JOURNAL OF POLITICAL DISCOURSE
ISSN Print: 2992-2763 – ISSN Online: 2992-4618 | Vol. 3, Issue 1, No. 1 / March 2025
https://www.jopd.com.ng

COUPLE INFERTILITY AND FAMILY STABILITY IN CALABAR MUNICIPAL LOCAL GOVERNMENT AREA OF CROSS RIVER STATE, NIGERIA

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Abstract
This study examines the relationship between couple infertility and family stability in Calabar Municipal Local Government Area of Cross River State, Nigeria. Specifically, it investigates the effect of couples' genetic disorders and hormonal imbalances on family stability. The study population includes both single and married individuals residing in the metropolis. Using Taro Yamane's formula, a sample size of 400 respondents was selected. Data collected from the field were presented using simple percentages and analyzed with the Pearson Product-Moment Correlation Coefficient. Findings revealed a significant relationship between genetic disorders, hormonal imbalances, and family stability. Based on these findings, the study recommends, among other measures, that awareness campaigns led by medical social workers should be implemented to reduce stigma, educate individuals on early diagnosis of genetic disorders, and promote proactive health behaviors to prevent infertility.
Keywords: Couple infertility, genetic disorders, hormonal imbalances, family stability

Introduction

Infertility, the inability of a couple to conceive after a prolonged period of unprotected sex, is a complex issue that affects many individuals and families worldwide. Infertility is often viewed through both medical and cultural lenses. Medically, infertility can arise from various factors, including hormonal imbalances, blocked fallopian tubes, low sperm count, or other health conditions affecting either the male or female partner.

In Nigeria, both male and female infertility can result from underlying health conditions. In women, conditions such as polycystic ovary syndrome (PCOS), endometriosis, and hormonal imbalances can contribute to infertility. For men, low-sperm count or poor sperm quality due to health problems like infections or lifestyle factors can be a significant cause (Ajuluchukwu& Eze, 2017; Nnana, Isaac & Blessing, 2023). The prevalence of untreated infections and limited access to healthcare in some areas may exacerbate these issues. Environmental pollution, poor nutrition, and exposure to chemicals can also impact fertility (Baker, 2018).

In Calabar Municipality, a region in southeastern Nigeria, infertility has become a significant social concern, affecting not only the emotional and psychological well-being of couples but also the stability of families. The social, cultural, and economic consequences of infertility often lead to changes in family dynamics, gender roles, and relationships (Bauer & Collins, 2021). The causes of infertility are commonly attributed to a range of factors, from health issues to environmental conditions, nutrition, and even lifestyle choices. However, infertility is not only a medical challenge; it is also shaped by cultural beliefs and practices. In

the context of Calabar, a predominantly Igbo and Efik ethnic region, infertility carries significant social weight (Ofem, Ojiho, Eyang & James, 2024). In these communities, children are seen as crucial for the continuity of the family lineage, and the inability to have children can result in stigmatization and social exclusion (Binns & Messer, 2020).

According to Cross River State Ministry of Health (2020), infertility in Calabar Municipality is often viewed through a cultural and traditional lens. In many African societies, including the Efikand Ibibio ethnic groups predominant in bar, there is a strong societal expectation for couples to bear children, especially in the first few years of marriage. Failure to do so can lead to stigmatization, particularly for women, who are often blamed for the couple's inability to conceive, this stigma may lead to isolation from the community and even from extended in members, which can undermine the stability of the family unit. Paschou, Athanasiadou, Hafford-Letchfield, Hinchliff, Mauskar, Rees, &Lambrinoudaki (2024), noted that family stability in this setting is often closely tied to the ability to have children, and failure to do so can lead to emotional distress, marital strain, and a sense of inadequacy, particularly for women. As with many other regions, age is a critical factor in infertility. Women over the age of 35 may experience reduced fertility, and this can add to the emotional burden for couples hoping to conceive. The emotional and psychological impact of infertility can destabilize marriages and family life (Nnana, Isaac & Blessing, 2023).

