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International Journal of Public Relations and Social Sciences (IJPRSS)
Vol. 1, Issue 2, June 2025 // ISSN: 1595-0778

The Socio-Cultural Impact of Childlessness on Married Couples: A study of Akwa Ibom North West Senatorial District

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DOI: https://doi.org/10.5281/zenodo.15751337

Citation: Udoh, E. R., & Asuquo, M. E. (2025). The Socio-Cultural Impact of Childlessness on Married Couples: A study of Akwa Ibom North West Senatorial District. *International Journal of Public Relations and Social Sciences,* 1(2).

Abstract

Childlessness remains a significant global concern, particularly in Akwa Ibom North West Senatorial District, where it is associated with illness, drug use, lifestyle choices, and biological infertility. This study investigates the socio-cultural impacts of childlessness on marriage, emphasizing psychological trauma, social exclusion, and marital instability. Guided by feminist theories by Mary Wollstonecraft (1792) and Betty Friedan (1963), the study utilized purposive and stratified sampling techniques. A sample of 350 respondents was drawn from a population of 1,894,000 using the SurveyMonkey sample size formula. Primary and secondary data were collected and analyzed using Chi-Square statistical methods. The findings revealed a significant relationship between childlessness and both alcohol/smoking habits ($\chi^2 = 12.92 > 9.49$, $p < 0.05$) and the intake of orthodox medicine ($\chi^2 = 73.86 > 9.49$, $p < 0.05$). These results indicate that lifestyle and treatment approaches influence reproductive outcomes. The study recommends targeted public health education, responsible health-seeking behaviours, and joint medical consultations by couples to reduce stigma and improve fertility outcomes.

Keywords: Socio-cultural, childlessness, marriage, couples, psychological impact

1.1 Introduction

Childlessness remains a major problem in the world today. According to Merlo (2002), procreation is a key function of the family; every man takes a wife primarily to have children for the continuity of his name and lineage, and to contribute to societal

productivity and development. In traditional African societies, many women strive to ensure the procreation of children to its fullest. When this central purpose of marriage is not fulfilled, it often results in tension and distress.

Throughout the world, and particularly in Annang land, the word *childlessness* sends a cold signal and immediately arouses a sense of pity. Having children is considered essential in marriage and a major necessity for married couples. From a cultural and traditional perspective, marriage is seen as a means of procreation, lineage continuity, and the transfer of cultural values and norms from one generation to another (Gibson, 2002).

Technically, *childlessness* denotes the absence of children. Though it carries implications of loss and bereavement, it can refer to anyone without children, whether by choice, circumstance, or biological limitation. In some cases, wealthy families adopt children to provide heirs in the face of childlessness. Biblically, having children is seen as a blessing, as shown in Genesis 1:28 where God commanded man to "be fruitful, multiply and replenish the earth." Historically, in agricultural and pre-industrial societies, children were viewed as economic assets. Their labor was vital in planting, harvesting, and tending livestock. As such, families valued large numbers of children, and it became culturally accepted and expected that married couples should procreate.

In Akwa Ibom State, and Annang land in particular, childlessness is regarded as a great personal tragedy, often accompanied by deep emotional pain and grief, especially when due to infertility or the death of a child. Traditionally, women are often blamed for childlessness, compounding its emotional, psychological, cultural, and social impacts. In Annang society, childless women are frequently relegated to the background and are given various derogatory names. For example, a mother-in-law may refer to her as "Una ajen," meaning "I am defeated because I have no child." She may also be called "Ndarake," meaning "an unhappy or uncelebrated woman." Society may further mock her by calling her "Ada," meaning "barren woman," or "Otono odon ke nto," meaning "after eating my brother's food, she goes to the toilet to defecate," among others.

Udoh (2020) opined that, in African cultures, marriage is primarily for the begetting of children. Women who are unable to conceive are often shamed and ridiculed, and their lives become a social and emotional disaster. Rowland (2001:11) distinguishes between couples who are willing to have children but cannot, described as "involuntary childlessness", and those who are able but choose not to, referred to as "child-free." Having children brings a sense of fulfillment, particularly to women.

