

SELF- CONCEPT IMPROVEMENT PROGRAMME ON EMOTIONALADJUSTMENT OF CHILDLESS WOMEN IN NSUKKA

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Abstract

The study determined the effect of self-concept improvement programme on emotional adjustment of childless women in Nsukka Urban, Enugu State. Two research questions and a null hypothesis guided the study. The design of the study was quasi experimental pre-test, post-test and control group. The population of the study was all childless women in the study area. Purposive sampling technique was used to select 18 women for the study. Purposive sampling technique ensured that only the childless women who have been married for 10-20 years were selected for the study. The instrument used for data collection for the study was “Emotional Adjustment Inventory” designed by the researchers in 4-point rating scale of Strongly Agree, Agree, Disagree and Strongly Disagree. The instrument was validated by experts in Guidance and Counselling, Educational Psychology and Measurement and Evaluation, all from Faculty of Education, University of Nigeria Nsukka. Cronback Alpha Method was used to test the internal consistency of the instrument and a reliability of 0.76 was obtained. Mean scores were used to answer the research questions while Analysis of Covariance (ANCOVA) was used to test the hypothesis. The findings of the study revealed that self-concept improvement programme had significant effect on emotional adjustment of childless women. Based on the findings of the study, a conclusion was drawn and recommendations were made among which is that self-concept improvement programme which served as an intervention strategy should be utilized by counsellors and others in psychological support services to help childless women to develop positive self-concept that will guarantee emotional adjustment.

Keywords: Cognitive Restructuring, Emotional Adjustment, Childless Women.

Introduction

The place of women in every society cannot be over emphasized. Women constitute about 50% of Nigerian population and over 70% of them reside in rural areas (Otite & Oginonwu, 2006). Thus, women have numerical strength that is worth reckoning with. Chen (2015) defined a woman as an adult female person. This suggests that a woman is an adult female as contrasted with girls. Women are mothers, wives, and even workers. The peace and stability of every home depends largely on them. Women as mothers organize, direct, and coordinate all the resources of the home.

In some Nigerian societies, a woman who does not have a child may not always be addressed as a proud mother. The normal expectation is that a married couple should be able to produce a child of their marriage and a great expectation is placed on children. In some instances, where husband and wife regard lack of a child as a cross which they wish to bear without complaining, pressure from the man's parents and relations may induce the man to consider marrying another wife. On the other hand, if the woman remains without conception for five years with her husband, her parents may suggest trying another man who may be capable of putting her in family way (Dada & Adeyemi, 2006). Thus, fertility on the part of a woman forms the parameter for her marriage stability.

In Enugu State and Nsukka in particular, a woman hardly stands firm in a marriage if she has no child to show for it. This humiliating state of affair exposes the childless women to emotional problems. Childlessness generates a lot of, anxiety and embarrassment among couples particularly to the women who appears to be infertile. Infertility implies the inability of a woman to conceive, due to complications related to either or both the woman or the man (Guthrie, 2012). Most of the time when couples are childless, the women are always at the receiving end regardless of where the problem is coming from. This exposes women to a lot of emotional problems. Most of them do everything humanly possible to have their own children.

Children are a special gift from God and parents hold them dearly to their hearts. Across the globe, the arrival of a child in a family more often than not portends happiness and joy. Ojogbo (2015) posited that the arrival of a new born child in a family is acknowledged with ceremonies and thankful expressions to God. The child is quite central to a happy prosperous marriage. In some communities and societies, the arrival of the baby is celebrated with fanfares. This may be because children are the hope of their parents' future. Usually, when parents grow old and cannot support themselves, they rely solely on their children. Woodhead (1987) posited that children often receive red carpet reception because they are the source of genealogical continuity; the

source of life, the hope of the parents, the solidarity factor for families and old age insurance for couples. Thus, the ability of the woman to have children after marriage sustains the marriage. Eke, Obu, Chinama, Adimo and Obi (2014) asserted that a child is regarded as a social security to his parents, so every family desires a child.

Childlessness is a state of being barren, that is, a condition whereby a woman finds herself without any child. A childless woman could be seen as a barren woman or a woman who does not have a child of her own. Most women are childless because of problem of infertility. Infertility can be voluntary or involuntary. Voluntary childlessness includes celibacy, that is, abstention from sexual intercourse or personal choice. That is, having the physical, mental and financial capability to have children but choosing not to have them. On the other hand, involuntary childlessness known as infertility arises as a result of inability of a person or persons to conceive due to complications related to either or both the woman or the man. (Guthrie, 2012, & Baudin, De la Croix & Gobbi, 2015). In this study, the researchers focuses on involuntary childlessness.

