AN EVALUATION OF THE PSYCHOSOCIAL EFFECTS OF CHILDLESSNESS IN MARRIAGE: IMPLICATIONS FOR SOCIAL WORKERS

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Abstract
Marriage is a fairly universal socioeconomic occurrence, particularly in developing nations of the world. According to previous research, the presence of children improves both partners' marital well-being since parents have deeper emotional ties with their children than when there are none. To put it differently, if a couple's desire to have and raise children is not satisfied, it can cause distress, stress, and strain, lowering the marriage's utility and perhaps leading to marital dissolution or other psychosocial difficulties connected with childlessness in marriage. Several studies in Sub-Saharan African countries have been conducted to describe the psycho-social effects of childlessness in marriage in the families of the husband of the infertile wives. As a result of childlessness in marriage in the Ogida community, this study therefore revealed various psychosocial problems, such as depression and stress, which married couples, particularly women, encounter, as well as their coping strategies for resolving these problems.

This study adopted a descriptive research design with a semi-structured questionnaire. The simple random sampling technique was adopted for the study.The findings of the study reveals that women in the study area suffer from numerous psychosocial issues such as anxiety disorder, depression, stress, and strain and so ondue to the problems associated with childlessness in marriage. The study therefore recommends that couples should support each other in the period in which the woman is

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unable to conceive and bear a child as this will go a long way to provide emotional support and stability.

Key words: Anxiety, childlessness, counseling, depression, fecundity, psychosocial, social worker.

Introduction

Infertility is a reproductive system abnormality defined by the inability to obtain a clinical pregnancy following a period of 12 months or more of regular unprotected sexual intercourse. (Arpin, Brassard, Amiri & Péloquin, 2019). This phenomenon often been described as a life crisis (Faramarzi et al., 2013), can represent a threat to individuals' psychological, relational, and social stability (Yazdani et al., 2017). It's been portrayed as a disastrous scenario in a woman's life, characterized by a great deal of anguish, misery, and anxiety, which leads to an unfavorable crisis characterized by depression and distress (Rooney, Waltham, & Domar, 2018).

The problem of childlessness in marriage affects some couples around the world, mainly women, regardless of their color, culture, level of education, or social economic status. According to recent figures, infertility affects around 6.7 million women in the United States, (Winkelman, et.al. (2019). In South Korea, the number of people experiencing infertility increased by 3.1 percent annually from 148,892 in 2006 to 208,703 in 2017 (Kang, & Kim, 2018). Infertility affects 11.5 percent to 15.7 percent of couples in Canada (Bushnik, Cook, Yuzpe, Tough, & Collins, 2012). In Sub-Saharan African (SSA) countries, children are cherished for cultural, economic, and societal reasons, making the situation even more worrisome. (Alhassan, Ziblim, & Muntaka, 2014).

Despite the fact that male infertility is recognized, in several civilizations around the world, notably in Africa, women are ultimately considered accountable for a couple's inability to bear at least a child as woman without a child, is regarded as having no place in society. This could be due to a paucity of research on male infertility, which is regarded as a minor field of study in the context of reproductive medicine, as well as social etiquette that lead to social stigma, silence, isolation, and trauma, which have placed a burden on women (Hanna & Gough, 2020). In Ghana, for

example, infertility is frequently blamed on witchcraft, spiritually based physical defects, and sexual immorality (Hanna, & Gough, 2020; Jeong&Kang, 2017).