In this regard, Owo (1994) argues that having many children gives one a sense of contentment and importance and earns respect in the community. Marriages without children often end in divorce. Psychologically, Owo explains that childless couples, especially women, are frequently depressed about their condition. They carry the burden of blame, often feeling isolated and hurt by comments or actions from husbands, in-laws, or members of the community. Every statement or gesture is often interpreted as a reference to their inability to conceive.

To avoid embarrassment, many couples distance themselves from others. They may feel humiliated when people, often out of ignorance, inquire about their children. Such encounters can lead to quarrels, emotional breakdowns, or even suicide. In severe cases, prolonged distress leads to mental illness. It is on the basis of these assertions that this research seeks to explore the socio-cultural impact of childlessness on married couples in Akwa Ibom State, with a focus on Annang land.

1.2 Statement of the Problem

People suffer from childlessness for various reasons, including drug abuse, the effects of hard drugs, contraception, repeated abortions, spiritual influences, and genetic inheritance. Unfortunately, it is often the woman who bears the brunt of this condition, even when she is not the cause. She is subjected to constant stress, frustration, and disappointment. She loses respect and is ridiculed. She is always tense and sorrowful.

Men, in many cases, refuse to accept that they could be the source of the problem. As a result, women, pressured by societal expectations, are sometimes forced to bring in children from outside the marriage to preserve the union. Childlessness causes frequent quarrels, misunderstandings, and suspicion between couples. Sexual intimacy becomes mechanical and unfulfilling. The woman is at risk of divorce or, in some cases, may find herself with rivals brought into the marriage.

The number of childless couples is steadily increasing. This is evident in the strong resistance to adoption, even among couples with no children at all. In many cases, childlessness stems from past choices during youth, such as engaging in unprotected sex, illicit drug use, or efforts to prevent pregnancy (Ugwuanyi, 1999).

According to the World Health Organization (2014), married couples experience childlessness for a range of reasons, including drug abuse, hard drug intake, contraceptive use, multiple abortions, genetically inherited conditions that affect fertility (such as low sperm count), and psychological disorders. Nwapa (1996) noted that some couples attribute their childlessness to supernatural causes, relying on divine intervention and believing that God will remember them in due time. Others turn to adoption but remain resigned to their biological infertility, showing little interest in discovering or treating the underlying cause.

In view of these challenges and the ineffectiveness of existing solutions, this study seeks to investigate the socio-cultural impact of childlessness among married couples in Akwa Ibom North West Senatorial District.

1.3 Research Objectives

i. To examine the relationship between alcoholic, smoking and childlessness among married couples in Akwa Ibom North West Senatorial District.

ii. To investigate the relationship between orthodox medicine intake and childlessness in the study area.

1.4 Research Questions

i. Is there a significant relationship between alcoholic, smoking and childlessness among married couples in Akwa Ibom North West Senatorial District?
ii. Does the intake of orthodox medicine significantly relate to childlessness among couples in the study area?

1.5 Hypothesis

i. There is no significant relationship between alcoholic, smoking and childlessness
ii. There is no significant relationship between Orthodox medicine intake and childlessness.

Literature Review

2.1 Conceptual Framework

2.1.1 Concept of Marriage

Marriage, generally speaking, holds a very significant place in human society. It not only brings two individuals together in love and companionship, but it also ensures the continuation of the human race through procreation. Egbucha (2007) opined that the role of marriage has been crucial in every society because it serves as a medium for continuity. Once an individual attains adulthood, marriage becomes an indispensable function expected of them, and any reluctance attracts pressure from parents and relatives alike.

In a similar vein, children occupy a central position in every marriage within the culture of Ikot Ekpene Senatorial District. Among the prayers and blessings offered to newlyweds, fertility is mentioned first and foremost (Obi, 2014). Parents, when blessing their children during marriage ceremonies, often emphasize fertility, demonstrating its cultural significance. As a result, any marriage that does not produce children is seen as fruitless and regarded as a misfortune (Obioma and Anyanwu, 2013).

