

Impact of Childlessness on Marriage. (A Study of Married Couples in Lowa Community, Imo State)

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ABSTRACT

The purpose of the article is to analyze the impact of childlessness on marriage, a study of childless couples in Lowa community in Imo State. Begetting and training of children are the primary ends of marriage in Lowa community. The good of the spouses flow from and depend on this. The perpetuation of the lineage is vital to the Lowa people, and marriage is the natural and cultural way of guaranteeing the lineage immortality. For the Lowa people, children are the uniting link in the rhythm of life guaranteeing the continuation of the family from one generation to the next. The problems associated with childlessness challenge both the couples concerned and the society in general. Childlessness has caused many problems, ranging from psychological, physical and/or emotional to social problems, such as broken homes, depression, marital conflicts, psychological problem which comes as a result of inability to bear children, both sexes may feel inadequate to their roles, having mental illness. Sexual activity at early age and promiscuousness should be discouraged. Giving girls a sound moral upbringing helps prevent such practices. So does sending them to school and keeping them there until they complete their education. When a couple is unable to conceive, it is important to find and treat the underlying cause(s), whether medical or psychosocial or both.

INTRODUCTION

In Lowa society perspective, marriage and procreation are intertwined and inseparable. It is almost always presumed that readiness for marriage is readiness for procreation; to get married is an opportunity to contribute freely, through procreation, to the survival of the lineage and society at large. During marriage (both traditional and Christian), one of the most appreciated and common gestures of good-will shown to the newly married couple is praying for them for the fruit of the womb: “may God grant you many children”, “you shall give birth to male and female”, “in nine months we shall gather to celebrate the birth of your baby”. In these wishes, both the societal perception of marriage and the use of sexuality in marriage as primarily geared toward the begetting of progeny are encapsulated. Having children is a natural part of reproductive cycle. This expectation emanates from young people as individuals, as a couple, and from the society of which they are part (Mabasa, 2000). The problem arises when a marriage fails to lead to procreation. A cultural context that stresses procreation blames a woman for any failure in this regard.

There is an uncomfortable silence around the issue of childlessness in Iowa Society. It is often tough enough to lend an ear to the laments of those who experience such pain, suffering and indignity when it comes to the scourge of barrenness. It can be even more grueling for those who suffer from childlessness. Thus childlessness can be a traumatic and worrying experience for men and women who for cultural or personal reasons, view childbearing as central to their lives (Abbey & Halman, 1995, Ndaba, 1994). This is because fertility is one of the most intimate areas of human existence in Iowa society. It reaches deep into an individual's membership of the human race, as well as their place in the extended family. Childlessness questions the core of someone's being at the level of sexuality, the marital/life partner, and the ability to impart life to this life, to conceive and care for the next generation. It is associated with the loss of identity and a shattered sense of belonging (Link, and Phelan 2001). It also cuts off someone's hereditary hope (and birthright) because they are denied leaving their genetic footprint on this world after death.

In Iowa society, the begetting and training of children are the primary ends of marriage. The good of the spouses flows from and depends on this. The perpetuation of the lineage is vital to the Iowa people, and marriage is the natural and cultural way of guaranteeing the lineage's immortality. For the Iowa people, children are the uniting link in the rhythm of life guaranteeing the continuation of the family from one generation to the next.

Begetting children, therefore, is a social and religious duty attached to marriage and is central to it. This informs the strong religious and social opinion against the use of contraceptives and the practice of abortion in Iowa society (Adiele, 2005). Among the Iowa people, sex between married couples is seen primarily as an act of procreation not mere gratification. In this regard, the idea of voluntary childlessness, seen in some parts of the world in which couples for various reasons wittingly abstain from having children, is foreign to Iowa culture (Diana, 1988). Among the Iowa people, every case of childlessness is not only involuntary but also a staggering problem to the couple in question.

Definition of Childlessness

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

Although the definitions of childlessness clearly indicate that childlessness concerns a couple system, Iowa communities tend to view childlessness as a woman's problem, man is hardly accused of childlessness as this is seen to demystify patriarchal norms and puncture man's ego.

IMPACT OF CHILDLessNESS ON MARRIAGE

According to the American Childlessness Association, (2003) childlessness significantly impacts a couple's marriage and becomes a greater contributor of stress than any other life problem. Women are left with feeling empty, defective, incomplete, undesirable and unworthy (Emmanuel 2008).

In turn, some couples find it necessary to endure the pain of childlessness through social isolation in order to protect themselves. As a result of the loneliness experienced, couples with childlessness often have difficulty expressing their feelings of sorrow and most often grieve in private because they feel as though no one can truly understand their feelings of despair and hopelessness.

