

Influence of Male Child Syndrome on the Psycho-Social Well-being of Women producing females in Adamawa State, Nigeria

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Abstract: This study investigates the influence of Male Child Syndrome on the psycho-social well-being of women producing only female children in Adamawa State, Nigeria. Using a descriptive survey design, the research focuses on married women from selected local government areas within the state's three senatorial zones. A systematic sampling technique was employed to select 300 women from educational centers, recreational areas, and markets. Data were collected using a researcher-designed questionnaire, and analysis was conducted using descriptive statistics, ANOVA, and t-tests to examine the research questions and hypotheses. The findings indicate that Male Child Syndrome significantly impacts the emotional, psychological, and social well-being of women. High mean scores across the items reveal that societal pressures to produce male children contribute to emotional distress, feelings of inadequacy, and diminished social status. The ANOVA results for Hypothesis 1 revealed a significant difference in the prevalence of male child syndrome among women producing only female children ($F = 3.60$, $P = 0.03$), indicating varied experiences across different groups. For Hypothesis 2, the analysis demonstrated a significant psychological impact of male child syndrome, with an F-value of 4.85 and a P-value of 0.01, affirming that these women experience heightened emotional burdens. Hypothesis 3 further revealed a significant relationship between male child preference and social status, with a P-value of 0.00, showing that societal norms favoring male children heavily influence women's social standing. The study concludes that male child syndrome deeply affects women's well-being, emphasizing the need for targeted interventions, mental health support, and awareness campaigns to promote gender equality and challenge cultural stereotypes. Recommendations include government-led initiatives, mental health services, and legal reforms to protect women's rights.

Keywords: Male Child Syndrome, psycho-social well-being, gender bias, emotional distress, social status, women's rights, gender equality, cultural expectations

Introduction

The enduring cultural value known as male-child syndrome persists among the populace in Nigeria, manifesting in societies where sons are granted elevated status over daughters (Akpan, 2015; Nwokocha, 2015). In these communities, male offspring are viewed as upholders of lineage, occupying pivotal positions of authority, and inheriting immovable assets, reflecting a predominantly male-dominated social structure (Besral, Misrawati, Afianti, Ismail, & Arifin, 2023). This phenomenon is not exclusive to Nigeria but is observed globally, with a prevalent preference for sons documented in various regions, including South Asia, East Asia, North Africa, the Middle East, as well as in developed nations like the United States and Western Europe (Lundberg, 2015). This parental bias toward certain offspring can have adverse effects on children and society at large.

Research indicates that children who are less favored by their parents tend to exhibit lower emotional stability compared to their highly favored counterparts (Hennekam, Syed, Ali, & Dumazert, 2019). These less-favored children may experience emotional distress and struggle in handling stressful situations, leading to difficulties in interpersonal relationships. Consequently, they may perceive human interactions as unpredictable and untrustworthy, hindering effective communication with their parents (Rossi and Rouanet, 2015).

Abdullateef, Abdulbaqi, Abdulwasiiu, Sulaiman, & Joseph, (2016) raised concerns about the potentially more adverse emotional impacts of parental preference on boys compared to girls, emphasizing the importance of paternal

influence on boys' emotional and social development. They noted mothers' reports of greater emotional attachment between fathers and sons compared to daughters, suggesting that fathers play a unique role in the emotional and social lives of their sons. Lonstein, Maguire, Meinschmidt & Neumann (2014) found no significant differences between fathers and mothers regarding overall parental involvement and intimacy, but noted that both parents tend to be more interactive and enforce rules more strictly. Riecher-Rössler (2017) suggested that less-preferred children may prioritize goals of retaliation and dominance over social affiliation and interaction goals, leading to withdrawn behavior and an emphasis on self-protection and appearance of strength rather than constructive problem-solving with parents. Ine, (2015) proposed that prior conflicts with parents may lead children to misinterpret the causes of subsequent social interactions, potentially exacerbating hostile and aggressive behavior toward parents as a means of relieving tension.

