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# DEMOGRAPHIC FACTORS AS CORRELATES OF FAMILY WELLBEING AMONG CHILDLESS COUPLES IN IBADAN NORTH EAST LOCAL GOVERNMENT AREA OF OYO STATE

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## Abstract

**Introduction:** Infertility is a life crisis with a wide range of socio-cultural, emotional, physical and financial problems. However, it is often accompanied by series of symptoms which if not addressed could worsen the family wellness. Furthermore, family at this phase of their life experience gross psychological and social issues. Therefore, this study assessed the influence of demographic factors on the wellbeing of childless couples in Ibadan North East Local Government.

**Design:** A survey research design was adopted. The sample size consisted of 140 childless couples. The research instrument used was a questionnaire tagged Quality of Life (QoL) Scale developed by Flanagan. A reliability index of 0.783 was reported for the instrument, while data was analyzed using descriptive (percentage, mean, average mean and standard deviation) and inferential statistics (chi-square and Pearson Product Moment Correlation).

**Results:** The study showed the mean age of the respondents to be 39.3 years with a minimum and maximum of 20 and 56 years respectively. More than half of the respondents 58.6% were between 20-30 years. This study observed that the overall attitude towards parenthood was good (61.4%), age ( $\chi^2 = 17.06$ ,  $p = .000$ ) and occupation is ( $\chi^2 = 10.28$ ,  $p = .011$ ) are the demographic factors associated with family wellbeing of childless couples, while a significant relationship between attitude towards parenthood and family wellbeing of childless couples ( $r = .129$ ,  $N=140$ ,  $p > .05$ ).

**Conclusion:** This study concluded that age and occupation are the socio-demographic factors influenced family well-being among childless couples while the experience of childlessness by childless couples in the study area is marked by consequences of family wellbeing. It was recommended that childless individuals and couples are urged to seek help in coping with the stigma and consequence of childlessness in the society.

**Key words:** Demographic factors, family wellbeing, childless couples

## **INTRODUCTION**

One of the most important relationships between a man and a woman is marriage, which involves emotional commitments to each other in adult life. Selecting a partner and entering into a marriage contract is considered a personal achievement and the selection of marriage partner is indeed one of the most important decisions one makes in a lifetime. It has been noted that people marry for many reasons, which include; physical attraction, love, happiness, companionship and the desire to have children<sup>1</sup>. Marriage is a socially and legally approved relationship where parties involved have mutual understanding for procreation, adoption and protection of their children.

In African culture, especially in all the ethnic groups in Nigeria, the goal of any married couple is to attain satisfaction in their marriage, live happily together, and have their own children. However, many marriages are at the edge of total collapse due to childlessness making the couples groaning in pains, hurts and wounded hearts. One of the key elements of healthy marriage in Nigeria is for the couples to have their own blood (children), which benefits the individuals in the relationship, their families, and society at large. This issue of childlessness has been a subject matter for discussion especially in African society where children are seen as wealth and a value in the society. This value and system are reflected in what people call children such as "Omolaso" (child is clothing) "Omodara" (child is good) "Onyinye" (child is gift) and other several names to qualify the importance of children

in the society. Childlessness whether voluntary or involuntary can have great psychological social effect for couples who are in child bearing years and adjusting to the prospect of remaining childless in the society. Due to these negative consequences and the views of children as the major source of support to a growing individual, it is often assumed that childlessness will have negative consequence when childless individuals without support in old age.

However, infertility is a reproductive health indicator, and a condition in which pregnancy has not occurred after one year of unprotected, well-timed intercourse<sup>2</sup>. Previous studies have shown that most cases of infertility and childlessness are associated with serious life disturbances and psychosocial problems such as low self-esteem, anxiety, and depression<sup>3-5</sup>. Although, childless couples may function normally in their everyday lives, they still have feelings of isolation and loneliness<sup>6</sup>. Infertility triggers loss of feelings of motherhood and fatherhood, and a sense of loss of productivity and genetic continuity. Childless couples are seen as incomplete and blamed for infertility. Therefore, childlessness may compromise mental and psychological wellbeing of infertile couples, with a negative impact on their psychological wellbeing and ability to function normally as a family<sup>4,7</sup>.

