Difficulties in Childbearing and the Socio-Cultural Impact of Married Couples in Uyo LGA

By

Janet Ime Ekpenyong
Department of Religious and Cultural Studies,
Akwa Ibom State University.
splendidjez@gmail.com.

John Bosco Ekanem, Ph.D
Department of Religious and Cultural Studies
Akwa Ibom State University.
johnekanem@aksu.edu.ng

&
Asukwo Edet Oko, Ph.D
Department of Religious and Cultural Studies
Akwa Ibom State University.
asukwooko@aksu.edu.ng

Abstract

This paper explores the difficulties in childbearing and its socio-cultural impact on married couples in Uyo Local Government Area, Nigeria. It highlights the complex interplay of medical, traditional, spiritual, and educational approaches to childbearing. Bearing children is understood in numerous cultures to be a fundamental element of matrimony, instrumentally both personally and socially. Childbearing is a major component of social structure and cohesion. The study adopts a descriptive and evaluative method. The theoretical framework used is the symbolic interactionist theory, particularly useful in understanding the importance of personal and societal meanings attributed to parenthood, marriage and family life. Recognizing childbearing as a significant socio-cultural expectation, the study reveals that infertility often subjects couples to emotional distress, societal pressure, and stigma, prompting them to seek diverse coping mechanisms. Findings show that social and community support networks comprising family, friends, religious

institutions, and peer groups play a crucial role in providing emotional reassurance and financial assistance during fertility struggles. The study concludes that an inclusive and culturally sensitive approach to infertility management, one that combines medical solutions with community engagement, educational outreach, and traditional practices offers the most promising path towards supporting couples. Policy recommendations call for improved access to affordable fertility treatments, stronger community-based support systems, and intensified reproductive health education. Ultimately, a multidimensional strategy that respects both science and culture is vital to addressing childbearing challenges in Uyo and promoting the overall well-being of affected couples.

Keywords: Childbearing, Socio-culture, Reproductive, Difficulties, Infertility

Introduction

Childbearing is deeply embedded within socio-cultural norms, shaping family structures and individual identities. In many societies, including Uyo Local Government Area (LGA), the act of procreation extends beyond biological reproduction to encompass social expectations and cultural imperatives. The importance of childbearing in Uyo is further reinforced by the prevailing belief that a successful marriage is largely defined by the ability to conceive and raise children. While modernity and urbanization have influenced reproductive choices, traditional expectations remain influential, often exerting pressure on couples experiencing childbearing difficulties. The significance of this issue necessitates an examination of the coping mechanisms and strategies adopted by affected couples in navigating these challenges. One of the primary roles of the family in the vast majority sections of the nation is reproduction. Although marriage is a fundamental phenomenon, there are many cultural variations in how families are formed, thus its universal elements are crucial.

Every individual must make decisions at some point in life; some are as simple as choosing a Dmeal from the menu, while others might be more important, like choosing a marriage. Human lives and futures are impacted by every choice, no matter how small. Whether or not to have children is one of the most significant

and crucial decisions. Everyone who marries want to start a family. If this primary goal of marriage is not met, tension typically results, which causes miscommunication and arguments within the family. The desire to maximize child reproduction is one of the main motivations for polygamy posits on gender, the substantial number of undesirable psychological and cultural repercussions of the absence of children were further compounded by the widespread belief that a woman was primarily responsible for reproducing until pregnancy became accepted as reality.

Although infertility affects both men and women equally, in many African societies, especially Nigeria, people tend to put greater pressure on women than on men for not having children. Additionally, men tend to keep their circumstances quiet in these kinds of circumstances. For women experiencing infertility in such circumstances, this typically means a challenging and agonizing grief process. Infertility causes women to experience a conflux of intimate, interpersonal, social, and religious problems, which depresses them. It could lead to unstable marriages in many African countries where having children is a prerequisite for a happy union. This highlights the need to address the socio-cultural factors perpetuating gender-based discrimination and inequality, aligning with Sustainable Development Goal 5 (SDG 5), which aims to achieve gender equality and empower all women and girls. "Gender equality is not only a human right but also a critical component of sustainable development." It is therefore the preoccupation of this paper to explore the socio-cultural impacts of difficulties in childbearing among couples in Uyo. By difficulties in childbearing we mean the challenges obstacles individuals or couples face in becoming pregnant or experiencing a healthy pregnancy and childbirth.

