

**Impacts and perception of childlessness on married couples: A place of child adoption in mitigating conflict of barrenness**

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**1.0 ABSTRACT**

*Across the globe and particularly in African societies, the word "childlessness" sends curiosity to the ears of listener and a sense of pity is immediately aroused in the mind of people when its mentioned and it may have personal, social and/or political significance. The study examines the impacts and perception of childlessness on married couples and ways of mitigating the pressure both from the family and the society using child adoption as a strategy. The instrument for data collection used for this research was questionnaire. One hundred and thirteen (113) respondents were purposively selected. The data collected were analyzed using tables and percentages. Findings among others include; women are not fully blamed for the cause of childlessness like it used to be. It is also found out that there is still negative attitude of childless couples towards child adoption as majority of the respondents' lack awareness. In view of these findings, the study recommend among others that; childless couples should seek for medical treatment jointly instead of allowing one partner to carry the burden alone; people should endeavor to show love and care to childless couples as living in such atmosphere can help them while anxiety, hatred, stress and other negative attributes, Government at the local level and State level should partner with central government to create more awareness at the grass root, on the causes of childlessness and that any of the couples can be at fault not necessarily the woman. Government, Non-Governmental Organizations (NGOs) and the religious institutions should assist in sensitizing and educating members of the public on the beauty of adoption and how it can help in mitigating conflict of childlessness and also to socialize with childless married couples.*

**Key Words:** Impacts and Perception, Childlessness, Couples and Adoption.

## 1.1 BACKGROUND

Childlessness refers to a person's biological inability to become pregnant after a year of regularly engaging in unprotected sexual activities. This is also known as the inability of an active, non-contraceptive couple to have a baby. It can either be primary or secondary: primary childlessness occurs in couples who have never been pregnant before, while secondary childlessness happens when pregnancy has failed following a previous one (Stearns, 2010). Using the female's capability of conceiving as a way to distinguish between primary and secondary childlessness is, however, problematic, as it puts the blame of being childless solely on the woman's shoulders (Okonofua, 2002; Stearns, 2010). Thus, clinicians and epidemiologists use this term to refer to the struggles with both female and male fertility. Demographers define childlessness as the inability of a non-contraceptive, sexually active woman to have a live birth after at least one year of attempting to achieve a pregnancy (Joshi et al, 2010). After a year of unprotected sexual intercourse without a resulting pregnancy, childlessness is defined as an inability to achieve such. This is commonly described as: no conception after one year of unprotected sexual activity. Having a child appears to be complexly motivated; driven by psychological needs, biological impulses and societal and historical customs. The World Health Organization (WHO) promotes the epidemiological view of what they term as "childlessness", which is the lack of conception within two years of exposure to pregnancy when infertility is not present (as mentioned in Ben, 2013). Infertility is a common health problem with devastating psycho-social consequences on the affected couples across the globe especially in Africa (Okonofua, 2003). Globally, 5 to 15 percent of couples suffered from infertility (Okonofua, 2003). In Africa, the prevalence is up to 45 percent (Adetoro & Ebomoyi, 1999; Okonofua, 2003). In the developed countries, childlessness is not often seen as an issue. This is due to the belief about the problem of overpopulation and hyper fertility in under developed regions, and the need for them to reduce their population and fertility rates. The case is not the same with a developing country such as Nigeria as there are high expectations from couples to bear children. Prolong childlessness among married-couples give rise to marital instability and conflict (Aondofa Peter Kwaghtser, 2023).

