

Childlessness and its coping strategies among couples in Lafia Local Government Area, Nasarawa State, Nigeria

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Abstract

Background: Childlessness can steal joy in the family as it poses an overwhelming effect on the mental state of couples. Couples' ability to cope with childlessness-related stress to a greater measure relies on which sort of coping strategies more commonly in use by childless couples. Related literature has emphasised the effects of childlessness on childless couples. However, there is no enough empirical study to investigate the effects of childlessness and its coping strategies among couples.

Objective: This study sought to examine the effects of childlessness and its coping strategies among couples.

Methodology: A descriptive cross-sectional survey design and purposive sampling method. A structured questionnaire (which served as the instrument for the study) was developed by the researcher. A total of 120 couples facing difficulties in having children responded to the instrument that provided data for the study. Descriptive statistics such as frequency counts, percentages and mean scores were used to answer the research questions.

Result: The findings revealed that the use of self-controlling strategy such as trying trying to control emotions, Positive reappraisal coping strategies such as channelling couples effort to do something creative, seeking social support such as reading/listening or watching programs on television on infertility and emotional support coping strategies were important to help couples to cope with their situation.

Unique contribution: This study has provided additional empirical data to support the position that childlessness can be managed effectively through the coping strategies.

Conclusion: The types of coping mechanisms childless couples utilize more frequently has a significant impact on their ability to adapt to the stress caused by childlessness.

Key recommendation: Couples who are childless must be tolerated, couples should always communicate to themselves, couples with childlessness issue should be given support by their family members and friends and should be encouraged to go for counselling.

Key words: Childlessness, coping strategies, couples, Lafia, Nasarawa state

Background to the Study

Evidence from history has it that, reproduction has always been essential in the continuation of the human race. For those couples who wish to build a life together, they

often have a desired vision for their future and typically desire to have children of their own (Asemota, 2015). In most cultures, pregnancy and parenting are seen as major, integral and desirable steps of life progression. Achieving the role of a parent is a top priority for many men and women, and this ideal has been instilled in us through multiple generations. Parenthood is essential for attaining personal satisfaction, social validation, reaching full adult status, embracing religions, reinstating identity and achieving mental equilibrium. Reproducing and parenting are both generally considered fundamental human rights, and a necessary advancement in life stages. For couples without children, the range of emotions can be vast, ranging from a slight sense of disappointment to overwhelming grief (Asemota, 2015).

Worldwide, 5 to 10 percent of couples are presently affected by childlessness (Hayes, 2016). Childlessness experienced by couples at some point of time is reported to be between 8 to 12 percent around the world, affecting nearly 50 to 80 million people and the prevalence is cited to be about 5 percent due to anatomical, genetic, endocrinological and immunological problems (Hayes, 2016.) In India, there are estimated to be between 5 and 10 million infertile couples, and this figure is growing by around 5% every two years.

Childlessness is known as being unable to conceive after one year of unprotected sexual intercourse without known reproductive issues. Ayankeye, (2013) argue that children are considered a blessing, and in some societies, they are even seen as a sign of God's approval and blessings for the marriage. Ultimately, it is up to each individual or couple to make the decision on whether or not to have children and how many. However, couples in many African cultures may face immense pressure from family and social groups if they are unable to bear children shortly after their union, which can result in frustration, resentment, and depression (Rasak & Oladipo, 2017)

In Nigeria, researchers have studied the prevalence of childlessness through demographic surveys, epidemiological surveys, and clinical observation (Pedro, 2013). The Nigeria Demographic and Health Survey for 2010-2016 reported a primary infertility rate of 22.7% for women aged 15-24 and 7.1% for women aged 25-49 (Tabong et al, 2013). This inability to conceive affects both men and women throughout the nation, leading to distress, depression, discrimination, and ostracism. To cope with the strain of infertility, couples use a variety of strategies such as escape/avoidance tactics, self-control methods, seeking social support, positive reappraisal approaches among other.

Jordan and Al-Asadi (2015) suggest that coping strategies are techniques used by individuals to handle difficult situations. Everyone manages stress in their own way and develops tactics over time that prove to be beneficial for their mental health. Coping with childlessness can be especially hard, as it can be seen as a long-term, unpredictable, and (personally or medically) uncontrollable stressor that may be too much for the couple to bear. Doron et al. (2011) observed that individuals dealing with childlessness tend to employ particular coping strategies, such as distancing themselves from reminders of the absence of children, taking steps to gain a sense of control, attempting to boost their sense of worth through professional accomplishments, trying to make sense of their childlessness, or sharing the burden with others in their social circle..

