Childlessness: perceptions, acceptability and the gender dimension

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Extended abstract:

Childlessness has major psychological and social implications for couples and especially for women in settings where fertility is highly valued (Van Balen and Bos, 2001). In such settings, childlessness is usually involuntary. Involuntary childlessness may be caused by infertility, pregnancy loss, stillbirth or child death (Van Balen, 2000). This paper focuses on both voluntary and involuntary childlessness. Despite the importance of the issue, not many studies on voluntary childlessness have been carried out in Africa. Most available studies on this topic are based on America and Western European societies. Our definition of voluntary childlessness follows Chancey and Dumais’s (2009) definition of voluntarily childless women, to apply to both fertile men and women who have never had children, desire to remain childless and without any underlying assumption that they are advantaged or disadvantaged in relation to those with children.

The meaning of, and reaction to childlessness is mediated by socio-cultural factors, which vary widely among societies. In Sub Saharan Africa the traditional belief systems based on continuity of lineages place a high premium on fertility Van Zandvoort and De Koning, 2001; Donkor and Sandall, 2007; Caldwell and Caldwell, 1987). As a result the perception of people regarding childlessness especially in a woman, whose primary function is considered childbearing and whose economic and social status is often hinged on their ability to have children, is often derogatory and judgmental. Whatever the cause, as a result of existing social and gender norms, women are often blamed if a couple is childless. A women may suffer any or a combination of the following as a result of being childless - distress, depression, lowered self-esteem, social stigma, open ridicule, isolation, economic deprivation, physical violence, threats from husbands and husbands’ family, rejection, abandonment and divorce McQuillan et al, 2003; Unisa, 1999; Pearce, 1999). Studies have also shown that infertile women suffer more health complaints including sexual dysfunction compared to fertile women (Waziri-erameh and Omoti, 2006).
Thus, childlessness could have lifelong impact on women and could affect their quality of life negatively.

On the other hand, childlessness of the male as a result of infertility is often not acknowledged (Okonofua, 2002) and is less visible. Further, there are other socially sanctioned ways in which men can mask their infertility. Childless men may therefore be less traumatized. However, in cases where the infertility of a man is known in the society, such man may also suffer different kinds of trauma and stigma. In some cultures, childless men have lesser status in the community compared to their peers with children and their views may not be considered or they may not be allowed to contribute to societal discussions (Upton, 2001).

In Nigeria, high premium is traditionally placed on having children and this is celebrated in the society by rites and rituals (Feyisetan and Bankole, 2002; Makinwa Adebusoye, Edewor, Odimegwu, Pearce, 1999). Voluntary childlessness is rare with less than one percent of men and women stating zero as their ideal number of children (this most likely includes men and women with confirmed infecundity and that have accepted their status as such). On the other hand, infertility (as defined by the inability of a woman to conceive or carry a pregnancy to full term) among women aged 45-49 years ranged from 3-5% in the country (NDHS, 2008; 2003; 1999; 1990). Infertility was found to be consistently higher in the rural areas compared to the urban and in the North compared to the South. Further, infertility and related complaints have been identified as the highest cause for gynaecological consultations in some countries including Nigeria (Mogobe, 2005; Okonofua, 2002).

In a setting such as Nigeria, where cultural norms and values encourage reproduction and celebrate parenthood, childlessness becomes a potentially stigmatizing status, which can adversely affect the identities and interpersonal relationships of married people (Larsen, 1996; Gage-Brandon, 1992). Despite changes in the last couple of decades in families’ living arrangement (due to social mobility and migration, which has led to growth in single-family housing units and less interference from extended family members), fertility issues especially childlessness is still not allowed to be kept private between couples.
Infertility has received little attention from policy makers and programmers in developing countries including Nigeria as current programs are focused on population control. Where policy or programme attention is given, it is basically on the medical and clinical aspect (Van Balen 2000) and not backed by social or psychological support. There is also no notable programme intervention that alleviates the negative social experiences of childless individuals.

On the research front, several studies have investigated the prevalence, causes and consequences of childlessness and infertility. A number of studies have also documented how childlessness is perceived in various societies and the multitude of adverse effects suffered by affected individuals as a result. However, how the perception on childlessness might have changed over time and across cultures have not been documented. This certainly limits our understanding of the issues surrounding childlessness as well as what and how interventions could be developed to support childless individuals in contemporary societies.

Given the various social, economic and demographic changes (urbanization, increase in level of education, increase in unemployment and under employment and diminishing societal monitoring among others) that have been taking place in recent decades in virtually all societies, there is the need to find out how these developments may have affected societal perception of childlessness. This paper seeks to explore changes in societal perception of childlessness across cultures in Nigeria. We looked at this by examining societal perception and acceptance of voluntary and involuntary childlessness. The former is based on the belief that, if voluntary childlessness is tolerated, it may be a signal of reduction in the stigmatization attached to childless.

The paper is derived from a study on socio-cultural determinants of desired number of children and its achievement in Nigeria. It makes use of information collected from 24 focus group discussion (FGD) sessions to explore the perception of childlessness and its implication on childless individuals and couples. The participants were drawn from the Northern, South Eastern and South Western geographical zones of Nigeria. These three zones were selected because they depict the three main ethnic tribes in the country. The FGD sessions were conducted at both rural and urban areas and the participants were men aged 35 to 59 years and women aged 35 to 49.
years. The participants were further stratified by level of education. In total, there were 8 sessions in each of the three zones.

Findings show that voluntary childlessness is not viewed as a legitimate choice in Nigeria and suggestions of voluntary childlessness were met with ridicule, incredulity and disapproval. In this study, people who chose to be voluntarily childless were viewed with suspicion and stereotyped as deviant, immoral, insane, psychologically disturbed, possessed by demons or bewitched. As a result of their seemingly deviant behavior, voluntary childless people were worthy to be harassed, ridiculed, ostracized or even killed!

Reasons such as poverty or just not desiring to have children are simply not acceptable. For instance, although it was acknowledged that poverty could lead some people to “temporarily” choose childlessness, it was not good enough an excuse for childlessness. This has implications for development policies that seek to control population as a way of reducing poverty.

Findings also show that childlessness as a result of infertility was not wholly acceptable as people could adopt and become social parents. Further, having children was regarded not only as a moral duty for lineage continuation but also a religious duty. In this study both Christian and Islamic religious beliefs were used to justify exerting pressure on couples towards parenthood and voluntarily childless people were regarded negatively as disobeying the will of God. However, there was no religious undertone in regarding people that stay with their infertile spouse as choosing to be voluntarily childless.

Overall, childlessness is still not embraced in Nigeria, where pronatalist culture is still very strong. However, we noted a more tolerant attitude to involuntary childlessness in this study. This may suggest genuine changes or shifts in perception regarding involuntary childlessness. It could also have been influenced by the sequencing of the discussion whereby perception to on voluntary childlessness was first discussed before involuntary childlessness. Further, the openness with which social parenting was discussed and its general acceptability may be positive signs that the negative social consequences that childless individuals suffer in Nigerian societies might be or go on the decline.
Selected references


Richards, SA, 2002 “Spoiling the womb”: Definitions, Aetiologies and responses to infertility in North West Province in Cameroon. African Journal of reproductive Health, Volume 6, Number 1: 84-95