The childless couples suffered from the convergence of personal, interpersonal, social, and religious expectations thus bringing a sense of non-accomplishment to them (Rutstein & Shah, 2005). In some cultural settings in Africa, infertile couples are even not allowed to take lead role in important family functions and events. In addition, these couples are often socially shunned by their immediate families. These challenges are not only restricted to the developing world (Rutstein & Shah, 2005). Although, there are many management choices for infertile couples, the outcome of the treatment depends on the causation factors, available diagnostic tools, skills of the attending physician and above all the financial status of the couple (Okonofua, 2003; Okunlola, et al., 2005). The technological breakthrough that led to the birth of baby Louise in 1978 further raised the hope of many childless couples all over the world and many have benefited from it (Steptoe, & Edwards, 1978). In Africa, there are limited assisted reproduction centres because they are mostly private sector driven (Okonofua, 1996; Giwa-Osagie, 2004). Even, where they exist, the cost of accessing them and the low success rate despite the huge financial resources constitute a major hindrance for most desiring couples (Giwa-Osagie, 2004). They are therefore left to suffer from the agony of childbearing failure and this is manifested in form of emotional disturbances, depressive illness, conflict and marital disharmony. (Aghanwa, Dare, & Ogunniyi, 1999; Aina, 2007) In addition, these couples are often socially stamped out by both immediate families and their community at large (Aghanwa, Dare, & Ogunniyi, 1999; Ameh, et al., 2007). Adoption is also an alternative strategy in the management of infertility, it aimed at bringing succour to the affected couples. This management option had gained wider acceptance in developed countries even before the era of reproductive technologies (Steck, 1999). Then, infertility usually meant one of two things: permanent childlessness or adoption. However, with the advent of assisted conception, adoption rates in developed countries has reduced and it is only practiced by couples with intractable infertility (van den Akker, 2001; Bagshawe & Taylor, 2003). The process of adoption differs between countries depending on the socio-cultural settings and the constitution. For example, the adoption process in United Kingdom is backed up by the 1980 Children Act. This law stipulates that the process of adopting should be open and it is aimed at ensuring honesty with the child and the biological parents (Bagshawe & Taylor, 2003). While the adoption process in Nigeria involves submitting an application to the Ministry of Social Welfare, an interview, a home study, and waiting for approval and the process is protected by the Child Rights Act (Lawpadi, 2024). Aside from this, many governmental and non-governmental agencies as well as other organizations provide counselling to willing couples before embarking on adoption in developed countries as a mandatory prerequisite (Webb, 2005). These agencies offer necessary emotional guide and support that will assist them to appreciate the realities of adoption. Studies have shown that the couples that adopt grieve less about their childless challenge and also have better emotional support compared with their peers (Webb, 2005; Van den Akker, 2005). The concerns of many adoptive parents that usually constitute a barrier to this infertility management option include fear of disloyalty by the child and future claim by the biological parents, lack of genetic linkage with the child and religious reasons (Steck, 1999; Van den Akker, 2001). Inhorn et al showed that these concerns should be carefully handled as it could potentially cause marital disharmony and conflict among the prospective adoptive couples (Inhorn, et al., 2006).

### Statement of the Problem

Across the globe and particularly in African societies, the word "childlessness" sends curiosity to the ears of listener and a sense of pity is immediately aroused in the mind of people when its mentioned. Children are regarded as blessing and great treasure to their parents, relations and their immediate community. Many people suffer from childlessness for so many reasons such as drug abuse, hard drugs effect, contraception, numerous abortions, and some are genetically inherited reasons, some couples even attribute their problem of childlessness to the supernatural, and the hope in God that gives children to remember them at the appropriate time (Ugwuanyi, 1999). Regrettably in Nigeria, it is the woman who suffers most even when she is not the problem (Rasak & Oladipo, 2017). She is constantly under stress, frustration and disappointment. She loses respect and may even be ridiculed. She is always tensed and sorrowful. Nigerian men simply refuse to accept that they could be the problem and the women in their desperation from social pressures have been forced to help their men to bring in children from outside. Childlessness causes constant fights/conflict, misunderstanding and suspicion in the marriage. Sex becomes windup and unfulfilling. The risk of being sterile can be a heavy burden. The woman risk divorce and in some cases gets rivals. The number of childless couples is enormously on the increase, this is apparent

to the fact that attempts to initiate a move which would have been directed towards adoption is taken with serious resistance in some places mostly by couples without even a child. However, various studies had been carried on the impact of childlessness on married couples, but this study tend to study the impact and perception of childlessness on married couples and the place of adoption in mitigating conflict of barrenness in Okitipupa, community in Ondo State, Nigeria.

