

SEPTEMBER, 2016

SOCIAL STATISTICS
BACHELOR OF SCIENCE (B.Sc.) HONS IN DEMOGRAPHY AND
FULFILMENT OF THE REQUIREMENT FOR THE AWARD OF A
SCIENCES FEDERAL UNIVERSITY OYE EKITI, NIGERIA IN PARTIAL
DEMOGRAPHY AND SOCIAL STATISTICS, FACULTY OF SOCIAL
RESEARCH PROJECT SUBMITTED TO THE DEPARTMENT OF

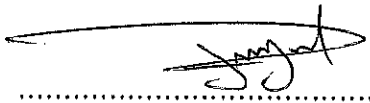
MATRIC NO: DSS/12/0625

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THE EFFECT OF RELIGION ON THE FERTILITY BEHAVIOUR OF
MARRIED COUPLES IN SOUTH-WEST NIGERIA

CERTIFICATION

This is to certify that **OMOTOYINBO TEMIDAYO MATTHEW** of the Department of Demography and Social statistics, Faculty of Humanities and Social Science, carried out a Research on the Topic **“THE EFFECT OF RELIGION ON THE FERTILITY BEHAVIOUR OF MARRIED COUPLE IN SOUTH-WEST NIGERIA”** in partial fulfillment of the award of Bachelor of science (B.Sc.) in Federal University of Oye Ekiti, under my Supervision

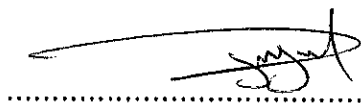


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DEDICATION

I dedicate this research report to the Almighty God and my supportive family: Patrick Omotoyinbo
,Janet Omotoyinbo, Ajayi akin Kehinde and pastor Ajewole philips

ACKNOWLEDGEMENT

Firstly, I appreciate God Almighty, the Creator of the Heavens and the earth, as well as everything therein, for giving me the privilege to begin and end this research successfully on time I also recognize the effort of my parents, Pastor and Mrs. Janet Omotoyinbo, for making my bachelors degree program a success. I thank them for their emotional and financial support as they single-handedly sponsored my bachelors' degree program and regularly kept in touch with me to monitor my progress and put me through in difficult times. I pray that God would continue to bless them. May they live long enough to reap the fruit of their labor. I also appreciate my siblings, Kemi, Funmi, Bunmi, Tobi and Ola Omotoyinbo for their emotional and spiritual support all through my studies. I would like to acknowledge my colleagues in Demography and social statistics, Hudeze, Ayilara Dolapo; James of the Department of sociology; and a staff, Mr. Sunday Abatan, also of the Department of Demography and social statistics, the Federal university Oye Ekiti. These wonderful people assisted me with clarifying a few things about my research work, most especially with the use of the Stata package, the research proposal and the methodology section of my research report. Thank you and God bless you and your endeavours. My gratitude also goes to a few of the Honours colleagues who were always there to give their words of encouragement all through the research process. They include Taiwo and Samuel. May God bless all of you abundantly. Their excellent spirit rubbed off on me and inspired me to ensure an excellent result in my research and coursework. I specially appreciate my supervisor, Professor Peter Ogunjuyigbe, for his consistency at ensuring that I deliver a quality and world-class standard research report. I would say that it has been a great time working with him. He gave me the opportunity to tap into his broad wealth of knowledge and academic expertise. I pray that God would bless and grant him success in his endeavors

ABSTRACT

This study examines the association between fertility behavior and religion among married couples (15-35+years) in selected region of southwest Nigeria. Data were obtained through a multi-stage sampling procedure in the study area. The 2013 NDHS data set provided information on the profile of the respondent from southwest region of Nigeria. The (IDI) in-depth interview of 6 respondents was also conducted to elicit qualitative data which complimented the survey. The analyses indicate that more than wives in southwest who had 4 or more children are majorly in age 35 years and above which amounted to 66.67% while more of them who had less than 4 children are more in age 15-24 with 99.35%. This revealed a significant relationship as chi-square value ($\chi^2=232.9334$, $P < 0.000$), which shows that age is a significant determinant of (CEB) children ever born. The couples Religion showed no significant effect taking into consideration the fertility behavior of the couples which had a chi-square value of 0.56. This means the recommendations as regard this project work must be effected. This project result showed that more attention should be paid towards education, employment and the wealth status of married couples in southwest region of Nigeria.

Keywords: Independent variables, dependent variable, Fertility behavior, Religion

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LIST OF ABBREVIATIONS

FP Family planning

CEB Children ever born

NDHS Nigeria Demographic and Health Survey

WHO World Health Organization

DHS Demographic and Health Survey

NPC National Population Commission

NGOs Non-Governmental Organizations

NBS National Bureau of Statistics

LDAs Local Development Areas

NFS National Fertility Study

CHAPTER ONE

INTRODUCTION

1.1 BACKGROUND

Fertility is one of the main segments of population change that determine the size also structure of the number of inhabitants in a nation. Differentials in fertility levels and pattern in various territories and among population characteristics have been among the most pervasive discoveries in demography.