According to Steffan & Potočnik (2023), couples experiencing infertility may undergo significant emotional strain, which can manifest in several ways. Infertility can lead to significant tension between partners. Disagreements over the causes of infertility, the emotional and physical toll of medical treatments, and feelings of guilt or inadequacy can result in marital conflict. In some cases, this stress can cause couples to drift apart, leading to separation or divorce. In many cases, traditional gender expectations exacerbate the strain. Women, who are often expected to bear children, may face intense pressure and societal blame for infertility. Men, on the other hand, may feel a loss of identity or face criticism for being unable to father children. This unequal burden can create frustration, resentment, and emotional distance in relationships. Seeking medical treatment for infertility can be costly, and in regions like Calabar, where access to advanced reproductive healthcare is limited, couples may spend significant resources on fertility treatments, traditional medicine, or consultations with local healers (Casado-Espada, de Alarcón, de La Iglesia-Larrad, Bote-Bonaechea, & Montejo, 2019). The financial strain of infertility treatments may further destabilize the family, leading to stress (Tangban, E. E., Nnana&Udousoro, 2024).

Despite the challenges, many couples in Calabar Municipality find ways to cope with infertility. Some seek support from family members or religious institutions, while others may explore medical or alternative treatments. Counseling and therapy are gradually becoming more recognized as effective ways of helping couples manage the emotional and psychological impact of infertility. Moreover, Steffan & Potočnik (2023), stated that community-based support systems, such as fertility support groups or religious communities, offer emotional and social support to couples facing infertility. These groups provide a platform for couples to share experiences, gain emotional support, and find practical solutions. Over time, increasing awareness and acceptance of infertility as a medical condition rather than a moral failing has been recommended to reduce stigma and promote family stability, yet to not avail. It is on this note that the present study seeks to examine couple infertility and family instability in Calabar Municipality Local Government Area of Cross River State, Nigeria. Couple infertility in Calabar Municipality Local Government Area is not just a medical issue, but a complex social challenge that affects family stability. The causes of infertility are multifaceted, involving health, environmental, and lifestyle factors. However, it is the social stigma, cultural

expectations, and gendered roles surrounding infertility that contribute most significantly to the destabilization of families (Nnana, Tangban, Tiku &Abonor, 2023).

Couple infertility can significantly impact family stability, affecting both the emotional and practical aspects of a relationship. Infertility is a medical condition that involves the inability of a couple to conceive a child after trying for a prolonged period (usually over a year without success), and it can lead to a range of challenges that affect not only the individuals involved but also the broader family dynamic (Nnana, Enobong, Anyang, Cecilia & Beauty, 2023). Couples experiencing infertility may face intense emotional stress due to unmet expectations of parenthood. This can create feelings of anxiety, depression, and isolation. In some cases, it can lead to a breakdown in communication between partners as they cope with their individual and shared frustrations. Fertility challenges often lead to questions about personal worth, particularly for individuals who place a significant part of their identity in their ability to conceive. The inability to have children may lead to feelings of inadequacy or failure, especially in societies or cultures that emphasize family creation as a key part of adulthood. Infertility is often accompanied by a sense of loss whether it is the loss of dreams of having biological children or the mourning of the possibility of starting a family in the traditional way. This grief can significantly impact both partners and their ability to function as a unit, sometimes leading to long-term emotional scars (Ofem, 2023).

In many cultures, childbearing is seen as a fundamental part of married life. Couples struggling with infertility may face societal stigma, feel isolated, or experience judgment from family and friends who do not understand the complexity of infertility. This can create a sense of alienation, causing the couple to withdraw from social activities and further destabilizing family relationships. Families may feel disappointed or upset by the couple's inability to have children, which can create tension, guilt, and unwanted pressure (Nnana, Rita & Adie, 2024). In some cultures, children are seen as essential for ensuring family continuity, and without them, there may be cultural shame or concerns about lineage, further compounding the strain on the couple (Tangban&Nnana, 2024).