Infertility has psychosocial impacts on couples especially the women. This is more obvious in high fertility settings where children are highly desired and parenthood is culturally mandatory.<sup>8</sup> In African settings, infertility is a socially un-acceptable condition; leading most infertile couples on

a relentless quest for conception<sup>9</sup>. Studies have shown that couples especially were not only harassed by the family members but face various forms of marital instabilities<sup>8,9</sup>. In a study on social meaning and consequences of infertility in Ogbomoso, Nigeria reported that majority of the respondents in this study was between ages 30 and 39 years, and had spent more than five years in marriage<sup>10</sup>. Most of them also had secondary education and infertility and were in the lower social class.

Researchers mentioned that mothers were perceived as more stressed and childless men and women as more emotionally troubled<sup>11</sup>. Also, they indicated some persistent negative stereotypes of childless adults along with negative perceptions of stress and marital strains related to parenthood. Previous studies have shown that most cases of infertility and childlessness are associated with serious life disturbances and psychosocial problems such as low self-esteem, anxiety, and depression<sup>3-5</sup>. Although, childless couples may function normally in their everyday lives, they still have feelings of isolation and loneliness<sup>6</sup>.

The literature presents the view that parents are significantly happier and enjoy more social acceptance than those who do not have children, and that childlessness leads to feelings of failure and disappointment, which adversely affect one's wellbeing<sup>11</sup>. Other negative consequences of childlessness cited include feelings of loneliness, social exclusion, deteriorated health, and a higher risk of depression. Positive outcomes of childlessness are said to include increased freedom and

independence, decreased stress, fewer responsibilities and daily concerns or financial worries<sup>12, 13</sup>.

Mothers were perceived as more stressed and childless men and women as more emotionally troubled, but there were few differences in work-related perceptions. Childless wives with no plans to have children were perceived as least warm, whereas husbands were perceived as least stressed. Results indicate some persistent negative stereotypes of childless adults along with negative perceptions of stress and marital strains related to parenthood<sup>11</sup>.

A positive correlation was found between satisfaction with life and overall quality of life, general perceived health, and all quality of life domains. Higher satisfaction with life scores in childless women is correlated with a higher quality of life scores and better perceived health<sup>14</sup>. Family wellbeing among couples has long been a popular topic, probably due to the reason that the concept is believed to be closely related to the stability of a given marriage. Family wellbeing among couples was defined as when husband and wife are free of any conflict not just in terms of responsibility (financial and sexual), dominance, submission and autonomy but have affection and respect for each other in spite of all odds and marriage challenges<sup>9</sup>. It is on this background that this study examined the demographic factors influencing family wellbeing among childless couples in Ibadan North East Local Government Area.

### **Objectives of the Study**

The main objective of this study is to find out the influence of demographic factors

on the wellbeing of childless couples in Ibadan North East Local Government. The specific objectives are to:

- Identify the socio-demographic factors of study participants
- Assess childless couples' attitude towards parenthood
- Examine the family wellbeing among childless couples
- Assess the demographic factors associated with family well being of childless couples
- Evaluate the relationship between attitude towards parenthood and family well-being of childless

### **Hypotheses**

Two hypotheses were formulated to drive this study and tested at 0.05 significant level

1. There will be no significant relationship between selected socio-demographic factors and family well-being among childless couples.
2. There will be no significant relationship between attitude towards parenthood and family well-being among childless couples.

## **METHODS**

### **Research Design**

The descriptive research design was used for this research.

### **Population**

The target population for this study covered couples that were presently passing through infertility or childbearing challenges in some selected health centers within Ibadan North East Local Government Area.

### **Sampling Techniques**

There are about forty-three (43) Primary Health Care facilities in Ibadan North East Local Government Area of Oyo State. Out of this, nine (9) Primary Health Care facilities with gynecology units were randomly selected. A total enumeration was used to select 160 respondents from the selected Primary Health Care facilities with gynecology units in the study area. The major gynecology centers include Oluyoro Catholic Hospital (Gate), Adeoyo Hospital (Yemetu), Benbow Hospital (Aremo), Ibadan City Medical Center (Abayomi Iwo-Road), Meceadonia Hospital (Aromolaran Old Ife Road). Temilola Specialist Hospital (Oke-Ibadan), Al-hayu Hospital (Sawmill), Jolamade Memorial Specialist (Basorun) and Modupe Hospital (Akinloye, Oje) see Table 1 for generation of sample size.