Observations have shown that childlessness is not easy for the couples particularly for the women. It leads to negative self concept and emotional problems. Emotion is a Latin word “*emovere*” which means to stir up, agitate, excite, or move. It is used to designate motives, moods or frame of mind, agitations and feelings. From the above definition, it can be deduced that emotion is a general descriptive term applied to observe behaviour, the accompanying psychological change, and subjective feelings which is associated with a state of high arousal. . Emotion is the mode of being conscious in which the feeling element is predominant. It is a particular type of feeling that a childless woman has to a particular stimulus, a feeling which certain stimulus provokes somebody. Negative emotions include frustration, anger, anxiety, loneliness, depression, and guilt. Oyimloye (2005) maintained that an emotional experience is understood to be a reaction that accompanies the satisfaction or frustration of a need. Emotion may be triggered from outside of a person. Perhaps, that is why Nwachukwu (1995) stated that emotions can be activated by direct behaviours and may accompany motivated behaviours and may also be accompanied by frustration, anger, anxiety, loneliness, depression and guilt.

Studies by Guthrie (2012), Tsigdinos (2015) and Baudin , De La Croix, and Gobbi (2015) showed that childless women are most of the time depressed. The scholars further asserted that childlessness is traumatic experience and the sadness never goes away from many women. It introduces disorder to the family and the society, and brings grave harm to the victims. It

is one of those things that cause emotional problems to its victims. Tsigdinos (2015) narrating personal experience, maintained that: there is awkwardness when meeting people with children for the first time, who routinely inquire if I have any child or when hanging out with friends who chat about the challenges of raising children. Birth announcements or photos of newly pregnant, aging celebrities in the supermarket checkout stand evoke envy or anger (p. 5).

Thus, when a woman is challenged by infertility and cannot afford the cost of in-vitro fertilization and intra-gamete transfer which could give her biological children, or when the transfer cannot work for her, she begins to have emotional problems. Literature sources revealed that childless couples especially the women experience so many emotional upheavals during the period of childlessness.

Some women who can afford to spend money looking for babies go for hysterosalpingogram (HSG) to rule out blockage of their fallopian tubes, while their husbands go for sperm tests. Most childless women go to infertility clinics and collect fertility drug like clomid. Others go for laparoscopic surgeries to combat endometriosis. Over the years, childless women have submitted to multiple intrauterine inseminations (IUI) combined with clomid and prescreened sperm. Tsigdinos (2015) asserted that some childless women take Chinese herbs, yoga, more diet changes, chiropractic adjustments, and large amounts of red raspberry leaf herbal tea to see if they could have children. In collaboration with the above view, Baudin et al (2015) asserted that some childless couples go for expensive and most complex of the fertility treatment: intracytoplasmic sperm injection in vitro fertilization (ICSI IVF) and frozen embryo transfers (FETs).

At this juncture, it should be pointed out that childlessness among couples can be caused by many factors. It could be voluntary or involuntary. Biological causes of infertility vary because many organs of both sexes must function properly for conception to take place. Infertility also affects people who are unable to conceive a second or subsequent pregnancy. This is called secondary infertility. Other causes of childlessness articulated by Guthrie (2012) include: obstetric problems, including physical injury caused by a previous pregnancy, azoospermia on the part of a man which means he cannot produce swimmers, Mental-health difficulties, such as depression and impairment of executive functioning that prevent a would-be parent from being able to properly raise a child, practical difficulties involving features of one's environment, effects of social, cultural, and legal norms (sometimes referred to as social infertility), social and legal barriers to family formation through non-biological means (adoption and family blending), Economic and

social pressure to pursue a career before having children, increasing the odds of eventual infertility due to advanced maternal age, Lack of resources sufficient to make bearing and/or raising a child a practically viable option (p. 28).

Other causes of infertility include: insufficiency of financial resources vis-à-vis the level of family and other community support available, insufficiency of access to medical care (often overlaps with insufficiency of financial resources), insufficiency of access to supportive care necessitated by employment commitments or mental-health impairments to daily functioning, unwillingness of one's partner, where existent, to conceive and/or raise children (includes partners who are unwilling to adopt children despite being biologically infertile, and the death of all of a person's already-conceived children either before birth (as with miscarriage and stillbirth or after birth (as with infant and child mortality) coupled with a person's not having yet had other children for reasons ranging from physical and/or emotional exhaustion to having passed childbearing age. Infant and child death can happen for any number of reasons, usually medical or environmental, such as biological malformations, maternal complications, accident or other injury, and disease (Guthrie, 2012 & Baudin, De la Croix & Gobbi, 2015).