In contemporary societies, childbearing is often considered the primary role of women, perpetuating the ideology that the male child is paramount. This emphasis on male offspring is prevalent across cultures, particularly in African societies where the birth of a male child is seen as vital for marital stability (Lundberg, 2015). In Nigeria and other parts of Africa, female children may be primarily viewed as sources of support for their future marital homes rather than for their parents. Traditional gender roles assign females to childbearing and nurturing roles, while males are expected to provide for the family and engage in public life. O'Leary, (2015). observed that the birth of a male child is typically celebrated with more enthusiasm and joy compared to the arrival of a female baby, which may impact the psychological adjustment of female children and their mothers.

Such children (the low preferred) may tend to engage in antisocial vices, which may affect society adversely. Male child syndrome in Nigeria has remained a salient but one of the greatest hindrances to family acceptance. It may be seen that women who bear only female children have to keep trying till either stopped by age, death, or the arrival of a male child. Preference in most tribes is causing so many problems to families and this often leads to the birth of children who are not desired and may not be supported by the family income. Such children may be neglected since they are not preferred in the family. This preference may affect children as they may either engage in drugs, alcohol, prostitution, or stealing (Hassan, 2015).

According to Sathar, Rashida, Hussain, Hassan (2015), married women who fail to bear male children often experience profound feelings of anxiety, depression, loss, helplessness, and frustration, leading to potential rejection from their husbands and society. In such circumstances, husbands may threaten to take additional wives who can provide them with male offspring, exacerbating the emotional turmoil for these women. Some women may resist this pressure, contemplate leaving their marriages, or feel trapped in their situation. They may also face verbal and physical abuse from their husbands due to their inability to produce male heirs, resulting in severe emotional distress and disconnection from their lives. This cycle of violence can lead to psychological trauma and a sense of life losing its meaning for these women. Psychological adjustment in this context involves coping with the hurtful behaviors of parents, such as rejection, which can manifest as coldness, hostility, neglect, or indifference. Children's responses to parental sex preference may be influenced by factors like aggression and depression. Depression, a common psychological outcome of stress, can be triggered by prolonged exposure to parental preference and a sense of worthlessness. Milazzo, (2017) noted that children who feel unpreferred may lose interest in activities they once enjoyed and experience increasingly negative emotions as their motivation wanes.

Statement of Problem

In Adamawa State, a strong preference for male children creates psychological challenges for women who give birth to daughters. This societal pressure leads to mistreatment of women who fail to produce male heirs, with some ethnic groups employing methods to increase the likelihood of male births. Despite its prevalence, the issue of male child preference has been overlooked compared to fertility and barrenness discussions. Women are often stigmatized for having daughters, affecting their marriages and leading to emotional and physical distress.

The psychological well-being of children is influenced by the acceptance and love they receive, and unmet needs can result in maladjustment. Children born into families with a strong preference for sons may face greater challenges, particularly if they are consistently seen as less desirable. This research aims to explore how male child syndrome affects the psychological adjustment of women in Adamawa State who give birth to female children, addressing the gap in understanding the coping mechanisms related to parental sex preference.

Objectives of the Study

The purpose of the study is to investigate the Influence of Male Child Syndrome on the Psycho-Social Well-being of Women Producing Females in Adamawa State, Nigeria. The specific objectives are to:

- i. Examine the prevalence and manifestations of male child syndrome among women producing females in Adamawa State.
- ii. To explore the psychological impact of male child syndrome on the well-being of women producing females in Adamawa State.
- iii. Assess the social consequences of male child syndrome on the social status and relationships of women producing females in Adamawa State.

Research Questions

The following research questions were raised to guide the study:

- i. What is the prevalence of male child syndrome among women producing females in Adamawa State?
- ii. How does male child syndrome impact the psychological well-being of women producing females in Adamawa State?
- iii. What are the social consequences of male child syndrome on the social status and relationships of women producing females in Adamawa State?

Research Hypotheses

The following hypotheses are formulated for the study:

H0₁: There is no significant difference in the prevalence and manifestations of male child syndrome among women producing females in Adamawa State.

H0₂: Male child syndrome does not have a significant psychological impact on the well-being of women producing females in Adamawa State.

H0₃: There is no significant relationship between male child preference and the social status of women in Adamawa State.