Fertility behavior between the husband and wife has great effect in determining the fertility level in a given Population. Among the factors that influence fertility decision is the level of educational and the type of occupation that women engage in. Total fertility in Nigeria was last measured at 5.98 in 2013, and CIA's record shows a reduction in fertility rate to 5.25 children born per woman 2014. In recent years, however, demographers have reported that fertility differences among Catholics it was discovered that other religious groups have been shrinking steadily , and that Protestants' fertility tends to be greater than that of Catholics and other religious gatherings (Mosher, Johnson, and Horn2009; National Center for Health Statistics 2009; Westoff and Jones2011). The overall outcome in year 2010, according to the latest Demographic and Health surveys (DHS), there are only five country with a total fertility (TFR) of less than 4 children While birth rates have fallen dramatically throughout much of Latin America and Asia, they have remained high in Sub-Saharan Africa. Sub-Saharan Africa is a region for which it's demographic transition or a change has not been well underway. Fertility, however, is not uniformly high and has fallen on its actual average from a total fertility rate (TFR) of 6.54 in 1962 to 5.02 in 2002.

The relevance of religion in the demographic study of socio-economic groups in Nigeria cannot be over emphasized. It controls the code of life means a system of beliefs, practices and attitudes in which individuals possess in groups, and through this aims towards life and death, religion is supposed to have effect on one's fertility behavior (Chaudhary, 2008). According to West off, 'the religious affiliation of the couple means a system of values which can affect family through various routes directly, by imposition of sanctions on the different practice of birth control or proposing of less effective methods

only, to be practiced, and indirectly by adding it to the doctrine of its members with a moral and social nature of marriage and family which stress the virtues of reproduction" (Westoff, 2010). Literature has made it clear that behavioral and biological determinants of fertility in Nigeria remains unchanged (Akpanlara et al, 2009) with very low age at marriage (UNPF, 2013, NPC, 2010, Ihejiamaizu, et al 2012), low rate on use of the contraceptive (PRB, 2011, NPC, 2013, NPC, 2012) and high rate of early age exposure to sexual intercourse (NPC, 2011, Ihejiamaizu and Etuk, 2009) Nigeria like other developing nation in sub-Saharan Africa has had high fertility level in the last three decades(Ihejiamaizu, 2012, Isiugo-Abanihe, 2014). Presently, fertility levels stand at 5.9% (PRB, 2010); higher fertility and momentum in the country is linked to the fertility behavior of the people (NPC, 2012) which was largely a response to past unfavorable economic, political and demographic event (Obono, 2011) caused by unfavorable developmental policies. Nigeria's population will continue to rise as a result of population momentum. But continued fertility decline is a pre-requisite for any demographic dividend Nigeria's total fertility rate (TFR) of 5.5 children per woman in 2013 roughly falls in the middle of the group of West African countries where we have data's available (Benin, Ghana, Burkina Faso, Guinea, Mali, Liberia, Niger, Nigeria, and Senegal). The TFR for the region is actually ranging from 4.0 in Ghana to about 7.6 in Niger (National Population Commission and ICF International, 2014). Most religious and demographic studies of religion and fertility in the United States elaborate female fertility differences among people who are closely connected with various religious denominations (Janssen and Hauser 2009; Lehrer 2011; Lehrer 2011; Marcum 2008; Mosher, Johnson, and Horn 2014; Poston 2010) Catholics often are reported as possessing a specific high level of fertility. Protestants' fertility level is shown to be lower than the level where the Catholics are and is located in the middle of the continuum. Non Orthodox Jews are at the end of the continuum and have consistently shown the smallest fertility rate among all religious groups in the U.S. (Lehrer 2009; Sander 2008).

1.2 STATEMENT OF PROBLEM

A pure 'religious effect' on fertility can operate in a number of ways. Religions often adopt positions on the moral acceptability of birth control and abortion. They often have norms about 'desired' family size. Religious rituals often provide for distinct roles for children (as is the case with son-preference and religious roles for sons in South Asia). Religions can impose religious vows and practices of celibacy, either lifelong or outside marriage. Religions may take positions on the acceptability of contraception. And religions may encourage literacy in order to read the scriptures, which in turn may lead to indirect effects on fertility (Gellner, 1981).

In Nigeria, Religious attitudes towards fertility behavior have affected the power of decision-making both within and outside the household. West off has observed that women, especially, in the Religious family were subservient to the man in marital relationship, so the man assumed a key position in decision-making of all forms (west off 2000). Religion is particularly persuasive, (Branas-Garza and Neuman 2010; Adsera 2008) .The importance of religious teachings for fertility has achieved extensive attention. In sub-Saharan Africa, a survey carried out in 2006 found that people trust faith-based organizations more than they trust their own national governments (Tortora, 2007). Religious teachings can have an indirect impact on fertility exercised through social norms and values. More religious leaders keep springing up in our 21 century bringing different doctrines, practices and beliefs. Some establish gatherings for their selfish interest, misleading their followers and there is no doubt that religion is the opium of the masses. Most teachings encourage large families and high reproduction in response to what is written in their book. As Many as Allah Gives is the belief and practice of the Muslims ,marrying many wife's ,not putting into consideration the consequences of large population as a result of high fertility based on the decision made by the couples. Prophet preaches that: 'marry and produce a good generation for I shall be proud of your great number on the Day of Judgment'" (Female, North, and Rural). "According to what is written in the Bible God said marry, increase and multiply" (Male, South East, and Urban). The believe of catholic does not support the use of contraceptives, and this will disturb the

fertility decision of the couples especially in a situation of birth control and spacing of their children. The Muslim supports marrying many women which will increase population at the end of the day.

