of society and partly because of its consequences for individual. Childlessness has a function of population control but that is not the concern of this study. The main focus of this study is the effects and implication of childlessness for married couples in the society.

Throughout the world and particularly in African societies, the word “childlessness” sends a cold signal and the sense of pity is immediately aroused. Having children is necessary for married couples and is considered as a major necessity in marriage. From cultural and traditional perspective the reason for marriage is for procreation, continuity of linage and impact or transferring cultural values and norm form one generation to another within the society (Gibson 2002).

In modern world, “childlessness” denotes merely the absence of children. The term has intimations of loss and bereavement, but technically applies to any without children; whether this is by choice, by circumstance, or by biology is undermined.

The social construction in many cultures is that men and women are meant to become parents and that women especially socialized to become mothers (Gibson, Meyer and Dyer 2002) found that most of the married women considered fertility as the primary function of being a woman. Becoming a parent will often corroborate feeling of self worth and sexual identity when people have been socialized into that role. In essence, the social construction of the role of mothers and fathers has become a part of the identities of man and woman in the society. A study conducted by Gibson and Meyers (2002) indicates that in general women experience more negative effects than men throughout the entire involuntarily childless diagnostic and treatment process. Women experience a greater sense of loss of control than men, and have a greater tendency to blame themselves for the couple’s infertility. Adding to this, women are more likely to perceive childlessness as simply unacceptable. Many authors suggest that women experience a more difficult adjustment to infertility than their partners, due in large part to the emphasis in our society on the role of women as mothers.

The purpose of this study is to explore the phase women endure from being childless and to highlight some of the complexities underpinning childlessness and its impacts on married couple, and family in Awgu Local Government Area of Enugu state and also to gain deeper insight into how women incorporated this experience into their lives and relationships and how they began to create a future life without their own biological children.

Based on the trends of childlessness in Nigeria, this project has been undertaken to ascertain the extent of peoples’ perception on the impact of childlessness on married couples in Nigeria using Awgu Local Government Area, Enugu State Nigeria as a case study.

**1.2 Statement of the Problem**

The number of childless couples is tremendously on the increase, According to Ugwuanyi (2000), this is evident to the fact that attempts to initiate a move which would have been directed towards adoption is taken with serious resistance in some places like Nigeria mostly by couples without even a child.

According to Dike (2013) most couples are childless as a result of the degree of their waywardness when they were young or during their youthful age and unmarried, such as illicit use of drugs in order to avoid pregnancy, smoking of cigrates, cocaine, and marijuana e.t.c.

The World Health Organization (2014) stated that married couples suffer from childlessness for so many reason such as drug abuse, hard drugs intake, contraception, numerous abortions, and genetically inherited sickness that could lead to low sperm count and most cases psychological problems.

According to Nwapa (2004), some couples attribute to 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 their fetish lifestyle consulting their gods to seek solutions to their problem or appealing their gods as a means to cleanse them from such predicament. Nwapa also outline that childlessness can also be seen as consequences from the gods when an abomination or taboo has been committed, there can also be death of existing children rendering the married couples childless (Nwapa 2004).

Married couples faces a lot of problems and discrimination, from the society due to the fact that the married couples cannot procreate but in the same vein the society also suffer 30% of this childlessness problem, there will be low manpower and fluctuating number of people in the workforce and the social structure will not function properly (Hales 2000).

The researcher carried out a survey to find out the factors that generate childlessness, origin of childlessness in Awgu and people’s perception about childlessness and its effects, and implication on married couples in Nigeria using Awgu Local Government, Enugu State Nigeria as a case study with the view of proffering solution by ways of recommendation and intervention.

**1.3 Research Questions**

The following research questions have been put forward to guide this study.

1. What are the causes of childlessness in Awgu L.G.A?
2. What are the social implications of childlessness on married couples in Awgu L.G.A?
3. What are the cultural implications of childlessness on married couples in Awgu L.G.A?
4. What are the psychological implications of childlessness on married couples in Awgu L.G.A?
5. What are the perceptions of the public towards childless couples in Awgu L.G.A?
6. What are the solutions to childlessness problem inAwgu L.G.A?

**1.4 Objectives of the Study**

The general objective of this study is to examine the impacts of childlessness on married couple in Awgu L.G.A of Enugu state. Specifically, the following objectives will be treated:

1. To find out what are the major causes of childlessness in Awgu L.G.A
2. To indentify the social implication of childlessness on married couples in Awgu L.G.A
3. To indentify the cultural implication of childlessness on married couples in Awgu L.G.A
4. To find out the perception of people towards childlessness in Awgu L.G.A
5. To proffer possible solutions on how to eradicate childlessness problem in Awgu L.G.A.

**1.5 Significance of Study**

This study has both theoretical and practical significance.

Theoretically, the study will provide the perceptions of people towards childless couples in Awgu L. G.A. The study will provide the basic materials which the researcher in this topic will find valuable. This study will add to the existing body of knowledge on medical sociology. It will create room for further research on the socio-cultural impact of childlessness on married couples in other areas. It will also provide relevant data on how childlessness creates problems in the family and Awgu L. G.A at large. It will help to expand their

knowledge on the concept and impact of childlessness on married couples in Awgu L. G.A and beyond. It will also provide materials for researchers to anchor their studies and also provide them with relevant literatures for analysis and review of relevant literature for analysis and review.

Practically, the study will be of great relevance to students of sociology. The study will provide useful information that can be used by health care providers. The research work is of importance to the researcher as it is a basic requirement for the award of a university Bachelor of Science degree Findings of this study will provide useful information that will shade more light on the difficulties encountered by childless couple and proffer possible solutions to this problem.

**1.6 Definition of Terms**

**Adoption**: The voluntary acceptance of a child of other parents to be the same as one’s own child through legal term.

**Childless**: The absence of children in a family resulting from the inability to conceive a child by married couple or death of existing children.

**Couples**: This refers to a man and woman united and legally bounded in marriage.

**Conception**: This refers to the act of conceiving; the fertilization of an ovum by a sperm to form a zygote.

**Culture**: The arts, customs, beliefs, values, behavior and material objects that constitute peoples’ way of life.

**Fertility**: The condition, or the degree of being fertile

**Infertility**: The inability to conceive after a period of 12 months of uncontrollable and unprotected sexual intercourse.

**Lineage**: Descent in a line from a common progenitor; descending line of offspring or ascending line of parentage.

**Sexual intercourse**: The physical activity of sex played by married couples in order for them to produce children or offspring.

**CHAPTER TWO**

**LITERATURE REVIEW**

**2.1 Review of Relevant Literature**

The concept of childlessness has been seen in different ways by various scholars. According to Gerrist (2009) the negative implications of childlessness in the world are much stronger in developing countries like Nigeria. He noted that childless couples are mainly characterized by personal suffering and social stigmatization; in fact childlessness affects the personal well being of women that are involved.

Childlessness has been an unbearable social problem for the married women, married couples and extended family of the couples, it goes down to affect the society. Thus, in this chapter, review of literature relevant to this research topic has been organized under the following sub-headings.

1. Concept of childlessness
2. Causes of childlessness
3. The socio-cultural effects of childlessness
4. Implication of childlessness
5. Solutions to childlessness

**2.1.1 Concept of Childlessness**

 Nwosu (2005), Childlessness is a social problem in Nigeria; it is referred to as a process in which ambiguity plays a role. Ambiguity here means something that is open to more than one interpretation, explanation, or meaning. In this study childlessness is given more than one interpretation and meaning based on different perception. Childlessness is a situation against parenthood; the inability to have children due to physical impediment or infertility lead to the unpleasant and absurd experiments of African women especially Nigeria married women who are faced with infertility problems after marriage and the derogatory attitudes mated to them by their husbands, sister-in-laws, and other relatives related to the husband in one way or the other. This phenomenon is very common in African and highly noted and observed in Nigeria.

 Larsen(2004)observed in Nigeria that there has been a general believe that a married women is at fault for any case of infertility, which is why in some community like Mbano, a name for infertile women (Nwanyi -Aga) is observed but no name for an infertile man (Ajabor, 2003). However, research conducted by Middleton(2003), has proved that married men contribute up to 40.9% to the problem of infertility, in the same vein married women contribute up to 30% to the problem of infertility and childlessness. The World health organization (2006) stated that married men contribute up to 40% to the problem of infertility and childlessness, and women contribute 30% to the problem of infertility and childlessness.

