



Socio-Cultural Impact Of Childlessness Among Married Couples In Oji-River Local Government Area Of Enugu State

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Abstract

This study aims to analyze the impact of childlessness among married couples in Oji-River Local Government Area (LGA) of Enugu state. While having children is a societal norm and expectation after marriage, the inability to conceive after a long time can have profound psychological and social repercussions on couples. Childlessness presents diverse challenges, thus affecting persons involved and the wider community at large. Hence, this research delves into the socio-cultural impact of childlessness on married couples in Oji-river LGA of Enugu State using a cross-sectional research design. Simple random technique was used to select three communities in Oji-river LGA. Random sampling and purposive sampling techniques were employed to select 140 respondents who filled the structured questionnaire, which was used as the instrument for data collection. The findings unveil a relationship between childlessness and social incompatibility, leading to marital instability, stigmatization, denial of cultural rights, separation, and abuse. The findings of the study also indicated willingness and openness of childless couples to adoption in spite of financial constraints and non-existence of adoption centers in the area. Consequently, the study recommends the establishment of adoption centers within the region and the implementation of adoption-friendly policies, alongside vigorous awareness campaign throughout the community, on the causes and coping strategies of infertility.

Keywords: Adoption, Childlessness, Couples, Socio-cultural, Impact.

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1. Introduction

In many societies, marriage and procreation are closely intertwined, with marriage often seen as synonymous with readiness for parenthood. The union signifies an opportunity to contribute to one's lineage and the society at large via childbirth (Nwafor, 2018). Both traditional and Christian marriage ceremonies underscore this sentiment by offering prayers for fertility and the birth of children, embodying societal expectations in marriage and its link to procreation (Abiodun, 2016). Having children is deeply ingrained in the reproductive cycle for women, deriving from individual, couples, and societal expectations (Obiyo, 2016). Challenges emerge when marriages do not lead to procreation, particularly in cultures that emphasize childbirth, an often times, this situation leads to the unjust blaming of women for the reproductive difficulties and/or challenges.

Dike (2013) highlights that some childless couples attribute their plight to past actions, such as drug use or illicit substances during youth, while the World Health Organization (2014) cites various factors for childlessness, which include drug abuse, contraception, multiple abortions, and inherited genetic conditions that affect fertility. Oke, Fagbamigbe, Bola and Obansa (2020) note that some couples view their childlessness as resulting from supernatural causes, thus seeking intervention from their deities. Childless couples encounter societal discrimination and stress, leading some women to seek children from external sources due to societal pressure (Obiyo, 2016). This stress could adversely affect marriages, hence exposing unresolved issues and adding burdens to the relationship. Consequently, Dike (2013) asserts that childlessness is associated with conflicts, misunderstandings, and sexual dissatisfaction and these can lead to strained relationships and the emotional weight of potential sterility.

Childlessness poses a socio-cultural issue, potentially leading to divorce and rivalry within marriages, as evidenced by the resistance to adoption among childless couples (Oke, Augustine & Rotimi, 2021). Despite studies on the socio-cultural impact of childlessness, the long-term psychological effects on individuals and couples remain relatively unexplored. This research gap highlights the importance of understanding the emotional and mental-wellbeing of childless individuals and couples, including their coping strategies, societal stigmatization, and challenges within marital relationships.

2.1 Literature Review

Conceptual Analysis of Childlessness

The investigation of childlessness involves various conceptual and practical challenges due to definitional uncertainties and insufficient data (Okpan & Okinomo, 2021). While some define



childlessness solely as the absence of biological children, others recognize its broader implications encompassing diverse reproductive scenarios (Tanturri, Mencarini & Lau, 2015; Rotkirch, 2015). Voluntary childlessness refers to the choice not to conceive, whereas involuntary childlessness pertains to the inability to conceive (Atang, 2016), which is the focus of this study. Historical and cultural perspectives highlight the traditional view of children as economic assets, yet societal pressures have evolved, thus acknowledging diverse family structures (Nwafor, 2018; Rasak & Oladipo, 2017). Despite shifting attitudes, childlessness, particularly when attributed to women, remains stigmatized, leading to emotional distress and social ostracization (Dein & Dimka, 2013; Obiyo, 2016; Osagie & Oboh, 2020). Childlessness not only impacts individuals but also raises concerns regarding societal sustainability (Nwafor, 2018). In many cultures, the absence of children in a marriage is viewed unfavorably, contributing to social pressures and marital dynamics (Tabong & Adongo, 2013; Osagie & Oboh, 2020).