The control religion has on the fertility decision in Nigeria is high

As partners may differ both in religious affiliation and religious belief, conflicts may for example arise over the religious upbringing of their children or over the desired number of children and the timing of births.

No major world religion is completely silent on the issue, but it is important to keep in mind that religious texts do not serve as a set of unchanging instructions followed blindly by adherents. Rather, religious leaders, governmental officials, and ordinary male and female believers interpret, resist, manipulate, reinterpret, and synthesize religious texts and teachings, which include those that relate to reproductive choices, as a part of daily life.

Therefore the paramount consequence of high fertility is that economically there will be low wage associated with unemployment, slow growth and poverty. Environmentally there will be high population as a result of high fertility which will cause depletion of the natural resources and pollution. Health wise there will be high maternal mortality and child mortality, also there will be poor investment in education, health service and infrastructure by the government .Politically there will be raising political extremism and civil strife. (John bongaart).

1.3 RESEARCH QUESTION

What is the pattern of religious affiliation, its effect on fertility behavior in Nigeria?

To what extent does religion affiliation, practices, beliefs and commitments affect fertility behavior in south west Nigeria?

Do differences in couple's religious perspective influence their fertility behavior?

1.4 RESEARCH OBJECTIVES

1.4.1 GENERAL OBJECTIVES

To examine the relationship between pattern of religious affiliation, and Fertility behavior among couples living in south west Nigeria

1.4.2 SPECIFIC OBJECTIVES

To identify the extent to which religious affiliation, influences Fertility decision of couples in south west Nigeria

To examine the influence of couples religious differences on Fertility decision in south west Nigeria

1.5 JUSTIFICATION OF STUDY

Most religion support high reproduction, modernization has opened the inner eye of humans making them understand the implication of high fertility the use of contraception, family planning and abortion also with the aid of the government conceiving and adopt new and reliable policies to curb population explosion. Thanks to Modernization, because if there has been noting like new discoveries the whole world would suffer population explosion which will result to high crime rate and other problems associated with high population. The 21 century populace should adopt the use of contraceptive not minding religion and other various forms of family planning, the government also should not sleep, they must work tirelessly to ensure everything is alright. In many communities, religious leaders, often predominantly male (UNFPA, 2013; Freij, 2009), have the unique advantage of being able to reach both men and women to promote HTSP and FP practices, emphasizing the benefits of HTSP and FP to individual and collective physical, economic, social, and ecological health can help connect FP decisions to broader religious beliefs and practices. Faith leaders can provide guidance on health practices, especially HTSP and FP, based on their knowledge and understanding of of children in a family yet can be more difficult to engage in discussions around FP than women scriptures (VanEnk, 2012). Information about FP can be shared by faith leaders during marital counseling to couples, weekly religious services, small group gatherings, home visits, workshops, or community events (CCIH, 2013). Men are often the decision makers about sexual activity and the desired number. Because of this lack of engagement, men can cling to myths and misconceptions that influence their outlook on FP (Green, 1997; Greene, 2006). Studies have found that men are more supportive of FP when they are educated about the health benefits

and understand the methods available to them and their wives (Lundgren, Cachan, & Jennings., 2011). World Vision has found mobilizing male engagement to be a key strategy in increasing use of FP methods in conservative societies (Allison, 2012). Focusing FP awareness to both members of a sexually active couple have been found to be more effective than efforts targeted to only one member of the couple (Becker, 1996; Boender et al., 2004; Cohen & Burger, 2000; Newmann et al., 2011; Rottach, Schuler, & Hardee, 2009). Yet without accurate information, faith leaders may also resist family planning because their traditional beliefs have not been addressed (Lundgren et al., 2011). As FP services have been demonstrated to be effective at reducing maternal and infant mortality rates (Campbell & Graham, 2006), it is vital to address traditional beliefs and help faith leaders understand how all methods of contraception work and the positive health benefits associated with them. In many faith communities, it is of particular importance to convey that family planning does not include abortion, which may contrary to deeply-held theological beliefs and values. Freij (2009) states that, "When properly briefed and trained by respected religious scholars and trusted health professionals, religious leaders become a powerful agent of social change and are able to shift their community's opinions in support of family planning and reproductive health." A report released in February 2014 by Aylward and Friedman provides comprehensive information on the role of faith leaders in FP promotion in 24 countries around the world. This report provides in-depth justification and support for the integration of faith leaders into FP promotion, including their influence on community members, media, government policies, and healthcare providers. It further emphasizes the need for continued integration of faith leaders into FP programs in developing countries. "The Role of Faith-Inspired Health Care Providers in Sub-Saharan Africa and Public-Private Partnerships," a discussion paper edited by Olivier and Wodon (2012), provides a comprehensive analysis of the often-faith-inspired non-governmental networks of health providers in Africa, including their role in successfully engaging religious leaders in reproductive health and FP services. Providing sufficient information and discussion around all HTSP and FP methods can dispel prevailing myths and give religious leaders and communities sufficient awareness, knowledge, and understanding in order to make FP decisions that are best suited to their needs, desires, and circumstances.