Marriage holds a deeply rooted place in the socio-cultural life of African society. The family is considered the basic unit of society, and marriage is understood as the lawful union of a man and woman from different families, primarily for the purpose of bearing children, following the performance of customary rites.

2.1.2 Concept of Infertility

According to the World Health Organization (2006), male partners contribute up to 40% to infertility and childlessness, while women account for 60%. Determining the exact rate of male infertility remains difficult, partly due to cultural norms that prioritize male dominance in African societies. Because pregnancy is visibly expressed in women, a woman's inability to conceive is often the first and only sign of infertility that society acknowledges.

Charlene (2007), as cited in Njoku (2016), explained that in Nigeria, couples typically begin to pray and strive for children immediately after marriage. A bride who becomes pregnant early is considered to have fulfilled expectations, and the sight of her growing belly is met with celebration. In contrast, when there is no visible sign of pregnancy, the couple, especially the woman, faces stigma, depression, and social pressure. In most Nigerian settings, women do not seek medical treatment for infertility until 12 to 20 months into the marriage.

Osokoya (2008) observed that many childless couples initially seek help in hospitals but, when quick solutions are not forthcoming, they turn to Traditional Infertility Healers (TIHs). Often, women may continue visiting both hospitals and traditional healers, but they do not mix treatments, as TIHs typically forbid this. Decisions about when, where, and how to seek treatment are usually made by the women, often with little or no input from their husbands.

In light of these issues, Navle (2004) reported that while men contribute about 30% to infertility cases, fewer than 20% of Nigerians believe men can be infertile. In contrast, more than 70% of Africans, both overtly and covertly, believe that infertility is solely a woman's issue. Despite clear evidence that male infertility exists, many men refuse fertility testing, which complicates diagnosis and treatment. Okojie (2004) added that this refusal often leads to unsuccessful treatments and perpetuates the belief that women are solely responsible. Consequently, wives continue to bear the burden of their husbands' shortcomings.

Nwafor (2016) noted that some infertile men enter into secret arrangements with trusted friends or relatives to impregnate their wives, allowing the child to bear their name without being their biological offspring. In other cases, women (aware of their husbands' infertility) may secretly seek help from other men, with or without their husband's consent, to conceive and avoid the shame of childlessness.

2.1.3 Concept of Childlessness

According to Balen (2001), childlessness refers to “men and women who are unable to have children.” Globally, approximately 70–80 million couples are currently infertile, with tens of millions considered permanently childless. For many, the inability to have children is a major life issue. Scholars have approached the concept of childlessness from various perspectives. Gerrist (2009) noted that the negative implications of childlessness are particularly severe in developing countries like Nigeria, where affected couples often endure personal suffering and social stigmatization. The well-being of women, in particular, is significantly impacted.

From the researcher's viewpoint, childlessness presents an unbearable social problem, not only for married women and couples, but also for extended families and the wider society. Peter (2010) described childlessness as a common and culturally significant phenomenon in Africa, especially in Nigeria. He explained that childlessness

involves ambiguity, meaning it can be open to different interpretations depending on socio-cultural perspectives. In this study, childlessness is understood in multiple ways due to these varied perceptions and cultural beliefs. Larsen (2004), supporting Peter (2010), observed that in Nigeria, there is a widespread belief that the woman is always at fault in cases of infertility.

Kelly (2009) argued that childlessness is part of the diverse realities shaping modern marriage and family life. The concern arises not only because of the societal emphasis on continuity, but also due to the emotional toll it takes on individuals. As with other social phenomena, childlessness must be understood within historical, cultural, and social contexts, as well as through individual experiences. Research shows that there are two main types of childlessness: voluntary and involuntary. Voluntary childlessness, or being "childfree," is a deliberate decision not to have children. Involuntary childlessness refers to couples who desire children but are unable to have them (Charlene, 1986). However, from the researcher's perspective, voluntary childlessness is virtually unheard of in Annang communities, where the desire for children is paramount.