Causal Factors or Triggers of childlessness

In developing countries, childlessness can result from factors such as unsafe abortion, post-partum pelvic infections, genital mutilation, and early marriage (Fadare & Adeniyi, 2015). Additionally, infections, hormonal abnormalities, and environmental factors contribute to infertility (Oke, Fagbamigbe, Bola & Obansa, 2020). Sexually transmitted diseases like chlamydia and gonorrhea can lead to blocked fallopian tubes in women, while reproductive tract infections can affect semen quality in men (Osazuwa, Omorogbe & Aigbiremolen, 2019; Abarikwu, 2013). Endocrine system malfunctions may hinder the maturation of oocytes or spermatogenesis, therefore affecting fertility (Melinda, 2015). Tubal blockages, adhesions, and immunological issues can also hinder gamete fusion (Melinda, 2015; Wiersema, 2013). Cultural beliefs in Africa attribute infertility to supernatural causes like witchcraft and spiritual husbands/wives, along with medical explanations (Prag, Smith & Polgar, 2017; Oke, Fagbamigbe, Bola & Obansa, 2020). Additionally, socio-cultural beliefs around destiny and family curses are prevalent in Nigeria (Antony et al., 2017; Dein & Dimka, 2013).

Rasak and Oladipo (2017) indicate that medical issues contribute significantly to childlessness, with some men often facing low sperm count or blockages in sperm transport, while women experience problems like ovulation issues, fallopian tube blockages, and uterine damage. Factors such as sexually transmitted diseases, advanced age, smoking, and alcohol use also play a role. However, there's limited awareness about these medical causes in many parts of the world. Akumefula and Nwankwo (2022) in a study, found out that in South-East Nigeria,



beliefs in spiritual causes of infertility are prevalent, alongside recognition of medical factors. Similarly, Dein and Dimka (2013) discovered among the Plateau people, diverse perceptions of triggers of infertility, which include supernatural causes like curses and witchcraft, alongside biomedical factors like infections and reproductive health practices.

Sociocultural Consequences of Childlessness among Married Couples

The sociocultural consequences of childlessness among married couples are significant, reflecting gender inequalities and societal pressures. Despite constitutional provisions promoting equality, African women face inequitable treatment, with childless women often singled out as sole cause of childlessness in marriages due to patriarchal structure of most African societies (Dein & Dimka, 2013; Oke, Fagbamigbe, Bola & Obansa, 2020). In many societies, a woman's worth is often tied to her ability to bear children, leading to lack of respect and marginalization against childless women and couples (Shara, 2021). Moreover, the number of children a man has can determine his socio-economic importance, further exacerbating the societal pressure on couples experiencing childlessness (Dein & Dimka, 2013).

Childlessness extends beyond a medical condition to become a social-cultural construct with wide-ranging impacts. Regardless of clinical diagnosis, societal norms prioritize parenthood, therefore resulting to stigma and possible strain on marital relationships of childless couples (Nwaomah & Dube, 2018; Okojie, 2014). In communities where reproduction is highly valued, childlessness may be viewed as deviant behavior, affecting both the couples' relationships and their individual identities (Okojie, 2014). Thus, the consequences of involuntary childlessness encompass social, cultural, and relational dimensions, highlighting the need for broader societal understanding and support.