Concept of Childbearing

The entire procedure of conceiving and raising children is referred to as childbearing, and it represents an important life experience. It is intricately linked to societal standards and conventions, which greatly impact married couples' experiences'. Attitudes regarding childbearing are greatly influenced by cultural expectations and traditions. Bearing offspring is regarded as a vital component of marriage and family life in many cultures, especially in Uyo. As Smith (2010:81)

points out, having children is frequently seen in traditional communities as a duty and a means of determining a woman's social position. Even the Bible confirms how important children are to God and the fact that God gives children to couples as his rewards when it says in Psalm 127:3 that "Children are a heritage from the Lord, offspring a reward from him," (KJV) emphasizing the value placed on childbearing. A married couple's decision to have children might be influenced by several factors. Beginning with financial security, Johnson (2015:22) Contends that many couples base their decision to have children primarily on financial concerns. The expenses of raising a child can be high and include normal living costs, healthcare costs, and educational costs. Delays in having children or choosing to have fewer children can result from uncertain economic times.

Additionally, decisions about family planning and having children are heavily influenced by education. According to Esienumoh, Ella and Mboho (2019:23), Women who have completed more schooling tend to have greater access to family planning tools and a better understanding of reproductive health. By enabling women to make knowledgeable decisions about having children, education improves the health of both mothers and their offspring. However, obtaining a high degree of education is difficult for women, especially in developing countries, and Uyo particularly. Gender dynamics, therefore, have a big influence on their experiences of becoming parents. Women are typically given the lion's share of the duty of raising children because of established gender roles. This can result in higher levels of stress and fewer opportunities for personal and professional development. On the other hand, more egalitarian partnerships, in which both partners share parental duties, are linked to improved child outcomes and increased marital satisfaction. Couples experiences of having children are also directly related to their emotional health.

Attempting to conceive, getting pregnant, and raising a family can be stressful and anxious, which can be harmful to one's mental health. Social support networks and therapy are two examples of support systems that might assist lessen these difficulties and enhance emotional health. Moreover, having children can significantly affect married relationships. While having a kid can deepen a couples bond, it can also bring up new issues and cause stress. Throughout the childbearing

years, a strong marriage requires strong interpersonal skills and resolution of disputes techniques. Furthermore, research suggests that having access to high-quality healthcare services is essential for having a happy childbearing experience. For example, Miller (2016:67) highlights how crucial prenatal and postnatal care is to the mother and child's health. The author emphasized that unequal access to healthcare can have negative effects, especially in underprivileged areas.

For couples, infertility can be a major cause of stress and stigma. Xie (2023:21) addresses the psychological effects of infertility in another study and points out that social isolation and feelings of inadequacy are common among couples. Couples may find it more difficult to seek help and therapy as a result of cultural stigmas associated with infertility. To support couples during the reproductive years, White (2019) emphasizes the significance of family planning programs as well as maternity and paternity leave. Some of the physical and financial difficulties related to childbearing can be mitigated by policies that offer access to healthcare services and financial help. Systems of social and communal support are crucial for having a happy childbearing experience. According to Taylor (2020), couples can receive both practical and emotional support from community support groups. Friends and extended family are examples of social networks that can provide invaluable support during the childbearing years. Couples frequently encounter particular difficulties while starting a family. Ninsiima (2022) points out that it might be challenging for couples to manage work and family life in urban locations due to the high cost of living and demanding work schedules. Urban couples can overcome these obstacles with the support of flexible work schedules and access to childcare facilities. Couples living in rural areas could face unique challenges when it comes to having children. Rural couples may face major difficulties due to limited access to social support networks and healthcare facilities, as noted by Ntoimo (2019). Telehealth services and community- based programs can fill these gaps and offer much-needed assistance.