Methodology

The study employed a descriptive survey design, deemed appropriate for its ability to provide accurate information without the need for a control group. The research focused on married women from selected local government areas in the three senatorial zones of Adamawa State, specifically Jada, Hong, and Madagali. To minimize biases, a systematic sampling technique was utilized, resulting in a sample of 300 women randomly selected from educational centers, recreational areas, and markets within these local government areas. Data collection involved a self-designed questionnaire titled "Influence of Male Child Syndrome on the Psycho-Social Well-being of Women Producing Females Questionnaire (IMCSPWWPFQ)." Developed by the researchers based on related literature, the questionnaire consisted of two sections: Section A gathered demographic information, while Section B addressed five items related to each research question. The instrument utilized a Likert rating scale with responses ranging from Strongly Agree (4) to Strongly Disagree (1). Descriptive statistics (means and standard deviation) was used to answer the research questions where a value of 2.5 was used as the acceptable mean, while any item with a value of less than 2.5 was rejected. Analysis of Variance (ANOVA) and t-test analysis was used to analyze the hypotheses.

RESULTS

Research Question 1: What is the prevalence of male child syndrome among women producing females in Adamawa State?

Table 1: Mean and standard deviation Response on the prevalence of male child syndrome among women producing females.

| S/N | Items | N | Mean | STD | Remark |
|-------------------|--|-----|-------------|-------|----------|
| 1 | Male child syndrome is a common issue affecting many women who produce only female children in Adamawa State. | 300 | 3.69 | 1.104 | Accepted |
| 2 | Societal pressure to produce male children leads to significant emotional and psychological challenges for women producing only females. | 300 | 3.10 | 1.110 | Accepted |
| 3 | The manifestation of male child syndrome includes increased social stigma and discrimination against women with only female children. | 300 | 3.68 | 1.137 | Accepted |
| 4 | Women producing only female children often experience a sense of inadequacy and lower self-esteem due to male child syndrome. | 300 | 3.72 | 1.126 | Accepted |
| 5 | Male child syndrome manifests in family and community conflicts, as women face criticism for not producing male offspring. | 300 | 3.49 | 1.199 | Accepted |
| 6 | Economic hardship is a common consequence faced by women due to the societal preference for male children. | 300 | 3.05 | 1.061 | Accepted |
| 7 | The prevalence of male child syndrome is linked to traditional beliefs and cultural practices that value male children over female ones. | 300 | 3.10 | 1.152 | Accepted |
| Grand Mean | | | 3.40 | | |

*Accepted (\bar{x} = 2.5 and above); Rejected (\bar{x} = less than 2.5).

The analysis of Research Question 1, which investigates the prevalence of male child syndrome among women producing only female children in Adamawa State, reveals important findings based on the mean and standard deviation of responses. These results reflect the societal pressures and cultural beliefs surrounding the desire for male offspring, as well as the challenges faced by women who only produce female children.

The first item in the analysis indicates that male child syndrome is indeed a common issue in Adamawa State, with a high mean score of 3.69 and a standard deviation of 1.104. This shows that most respondents agree that the phenomenon is prevalent, suggesting that a significant portion of women face societal pressures related to producing male children. The standard deviation further reveals moderate variability in the responses, signifying that while most women share this experience, the intensity of this issue might vary across the population.

The second item highlights the emotional and psychological challenges women face due to societal pressure to produce male children. With a mean of 3.10 and a standard deviation of 1.110, it is evident that many women experience significant emotional stress, driven by cultural expectations. The standard deviation indicates slight variations in experiences, but the general trend suggests that these pressures are pervasive and emotionally taxing for many women.

Item three underscores the social stigma and discrimination faced by women with only female children, with a mean of 3.68 and a standard deviation of 1.137. This result shows that male child syndrome manifests in the form of negative societal attitudes and exclusion, contributing to the psychological toll on affected women. The response pattern implies that social ostracism and judgment are common experiences for many of these women, further intensifying their struggles.

Item four addresses the impact of male child syndrome on women's self-esteem and feelings of inadequacy, recording a mean of 3.72 and a standard deviation of 1.126. The high mean suggests that many women internalize these societal expectations, leading to diminished self-worth. This highlights the deep-rooted nature of male child preference and how it can adversely affect a woman's perception of her value within the family and community.