Remedies to Childlessness

The remedies for childlessness encompass various approaches, including preventive measures, early diagnosis, and treatment of infections, as well as advanced techniques like Intra-Uterine Insemination (IUI) and In-Vitro Fertilization (IVF) (Oke, Augustine & Rotimi, 2021). IUI involves transferring motile sperm directly into the uterus, while IVF entails surgically removing and fertilizing an ovum before implanting it into the uterus (William, 2013; Abid, Awan, Mehwish, Qaiser & Farheen, 2013). Additionally, options such as surrogacy and adoption offer alternatives for those unable to conceive (Sandler, 2013). Primary prophylaxis, though underutilized in Nigeria, emphasizes preventive measures and education about infertility risk factors (Whittaker, Odeku & Adeboye, 2018). Educating individuals, particularly about the impact of age and assisted reproductive technologies, is crucial for



informed decision-making (Hammerberg, Sobotka, Brzyski & Wichterman, 2017). Lifestyle changes and early intervention can mitigate the psychological and emotional toll of infertility, so underscoring the importance of proactive approaches (Osagie & Oboh, 2020). Implementing psycho-educational programs and providing free access to scientific information are vital for promoting reproductive health awareness and reducing infertility prevalence in Nigeria (Öztürk, Bulut, Çimen, Güdücü & Akçan, 2020).

2.1 Empirical Review

Fehintola, Ogunlaja, Awotunde, Ogunlaja, and Onwudiegwu (2017) conducted a study highlighting the socio-cultural ramifications of childlessness among married couples. They found that while some participants expressed empathy towards infertile women, others attributed their infertility to sins they committed and labeled them as "witches," thus leading to their exclusion from social events like naming ceremonies and birthday parties. Similarly, Tabong and Adongo (2013) revealed that women often bore the blame for infertility within couples, even when the cause lay elsewhere. This societal tendency to blame women extended to denying them leadership roles, though men could mitigate this by arranging for another man to impregnate their wife (Dein & Dimka, 2013).

In some communities, childless couples face derogatory labels like "barrenness" or "wasted farm" (Osagie & Oboh, 2020). Rasak and Oladipo (2017) found that childless couples, particularly women, faced significant socio-cultural implications such as closed lineages, societal disdain, and exclusion from leadership roles. This exclusion from familial and societal structures was evident in the sentiments shared by the study participants, depicting a lack of respect and inheritance rights for childless women (Rasak & Oladipo, 2017). Turning to causal factors, Rasak and Oladipo (2017) identified medical issues as the primary cause of childlessness. In concert with the above, Melinda (2015) noted that male infertility often stems from sperm-related problems, while female infertility results from issues like ovulation problems and fallopian tube blockages. Despite these medical explanations, Akumefula and Nwankwo (2022) found that a significant portion of their study participants attributed childlessness to spiritual causes or harmful health practices, reflecting a lack of understanding of medical factors.

Dein and Dimka (2013) highlighted diverse perceptions of infertility among the Plateau people, ranging from supernatural causes like witchcraft to biomedical factors like infections and contraceptive use. These findings underscore the complex interplay between cultural beliefs and medical understanding in shaping perceptions of childlessness. In summary, empirical



evidence underscores the multifaceted nature of childlessness, influenced by socio-cultural beliefs and medical factors. While medical advancements offer insights into the causes of infertility, deeply ingrained cultural beliefs continue to shape societal perceptions and treatment of childless couples. Efforts to address these issues must consider both the medical and socio-cultural dimensions to provide comprehensive support for affected individuals and couples.

3.0. Theoretical Framework

Feminist theory was employed as a theoretical framework to study childlessness in Oji-river L.G.A, Enugu state, Nigeria. According to Washington State University (n.d.), feminist theory is focused on the intersection of gendered power dynamics, social expectations, and reproductive rights that shape the experiences of childless individuals, particularly women. By integrating feminist perspective into the present research on childlessness in Oji-river L.G.A, scholars can gain deeper insights into the gender dynamics and power structures that influence societal attitudes towards childlessness. This understanding can guide the development of interventions, policy reforms, and support systems that aim to challenge stigma, promote reproductive autonomy, and foster inclusivity for childless individuals and couples, regardless of their gender.