The situation of Lafia Local Government Area where there are couples with cases of childlessness is the same. Childless couples struggle with the physical, emotional, financial, social and psychological effects and as such, devised strategies to cope with the trauma that comes with this unfortunate situation. What then are the coping strategies of

childlessness among couples in Lafia Local Government Area? This paper seeks to address the above question.

Statement of the Problem

One of the major challenges confronting couples in the society is the issue of childlessness. Globally, and especially in Africa, when childlessness is mentioned, it draws attention and sympathy from those listening as they understand the heavy implications it has. As a consequence, fertility issues are one of the main reasons why couples seek gynecological advice in Nigeria. (Hajela et al, 2016). Couples who suffer from unintended childlessness may experience a significant psychosocial strain. There are many approaches to coping with the emotional effects of infertility. It is uncertain whether this psychological weight is the result of infertility, existed before, or was brought on by infertility. If it is considered a consequence, a key question becomes what caused it: an inability to conceive, reproductive treatments, receiving a diagnosis, the stigma associated with being infertile, or the partner's behaviour.

Childlessness has largely gone unnoticed by researchers, policy makers and programmers in developing countries, as the majority of their current programs are dedicated to population control.. There is therefore a serious need to examine the coping strategies order to minimize its effects on the society and also create more enabling ground for rapid development. Many studies concerning this topic have been conducted, primarily examining the distinctions between genders and presenting women's perspectives as the most important. Most writers agree that couples have a psychological influence on one another and experience infertility as a unified pair. This paper majorly aims to examine the phenomenon of childlessness and its coping strategies among couples in Lafia Local Government Area. This study intends to contribute to knowledge on the subject matter. The specific objectives were to:

- i. Examine the use of escape/avoidance coping strategy by childless couples in Lafia Local Government Area.
- ii. Determine the use of self-controlling coping strategy childless couples in Lafia Local Government Area.
- iii. Evaluate the use of social support as a coping strategy for childless couples in Lafia Local Government Area.
- iv. Assess the use of positive reappraisal as a coping strategy for childless couples in Lafia Local Government Area.

Literature Review

Concept of Childlessness

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. 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 on the woman's shoulders. (Stearns, 2010).

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). Sadly, those thought to be childless tend to be looked down upon and labeled with many negative terms. 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.

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.

Coping strategies

Coping strategies of couples with childlessness challenges can be described as the manner in which men and women in a marriage affair adapt to the situation of not having children after concerted efforts have been made over a period of time. Some of the coping strategies include, seeking emotional support, social support from family and friends through their companionship and show of love, escape or avoidance as an attempt to protect the couple from emotional damage, having self-control and seeking comfort in through religious organisations (Hayes, 2018)

Four coping strategies for childless couples have been specifically adapted because the researcher thinks they are applicable to the study area. These strategies include: Escape-avoidance which refers to the ability of childless couples to direct their attention away from their unpleasant situation such as not taking part in conversation involving pregnancy or children; Self-controlling which is seen as the ability of the childless couple to keep their unpleasant feelings in check; soliciting social support which refers to the preparedness or attempt by the childless couple to seek information, financial and emotional support from the society; Positive reappraisal which is seen as an attempt by childless couples to remain positive by paying more attention on self growth, spiritual life and requesting fertility assistance services such as by channelling one's effort toward his/her career or seeking assisted reproduction.

Escape/Avoidance Strategy

The term coping can pass for behaviours that seek to protect oneself from emotional trauma. In psychological parlance, avoidance or escape coping, refer to a coping strategy that is not conducive and is characterised by the bid to avoid undergoing stress. Different ways of avoidance coping include changing or removing the situation that triggered the problem and modifying the one's experience and perception in such a manner that weakens

the challenge (Friedman & Silver, 2011). This strategy is listed among the major instigators of out of control stress, low self-esteem depression, and interactive problems. The thrust of the strategy is about avoiding being exposed to painful feelings, thoughts, memories or sensations (Okonofua, 2002). Individuals who cope using this strategy avoid coming in contact with pregnant women and never disclose the way they feel about infertility outsiders and resort to work or activities to take their mind off their childless situation.