**Table 1: Generation of Sample Size**

Location	Selected Health/Maternity Centers	No of respondents with infertility issues	No of consented respondents
Agodi Gate	Oluyoro Catholic Hospital	30	27
Abayomi-Iwo Road	Ibadan City Medical Center	20	17
Aremo	Bembow Hospital	10	8
Aromolaran - Old Ife Road	Macedonia Hospital	10	10
Basorun	Jolamade Memorial Specialist Hospital	10	8
Oke Ibadan	Temilola Specialist Hospital	15	13
Oje-Akinloye	Modupe Hospital	25	22
Sawmill - Old Ife Road	Al-hayu Hospital	10	10
Yemetu	Adeoyo Hospital	30	25
<b>Total</b>	<b>9</b>	<b>160</b>	<b>140</b>

**Research Instrument**

A structured questionnaire with close and open ended as well as Likert scale questions constituted the main instrument for data collection. The questionnaire contained questions in relation to the study objectives and adapted from a standardized scale from Quality - Of- Life (QoL) Scale developed by Flanagan<sup>15</sup> which was adopted by the researchers to assess family wellbeing among childlessness couples. The instrument was divided into three sections

**Section A** focused on demographic characteristics of couples/respondents.

**Section B** measured the influence of demographic factors on family wellbeing and measured on a 4-point Likert scales.

**Section C** assessed couples' attitudes and desire towards having children and measured on a 4-point Likert scales.

**Validity of Instrument**

Construct validity was adapted from the standardized scales developed by experts

and international organizations who have ascertained their validity based on past studies and usage. For proper check, and localization of the adapted questionnaire, the questionnaire was given to the researcher's supervisor and other experts in Social Work Departments in order to verify the validity of the instrument from the sources and establish norms in the questionnaire items.

**Reliability of Instrument**

The reliability of the study was determined through a test-retest method. The instrument was subjected to a pilot testing among twenty (20) women attending gynecology clinic in two hospitals having same characteristics with the sample used for this study. All the twenty (20) copies distributed were recovered, while reliability test result yielded a coefficient value of 0.783 indicating that the instrument was reliable for the study.

### **Questionnaire Administration**

The instrument was personally administered by the investigators with the help of some workers at the selected health centers. Firstly, anonymity was used as a tool to avoid harming respondents in any way. The respondents' names and addresses were not stated and the respondents responded freely. The main agenda was to make respondents unidentifiable. Secondly, respondents were given all the information that is important. For example, stating the research purpose

and the way in which data were handled. Thirdly, questions were posed in such a way that avoids invading personal space of the respondents. Lastly, the ethical principles of respect for persons, beneficence, and justice were employed.

### **Data analysis**

The data was analyzed using frequencies and percentages, while the hypotheses in the study were tested using Chi-square and correlation analysis.

## **RESULTS AND DISCUSSION**

**Table 2: Socio-demographic characteristics of the respondents**

<b>Socio demographic characteristics</b>		<b>Frequency</b>	<b>Percentage</b>
Gender	Male	48	30.0
	Female	92	70.0
Age	Less than 20years	5	3.5
	21-30years	10	7.1
	31-40years	61	43.6
	41-50years	39	27.9
	Above 50 years	25	17.9
	Mean age = 39.3 ± 7.47(SD)		
Marital Status	Engaged	41	29.3
	Married	70	50.0
	Separated	15	10.7
	Divorced	7	5.0
	Widowed	7	5.0
Religion	Christianity	75	53.6
	Islamic	50	35.7
	Traditional	15	10.7
Occupation	Professional	10	7.1
	Semi Professional	25	17.9
	Unskilled Worker	44	31.4
	Skilled Worker	16	11.4
	Semi-Skilled Worker	15	10.7
	Unemployed	30	21.4
Level of Education	No formal Education	18	12.9
	Primary Education	39	27.9
	Secondary Education	60	42.9
	Tertiary Education	23	16.4