Labeling theory was also adopted in this present study of childlessness in Oji-river L.G.A. of Enugu State. Labelling theory underscores the significance of societal reactions in shaping individuals' self-concepts and behaviors (Becker, 1963). Recent research within this framework has explored the dynamic nature of labelling processes and their implications for understanding social identity formation (Smith, 2019). Labelling theory sheds more light on the subjective experiences of individuals who are labelled as childless and the social practices that contribute to their stigmatization. By exploring the ways in which childless individuals are labeled, how they perceive themselves, and the social reactions they encounter, researchers can gain a deeper understanding of the impact of societal expectations and norms surrounding childbearing in Oji-river L.G.A. This understanding can help shape the interventions, policies, and support systems geared towards reducing stigma associated with childlessness and providing assistance to childless individuals and couples, thus, promoting greater inclusivity and well-being in the society.

3.1 Materials and Methods

3.1.1 Study Area and Population



This study was carried out in Oji River Local Government Area of Enugu state, South-Eastern part of Nigeria, which borders Anambra State and Abia State. The towns within Oji River L.G.A are Inyi, Achi Agu, Achi Ulo, Awlaw, Akpugoeze, Oji-River Urban and Ugwuoba (City-facts, 2015). Oji River Local Government Area is a significant administrative division in Enugu State, Nigeria. Situated in the southeastern region of the country, Oji River LGA plays a pivotal role in the socio-economic development of the state. Oji River LGA covers an area of approximately 403.2 square kilometers and is inhabited by a diverse population (Enugu State Government, n.d.).

The history of Oji River LGA is deeply intertwined with the colonial and post-colonial periods in Nigeria. During the colonial era, the area served as a hub for agricultural activities, particularly in the cultivation of crops like cocoa, palm oil, and rubber. This agricultural heritage has influenced the local economy and culture of Oji River LGA to this day (Obetta, 2015). In contemporary times, Oji River LGA continues to play a vital role in the economic landscape of Enugu State. The local government area is known for its rich natural resources, which includes fertile land suitable for agriculture and mineral deposits (Okafor, 2018). Additionally, Oji River LGA is strategically located, with access to major transportation routes, and so, facilitating trade and commerce within the region.

The administration of Oji River LGA is structured to address the needs of its inhabitants and promote sustainable development. Local governance is overseen by elected officials, including the Chairman and Councilors, who work in collaboration with traditional leaders and community representatives (Enugu State Government, n.d.). This participatory approach to governance ensures that the interests of the local population are represented and addressed. However, despite its potential, Oji River LGA faces various challenges that hinder its developmental progress. Infrastructure deficits, including inadequate road networks and limited access to basic amenities such as healthcare and education, pose significant obstacles to the well-being of residents (Nwodo, 2020). Additionally, issues such as unemployment and youth migration contribute to the socio-economic challenges facing the local government area. Oji River town has one of the largest and oldest running leprosy rehabilitation settlements in the south-east. It had been originally set up by English missionary churches in the 1930s in Nigeria. In 1944, the then Governor of Nigeria Sir Arthur Richards visited the Uzuakoli Leper Settlement officially. Following this visit, the Nigerian government took active interest in missionary activities, to eradicate leprosy in Nigeria, by taking over the Oji River Leprosy



Settlement from the Church Missionary Society [CMS] (now Anglican). It also built a Leprosy Control Centre at Oji River (City-facts, 2015).

Oji River L.G.A was chosen for this study because the issue of childlessness is quite prevalent in Oji River L.G.A, coupled with the cultural practices involving childlessness in this community. Hence, the researchers believe that this study will yield fruitful information that will be useful in the academic and research sectors. According to National Population Commission of Nigeria and National Bureau of Statistics (2010), the population of Oji-river L.G.A. in the 2006 census stood at one hundred and twenty-eight thousand, seven hundred and forty-one (128,741) people. Out of this number, the females constitute sixty-seven thousand, twenty-two (67,022) people, which is approximately 52.1% of the total population, while males are sixty-one thousand, seven hundred and nineteen (61,719) people, which is approximately 47.9% of the entire population (City population, 2022).