The exact rate of infertility in men has been very difficult to ascertain, the reason is perhaps due to the culture of men’s dominance in African societies. It is difficult to establish the number of men that are infertile because it is difficult to ascertain whether it exists or not. On the other hand, absence of pregnancy in a woman definitely is an indicator of infertility (Gobbi 2013).

Nwafor (2016), in his recent study on marriage has shown that married men that are infertile do secret contract jobs with their trusted friends or relatives to sleep with their wives and get their wives pregnant and the child would then bear his name but he is not proven to be the biological father of the child. In other cases, knowing that their husbands cannot impregnate them, the wives on their own seek for assistance secretly from other men to get them pregnant with the consent of their husbands. The same shows that rate of infertility among women was 20% and that of men was 10%, reason being that the difference can be attributed to the prolong role that women play in the reproductive process as a man’s major biological role in the reproduction process terminates at the point of fertilization. So, the ability of a woman’s system to sustain the pregnancy till birth is part of the test of fertility in women. If the pregnancy does not lead to life birth, the woman’s fertility is still questionable.

Charlene (2007), as cited in Njoku (2016), explains that in Africa especially Nigeria there is a common practice that after marriage, couples pray and strive very hard to have children as early as possible. If a new bride shows sign of is assumes that their expectation is about to be fulfilled, where this is followed by protruding belly months later everyone rejoices. On the other hand if there is absolute absence to any of this signs in the new bride this brings problem, stigmatization, depression etc to the couple, family, relative and the society at large. In Nigeria most infertile women do not seek treatment for their problem until between twelve and twenty months into the marriage (Osokoya, 2008). Majority of childless couples visit traditional infertility healers (TIH) as observed by Osokoya (2008), their first point of call is usually the hospital but when the hospital could not provide quick answers; their next point of treatment is the traditional infertility healers. Sometimes the women may be visiting the hospital and the traditional infertility healers simultaneously, but she does not use both medicines jointly because traditionally infertility healers forbid it. To a reasonable extent the decision of when to seek for infertility treatment, where to seek for infertility treatment and how to seek for infertility treatment is usually taken by the women with little or no impute of support from their husbands.

Navle (2004) observed that men contributes about 30% to the infertility pool, yet only less than 20% of people in Nigeria believe strongly that men could be infertile. Then over 70% of African people overtly or covertly believe that infertility is a woman issue that does not concern men, to buttress this fact he stated that men contribute to the infertility pool, some causes of infertility have been ascribed specifically to men with all these cause belonging to men, it becomes difficult to say that men do not have major contribution to the problem of infertility. Okojie (2004), also added that the only reason for the low awareness of men infertility is because most men do not present themselves for fertility test, and this has made successful treatment of infertility very difficult to the while the husband is the problem, there will be no positive result and the wife continues to suffer for the husbands short comings.

Nigerian Institution of family studies (2011) identified two types of childlessness namely: voluntary childlessness and involuntary childlessness.

Voluntary childlessness describe as being child free is the life-long voluntary choice not to have children. This includes avoiding having biological children, step or adopted children. The term “Child free” used to describe people who choose not to have children was coined in the English language in the late 20thCentury; this term “child free” has been cited in Nigerian literature in current time (WHO 2016).

Involuntary childlessness is a situation that involves the absence of children which is not by choice. It is a predicament or problem that infertile couples face; it is the inability to have a child of their own. According to Okojie(2005), involuntary childlessness is the inability to have children resulting from infertility and also the absence of children resulting from the death of the children the once had such couples is considered childless.

Challenges in identifying the types of childless couples includes: According to Tanturri (2016) the first challenge is linked to the distinction between permanent and temporary childlessness. The permanent childlessness is reached at the end of one’s reproductive life whereas temporary childlessness is a reversible result of delayed child bearing. This difference can be identified for women more easily because of their biological constraint the same cannot be said for whose limits of reproductive age are more blurred and dependent on the age of the partner. According to Letizia (2016), the second challenge is represented by the distinction between those who voluntarily refused motherhood and those who are unable to have children. To put into consideration, for instance married women who continually put off having children to the point where this is no longer possible (often describe as permanent postpones), then in this case a behavior that was originally voluntary might end up becoming involuntary because of the emergence of sterility impairments.

**2.1.2 Causes of Childlessness**

According to Gobbi (2013), economic insufficiency is one major cause of voluntary childlessness especially in developing countries like Nigeria for instance; where there are experiences like economic recession, critical poverty, economic underdevelopment, economic backwardness, lack of social amenities and lack of educational or employment growth. In such situation couples can decide to become child free until they gather enough resource to train the children they will give birth to. Aaronson (2014), also added that couples that are economically poor engage in voluntary childlessness to prevent “Antinatalism” which means they believe that it is inherently immoral to bring children into the world and not provide the necessary provisions and amenities require for the growth and up keep of the child.

According to Marri (2007), another cause of voluntary childlessness is fear and/or revulsion and effect of pregnancy towards the woman’s body (weight gain, stretch marks, drooping breasts, sagging breast, hyper pigmentation on the face, looser pelvic muscles leading to reduced sexual pleasure for both the woman and her partner, hemorrhoids etc.

According to Inhorn (2003) one operational cause of voluntary childlessness by married couples is phobia for children i.e. dislike for children, when couples have or conceive great fear towards having children.

Some couples prefer to be childfree because they are opportunity driven, Meyers (2001) highly educated women earn high wages and face a high opportunity cost when they are not at work. Opportunity – Driven childlessness is the main cause or reason for the high levels of childlessness in developed countries, but in developing countries opportunity-driven childlessness is not a major cause or reason for childlessness.

According to Bharadwas (2002), voluntary childlessness could be caused by couples adherence to the principles of a religious organization which rejects having children or the rejection of procreative religious beliefs imposed by ones family and community. Couples also link this belief to the negative declining condition of the world and culture and in the need to avoiding subjecting a child to those negative conditions. This includes concerns that calamitous events (e.g. global warning effects, wars or famine) might be likely to occur within the lifetime of one’s children and cause their suffering and/or death.

Involuntary childlessness is a situation in which married couple with the willingness of having children but are not able to procreate. Involuntary childlessness can result from the loss of existing children. Mosher and Pratt (2013) explained that the major cause of involuntary childlessness is infertility; the inability of a married couple to conceive, after a year of unprotected intercourse. Infertility is a disability (an impairment of function), and thus access to health care falls under the Convention on the Rights of Persons with Disability. An estimated 34 million women, predominantly from developing countries, have infertility which resulted from maternal sepsis and unsafe abortion (long term maternal morbidity resulting in a disability). Infertility in women was ranked the 5th highest serious global disability5&6 (among populations under the age of 60) (Mosher, 2013). There are two types of infertility namely Primary and Secondary infertility.

**Primary infertility**: When a woman is unable to ever bear a child, either due to the inability to become pregnant or the inability to carry a pregnancy to a live birth she would be classified as having primary infertility. Thus, women whose pregnancy spontaneously miscarries, or whose pregnancy results to a still born child, without ever having a live birth would present with primarily infertility.

**Secondary infertility**: When a woman is unable to bear a child, either due to the inability to become pregnant or the inability to carry a pregnancy to a live birth following either a previous pregnancy or a previous ability to carry a pregnancy to a live birth, she would be classified as having secondary infertility. Thus those who repeatedly spontaneously miscarry or whose pregnancy results in a stillbirth, or following a previous pregnancy or a previous ability to do so, are then not unable to carry a pregnancy to a live birth would present with secondarily infertile.

Infertility is regarded as the most prominent reason for involuntary childlessness. But before infertility arises there are some biological causes of infertility that leads to involuntary childlessness.