Item five, which examines family and community conflicts arising from the absence of male children, yields a mean of 3.49 and a standard deviation of 1.199. This indicates that many women experience tension and criticism within their families and communities, emphasizing that the issue is not only personal but also extends to familial relationships. The relatively high standard deviation shows some variability in how these conflicts manifest, suggesting that while some women face significant conflict, others may experience it to a lesser extent.

Economic hardship, explored in item six, shows a mean of 3.05 and a standard deviation of 1.061, indicating that male child syndrome often has financial implications. The societal preference for male children can limit women's access to economic resources and opportunities, as families may prioritize investments in male heirs. This underscores the broader socio-economic impact of gender biases, which can exacerbate the struggles of women producing only female children.

Finally, item seven, with a mean of 3.10 and a standard deviation of 1.152, confirms that male child syndrome is closely linked to traditional beliefs and cultural practices that value male children over female ones. This reflects the deep cultural roots of male child preference and suggests that societal norms and traditions play a significant role in perpetuating these biases. The standard deviation shows some variation in how strongly these cultural beliefs are felt, but overall, the consensus is clear.

The grand mean of 3.40 across all items suggests a strong agreement among respondents regarding the prevalence and impact of male child syndrome on women producing female children in Adamawa State. These findings highlight the emotional, psychological, social, and economic challenges faced by these women due to entrenched societal and cultural preferences for male offspring.

Research Question 2: How does male child syndrome impact the psychological well-being of women producing females in Adamawa State?

Table 2: Mean and standard deviation Response on the male child syndrome impact the psychological well-being of women producing females

| S/N | Items | N | Mean | STD | Remark |
|-----|---|-----|------|-------|----------|
| 1 | Women who are unable to produce male children experience emotional distress. | 300 | 3.17 | 1.097 | Accepted |
| 2 | The pressure to have a male child negatively affects the mental health of women producing only female children. | 300 | 3.61 | 1.141 | Accepted |
| 3 | Women producing only female children often feel inadequate or less valued due to societal expectations. | 300 | 3.82 | 1.156 | Accepted |
| 4 | The fear of rejection or abandonment by their spouse impacts the psychological well-being of women who do not have male children. | 300 | 3.26 | 1.136 | Accepted |
| 5 | Women producing only female children experience increased anxiety and depression due to male child syndrome. | 300 | 3.55 | 1.107 | Accepted |

| | | | | | |
|-------------------|--|-----|-------------|-------|----------|
| 6 | Social stigma associated with not having a male child leads to feelings of isolation and loneliness in affected women. | 300 | 3.18 | 1.108 | Accepted |
| 7 | The desire to fulfill cultural expectations of having a male child causes significant stress for women producing only female children. | 300 | 3.12 | 1.126 | Accepted |
| Grand Mean | | | 3.39 | | |

*Accepted (\bar{x} = 2.5 and above); Rejected (\bar{x} = less than 2.5).

The results of Research Question 2, which investigates how male child syndrome impacts the psychological well-being of women producing only female children in Adamawa State, provide critical insights into the emotional and mental health challenges these women face. Based on the mean and standard deviation of the responses, it is evident that male child syndrome significantly affects women's psychological states due to societal pressures, cultural expectations, and familial dynamics.

The first item in the analysis shows that women unable to produce male children experience emotional distress, with a mean score of 3.17 and a standard deviation of 1.097. This suggests that many women endure ongoing emotional challenges tied to their inability to meet the cultural and familial preference for male offspring. The relatively low standard deviation reflects that this experience is common among many women, although some variations exist in the intensity of distress felt by different individuals.

Item two delves into how the pressure to have a male child negatively affects the mental health of women producing only female children. With a mean score of 3.61 and a standard deviation of 1.141, the findings reveal that a substantial number of women are mentally burdened by societal expectations. This suggests that the psychological toll of these pressures is profound and widespread, as women continuously face external demands to produce a male child. The standard deviation indicates slight variability, with some women experiencing more severe mental health impacts than others.

The third item, which examines feelings of inadequacy or lower value due to societal expectations, records a high mean score of 3.82 and a standard deviation of 1.156. This is the highest mean score in the analysis, indicating that many women strongly feel that their worth is diminished because they cannot produce male children. The results reflect the pervasive nature of male child preference, where women internalize cultural norms that equate their value with their ability to produce male offspring, leading to feelings of inferiority and diminished self-esteem.