## 1.2 LITERATURE REVIEW

Childlessness may have personal, social and/or political significance. Approximately 70-80 million couples worldwide are currently infertile (Balen, 2009). There are various psychological and psychosomatic effects, and especially women are affected with. The most frequently mentioned effects are distress, raised depression and anxiety levels, lowered self-esteem, feelings of blame and guilt, somatic complaints, and reduced sexual interest. For a small minority of women and men in the Western world these effects are at a clinical level or can be considered extremely serious (Greil, 1997).

Medically, there are different causes and risk factors for couple's childlessness. According to Eisenberg (2011), infertility for men is most often caused by low or no sperm count and blockage of the tubes that transport sperm. Infertility in women on the other hand, is caused by a range of other factors such as problem with ovulation, Tubal conditions like blocked fallopian tubes, which are also brought on by untreated STIs or by side effects of unsafe abortion, postpartum sepsis, or abdominal/pelvic surgery; uterine conditions that could be inflammatory (like endometriosis), congenital (like a spectated uterus), or benign (like fibroids); polycystic ovarian syndrome and other follicular disorders are ovarian disorders; imbalances in reproductive hormones caused by endocrine system disorders. The pituitary and hypothalamus are parts of the endocrine system. Cancers of the pituitary and hypopituitarism are two examples of common conditions affecting this system (Ali khan, 2023) sexually transmitted diseases (STD), advanced age, smoking, and excess alcohol use are also mentioned as risk factors of infertility. However, a considerable number of people in the world have limited level of knowledge about the medical causes of infertility. The problem is thus usually perceived as caused by other factors than medical ones. Some associate infertility with supernatural powers and others associated it with diseases or with the absence of reproductive organs. A study by Okonofua et al. (1997) on the social meaning of infertility in Southwest Nigeria showed that there are several traditional beliefs regarding the causes of infertility.

According to Ugwanyi (1999), the number of children a man has determines the socio-economic importance of the man. Childlessness demoralizes some of the affected couples' zeal to accumulate wealth, this is because they view that wealth accumulated would go to the community when they die, because of this, most of the couples squander their money while they are still alive. Psychologically also, people who are trying to cope with involuntary childlessness may experience symptoms of distress that are similar to those experienced by bereaved people, such as health problems, anxiety and depression (Stearns, 2009). Infertility/childlessness is frequently associated with social stigma, which can lead to feelings of isolation, shame, and inadequacy (Ali khan, 2023). It is also often accompanied by cultural stigma and discrimination due to deeply rooted beliefs regarding family, procreation, and societal roles. These cultural norms and expectations contribute to the stigmatization and discrimination faced by childless couples in the community.

## THEORETICAL FRAMEWORK

### The Stages of Grief Model

This is a model in social psychology that seeks to explain the strategies people adopt in coping with anxiety-filled situations such as childlessness. Elizabeth Kubler-Ross is credited with developing the model in early 21st century. The Kubler-Ross stages of grief model, consists of five stages of grief individuals experience in times of emotional trauma associated childlessness challenges. The five stages include denial, anger, bargaining, depression and acceptance. This model was in the first instance introduced in her book on Death and Dying, motivated by her work on terminal illness. It was later expanded to cover to any form of tragedy leading to personal loss such as the death of a child, loved one, loss of a job or income, major rejection, chronic illness, as well as many tragedies and disasters or childlessness resulting from infertility, (and even minor loss) (Broom, 2017). Broom (2017) explains the five stages of Kubler-Ross model, popularly known by the acronym DABDA, to include Denial. Denial is one of the initial responses that occurs after the inability to become pregnant since facing the reality of childlessness is difficult. It involves a deliberate or unintentional rejection of the relevant information, facts, and reality. At this stage couples may downplay the significance of not having children or believe it's a temporary issue.