The effects of childlessness on its victims in the study area are many. Observations have shown that childlessness is hurting, anger, guilt, and disappointment often dominate the childless woman's thinking. Frequently, there is confusion, sadness, sense of failure, insecurity, low self esteem and loss of identity. They tend to interpret all losses as signs of personal failure and they often blame themselves for their failure and conclude that they will never be happy again. Tsiddinos (2015) narrating personal encounter with childlessness asserted that: month after month, my self-esteem eroded. Hopeful at the beginning of each cycle, I would regress with the bloody reminder of my failure. During the decade of fertility treatments and unsuccessful attempts to conceive, baby bumps and mom's clubs became all the rage. I found myself a misfit with no social support network and I had sleepless nights (p. 10).

Furthermore, observations have shown that inability to have children leads the childless women in the study area to a sense of loss, which in turn depresses their positive self-evaluations particularly by comparing oneself to the majority who are parents or even grandparents, by perceiving oneself as not meeting social expectations or by feeling that one is not doing the right thing. Childless women are known to have expressed depressive characteristics of borderline personality (functioning somewhere between neurosis and psychosis) with feelings of emptiness and variable negative

emotionality (South-wich, Yehuda & Giller, 1995). Elaborating on above view, Halgin and Whitbourne (2000) asserted that although people with borderline personality hardly harass others, they tend to be deeply affected by interpersonal incidents that most people would let pass. They could suddenly form intense relationship with a few people and see all others as bad. Some of them experience distress and express rage as well as anger and hostility. The individuals find it difficult to adjust adequately to their social surroundings.

Self-concept is a hypothetical and a multi-dimensional concept. It contains one's evaluation of one's personal worth, or self-esteem and sense of who and what one would like to be. (Ajoku, 1998). To Ngwoke and Obima (2015), self-concept implies the knowledge and understanding a person has of self. That is, the image an individual has of himself that is composite of the beliefs he or she has about himself or herself, including his or her physical psychological, social and emotional characteristics, aspirations and achievements. In this study, self-concept connotes the organized and consistent way a childless woman thinks, feels and reacts to herself. That is, the set of feelings and cognition about self, and attitude towards self. Self-concept is the reflection of a childless woman's behaviour. Self-concept answers the question "who and what am I" in terms of individual perceived physical characteristics, personality skills, traits, roles and social status (Elaigwu, 2003).

The self is distinctively subjective centre of one's experience and significance. It is a kind of inner road map that an individual regularly consults to route the course of his/her daily activities and successful existence. The individual's concept of self is very crucial to his/her survival and attainment of his/her life goals. The function of self-concept is self-evaluation and prediction of success or failure.

Elaigwu (2003) posited that some individuals perceive themselves positively, while others may have a negative perception of themselves. The scholar further argued that individuals who have a positive self-concept think about their success and good qualities while those who have a negative self-concept think about their failures and inadequacies. The concept of an individual is also related to the individual's life achievement. Some childless women have a low self-concept which affects their social lives negatively. Self-concept is very significant to psychologists, counsellors and educators because whatever a person feels or thinks about himself/herself is very important and could be a strong determinant of his/her behaviour.

Components of self includes three components, Self-image which refers to the sort of person an individual thinks he/she is and the ideal self, which represents the ideal of behaviour manifestation an individual aspires to

be and self-esteem which refers to how favourable an individual regards himself/herself. Self-esteem is the portion of one's self concept that includes confidence and satisfaction about one (Yahaya, 2010). The childless women need counseling in order to correct their negative thought pattern and irrational beliefs.