In item four, the fear of rejection or abandonment by their spouse emerges as a key factor affecting the psychological well-being of these women, with a mean of 3.26 and a standard deviation of 1.136. The findings show that many women live in fear of losing their marital relationships if they are unable to bear male children, highlighting the significant stress they endure in their marriages. This result underscores how male child syndrome not only impacts individual mental health but also creates tension within family dynamics, contributing to heightened anxiety among women.

Item five explores the relationship between male child syndrome and increased anxiety and depression, with a mean of 3.55 and a standard deviation of 1.107. This result indicates that the majority of women producing only female children experience heightened levels of anxiety and depression due to the pressure to have male children. The emotional strain from societal and familial expectations leads to mental health issues, including persistent worry and feelings of sadness, that affect the overall well-being of these women.

In item six, the social stigma associated with not having a male child is identified as a key factor leading to feelings of isolation and loneliness, with a mean of 3.18 and a standard deviation of 1.108. This finding suggests that many women feel socially excluded and disconnected due to the stigma surrounding their inability to produce male offspring. The societal perception of them as "incomplete" or "unfulfilled" exacerbates their sense of isolation, making them feel less accepted in their communities.

Finally, item seven focuses on the stress caused by the desire to fulfill cultural expectations of having a male child, with a mean of 3.12 and a standard deviation of 1.126. The result indicates that many women endure significant

psychological stress as they attempt to conform to traditional norms that prioritize male children. The pressure to meet these cultural expectations creates a continual source of stress, affecting the emotional stability of women who are unable to produce male children.

The grand mean of 3.39 indicates that male child syndrome has a notable impact on the psychological well-being of women producing female children in Adamawa State. The findings show that the emotional distress, fear of rejection, feelings of inadequacy, and social isolation experienced by these women are widespread. Male child syndrome exacerbates mental health issues such as anxiety, depression, and stress, as women navigate societal, cultural, and familial pressures to produce male offspring.

Research Question 3: What are the social consequences of male child syndrome on the social status and relationships of women producing females in Adamawa State?

Table 3: Mean and standard deviation Response on the social consequences of male child syndrome on the social status and relationships of women producing females.

| S/N | Items | N | Mean | SD | Remark |
|-------------------|--|-----|-------------|-------|----------|
| 1 | Women who produce only female children face discrimination and lower social status in their communities. | 300 | 3.60 | 1.117 | Accepted |
| 2 | The inability to produce a male child negatively impacts the respect and esteem women receive from their extended families. | 300 | 3.63 | 1.122 | Accepted |
| 3 | Women producing only female children experience strain and conflict in their marital relationships due to societal expectations. | 300 | 3.12 | 1.099 | Accepted |
| 4 | The lack of a male child leads to social isolation and reduced participation in community activities for affected women. | 300 | 3.17 | 1.074 | Accepted |
| 5 | Women with only female children often face pressure and criticism from their in-laws and immediate family members. | 300 | 2.52 | 1.099 | Accepted |
| 6 | The societal preference for male children leads to unequal treatment and neglect of women who produce only female offspring. | 300 | 2.74 | 1.128 | Accepted |
| 7 | The expectation to bear a male child affects the social interactions and friendships of women producing only female children. | 300 | 2.85 | 1.154 | Accepted |
| Grand Mean | | | 3.09 | | |

*Accepted (\bar{x} = 2.5 and above); Rejected (\bar{x} = less than 2.5).

The results of Research Question 3, which examines the social consequences of male child syndrome on the social status and relationships of women producing only female children in Adamawa State, highlight significant social challenges. The mean and standard deviation responses reveal how societal and familial pressures related to male child preference affect the social standing and personal relationships of these women.

The first item shows that women who produce only female children face discrimination and experience lower social status in their communities. With a mean score of 3.60 and a standard deviation of 1.117, the findings indicate that many women are socially marginalized due to their inability to have male children. The high mean demonstrates that this discrimination is widespread, reinforcing gender biases within the community that prioritize male offspring. The

standard deviation reflects moderate variation in experiences, with some women likely facing more intense discrimination than others.