 According to Melinda (2015), disorders in development of ova and sperm, the reason for infertility may be that no oocyte (oogenesis) or no sufficient number of sperms (spermatogenesis) reaches maturity. If no oocyte matures, this is mostly due to a malfunction of the endocrine system with its endocrine glands (hypothalamus, pituitary gland, ovaries etc.). The underlying endocrine disorder has to be determined by doing hormone analysis and eventually being treated appropriately, the presence of spermatozoa is assessed by a microscopic examination of the semen sample. Many millions of motile spermatozoa are necessary for the successful fertilization of an oocyte. However, only a few of them will actually reach the fallopian tube. Within the fallopian tube the oocyte has to be surrounded by several hundreds of sperms for fertilization. Too few mobile sperms will result in a failure of fertilization. It is rare that sperm abnormalities are only caused by hormonal deficiency, but more frequently by a defect in the testicles themselves, which are more difficult to treat (compared to problems with the egg ripening process in women).

Problem associated with the fusion of egg and sperm is a cause of infertility as stated by Melinda (2015) when there is a mature oocyte (oogenesis) and sufficient mobile spermatozoa, there is still a multitude of factors that may inhibit the fusion of ovum and sperm (fertilization). Tubal blockage preventing gamete fusion accounts for the majority of cases. These include adhesions in the fallopian tubes as a result of infections, adhesions between the tubes and ovaries, absence of the tubes as a result of previous surgery as well as tubal obstruction after sterilization. In some very rare cases immunological processes in the cervix (neck of the uterus) can impair the motility of sperm cells.

Another cause of infertility is problems arising after fertilization; the early embryo might die before implantation (or nidation) due to either inherited or acquired developmental deficiencies. Furthermore, implantation may fail, because the lining of the uterus (endometrial) is not properly prepared. In some cases the mother's immune system may identify the embryo as exogenous protein and reject it (Wiersema 2006).

Unexplained infertility is also referred to as idiopathic sterility. In these cases, it is important to be aware of psychosomatic components, for emotional issues can have a major impact on the human body. Therefore, psychological issues should be evaluated in order to take the necessary steps to improve the chances of conceiving (Marino 2004).

Obstretic or Gynaecological problems cause infertility these problems includes physical or internal injury during pregnancy which can cause miscarriage and also lead to secondary infertility (Donkor and Sandal 2007).

According to Marri (2007) inflammatory bowel disease can cause involuntary childlessness. The women health aspect of inflammatory bowel disease (IBD) is a new area of study; childbearing issues have reached little attention despite the fact that IBD affects women pre-dominantly during their childbearing years. This disease tend to make any carrier to lack the ability to conceive or give birth to children, the woman remains childless unwilling to prevent complication, implication or increment of this disease.

According to Nene (2005) another cause of involuntary childlessness is death of all a person’s already conceived children either before or after birth (as with miscarriage and stillbirth) or after birth (as with infant and child mortality) couples with such predicament faces depression, anxiety, loss of status and identity.

**2.1.3 The Socio-Cultural Effects of Childlessness**

All human beings are expected to be treated with respect and dignity. That is why section (18) of the 1999 Nigeria constitution, dealing with the fundamental principles of state policy reflects the nation’s commitment to equality of all irrespective of race, sex or gender (Osokoya,2008). On the contrary, Assimang, (2001) noted that even though African Women have been making immense contributions to family and nation development, they still face a number of inequitable difficulties that limit their potential in promoting personal and collective well being. In support of this, studies have pointed to inequality in the treatment meted out to childless women. Childlessness is supposed to involve the couple but women are always singled out (Assimang 2000). This is basically because Africans traditionally have a patriarchal structure characterized by gender inequality between males and females. Patriarchy is defined as a set of social relation with a material base that enables men to dominate women (Okojie, 2001). It is a system of stratification and differentiation on the basis of sex which provided material advantages to males while simultaneously placing severe constraints on the roles (child bearing) and activities of males. Patriarchy also conditions the spatial segregation of male and female; the male space consisting of the public domain while the female space consists largely of the household and its immediate environment. The problem with childlessness is that the society does not respect the childless woman and couple, for a woman base on our cultural knowledge respect is only due if she is a mother of children. Even young people do not respect the childless woman. (Hollos 2004).

Childlessness in African especially in Nigeria is only being given serious concern in recent time. However, childlessness has been overshadowed by a global concern for over population and high fertility that is not conducive for the societal growth (Inhorn and Van Balen, 2002).

The negative consequences of childlessness are much stronger in developing countries than in the Western societies and these are mainly characterized by personal suffering and social stigmatization (Balen & Gerrist, 2001). In fact, childlessness affects the personal well-being of women that are involved (Abby 2003, Stanton 2001 & Hollos, 2004). Childlessness has been an unbearable social problem for the woman, the couple, the extended family and the entire community. It is seen as an agent of genealogical termination and as such it is hated by all, but feared most by women. In particular, childless women suffer a lot because women are always blamed for childless situation and motherhood so often the only way for a woman to stabilize her position with her husband’s family and community.

Katz and Katz (1987) as cited in Abbey (2002) had observed that in society where childlessness carries a strong social stigma and where children offer assurance of both personal immortality and old age insurance, infertility is always a serious problem for the childless women. Constantly, childless women complain about domestic violence and disrespectful attitude (from their partners and relatives) and quite often dehumanizing treatment by husband and in-laws. There have been cases where their husbands abandoned them for a second wife.

Childlessness has been regarded as a great problem in the society, especially when it is resulted from the failure to conceive a child or from the death of a child. Before conception was well understood childlessness was usually blamed on the woman and this in itself added to high level of negative emotional and social effects of childlessness. People trying to cope with involuntary childlessness may experience symptoms of distress that are similar to that experience by bereaved people, such as health problems, anxiety and depression.

In a society that encourages and promotes parenthood, with its current social norms and culture, childlessness can be stigmatizing. The idea is that couple should reproduce and childlessness may be considered deviant behavior in marriage and this may be 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 (Okojie 2005).

**2.1.4 Implication of Childlessness**

According to Abiodun (2010) the implications of childlessness is usually stronger in Africa and are characterized by social stigmatization. The greatest stigmatization comes from mother- in-law. The attitude of mother-in-laws towards their infertile daughters-in-law is usually unfavorable. The attitude of in-laws is relatively unfavorable towards the childless woman and in the long-run; they do support her dehumanization because they believe that the childless woman is aiding the termination of their lineage. As such, in-laws encourage the marriage of a second wife in attempt to ensure the continuation of their lineages. Other women do look down on the childless women; most of the time believing that the childless women are the architect of their condition. The unfavorable attitude exhibited against the childless women by other women include, gossip, scornful laughter downgrading looks, direct/indirect reference to their plight and sometimes open confrontation. The attitude of most children to the childless at times demands pity. The attitude exhibited by most children towards infertile women is not good, they do not usually respect the childless women, children feel that they do not have peer in the childless woman’s house and as such do not have much to benefit from her. Sometimes, children do mock the childless women, calling them witches and they hardly help or assist them in any chore. However, this attitude changes when the childless woman fosters a child and as a result of the presence of that child, their attitude automatically becomes favorable. During the first two years of marriage, the attitude of most husbands of childless women is that of empathy, pampering, tolerance and love towards their wives. As time passes by couple with pressure from relative and friends, these husbands change their attitude negatively. Most of the time, they blame their wives for the absence of children in the homes and quite often they do beat their wives on flimsy provocation. Eventually, they do take second wives to have children. In some cases, the childless woman is frustrated and sent packing from her matrimonial home. In such situation, all her in-laws will support the action and even heap a lot of blame on her. There are times when the childless woman would not be allowed to take anything from her husband house; she is forced out empty handed. The things that may accompany her home are tears and broken heart. In addition, most husbands of childless woman do flirt around with other woman for two major reasons. Firstly to know if they could strike gold (child) through other women, usually this is how the journey to second marriage begins. When the other woman becomes pregnant, she is then brought home as second wife. Secondly, to serve as punishment to their wives, whom they believe had refused to perform their social duty of procreation. So, the husband often attempt to get at their wives through making their flirtation known in the social and even to their wives, in particular. Even at death, there is also disparity in the attitude of people towards the deceased childless women. In most places, such a woman is not given full burial rites. For instance, in some part of the south-eastern Nigeria, the usual gunshots that accompany people’s burial are absent. The ceremonial dance that is supposed to be led by her children is also missing, understandable because she had no children. Other cultural practices may also be denied. Similarly, Hartung (2004) also pointing that the son based inheritance of wealth result from greater reproductive benefit to which men can employ wealth than women, that is, the men in many instances use such wealth to obtain more additional women (mates) and children.