There are many different viewpoints on childbearing in the biblical setting, and they are frequently focused on its significance and holiness within marriage. Both the Old and New Testaments view having children as a blessing and a divine duty. According to Genesis 1:28 "God blessed them and said to them, be fruitful and

increase in number; fill the earth and subdue it" (KJV). This commandment emphasizes how important reproduction is to carrying out God's purpose for humankind. Having children is frequently portrayed as a source of happiness and fulfillment in the context of marriage. As an illustration, Psalm 128:3–4 states "Your wife will be like a fruitful vine within your house; your children will be like olive shoots around your table. Yes, this will be the blessing for the man who fears the Lord" (KJV). This text emphasizes the benefits of having children and the favourable perception of childbearing for a family. But the Bible also recognizes the difficulties and suffering that come with having children. God told Eve in Genesis 3:16. "I will make your pains in childbearing very severe; with painful labor, you will give birth to Children" (KJV). A genuine understanding of the emotional and physiological impact childbirth can have on women is reflected in this acknowledgement of the challenges involved. Furthermore, impotence and the psychological pain it can bring are topics covered in the Holy Scriptures.

The heartbreaking grief and suffering endured by those who battle infertility are exemplified by the tale of Hannah in 1 Samuel 1:10–11. The significance of faith and tenacity is highlighted by Hannah's prayers and the eventual blessing of a child. Ultimately, the biblical perspective on childbearing is complex, acknowledging both the difficulties and suffering that come with it while also praising childbearing as an invaluable heavenly gift. In many Christian communities right now, these viewpoints still have an impact on socio-cultural sentiments on childbearing.

Symbolic Interactionist Theory

Symbolic Interactionist Theory is rooted in the works of George Herbert Mead and Herbert Blumer; It focuses on the subjective meanings and symbols that individuals attach to their interactions and the world around them (Blumer, 1969). This theoretical framework is particularly useful in understanding the socio-cultural impact of childbearing on married couples, as it emphasizes the importance of personal and societal meanings attributed to parenthood, marriage, and family life. By examining how these meanings are constructed, negotiated, and maintained, we can gain deeper insights into the complex dynamics of childbearing within the context of marriage.

A philosophy of symbolism commonly referred to as symbolic interaction theory is a prominent theoretical structure in sociology. The theory's fundamental premise is around the symbolic significance that individuals generate and attribute to the social setting they live within as a result of continuous contact. Because it holds that individuals react based on the significance, they assign to the surroundings around them rather than the actual environment, the symbolic interactionist method was chosen as the theoretical framework for the present work. It also promotes the idea that interpersonal contact is the primary creator of the community, its systems, including the way it functions (Blumer, 1969). The creation and execution of artefacts and symbols—which represent items from the real world of significance that are determined by the actor—occurs during such encounters (Blumer, 1969). Hence, the meanings associated with certain objects vary among people. People engage with one another, for instance, according to how they see and interpret a circumstance as well as the significance they give it. From the perspective regarding the idea, this essentially indicates that social interaction shapes and creates whatever people in a community agree upon as fact. In societies that are developing, in particular, social facts along with conception or perception of fertility are largely constructed by the community. In these societies, involuntary infertility is sometimes associated with domains of misconceptions and cosmic eternal beings that presume authority over the happenings of human beings, as opposed to physical deficiencies. As a result, everyone has a different concept of what gives birth, and this definition affects other people as well. This implies that due to the fact individuals contribute their interpretations of the circumstances, the implications associated with interactions with other people might change. Individual's perceptions and experiences of the world are shaped by these assumptions. According to the principle, being infertile and its related effects are interpreted socially in the majority of emerging communities via a conception of destitution that breeds prejudice and segregation. In a culture like that, which is primarily African and in which having children and being fertile are culturally acceptable norms, being infertile is viewed as unusual in social relationships. Adverse effects follow abnormal behaviour and can take a variety of shapes, with separation serving as the ultimate form.

In this context, the symbolic interactionist theory suggests that the meanings and symbols associated with having children are not static but are continuously shaped through social interactions and cultural contexts. In Nigerian society, these meanings are deeply influenced by cultural traditions, religious beliefs, and social expectations. Childbearing is often seen as a significant milestone in marriage, symbolizing the fulfilment of marital duties and the continuation of family lineage. According to Olusanya (2018), in many Nigerian communities, having children is considered essential for achieving social status and gaining acceptance within the extended family and community.

The negotiation of these expectations can have profound implications for the couple's relationship. For instance, the desire to meet societal expectations may lead to stress and conflict if couples face difficulties in conceiving or if they have different preferences regarding family size. Research by Afolabi (2020) indicates that couples who openly communicate and share their feelings about childbearing are better able to navigate these challenges and maintain a healthy relationship. This highlights the importance of understanding the symbolic meanings that each partner attaches to parenthood and how these meanings influence their interactions and decisions.