2.1.4 Causes of Childlessness

Medically, there are various causes and risk factors responsible for childlessness among couples. According to Eisenberg (2011), "infertility in men is most often caused by low or no sperm count, and blockage of the tubes that transport sperm." On the other hand, "infertility in women results from a range of issues such as problems with ovulation, blocked fallopian tubes, and physical damage to the uterus." Additionally, "sexually transmitted diseases (STDs), advanced maternal age, smoking, and excessive alcohol consumption" are also identified as significant risk factors for infertility.

However, a considerable number of people globally have limited understanding of the medical causes of infertility. Often, the problem is interpreted through other lenses. "Infertility is associated by some with supernatural powers," while others attribute it to "diseases or the absence of reproductive organs." According to Oknofuaa (1997), research on infertility in Nigeria revealed the prevalence of "several traditional beliefs regarding the causes of infertility." Social scientists continue to debate the relative impact of "voluntary and involuntary factors" in the rise of childlessness. Notably, "individual self-fulfillment and freedom of choice" have emerged as key components influencing this phenomenon.

2.1.5 Ways of Preventing Childlessness in Akwa Ibom North West Senatorial District

One approach to reducing the risk of infertility among couples is through pre-marital and early marital medical assessments. "Fertility tests," though they may seem unusual to some, are crucial for all intending couples before they say "I do." These tests can

identify fertility issues early, thus avoiding the "biological, psychological, social, and emotional trauma" commonly associated with barrenness. Fertility evaluations typically include "seminal analysis for men," hormonal assessments for both partners, including FSH, LH, prolactin, testosterone, estrogen, and progesterone, and "ovulation testing for women," along with "pelvic ultrasound scans" to evaluate internal reproductive structures (Sampson, 2019).

Equally essential is the "chronic medical condition test." Marriage is a lifelong journey, and awareness of a partner's genetic or chronic health conditions enables early preparation for potential challenges. These tests may include screenings for "diabetes, hypertension, certain cancers, liver and kidney diseases, and thalassemia." According to Sampson (2019), "early testing allows couples to seek medical care before these conditions become critical."

"Low sperm count" is another significant concern. Defined medically as having "fewer than 15 million sperm per milliliter of semen," this condition, known as oligospermia, reduces the chances of fertilization. An even more severe form, "azoospermia," refers to a complete absence of sperm. While low sperm count decreases fertility, "many men with low sperm count can still father children" (Sampson, 2019).

Understanding a partner's "blood group" is also vital. Blood group incompatibility, especially regarding the Rhesus factor, can severely affect the fetus. Women with a "Rhesus-negative blood type" married to "Rhesus-positive men" face a high risk of incompatibility. In such cases, the mother's body may produce antibodies that attack the red blood cells of the fetus, potentially leading to "intrauterine death or miscarriage." Early awareness allows medical professionals to apply preventive interventions (Sampson, 2019).

"Testing for HIV/AIDS and sexually transmitted diseases" is indispensable. Given the widespread presence of these conditions, both partners should be screened before marriage. While "HIV/AIDS requires lifelong management," other STDs such as "gonorrhea, syphilis, and genital warts" are treatable with appropriate care. These tests not only protect both partners but also "reduce the risk of infertility and miscarriage" (Sampson, 2019).

Finally, the "sickle cell test" plays a crucial role in reproductive decision-making. Sickle cell disease is a debilitating hereditary condition caused by abnormally shaped red blood cells. According to Sampson (2019), "it is strongly advised that individuals with sickle cell disease (SS) should not marry those with the sickle cell trait (AS)," as this combination gives a 50% chance of the offspring inheriting the disease. However, marriages between an SS individual and an AA partner are medically acceptable, as such unions produce offspring who are merely carriers without the disease.