Anger. At this point, reality sets in the couple realizes that denial is impossible to maintain. Due to misguided feelings of hatred and envy, couples may feel intense anger, frustration, and resentment towards themselves, each other, or the universe. They might even begin to question why they're unable to conceive. Bargaining. At this stage in an attempt to regain control, couples may try to make deals with a higher power or engage in magical thinking, hoping to conceive. At other times, they will utilize anything of value as a negotiating tool with another human organization in an effort to lengthen or prolong their lives. They might also try alternative fertility treatments. Depression: As the emotional burden of childlessness becomes overwhelming, when passing through this stage couples may experience deep sadness, regret, fear, skepticism, hopelessness, and despair. They might withdraw from social interactions and struggle with intimacy. This may be a form of acceptance with an emotional attachment. It demonstrates that the individual has at least started to accept reality.

Acceptance: Eventually, couples may come to accept their childlessness, acknowledging the pain and loss while finding ways to move forward. They might explore alternative family-building options, such as adoption.

#### Impact of Adoption on Mitigating Conflict using the Stages of Grief Model

Adoption can be a transformative experience for couples struggling with childlessness. By providing a new path to parenthood, adoption can help reduce feelings of loss and grief: Adoption can help couples shift their focus from what they have lost- biological parenthood to what they have gained -a new family member. In addition, it increases sense of control and agency: By choosing to adopt, couples can regain a sense of control over their family-building journey and foster emotional healing and closure: The adoption process can provide a sense of closure, allowing couples to move forward and heal from the emotional wounds of childlessness. Though Raising an adopted child can bring new purpose and meaning to a couple's life, helping them redefine their identity and roles, the adoption process can bring couples closer together, as they navigate the challenges and joys of building their family. The stage of grief model provides a valuable framework for understanding the emotional journey of couples struggling with childlessness. Adoption can be a powerful tool in mitigating the conflict and emotional pain associated with childlessness, offering a new path to parenthood and a fresh start. By acknowledging the complexities of childlessness and the transformative power of adoption, this can support couples navigating their challenges. This model is relevant to this study because it gives an insight on how couples can effectively cope with childlessness.

### 1.3 RESEARCH METHODS

Okitipupa is part of the Ikale-speaking area in Ondo State. Okiti-pupa" is derived from the Ikale- Yoruba word okiti (hill) and pupa (red) became a popular name used by people travelling from other communities to trade in the central market of (Okitipupa). Okitipupa has always been the major town for the inhabitants of the South Senatorial District of Ondo State, comprising Okitipupa, Irele, Ilaje, Ese-Odo, Odigbo and Ile -Oluji/Okeigbo LGAs due to the presence of basic amenities such as Ondo State University of Science and Technology (OSUSTECH). It was a District in colonial times, before Nigeria's Independence in 1960. It also has a State specialist hospital, several private hospitals, a Magistrate Court, a High Court, Nigerian Police Force (NFA) Area Command, an Army barrack, commercial banks, a telephone exchange, and numerous primary and secondary schools. With a population of about, 316,100 and occupying total area of 803 km<sup>2</sup> (310 sq mi). The Ikale are predominantly farmers providing such major cash-crops are oil -palm, rubber and cassava. They also cultivate yams, beans, okra, pepper, melon, and vegetables for consumption. Staple-foods include baked cassava-popularly known as "Pupuru", yam, rice, yam -flour and cassava- flakes "garri" among others (Aruna, 2024)

Research instrument used for the study was questionnaire, in order to appropriately collect data on the subject matter, questionnaires were administered to 113 purposively selected respondents. These questions have alternative answers in the space provided and are distributed in person by the researcher to the respondents and the researcher waited for each of them to fill the questionnaire and collected immediately. Since childless couple are not clustered at specific place, the researcher visited respondents in their homes, shops, hospitals and tradi-medical centers with the help of a key informant as issues such as childlessness cannot be discussed out in the open, because it is perceived as an open wound and something to be ashamed of. The responses to the questionnaire were collected, collated, coded and analyzed using frequency distribution and percentage. The simple percentage method was used to evaluate the response of the respondents to each question. The data was tabulated and interpreted as they relate to each of the research objectives questions.