DEFINITION OF CONCEPT

Natural fertility:

Natural fertility method of birth control is a concept developed by French historical demographer Louis Henry to refer to the level of fertility that would prevail in a population that makes no conscious effort to limit, regulate, or control fertility, so that fertility depends only on physiological factors affecting fecundity. In contrast, populations that practices Fertility control will have lower than 'natural fertility' levels as a result of delaying first births (a lengthened interval between menarche and first pregnancy), spacing out the intervals between births, or stopping child-bearing at a certain age. Such control does not assume the use of artificial means of fertility regulation or modern contraceptive methods but can result from the use of traditional means of contraception or pregnancy prevention (e.g., coitus interruptus), or from social norms or practices regarding celibacy, the age at marriage and the timing and frequency of sexual intercourse, including periods of prescribed sexual abstinence.

Children ever born:

This refers to the number of children born alive to the person up to a specified reference date. It includes children who have died since birth. It does not include stillborns, abortions or children adopted by the person. "Children ever born" may also be referred to as lifetime fertility.

CHAPTER TWO

2.1 LITERATURE REVIEW

This chapter deals with the review of past related literatures on socio-demographic determinant of fertility behavior and how religious affiliations reflect on fertility behavior in southwest Nigeria. Fertility reduction in most developing countries has its origin in late 1950s. This decline is caused by decreased desired family sizes due to increasing modernization, and the increased knowledge of controlling fertility (Rutstein, 1998). Few studies have been done analyzing fertility differentials and most of them emphasized the role of socio-economic status (e.g. religion) in fertility decline.

GENERAL KNOWLEDGE OF FERTILITY, PATTERN AND TREND

Fertility patterns in the world have experienced sharp changes over the last few decades. Globally fertility has reached unprecedented low levels, yet stark differences persist in childbearing patterns across countries and regions. According to the revised World Population Prospects, 2015 total fertility is 2.5 children per woman globally; Africa remains the region with the highest fertility at 4.7 children per woman, Europe has the lowest fertility of 1.6 children per woman, Asia, Latin America and the Caribbean have total fertility of 2.2 children per woman, closely followed by Oceania with 2.4 children per woman. Middle and Western Africa stand out as having particularly high fertility of over five children per woman. Eastern Asia, Eastern Europe and Southern Europe have very low fertility at 1.6 children per woman. Today, 46 per cent of the world's population lives in countries with low levels of fertility, where women have fewer than 2.1 children on average. Low-fertility countries now include all of Europe and Northern America, as well as many countries in Asia and Latin America and the Caribbean. Another 46 per cent of the world's population lives in "intermediate fertility" countries that have already experienced substantial fertility declines and where women have on average between 2.1 and 5 children. The remaining 8 per cent of the world's population lives in "high-fertility" countries that have experienced only limited fertility

decline to date. In these countries the average woman has five or more children over her lifetime. Most of these countries are in sub-Saharan Africa. Global total fertility is projected to decline to 2.4 children per woman by 2030 and 2.2 children per woman by 2050. In Africa, fertility is projected to decline to 3.9 children per woman by 2030 and 3.1 children per woman by 2050. Fertility declines in all other regions are projected to be much more modest and even show small increases in Europe and Northern America.

The slower projected pace of fertility decline in Africa compared with the pace experienced by Asia and Latin America and the Caribbean at similar levels of fertility has important population and development implications for Africa.

SEX PREFERENCE, DESIRED FAMILY SIZE, CONTRACEPTION AND ABORTION

Desired family size is relatively easy to measure and interpret as an indicator of fertility preference. However, it can be biased due to conventional estimates of rationalizing and non-response (Bongaarts, 2005). It is because of the flexibility by parents on the number of children they want. The declining desired family size which resulted in fertility transition has been attributed to contraceptive use (Bongaarts and Johansson, 2002) decreases in infant mortality (Caldwell *et al.* 1992), effective family planning programs and socio-economic development (Zhang, 2004). On the other hand, there is no conclusive evidence as to whether the family planning program affects the popular fertility preferences (Freedman 1997). Pritchett (1994) substantiated that contraceptives cannot bring fertility down when desired family size is constant using experiences from different countries. For instance, Haiti and Zimbabwe have the same desired fertility of 4.3 but different contraceptive prevalence rates (CPR) of five percent and thirty-six percent in 1977 and 1989 respectively. However, fertility in Haiti was only 0.4 births higher than that of Zimbabwe (5.6 versus 5.2), despite the gap in modern contraceptive use. Furthermore, the desire for children is greatly influenced by factors like the number of surviving children, sex composition of the surviving children and certain other psychological and socio-economic ones including religious beliefs and customs (Varma & Babu 2007).