The emotional, financial, and social strain of infertility can sometimes lead to divorce or separation. Studies show that couples facing infertility have a higher likelihood of experiencing relationship breakdowns compared to couples who do not face these challenges. The constant pressure and inability to reconcile differences over the issue of childbearing can sometimes cause irreparable damage to the relationship. Infertility often forces couples to re-evaluate their life plans and what family stability looks like for them. They may face the difficult decision of whether to continue trying fertility treatments, consider adoption, or remain child-free. These uncertainties can significantly influence a couple's long-term goals, including career aspirations, lifestyle choices, and financial planning (Nnana& Isaac, 2024). Couple infertility can have a profound impact on family stability, affecting emotional, financial, and social dimensions of life. While some couples develop resilience and strengthen their bond through shared experiences, others face substantial challenges that strain their relationship. Building on this premise, the present study explores the relationship between couple infertility and family stability in Calabar Municipality, Cross River State, Nigeria.

Literature review

Couples, Genetic Disorders, and Family Stability

Genetic disorders are health conditions caused by abnormalities in an individual's DNA, often inherited from one or both parents. These disorders can significantly impact physical, mental, and emotional well-being, thereby influencing family stability. In the context of couples in Calabar Municipality, Cross River State, Nigeria, genetic conditions present unique challenges to marital relationships and overall family dynamics. Ajuluchukwu and Eze (2017)

note that inherited genetic disorders can affect various aspects of health, with conditions such as sickle cell anemia, hemophilia, and certain forms of inherited deafness being prevalent in Nigeria. Sickle cell disease, in particular, remains a major public health concern due to the high frequency of sickle cell trait carriers. Furthermore, limited awareness and inadequate education about genetic risks, especially among young couples, exacerbate the situation (Nnana, Adie, Omini, &Runyi, 2024).

Ogunyemi and Eze (2018) opined that when couples carry genes for genetic conditions, they may unknowingly pass these traits to their children, leading to a cycle of inherited disorders within families. However, genetic counseling remains largely inaccessible in many parts of Calabar, leaving couples unaware of the risks they may face, particularly when both partners are carriers of the same genetic disorder. This lack of awareness contributes to high infertility rates among couples (Christiana, Nnana, Emmanuel, Lilian, & Victor, 2022).

According to Baker (2018), the presence of genetic disorders in a family can lead to numerous challenges that affect overall stability. One of the most profound impacts is on a couple's fertility. In cases of infertility, parents may experience grief, guilt, and frustration, which can strain relationships and lead to conflicts within the family unit. Additionally, the financial burden of medical treatment can further destabilize families, particularly in Calabar Municipality, where access to healthcare resources is often limited, and treatment costs are high. For families affected by genetic disorders such as sickle cell disease, the need for ongoing medical attention adds another layer of stress, contributing to marital discord (Nnana, Olofu, &Runyi, 2024). Couples may feel overwhelmed by the demands of caregiving, leading to burnout or emotional disengagement. When multiple children within a family are affected by a genetic disorder, the situation becomes even more challenging, often resulting in long-term financial strain, emotional exhaustion, and social isolation (Baker, 2018).

Genetic disorders are health conditions caused by abnormalities in an individual's DNA, often inherited from parents. These disorders can have a profound impact on those affected, influencing their physical, mental, and emotional well-being. In the context of couples in Calabar Municipality, Cross River State, Nigeria, genetic disorders present unique challenges to family stability. According to Ajuluchukwu and Eze (2017), genetic disorders are often inherited from one or both parents and can affect various aspects of health. In Calabar Municipality, as in many other parts of Nigeria and Africa, conditions such as sickle cell anemia, hemophilia, and certain forms of inherited deafness are prevalent among couples. Sickle cell disease, in particular, is a significant public health concern in Nigeria due to the high frequency of carriers of the sickle cell trait. The prevalence of these genetic disorders is further compounded by limited awareness and education about genetic risks, especially among young couples.