By projection, using the UN formula for developing countries which is: Census population + (3.5% growth of CP) x no. of years, the present (i.e., 2023) population of Oji River L.G.A is estimated to be two hundred and five thousand, three hundred and forty-two (205,342). In conclusion, Oji River Local Government Area of Enugu State, Nigeria, holds a unique position in the socio-economic landscape of the region. With its rich history, abundant natural resources, and strategic location, Oji River LGA has the potential for significant growth and development. However, addressing the existing challenges and leveraging opportunities for progress are essential to realizing this potential and improving the quality of life for its residents.

3.1.2 Sample Size and Sampling Procedure

The sample size of 399 for this study was determined using Taro Yamane Formula. Reducing the sample size was a prudent decision driven by considerations of cost and time efficiency, therefore, the sample size was cut down to 140. The towns and/or communities of Oji-river L.G.A. as stated above include Inyi, Achi Agu, Achi Ulo, Awlaw, Akpugoeze, Oji-River Urban, and Ugwuoba (City-facts, 2015). The random sampling technique was adopted in selecting three (3) communities and/or towns in the area. Simple random sampling technique was also used to select villages within the communities and/or towns chosen, to select the respondents. Two out of the three communities and/or towns chosen was allocated 47 questionnaires each and the last community was had 46 questionnaires distributed in it. When this was done, the researcher used purposive and snowball sampling techniques in choosing the respondents from the selected communities. In purposive sampling technique, there are always one or more predefined groups. For this work, the predefined group were childless couples. This category



of people was identified by making enquiries from individuals selected using snowball sampling technique, which implies asking respondents to identify other childless couples for the purposes of this research course.

3.1.3 Data Collection

The only instrument that was used in collecting data for this study was the questionnaire. A list of pre-set questions was administered to respondents in the three communities of Oji-River selected for the study. The questionnaire solicited information from the respondents who are childless and those who are not on their views upon the issue of childlessness in Oji-river L.G.A. It was divided into two sections: Section A focused on demographic characteristics of the respondents, while section B dwelt on substantive issues of the study.

The questionnaire gathered information about the socio-demographic characteristics of the respondents, causes of childlessness among married couples, socio-cultural consequences of childlessness among married couples, psychological effects of childlessness on married couples, coping strategies adopted by these childless couples, perspective of the community towards childlessness, and solution to the issue of childlessness. These questions, among others, were designed to explore various aspects of the issue of childlessness and its implications on the couples caught up in the dilemma.

The questionnaires were self-administered. Three field assistants were engaged and trained to assist the researchers. Literate respondents were given the questionnaire to fill out on their own, while the researchers and the field assistants provided interpretations, clarifications, and assistance to non-literate respondents in completing the questionnaires. This approach ensured that both literate and non-literate individuals participated in the survey effectively. The questionnaire respondents were drawn from the target population.

3.1.4 Data Analysis

The study employed quantitative method of data analysis. The questionnaire was edited and coded using carefully developed Code Book Data Entry, and analysis carried out using Statistical Package for Social Sciences (SPSS). Percentages and other descriptive statistics were used for statistical analysis. The chi-square (χ^2) was used to test the hypothesis. Correlation analysis were also done using chi-square (χ^2) to illustrate the relationship between certain socio-demographic variables and some substantive issues.



4. Results

Table 1 below represents the demographic characteristic information of the respondents who completed the questionnaire instrument used for the generation of data for the present study. The information from the 122 questionnaires retrieved showed that males were a little above one quarter (25.4%) of the study sample, while females were almost eighty percent (74.6%) of the study sample. This reveals that there were more females than male respondents in the study. On respondents' age, 10.7% of the respondents fall within 18-25 years old, 23.8% were between 26 and 36 years old, while 29.5% of the respondents are still within age 37 to 47 years old. Equally, 28.7% fall within 48 – 58 years of age as 7.4% are respondents aged 59 years and above. The table also shows that 86.1% of respondents are married, while 7.4% are single and 6.6% are separated. Majority (44.3%) of the respondents are first degree holders, 28.7% ended schooling at secondary school level, while 18.9% stopped their educational pursuit at Primary school level. Again, while almost five percent (4.9%) of the respondents have OND/NCE certificate, 3.3% of them had no form of formal education. The table also shows that people of Oji-river are mainly Christians as 98.3% of the respondents indicated that they profess Christianity, while only 1.6% confess being Muslims.