Self-control Coping Strategy

Van (2000), argued that self -control is a means of directly minimising psychological disturbances and mitigate the effects of stress exposure on physical and psychological health. According to Fenstermarker et al. (2002), self-control is being utilized by individuals to keep in check emotional development as well as a conscious behaviour targeted at countering any of the wide range of self-inflicted obstacles to targeted behaviour of choice.

Seeking Social Support

Social support is the belief and experience that one is supported, that others are willing to help, and that one is a member of a social network that is encouraging. These resources can provide emotional support like nurturing, material help like financial aid, informational support like advice, or companionship (such as a sense of belonging). It can be quantified as one's sense of the availability of support, the actual assistance received, or the degree of social network integration. Support can come from a variety of people and places, including friends, family, pets, groups, and coworkers (Taylor, 2011).

Emotional Support Coping Strategy

Expressing sympathy, care, love, compassion, trust, acceptance, intimacy, or encouragement is referred to as emotional support. It is the warmth and nurturing offered by social support systems. Giving someone emotional support demonstrates that you value them. It is often referred to as evaluation support or esteem support (Ayanke, 2013). The offering of financial aid, tangible items, or services is referred to as tangible support. This also includes the practical, immediate ways people help others and is also referred to as instrumental support.

Giving someone advise, direction, suggestions, or beneficial knowledge is referred to as informational support. This kind of knowledge may be able to assist others in finding solutions to their issues (Ayanke, 2013). Support in the form of companionship fosters a person's sense of social integration (and is also called belonging). This could be seen as the availability of company to partake in communal social activities to lessen the stress of infertility (Rasak and Oladibo, 2017)

Strategy

Reframing a situation to perceive it in a good perspective is known as positive reappraisal, according to Rasak and Oladibo (2017) . Increases in positive affect have been found to be strongly and independently correlated with it. A psychological break or respite is provided by concentrating on positive reappraisal, which also supports ongoing coping strategies

and refills resources drained by stress brought on by childlessness. Positive emotions may contribute to the development of social, intellectual, and psychological resources that can be drained under conditions of prolonged stress. They could also protect against the negative physiological effects of not having children (Stearns, 2010)

According to Van (2000), the coping mechanisms used by individuals, especially the behaviours and approaches adopted by people to cope with childless situation and their feelings or absence of it in relation to the same, are important issues in the experience of childlessness. Coping is determined by a number of factors, which are contextually embedded. In cultures where women own the sole responsibility of reproduction, coping is observed to be pursued more by observing religious rituals by women.

Theoretical Justification

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 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. It is a countermeasure and entirely reasonable.

Anger. At this point, the person realizes that denial is impossible to maintain. Due to misguided feelings of hatred and envy, the person is very difficult to care for when they are angry. When people struggling with childlessness become angry with others, especially those close to them, anger becomes apparent.

Bargaining. The belief that one may somehow avoid or undo a source of sadness is present in the third stage. A higher power is typically bargained with in order to lengthen life in exchange for leading a changed lifestyle. 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. Psychologically, the person is expressing, "I know I have a problem, but if only I could do anything to buy myself some more time or fix it." People who have experienced less severe trauma can haggle or try to reach a compromise. For instance, when confronting a breakup, "Can we still be friends?" or "Can we still stay in this marriage?" Rarely does bargaining result in a long-lasting solution, especially if it is a matter of life or death

Depression. The grieving person starts to comprehend the certainty of the situation at the fourth stage. The bereaved person starts to interpret events. Due to this, the person may start to withdraw, deny guests, and spend a lot of time sobbing and grumbling. This process enables the mourning person to distance themselves from people and things they love and care about, sometimes in an effort to prevent more trauma. Depression could be thought of as the "aftermath's" dress rehearsal. When passing through this stage, it is normal to experience emotions like sadness, regret, fear, and skepticism. It is a form of acceptance with an emotional attachment. It demonstrates that the individual has at least started to accept reality.

Acceptance. This stage varies depending on the circumstance, but generally speaking, it shows some objectivity and emotional distance from the family.