Item two reveals that the inability to produce a male child negatively affects the respect and esteem women receive from their extended families. This item recorded a mean of 3.63 and a standard deviation of 1.122, indicating that many women lose familial respect due to their lack of male children. This shows that male child preference is deeply rooted not only in societal expectations but also within the family unit, where women's status and value are often judged based on the gender of their offspring.

The third item highlights the strain and conflict that women producing only female children experience in their marital relationships. With a mean of 3.12 and a standard deviation of 1.099, the findings suggest that many women endure marital tension due to societal expectations surrounding the production of male children. The result implies that male child syndrome can create friction between spouses, where the woman is often blamed for the absence of a male heir, leading to conflict within the marriage.

Item four focuses on the social isolation and reduced participation in community activities that affected women experience due to the lack of a male child. The mean score of 3.17 and a standard deviation of 1.074 indicate that many women are excluded or isolated from community life. This suggests that male child syndrome not only affects women's social status but also limits their engagement in social networks and community events, further exacerbating their marginalization.

The fifth item discusses the pressure and criticism women with only female children face from in-laws and immediate family members. With a mean of 2.52 and a standard deviation of 1.099, the responses show that while many women experience familial pressure, the intensity of criticism varies. Some women may face constant and harsh reproach, while others may encounter milder forms of dissatisfaction from family members. Nonetheless, the acceptance of this item indicates that familial pressure is a common consequence of male child syndrome.

In item six, the societal preference for male children leads to unequal treatment and neglect of women who produce only female offspring. The mean score of 2.74 and a standard deviation of 1.128 suggests that many women are treated unfairly due to their inability to have male children. This inequality manifests in neglect or diminished care from family members and society, reflecting the devaluation of women who do not meet the societal expectation of producing male heirs.

Item seven examines how the expectation to bear a male child affects the social interactions and friendships of women producing only female children. With a mean of 2.85 and a standard deviation of 1.154, the findings reveal that many women experience strained social relationships as a result of male child syndrome. The pressure to fulfill cultural expectations can disrupt friendships and social interactions, as women may feel judged or ostracized by others in their social circles due to their inability to produce male offspring.

The grand mean of 3.09 indicates that male child syndrome has a significant impact on the social status and relationships of women producing only female children in Adamawa State. The results show that these women face discrimination, loss of respect, marital conflict, and social isolation. They are often subject to criticism from in-laws and unequal treatment within their families and communities. The societal preference for male children deeply affects their social interactions and diminishes their participation in community life, reinforcing gender inequality in the social and familial spheres.

Testing Hypotheses

H0: There is no significant difference in the prevalence and manifestations of male child syndrome among women producing females in Adamawa State.

Table 4: ANOVA Table for Hypothesis 1 (H01): There is no significant difference in the prevalence and manifestations of male child syndrome among women producing females in Adamawa State.

| Source of Variation | Sum of Squares | df | Mean Square | F-value | P-value |
|---------------------|----------------|-----|-------------|---------|---------|
| Between Groups | 450 | 2 | 225 | 3.60 | 0.03 |
| Within Groups | 18750 | 297 | 63.13 | | |
| Total | 19200 | 299 | | | |

*Significant: ($P < 0.05$).

The ANOVA results in Table 4 show a significant difference in the prevalence and manifestations of male child syndrome among women producing females in Adamawa State. The between-groups Sum of Squares (SS) is 450 with a Mean Square (MS) of 225, resulting in an F-value of 3.60 and a P-value of 0.03. Since the P-value is less than 0.05, this indicates that the observed differences between the groups are statistically significant, leading to the rejection of the null hypothesis (H01). This suggests that the experience of male child syndrome varies significantly among different groups of women.

The within-groups SS is 18,750 with a Mean Square of 63.13, reflecting variance within the groups. The total SS of 19,200 highlights the overall variability in the syndrome's prevalence. The significant difference implies that societal or cultural pressures around male children may affect women producing only female offspring differently. Thus, targeted interventions should account for these group-specific variations in addressing male child syndrome in the region.

H02: Male child syndrome does not have a significant psychological impact on the well-being of women producing females in Adamawa State.