Ogunyemi and Eze (2018) opined that when couples carry genes for inherited conditions, they may unknowingly pass these traits to their children. Binns and Messer (2020) asserted that the social and cultural implications of genetic disorders also play a role in family dynamics in Calabar Municipality. In many Nigerian communities, traditional beliefs often stigmatize infertility and certain genetic disorders, particularly those associated with disabilities. This stigma can lead to exclusion, discrimination, and even rejection of affected individuals. Consequently, couples may experience social isolation, making it even harder for the family to maintain a sense of stability and support. The cultural stigma surrounding genetic disorders can also negatively impact the mental health of couples, who may feel ashamed or blamed for their inability to conceive.

Addressing the challenges posed by genetic disorders requires improved healthcare services and education to ensure the stability of affected families. In Calabar Municipality, there is a growing need for accessible genetic counseling and awareness programs for couples.

Educating couples about the risks of genetic disorders, particularly through prenatal counseling and genetic screening, could significantly reduce the incidence of inherited conditions. By understanding genetic risks, couples can make informed decisions about proper counseling and medical checks before marriage in order to take preventive measures against future health challenges (Binns & Messer, 2020). Furthermore, improving the availability and quality of healthcare services in Calabar Municipality is essential for providing adequate support to families affected by genetic disorders. Public health campaigns that raise awareness about common genetic conditions can play a crucial role in reducing stigma and promoting informed decision-making (Nnana& Nwadike, 2024).

Couples, Hormonal Imbalances, and Family Stability

Hormones are chemical messengers that regulate various bodily functions, including metabolism, mood, reproductive processes, and growth. When these hormones become unbalanced, they can affect an individual's physical and emotional health, potentially straining relationships and family dynamics. In the context of couples, hormonal imbalances can have far-reaching effects on both partners, influencing their well-being, emotional stability, and overall relationship (Saadedine, Kapoor, & Shufelt, 2023). According to the American Pregnancy Association (2021), hormonal imbalance refers to a condition in which hormone levels in the body are either too high or too low. In couples, hormonal imbalances can arise from various factors, including medical conditions, lifestyle changes, stress, or age-related changes. Both men and women can experience hormonal imbalances, which can affect their reproductive health, energy levels, mood, and general quality of life. For women, hormonal imbalances are often linked to conditions such as polycystic ovary syndrome (PCOS), menopause, thyroid disorders, or endometriosis. These imbalances can disrupt menstruation, lead to infertility, and cause symptoms such as mood swings, hot flashes, fatigue, and weight gain. In men, hormonal imbalances typically involve testosterone deficiency or hypogonadism, which can affect libido, energy levels, mood, and sexual function. Additionally, stress and poor lifestyle choices—such as an unhealthy diet, lack of exercise, or excessive alcohol consumption—can exacerbate hormonal imbalances in both partners (Nnana&Nsan, 2024).

Casado-Espada et al. (2019) postulated that hormonal imbalances can significantly influence family stability by affecting the emotional and physical health of individuals and by straining relationships between partners. The emotional toll of hormonal imbalances is often the first indicator of distress in relationships. Women experiencing imbalances due to conditions like menopause or PCOS may suffer from mood swings, irritability, and depression, which can create tension in the household. Similarly, men with low testosterone levels may experience fatigue, depression, or a diminished interest in intimacy, which can reduce emotional closeness between partners.

Hormonal imbalances can create a cycle of misunderstanding and frustration within relationships, as partners may struggle to recognize the physiological causes behind each other’s behavior. One of the most significant effects of hormonal imbalances in couples is on sexual health and intimacy. In women, fluctuations in estrogen and progesterone levels can lead to a decreased libido and make sexual intercourse painful. Similarly, men with low testosterone levels may experience reduced sexual desire, erectile dysfunction, or performance anxiety. A decline in sexual intimacy can result in emotional distance between partners, leading to feelings of rejection, frustration, and loneliness. Over time, this deterioration in physical intimacy may weaken the emotional connection between couples, ultimately affecting the stability of their relationship (Paschou et al., 2024).