The symbolic meanings associated with childbearing also shape gender roles and expectations within marriage. Traditional gender roles, which assign primary responsibility for childbearing and childcare to women, are reinforced by cultural and religious symbols that emphasize motherhood as a central aspect of a woman's identity. According to Oladeji and Akinlabi (2019), these traditional roles can lead to feelings of overwhelm and resentment among women if they do not receive adequate support from their partners. Conversely, couples who adopt more egalitarian practices and share parenting responsibilities often report greater marital satisfaction and a more balanced distribution of the physical and emotional demands of childbearing.

The transition to parenthood involves significant changes in the couple's relationship dynamics, as they navigate new roles and responsibilities. Symbolic Interactionist Theory suggests that the meanings that couples attach to these roles

are shaped by their interactions and the feedback they receive from their social networks (Blumer, 1969). For example, studies show that the involvement of extended family members, friends, and religious communities can influence how couples perceive their roles as parents and the support they receive. Couples who feel supported by their social networks are more likely to experience positive outcomes during the transition to parenthood, including reduced stress and increased marital satisfaction.

Factors Responsible for Childbearing Difficulties

Socio-economic Status of Couples

One significant factor identified in the study is the socio-economic status of couples. Many participants expressed that financial constraints play a crucial role in their ability to conceive and raise children. Mr. Ati Augustine (personal communication on 26th October 2024), assets that, "With the rising cost of living, it is hard to think about having more children when we can barely afford to take care of the ones we have." This statement reflects a common sentiment among respondents who feel that economic pressures limit their family planning options, indicating that financial stability is often linked to reproductive choices and outcomes. The inability to afford healthcare services, prenatal care, and necessary resources for child-rearing can lead to increased anxiety and hesitation regarding childbearing, suggesting that economic factors are deeply intertwined with reproductive health decisions. Other respondents echoed similar concerns. Eno-Obong Ekpo(personal communication on 12th November 2024) noted that "We wanted to have more children, but the cost of healthcare, education, and living expenses made us reconsider" This reflects the reality that economic factors can limit family planning options, leading to anxiety and hesitation regarding childbearing. A study by the World Bank (2019) found that financial constraints hinder access to healthcare services, prenatal care, and necessary resources for child-rearing. This, in turn, exacerbates reproductive health challenges. Similarly, Ejembi (2017:34) research highlighted the significance of economic empowerment in enhancing reproductive health outcomes.

However, some respondents noted that economic pressures can also lead to decreased motivation to seek medical assistance Mr. Simon Sunday (personal

communication on 15th November 2024) assets' that, "We realized that investing in our health and well-being was crucial to overcoming childbearing challenges" This aligns with the finding that economic stability can facilitate access to modern healthcare services.

Access to Quality Healthcare Services

The lack of access to quality healthcare services is a significant contributor to childbearing difficulties in Uyo. Many respondents reported challenges in obtaining timely and adequate medical care, particularly in rural areas. This aligns with research by Kumar and Clark (2017), which highlights the importance of accessible healthcare in addressing reproductive health concerns. In Uyo, the scarcity of healthcare facilities and skilled healthcare providers exacerbates the problem. Mrs. Ekaette Inyang (personal communication on 18th November 2024) shared her experience: "We had to travel over 50 kilometres to access healthcare services. By the time we got there, it was too late, and my husband fertility issues had worsened". Socio-economic factors significantly influence healthcare access and utilization. In Uyo, couples from low-income backgrounds face significant barriers to accessing reproductive healthcare services. Dr. Nathaniel Udo (personal communication, 18th November 2024) shared that "Couples from low-income backgrounds often delay seeking medical help due to financial constraints, which can worsen fertility issues". Research by Glasier (2019) emphasizes the importance of timely medical intervention in addressing reproductive health concerns. In line with this (Atanang, Ekanem and Oko, 2022:206; Oko, 2018:37), asserts that "Christianity has been providing and helping people to have good health care". For Sibani and Oko (2014: 88), religion plays an important role in health care in African generally.