### 1.4 FINDINGS

#### Socio-demographic Characteristics

Data shows that out of 113 respondents, 35(31%) are male, while 78(69%) are females this indicates that female gender tend to have more interest in the subject the research than the male. The age range of the respondents those at the age brackets of 20-29 are 27(23.9%), 30-39 years 33(29.2%), 40-49years 33(29.2%), 50years and above 20(17.7%). This implies that majority of the respondents were still in their reproductive years. The greater percentages of the respondents 76(67.2%) are married, 13(11.5%) separated, 21(18.6%) divorced, while only 3(2.7%) were widowed. This implies that majority of the respondents are married or were married and quite experienced in the subject of the research. 16(23%) of respondents attended primary school, 28(24.8%) attended secondary school, while 40(35.4%) the majority of the respondents attended tertiary institution, and the remaining 19(16.8%) are uneducated. Being a semi-urban community, it is no surprising that most of the respondents are educated, probably because of the presence of the university. This also indicates that the sampled population have the knowledge of the subject of the topic of research. Further data reveals that 60(53.1%) of the respondents are self-employed, 33(29.2%) civil servants, 17(15.0%) do not have any occupation while 3(2.7%) are already retired. This implies that majority of the respondents in the study area are entrepreneurs.

### Factors Responsible for Childlessness among Couples

Table 1: What do you think are the Public Perception to the Causes of Infertility/Childlessness among Couples?

Public Perception	Frequency	Percentage
Abortion	41	36.3
Evil spirit	14	12.4
Ancestral curse	19	16.8
Lifestyle	38	33.6
Others (Act of God)	1	0.9
Total	113	100.0

Table 1 shows that 41(36.3%) the respondents perceived abortion as the likely cause of childlessness among couples, 14(12.4%) Evil spirit, 19(16.8%) ancestral curse, 38(33.6%) lifestyle while only 1(9%) respondent seen childlessness as an act of God. With the various perceives causes this implies that the women were mostly blamed for childlessness due to the belief that childless women must have committed series of abortion.

Table 2: Common Medical causes of Infertility/Childlessness in Men

Medical Causes in Male	Frequency	Percentage
Low sperm count	65	57.5
No sperm count	40	35.4
Others(Impotency)	8	7.1
Total	113	100.0

Table 2 reveals the that majority, 65(57.5%) of the respondents believes that low sperm count is the major medical causes of infertility in men, 40(35.4%) no sperm count while only 8(7.1%) are others (impotency) . This shows that most respondents see low sperm count as the major medical cause of infertility/childlessness in men.

Table 3: Common Medical causes of Infertility/Childlessness in Women

Medical causes in Female	Frequency	Percentage
Blocked fallopian tube	46	40.7
Physical damage to the uterus	32	28.3
STDs	35	31.0
Total	113	100.0

Table 3 shows that majority 46(40.7%) of the respondents reveals that blocked fallopian tube is major medical causes of infertility in women, 32(28.3%) physical damage to the uterus, while 35(31.0%) STDs. This shows that most respondents agreed that blocked fallopian tube is the major medical cause of infertility in women.

### Impacts and Perception of Childlessness on Married Couples

Table 4: Barrenness/Childlessness

What is Barrenness/Childlessness	Frequency	Percentage
A chance to attain more height in my career	16	14.2
An end to a lineage	51	45.1
The failure of womanhood	44	38.9
Others (Act of God)	2	1.8
Total	113	100.0

Table 4 shows that majority 51(45.1%) sees barrenness/childlessness as an end to a lineage, only 16(14.2%) sees it as an opportunity to pursue their career, 44(38.9%) sees it as the failure of womanhood, while 2(1.8%) sees it as the act of God (others).

Table 5: Who do you think is Responsible for Childlessness in the Family?