Several qualitative studies conducted in SSA countries such as Ghana, Mali, and Rwanda documented psychological suffering caused by harassment, verbal abuse, rejection, and stigmatization by the husbands of infertile women's families (Fledderjohann, 2012; Tabong&Adongo, 2013). In a similar vein, Yusuf, (2016); Odimegwu, Bamiwuye, &Adedini, (2015) asserted that women in SAA who are unable to conceive and give birth to children may face severe, negative life circumstances, including taunts, insults, social isolation, marital instability, intimate partner violence, divorce, economic deprivation, psychological and emotional distress, stigmatization, and discrimination from family and community members. Women in SSA want children to continue their family line, for marital stability, emotional and social security, a meaningful life, and the honor and prestige that comes with motherhood (Dasgupta & Dasgupta, 2017; Shumba, Miyonga, Kiconco ,Kerchan & Tumwesigye, 2016; Ibisomi & Mudege, 2014; Dimka & Dein, 2013). Women in Sub-Saharan Africa who have already conceived and given birth to children frequently want more because a large family size remains the ideal (Bongaarts & Casterline, 2012). This is due to the perception that women without children are incomplete, of little value, or even cursed (Whitehouse & Hollos, 2014). Infertility attacks a woman's sense of self and draws on deep cultural notions of what it means to be a woman, and is widely seen as the greatest form of [social] invisibility and poverty (Dimka & Dein, 2013; Ibisomi & Mudege, 2014).

Furthermore, according to recent studies, the average Malian woman has six children, with 13% of Malian females giving birth before the age of 15. Malé and Wodon (2016) found that 45% of women aged 18 to 22 had their first child before turning 18. More so, if one of his wives fails to bear him children, Malian men are known to marry another woman (Rosanna, Hess, Ratchneewan, & GilillandJr, 2018).The continuation of the family line is a significant cause for procreation in Rwanda. Rwandan couples are concerned that if they do not have children, they would be denied a proper burial. Community members also abuse, ostracize, and stigmatize infertile couples. Family members may encourage a husband to engage in

extramarital relationships or divorce his wife if she does not produce children (Dhont, van de Wijgert, Coene, Gasarabwe & Temmerman, 2011).In Ghana, where infertility might entail having no children or having too few, infertile women face ridicule and rejection because they have no one to send on errands, support them when they are sick, or help with chores; they are also forbidden from asking other women's children to help (Tabong & Adongo, 2013). Meanwhile, in Nigeria, it is common for female relatives of the husband's family to verbally insult an infertile wife. As a result, the pressure to have children increases with age (Whitehouse and Hollos, 2014). This is not unusual in the Ijaw society of Nigeria, where co-wives make an infertile woman's life so difficult that she eventually leaves the marriage (Hollos, Larsen, Obono & Whitehouse, 2009).

Childlessness-related psychological distress

Quantitative research findings underscore the negative consequences of infertility in marriage, as the psychological effects of childlessness cannot be overemphasized. This is due to the high levels of stress, stigma, and depression experienced by infertile Ghanaian women (Alhassan, Ziblim, &Muntaka, 2014). A woman with one or more co-wives in a Ghanaian polygynous family may experience higher levels of stress, especially if other wives have given birth to children while she has not (Rosanna, Hess, Ratchneewan, &GilillandJr, 2018). In Iran, infertile women ranked their overall health and health-related quality of life as being lower than fertile women (Jamilian, Jamilian & Soltany, 2017).In Rwanda, focus group participants reported that infertile women were almost solely subjected to pressure and harassment from their husband's relatives. If a woman's in-laws in Tanzania, East Africa, do not have a child during the first year of marriage, they will surely put pressure on her (Rosanna, Hess, Ratchneewan, & GilillandJr, 2018).

Women are burdened by infertility not just physically, financially, and temporally, but also psychologically and socially (Choi & Lee, 2020; Lee, Kim, Park, Byoun, Lee, & Lee, 2018). According to a study, 23 percent of women feel depression and 59 percent experience severe levels of stress while they go through the process of infertility diagnosis, treatment, and recovery (Hwang, 2015). This, in turn, deteriorates their quality of life, leading to depression, stress, and strain, in addition to a variety of unique and

challenging experiences such as loneliness, shame, blame, and hopelessness. Numerous studies reveal that women have been the focal point of infertility in marriage, and this places a lot of attention on the fact that men are frequently less likely to develop psychiatric symptoms due to social and cultural factors that often overlook males as the cause of childlessness in marriage (Tuzer,Tuncel ,Goka, Bulut,Yuksel, Atan, &Goka, 2010). They also revealed that childlessness in marriage has caused a number of issues for certain couples, including sexuality, marital adjustment, and self-esteem. In addition, some studies have found that women are more stressed than males because of infertility in marriage. This is so as anxiety, depression, and health related challenges are more commonly seen in women than in men. It has also been stated that if the stress of infertility is shared among the partners, marital relationships and affairs are unaffected (Repokari, Punamaki, Unkila-Kallio, Vilska, Poikkeus, Sinkkonen, 2007). Conversely, if the couple's desire to become parents is shared, marital pleasure rises. However, if the male counterpart is the cause of infertility, there may be higher emotional responses.