Scully and Donovan (2017) emphasized that hormonal imbalances can also affect a couple’s ability to conceive, posing challenges to family stability. Conditions such as polycystic ovary

syndrome (PCOS) in women and low sperm count in men can lead to infertility, making conception difficult. The emotional toll of infertility often results in feelings of guilt, inadequacy, or blame between partners. Moreover, societal and familial pressures regarding childbearing can add further strain to the relationship, intensifying stress and emotional distress.

Managing hormonal imbalances, particularly in chronic conditions such as thyroid disorders, PCOS, or menopause, often requires ongoing medical intervention. Treatment options may include medications, hormone replacement therapy, diagnostic tests, or fertility treatments, all of which can be financially burdensome. Financial strain, especially when one partner is unable to work due to health complications, can increase stress within the family, further challenging its stability.

Furthermore, hormonal imbalances often manifest as mood swings, fatigue, or behavioral changes, making effective communication between partners more difficult. Affected individuals may withdraw emotionally or react impulsively, leading to frequent misunderstandings. Meanwhile, the unaffected partner may struggle to empathize, mistaking these mood fluctuations for personality traits rather than recognizing them as symptoms of an underlying medical condition. This lack of awareness and understanding can erode trust and intimacy, making it even more challenging for couples to navigate their difficulties together (Babaniyi, Ajao, Akor, &Babaniyi, 2023).

Zhao and Li (2021) observed that although hormonal imbalances can pose significant challenges to couples and family stability, various effective solutions and coping strategies can help manage these conditions and minimize their impact on relationships. The first step in addressing hormonal imbalances is obtaining appropriate medical care. Treatments such as hormone replacement therapy (HRT), medications, and lifestyle modifications—including regular exercise, stress management and dietary adjustments—can help regulate hormone levels and alleviate symptoms.

Couples are also encouraged to seek genetic counseling, particularly if there is a family history of hormonal disorders or if fertility concerns arise. In some instances, consulting a fertility specialist can provide targeted solutions for reproductive health challenges. Beyond medical treatment, couples therapy can be beneficial in helping partners navigate the emotional and psychological effects of hormonal imbalances, thereby strengthening communication and fostering healthier relationships.

Additionally, addressing and reducing the stigma associated with chronic health conditions, including certain sexually transmitted infections (STIs), is essential in ensuring that individuals and families do not experience shame or social isolation. By working together and seeking the necessary medical and emotional support, couples can effectively manage the impact of hormonal imbalances and maintain strong, stable family relationships.

Theoretical framework

Social Context Theory

The **Social Context Theory**was propounded by **Robert King Merton (1979)** in his work *Social Theory and Social Structure.* The theory suggests that the **cultural structure of the family** has undergone significant transformation due to **social change, modernization, and civilization**, which have directly impacted family dynamics and marital stability (Giddens, 2005; Ritzer, 1996). Merton's perspective on family structure is influenced by the works of **Frédéric Le Play**, a French scholar who conducted scientific studies on family structures and occupations. Drawing from Le Play's research, Merton theorized that **family disintegration and marital instability** are consequences of the breakdown of traditional societal structures, a phenomenon he referred to as **anomie.** He argued that as societies transitioned from **pre-industrial to modern structures,**families faced increasing pressure to adapt to new socio-political

environments. Many struggled to withstand these pressures, leading to **family disorganization, divorce, and intra-family conflicts.**

Historically, marriages in traditional societies were governed by **customary laws** embedded in **norms, values, customs, and traditions.** These legal frameworks were **strict and coercive, ensuring adherence** to societal expectations. Marital disputes were typically resolved within the **family unit or through traditional institutions,** and those who violated marital contracts faced**severe penalties** (Jaja, 2013). However, with **modernization and legal reforms,**marriage regulation has shifted toward a **more complex system** involving **statutory laws, customary laws, and canon laws.** This transformation has created ambiguity in determining which legal framework should take precedence in matters of **marital stability.** The coexistence of **statutory, customary, and religious laws**has made it increasingly difficult to assess which system exerts the greatest influence on **marriage and family life in contemporary society.**