Moreover, limited healthcare access perpetuates the cycle of poverty, particularly among women. Research by Kumar and Clark (2017) indicates that reproductive health concerns significantly impact women economic empowerment. In Uyo, women experiencing fertility challenges often face social stigma and economic exclusion. Mrs. Mary Etim (personal communication on 15th October 2024) reported that Women experiencing fertility challenges are often marginalized and excluded from economic opportunities. Addressing these consequences requires

comprehensive interventions, including economic empowerment programs and social support services. The long-term consequences of limited healthcare access to childbearing are alarming. In Uyo, the lack of access to quality healthcare services undermines efforts to improve reproductive health outcomes. According to the World Health Organization (2019: 67), timely medical intervention is critical in addressing reproductive health concerns. Therefore, improving healthcare access and quality is essential in addressing childbearing difficulties in Uyo.

Cultural Beliefs

Cultural beliefs and practices significantly impact childbearing experiences in Uyo. Traditional norms dictate expectations surrounding family size and childbearing, influencing individual experiences. Many couples reported feeling societal pressure to have multiple children, which creates stress and anxiety, particularly for those facing fertility challenges. Mfon Usoro (personal communication on 12th October 2024) shared, "In our community, people often judge couples based on how many children they have. It is hard to deal with that pressure when you are struggling to conceive". This underscores the profound impact of cultural expectations on childbearing experiences. In Uyo, cultural norms often prioritize large family sizes, exacerbating pressure on couples struggling with fertility. According to Glasier, Kaunitz and Darney (2019), societal expectations can lead to feelings of inadequacy and low self-esteem among couples experiencing fertility challenges.

Moreover, cultural beliefs and practices influence healthcare-seeking behaviours. Research by Kumar and Clark (2017) indicates that traditional practices can delay or prevent couples from seeking medical care for fertility issues. Addressing cultural beliefs and practices is crucial in improving childbearing experiences and reproductive health outcomes in Uyo.

Strategies to Overcome Childbearing Difficulties

Pursuit for medical interventions: A major coping strategy among couples in Uyo facing childbearing difficulties is the pursuit of medical interventions. Advances in reproductive medicine have provided options such as in-vitro fertilization (IVF), hormonal therapies, and assisted reproductive technologies (ART). However, the

accessibility and affordability of these treatments remain significant barriers, limiting their widespread adoption. Consequently, many couples resort to traditional and herbal remedies, which are deeply rooted in indigenous knowledge systems and cultural practices. Traditional healers and herbalists offer treatments believed to enhance fertility, often blending spiritual and medicinal approaches. Some couples also turn to faith-based interventions, seeking divine assistance through prayers, fasting, and religious consultations. The belief that infertility is a test of faith or a spiritual affliction underscores the reliance on religious institutions for support and reassurance.

Adoption: Another prevalent strategy is adoption, which provides an alternative path to parenthood for couples unable to conceive biologically. Although adoption is gradually gaining acceptance, cultural stigmas persist, particularly concerning lineage continuity and societal perceptions of parental legitimacy. To navigate these challenges, couples often engage in discreet adoptions or foster care arrangements, ensuring that the child is socially integrated without public scrutiny. It is on the basis of this fact that "adoption, medical intervention and spiritual help are the ways childless couples adopt to solve the problem of childlessness" (Afahakan, Ekanem and Oko: 2024:143).

Polygamy is considered a solution, especially in traditional households where the inability of a woman to bear children may lead to the husband marrying another wife to secure progeny. This practice, while controversial, remains a cultural reality in certain communities within Uyo. Support networks, including family, peer groups, and counselling services, play a crucial role in helping couples manage childbearing difficulties. Emotional support from extended family members can mitigate the psychological distress associated with infertility, although it may also intensify societal pressure in some cases. Additionally, participation in infertility support groups allows couples to share experiences, seek guidance, and explore alternative reproductive solutions. Psychosocial interventions, such as therapy and counselling, are increasingly being recognized as essential in addressing the mental health implications of childbearing struggles, particularly for women who face disproportionate societal blame.