Most group interventions established for couples and other persons who have infertility problems have failed to address the psychosocial effects of childlessness in marriage. This is problematic since childlessness has a detrimental influence on couples, with some experts documenting negative consequences on the sexuality of couples (Purcell-Levesque, Brassard, Carranza-Mamane, &Peloquin, 2018). As a result, the goal of this study was to assess the psychosocial effects of childlessness in marriage in the Ogida Community in Edo State, Nigeria, as well as the implications for social workers.

Causes of childlessness in female

The reasons of female infertility, according to the Centers for Disease Control and Prevention (CDC, 2013), can be grouped into three major categories: faulty ovulation, transport, and implantation. These categories are covered in greater depth below:

Defective Ovulation

Defective ovulation occurs because of the following causes:

Endocrine disorders: Hypothalamic and pituitary gland dysfunction can result in an excess of prolactin, which can impede ovulation. Other endocrine glands, such as the adrenals and thyroid, can also cause ovulation to be delayed. The fertilized egg may not be able to implant if the corpus luteum fails to release enough progesterone to thicken the uterine lining, resulting in infertility.

Physical disorders: Obesity, anorexia nervosa, and extreme exercise are examples of physical problems that can lead to overweight or malnutrition, as well as a delayed menstrual cycle, making the spouse infertile.

Ovarian disorders: Polycystic ovarian disease (PCO) can induce infertility due to an increase in testosterone and LH levels, as well as a decrease in glucose uptake by muscle, fat, and liver cells, resulting in the pancreas producing high amounts of insulin. Low FSH levels also prevent the ovarian follicles from producing eggs, resulting in fluid-filled ovarian cysts that eventually cover the entire ovary and impede pregnancy.

Endometriosis: Endometriosis is a condition in which uterine lining parts implant in the vagina, ovaries, fallopian tubes, or pelvis. These implants cause fluid-filled cysts to form, which increase with each menstrual cycle and eventually become blisters and scars. These scars then obstruct the egg's transit, delaying conception.

Defective Transport

The following can lead to defective transport of ovum and sperm:

Ovum: Pelvic inflammatory disease (PID), gonorrhea, peritonitis, past tubal surgery, and fimbrial adhesions can all induce tubal obstruction, which prevents the egg from being released or retained, causing conception to be delayed.

Scar tissue after abdominal surgery: Scar tissue following abdominal surgery can affect the mobility of the ovaries, fallopian tubes, and uterus, leading to infertility.

Sperm: Psychosexual issues like vaginismus or dyspareunia can prevent fertilization and render a couple infertile.

Cervix: Trauma, surgery, illness, and anti-sperm antibodies in cervical mucus can all cause pregnancy to be delayed.

Defective Implantation

Defective implantation can occur for a variety of reasons like fibroids and congenital anomalies. Congenital uterine anomalies, such as a bicornuate uterus or uterine fibroids near the fallopian tubes or cervix, might interfere with zygote implantation and lead to infertility.

Psychosocial Implications of Childlessness

Couples who are having trouble conceiving are continually reminded of their involuntary childlessness by their inability to meet developmental and societal norms, and as a result, they suffer grief-related feelings connected with the loss of a child who will never be born. (Bell, 2013)

Infertility-induced stigma in women

In every society, stigma dictates the degree of compliance to the dominant culture and normative value. This means that infertility, both as a medical disease and as a social situation, poses a challenge to the self-esteem and identity of those who are affected. These events have a negative impact on the lives of women who are victims of marital issues involving childlessness. Due to the sheer challenges linked with infertility, some women may be stigmatized and physically and psychologically abused by their spouses and family members.