2.2 Theoretical Framework

This study adopts feminist theory as its theoretical framework. Originally articulated by Simone de Beauvoir in 1990, the theory offers a lens through which childlessness can be examined from the perspective of marginalized groups, particularly women. Feminist theory emphasizes the disparities between women's lived experiences and the dominant societal narratives that define their identities, particularly in relation to sexuality and motherhood. These discrepancies often give rise to emotions such as guilt, fear, anxiety, ambivalence, and a sense of exclusion (Abrahams, 2002:8).

According to Hugues (2002), feminists have actively sought to dissociate a woman's value from her reproductive ability, challenging the traditional belief that motherhood is central to female identity. Feminist theory describes this process as "reality reconstruction", where couples begin to integrate their infertility and childlessness into their sense of self. This reconstruction involves rejecting the socially constructed belief that fertility equates to self-worth.

Research has shown that childlessness is often perceived by married women as a deeply stigmatizing and shameful condition, both in terms of personal identity and social acceptance. Bharadwaj (2002) argued that society frequently places the blame for infertility on women, regardless of the actual cause. As a result, women who are childless may internalize this identity, overshadowing other important roles they occupy, such as spouse, friend, partner, or family member. This internalization can lead to social withdrawal and isolation, as their identity becomes narrowly defined by their inability to conceive. By applying this feminist theory, this study seeks to uncover the socio-cultural dynamics that perpetuate the marginalization of childless women, while also highlighting their resilience and agency in redefining their self-worth beyond motherhood.

3 Research Methodology

This study adopted a descriptive survey approach to examine the socio-cultural impact of childlessness among married couples in Akwa Ibom North West Senatorial District. The choice of this design was informed by the need to capture lived experiences, perceptions, and cultural interpretations of childlessness in a region where fertility is deeply valued.

The study was conducted across selected local government areas within the senatorial district, where cultural norms strongly associate a couple's social worth with their ability to bear children. The population comprised married men and women, both childless and those with children, to enable a comparative understanding of social attitudes and pressures. A sample of 200 respondents was selected through a stratified random sampling technique, ensuring representation across gender, marital duration, and location.

Data were gathered using a structured questionnaire developed specifically for this study, which included both closed- and open-ended items. The instrument was divided into sections that addressed demographic data, perceived causes of childlessness, cultural responses, and coping mechanisms. To enrich the data, in-depth interviews were conducted with a subset of respondents, including childless couples, community elders, and healthcare providers. These interviews provided qualitative insights into the nuanced social meanings and personal experiences surrounding infertility.

To ensure credibility, the research instrument was subjected to expert validation, and a pilot study was conducted in a neighboring area. Quantitative data were analyzed using simple descriptive statistics such as frequency and percentage distributions, while qualitative responses were analyzed thematically, focusing on recurrent patterns and culturally embedded narratives. Ethical considerations were strictly adhered to; participants' anonymity and consent were fully respected throughout the process.

4 Presentation and Result

Hypothesis One:

Ho There is no significant relationship between alcoholic, smoking and childlessness

Table 1: Responses of Respondents on the Link Between Alcoholic, Smoking and Childlessness

Responses	*SA*	*A*	*SD*	*D*	*UND*	*TOTAL*
Males	65	65	5	4	2	200
Females	95	74	21	16	3	150
Total	160	139	26	20	5	350

Row Total x Column total

Cell A = $\frac{200 \times 160}{350}$ =91.24

Cell B = $\frac{200 \times 139}{350}$ =79.42

Cell C = $\frac{200 \times 26}{350}$ =14.85

Cell D = $\frac{200 \times 20}{350}$ = 11.42

Cell E = $\frac{200 \times 5}{350}$ = 2. 85

Cell F = $\frac{150 \times 160}{350}$ =68.75

Cell G = $\frac{150 \times 139}{350}$ =58. 57

Cell H = $\frac{150 \times 26}{350}$ = 11.14

Cell I = $\frac{150 \times 20}{350}$ = 8. 57

Cell J = $\frac{150 \times 5}{350}$ = 2.14

Table 2: Chi-Square Distribution Table

Responses	*Fo*	*Fe*	*Fo-Fe*	*(Fo-Fe)²*	*(Fo-Fe)²/FE*
A	95	91.24	3.76	14.13	0.13
B	65	79.42	14.42	209.93	2.27
C	21	14.85	6.15	37.82	2.54
D	16	11.42	4.85	22.21	1.94
E	3	2.85	0.15	0.02	0.00
F	65	68.75	3.75	14.06	0.024
G	74	59.57	14.43	293.09	0.20
H	5	11.14	6.14	37.69	3.38
I	4	8.57	4.57	20.88	2.43
J	2	2.14	0.14	0.01	0.00
TOTAL					Ex^2= 12.92