Table 1: Socio-demographic Characteristics of Respondents

Age	Frequency	Percent
18-25	13	10.7
26-36	29	23.8
37-47	36	29.5
48-58	35	28.7
59 and above	9	7.4
Total	122	100.0
Sex		
Male	31	25.4
Female	91	74.6
Total	122	100.0
Marital status		
Single	9	7.4
Married	105	86.1
Separated	8	6.6
Total	122	100.0
Religion		
Christian	118	98.3
Islam	2	1.6



Total	122	100.0
Educational level		
WASC	35	28.7
FSLC	23	18.9
OND/NCE	6	4.9
First Degree/HND	54	44.3
None	4	3.3
Total	122	100.0

Source: Field Survey 2023 [SPSS Computation]

Table 2: Cross-tabulation of “Sex” and “Do you think women are primarily responsible for childlessness among childless couples in Oji-river L.G.A?”

Do you think women are primarily responsible for childlessness among childless couples	Sex					
	Male		Female		Total	
	N	%	N	%	N	%
Yes	6	35.3%	11	64.7%	17	25.6%
No	25	24.0%	80	76.8%	104	74.4%
Total	31	25.6%	90	74.4%	122	100%

Source: Field survey, 2023

$$\chi^2 = .471; df = -1; P. value = .493$$

Table 2 above presents a comparison of respondents’ sex and whether males are more likely to think that women are primarily responsible for childlessness among childless couples. The finding from the table indicates that, based on the chi-square test with a p-value of .493, there is no statistically significant evidence to suggest that men are more likely to perceive women as primarily responsible for childlessness than their female counterparts. This implied that there is no statistically significant relationship between sex and the perception that women are responsible for childlessness among childless couples.

Table 3: Cross-tabulation of Age and “What do you think is responsible for childlessness?”

Factors responsible for childlessness	Age			
	Younger people		Older people	
	N	%	N	%
Sickness/Disease	36	87.8%	65	84.4%
Death of existing children	17	41.5%	38	49.4%
Spiritual causes	17	41.5%	61	79.2%
Harmful health practices	27	65.9%	54	70.1%

Source: Field survey, 2023



$$\chi^2 = 8.167; df = -4; P. value = .001$$

Since the level of significance is $p = 0.001$, which is less than the alpha value 0.05, the substantive hypothesis can be accepted which states that “Younger respondents are more likely to have different perception on the major factors responsible for childlessness compared to older respondents”. This means that younger respondents are indeed more likely to have different perception on the major factors responsible for childlessness compared to older respondents. In other words, age plays a significant role in shaping how individuals perceive the reasons behind childlessness in the place of the study.

Table 4: Cross-tabulation of “Level of Education” and “What is the perspective of the people of Oji-river regarding childlessness?”

Perspectives of People Regarding Childlessness	Educational level			
	Lowly educated		Highly educated	
	N	%	N	%
They see childless couples as unproductive (Negative)	30	50.0%	29	49.2%
They believe there is a relationship between spirituality and childlessness (Negative)	52	86.7%	39	66.1%
They treat them like every other person in the community (Positive)	53	88.3%	46	78.0%
They show them pity (Positive)	45	75.0%	37	62.7%
They despise them (Negative)	14	23.3%	13	22.0%
They are given names (Negative)	37	61.7%	28	47.5%

Source: Field survey, 2023

$$\chi^2 = 13.836; df = -6; P. value = .032$$

Based on the result in table 4 above, and considering a significant level of 0.0032, which is less than the chosen alpha value of 0.05, we can accept the substantive hypothesis. This means that educated individuals are more likely to hold a positive perspective regarding childlessness compared to their non-educated counterparts. In essence, the level of education appears to influence how people perceive childlessness in Oji-River LGA with educated individuals having a more positive outlook to the issue.