Self-concept improvement counselling is a potent avenue for self-evaluation. Ikechukwu-Iloмуanya (2015) defined counselling as a helping relationship involving the counsellor and the client in which the counselor uses his professional knowledge and skills to assist the client to attain proper development and maturity, improved functioning and ability to cope with life problems. The core of self concept improvement programme is cognitive restructuring and role playing programme. It has to do with cognitive attempt to teach the childless women how to reduce negative emotional retains by getting them to interpret their situation with greater accuracy. This will help them to avoid negative thought pattern and self-defeating talk as well as modify their inaccurate interpretation of the realities of life. Role playing on the other hand, refers to any kind of dramatic educational method that offers childless women the opportunity to portray and project their own feelings, behaviours and attitudes or those of others. The essence of role play is that it provides a conducive setting for acquiring fresh experiences. Also, it enables the participants to explore alternatives to their own particular ways of behaving, if such behaviours require alteration. Nwobi (1997) maintained that individuals are said to be adjusted if they have learned responses that enable them to interact with their environment so that they obtain needs satisfaction while behaving in ways acceptable to the members of the society. Emotional adjustment is referred to as personal or psychological adjustment. It is the maintenance of emotional equilibrium in the face of internal and external stresses. This is facilitated by cognitive process of acceptance and adaptation such as maintaining emotional control and coping behavior in the face of an identity crisis (Oyimloye, 2005).

The childless women need to learn the responses that will help them to interact with the environment. In the process of adjustment, the childless women need to adopt a number of strategies so as to overcome emotional instability and function adequately in the society.

In this case, issues of misunderstanding people, quarrel, rancour and keeping malice with people, fear, frustration, and anxiety will be eliminated. The purpose of this study therefore is to find out the effect of self-concept improvement programme on emotional adjustment of childless women in Nsukka Urban.

The following research questions and hypothesis guided the study:

- What is the level of emotional adjustment of childless women in pre-test and post-test scores of cognitive restructuring treatment?
- What is the level of emotional adjustment of childless women in pre-test and post-test scores of role playing treatment?
- There is no significant effect of the treatments on the emotional adjustment of the respondents.

Method

The study employed quasi-experimental pre-test, post-test and control group design. The justification for the choice of this design for the study was informed by the fact that it is valuable in accessing the effect of the treatment (independent variable). The population of the study consisted all childless women in Nsukka Urban. It was not possible to get the total number of childless women in the study area because it was not documented. However, pastors and members of the churches in the study area helped the researchers to identify the childless women in their churches. A sample of 18 childless women was selected for the study. Purposive sampling technique was used to select women who have been childless for 10 -20 years who have not adopted any child for the study. The justification for using this set of childless women for the study was informed by the fact that they are emotionally unstable most of the time. The instrument used for data collection for the study was 'Emotional Adjustment Inventory' (EAI) designed by the researchers. The instrument was face validated by experts in Guidance and Counselling, Educational Psychology and Measurement and Evaluation, all in Faculty of Education, University of Nigeria Nsukka. The instrument consisted 28 items arranged in respect of 4-point rating scale of Strongly Agree (SA: 4), Agree (A:3), Disagree (D:2) and Strongly Disagree (1). The instrument was further subjected to reliability test using Cronbach Alpha Method. The reliability coefficient value yielded 0.78 which was considered reliable.

The researchers trained three research assistants that assisted in the study in two day workshop. The subjects were assigned to three groups: two experimental groups namely cognitive restructuring and role playing and one control group.

A pre-test was administered to the three groups at the beginning of the programme in order to find out the level of emotional maladjustment of the respondents. After the administration of pre-test, treatment began for those in experimental groups (cognitive restructuring and role playing) and lasted for a period of six weeks. The subjects in control group did not receive any treatment. A post-test was administered at the end of the programme to all the

groups in order to find out the effect of the treatment on the emotional adjustment of the respondents.

Results

Table 1: Summary of Level of Emotional Adjustment of Childless Women in Pre-test and Post-test in Cognitive Restructuring Treatment

Period	Mean	N	Standard Deviation
Pre-test	27.17	6	3.47
Post-test	54.83	6	3.25
Total	41	12	14.80

Scores generated were computed using mean scores. Results in table 1 indicate that cognitive restructuring group obtained emotional adjustment mean score of 27.17 in pre-test and 54.83 in post-test. Higher mean score in the post-test indicates positive response to treatment.

Table 2: Summary of level of Emotional Adjustment of Childless Women in Pre-test and Post-test in Pole Playing Treatment

Period	Mean	N	Standard Deviation
Pre-test	21.67	6	3.37
Post-test	43.83	6	0.41
Total	42.75	12	22.14

Results in table 2 show that the respondents in role playing group obtained emotional adjustment mean scores of 24.6 in pre-test and 53.83 during post-test. The emotional adjustment mean score in the post-test is greater than that of the pre-test. This is an indication that the experimental group ‘B’ (Role playing group) responded well to the treatment package.

Table 3: Summary of ANCOVA Test for the Effects of Treatments on the Emotional Adjustment of the Childless Women.