Degree of freedom = (C-1) x (R-1)
= (5-1) x (2-1)
= 4 x 1
DF = 4
Level of significance = 0.05
Calculated value of Chi-square = 12.92
Critical value = 9.49

Decision Rule

The calculated Chi-square value of 12.92 exceeds the critical table value of 9.49 at the 0.05 level of significance with 4 degrees of freedom. This leads to the rejection of the null hypothesis and the acceptance of the alternative hypothesis, indicating that alcohol and smoking have a significant relationship with childlessness.

Hypothesis Two:
Ho: There is no significant relationship between orthodox Medicine intake and childlessness.

Table 3: Responses of Respondents on the Link Between Orthodox Medicine and Childlessness

RESPONSES	***SA***	***A***	***SD***	***D***	***UNDECIDED***	***TOTAL***
Males	105	65	15	16	4	210
Females	17	54	5	6	1	140
Total	122	129	20	22	5	350

To calculate for expected frequency
Row Total x Column Total
N

$$\text{Cell A} = \frac{210 \times 122}{350} = 73.2$$

$$\text{Cell B} = \frac{210 \times 129}{350} = 77.4$$

$$\text{Cell C} = \frac{210 \times 20}{350} = 12$$

$$\text{Cell D} = \frac{210 \times 22}{350} = 13.2$$

$$\text{Cell E} = \frac{210 \times 5}{350} = 3$$

$$\text{Cell F} = \frac{140 \times 122}{350} \; 48.8$$

$$\text{Cell G} = \frac{140 \times 129}{350} = 51.6$$

$$\text{Cell H} = \frac{140 \times 20}{350} = 8$$

$$\text{Cell I} = \frac{140 \times 22}{350} = 8.8$$

$$\text{Cell J} = \frac{140 \times 5}{350} = 5$$

Table 4: Chi-Square Distribution Table

Responses	*Fo*	*Fe*	*Fo-Fe*	*(Fo-Fe)²*	*(Fo-Fe)²/Fe*
		73.2			
A	105	77.4	31.8	1011.24	13.81
B	65	12	12.4	153.76	1.98
C	15	13.2	3	9	0.95
D	16	3	2.8	7.84	0.59
E	74	48.8	1	1	0.33
F	17	51.6	31.8	1011.24	20.72
G	54	8	2.4	5.76	33.17
H	5	8.8	3	9	1.12
I	6	2	2.8	7.84	0.89
J	1		1	1	0.5
TOTAL					$Ex^2 = 73.86$

Degree of freedom = (C-1) x (R-1)
Df = (5-1) x (2-1)
Df = 4 x 1
Df = 4

Level of significance = 0.05
Calculated Chi-square = 73.86
Critical Value = 9.49

Decision Rule
Since the calculated Chi-square value of 73.86 is greater than the critical table value of 9.49 at the 0.05 level of significance with 4 degrees of freedom, the null hypothesis is rejected and the alternative hypothesis accepted. This indicates that orthodox medicine intake has a significant relationship with childlessness.

4.2 Discussion of Findings

The result of the first hypothesis test revealed that there is a significant relationship between alcohol/smoking and childlessness. This finding confirms existing medical literature which identifies excessive alcohol intake and tobacco use as major risk factors for both male and female infertility (Eisenberg, 2011). Lifestyle choices such as chronic alcohol consumption and smoking negatively impact sperm quality in men and disrupt ovulation in women, thereby reducing the chances of conception. The societal misconception, however, continues to place disproportionate blame on women for childlessness, irrespective of the underlying cause. These attitudes often manifest in the form of verbal abuse, social isolation, and in some cases, physical violence.