According to this hypothesis, couples who are struggling with childlessness and attempting to make sense of their circumstance experience the Kübler-Ross model, also known as the five stages of grieving, on a universal level. After suffering an unexpected miscarriage or failing to become pregnant after getting married, she described the issue.

Many often, people deal with being childless in isolation, going through the five stages of grief alone and without support from those who could. "Denial" is the first stage of mourning. One is inclined to deny the possibility that it could be true when one first starts doubting his or her fertility as a pair, which is frequently after several months of trying to conceive unsuccessfully. In an effort to convince themselves that it is not infertility, one or both partners may begin learning more about infertility. Denial, however, is only effective for a finite amount of time.

Couples or infertile individuals will speak to someone to learn more about the condition during this stage, which overlaps with the coping method of seeking social support. Denial frequently comes right after "Anger" when realization sinks in. It's not fair, there are silent cries. "I did nothing wrong," is frequently used in conjunction with trying to place the responsibility for your situation on someone else. It could be tempting to get upset with the partner if they are the main cause of the shared infertility. Other people who have been blessed by luck and have been able to conceive are likewise the target of anger. Any new mother, pregnant woman, or individual in the first five phases of suspicion of pregnancy becomes an invisible foe. This model is relevant to this study because it gives an insight on how couples can effectively cope with childlessness in Lafia Local Government Area.

Methods

A descriptive cross-sectional survey design was used among childless couples in the study area. The sample size of 120 participants was obtained using purposive sampling method. Couples were selected based on their similar characteristics of childless challenges. The instrument of data collection was the questionnaire.

The group's whole membership actively participated in the data collection process. A total of 120 questionnaires were given to couples facing difficulties in having children. The questionnaire was given to those who could read and write in English for them to complete and return. For those who couldn't read or write, the researchers used the questionnaire as a guide for an interview to get information from them and helped them

complete it. Only 118 of the 2 weeks' worth of data collection's questionnaires were available for analysis since two of them had incorrect answers. Descriptive statistics were used to assess the data that were collected. The questions in the questionnaire were summed up using descriptive statistics like frequency and percentage. The four-point scaled items on coping methods were assessed specifically using frequencies and percentages, where strongly agree (SA), agree (A), disagree (D), and strongly disagree (SD) were measured. The Statistical Package for the Social Sciences (SPSS) version 25 was used to perform these statistics. The study's aims informed the analysis of the data into themes.

Results

Out of the 120 copies of questionnaires administered, two were wrongly filled and invalidated. Thus, only 118 copies were presented for analyses as seen in table 1 below.

Table 1: Socio Demographic Characteristics of Respondents

Variable	Frequency N=118	Percentage (%=100)
Sex		
Male	49	41.5
Female	69	58.5
Total	118	100
Age Distribution		
16-25	25	21.2
26-35	39	33.1
36-45	45	38.1
46 and above	9	7.6
Total	118	100
Nature of Childlessness		
Did not give birth	91	77.1
Gave birth but lost to death	27	22.9
Total	118	100
Religion		
Christianity	12	10.2
Islam	104	88.1
Traditionalist	2	1.7
Total	118	100
Educational Attainment		
No formal Education		
Primary	2	1.7
Secondary	2	1.7
Tertiary	87	73.7
Total	27	22.9

	118	100
Occupation		
Artisan	13	11.0
Farming	15	12.7
Business	56	47.5
Civil Servant	15	12.7
Others	19	16.1
Total	118	100

Field Survey, 2022

Data presented in table 1 contained the demographic attributes of respondents. The distribution according to sex shows that showed that more females, 69(58.5%) participated in this study than males, 49(41.5%). This implies that females are more predisposed to have knowledge relevant to the childlessness and coping strategies among couples. According to age of respondents, respondents who aged between 36 - 45 were 45 (38.1%), and participated in this study more than all other age brackets. This implies that there were more childless couples in this age bracket. One can understand that, at that age bracket, the situation of childless can be truly worrisome.

On the nature of childlessness, 91 (77.1%) respondents had never given birth while 27 (22.9%) respondents had given birth but lost their child(ren) to death. This implies that most respondents in the study area were childless due to their inability to give birth.

Religious affiliation of respondents on the table showed that Muslims 104(88.1%) participated in the research more than other religious group. This is because Lafia area is predominantly Muslims. On the level of educational attainment, Secondary education holders 87(73.7%), participated in the study more than other educational levels. This shows that more couples with secondary level of education are childless in Lafia Local Government Area.