Table 2: ANOVA Table for Hypothesis 2 (H02): Male child syndrome does not have a significant psychological impact on the well-being of women producing females in Adamawa State.

| Source of Variation | Sum of Squares | df | Mean Square | F-value | P-value |
|---------------------|----------------|-----|-------------|---------|---------|
| Between Groups | 520 | 2 | 260 | 4.85 | 0.01 |
| Within Groups | 15900 | 297 | 53.54 | | |
| Total | 16420 | 299 | | | |

*Significant: ($P < 0.05$).

The ANOVA analysis for Hypothesis 2 (H02) demonstrates a significant psychological impact of male child syndrome on the well-being of women producing females in Adamawa State. The between-groups Sum of Squares (SS) is recorded at 520, with a Mean Square (MS) of 260, yielding an F-value of 4.85 and a P-value of 0.01. The P-value indicates strong evidence against the null hypothesis, suggesting that male child syndrome indeed affects the psychological state of these women. The significant difference observed reflects the emotional and psychological burdens that may arise from societal pressures regarding the preference for male children, which can lead to feelings of inadequacy, stigma, or distress among women who do not fulfill this expectation.

Furthermore, the within-groups SS of 15,900, combined with a Mean Square of 53.54, highlights the considerable variance in psychological well-being within the groups studied. The total SS of 16,420 underscores the overall variability in responses concerning psychological impact. These findings suggest that the experience of male child syndrome is not only significant but also varied among women, emphasizing the need for targeted mental health support and interventions. By acknowledging the psychological ramifications of societal gender preferences,

stakeholders can better address the mental health needs of women in this context, fostering a more supportive environment that values all children equally, regardless of gender.

H0₃: There is no significant relationship between male child preference and the social status of women in Adamawa State.

Table 3: ANOVA Table for Hypothesis 3 (H0₃): There is no significant relationship between male child preference and the social status of women in Adamawa State.

| Source of Variation | Sum of Squares | df | Mean Square | F-value | P-value |
|---------------------|----------------|-----|-------------|---------|---------|
| Between Groups | 600 | 2 | 300 | 5.70 | 0.00 |
| Within Groups | 15600 | 297 | 52.53 | | |
| Total | 16200 | 299 | | | |

*Significant: ($P < 0.05$).

The ANOVA results for Hypothesis 3 (H0₃) indicate a significant relationship between male child preference and the social status of women in Adamawa State. The analysis reveals a between-groups Sum of Squares (SS) of 600, with a Mean Square (MS) of 300, resulting in an F-value of 5.70 and a P-value of 0.00. This highly significant P-value, well below the 0.05 threshold, leads to the rejection of the null hypothesis, suggesting that male child preference is indeed associated with variations in women's social status. The results imply that societal norms favoring male children may impact women's positions within their communities, potentially affecting their access to resources, decision-making power, and overall social standing.

Additionally, the within-groups SS of 15,600, with a Mean Square of 52.53, further illustrates the variability in social status among women in the study. The total SS of 16,200 underscores the comprehensive nature of the data collected. These findings highlight the interplay between gender preference and social dynamics, suggesting that women who produce male children may experience higher social status and acceptance in their communities compared to those with only female offspring. This relationship underscores the importance of addressing gender biases in societal structures, as they not only affect individual women's experiences but also contribute to broader patterns of inequality. Recognizing these dynamics can inform policies and programs aimed at promoting gender equity and improving the social standing of all women, regardless of the gender of their children.

Discussion

The findings related to Research Question 1 indicate that male child syndrome significantly influences the experiences of women producing only female children in Adamawa State. The high mean scores across items reflect widespread acknowledgment of societal pressures and cultural expectations surrounding male offspring. This study's results are supported by similar research conducted by Alipour et al., (2019) which documented the emotional and psychological challenges women face due to cultural biases favoring male children. The emotional toll, particularly concerning feelings of inadequacy and social stigma, highlights the deep-rooted nature of gender preferences and their adverse effects on women's self-esteem and mental health.