Socio-Cultural Impacts of Childbearing Difficulties on Married Couples in Uyo
Stigmatization of Married Couples: A common misconception is that not having children is a curse or a punishment from God. Numerous African civilizations are deeply ingrained with this notion, which is frequently reinforced by traditional and religious leaders. Since childless couples are thought to be suffering from divine vengeance, Okon (2018: 56) claims that this belief may cause social exclusion and stigmatization of them. Another dimension to the spiritual cause of childlessness or infertility is the belief that forces like witches and sorcerers are responsible. Not only does this view harm the couples' psychological health, but it also has an impact on their social connections and community acceptability. Couples without children may feel even more alienated from society and culture as a result of the stigma attached to childlessness, which can also cause social and cultural marginalization and isolation. Biblical narratives such as the story of Sarah and Abraham in Genesis 16:1-2, where Sarah's barrenness is seen as a trial, reinforce these perceptions and societal pressures.

Gender Discrimination: The notion that women are primarily responsible for childlessness is a pervasive fallacy, deeply ingrained in patriarchal societies. Women are often expected to bear children, shouldering the burden of fertility and reproductive success. Due to this misperception, women experience disproportionate emotional and psychological pain as they feel under pressure to prove their fertility through a variety of conventional and medical procedures. A gendered narrative of childlessness that upholds women's subordinate position in marriage is perpetuated by the frequent disregard for male fertility. Women are held responsible for infertility by an unequal power dynamic, which exacerbates prejudice and inequality based on gender. Inequality is largely caused by gender-based discrimination, which restricts women's agency and autonomy, according to (Kabeer 2015, Olusakin, 2014:235). This emphasizes the necessity of dispelling damaging gender stereotypes and advancing gender equality, which is consistent with sustainable development goal 5 (SDG 5). The gender dynamics in marriage are also impacted by the beliefs surrounding childlessness. The idea that women are to blame for childlessness can result in unequal power dynamics in marriages, as Uche (2018) points out that women take the majority of the blame and responsibility for infertility. This may lead to increased tension and anxiety levels

in women, as well as different kinds of violence and mistreatment from their spouses and in-laws. "Childless women are relegated to the background and given various names" (Afahakan,Ekanem and Oko (2024: 137). Couples' decision-making processes may also be influenced by socio-cultural norms surrounding childbearing. Esienumoh (2019); Asserted that couples may experience pressure from their community and extended family to adopt children or pursue fertility treatments as a means of addressing their childlessness. This outside pressure has the potential to weaken the couple's autonomy and cause arguments and disputes about what would be the best course of action.

Low Self Esteem and Abstinence from Societal Functions: The misconception that childless couples are less fulfilled or incomplete is another important socio-cultural problem. Cultural stories and societal norms that link marriage success to having children are typically used to reinforce this view. Ekpo (2013); Points out that childless couples often feel as though they are missing something important from a fulfilling marriage, which can result in low self-esteem and feelings of inadequacy. Marriages may suffer from stress and conflict as a result of the unfulfilled expectation of having children, which is a result of this social pressure. Childless women experience great mental hardship and social pressure, as exemplified by Hannah in 1 Samuel 1:10–11, the biblical tale of her earnest prayer for a child. Along with these superstitions, there is the notion that witchcraft or other malevolent powers are to blame for childlessness. Olusakin (2013: 163) refers to this when he notes that "misfortunes like infertility, business failure, business failure, accident, miscarriage and the like to which no natural or divine cause is traceable are often seen as the work of witches and sorcerers". In many African groups, this myth is widely accepted as an explanation for infertility that cannot be explained. As a result of people being accused of utilizing witchcraft to induce infertility, Ekpo (2013); Claims that these beliefs can produce accusations and disputes within families (cf Olusakin, 2022). When spouses and their extended relatives try to find and punish the alleged offender, this can lead to conflict within the family and even violence.

Societal Pressure: This belief have a significant effect on childless couples in Uyo LGA. They have important social and cultural ramifications in addition to having

an impact on the couples' psychological and emotional health. For example, childless couples might not be allowed to participate in some cultural rituals and ceremonies, such as naming ceremonies and child dedication celebrations, that are exclusive to parents. Their marginalization is strengthened by this exclusion, which also upholds the stigma attached to childlessness. Furthermore, the pressure from society and culture to procreate might push people to take drastic actions, like using fertility treatments and traditional healers. Couples may invest a considerable amount of money and effort, frequently in vain, in trying to find answers to their childlessness, according to Okonjo (2016); This may result in increased marital stress and financial hardship. In many instances, couples who are under pressure to become pregnant may end up divorcing or separating because they are unable to conceive.