Surprisingly, there is a stigma associated with infertility that affects both men and women in many African cultures around the world. Unfortunately, women are sometimes openly stigmatized for their inability to bear children, while men, on the other hand, retain their status and dominance in their families and society at large. According to recent studies, despite the high rate of infertility caused by men, which puts their wives' ability to conceive and bear a child in jeopardy, they still see themselves as relevant in society because they are economically self-sufficient and have the ultimate ability to provide for their family (Dhont et al., 2011).

Similarly, if infertility occurs in a marriage, it is socially acceptable for a man to marry several women or choose to have multiple sexual partners in order to procreate, even if infertility is a hidden feature in the male personality (Abarikwu et al, 2013; Yusuf et al, 2012). To put it differently, this adds significantly to the belief that men are properly capable of dealing with infertility issues in their families, but infertility is generally seen as "a woman's problem." As a result, they bear a greater burden of suffering,

agony, sadness, and, eventually, stigmatization in many African communities, including Nigeria.

The crisis intervention theory served as a basis for this paper. The crisis intervention theory is a model for resolving individual problems that involves providing direct assistance to individuals, families, and groups living in a given community, as well as the development of health infrastructure, counseling, and psychotherapeutic treatment in the pursuit of peaceful coexistence among society members (Bormann, 2005). Change agents (social workers) and social psychologists frequently employ this approach to assist victims in crisis situations. This model aids social workers in comprehending a victim's condition, issues, behavior, and experiences during a crisis.As a result, a change agent's mind develops an instinct for what to do in reaction to the identified phenomenon or painful conditions (Ugiagbe, 2018). This theory is also pertinent in this study since it attempted to provide a viable remedy in the act of managing infertile women in times of anxiety and depression induced by childlessness in marriage and, more specifically, the social stigma that is commonly linked with marriage in the study area.

Methodology

The study adopted a descriptive research survey design to look into the psychological effects of infertility in marriage, such as anxiety and depression, as well as the social stigma and societal rejection that comes with it, with the goal of providing some possible solutions with the help of a social worker. A descriptive study of the women in the Ogida village was conducted in terms of their marital life experiences. A pilot study was conducted with twenty respondents in the study area who were later not administered the questionnaires at the time of administration during the main data collection process. Errors were corrected, and lapses discovered during the pilot study were considered. Experts in the field of social sciences were also provided the study instrument, a semi-structured questionnaire, to evaluate, and their ideas and criticisms were incorporated into the data collection procedure. The study's population consisted of all women of childbearing age who were 15 years or older and had lived in the community for at least one year. In order to analyze the data, percentage calculations and

frequency counts were utilized, which are displayed in tables. The findings of the analysis are reported in the following section.

Results and discussion of findings

Table 1: Socio-demographic Characteristics of Participants

Demographic Characteristics	Categories	Frequency	Percentage
Age	15-19 years	8	5.3
	20-24 years	18	12.0
	25 – 29 years	32	21.3
	30 – 34 years	36	24.0
	35 – 39 years	38	25.3
	40 above	18	12.0
Marital Status	Single	33	22.0
	Married	77	51.3
	Divorced	21	14.0
	Widowed	19	12.7
Religion affiliation	Christianity	116	77.3
	Islam	22	14.7
	African Traditional Religion	12	8.0
Educational Qualification	SSCE/WAEC/NECO	33	22.0
	OND/NCE	32	21.3
	HND/B.Sc.	49	32.7
	M.Sc./MBA/PGD	31	20.7
	Ph.D.	05	3.3
Number of children	0	61	40.7
	1-2	23	15.3
	3-4	39	26.0
	5and above	27	18.0
	TOTAL	**150**	**100**

Source: Field work, 2022

Age: The above table reveals that 8 respondents representing (5.3%) were aged 15-19 years, 18 respondents representing (12%) were aged 20-24 years, 32 respondents representing (21.3 %) were aged 25-29 years, 36

respondents representing (24%) were aged 30-34 years, 38 respondents representing (25.3%) were 35 to 39 years and 18 respondents representing (12%) were 40 years and above.