Abortion in Nigeria is illegal, although it may be necessary to save the life of the woman or for restoring the physical and mental health (UN, 2007). An increase in abortion rate has usually been accompanied by a decline in fertility especially in high to medium fertility populations. It is a taboo for Christians to abort, the Muslims are not exempted and this will lead to high population in Nigeria especially if the child is unwanted

Categories of contraceptives

According to the DHS standard, there are three categories of contraceptive methods. They are as follows:

- **The modern methods.** Female and male sterilization, female and male condoms, the pill, the intrauterine device (IUD), injectables, implants, diaphragm, foam or jelly.
- **Traditional methods.** Periodic abstinence (safe period or rhythm method) and withdrawal and, the lactation amenorrhea (LAM).
- **Other methods.** Herbs, teas, grasses or other methods mentioned by the respondent.

THE RELATIONSHIP BETWEEN RELIGION AND FERTILITY

It will be absurd to discuss issues on fertility behavior and religion without considering how they relate.

The relevance of addressing religious affiliation as a determinant of demographic behavior cannot be overemphasized. This area of interest focuses on fertility differences by religious denomination, according to (Mosher et al., 1992 and Sander, 1992).

These studies make it clear that religion may have different result on demographic behavior. Religious teachings have effect on for example use of contraception or the entry into marriage.

Religious affiliation and religious composition of married couples have serious effect on fertility behavior (Adsera, 2004), this means issues of marital stability play a vital role in the partners' decision processes and may thus affect fertility behavior. There is no doubt that partners may differ in religious belief and religious affiliation, conflicts sometime may arise over the religious status of their children or over the desired number of children and the timing of births.

The relationship in this review relies on two different views of theoretical arguments. Firstly, the relevance of the individual's religious affiliation its behavioral effect and their extent of differences in religion. Secondly, religious composition of couple has a role to play in inner partnership processes, may also have effect on individual demographic behavior.

Considering the first theoretical argument, the so-called "characteristics approach", argues for illegitimate fertility differences as a result of different individual characteristics. Differences in religious values across various denomination occurs for instance with regard to attitudes towards abortion and birth control (Goldscheider, 1971). Furthermore, norms and rules may directly affect individual behavior, also there indirect effects because of broader socio-cultural aspects associated with religious faiths. For instance, norms and rules on the entry into sexual relationship, the favorable reception of sexual activity outside the union or issues of sexuality within marriages all have the potential of affecting individual fertility behavior.

The second strand of arguments is based on economic theory (Lehrer, 1996). Differences in religious beliefs between spouses may raise the possibility of conflict over fertility decisions, i.e. the number and timing of births which may then be resolved by bargaining mechanisms (Lundberg and Pollak, 1993). This "bargaining effect" suggests for both positive and negative effects on fertility, depending on the union's religious composition and the bargaining power of the partners. In particular, spouses who both belong to the same pronatalist religious group should have a higher fertility compared to a union with only one member of this group. Similarly, if a union is affiliated to a religious group which is not specifically pronatalist, the union's fertility should be lower compared to another union where only one of the two partners belongs is affiliated to the pronatalist group.

IMPLICATION OF RELIGIOUS PRACTICE ON FERTILITY BEHAVIOR

Religion has a lot of functions Religions still remain the opium of the masses, reason being that people respect religion and hold it in high esteem. Critics says that a religious gathering has every right to persuade its member to go with it code of conduct but not to impose anything on them Differences in religion between the parents lead to subsequent religious differences between at least one parent and the children, generating a potential source of conflict within the family; such intergenerational differences may arise also in households where the parents share the same religious affiliation, if a child chooses to follow a different path. This “negotiation effect,” which refers to how the spouses bargain these differences, may operate in the same direction as the “marital stability effect,” or it may exert a countervailing influence, depending on the specific pair of religions involved. As noted earlier, there are differences in fertility across religious groups, in part, from religious teachings. Such differences may be expected to have consequence for female time allocation patterns, and vice versa (Lehrer2003).Also is the case for marital fertility, decisions regarding the allocation of married women’s time are affected not only by the wife’s, but also by that of the husband. Bartkowski (2010) examined the implication of religion on another aspect of time allocation, namely, the division of household work between husband and wife.

2.2 THEORETICAL FRAMEWORK

Like any scientific discipline, demographic research has been governed by theoretical framework. Demographic transition theory (DTT) is the principal theory which tries to explain the process of achieving low fertility in different country. The model of demographic transition suggested that mortality and fertility would decline as a result of social and economic development (Weeks, 1999). Demand theory, Wealth flow theory and the theory of Diffusion is among theories of demographic transition, which emphasized the role of socioeconomic characteristics of individual, as factors affecting fertility.

Demographic transition theory (DTT) posited that every society that undergoes modernization will have a decline in fertility (Kirk, 1996). According to the proponent of this theory, the end result of modernization is a drop in fertility rates. Education is often identified as one potential stimulant to this fertility decline. Rational choice theory furthermore posits that human behavior is the result of individual making calculated cost–benefit analyses about how to act and what to do. According to this theory, people will have large families if it is beneficial to them (Robinson, 1992; Boserup, 1985). The traditional demand theories hypothesized that the demand for children will decline with change in socio-economic condition (Bongaarts, 2002; Bongaarts & Walkins, 1996; Cleland & Wilson, 1987).

