

## Psychological Factors Affecting Reproductive-Aged Women Who are Yet to Marry in South-South Nigeria

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**Abstract:** Women who are yet to marry are not happy and are faced by several degrees of psychological trauma such as isolation, low self-esteem, depression, anxiety, shame, loneliness and family pressure. Psychological factors affecting reproductive-aged women who are yet to marry are shaped by a mix of individual emotions, societal expectations, cultural norms, and life experiences. One of the most dominant psychological factors is marriage pressure. This study aimed to Assess Psychological Factors Affecting Reproductive-Aged Women Who Are Yet to Marry In South-South Nigeria. This was a cross-sectional study involving 250 women. Participants' age is between 18 to 40 years and above. A well-structured questionnaire was administered to participants. The study lasted for a period of 3 months. Statistical analysis was done using SPSS version 25.0 and  $p < 0.05$  was significant. The study revealed that 60% of the participants were between 35 and 39 years old, 68% had tertiary education, 60% residence in the city, 60% not in a relationship, 80% are under family pressure to get married, 80% are not comfortable, 76% feel pressured to marry after her friend's marriage, 80% are anxious of not being married, 76% said remaining unmarried affects my self-esteem, 76% feel emotionally unstable, 80% feel lonely, 76% are not happy been single, 80% agreed that fear of divorce or marital problem affects my decision to marry, 76% had depression, 68% faced isolation, 80% are ashamed of themselves. The study shows that majority of the participants are facing different degrees of psychological trauma.

**Keywords:** Psychological, Factors, Affecting, Reproductive-Aged, Women, Marry.

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## INTRODUCTION

Reproduction is an important aspect of African culture with the aim to maintain continuity in the family circle (Gbaranor *et al.*, 2020). This however can only be actualized when a mature male and female agree to be

couple with the desire to have children. Desired conception is when both couple agree based on favourable conditions to have a child or children and delayed could be any factor that may impede or delay this conception process in the female (Gbaranor *et al.*, 2020). In African culture, the desire of a woman of reproductive

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age is to give birth or have children, especially among married women. However, when this desire is delayed, it becomes a concern to the woman and to the entire family. Every woman is important as far as reproduction or conception is concerned. The happiness of every husband is to see their wives conceive at their desired time (Gbaranor *et al.*, 2020). Also, married women will be comfortable in their matrimonial homes when conception is not delayed avoiding hate speeches or maltreatment from their in-laws (Gbaranor *et al.*, 2020). Desired, delayed conception may be due to several factors and some of these factors appear commoner with a certain group of women (Gbaranor *et al.*, 2020). Conception is an important aspect of reproductive life of a woman and indeed the joy of every family across the African continent and this conception may be delayed for one reason or the other. These reasons could however be intrinsic or extrinsic factors. Our study has been able to report possible determinants to delayed conception, and we know these factors may differ with location and ethnicity. However delayed conception identified among our respondents were due to high maternal age, alcohol consumption, uterine fibroid, use of contraceptives and abortion (Gbaranor *et al.*, 2020). Infertility has caused a lot of psychological traumas to marry women who have not given birth to any child or those who could not give birth again after their first birth at their matrimonial home. Childbearing is the most important reason why most couples get married and if that sole aim is not achieved, it becomes a taboo in some cultures in Africa (Gbaranor *et al.*, 2024). Previous by Gbaranor, *et al.*, (2025) revealed that psychological trauma has brought emotional, hormonal, and physical changes to the women (Gbaranor, *et al.*, 2025). Singlehood among reproductive-aged women has become increasingly common globally and in Nigeria, largely due to socio-economic transitions, education, and changing gender roles. However, despite these shifts, many African societies—including Nigeria—continue to place a high premium on marriage as a marker of social identity and womanhood. Studies show that singlehood is often socially disapproved, leading to psychological

consequences for unmarried women (Oyafunke-Omoniyi & Adewusi, 2021). Women who remain unmarried beyond socially accepted timelines may experience stigmatization, which contributes to psychological distress and negative self-perception (Oyafunke-Omoniyi & Adewusi, 2021). Additionally, broader research on women’s mental health in Nigeria identifies cultural expectations and gender norms as major contributors to emotional strain and mental health challenges (Agbo & Esmacilzadeh, 2024). Another significant psychological factor is the fear of social stigma associated with remaining unmarried or engaging in premarital relationships. Nigerian society often attaches negative labels to unmarried women, particularly those who become pregnant outside marriage. Evidence shows that unmarried women may avoid seeking reproductive health services due to fear of judgment, which reinforces psychological stress and secrecy (Ayamolowo *et al.*, 2024)

## MATERIAL AND METHOD

This was a cross-sectional study involving 250 women. Participants’ age is between 18 to 40 years and above. A well-structured questionnaire was administered to participants. The study lasted for a period of 3 months. Statistical analysis was done using SPSS version 25.0 and  $p < 0.05$  was significant.