Source	Sum of Squares	DF	Mean Square	F	Sig
Corrected model	445.209	3	11486066.0098	950.136	0
Covariate	0.091	3	7460.701	0.063	0.526
Intercept	460.701	1	71401.44	294.489	0
Treatment	2802.881	2	21.554	895.826*	0
Error	21.902	14	1.		

Total	45570	18
Corrected total	4481.111	

A R Squared = .9965(Adjusted R Squared = .994)

Results in table 3 indicate that F value (895.8) is greater than the level of significance. There was no sufficient ground to accept the hypothesis. Therefore, the null hypothesis was not accepted. This means that the treatments had a significant effect on the emotional adjustment of the childless women. This led to the use of Scaffer's multiple pair-wise comparison-test. The post hoc analysis was used to test determine which of the groups contributed more to the significant effect among the groups. The result is shown in table 4.

Table 4: Schaffer's Multiple Pair-Wise Comparison Test

Group	J (Group)	Mean Difference	Standard Deviation
Cognitive Restructuring	Role Playing	10.554	1.079
	Control placebo	37.6622*	0.133
Role Playing	Cognitive	-10.534	0.079
	restructuring	37.018*	0.726
Control placebo	Control placebo		
	Cognitive restructuring	-37.552	1.133
Control	Role Playing	-27.18	0.726

From the mean difference column of the table, it is evident that three different groups were compared: that is, cognitive restructuring and role playing, cognitive restructuring and control, and role playing and control. Cognitive restructuring treatment is the most effective of the methods, having a maximum positive value among the mean difference for all pair wise comparison.

Discussion

Based on the analysis and interpretation of data, the following are the findings of the study. One of the findings of the study was that the level of emotional adjustment of the childless women in cognitive restructuring group was low during pre-test. However, the respondents responded well to the treatment. Evidences from table 1 showed that the emotional adjustment mean score of the childless women that were exposed to cognitive restructuring during pre-test was lower than that of post-test. This implies that the application of cognitive restructuring was effective in improving the emotional adjustment of the childless women. This finding is consistent with the

assertion of Ellis (1999) that cognitive restructuring is effective in disputing irrational thoughts and beliefs and replacing it with rational thought. Similarly, Tsigdinos (2015) supported this assertion by maintaining that focusing on the positive, being happy and optimistic help people to cope with childlessness.

The study also revealed that role playing was effective in improving emotional adjustment of the childless women. Results in table 2 indicate that the emotional adjustment mean score of the childless women was low in pre-test and high in post-test. This finding tallies with the observations of Guthrie (2012) and Tsigdinos (2015) who asserted that speaking out, relating with people who have similar problem and acting that you already have children learning to appreciate one's body and life, and relationships in a new light help the victims to cope with childlessness. The results of the study revealed that a significant effect of the treatments on emotional adjustment of the childless women. Results in table 3 showed that the treatments were effective in improving the emotional adjustment of the respondents. This means that both cognitive restructuring and role playing produced positive effects in emotional adjustment of the childless women. The findings of the study appear to be in harmony with the suggestions of Essuman, Nwachukwu and Nwaogu (1990) and Okeke (1997) who stressed that cognitive restructuring and role playing are effective in changing attitudes and assumptions that are irrational to rational and desirable ones. This finding also tallies with the observation of Jaffe, Diamond and Diamond (2015) who posited that cognitive behavioural therapy is effective in helping people cope with childlessness.

Conclusion

Conclusively, childlessness is hurting and people are yearning for effective strategies for helping the childless women to cope with their situation. The results of the study have empirically proved the efficacy of self-concept improvement programme on emotional adjustment of childless women. Therefore, self-concept improvement programme which served as an intervention strategy should be utilized by counsellors and others in psychological support services to help the childless women to develop positive self-concept that will guarantee emotional adjustment. This will undoubtedly help them to function adequately in the society.

Recommendations

Based on the findings of the study, the following recommendations were made:

1. Self-concept improvement programme which served as an intervention strategy should be utilized by counsellors and others in psychological support services to help childless women to develop positive self-concept that will guarantee emotional adjustment.
2. The study also recommended that grassroot counselling through faith-based community organizations should be promoted.
3. The government should as a matter of priority vote money for community-based guidance programme for women and couples that are childless and adequate counsellors employed and redeployed to serve them to help them function adequately in the society.
4. The government in collaboration with the Ministry of Women Affairs and Social Development should encourage childless couples to go for child adoption through the mass media such as newspapers, radio and television.

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