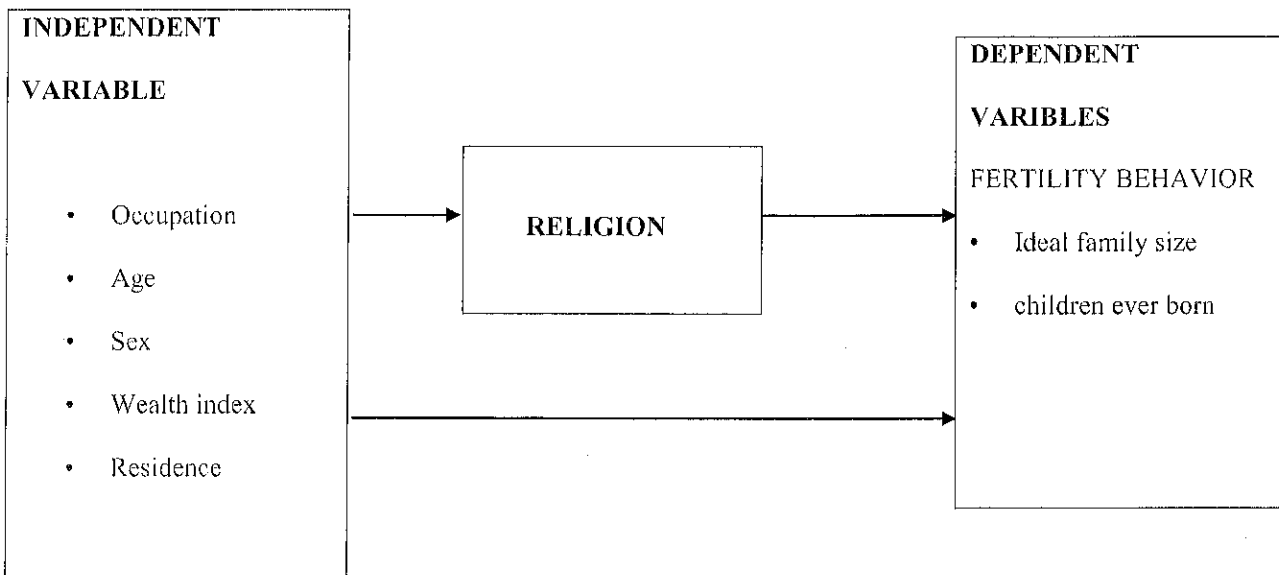
Wealth flow theory (Caldwell, 1982) states that high or low fertility depends on social conditions: essentially the direction of intergenerational wealth flow. The net wealth flow is according to this theory from younger to older generation in traditional societies, whereas, in modern societies, it is from older to younger generations. Modernization eventually results in the tearing apart of large, extended family units into smaller, nuclear unit that are economically and emotionally self-sufficient. In other words, nuclearization is, according to the theory the key force in fertility change. However this theory has been criticized.

Theory of diffusion states that fertility change happens mostly through adoption of innovation ideas and corresponding behavior by some people, which are likely to spread to be adopted by others (Montgomery et al, 1993: 457-479). Evidence in support of diffusion thesis is the fact that fertility decline has occurred under a wide variety of social and economic circumstances, with the pace of decline in terms of ethnic boundaries (Rosero-bixby & Casterline, 1993; Lesthaeghe, 1983). In other words, according to the diffusion approaches, the higher fertility of the poor does not reflect their economic rationality, but is rather explained by the fact that the idea of fertility control that the driving force for fertility decline is socio-economic development, in particular a decline in mortality and information on contraceptive methods have not reached the poor, or that contraception is not available to them. Therefore, fertility will decline among the poor with some delay. (Birdsall, 1980; Cleland, 1994).

From these theories, it is noticed that socio-economic factors play a great role in fertility regulation. It is in this line that a UN (2002) study concludes that the driving force for fertility decline is socio-economic development, in particular a decline in mortality, and increased female education and labor force participation. Higher mortality among the poor tends to increase their fertility through various mechanisms, such as replacement and insurance effects (Heer, 1983). Lower levels of female education among poor may also partly explain their higher fertility (Birdsall & Griffin, 1988). The implication of these theories to the current study is that in informal settlements characterized by poor socio-economic conditions fertility will be high.

2.3 CONCEPTUAL FRAMEWORK

Conceptual frame work showing the relationship between dependent and independent variables



2.4 HYPOTHESIS

- H₀: Religious factors such as affiliation may likely influence the Fertility behavior of married couples in southwest Nigeria.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 INTRODUCTION

Chapter three seek to explain the research methodology. It highlights among others the following; sample design, sampling frame, sampling unit, sample size, data sources, target populations, the dependent and independent variable, method of data processing analysis and also the limitation of the study

3.2 BACKGROUND OF THE STUDY AREA

NIGERIA'S GEOGRAPHY:

Nigeria is located in Western part of Africa along the Atlantic, Gulf of Guinea. Abuja is the capital, its shares borders are with Benin directly to the west, Chad and Cameroon to the east and Niger strait down to the north. Nigeria's major ethnic groups are Yoruba, Hausa and Igbo which are the largest population in Africa its economy is one of the fast rising in the globe, with a whopping population of 173.6 million as at 2013. In year 2016, Wednesday, 2:05 live result of Nigeria's population was 186,792,312 with over 270 distinct tribes and more than 374 languages. Nigeria came into existence as a nation-state in 1914 through the amalgamation of the northern and southern protectorates. Federal republic of Nigeria is about 923,768sqkm (landmass – 910,768sqkm; water – 13,000sqkm).It spans six ecological zones, ranging from the swampy coastal rain forest of the south to the semi-arid fertile grasslands of the north.