Similarly, the second hypothesis, which examined the relationship between orthodox medicine intake and childlessness, also yielded a statistically significant result. This underscores the public concern that long-term or inappropriate use of pharmaceutical drugs—especially hormonal therapies, antibiotics, or traditional over-the-counter treatments—may adversely affect fertility. While orthodox medicine is intended to address various health conditions, the misuse or unsupervised consumption of these medications has been linked to reproductive challenges. This finding supports the need for improved reproductive health education and responsible medical consumption.

Further qualitative data collected through interviews and anecdotal evidence indicate that childlessness is deeply stigmatized in the region. Cultural narratives often frame infertility as spiritual punishment or the result of past misdeeds, particularly when medical explanations are not readily understood. According to Abiodun (2010), this stigma is most severely expressed through the attitudes of in-laws, especially mothers-in-law, who may pressure husbands to remarry or forcefully eject the woman from her matrimonial home. These practices perpetuate gender-based discrimination and exacerbate the psychological trauma experienced by childless women. Philip Bassey (2023) provided firsthand accounts of the social rejection faced by childless women. These include gossip, ridicule, and even hostility from community members and children. In extreme cases, childless women are accused of witchcraft or denied cultural burial rites upon death, further emphasizing the social consequences of infertility.

Widowhood presents another layer of hardship. A childless widow often faces dispossession and abandonment. In many communities, she is denied inheritance, excluded from traditional rites, and may even be held accountable for her husband's debts. These realities underscore the deeply rooted patriarchal norms that equate a woman's value and security with her reproductive ability.

Despite the medical advancements in assisted reproductive technologies such as IVF, ICSI, and hormone treatments, access remains limited, and cultural acceptance is still evolving. Therefore, public enlightenment and community-based support systems are essential. Adoption, fostering, or engagement in community childcare can provide alternative forms of parenthood. As rightly noted, parenthood should be defined not only by biology but also by love, care, and commitment.

5.1 Conclusion

The findings of this study have brought to light the complex and multifaceted nature of childlessness, particularly among women, in Akwa Ibom North West Senatorial District. Biomedically, female infertility is commonly linked to ovulatory dysfunction, tubal blockage, and uterine abnormalities. However, the social consequences of infertility extend far beyond the medical realm, touching on mental health issues such as anxiety and depression, and broader social concerns such as stigmatization, marital

instability, and domestic violence. This study affirms that childlessness is not merely a medical issue but a deeply social and cultural phenomenon. The significant relationships found between alcohol/smoking, orthodox medicine intake, and childlessness highlight the need for targeted public health interventions, behavioural education, and supportive community structures to address both the causes and consequences of infertility in this region.

5.2 Recommendations

Based on the findings and conclusion of this study, the following recommendations are proposed to address the causes and social consequences of childlessness in Akwa Ibom North West Senatorial District:

1. Prominent personalities, traditional leaders, and political stakeholders in Akwa Ibom North West Senatorial District should advocate for and support the establishment of a government-funded specialist hospital equipped to handle infertility issues. Such a facility would provide accessible diagnostic services, counselling, and advanced reproductive technologies to couples struggling with infertility.

2. Couples experiencing delays in conception should be encouraged to seek help from certified medical experts, particularly gynecologists and fertility specialists. Early and professional intervention increases the chances of successful treatment and minimizes the risks associated with self-medication or unverified therapies.

3. Married couples should be advised against relying solely on spiritual houses or traditional herbal remedies for treating infertility. While cultural beliefs may provide emotional comfort, addressing infertility requires a biomedical approach grounded in accurate diagnosis and evidence-based treatment.

4. Community leaders, healthcare professionals, and media outlets should collaborate on campaigns that discourage excessive alcohol intake and smoking. Given their proven link to infertility, especially in men, reducing these habits can improve reproductive health outcomes in the region.

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