Marital Status: The table 1 above also shows that 33 respondents representing (22%) were single, 77 respondents representing (51.3%) were married, 21 respondents representing (14%) were divorced, and 19 respondents representing (17.3%) were widowed.

Religion affiliation: The table 1 above also shows the religion affiliation of the respondents in which, 116 respondents representing (77.3%) were Christians, 22 respondents representing (14.7%) were Moslems, and 12 respondents representing (8%) were African traditional religion worshipers.

Educational Qualification: The table also reveals that 33 respondents representing (22%) were SSCE/WAEC/NECO holders, 32 respondents representing (21.3%) were OND/NCE degree holders, 49 respondents representing (32.7%) were HND/B.Sc. degree holders, 31 respondents representing (20.7%) were M.Sc./MBA/PGD degree holders while 5 respondents representing (3.3%) were Ph.D. holders.

Number of children: The table also shows that 61 respondents (40.7%) have no children, 23 respondents (15.3%) have one to two children, 39 respondents (26%) have three to four children, and 27 respondents (17%) have five or more children.

Given the foregoing, it is clear that the majority of the participants are dealing with childlessness in marriage, as 40.7 percent of the women of child-bearing age do not have a child. This study is therefore in agreement with the findings of Winkelman, et al., (2019), who found that over 40% of couples who have undergone assisted reproductive technology are still unable to conceive, which can have a long-term impact on quality of life, marital adjustment, and sexual impact.

Table 2: The common psychosocial problems faced by women because of the problem of childlessness in marriage in Ogida Community, Edo State

S/N	Psychosocialproblems of Childlessness	Respondents	Percentage (%)
1	Depression	33	22.0
2	Psychological/emotional stress	48	32.0
3	Anxiety disorder	24	16.0
4	Stigmatization	38	25.3
5	Others (low self-esteem, sadness etc.)	07	4.7
	TOTAL	**150**	**100**

Source: Field work, 2022

The table above, shows that 33 respondents representing (22%) stated that depression is a common psychosocial problem faced by women because of childlessness in marriage in Ogida Community, Edo State, 48 respondents representing (32%) stated that psychological or emotional stress is a common psychosocial problem faced by women because of childlessness in marriage in Ogida Community, Edo State, while 24 respondents representing (16%) stated that anxiety disorder is a common psychosocial problem faced by women because of childlessness in marriage in Ogida Community, Edo State. Of the 150 respondents, 38 respondents representing (25.3%) stated that stigmatization is a common psychosocial problem faced by women because of childlessness in marriage in Ogida Community, Edo State and 7 respondents representing (4.7%) stated that other psychosocial problems such as low self-esteem, sadness among others are thecommon psychosocial problem faced by women because of childlessness in marriage in Ogida Community, Edo State.

As can be observed from the preceding research, psychological or emotional stress and stigmatization are the commonest psychosocial problems that most infertile women suffer in their homes as a result of their infertility in Ogida community, Edo State, Nigeria. On the other hand, childlessness in marriage causes a slew of other issues, including

depression, anxiety, low self-esteem and sadness. This supports the findings of a study by Rosanna, Hess, Ratchneewan, & GilillandJr (2018), which found that Malian infertile women had fertility-related anxiety having a similar result with research undertaken on infertile women in the United Kingdom, South Africa, Ghana, Cameroon, Brazil, India, Pakistan, Turkey, and the United States. This is so as women in this study described intense sadness, emptiness, social isolation, and fear of a future without children, indicating that they may be suffering from infertility-related stress or depression, similar to women in other Sub-Saharan African nations.

In conformity with the results of the study, studies conducted in other SSA nations found that infertile women were subjected to the highest emotional stress from their husband's family members. The findings of this study is also in tandem with the study conducted by Mahmoud and Khatereh (2017), which shows that infertility can cause effects and negative consequences such as decreased self-esteem, anxiety, deprivation and helplessness, personality disorder, violence, and suicide

Table 3:The coping strategies of social workers or counsellors in alleviating the problems of childlessness among women in the study area.