RELIGION:

Christianity, Islam and traditional way of worship is prominent in Nigeria.

POLITICAL STRUCTURE AND ECONOMY OF NIGERIA

Federal republic of Nigeria comprises 36 states modeled after the United States and greatly influenced by its former colonial ruler, Great Britain, with executive power exercised by the president. The government

of Nigeria is also influenced by the Westminster System model in the composition and management of the upper and lower houses of a bicameral legislature. Although politics is dominated by the three large parties, around 30 political parties participated in the general election following the registration of 27 new parties by the INEC in 2002. The new parties, which cover a wide range of interests from labor and human- rights groups to disaffected politicians from the main parties, were registered after a clamor for the relaxation of the strict rules that limited party registration. However, none of the new parties made a significant impact in the elections and only a few won any seats.

Nigeria is a middle income, mixed economy and emerging market, with expanding , communications service and technology, financial and entertainment sectors. It ranks the 21st largest economy around the globe in terms of nominal GDP, and the 20th largest in terms of Purchasing Power Parity (PPP). It has the largest economy in Africa. Nigeria recently changed its economic analysis to account for rapidly growing contributors to its GDP, such as banking, telecommunications, and its film industry,

TARGET POPULATION

The caliber of people considered as proper respondent (in this study are couples) of age group 15-49 years are from the southwest region of Nigeria, .

SOUTHWEST NIGERIA

The south west region of Nigeria gives a wide range of insights and experiences; from the beaches in Lagos to the mountain caves of Ogun state and from the large city of Ibadan to the spring water in Osun state. South West Nigeria has six states; Ekiti, Lagos, Ogun, Ondo, Osun and Oyo. It is majorly a Yoruba speaking area, although there are different dialects even within the same state. Ekiti state is my area of concentration in south west Nigeria.

EKITI STATE

Ekiti is a state in western and it was created out of the Old Ondo in 1996. The state has 16 local government areas, with its capital in Ado-Ekiti, and is divided into four areas; Ekiti Central, Ekiti North, Ekiti South and Ekiti West. Ekiti was one of the many Nigerian states that was independent before the British came and introduced indirect rule. It is known as the 'Fountain of Knowledge', as it is reputed to have produced a good number of professors and several academic pioneers in. The people of the state can trace its ancestry to Oduduwa, the father and ancestor of the Yoruba race. Ekiti people are one of the largest ethnic groups among the Yorubas, with an ancestry in the migrated people of Ile Ife. They speak English, Ekiti and other varying dialects.

Ekiti is an upland zone rising over 250 meters above sea level and it covers a total of 6,353 square kilometres of land. It is bordered by Ondo in the south and Kwara in the north. Kogi is to the east and Osun to the west. The state is dotted with rugged hills such as the Ikere-Ekiti hills in the south, Efon Alaaye hills in the west and Ado-Ekiti in the center. It is also important to note that the state is home to the Ikogosi warm and cold water spring.

The major source of occupation and income in the state is agriculture. Agriculture provides income and employment for about 75% of the populace and they produce both food and cash crops. The food crops are: rice, yam, cassava, maiza and cowpea while the cash crops are: cocoa, oil palm, kolanut, plantain, Banana, cashew, citrus and timber.

3.3. DATA SOURCES

QUANTITATIVE DATA SOURCE

The 2013 Nigeria Demographic and Health Survey (NDHS) were used for the analysis of this study. The objective of the 2013 NDHS was to provide a reliable, precise and nationally representative estimate of important population characteristics such as contraceptive use, fertility, , and certain indicators of health,

which include infant mortality and HIV/AIDS status for men and women (NPC, 2009). The National Population Commission implemented the 2013 Demographic and Health Survey in Nigeria. This project was done between June and October, 2013. The survey was technically assisted and funded by ICF Macro through the Measure DHS project.

QUALITATIVE DATA SOURCE

An in-depth interview will be used to examine the fertility behavior of 6 couples based on their religion in oye Ekiti

3.4. RESEARCH DESIGN AND DATA PROCESSING

This study will be conducted using secondary data from the Nigeria Demographic Health Survey (2013). Also In-depth Interviews (IDI's) of some women and men aged 15-49 on knowledge, attitudes and practices of couples regarding reproductive behavior such as desired family size and contraceptive use, socio-demographic determinants of reproductive outcomes.