The application of this theory to the study suggests that marital instability among the people of Calabar Municipality is primarily driven by infertility, which results from various factors, including genetic disorders, hormonal imbalances, and chronic sexually transmitted infections (STIs). These factors have significantly altered the cultural structure, along with traditional practices and beliefs, thereby influencing family stability and marital relationships (Ajuluchukwu& Eze, 2017).

Methodology

This study adopts a survey research design, which is suitable for collecting relevant data through the use of questionnaires. The survey method was chosen because it allows for the collection of first-hand information from respondents in a structured manner.

Study Area

The study was conducted in Calabar Municipal Local Government Area of Cross River State, Nigeria. Calabar, the capital of Cross River State, was originally known as Akwa Akpa in the Efik language. The city is located along the Calabar and Great Kwa Rivers, as well as the creeks of the Cross River from its hinterland. It is often described as the tourism capital of Nigeria. Administratively, Calabar is divided into Calabar Municipal and Calabar South Local Government Areas. It covers an area of 406 square kilometers (157 square miles) and had a population of 371,022 as recorded in the 2006 census (Wikipedia, "About Calabar Metropolis"). Historically, on September 10, 1884, Queen Victoria signed a Treaty of Protection with the King and Chiefs of Akwa Akpa, known to Europeans as Old Calabar. This treaty enabled the United Kingdom to exercise control over the entire territory surrounding Calabar, including Bakassi. Today, Calabar is a large metropolis consisting of several towns, including Akim, Ikot Ansa, Ikot Ishie, Kasuk, Duke Town, Henshaw Town, Cobham Town, Ikot Omin, Obutong, Anantigha, Uwanse, and Nsidung (Bayside).

Study Population

The study population comprised both single and married individuals from different communities within Calabar Municipal Local Government Area. According to the 2006 National Population Census, the population of Calabar Municipal Local Government Area was recorded as 179,392. This figure represents the total population from which the study sample was drawn. The area consists of eleven political wards.

Sampling Technique and Sample Size

This study employed a combination of sampling techniques. A **multistage sampling technique** was used to systematically select the study area. The **stratified sampling technique** was adopted to categorize the population based on specific characteristics such as marital status, while the **simple random sampling technique** was used to ensure equal representation of respondents. Additionally, a **purposive sampling technique** was employed to select three

communities within Calabar Municipal Local Government Area based on their demographic diversity and relevance to the study.

To determine the sample size, the **Taro Yamane (1967) statistical formula** was applied, ensuring an appropriate and representative sample for the study.

Findings

Table 1: Demographic Distribution of Respondent

Variables	Group	No of respondents	Percentage
Age	18-23 years	28	7.7
	24-29 years	85	22.7
	30-35 years	160	42.7
	36-40 years	82	21.7
	41 years and above	20	5.2
	Total	375	100
Sex	Male	203	54.3
	Female	172	45.7
	Total	375	100
Educational Level	FSLC/SSCE	127	28.7
	ND/NCE	89	23.3
	HND/B.Sc	70	18.7
	M.Sc/Ph.D	89	19.6
	Total	375	100
Religion	Christian	355	94.6
	Muslim	12	3.2
	African Traditional Religion	8	2.1
	Total	375	100
Marital Status	Single	100	27
	Married	225	60
	Divorced/separated	50	13
	Total	375	100

Source: Field work (2025)

From distribution of responses according to their age assortment/segregation shows that out of the sample population of375,28 responses representing 7.7 percent falls within the age bracket/range of 18-23 years, 85 responses which represent 22.7 percent falls within the age bracket of 24-29 while 160 responses representing 42.7 percent falls within the age range of 18-21 years whereas 82 responses representing 21.7 percent falls within the age range of 22-25and 20 responses representing 5.2 percent falls within the age range of 26 and above thereby making a total of 100 percent. This shows that those that were active in age (from 18-21 years) totaling 73.1 percent were more in the study.