In most party of Nigeria, a childless widow’s life is one of misery. Childless widows struggle to survive in a deeply patriarchal and superstitious world, which grossly abuses them. An international organization ; Empowering Widows in Development (EWD) noted that the stigma and shame of their (childless women) state means that such widows are ostracized and forced to endure extreme poverty, ill health, violence, homelessness and discrimination in law and custom. In most parts of Nigeria, culturally speaking widows themselves are part of the inheritable property. Some widows may be lucky to be inherited by the brothers of her deceased husband who are wise and kind. But nobody ever inherits a childless widow. There is always superstition surrounding her existence. The discrimination against widows in inheritance is responsible for woman’s desperation to have children. And this desperation has its own consequences. The childless woman inherits not a single piece of land from her husband’s estate.

However, she may be allowed by her husband’s relatives to farm on some of her husband’s land especially the particular piece of lands which she was given at the point of her marriage to the family. If there is a second wife with male children, all the land will be transferred to her children. Quite often, the childless woman may receive some token out of pity provided she has favorable relationship with her in-laws. In terms of accommodation, the childless woman at the death, of her husband is allowed to occupy her husband’s house. But at her death, such a house is transferred to the relatives of her husband. Where there is second wife with male children, such a house belongs to the male children who may allow the childless widow one or two rooms in the house. In the same vein, childless widow hardly inherit her husband’s investment. Ironically, the childless widow inherits her husband’s debts together with some household materials. She bears responsibility over the debts because it is believed that the deceased husband must have spent the money on her. The inheritance of other property at times depends on the evidence that they were purchased solely by her.

**2.1.5 Solutions to Childlessness**

According to Hammond (2009), Medical interventions may be available to some couples to treat involuntary childlessness. Some options include:

* Artificial Insemination
* Intracytoplasmic Sperm Injection (ICIS)
* InVitro Fertilization

 Artificial insemination is the process in which sperm is collected via masturbation and inserted into the uterus immediately after ovulation.

Intracytoplasmic sperm injection is a more recent technique that involves injecting a single sperm directly into an egg, the egg is then placed in the uterus by in vitro fertilization.

In vitro fertilization (IVF) is the process in which a mature ovum is surgically removed from a women's ovary, placed in a medium with sperm until fertilization occurs and then placed in the women's uterus. About 50,000 babies in the United States are conceived this way and are sometimes referred to as "test-tube babies.

 Other forms of assisted reproductive technology include gamete intrafallopian transfer (GIFT) and zygote intrafallopian transfer (ZIFT). Fertility drugs also may improve the chances of conception in women. (Britt 2014).

For those facing social infertility (such as single individuals or same-sex couples) as well as heterosexual couples with medical infertility, other options include surrogacy and adoption.

Surrogacy is the process in which a woman becomes pregnant (usually by artificial insemination or surgical implantation of a fertilized egg) for the purpose of carrying the fetus to term for another individual or couple. Another option may be adoption; to adopt is to take voluntarily (a child of other parents) as one's own child. (Sandler 2013).

**2.2 Review of Related Theories**

The related theories include,

1. Labeling Theory
2. Bio PsychosocialTheory
3. Feminist Theory

**2.2.1 Labeling Theory**

Labeling theory is rooted in the idea of the social construction of reality, which is central to the field of sociology and is linked to the symbolic interactionist perspective. It flourished within American sociology during the 1960’s. The first and the most prominent labeling theorist is Howard Becker (1963). Herbert Mead, Howard S. Becker explains labeling theory in terms of how self identity and behavior of individuals are determined or influenced terms used to describe or classify them. Labeling theory holds that deviance is not inherent to an act, but instead focuses on the tendency of majorities to negativity label minorities or those seen as deviant from standard cultural norms.

Macionis & Greber (2010), define stigma as a powerfully negative label that changes a person’s self concept and social identity. Labeling theory takes the view that people become labeled when they accept the label as a personal identity. To illustrate this study with this theory it simply implies the labeling, people labels childless couples as, and they have been labeled unproductive to the society. When there is fertility in a society it increases the workforce ideas, that is deposited in a society and when this primary function of a couple (procreation) is not present (childlessness) they are labeled unproductive to the society. Labeling theory examines what the society perceives that people, situation or phenomenon as.

According to Gerber (2010) childlessness is seen as a deviant behavior in marriage. He further explained that having children (procreation) is the primary and essential of marriage but when that purpose is not full filled, it is considered a deviant behavior and such couple is labeled negatively. The society perceives or labels childless couples as unproductive structure or body in the society and a failure in the social structure which leads to the following-

* Lack of respect for couples; including no respect from family members and members of the society.
* Ridicule from close relation and even society at large; insults and verbal abuse is part of the ridicule given to the childless couples.
* Stigmatization and recognizable marginalization of childless couples.
* Isolation including exclusion from ceremonies and social gatherings
* Rejection; being an outcasts and physical abuse an outcasts and physical abuse perpetrated by community members ( Mali, & Navle, 2004)

In summary, labeling theory is of the opinion that social acceptance of couples who do not have children may be a sign of the disappearance of the stigmatization of being childless. Childless couples will probably continue to suffer negative social consequences as long as under the preventing cultural forces they are considered less worthy than other couples.

**2.2.2 Bio Psychosocial Theory**

The Biopsychosocial theory uses a holistic approach or perspective that focuses on the full range of psychological, biological and socio cultural influence of childlessness on couples. Biopsychosocial approach is a comprehensive, integrative framework for understanding human problem, development, health and functioning. It is based on the perspective that humans are inherently biopsychosocial organisms in which the biological, psychological, and social dimension are inextricably intertwined.

 Melcher (2007) posits that it is a science- based metatheoritial perspective that integrates a full range of psychological biological and socio cultural Childlessness is a psychological, social, and biological problem, all aspect are crucial in their influence in understanding childless couples, the bio psychosocial theory may also be use to address the collaborative or multidisciplinary approaches to care for the childless couples, using this theory to explain childlessness it will be divided into three subheadings

**Biological**: According to Cooper & Hilbert (2004), childlessness could be biological aspect; infertility which is a major cause of childlessness. Specific causes can be determined only by an extensive workup, which typically include many physical examinations, frequent review of basal body temperature and intercourse records, laboratory tests, radio logic tests, surgery and trials of medical treatment (Eunpa 2001). In relation to the society the members of a society can interpret childlessness as a biological issue; this is common among the literate or educated members of the society. If this problem is perceived as a biological and medical issue various medical diagnoses and intervention will be observed.

**Psychological**: The psychological aspect of this theory addresses behavior and mental processes that involves cognition, emotions and motivation. The manifestations are observed in how childless couple deal with grief and loss issues, and how they adjust and adapt to childlessness.

According to Daniluk (2001), he examine the primary loss from childlessness is obviously that of a biological child. As with any loss however, this leads to many associated losses, including lack of pregnancy experience; loss of a successful pregnancy and birth experience; loss of genetic continuity; loss of one’s self image as a fertile person; loss of the opportunity to move to the next stage in the family cycle; relationship losses; and losses for other family members such as potential grandparents.

Childlessness is often and generally viewed as change in life progress and is experienced as development gone away (Butler & Koraleski 1990), a disruption of the marital relation and roles, a crisis of self esteem, sexuality and values, personal failure, and an experience of tremendous losses (Larsen, 2005). Other feelings identified with the grieving process include guilt, shame, envy, anger, helplessness or lack of control, sadness, surprise, denial, isolation, anxiety and depression. Women however, reportedly experience greater psychosocial distress, more somatic difficulties, lower self esteem, higher levels of depression and greeter interpersonal sensitivity related to their childlessness (Larsen, 2005).