The results in Table 2 revealed respondents' socio-demographic characteristics. The

mean age of the respondents was 39.3 years with a minimum and maximum of 20 and 56

years respectively. More than half of the respondents 58.6% were between 20-30years. Less than half (35.7%) of the respondents were between 31-40years, 70 (50%) were married. On the religion distribution more than half of the respondents, 53.6% were. It was further revealed that less than one-third of the respondents, 31.4%, were unskilled while 60(42.9%) of the respondents had secondary

education. This is in tandem with the previous findings in a study on social meaning and consequences of infertility in Ogbomoso, Nigeria reported that majority of the respondents in this study were between ages 30 and 39 years, and had spent more than five years in marriage. Most of them also had secondary education and infertility and were in the lower social class<sup>10</sup>.

**Table 3: Respondents' attitude towards parenthood**

Items	SA	A	D	SD
A childless man or woman comes to this world in vain	10(7.1%)	20(14.3%)	40(28.6%)	70(53.6%)
As income status increases men tend to marry more women.	45(32.1%)	55(39.3%)	20(14.3%)	20(14.3%)
I feel that financial status of couples assist in combating the issue of childlessness.	35(25%)	75(53.6%)	20(14.3%)	10(7.1%)
Without stable income, couple might end up childless.	20(14.3%)	30(21.4%)	50(35.7%)	40(28.6%)
Marital status sometimes contributes to the problem of childlessness.	40(28.6%)	20(14.3%)	35(25.0%)	45(32.1%)
Women who marry at old age are likely to have problem in conceiving.	60(42.9%)	50(35.7%)	20(14.3%)	10(7.1%)
Age at which couples marry determines level of infertility.	45(32.1%)	55(39.3%)	20(14.3%)	20(14.3%)
Occupational status of couples could be responsible for infertility problem.	49(35%)	61(43.6%)	25(17.9%)	5(3.6%)
The more educated you are as a couple, the better you can avoid infertility.	40(28.6%)	60(42.9%)	20(14.3%)	20(14.3%)
Women that are childless cannot hold any major position in the society.	45(32.1%)	51(36.4%)	29(20.7%)	15(10.7%)
Pressure from Husband in-laws can destroy marriage with no children.	30(21.4%)	70(53.6%)	25(17.9%)	15(10.7%)
God looks at one's dedicated character and service before one is blessed with a child.	20(14.3%)	20(14.3%)	55(39.3%)	45(32.1%)

**Weighted Percentage (%) = 61.4%**

Results on the respondents' attitude towards parenthood as shown in Table 3 revealed that 21.4% of the respondents disagreed to the fact that a childless man or woman comes to this world in vain, 71.4% agreed that as income increases, men tend to marry more women, 78.6% consented that financial security of couples assist in combating the issue of childlessness; and 35.7% agreed that without stable income, couple might end up childless. It was revealed further that 42.9% consented that marital status sometimes contributes to the problem of childlessness, 78.6% of those women that married at old age are likely to have problem in conceiving, 71.4% believed that age at which couples marry determines level of infertility; while 78.6% agreed that occupational status of couples could be responsible for infertility problem. The results further revealed that 71.5% of

the respondents agreed that the more educated the couples are, the better the avoidance of infertility; 68.5% agreed that women that are childless cannot hold any major position in the society; pressure from husband in-laws can destroy marriage with no children was agreed upon by 75% of the respondents; and 28.6% agreed that God looks at one's dedicated character and service before one is blessed with a child. This study observed that the overall attitude towards parenthood percentage of the respondents was 61.4% which signifies that the respondents has good attitude towards parenthood. This is in support of previous studies that couples especially women were not only harassed by the family members but face various forms of marital instabilities<sup>8,9</sup>.