The distribution of respondent's responses by their gender segregation shows that out of the sample population of 375,203 responses representing 54.3 percent are males while 172 responses representing 45.7 percent are females making a total of 100 percent. Therefore, there were more males than females in the study.

The data on distribution of respondent's responses according to their educational level revealed that out of a sample population of 375, 70 responses which represent 18.7 percent belonged to the category of HND/B.Sc, 89 responses representing 23.3 percent fall under ND/NCE, whereas 127 responses which represent 28.7 percent belonged to the category of

FLSC/SSCE, 89 responses which represent 19.6 belonged to the category of M.Sc/Ph.D. This implies that 58 percent of total respondents who participated in the study were in FLSC/SSCE class.

In terms of the distribution of respondent's responses by their religion revealed that out of the sample population of 375, 355 responses representing 94.6 percent were Christians, 12 responses representing 3.2 percent were Muslims whereas 8 responses
which represents 2.1 percent belonged to African Traditional religion which constitute a total of 100. Evidence from the analysis showed that Christians were more in the study than other religion.

Item based on respondents' marital status revealed that singles who participated in the study were 100 respondents, representing 27%, married couples were 225 representing 60%, while those who were divorced/separated were 50, representing 13%.

Hypothesis one

H_0: There is no significant relationship between couples' genetic disorders and family stability in Calabar Municipality Local Government Area;

H_1: There is a significant relationship between couples' genetic disorders and family stability in Calabar Municipality Local Government Area;

The independent variable of this hypothesis is couples' genetic disorder while the dependent variable is family stability. The statistical tool is Pearson Product Moment Correlation analysis. The result is presented in table 2 below.

Table 2: Pearson Product Moment Correlation analysis of the relationship between couples' genetic disorder and family stability (N = 375)

Variables	$\sum x$ $\sum y$	$\sum x^2$ $\sum y^2$	$\sum xy$	Rxy	Sig.
Couples' genetic disorder (X)	4.743	61,131			
			62,440	0.47*	.05
Family stability (Y)	4,895	65,013			

$p<.05$; df = 373; critical r = 0.113

Hypothesis two

H_0: There is no significant relationship between couples' hormonal imbalances and family stability in Calabar Municipality Local Government Area

H_1: There is a significant relationship between couples' hormonal imbalances and family stability in Calabar Municipality Local Government Area. The independent variable of this hypothesis is couples' hormonal imbalance while the dependent variable is family stability. The statistical tool is Pearson product moment correlation analysis. The result is presented in table 3 below.

Table 3: Pearson Product Moment Correlation analysis of the relationship between couples' hormonal imbalances and family stability' (N = 375)

Variables	$\sum x$ $\sum y$	$\sum x^2$ $\sum y^2$	$\sum xy$	Rxy	Sig.
Couples' hormonal imbalance (X)	4.743	61,131			
			59,457	0.52*	.05
Family stability (Y)	4, 652	59,034			

$p<.05$; df = 373; critical r = 0.113

Table 3 showed that at .05 level of significance and degrees of freedom 373, the critical r-value is 0.113. The calculated r-value obtained in establishing the relationship between couples' hormonal imbalances and family stability is 0.52 ($p<.05$). The calculated r-value is seen to be greater than the critical r-value with the obtained significant value less than .05 level of significance used in the study. With these results the null hypothesis which stated that there is no significant relationship between couples' hormonal imbalances and family stability was rejected. It was alternately accepted that there is a significant relationship between couples' hormonal imbalances and family stability in Calabar Municipal Local Government Area of Cross River State. The obtained correlation coefficient was positive indicating positive correlation between the independent and the dependent variable.