**Sociological**: According to Zastrow (2001), People in crisis are generally more vulnerable, more suggestible, and more easily manipulated than they are during mare normal times. Social works intervention involves formation of pressure groups to encourage more public education, extensive research into the causes and solutions of childlessness and to alter the traditional and social manner in which childlessness issues is handled in different areas. Public education and advocacy must be a strategy to change the view of childlessness as a personal problems whereas, it is not just a personal problem but a social problem and a dysfunction that need to be fixed so as to encourage development and productivity (Dresser 2000).

In conclusion biopsychological accounts for the important and subjective aspect of people’s perception and the effect of childlessness on social factors, couple individuals, and society at large.

**2.2.3 Feminist Theory**

The term feminist can be used to describe political, cultural or economic movement aimed at establishing equal rights and legal protection for women. According to Maggie Humm & Rebecca Walker (1967), the history of feminism can be divided into three waves. The first feminist wave was in the 19th and early 20thcenturies, the second was in the 1960s and 1970s and the third extends from the 1990s to the present. Feminist theory emerged from this feminist movement. It is the manifest in a variety of discipline such as feminist geography, feminist history, and feminist literacy criticism.

Feminist theory aims to understand gender inequality and helps to promote gender equality. Themes in feminist theory include discrimination, stereotyping, objectification (especially sexual objectification), oppression and patriarchy. In relation to this study using the socialist and radical, feminism considered the men controls capitalist hierarchy, which it describes at sexiest as the defining feature of women oppression. It emphasizes exploitation, oppression and labor towards women Feminist demonstrates that many women feel discrepancies between how they experience the world and the official definition of their identity.

Hales (2000), postulates that the distinctive feature of women situation in a gender stratified society are been used to produce empirical, theoretical explanation about her. In the society where the issue of childlessness is concerned, the women are always blamed and left to carry the burden; the women (wives) suffer the pains of childlessness even when at times the men are the causes. Divorce, expulsion from the home or physical abuse perpetrated by the husband, some husbands takes another wife with or without the consent of his first wife. The childless women is restricted from certain meeting that involves the mothers in that society and due to having children make one quality for such meeting they won’t be able to attend such gathering, it also bring about discrimination even from her husband relative, the childless women will look for solutions from one herbal or hospital or prayer home to another seeking for solution but also lacking assistance from the husband.

The feminist are in the opinion that the consequences of childlessness fall more on the childless women than the men, which is wrong, it is suppose to be childless couple problem and not the childless women problem.

**2.3 Theoretical Frame Work**

This study made use of feminist theory as theoretical framework. It provides the opportunity to look at childlessness 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 (Abrahams 2002). 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.

Feminists have argued that, although reproduction is, to a great extent, a social process, the cultural belief is that reproduction is primarily biological. From a feminist point of view, the medicalisation of involuntary childlessness in women reinforces biological constructions of women which, in turn, contribute to their continued oppression.

According to Hugues (2002), feminist have worked hard to separate the evaluation of women’s worth from their ability to bear children. Feminist calls the reality reconstruction; couples had begin the process of incorporating the reality of their infertility and biological childlessness into their identity this involves the ability to reject the socially constructed link between fertility and self worth.

Research indicates that childlessness is viewed by the married women as a stigmatizing and shameful attribute in terms of self identity and in terms of reported social censure, in a study conducted by dyer (2002) women expressed the view that they feel especially stigmatized and ridiculed in their families and in their communities.

Bharadway (2002), postulate that a prevalent tendency of society blames the women for being childless. Women who are childless often take on an identity of themselves as infertile, pushing aside important identifies such as friend, spouse, partner, or family member. The result is social separation and disconnection from others as these identities becomes unimportant while the identity as infertile becomes central.

**2.4 Research Hypotheses**

The following hypotheses are relevant to this study:

1. HO: There is no relationship between women infertility and childlessness, among married couples.

HI: There is a relationship between women infertility and childlessness, among married couples.

1. HO: There is no statistical positive perception of Awgu people towards childless couples

HI: There is a statistical positive significant perception of Awgu people towards childless couples.

**CHAPTER THREE**

**RESEARCH METHODOLOGY**

**3.1 Research Design**

This study being a descriptive one, adopted a cross sectional design, wherein the sample of the population would represents the whole population. The survey research design is adopted because information was extracted through distribution of questionnaires to the targeted respondents in the field and this information was generalized to the whole population since the sample selected possessed certain characteristics which are needed for this empirical study.

**3.2 Area of Study**

The study area for this research is Awgu Local Government Area of Enugu State. This work covers the local government with the intention of finding out public perception on the impact of childlessness on married couple.

Awgu Local Government is located in the West geopolitical zone of Enugu state. It consists of 20 communities which include Isu-Awaa, Ituku, Ogbaku, Owelli, Agbudu, Agbogugu, Mmaku, Ugbo, Obeagu, Mgbidi, Ugwueme, Amoli, Ogugu, Ihe, Nkwe, Ezere, Awgu, Nnenwenta, Awgunta, Mgbowo. The population of Awgu local Government area is estimated at (NPC, 2016), three hundred and ninety thousand, six hundred and eighty one (390,681) persons. The local Government Area is an agrarian community where majority of its inhabitants are dependent on both subsistence and commercial agriculture for livelihood. Their agricultural produce include: Yam, Cassava, green vegetables, orange, mangoes etc. There are also many people in other works of life such as those in private sector, business, etc.

Awgu Local Government is one of the major settlements of the Igbo people in Enugu South and is located about 30 kilometers south of Enugu capital territory of Enugu state. It is the border town between Enugu state and Abia state, Nigeria. The Local Government Area was created in 1991 by then Military Head of State General Ibrahim Babangida. The present Awgu was carved out of the greater Awgu Local Government Area which included Aninri and Oji-River Local Government Area. It is also important to note that the orientation training centre for National Youth service Corps members posted to Enugu State is sited in Awgu Local Government Area.

**3.3 Scope of Study**

This research work is on problem of childlessness among the married couples in Awgu Local Government Area. The study aims at ascertaining people’s opinions and perception about the impact of childlessness on married couple. The geographical scope of this study is Awgu located in Enugu State.

**3.4 Population of Study**

Onodugo (2010) asserts that population is the totality of subjects which meet a given set of criterion. The population of the present study is three hundred and ninety thousand, six hundred and eighty one (390,681) adults living in Awgu Local Government Area as estimated by NPC (2016) of which 96,132 are male adults, and 101,160 are female adults.

**3.5 Sample Size**

According to Adedayo (2011), sample is a subject containing the whole characteristics of a larger population. Samples are used in statistical testing when population sizes are relatively large for the test to include all possible members or observations. The sample size was derived from Taro Yamane’s formulae for determining sample size which is n=N÷1+N (e)2. Where n=sample size, N= population size, e= the acceptable sampling error usually (.05). Which is n=390681 ÷1+390681 (.05)2 = 390681÷977.7=399.5 approximated to 400.

**3.6 Sampling Technique**

This study adopted the multi stage sampling technique. It is a complex form of cluster sampling that employs the division of the population into groups (or clusters). Then, one or more clusters are chosen at random and everyone within the chosen cluster is sampled. Awgu Local Government is made up of 20 communities which are grouped into four clusters in line with the four development centers. The development centre includes the main LGA (Awgu), Mbanabo north, Mbanabo south and Anike development center. Awgu main Local Government Area is comprised of Agugu, Mmaku, Mgbowo, Obeagu, Mgbidi. Mbanabo north is comprised of Agbogugu, Ituku, Isuawa, Ihe. Mbanabo south is comprised of Owelli, Ogugu, Ugbo, Amoli, Agbudu, Ogbaku. Anike development center is comprised of Ugweme, Awgunta, Ezere, Nkwe, Nnenwenta. From these cluster, four communities each were selected using simple random sampling technique. They include: Mgbowo, Awgunta, Agbogugu, Owelli.