Psychological Impact of Childlessness

Several studies have confirmed that childlessness is associated with emotional responses such as depression, anxiety, guilt, social isolation, and decreased self-esteem in both men and women (Hollo, Larsen, Obono, and Whitehouse, 2009). Although the association between childlessness and these emotional disturbances has been shown, there has been little research examining the specific nature of these variables in relation to childlessness.

Hollo, Larsen, Obono, and Whitehouse, (2009) conducted a key study exploring the impact of childlessness on psychological functioning. Using 116 couples recruited from an childlessness clinic, participants completed the Eysenck Personality Questionnaire (EPQ), the General Health Questionnaire (GHQ), the Beck Depression Inventory (BDI), the State-Trait Anxiety Inventory (STAI), Dyadic Adjustment Scale (DAS), Interpersonal Support Evaluation List (ISEL), and BEM Sex Role Inventory (BSRI).

Analyses were conducted using three stepwise multiple regression analyses to determine the best predictors of psychological disturbances in both men and women. For males, the only predictor was a diagnosis of male-factor childlessness which was predictive of increased anxiety. For females, increased interpersonal support was predictive of lower anxiety, and trait anxiety was related to depression.

The authors concluded that the two major findings from the study revealed first, there was little evidence of psychopathology in study participants for the first seven to nine months of childlessness treatments. Second, they concluded that marital relationships of infertile couples pursuing childlessness treatments were relatively stable. (Link & Darling, 1986, as cited in Connolly, et al. 1992).

In a recent qualitative study, Williams (1997) examined the psychological effects of childlessness on women. Five women were interviewed in a pilot study and 10 women were interviewed for the research study. Williams conducted open-ended interviews and used inductive methods of analysis. She found that 11 themes emerged universally from the women participating in the study: negative identity, worthlessness/inadequacy, lack of personal control, anger/resentment, grief/depression, anxiety/stress, lower life satisfaction, envy of other mothers, loss of the dream of co-creating, emotional roller coaster, and isolation. With regards to grief and depression, each woman noted that every menstrual period represented a loss that was irretrievable, that pushed them closer to the end of their hopes. Women reported grieving and feeling a loss that was incomparable with any other they had experienced in their lives.

Childlessness and Depression

In the general population, major depression is twice as prevalent in women as it is in men (Llewellyn, Stowe, and Nemeroff, 1997). Many authors have reported that depression is a

common consequence of childlessness (Domar & Seibel, 1990; Leader, Taylor, & Daniluk, 1984; as cited in Domar, Broome, Zuttermeister, Seibel, and Friedman, 1992). However, the exact nature of this relationship has been understudied (e.g., severity, directionality). Only a few articles exist that directly examine the relationship between depression and childlessness.

Domar and colleagues (1992) conducted a study examining the prevalence rates and predictability of depression in infertile women. Three hundred seventy-six infertile participants were recruited for the study from a childlessness treatment center. A control group of fertile women was obtained through patients from a hospital based gynecological practice. Participants were asked to complete two depression measures, the Center for Epidemiological Studies Depression Scale (CES-D) and the Beck Depression Inventory (BDI). The CES-D scale was specifically designed for research. It is intended to measure symptoms of depression rather than general distress.

The BDI was used to measure the intensity of depression among study subjects. Participants were also asked to complete a demographic form measuring age, duration of childlessness, and length of childlessness treatments, past treatments, primary or secondary childlessness, childlessness diagnosis, and history of psychotherapy.

To appropriately assess depression levels in study subjects, cut off scores of 16 for the CES-D and 9 for the BDI were utilized to indicate the presence of depression symptoms, according to the respective test guidelines. Study results indicate no significant differences between infertile women and fertile women with regard to demographic variables.

Childlessness and Stress

The reports regarding the impact childlessness has on relationships seemed to be contradictory. Some studies indicated that the childlessness process brought them closer together. But in another study wives expressed dissatisfaction that their husbands were not willing to participate in decisions related to the childlessness treatment. One of the major issues couples must confront almost immediately upon initiation of the childlessness process is that of stress placed on the marriage (Abbey, Andrews, & Halman 1991). The stress imposed by childlessness treatment stems from of a number of factors. Perhaps the root of the stress can be attributed to the treatment process and the sense of urgency that the treatments impose. Another component of the stress is the amount of guilt felt by the partner who has been diagnosed as infertile (Abbey, Andrews, & Halman 1991). At times this type of situation may be beneficial as it can serve the purpose of strengthening the bond between the husband and wife, but many times it leaves each partner with the inability to meet each other's needs.

When couples are able to show empathy and are sensitive to the other's feelings, the marital bond is strengthened (. However, when couples are not equipped with the ability to openly share their thoughts and feelings, the couples may become isolated from one another and drift apart.