**Table 4: Couples' Family Wellness of Not Having Children**

<b>Items</b>	<b>SA</b>	<b>A</b>	<b>D</b>	<b>SD</b>
Not being able to have a child is distressing to me.	40(28.6%)	75(53.6%)	15(10.7%)	10(7.1%)
I can't achieve happiness without a child.	40 (28.6%)	55(39.3%)	35(25.0%)	20(14.3%)
I feel hurt when other makes remarks about our children.	35 (25.0%)	30(53.6%)	50(35.7%)	25(17.9%)
Children are indispensable in our society.	65(46.4%)	55(39.2%)	10(7.1%)	10(7.1%)
I consider infertility a personal shortcoming	40(28.6%)	20(14.3%)	35(25.0%)	45(32.1%)
I feel so down casted when I realize I am childless.	10(7.1%)	20(14.3%)	50 (35.7%)	60(42.9%)
I am coping well with our difficulties in conceiving.	45(32.1%)	55(39.3%)	20(14.3%)	20(14.3%)
My life revolves around trying to have children.	25(17.9%)	15(10.7%)	45(32.1%)	55(39.2%)
Planning for our future has been hindered by our difficulties in conceiving.	60(42.9%)	50(35.7%)	15(10.7%)	15(10.7%)
Thinking of my present situation, I feel like giving up.	10(7.1%)	10(7.1%)	70(50.7%)	50(35.7%)
The psychological stress interferes with work, leisure activities.	30(21.4%)	40(28.6%)	50(35.7%)	20(14.3%)
Certain aspects of my relationship with my partner have become less important since we have had problems conceiving.	15(10.7%)	25(17.9%)	55(39.3%)	45(32.1%)
My heart desire is to have children of my own that I can send on errands.	5 (3.6%)	80(57.1%)	0(0.0%)	55(39.2%)
The stress of trying to conceive decreases feelings of tenderness for my partner.	41(29.3%)	59(42.1%)	27(19.3%)	13(9.3%)
I feel sad and incomplete without having my own children.	62(44.3%)	48(34.3%)	10(7.1%)	20(14.3%)
Sex is chore.	40(28.6%)	50(35.7%)	35(25.0%)	15(10.7%)
I feel like I am under pressure when my partner is ovulating.	60(42.7%)	35(25.0%)	25(17.9%)	15(10.7%)
I feel less satisfied after sex than I used to.	14(10.0%)	29(20.7%)	56(40.0%)	41(29.3%)
I feel living a polygamous life will solve the problem of being childless	36(25.7%)	64(45.7%)	25(17.9%)	15(10.7%)
I prefer having a peaceful home than having children.	35(25.0%)	30(21.4%)	35(25.9%)	40(28.6%)

**Weighted Percentage (%) = 69.7%**

The outcome of the results on couples' family wellness of not having children of their own as shown in Table 4 revealed that 82.2% of the respondents consented that not being able to have children is distressing to them; 67.9% can't achieve happiness without a child; 78.6% felt hurt when other makes remarks about not having children of their own; 85.8% agreed that children are indispensable in our society; and 42.9% considered infertility as a personal shortcoming. Also, 21.4% felt down casted when realized they are childless; 71.4% agreed that they are coping well with their difficulties in conceiving; 28.6% agreed that life revolves around trying to have children; 78.6% Planning for their future has been hindered by their difficulties in conceiving; 14.2% thought their present situation makes them feel like giving up on themselves; while 50% agreed that the psychological stress interfered with their work and leisure activities.

It was revealed further that 28.6% of the respondents agreed that certain aspects of their relationship with their partners have become less important since they had problems conceiving; 60.7% agreed that their heart desires are to have children of their own; 71.4% consented that stress of trying to conceive decreases their feelings of

tenderness for their partners; 78.6% felt sad and incomplete without having children of their own; 64.3% agreed that sex is chore; 67.7% felt like they were under pressure when their partners were ovulating; 30.7% felt less satisfied after sex than they used to; 71.4% felt living a polygamous life will solve the problem of being childless; and 46.4% preferred having a peaceful home than having children.

This study observed that the overall attitude towards parenthood percentage of the respondents was 69.7% which signifies that the respondents have good attitude towards parenthood. This corroborates the previous study<sup>11</sup> that mothers were perceived as more stressed and childless men and women as more emotionally troubled. Also, they indicated some persistent negative stereotypes of childless adults along with negative perceptions of stress and marital strains related to parenthood. Previous studies have shown that most cases of infertility and childlessness are associated with serious life disturbances and psychosocial problems such as low self-esteem, anxiety, and depression<sup>3-5</sup>. Although, childless couples may function normally in their everyday lives, they still have feelings of isolation and loneliness<sup>6</sup>.