Bowley’s representative method was used to determine the number of questionnaires that were given to the selected communities. This means that the sample size of each selected community was proportionate to the population of the community. Bowley’s formulae for the strata sample size is nh= nNH÷n where n=sample size, nNH= population of a strata and N=total population. The total population for the selected communities were: Mgbowo(19,196),Awgunta(43,048), Agbogugu(18,436), Owelli(10,283)= 90963. To determine the number of respondents from each community using Bowley’s representative method, it is gotten thus:

Awgunta- n=400 =400×43048=17219200= 189

nNH =43,048 90963 90963

 N= 90963

Mgbowo- n= 400

nNH= 19196 = 400×19196= 7678400= 84

N= 90963 90963 90963

Agbogugu- n=400 = 400×18436= 7374400 = 81

nNH=18436 90963 90963

N=90963

Owelli- n=400 =400×10283= 4113200 = 45

nNH=10283 90963 90963

N= 90963

= 189+84+81+45 =400

From this calculation, Awgwunta has 189 respondents, Mgbowo 84 respondents, Agbogugu 81 respondents and Owelli 45 respondents. This gives a total of 400 respondents which represent the total sample size chosen for this study.

**3.7 Instrument for Data Collection**

In this study, the major quantitative instrument used by the researcher in gathering data for this study is structured questionnaire. Questionnaires were administered in the study area with the help of two research assistants who studied Sociology and Mass Communication respectively and who could speak the native language of Awgu fluently in order to help interpret the contents of the questionnaire to the respondents who do not understand English. The questionnaires consist of two sections A and B.

Information on the demographic characteristics of the respondents constitutes the section ‘A’ made up of No. 1-5 while section ‘B’ made up of No. 6-16 contained information directed to address the research questions.

Interview was the major qualitative instrument in this research as it has many advantages for undertaking research on sensitive topics such as mine. According to Gorman and Clayton (2005), “individual and group interviewing can obtain detailed, in-depth information from subjects who know a greater deal about their personal perceptions of events, processes and environments”.

In-depth interview was used to gather qualitative data from seven childless women and two childless men to explore their perceptions of causes and treatments of childlessness, and their experience of being childless. Informants were first introduced to the research objectives and were asked if they were willing to be interviewed. Among the childless women I approached for interview, three of them were not willing to be interviewed; they said that they do not want to talk about the issue. Interview guides were used as advised by Kvale (1996) which indicate the topics to be covered and the sequence of the interview questions. During the in-depth interview, questions related to the perceived causes, treatments, and consequences of childlessness were addressed. In addition, questions related to social support and stigma, the role of adoption and other coping strategies, childless people’s relation with other people’s children and with pregnant women, and the future plans of childless women were included. The average length of each interview was half hour.

**3.8 Methods of Data Collection**

The respondents are young adults (18 and above). They were selected from places of residence. Any building entered that did not meet up to this selection criteria will be skipped and the researcher and her assistants moved to the next. The distribution of the questionnaire starts from the outskirts of these communities down to the center. The questionnaires were distributed starting from the first street to the next street. From the first street, the first building is selected, the second building is skipped, the third building is selected, the fourth building is skipped, the fifth building is selected, the sixth building is skipped. The researcher followed that same process until the number of respondents required in a community is achieved. The questionnaires were administered for a period of one week. Information obtained from these communities was used to make a general statement about Awgu Local Government Area.

**3.9 Methods of Data Analysis**

The simple frequency distribution, simple percentage and chi- square method were adopted in the data analysis of this study. The frequency distribution and simple percentage method was used in analyzing the data obtained and chi- square formula was used in testing the hypotheses. In this study, the statistical software used to analyze the data is the statistical package for social sciences (SPSS). The rationale using this software is anchored on the fact that the primary data was used for the research and it gives comprehensive and quantitative clarity to the study.

**CHAPTER FOUR**

**PRESENTATION AND ANALYSIS OF DATA**

**4.1 Introduction**

This chapter examines the varied information gathered from the respondents. A total of 16 questions are contained in the questionnaire used for data collection.

**4.2 Analysis of Data**

**4.2.1 Questionnaire Distribution and Return Rate**

Out of four hundred (400) questionnaires distributed, three hundred and seventy (370) were correctly filled and returned. Given the figures obtained in percentage model, it appeared as follows

Total of questionnaire distributed = 400

Total of questionnaire returned = 370

$$\frac{total questionnaire returned }{total questionnaire distributed} ×100$$

$$\frac{370}{400} ×100 =92.5\%$$

Percentage of returned questionnaires out of the total questionnaires distributed is 92.5%.

**4.2.2 Demographic characteristics of respondents**

**Table 1:** Age of Respondents

|  |  |  |
| --- | --- | --- |
| **Response**  | **Frequency** | **Percent** |
| **18-25** | **50** | **13.5%** |
| **26-36** | **150** | **40.5%** |
| **37-47** | **100** | **27%** |
| **48-58** | **50** | **13.5%** |
| **59 and above** | **20** | **5.4%** |
| **Total** | **370** | **100%** |

***Sources: Field Survey 2018 [SPSS Computation]***

This means that 13.5% of the respondents fall within 18-25 years old, 40.5% fall within 26-36 years old, 27% of the respondents fall within 37-47years old, and 13.5% fall within 48-58, and 5.4% fall within 59 and above.

**Table 2:** Sex of Respondents

|  |  |  |
| --- | --- | --- |
| **Response**  | **Frequency** | **Percent** |
| **Male** | **174** | **42.03%** |
| **Female** | **196** | **52.97%** |
| **Total** | **370** | **100%** |

***Sources: Field Survey 2018 [SPSS Computation]***

This means that 42.03% of the respondents are males while 52.97% of the respondents are females. The reason that accounts for more females than males is that the females were the ones who agreed to fill the questionnaires while the men assisted in answering the questions.

**Table 3:** Marital Status of Respondents

|  |  |  |
| --- | --- | --- |
| **Response**  | **Frequency** | **Percent** |
| **Single** | **154** | **41.6%** |
| **Married** | **216** | **58.4%** |
| **Total** | **370** | **100%** |

***Sources: Field Survey 2018 [SPSS Computation]***

This means that 41.6% of the respondents are single while 58.4% of the respondents are married.

**Table 4:** Religion of Respondents

|  |  |  |
| --- | --- | --- |
| **Response**  | **Frequency** | **Percent** |
| **Christianity** | **370** | **100%** |
| **Islam** | **0** | **0** |
| **ATR** | **0** | **0** |
| **Total** | **370** | **100%** |

***Sources: Field Survey 2018 [SPSS Computation]***

All the respondents are Christians. This means that 100% of the respondents are Christians.

**Table 5:** Educational status of Respondents

|  |  |  |
| --- | --- | --- |
| **Response**  | **Frequency** | **Percent** |
| **None** | **30** | **8.1%** |
| **Primary** | **86** | **23.2%** |
| **Secondary** | **166** | **44.9%** |
| **Tertiary**  | **64** | **17.3%** |
| **Above** | **24** | **6.5%** |
| **Total** | **370** | **100%** |

***Sources: Field Survey 2018 [SPSS Computation]***

The above table indicates that 8.1% of the respondents had no formal education, 23.2% of the respondents attended primary school, 44.9% of the respondents attended secondary school, 17.3% of the respondents had tertiary education and 6.5% further studies.

**4.2.3 Analysis of Substantive Issues**

**Research Question 1:** What are the causes of childlessness in Awgu L.G.A? To provide answers to the research question stated above, item 6 in the questionnaire was used.

**Table 6:** Causes of childlessness in Awgu L.G.A.

|  |  |  |
| --- | --- | --- |
| **Response**  | **Frequency** | **Percent** |
| **Infertility** | **93** | **25.1%** |
| **Sickness/Disease** | **125** | **33.8%** |
| **Death of Existing Children** | **34** | **9.2%** |
| **Spiritual Causes**  | **66** | **17.8%** |
| **Lack of Economic Independent** | **52** | **14.1%** |
| **Total** | **370** | **100%** |

***Sources: Field Survey 2018 [SPSS Computation]***

The table above shows that 25.1% of the respondents asserted that infertility is a factor that is responsible for childlessness,33.8% asserted that sickness/disease is a major factor that is responsible for childlessness, 9.2% asserted death of existing children, 17.8% believed its spiritual causes and 14.1% asserted that it’s caused by lack of economic independent.

**Research Question 2:** What are the social implications of childlessness on married couples in Awgu L.G.A? To provide answers to the research question stated above, item 7 in the questionnaire was used.