Regarding Research Question 2, the data suggest that the psychological well-being of these women is notably compromised by societal pressures to produce male children. The findings, especially those related to emotional distress and feelings of worthlessness, resonate with existing literature, such as studies by Nwokocha (2015), which emphasize the mental health impacts of gender discrimination in Nigerian society. The consistent reports of increased anxiety and depression among women unable to fulfill traditional expectations point to a significant mental health crisis that warrants attention from policymakers and health practitioners.

In examining the social consequences outlined in Research Question 3, the study reveals that the social status and relationships of women producing only female children are adversely affected. The discrimination and reduced respect noted in the findings reflect a broader societal trend where gender biases persistently marginalize women, as

supported by research conducted by Besral et al., (2023). The results demonstrate a clear connection between male child syndrome and social isolation, emphasizing the urgent need for community awareness programs aimed at dismantling harmful stereotypes and fostering gender equality in Adamawa State and beyond.

The ANOVA results indicate a significant difference in the prevalence and manifestations of male child syndrome among women producing only female children in Adamawa State. With a significant F-value of 3.60 and a P-value of 0.03, the findings suggest that the experiences of male child syndrome vary significantly across different groups of women. This aligns with similar findings by Shahsiah et al., (2018), who reported varying levels of societal pressure affecting women in similar contexts. The within-groups variability further emphasizes the need for targeted interventions, as different groups may face distinct challenges related to male child syndrome. Addressing these variations is crucial for effective support in the region, reflecting the nuanced nature of gender preferences and societal expectations.

The analysis for Hypothesis 2 demonstrates a significant psychological impact of male child syndrome, with an F-value of 4.85 and a P-value of 0.01. This indicates that the psychological well-being of women producing only female children is indeed affected by societal pressures regarding male offspring. Similar findings by Afolabi (2019) highlight the emotional burdens these women face, including feelings of inadequacy and stigma. The considerable within-groups variance reinforces the complexity of these experiences, pointing to the necessity for mental health support tailored to women's unique circumstances. By acknowledging the psychological ramifications of male child syndrome, stakeholders can foster a more supportive environment that values all children equally, thereby addressing the mental health needs of these women.

Finally, the ANOVA results for Hypothesis 3 reveal a significant relationship between male child preference and the social status of women in Adamawa State. With a P-value of 0.00, the findings indicate that societal norms favoring male children significantly impact women's social standing. This is consistent with research by Ibrahim and Adedayo (2017), which identified the repercussions of gender preferences on women's roles and access to resources within their communities. The findings highlight how women who bear male children often enjoy higher social status and acceptance, further perpetuating gender inequality. Recognizing these dynamics is essential for developing policies aimed at promoting gender equity and enhancing the social status of all women, regardless of the gender of their children. This understanding can inform initiatives that challenge existing biases and foster a more inclusive societal framework.

Conclusion

This study reveals the significant impact of male child syndrome on women producing only female children in Adamawa State. The findings illustrate the pervasive societal pressures and cultural expectations that lead to emotional distress, feelings of inadequacy, and diminished social status for these women. The psychological well-being of respondents is notably compromised, highlighting a mental health crisis that requires urgent attention. Additionally, the study underscores the broader social consequences of gender biases, which marginalize women and reinforce harmful stereotypes. Overall, the findings call for targeted interventions and community awareness programs to address these challenges and promote gender equality.

Recommendations

The following recommendations were suggested for the study. Government and NGOs are to:

- i. Implement educational programs that raise awareness about the value of all children, regardless of gender. Such campaigns should aim to dismantle harmful stereotypes and promote gender equality.
- ii. Establish mental health resources and counseling services specifically for women facing societal pressures related to male child syndrome. These services should be accessible and culturally sensitive to address the unique needs of these women.
- iii. Encourage policymakers to develop and enforce laws that promote gender equality and protect women's rights. This includes initiatives aimed at combating discrimination and improving the social status of women.

- iv. Collaborate with local leaders and influencers to foster discussions around gender preferences and their negative impacts. Engaging respected figures can help shift cultural attitudes and promote gender equity.
- v. Support further research into the psychological and social impacts of gender biases on women in different regions of Nigeria. This research can inform targeted interventions and policy recommendations.
- vi. Establish support groups for women producing only female children, creating safe spaces for sharing experiences and coping strategies. These networks can empower women and foster a sense of community.

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