**Table 5: Demographic factors associated with family wellbeing of childless couples**

Items	Family wellbeing				Total	x <sup>2</sup>	Sig
	SA	A	D	SD			
Sex	35 (25.0)	28 (20.1)	45 (32.1)	32 (22.9)	140 (100)	2.93	0.093
Age	49 (35.0)	37 (26.4)	29 (20.7)	25 (17.9)	140 (100)	17.0 6	0.000 **
Level of Income	24 (17.1)	32 (22.9)	50 (35.7)	34 (24.3)	140 (100)	3.81	0.368
Education	28 (20.0)	32 (22.8)	67 (47.9)	13 (9.3)	140 (100)	3.07	0.103
Occupation	50 (35.7)	33 (23.6)	22 (15.7)	35 (25.0)	140 (100)	10.2 8	0.011 **

Table 5 shows that the chi-square value obtained for sex ( $x^2 = 2.93$ ,  $p = 0.093$ ), age ( $x^2 = 17.06$ ,  $p = 0.000$ ); income level ( $x^2 = 3.81$ ,  $p = 0.368$ ); education is ( $x^2 = 3.07$ ,  $p = 0.103$ ); and occupation is ( $x^2 = 10.28$ ,  $p = 0.011$ ). The value of age and occupation are significant at levels less than 0.05. Since these p-values were less than 0.05 values, it

could be said that age and occupation were factors associated with family wellbeing of childless couples in this study. This corroborates the findings of many studies which consistently shown that age and occupation are strongly and positively associated with family wellbeing of childless couples<sup>16</sup>.

**Table 6: Relationship between attitude towards parenthood and family wellbeing of childless couples in some selected health centers in Ibadan**

Variables	N	SD	Mean	R	P
Attitude	140	6.97	22.85	0.129	>0.05
Family wellbeing	140	8.83	25.61		

From table 6, the result shows that there was a significant relationship between attitude towards parenthood and family wellbeing of childless couples ( $r=0.129$ ,  $N=140$ ,  $p>0.05$ ). This indicates that an increase in the attitude of childless couples results to decrease in family wellbeing status, meaning that the presence of attitude of childless couples is an indication of the absence of poor family wellbeing. Also, coefficient of determination ( $r^2=0.504$ ), this show that 50.4% of increase in attitude of childless couples is accounted for by improved family wellbeing among selected couples in some health centers in Ibadan North Local government Area. The hypothesis was confirmed. This is in tandem with studies where it was documented that childlessness leads to feelings of failure and disappointment, which adversely affect one's wellbeing<sup>11-13</sup>. Other negative consequences of childlessness cited include feelings of loneliness, social exclusion, deteriorated health, and a higher risk of depression. Positive outcomes of childlessness are said to include increased freedom and independence, decreased stress, fewer responsibilities and daily concerns or financial worries. Also, <sup>14</sup>a group of researchers reported a positive correlation between satisfaction with life and overall quality of life, general perceived health, and all quality-of-life domains. Higher satisfaction with life scores in childless women is correlated with a higher quality of life scores and better perceived health.

### **CONCLUSION**

The experience of childlessness by childless couples in the study area is marked by consequences of family wellbeing. This study observed that the

overall attitude towards parenthood was good, age and occupation were factors associated with family wellbeing of childless, while a significant relationship was found between attitude towards parenthood and family wellbeing of childless couples. The study concluded that age and occupation are the socio-demographic factors influenced family wellbeing among childless couples in Ibadan North East Local Government Area, Oyo State, Nigeria.

### **Recommendations**

Based on the findings from the study, the following recommendations are suggested.

- ❖ Childless couples should learn to exhibit an increased investment in careers and restructuring of friendship networks which will help in reducing the trauma of childlessness.
- ❖ The government should take proactive measures to limit childlessness among couples providing educational awareness and engaging them through support services that would assist in solving problems associated with being childless.
- ❖ Non-governmental organizations, social workers and other stakeholders should embark on public enlightenment campaigns to educate people that childlessness can be well managed.
- ❖ Childless couples should not lose hope but keeping faith alive and taking practical steps to improve their condition.
- ❖ Childless individuals and couples are urged to seek help in coping with the stigma and consequence of childlessness in the society.

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