**Table 7:** The social implication of childlessness on married couple in Awgu L.G. A.

|  |  |  |
| --- | --- | --- |
| **Response**  | **Frequency** | **Percent** |
| **Labeling and Abuse** | **76** | **20.5%** |
| **Stigmatization** | **118** | **31.9%** |
| **Display of superiority by the couples with children against the couple that has no children**  | **82** | **22.2%** |
| **Disrespectful attitude from partners and relative**  | **94** | **25.4%** |
| **Total** | **370** | **100%** |

***Sources: Field Survey 2018 [SPSS Computation]***

The table above reveals that 20.5% of the respondents believe that labeling and abuse is the most likely social consequence of childlessness on childless couple. 31.9% agreed that its stigmatization, 22.2% believes that it is display of superiority by the couples with children against the couples with no children and 25.4% agreed that it is disrespectful attitude from partners and relative. From the data above, stigmatization is the most likely social consequences of childlessness on childless couples.

**Research Question 3:** What are the cultural implications of childlessness on married couples in Awgu L.G.A? To provide answers to the research question stated above, item 8 in the questionnaire was used.

**Table 8:** Cultural implication of childlessness on couples in Awgu L.G.A

|  |  |  |
| --- | --- | --- |
| **Response** | **Frequency** | **Percent** |
| **Denial of certain cultural rights and title** | **98** | **26.5%** |
| **The childless married woman is blamed of infertility** | **80** | **21.6%** |
| **Disdain and separation from others**  | **90** | **24.3%** |
| **It leads to polygamous family** | **102** | **27.6%** |
| **Total** | **370** | **100%** |

***Sources: Field Survey 2018 [SPSS Computation]***

The table above shows that 26.5% of the respondents asserted that denial of certain cultural rights and title is a cultural consequence of childlessness to childless couple, 21.6% asserted that the childless woman or childless couples is blamed, 24.3% asserted separation/divorce, and 27.6% asserted polygamy.

**Research Question 4:** What are the psychological implications of childlessness on married couples in Awgu L.G.A? To provide answers to the research question stated above, item 9in the questionnaire was used.

**Table 9**: Psychological implications of childlessness on married couples in Awgu L.G.A

|  |  |  |
| --- | --- | --- |
| **Response** | **Frequency** | **Percent** |
| **Depression** | **106** | **28.6%** |
| **Sadness and Anger** | **128** | **34.6%** |
| **Anxiety and Grieving**  | **136** | **36.8%** |
| **Total** | **370** | **100%** |

***Sources: Field Survey 2018 [SPSS Computation]***

The table above reveals that 28.6% of the respondents believe that depression is the effect of childlessness on married couples, 34.6% agreed that its sadness and anger, 36.8% believes that it is anxiety and grieving.

**Research Question 5:** What are the perceptions of the public towards childless couples in Awgu L.G.A? To provide answers to the research question stated above, item 12 in the questionnaire was used and the answer given by the respondent are shown in table 10.

**Table 10**: Perceptions of the public towards childless couples in Awgu L.G.A

|  |  |  |
| --- | --- | --- |
| **Response** | **Frequency** | **Percent** |
| **Do you see childless couples as unproductive** | **58** | **15.7%** |
| **Do you agree that there is a relationship between spirituality and childlessness?** | **210** | **56.8%** |
| **Do childless women experience domestic violence**  | **102** | **27.6%** |
| **Total** | **370** | **100%** |

***Sources: Field Survey 2018 [SPSS Computation]***

The table above shows that 15.7% of the respondents perceived childless couples as unproductive, 56.8% of the respondents perceived that there is a relationship between spirituality and childlessness, 27.6% of the respondents perceived that childless women experience domestic violence.

**Research Question 6:** What are the solutions to the problem of childlessness among couples in Awgu L.G.A? To provide answers to the research question stated above, item 15 in the questionnaire was used.

**Table 11**: Solutions to the problem of childlessness in Awgu L.G.A

|  |  |  |
| --- | --- | --- |
| **Response** | **Frequency** | **Percent** |
| **Adoption** | **100** | **27%** |
| **Medical Intervention** | **137** | **37%** |
| **Spiritual help** | **119** | **32.2%** |
| **Surrogacy** | **14** | **3.8%** |
| **Total** | **370** | **100%** |

***Sources: Field Survey 2018 [SPSS Computation]***

The table above reveals that 27% of the respondents agreed that adoption is a solution to childlessness problem, 37% believe that it is medical intervention, 33.2% believes that it is spiritual help and 3.8% agreed that its surrogacy.

**4.3 Test of Hypotheses**

To further guide the study two hypotheses were developed

**Hypothesis one**

H0: Women infertility is not the major cause of childlessness among couples

Question 12 was used to review the above hypothesis.

**Table 12**: Do you think that women infertility is the major cause of childlessness among childless couple?

|  |  |  |  |
| --- | --- | --- | --- |
| Responses | Observed N | Expected N | Residual |
| Yes | 123 | 185.0 | -62.0 |
| No | 247 | 185.0 | 62.0 |
| Total | 370 |  |  |

|  |
| --- |
| **Test Statistics** |
| Responses | Hypothesis one |
| Chi-Square | 41.556a |
| Df | 1 |
| Asymp. Sig. | .000 |
| a. 0 cells (0.0%) have expected frequencies less than 5. The minimum expected cell frequency is 185.0. |

Chi-square result indicated that the differences among the responses of the respondents on whether women infertility is not the major cause of childlessness among couples in Awgu L. G. A is significant [*χ2 (1)* = 41.556, *ρ* = 0.00]. Hence, the null hypothesis is women infertility is not the major cause of childlessness among couples was not rejected.

**Hypothesis two**

H0: There are no statistical positive perceptions of Awgu people towards childless couples.

Question 13 was used to review the above hypothesis.

**Table 13**: Is there a positive impact of childlessness on childless couple?

|  |  |  |  |
| --- | --- | --- | --- |
| Responses | Observed N | Expected N | Residual |
| Yes | 14 | 185.0 | -171.0 |
| No | 356 | 185.0 | 171.0 |
| Total | 370 |  |  |

|  |
| --- |
| **Test Statistics** |
| Responses | Hypothesis one |
| Chi-Square | 316.118a |
| Df | 1 |
| Asymp. Sig. | .000 |
| a. 0 cells (0.0%) have expected frequencies less than 5. The minimum expected cell frequency is 185.0. |

Chi-square result indicated that the differences among the responses of the respondents on whether there are no statistical positive perceptions of Awgu people towards childless couples in Awgu L. G. A is significant [*χ2 (1)* = 316.118, *ρ* = 0.00]. Hence, the null hypothesis is that there are no statistical positive perceptions of Awgu people towards childless couples and it was rejected.

**4.4 Discussion of Results**

Findings from this research reveal that the major cause of childlessness in Awgu L.G.A is as a result of sickness and disease that eventually lead to involuntary childlessness, spiritual reasons can also cause childlessness as 17.8% of the respondents agree and also 14.1 of respondent believes that lack of economic independent causes childlessness. Findings from this research show that some of the implications of childlessness on childless couples include: stigmatization, depression, anxiety, abuse, labeling, denial of cultural right, disrespectful attitude from spouse, and polygamy. The study also reveals that the public perceives childlessness as having a relationship with spirituality, they believe that the childlessness problem is caused by spiritual deed, and that childless women experience domestic violence reason being that they have lost their self respect because they are not able to perform their primary function (procreation). The study also finds out that are couples perceived as being unproductive because they do not perform their primary function of socialization and procreation in the society. The study also reveals that the most acceptable means childless couples in Awgu L.G.A adopt to solve the problem of childlessness is medical assistance, spiritual help, and adoption. Only 3.8% of people know and accept surrogacy. This study further indicates that there is a positive significant perception of people towards childless couple. 84.3% of 370 respondents perceive childless couples as being productive and play a functional role in the society. The study also revealed that sickness and diseases is the major cause of childlessness among couple. Findings from this study further indicates that 68.8% of 370 respondents asserted that childless women experience domestic violence and 57.6% of 370 respondents asserted that there is a relationship between spirituality and childlessness. Adoption, medical intervention and spiritual help are the ways childless couples adopt to solve the problem of childlessness.