Financial Inability: The beliefs surrounding childlessness can affect married couples economically in addition to their psychological and social effects. Obtaining fertility treatments and engaging in traditional healing methods might come with a substantial financial cost, especially in situations where access to reasonably priced healthcare is scarce. This financial burden can increase already-existing financial difficulties and fuel marital tension and discord. Base on this, the "problem can lead to the abandonment of projects because of fund" (Davidson, Ekanem and Oko, 2024:190). The enduring nature of these beliefs underscores the necessity of increased consciousness and instruction regarding the origins and consequences of childlessness. Comprehensive public health initiatives are required, according to Okon (2018); to dispel the myths and stigma surrounding childlessness and to foster an atmosphere that is more accepting and encouraging for childless couples. To guarantee that correct information is shared and that those impacted have access to supportive services, such campaigns should entail cooperation between healthcare professionals, traditional and religious leaders, and community organizations. The comparative advantages that religious institution has over others as pointed out by Olusakin (2020a:12, cf Olusakin, 2020b: 4)) makes these responsibilities rest more on the churches.

Recommendations

The issue of childbearing difficulties in Uyo underscores the need for a holistic and inclusive approach to reproductive health. Social and community support networks serve as a fundamental pillar in helping couples navigate the emotional and financial burdens associated with infertility. Strengthening these networks through family involvement, religious institutions, and community-based initiatives can significantly reduce the psychological distress experienced by affected individuals. Additionally, greater emphasis should be placed on accessible and affordable fertility treatments, as financial constraints remain a major barrier for many couples. Policymakers and healthcare institutions must work towards subsidizing reproductive health services and integrating traditional and modern healthcare practices to provide comprehensive fertility solutions.

Moreover, fostering reproductive health education and awareness is essential in dispelling myths, reducing stigma, and promoting informed decision-making. Many couples suffer in silence due to societal pressures and misconceptions about infertility, making it crucial for health agencies and non-governmental organizations to intensify advocacy efforts. Integrating medical advancements with culturally sensitive approaches will encourage more couples to seek professional help while respecting their beliefs. Ultimately, a combination of education, accessible healthcare, community support, and policy reforms will create a more inclusive and supportive environment for couples facing childbearing challenges in Uyo.

The Nigerian Ministry of Health should integrate mental health support into reproductive health services nationwide, ensuring healthcare providers receive training on counselling and psychological support for couples facing childbearing difficulties. Religious institutions and local government authorities in Uyo, in collaboration with non-governmental organizations, should promote community awareness and education on childbearing through public outreach programs, targeting married couples, community leaders, and healthcare providers.

The Akwa Ibom State Government should improve healthcare access by increasing funding for reproductive health services and infrastructure in Uyo and implement economic empowerment programs to support low-income couples.

Healthcare providers and non-governmental organizations in Uyo should establish support groups and community resources for couples facing childbearing difficulties, providing emotional support and connecting them with peer networks.

Policymakers and healthcare providers in Uyo should develop and implement culturally sensitive policies and programs that respect local beliefs and values, addressing the unique needs of couples in the region.

In the case of spiritual help, the place of the church cannot be overemphasized. The church is seen here as an integral part of the society (Oko, 2018: 39; Oko and Ndubuwa, 2020:180), for Mbaegbu (2008), the church has always seen the use of prayers as the best weapon.

Conclusion:

The study of childbearing difficulties in Uyo reveals that couples adopt a multidimensional approach to coping with infertility, relying on social support networks, medical interventions, traditional, spiritual practices, and educational initiatives. Social and community support networks provide emotional, financial, and informational assistance, helping couples navigate the psychological and economic challenges of infertility. Medical advancements have improved access to fertility treatments, although financial constraints remain a barrier to many couples. Traditional and spiritual practices continue to play a significant role, reflecting the deep-rooted cultural beliefs surrounding childbearing in African societies. Finally, reproductive health education empowers couples with the knowledge needed to make informed decisions about fertility treatments and financial planning. Addressing childbearing difficulties requires a holistic approach that integrates medical, cultural, and educational strategies. Policymakers and healthcare providers must work towards increasing access to affordable fertility treatments while promoting awareness and reducing the stigma associated with infertility. By fostering a supportive environment that embraces

both modern and traditional coping mechanisms, couples facing reproductive challenges in Uyo can receive comprehensive care that enhances their chances of achieving parenthood.

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