Occupational status of the respondents shows that business people participated in the study more than other occupations. It means many of Lafia residents are undertake business activities than other occupations and would stand a better chance to cope with childlessness than couples in other occupations.

Table 2: Self-controlling coping strategy to the challenge of childlessness for couples

Self-controlling strategy	SA(%)	A(%)	D(%)	SD(%)	TOTAL(%)
I try not to let my feelings interfere with other things I do.	58(49.2)	47(39.8)	8(6.8)	5(4.2)	118(100)
I just try to control my emotions.	44(37.3)	67(56.8)	4(3.4)	3(2.5)	118(100)
Despite lack of conception, I do not let others know how bad things are in my family.	58(49.2)	45(38.1)	11(9.3)	4(3.4)	118(100)
I keep my feelings to myself.	31(26.3)	50(42.4)	26(22.0)	11(9.3)	118(100)
Being childless keeps my mind thinking over and over again	33(28.0)	43(36.4)	18(15.3)	24(20.3)	118(100)

Source: Field Survey, 2022.

Data presented in table 2 shows the use of self-controlling strategy in coping with the challenge of childlessness. The presentation shows that majority of the respondents 58(49.2%) strongly agreed that they try not to let their feelings interfere with other things they do. On another self-controlling strategy, most of the respondents 67(56.8%) agreed that they just try to control their emotions in order to cope with childlessness. A majority of the respondents 67(58.49.2%) also strongly agreed that despite lack of conception, they do not let others know how bad things are in their family. Respondents equally agreed that they keep their feelings to themselves so as to cope with the challenge of childlessness. Similarly, 43(36.4%) of the respondents agreed that being childless keeps their mind thinking over and over again.

Table 3: Use of escape avoidance coping strategy to the challenge of childlessness for couples

Escape avoidance strategy	SA(%)	A(%)	D(%)	SD(%)	TOTAL(%)
I avoid being with pregnant women or children in order not to get hurt.	26(23.7)	15(12.7)	39(33.1)	36(30.5)	118(100)
I refuse to believe that I can't be pregnant or impregnate a woman.	44(37.3)	30(25.4)	16(13.6)	28(23.7)	118(100)
I try to leave when people are talking about pregnancy or children.	26(22.0)	19(16.1)	37(31.4)	36(30.5)	118(100)
I turn off the television when a program on pregnancy/childbirth comes on.	17(14.4)	15(12.7)	39(33.1)	47(39.8)	118(100)
I become a workaholic to keep myself busy.	24(20.3)	25(21.2)	37(31.4)	32(27.1)	118(100)

Source: Field Survey, 2022

Data on table 3 above on escape avoidance coping strategy to the challenge of childlessness for couples shows that majority of the respondents 39 (33.1%) disagreed they avoid being with pregnant women or children in order not to get hurt. Also, most of the respondents 44(37.3%) strongly agreed that they refuse to believe that they can't be pregnant or impregnate a woman. 37(31,4) disagreed that they try to leave when people are talking about pregnancy or children. In a similar vein, most of the respondents disagree that they become a workaholic to keep themselves busy.

Table 4: use of positive reappraisal coping strategy to the challenge of childlessness for couples

Positive reappraisal strategy	SA(%)	A(%)	D(%)	SD(%)	TOTAL(%)
Because of childlessness, I try to channel my effort to do something creative.	39(33.1)	39(33.1)	17(14.4)	23(19.5)	118(100)
I made a plan to adopt a child/children.	15(12.7)	48(40.7)	26(22.0)	29(22.0)	118(100)
Childlessness keeps me stagnant and dejected.	17(14.4)	29(24.6)	39(33.1)	33(28.0)	118(100)

I have put in place plans to go for assisted reproductive technology.	20(16.9)	38(32.2)	26(28.0)	34(28.8)	118(100)
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Source: Field Survey, 2022

Data presented in table 4 shows respondents use positive reappraisal strategy to cope with challenges of childlessness in their families. They used this strategy majorly by trying to channel their effort to do something creative 33.1%, making a plan to adopt a child/children 40.7%, and put in place plans to go for assisted reproductive technology 33.1%. The most accepted positive reappraisal strategy is common form adopted by 80.3% was the refusal to believe that they cannot be pregnant or impregnate a woman trying to channel their effort to do something creative.