5. Discussion

The study used one hundred and twenty-two respondents to investigate the socio-cultural impact of childlessness among childless couples in Oji-river Local Government Area of Enugu state. The study found that there is no relationship between sex and the belief that women are primarily responsible for childlessness. As a matter of fact, the study reveals that such a perception was not prevalent among the participants in the study. This finding does not align with Nwagboso & Osinowo's (2015) study of perception of childlessness among married



people in a traditional society, in which they found that male respondents were more likely to perceive women as the cause of childlessness than female respondents. This finding is also incongruent with a study conducted in Sokoto State, Nigeria by Mohammed and Mohammed (2018), in which results show that both sexes believe there are many factors that contribute to childlessness including biological, psychological, supernatural, and spiritual factors. The study also found that childlessness can have a significant impact on individuals and families namely, stigma, discrimination, marital problems, and emotional and psychological issues such as depression and anxiety.

The present study also found that age is a factor that influences the belief of the causes of childlessness. It showed that younger respondents were more likely to have different perceptions of the major factors responsible for childlessness compared to older respondents. This finding is consistent with the results of a study by Nwagboso and Ogunkomaya (2019), which showed that older respondents were more likely to identify biological and supernatural factors as the cause of childlessness, while younger respondents were more likely to identify medical and behavioural factors as responsible for childlessness. There are studies that support the finding that age influences perception of childlessness in Nigeria. For example, a study by Akpan and Eze (2014) found that younger people tended to view the causes of childlessness as being more supernatural and spiritual than older people. Another study by Nwankwo, Ekwe and Okpala (2015) found that younger people were more likely to attribute childlessness to problems with the woman's reproductive system, while older people were more likely to attribute it to problems with the man's reproductive system. On the contrary, a study by Amusa and Ayoka (2018) found that there was no significant difference in the perception of younger and older people on the causes of childlessness. This suggests that the relationship between age and perception of childlessness is complex and that more research is needed to fully understand it.

The study also found that there is a significant relationship between level of education and perspectives regarding childlessness in Oji-river. It revealed that educated individuals were more likely to hold a positive perspective regarding childlessness compared to non-educated individuals. This finding aligns with the study of attitudes toward childlessness in Nigeria by Saha and Adeniyi (2019), which found that educational level was a significant predictor of positive attitudes toward childlessness. In agreement with the above finding, a study by Busari and Hassan (2019) found that higher levels of education were associated with a more positive perspective on childlessness. Similarly, Awolehin, Fasasi, Goma and Yemisi (2017) in their



study found that education was positively associated with knowledge of the causes of childlessness. However, a study by Ijedere, Olomorin and Adenugba (2018) did not find any significant relationship between education and perspectives on childlessness.

6. Conclusion and Recommendations

This study examines the impact of childlessness on married couples in Oji-river LGA, Enugu State. It reveals the negative socio-cultural effects on relationships and highlights the unjust blame placed on women in childless couples. The research also emphasizes the psychological effects of childlessness which includes depression, guilt, and anger. Coping in such plight often involves turning to spiritual faith, mostly the Christian faith due to its prevalence in the study area. Notably, adoption is hindered by a lack of facilities, but childless couples are open to it, despite concerns about the challenges and costs. Based on the findings of this research, recommendations towards reducing the challenges of childlessness, improving access to adoption, and creating a more supportive environment for childless couples were made:

- **Education and Awareness:** Launch awareness campaigns to educate the community about the causes of infertility, dispel myths, and reduce the stigma around childlessness. This can help foster understanding with regards to childlessness.
- **Counseling Services:** Establish counseling services that provide emotional and psychological support to childless couples.
- **Workshops on Adoption:** Organize workshops to inform potential adoptive parents about the adoption process, legal requirements, and financial implications. This can alleviate concerns and misconceptions surrounding adoption.
- **Adoption Centers:** Government should see to the establishment of adoption centers within the area or nearby regions, and possibly collaborate with local government authorities to streamline the procedure, to make it more accessible.
- **Financial Assistance:** Provision of financial assistance or subsidies to childless couples who wish to adopt will help alleviate the financial burden associated with adoption.
- **Collaboration with NGOs:** Partnership with non-governmental organizations (NGOs) that specialize in adoption and child welfare can help provide expertise, resources, and guidance to both childless couples and the community.



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