Variable	Responses	Frequency	Percentage (%)
What are the coping strategies of social workers or counsellors employ in alleviating the problems of childlessness in your community?	Advocacy	23	15.3
	Psychotherapeutic counselling	76	50.7
	Linking women to resource centers	12	8.0
	Others such as spiritual methods	39	26.0
Total		**150**	**100**

Source: Field work, 2022

According to the findings, social workers or counsellors perform a variety of roles in reducing the risks associated with infertility among couples, particularly among women in the Ogida community of Edo State. It is also clear to state that most women who are childless suffer from depression and anxiety disorder, which can be alleviated by social workers or counsellors by providing a variety of professional services such as connecting them to resource centers, raising awareness of childlessness and how to overcome it; and providing psychotherapeutic counselling to women who are facing infertility challenges, as these can help to reduce a woman's anxiety and depression.

The table 3 above shows the coping strategies of social workers or counsellors in alleviating the problems of childlessness among women in Ogida community, Edo State. Out of the 150 participants, 23(15.3%) stated that the social workers can help women through advocacy that could be champion to protect them from stigmatization, oppressions, and cultural and societal relegations that can dehumanize them. 76(50.7%) stated that social workers can assist childless women through psychotherapeutic counselling as this can help them to boost their self-worth, dignity and help them overcome the depressive been faced by them because of childlessness in marriage. This study therefore supports the findings of Hamzehgardeshi, et al., (2019), who found that proper counseling and addressing emotional issues can improve the success of infertility treatment, as there is an impact of counseling services and social support on physical and mental health and overall quality of life.

Meanwhile, 12(8%) stated that social workers can help childless women by linking them to resources centers where they can get any form of medical or health assistance that can help them overcome the problem of childlessness. More specifically, spiritual means such as prayers and faith and other methods or strategies that social work experts can utilize to aid childless couples in Ogida community, Edo State, were mentioned by 39(26%). This was supported by the findings of Rosanna, Hess, Ratchneewan, and GilillandJr (2018), who found that faith or religious practices like prayer and faith in a supreme being can help people cope with infertility. In contrast to the findings of this study, Rosanna, Hess, Ratchneewan, and GilillandJr (2018), examined how women coped with

infertility by using traditional and biological therapies and believing in a supreme power. Findings from Singh (2019), also reported on active coping techniques used by women to avoid stress, such as engaging in household duties and sobbing, which contradicted the findings of this study.

Conclusion

Infertility in women is unavoidable, causing a lot of stress and making a woman's life miserable. The woman tries to get out of her malaise by employing a variety of coping mechanisms. Social rejection, emotional and physical abuse, and divorce are among psychosocial effects of infertility. Women who are unable to conceive and bear a child confront several difficulties. This is because they are frequently described as "hollow," "empty," "barren," or "wasteful and dry." In Ogida community, Edo State, it was discovered that women who have difficulties in child-bearing have feelings of shame and distress, since divorce, abandonment, and remarriage by spouses are more common results of childless women. The study concludes that childlessness in marriage has several psychosocial effects on women, including but not limited to depression, frustration, stigmatization, anxiety disorder, rejection, and sometimes deprivation of basic resources by their spouses, resulting in dysfunctional social beings and unpleasant marital bliss and harmony in their various homes.

Recommendations

The study recommends that good therapeutic counseling be given to women who are posed with the problems associated with childlessness. This is vital as it can help to ameliorate the problems of anxiety, stress, depression, loneliness, rejection, and stigmatization. This is because counseling among couples will help them to have adequate communication which fosters stronger ties in the aspect of information and education; advocacy and sensitization campaign that is needed by them in other to avoid some forms of misconception and myths related to childlessness. Lastly, couples should support each other in the period in which the woman is unable to conceive and bear a child as this will go a long way to provide emotional support and stability.

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