## RESULTS

The study revealed that 60% of the participants were between 35 and 39 years old, 68% had tertiary education, 60% residence in the city, 60% not in a relationship, 80% are under family pressure to get married, 80% are not comfortable, 76% feel pressured to marry after her friend’s marriage, 80% are anxious of not being married, 76% said remaining unmarried affects my self-esteem, 76% feel emotionally unstable, 80% feel lonely, 76% are not happy been single, 80% agreed that fear of divorce or marital problem affects my decision to marry, 76% had depression, 68% faced isolation, 80% are ashamed of themselves. See tables below.

**Table 1: Age Distribution of Participants**

Age Group	Frequency	Percentage (%)
18-24 years	0	0.00
25-29 years	0	0.00
30-34 years	20	8.00
35-39 years	150	60.00
40 and above	80	32.00
<b>Total</b>	<b>250</b>	<b>100</b>

**Table 2: Educational level**

Response	Frequency	Percentage (%)
Primary	10	4.00
Secondary	30	12.00
Diploma	40	16.00
Bachelor’s degree	100	40.00
Postgraduate	70	28.00
<b>Total</b>	<b>250</b>	<b>100.00</b>

**Table 3: Place of residence**

Response	Frequency	Percentage (%)
Rural	100	40
Urban	150	60
<b>Total</b>	<b>250</b>	<b>100.0</b>

**Table 4: current relationship status**

Response	Frequency	Percentage (%)
Not in a relationship	150	60.00
In a relationship	60	24.00
Engaged	40	16.00
<b>Total</b>	<b>250</b>	<b>100.0</b>

**Table 5: Family pressure to get married**

Response	Frequency (%)	Percentage (%)
Participants who face family pressure to get marry	200	80
Participants who do not face family pressure to get marry	50	20
<b>Total</b>	<b>250</b>	<b>100</b>

**Table 6: Participants who feel anxious about not being married**

Response	Frequency (%)	Percentage (%)
Participants who feel anxious about not being married	200	80
Participants who do not feel anxious about not being married	50	20
<b>Total</b>	<b>250</b>	<b>100</b>

**Table 7: Remaining unmarried affects my self esteem**

Response	Frequency (%)	Percentage (%)
Remaining unmarried affects my self esteem	190	76
Remaining unmarried does not affect my self esteem	60	24
<b>Total</b>	<b>250</b>	<b>100</b>

**Table 8: Participants who feel emotionally stable despite being unmarried**

Response	Frequency (%)	Percentage (%)
Participants who feel emotionally stable despite being unmarried	60	24.00
Participants who do not feel emotionally stable despite being unmarried	190	76.00
<b>Total</b>	<b>250</b>	<b>100</b>

## DISCUSSION

Women who are yet to marry are not happy and are faced by several degrees of psychological trauma such as isolation, low self-esteem, depression, anxiety, shame, loneliness and family pressure. Psychological factors affecting reproductive-aged women who are yet to marry are shaped by a mix of individual emotions, societal expectations, cultural norms, and life experiences. One of the most dominant psychological factors is marriage pressure.

The study revealed that 60% of the participants were between 35 and 39 years old and this shows age is not on their side and this calls for concern. As you know, reproductive age is important in reproductive health because fertility is possible during this period and women who are not yet marry and give birth are at risks. Again, 68% of the participants had tertiary education and 60% residence in the city, yet majority of the participants are not married. Also, 60% of the participants were not in a relationship and this may be the reason why most of

them are not married. Again, 80% of the participants are under family pressure to get married and this could be the cardinal reason why they are passing through various degrees of psychological trauma. As you know, the gravity of family pressure is heavy and constant on the said individual who is yet to be married. This family pressure could be from father, mother, sister, brother, aunt, uncle, and guidance.

The study revealed that majority of the participants experienced various degrees of psychological trauma including depression, anxiety, loneliness, isolation, emotional distress, ashamed, fear, developing low esteem, stigmatization and peer comparison.

## CONCLUSION

Psychological factors affecting unmarried reproductive-aged women in South-South Nigeria are deeply rooted in cultural expectations, gender norms, and evolving social realities. The most prominent include

social pressure and stigma, anxiety about fertility and age, emotional distress and loneliness, identity and self-worth challenges and conflict between tradition and modern aspirations.

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