Who is Responsible for Childlessness	Frequency	percentage (%)
The male	17	15.0%
The female	22	19.5%
Both	74	65.5%
Total	113	100%

Table 5 shows that 74(65.5%) believes that both male and female are responsible for childlessness in the family, 17(15.0%) male and 22(19.5%) believes only female are responsible for childlessness in the family. This implies that the respondents have the knowledge that childlessness can be caused by both male and female.

Table 6: From where do you think Conflict from Childlessness arise from?

Causes of Conflicts	Frequency	Percentage
Conflict between husband and wife	37	32.7
Conflict between in-laws	46	40.7
Ridicule and jeer from the community	29	25.7
Others(Peers)	1	0.9
Total	113	100.0

Table 6 shows that 37(32.7%) of the respondents believe that conflict due to childlessness arise between husband and the wife, 46(40.7%) claims between in-laws, 29(25.7%) claims as a result of ridicule and jeers from the community, while 1(9%) claims from peers. This implies that majority of the conflict that arises over childlessness arises between in-laws.

**Table 7:** What are the effects of Childlessness on Married Couples?

Effect on Married Couples	Frequency	Percentage
Stigmatization	38	33.6
Polygamy	30	26.5
Object of failure	19	16.8
Psychological effect	26	23.0
Total	113	100.0

Table 7 shows that majority, 38(33.6%) of the respondents claimed stigmatization is the major has the major effect on childless married couples, 30(26.5%) claims that the family becomes polygamous, 19(16.8%) object of failure, while 26(23.0%) claims emotional effects like fear, depression, anxiety etc. This implies that the major effect of childlessness on couple is stigmatization.

**Table 8:** In your opinion, how are Barren/Childless People Perceived or seen in your Culture?

How are Barren/Childless People seen	Frequency	Percentage
Useless	17	15.0
Incomplete	87	77.0
Others (Women are seen as witches)	9	8.0
Total	113	100.0

Table 8 shows that majority 87(77.0%) respondents claimed that barren/childless people are mostly perceived as incomplete, 17(15.0%) perceived them as useless, while 9(8.0%) perceived them as others (women are seen as witches). This implies that majority barren/childless people are perceived as incomplete.

**Table 9:** What is the Sociocultural Impact of Childlessness on Married Couples

Sociocultural Impact	Frequency	Percentage
Lineage closed	68	60.2
Couples are despised	33	29.2
Not allowed leadership positions	8	7.1
Others (depopulation of the society)	4	3.5
Total	113	100.0

Table 9 shows that majority, 68(60.2%) of the respondents claimed that the sociocultural impact of childlessness is lineage is closed to the couples, 33(29.2%) claims childless couples are despised, 8(7.1%) claims childless couples are not allowed leadership positions, while 4(3.5%) other (depopulation of the society). This implies that just like every other society in Nigeria, often traces their origin from one paternal father to another, consequently, when a couple is childless, it turns out that the lineage is closed.



## Adoption and Childlessness

**Table 10:** Would you accept Adoption to Mitigate against Childlessness?

Conflict	Frequency	Percentage
Yes	53	46.9
No	40	35.4
Uncertain	20	17.7
Total	113	100.0

Table 10 shows that 53(46.9%) of the respondents agreed that they can accept adoption as way to mitigate against the conflict of childlessness, 40(35.4%) claimed no, while 20(17.7%) claimed the are uncertain. This implies that majority of the respondents can go for adoption to mitigate against the conflict of childlessness in the family. Despite the high percentage of those who said yes to adoption, the table still shows that a great percentage still cannot still accept adoption as an option. Moreover, those who said yes may likely to be the educated ones.

**Table 11:** Challenges of adoption in Nigeria

Challenges of adoption in Nigeria	Frequency	Percentage
Shortage of adoption agencies	25	22.1
Stigmatization and cultural beliefs	30	26.5
Corruption and fraudulent practices	15	13.3
Lack of post-adoption support	2	1.8
Lack of awareness	31	27.4
Lack of genetic knowledge on the child's health	10	8.9
Complexity of procedures		
Total	113	100.0

Table 11 shows that 25(22.1%) of the respondents claimed that shortage of adoption agencies is the challenges of adoption in Nigeria, 30(26.5%) stigmatization and cultural beliefs, 15(13.3%) corruption and fraudulent practices, 2(1.8%) lack of post-adoption support, while the majority 31(27.4%) lack of awareness and 10(8.9%) lack of genetic knowledge on the child's health Complexity of procedures. This implies that lack of awareness is the reason why childless couple are not seeing adoption as an option, with proper awareness more couples will see the need for adoption as a means of mitigating the impact of childlessness in a family.