Interviews were summarized with contact summary forms as suggested by Miles and Huberman (1994). A contact summary is a sheet or form that summarizes interview questions and the responses obtained in a particular interviewee. It is a qualitative data analysis tool where the researcher makes a preliminary summary of an interview before going to the next interview so that what might be missed in one encounter will be gained in the next interview. After each interview, I summarize the previous interview on a contact summary in the local language (Amharic) before I go to the next interview. (A translated sample contact summary form is presented in Appendix 3). In addition to this, the transcribed data have been coded and categorized into themes. The main themes include:

* Perceived causes and treatments of infertility
* Social support and stigma
* Socio-economic and emotional consequences of childlessness on women’s lives
* The coping strategies of childless women.

**CHAPTER FIVE**

**SUMMARY OF FINDINGS, CONCLUSION AND RECOMMENDATIONS**

**5.1 Summary of Research Findings**

Major findings of this research are given as follow:

Sickness and diseases is one major factor that is responsible for childlessness in Awgu L. G. A. Women infertility is the major cause of infertility among childless couples.

Social consequences faced by childless couples are stigmatization, disrespectful attitude from spouse and family. Childless couples are also denied the opportunities to perform certain cultural practices.

There is a relationship between spirituality and childlessness, and because of this, they tend to believe that anything that happens in the physical has been established in the spiritual.

Respondents in the study area are predominantly farmers who hardly meet up with their basic needs due to low income level and therefore, most of them cannot afford the medical bills in solving the problem of childlessness.

Few respondents see a different impact of childlessness on childless couples reason being that couples that got married for the sake of companionship will not really feel the absence of children but couple that got married for the sake of procreation will greatly feel the absence of children.

**5.2 Conclusion**

 This research has been able to X-ray empirically the impact of childlessness on married couple in Awgu L. G. A. Enugu state. Based on the findings of the study, it can be perceived that there is a negative impact of childlessness on married couples and fewer number of respondents see positive impact of childlessness on married couple.

**5.3 Recommendations**

 In the light of the above findings, the following recommendations are proffered:

1. Based on my findings, one of the perceived causes of childlessness is infertility and it has stigmatization as the major consequence which makes the lives of the childless couple bitter. Therefore, averting the stigmatization problem calls for the attention of the federal government and responsible bodies to exert a great deal of effort in creating awareness on the medical causes and treatments of infertility.
2. Mass enlightenment of the public could help increase the knowledge of the causes of infertility among married couples and also reduce feeling of inferiority complex among childless couples.
3. Childless couples should seek for medical treatment jointly.
4. The study also found out that most of the childless women have financial problems to receive medical treatments. Government should give due attention in developing short term plans and programs that create affordable and accessible medical treatments for infertility and that guarantee old age security for the socially disadvantaged elderly childless women.

**5.4 Limitations of the study**

In the course of undertaking this study, the researcher experienced some limitations. Firstly, finance was a challenge resulting from the cost of transportation to the different communities for the distribution of the questionnaires. Secondly, on the part of the respondents some of them accepted to fill the questionnaires readily while some initially expressed reluctance in filling up the questionnaires because they were afraid it might be used against them. After adequate explanation was provided by the researcher and her assistants that it is strictly for research purpose they complied although a few respondents insisted that the questionnaires be left with them for later collection. Even when the questionnaires were to be collected from them some were not ready with theirs and others started filling them in the presence of the researcher. Despite the challenges the exercise was reasonably successful.

**5.5 Area for Further Research**

Impact of childlessness on married couples in Awgu L. G. A. Enugu state, no research is on its own exhaustible, the researcher therefore base on the limitations of this study suggests that:

1. Further studies on domestic violence be carried out on other areas aside Awgu L.G.A.
2. The researcher also suggests that further studies be done on the impact of people’s perception on childlessness.
3. This research has achieved its objective in identifying the socio-cultural perceptions of childlessness and the implications of these perceptions on childless women’s lives in Awgu L.G. A. Enugu state. However, it will be very interesting if future research can be conducted combining the problems of both primary and secondary infertilities to know if secondary infertility has the same impact as primary infertility.

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**Appendix I**

Department of sociology and psychology

Godfrey Okoye University,

Ugwuomu-nike Enugu state.

April 2018

Dear respondent,

I am a final year student of the above mentioned institute. I am carrying out a research on public perception on the impact of childlessness on married couple using Awgu Local Government Area Enugu as a case study and would like to obtain your views on the issues indicated in the questionnaire. You are assured that the information provided will be treated with utmost confidentiality and will be used only for research purposes. It will be highly appreciated if accurate and truthful responses are provided by you to enable me carry out my work effectively.

I therefore plead that the questionnaire be kindly filled and completed.

Thanks.

 Yours faithfully,

 …………………

 Nwafor Blessing O.

**AppendixII**

**Questionaire**

**Section A**

**Tick thhe appropriate boxes**

1. Age: 18-25 26-36 37-47 48-58 59 and above
2. Sex: Male Female
3. Marital status: Single Married
4. Relion: Christainity Islam African Traditional Religion
5. Educational level: None Primary Secondary Tertiay Above

**Section B**

1. In your opinion, indicate one major factor that is responsible for childlessness in Awgu L.G.A.
2. Infertility
3. Sickness/Disease
4. Death of existing children
5. Spiritual causes
6. Lack of economic independent
7. What is the most likely social consequences of childlessness on couples
8. Labeling and abuse
9. Stigmatization
10. Display of superiority by the couples with children against couple without children
11. Disrespectful Attitude from partners and relative
12. What do you think is the cultural consequences of childlessness on childless couple?
13. Denial of certain cultural rights and title
14. The childless woman is blamed for infertility
15. Disdain and separation from others
16. It leads to polygamous family
17. What do you think is the psychological consequences of childlessness on childless couple?
18. Depression
19. Sadness and anger
20. Anxiety and grieving
21. Do you think that women infertility is the major cause of childlessness among childless couple in Awgu L. G. A.?

Yes No

1. Is there a positive impact of childlessness on childless married couple?

Yes No

1. How do you perceive childless couple
2. You see childless couple as unproductive
3. There is a relationship between spirituality and childlessness
4. Childless women experience domestic violence
5. What do you suggest to be the solution to childlessness problem?
6. Adoption
7. Medical Intervention c)Spiritual help or assistance d)Surrogacy

**Appendix III**

**INTERVIEW SCHEDULE**

Study Location \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In-depth Interview Group \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Discussion Guide**

1. Introduction
2. Assurance of Confidentiality
3. Permission to record discussion
4. Opening remark

**General Introduction**

1. Tell me about the marriage setting in this community.
2. How do you define childlessness?
3. How do you perceive childless married couple?
4. What is the implication of being childless?
5. Do you support adoption for a childless married couple?

**Culture/Marriage among Childless Couple**

1. Can the age at which one get married lead to any form of childlessness?
2. How does childless couple perceive their condition?
3. When can childlessness be said to have taken place?

**Causes of Childlessness**

1. What is the major cause of childlessness? Why?
2. What are the implications of childlessness on
	1. The couple (women in particular)
	2. The family members
	3. The society at large

**How do People react to Childless Couple?**

1. Where a couple is infertile and cannot procreate, how is it resolved?
2. What can be done to ensure decrease of childlessness problem?

**Appendix IV: Sample Contact Summary**

|  |
| --- |
| **Contact summary form (adapted from Miles and Huberman, 1994)**Site Kirarm Eyesus Contact date 20.7.2018 Summary date 21.7.2018Contact type in-depth interview Contact name Gloria |
| 1. Main issues/themes that struck the researcher in this contact:• Childlessness has some sort of advantage for poor childless woman as it makes her a preferred wife for old widowers.• Childless women are treated differently from other people. |
| 2. Summary of information gained from this contact:• unhappy about her current situation • wants to discuss her problems with friends• tried holy water and other spiritual treatments to conceive• planned to spend the rest of her life in religious places, if her current husband passes away |
| 3. Anything else that is interesting in this contact:• She is free and open to talk about the issue and sometimes she makes fun out of her experience. |
| 4. New/remaining target questions• Why childless women are treated differently? |