Discussion

The findings from the first hypothesis reveal a significant relationship between couples' genetic disorders and family stability in Calabar Municipality Local Government Area, Cross River State, Nigeria. This supports the argument by Ogunyemi and Eze (2018), who opined that inherited genetic conditions can unknowingly be passed on to offspring, leading to a cycle of genetic disorders within families. The limited availability of genetic counseling services in many parts of Calabar further exacerbates the issue, as many couples remain unaware of their genetic risks. Consequently, the inability to conceive due to genetic disorders contributes to marital distress, which may lead to emotional disconnection, psychological stress, or even dissolution of the marriage. The findings align with Baker (2018), who noted that genetic disorders can significantly impact family stability by introducing emotional, financial, and psychological challenges. The inability to bear children due to hereditary factors often results in feelings of grief, guilt, and frustration among couples. In many African societies, where fertility is deeply linked to cultural expectations and social status, childlessness may lead to external pressures from extended family members, further straining marital relationships. This suggests that improving access to genetic testing and counseling services could help mitigate some of these challenges by equipping couples with the necessary knowledge to make informed reproductive decisions.

Similarly, the results from the second hypothesis establish a significant relationship between hormonal imbalances and family stability in Calabar Municipality. This is consistent with the work of Casado-Espada et al., 2019, who argued that hormonal imbalances can disrupt family stability by affecting both the emotional and physical well-being of individuals. Conditions such as polycystic ovary syndrome (PCOS), menopause, or thyroid disorders can lead to emotional distress, mood swings, irritability, and depression. These changes often create tensions within relationships, especially when partners struggle to understand or cope with the effects.

Beyond the physiological aspects, the financial burden of managing hormonal disorders—such as the cost of medical treatments, medications, and consultations—may also contribute to marital strain. Additionally, cultural misconceptions surrounding infertility and reproductive health may lead to blame being placed on one partner, further escalating conflict. The findings underscore the need for increased awareness and intervention programs, including access to affordable healthcare, hormonal therapy, and counseling services, to support couples navigating these challenges.

Implications of Findings

The study's findings highlight the crucial intersection of health and family stability. Genetic disorders and hormonal imbalances not only affect reproductive health but also have broader implications for marital relationships, emotional well-being, and societal expectations. Addressing these challenges requires a multi-faceted approach, including healthcare reforms to

provide better access to reproductive health services, community sensitization on the realities of infertility, and psychological support mechanisms for affected couples. Future research could explore the role of socio-economic factors in shaping how couples cope with these challenges, as well as potential policy interventions to promote family stability in the face of infertility-related issues.

Infertility is a significant social concern in Calabar Municipality Local Government Area of Cross River State, Nigeria, affecting the emotional, psychological, and social well-being of couples. Beyond being a medical issue, infertility is deeply influenced by cultural beliefs and practices. In this predominantly Igbo and Efik region, children are regarded as essential for family continuity, and childlessness often results in stigmatization and social exclusion. The study findings revealed a significant relationship between infertility-related factors—such as genetic disorders and hormonal imbalances—and family stability. These results highlight the need for comprehensive medical, psychological, and cultural interventions to address infertility and its impact on families.

Recommendations

Based on the study's findings, the following recommendations are proposed:

1. Medical social workers should conduct awareness campaigns to reduce stigma and educate individuals on early diagnosis of genetic disorders. Public health initiatives should promote proactive behaviors that help prevent infertility-related conditions.
2. Couples planning to start a family should undergo early screening for hormonal imbalances and genetic disorders. Medical institutions should provide accessible genetic counseling and fertility support programs.
3. Support groups and counseling services should be available to help couples cope with the emotional challenges of infertility. Psychological interventions can enhance marital communication, reduce stress, and strengthen relationship stability.
4. Healthcare providers should adopt a multidisciplinary approach by integrating endocrinology, STI management, genetic counseling, and fertility treatments. Personalized care plans can help mitigate the effects of infertility on family stability.
5. Healthcare practitioners should recognize and respect cultural beliefs surrounding infertility. Family involvement in treatment processes can foster supportive environments and reduce stigma.

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