## Discussion of Findings

As presented, 74(65.5%) of the respondents place the responsibility of childlessness on both the male and the female. What this finding signifies is that the old notion of childlessness being the fault of the women is gradually fading away. This is in contrast to the findings of (Okonofua, 2002; Stearns, 2010) who claimed that the role of childbearing is placed heavily on the women, as it is now seen as a shared responsibility between the man and the woman.

Data shows that 87(77.0%) of the respondents claims that barrenness/childlessness makes family incomplete, also in Table 9, it is shown that 68(60.2%) sees barrenness/childlessness as a closed lineage, this in fact explains importance of children, because childless couples are seen as not being able to fulfill their roles to the society. This is in line with Rasak & Oladipo, (2017) that children may serve as insurance against personal disaster in old-age and a source of status or a sign of virility or fertility. The study reveals further that childlessness brings conflict and this conflict is mostly between the in-laws, leading to stigmatization. This finding agrees with that (Ali khan, 2023) that infertility/childlessness is frequently associated with social stigma, which can lead to feelings of isolation, shame, and inadequacy.

Table 1 shows that the perceived public opinion on the cause of infertility among married couples, with 41(36.3%) respondents saying that childlessness is caused by abortion. However, Table 2 reveals that there is medical explanation to the cause of infertility in men by revealing that 65(57.5%) of the respondents agreed that low sperm count is the major cause of infertility among married couples. Also, Table 3 reveals the medical causes of infertility in women to be blocked fallopian tube with 46(40.7%). This means that despite the known medical cause of infertility between men and women, the public still has a say to the cause of infertility which to an extent influences the reaction the childless women get. In mitigating the impact of childlessness or barrenness in marriage using adoption, Table 10 shows that 53(46.9%) agreed on adoption, and Table 11 reveals that 31(27.7%) agreed that the greatest challenge of adoption as a measure is lack of awareness by letting them know that childlessness goes beyond having series of abortion but also as a result of medical issues and adoption can mitigate the conflict of childlessness.



## 1.5 CONCLUSION

This study has shown that an end to lineage and conflict is a major impact of childlessness on married couples. These conflicts are between husband and wife; wife and in-laws; as well as conflict with community members. It is also concluded from the study that abortion is perceived to be the greatest factor responsible for infertility among couples hence stigmatization of women remains a major social issue. Other perceived causes of infertility were discovered to be careless lifestyle like smoking, use of contraceptive, and abortion. It is also concluded that couples lack awareness of the strategies like adoption to cope with childlessness, apart from seeking for medical and traditional solutions.

The study recommends that in correcting peoples' perception towards childless couple mass education was suggested. And that childless couples should seek for medical treatment jointly instead of allowing one partner to carry the burden alone. More-so, people should endeavor to show love and care to childless couples as living in such atmosphere can help them while anxiety, hatred, stress and other negative attributes can worsen their situation. Medical experts should also make their services known to the public; this can be done by educating the public on the importance of medical treatment, and the negative effect of consuming excess herbal concoction. Also making these services cheap and affordable and assessable will go a long way to encourage the poor childless couples to seek for medical help and quit taking native medicine.

Government at the local level and state level should partner with central government to create more awareness at the grass root, on the causes of childlessness and that any of the couples can be at fault not necessarily the women. This partnership should involve faith-based organizations and traditional leaders. Government, Non-Governmental Organizations (NGOs) and the religious institutions should assist in sensitizing and educating members of the public on the beauty of adoption and how it can help in mitigating conflict of childlessness and also to socialize with childless married couples.

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