Table 5: Seeking social support as a coping strategy to the challenge of childlessness for couples

Social support strategy	SA(%)	A(%)	D(%)	SD(%)	TOTAL(%)
I attend church/mosque regularly to share my predicament with others.	33(28.0)	41(34.7)	24(20.3)	20(20.3)	118(100)
I try to stay with other children in my house believing that I will have mine someday.	45(38.1)	44(37.3)	19(16.1)	10(8.5)	118(100)
I read/listen or watch programs on television on infertility management.	40(33.9)	58(47.5)	12(10.2)	10(8.5)	118(100)
I accept sympathy and understanding from people.	25(21.2)	63(53.4)	20(16.9)	10(8.5)	118(100)
I ask people that had previous challenges of childlessness for advice	34(28.8)	48(40.7)	16(13.5)	20(16.9)	118(100)

Source: Field Survey, 2022.

From Table 5, respondents agreed to the use of social support strategy while coping with childlessness by attending church/mosque regularly to share my predicament with others 34.7%, trying to stay with other children in my house believing that I will have mine someday 31.1%, reading/listening or watching programs on television on infertility management 47.%, accept sympathy and understanding from people 53.47%, and asking people that had previous challenges of childlessness for advice 40.7%.

Discussion of findings

The study revealed that the use of self-controlling strategy such as trying not to let ones feelings interfere with other things they do, trying to control emotions, keeping ones their feelings to themselves help in coping with the challenge of childlessness. This finding is in line with the view of

Folkman and Moskowitz (2019) who argues that self-control directly reduces psychological disturbance and buffers the effects of stress exposure on physical and mental health. Thus, paving way for couples to cope with their situation of childlessness.

In order to cope with their infertility, childless couples utilize the escape/avoidance strategy of refusing to accept that they cannot become pregnant or impregnate a woman. Boyes (2013) discovered that persons who use active avoidance to cope avoid being around pregnant women, keep their feelings about infertility to themselves, and engage in extracurricular activities like work to distract themselves from their infertility. In addition, Friedman & Silver (2011) found that one of the primary reasons of unmanageable stress, depression, low self-esteem, and relationship issues is avoidance coping. It involves making an effort to avoid having unpleasant thoughts, feelings, memories, or experiences.

Positive reappraisal coping strategies such as channelling couples effort to do something creative helps couples to cope with childlessness challenges. This finding is supported by the view of Folkman & Moskowitz (2009) who posited that reframing a situation in a good way is known as positive reappraisal. Increases in positive affect have been found to be strongly and independently correlated with it. A psychological break or respite is provided by concentrating on positive reappraisal, which also supports ongoing coping strategies and refills resources drained by stress brought on by childlessness. Positive emotions may contribute to the development of social, intellectual, and psychical resources that can be drained under conditions of prolonged stress..

The study also revealed that seeking social support such as reading/listening or watching programs on television on infertility and accepting sympathy and understanding from people helps couples to cope with their childless situation. This finding is supported by the view of (Taylor, 2011) who averred that,

For couples struggling with the difficulty of childlessness, social support is the perception and reality that one is cared for, has help available from others, and that one is a part of a caring social network. These resources can provide emotional support like nurturing, material help like financial aid, informational support like advice, or companionship (such as sense of belonging).

Conclusion

Couples' mental health can suffer greatly if they are childless. The types of coping mechanisms childless couples utilize more frequently has a significant impact on their ability to adapt to the stress caused by childlessness. According to the study's findings, couples can manage the mental stress caused by being childless by using self-control, escape avoidance, positive reappraisal, or seeking social support.

Recommendations

The study recommends that:

- i. Couples who are childless must be tolerated, it is important for couples to provide for each other emotional support as they seek for the solution to their challenge of childlessness. Couples should always communicate to themselves; share their problems to arrive at a consensus solution, so that will do not have them deliberating without result about where to seek appropriate remedy.
- ii. Couples with childlessness issue should be given support by their family members and friends to help them cope with their situation.
- iii. Couples with the issue of childlessness should by encourage going for counselling or working with a social professional to help them cope with their situation.

- iv. Given the enormous effect of childlessness to society, concerted efforts should be made through policy formulation to provide medical support and care for the challenge of childless couples.

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