The research conducted in the area of childlessness with regards to stress indicated that, for the most part, women experience stress in a more intense manner as compared to men. In a study that investigated the gender's role in responses to childlessness, the researchers found that the wives of the infertile couple perceived their fertility problem as significantly more stressful than their husbands (Abbey, Andrews, & Halman, 1991). In addition, the wives expressed feelings of having experienced more disruption and stress in all aspects of their lives, including personal, social and sex lives.

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

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

Role of Gender in Response to Childlessness

Freeman, Boxer, Rickels, Tureck, and Mastroianni, (1985) conducted a large-scale study examining the differences in men's and women's responses to the stress of childlessness. They studied 449 volunteer couples at a fertility clinic in Montreal, Canada. Couples participating in the study completed the Index of Psychiatric Symptom Inventory (Ilfeld), (a 29-item scale measuring depression, anxiety, cognitive disturbances, and anger), the Rosenberg Self-esteem scale, the Psychological State of Stress scale, the Dyadic Adjustment Scale, the Index of Sexual Satisfaction, and the Inventory of Socially Desirable Responding. Data collection was conducted at six-month intervals over a two year period, thus qualifying the study for longitudinal status. Findings showed that women experienced significantly more psychological distress than their partners. The women also reported lower levels of self-esteem and greater overall psychological stress. Wright also reported that on average, infertile men and women reported greater overall psychological distress than men and women in the general population.

Abbey, Andrews, & Halman, (1991) examined the role of gender in response to childlessness. They conducted in-person interviews with husbands and wives in 275 couples (550 individuals) recruited from childlessness specialist.

The results from their study confirmed those of many others, namely that wives perceived their childlessness as significantly more stressful than their husbands. They also found that infertile women were more likely to be involved in problem-solving and escape coping, and were also more likely to attribute greater responsibility to them for childlessness than did their husbands.

Childlessness in Men

Fatherhood is not as central to the male identity in Iowa society; males are not exempt from the influence of social culturalization. The essence of masculinity, as taught by society, is a man's ability to demonstrate strength, virility, and potency. However, the infertile man fails to demonstrate these characteristics. As a result, male clients typically report feeling the loss of their identity as a man, a husband, and as a potential father, both by society and by themselves. In essence, they are faced with a potential loss of their manhood (Dyer, Abrahams, Mokoena, and van der Spuy, (2004).). Thus, childlessness also attacks the core of the male identity, but in a slightly different way than it does for females.

According to Okonofua, (2002) childlessness of the male as a result of childlessness is often not acknowledged and is less visible. Further, there are other socially sanctioned ways in which men can mask their childlessness.

Childless men may therefore be less traumatized. However, in cases where the childlessness of a man is known in the society, such man may also suffer different kinds of trauma and stigma.

According to Upton, (2001) in Iowa society, childless men have lesser status in the community compared to their peers with children and their views may not be considered or they may not be allowed to contribute to societal discussions.

The Effect of Childlessness on the Couple Relationship

Childlessness often comes as an unexpected shock to most couples. For many, having children is not a question of if, but when.

Differences in the way couples commonly view childlessness can lead to tension and anger in marital relationships. According to Watkins & Baldo (2004, 399) infertile couple goes through feelings of disbelief, denial, anxiety and loss of control, isolation and guilt. One woman in their study stated, I was angry at him, because I didn't think it really affected him like it did me. I just felt that his life was good and my life wasn't. A man in the same study commented, [My wife] would get upset with me, saying you don't really seem to care, you don't seem to take interest in this.

Freeman, Boxer, Rickels, Tureck, & Mastroianni. (1985) reported that almost 50% of women considered childlessness the most distressing experience of their lives, compared to only 15% of men. Greil, Gannon, Sherr, and Abel (1988) found that wives considered childlessness an enormous role failure, while husbands perceived childlessness as a disconcerting event, but not a tragedy.

Several studies have been conducted examining the link between marital adjustment and childlessness. Although there has been a general consensus that infertile individuals and couples are generally more distressed than those presumed to be fertile, there has been some disagreement whether childlessness related stress has a negative effect on couples' marital relationships.

Several researchers propose the stress related to childlessness causes depletion in the resources of a marriage, uncovering problems that might not have been addressed and adding an unmanageable burden on the couple (Gray, 2002). In these instances, the couple typically relies on each other for support.

However, a second group of researchers report that infertile couples have above average levels of marital satisfaction hypothesizing that childlessness acts as a challenge that brings the couple closer together and opens up new lines of communication and problem solving (Callan, 2007). Shapiro (2002) was one of the first authors to write about the impact of childlessness on marital relationships. Writing from a developmental perspective, he noted childlessness was a, unanticipated shock for most married couples. He proposed that childlessness could be viewed as a crisis, or a turning point that offers the opportunity for regression or for growth. He noted that crises are situations that are perceived as a threat, loss or challenge and typically occur after the

normal coping strategies and resources of the couple have been depleted. He hypothesized that couples typically mourn the loss of their expectations to have a child and commonly pass through the stages of grief: denial, anger, grief, and acceptance. Shapiro, (2002) proposed ways in which counselors may help infertile couples at each stage in the grieving process, and suggested that grief resolution was a necessary component in resolving marital difficulties associated with childlessness. Watkins and Baldo, (2004, 395) and Tulppala, (2002) discussed in their publications about the roles of counselling, support from friends and relatives and peer-support in infertility crisis. Watkins and Baldo (2004, 395) noticed that couples would benefit from counseling. Watkins & Baldo, (2004, 395) find that group of infertile couples who participated counseling for 8 weeks reported having less distress and depression compared to infertile couples who didn't participate counseling at all.

Results showed that for men, marital satisfaction was not determined by the variable of pregnancy nor sexual satisfaction, but was solely accounted for by the level of stress they experienced as a result of the childlessness. For women in the study, it was found that sexual satisfaction was the only variable that was predictive of marital satisfaction, suggesting that the quality of a women's sexual relationship is linked to the overall adjustment of her marriage. The authors concluded that although childlessness was a stressful experience for both men and women and had effects on their sexual functioning, it did not positively or negatively affect their levels of marital satisfaction.

CONCLUSION

The experience of childlessness by childless women in Iowa is marked by various kinds of social, economic and emotional consequences. Those experiences are in many ways similar to those of childless women in other cultures. What Iowa childless women share with other childless women is the feeling of low self-esteem due to their childlessness? They are often described as being 'hollow', 'empty', 'barren or 'wasted and arid'. Gray (2002) observed, that '... the vast majority of these childless women made no distinction between failed bodies and failed selves. They seem to experience childlessness as a generalized role failure, not just as a failure of the body'. Similarly, the feelings of guilt accompanying distress have also been found in studies of childless women in Iowa community

Divorce, abandonment and remarriage by husbands are more frequent outcomes of childless women. Mariano, (2004) explanation of the status of married women in the family identifies the root cause of the problem. In her ethnographic study on marriage, she points to the 'stranger' role of a newly-wed woman in her in-laws' house. This woman must prove her usefulness as a woman, in order to contribute to the prosperity of her in-laws' family. The main way to show this is to give birth to a baby. If she fails in this task, she remains a permanent stranger in the family, and continues to hold a low status. Through bearing a child a newly-wed woman gains acceptance and this is an experience that a childless woman never feels.

Inhorn (1996) observed that in societies where motherhood is the synonym of womanhood, childlessness destroys the identity of a woman as a woman. Women are ostracised from the community and are blamed for their reproductive failing. They are seen as less worthy than other women, due to their barrenness as well as poorness, and are held responsible for fixing their 'improper feminine organ' themselves. In Iowa community, it is also the case that motherhood

is the synonym of womanhood. However, in contrast to Egypt as described by Inhorn, it is not poorness per se that stigmatises women. Lowa childless women suffer in the first instance more from their 'not normal' identity than from poverty.

Emotionally, the childless Lowa women in this study had become gloomy and sad, developed a sense of guilt, isolated themselves and become lonely. All the rural women in one way or another had been verbally, physically or mentally abused by their husbands, their in-laws, and the community. Majority of them faced marital disruption, if not throughout their lives, then at least at some point. In their personal lives the women described how they always lived with a sense of insecurity and the feeling that their husbands might abandon them and marry a new wife. They suffered from loss of identity and self-esteem. The women were called stigmatising terms, received taunts from in-laws, were subjected to social ostracism, and sometimes were deprived of food.

RECOMMENDATIONS

The study hereby recommends the following:

1. Sexual activity at early age and promiscuousness should be discouraged. Giving girls a sound moral upbringing helps prevent such practices. So does sending them to school and keeping them there until they complete their education.
2. When a couple is unable to conceive, it is important to find and treat the underlying cause(s), whether medical or psychosocial or both.
3. Good counseling can also help both men and women. Social and cultural beliefs in Lowa community often limit the extent to which infertile couples talk about their sexual problems. Counseling will help couples open up to each other and their doctor about their burden and obtain assistance, including information and education.
4. There is dire need for providing adequate and accurate information at the community level to correct the misconception and myths about childlessness.
5. It is clear that childlessness in a woman increases the chances that her human rights will be violated even when the aetiology of the problem is not directly attributed to her. In view of these, women's health advocate and the Government at various levels should endeavour to provide adequate preventive and counseling service to improve the reproductive health and rights of women in Nigeria.

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