Nigeria demographic health survey (NDHS) 2013 sample was nationally representative and covered the entire population living in non-institutional dwelling units in the country. The survey used a sampling frame list of enumerated areas (EAs) prepared for the 2006 Population Census of the Federal Republic of Nigeria, provided by the National Population Commission(NPC). The sample was prepared to provide population and health outcome estimates at the national, zonal, and state levels. The sample design gives room for specific indicators to be calculated for each of the six zones, 36 states, and the Federal Capital Territory, Abuja.

Administratively, Nigeria is divided into states. Each state is subdivided into local government areas (LGAs), and each LGA is divided into localities.

The 2013 NDHS sample was selected using a stratified three-stage cluster design consisting of 904 clusters, 372 in urban areas and 532 in rural areas. A representative sample of 40,680 households was selected for the survey, with a minimum target of 943 completed interviews per state. All men and

women age 15-49 who were either permanent residents of the households in the 2013 NDHS sample or visitors present in the households on the night before the survey were eligible to be interviewed.

3.5. STUDY POPULATION AND SAMPLE SIZE

QUANTITATIVE ANALYSIS

Nigeria is the most populous country in Africa and the 14th largest in land mass, 2006 population was 140 million; and the current estimate is around 170 million. The study population will comprise of men and women of reproductive ages (15-35+). This consist of observations from south west Nigeria.

3.6. VARIABLE DESCRIPTION AND MEASUREMENT

THE DEPENDENT VARIABLE

Fertility behavior (ideal family size, children ever born)

INDEPENDENT VARIABLE

Religion

Age of couples: This is a nominal variable, it was measured from the NDHS using the grouped age of respondents in five year age group 20-24, 25-29, 30-34, 35+

Residence: It is divided into two (2) categories; Rural and Urban.

Education attainment: Is a categorical variable divided into four categories; No Education, Primary Education, Secondary Education and Higher Education.

Belief/religion: Is measured in three categories; Christian, Islam, and others.

Wealth structure: Is a categorical variable divided into three categories; Poor, Middle, Rich.

Employment Status: Is measured using working or not.

Ethnic group: Is measured using Yoruba Hausa Igbo and others Yoruba and others

Age ;:(15-24), (25-29), (30-34), 35+

Fertility behavior of couples in this study was measured using Respondent desired family size and contraceptives use

This analysis will majorly focus on South-West Nigeria couples dataset will be used for the analysis of the research. Also, this study will employ three stages of analysis; Uni-variate (frequency distribution), Bi-variate (Chi-square) and Multivariate analysis (Logistic Regression).

3.7 DATA MANAGMENT

The processing of the NDHS began simultaneously with secondary data which were analyzed using STATA and complimented with in-depth interview. Random checks would be done to ensure validity; also the in-depth interview would make available questions that would be asked from my respondents. Thereafter, using the Stata package, certain other variables were dropped. The variables needed for this study, which include age, region, residence, couples education, religion, wealth index, couples employment status, and children ever born was retained for the analysis.

3.8. DATA ANALYSIS

For uni-variate analysis, frequency distribution with respect to social-demographic status would be composed. Bi-variate analysis would be used to examine the relationship among various variables using chi square .At the multivariate level analysis would be composed using logistic regression .

3.9 QUALITATIVE MEASURES

The area of study will be Ado Ekiti since an indept interview (IDI) will be conducted to compliment my research work. Ado is the capital of Ekiti state, other places in Ekiti state are ,Oye, Aiyegbaju, ikere,ifaki,ilupeju e.t.c.

The management of this data will be controlled with an interview guild which will be prepared and used .

3.9 IDI QUESTION GIULD

1. What is your religion?
2. What is your occupation?
3. Are you educated?
4. Is your partner educated
5. Is your partner employed?
6. Does your religion preach against contraceptive use?
7. How many children do you have?
8. Do you still want to have more children? How many? Why

3.6 SCOPE AND LIMITATIONS OF STUDY

The study will experience limitation as a result of NDHS details, generally information gotten from Africa are usually defective in measuring fertility behavior due to basic factors like mistakes made during enumeration, there is also Lack of documentation and record system that monitor fertility behavior adequately in Nigeria. Therefore previous studies on fertility behavior have been conducted among small samples to arrive at the socio-demographic determinants of fertility behavior which this research examined.

CHAPTER FOUR

DATA ANALYSIS AND RESULT PRESENTATION

4.1 INTRODUCTION

The respondent's profiles are presented in this chapter. The percentage distribution of respondents by selected demographic and socio-economic characteristics in the southwest areas of Nigeria will be revealed in this chapter. It also reveals the percentage distribution of fertility behavior for who are couples before the survey using selected demographic and socio-economic characteristics.

4.2 CHARACTERISTICS OF THE STUDY POPULATION

Table 1 reveals couples children ever born and ideal number of children making use of 2013 demographic and health survey and the women were more in the age group 25-34 (54.32%) than women in age group 15-24 (15.78%) and 35+ (29.90%), men were more in the age group 35+ (65.79%) than women in age group 25-34 (30.41%) and 15-24 (3.8%). More than half of women in southwest (62.49%) were practicing Christianity, Islam had (33.41%) and (0.10%) were others, which included traditionalists. Also more than half of the men in southwest (59.62%) were practicing Christianity, Islam had (37.49%) and (1.49%) were others, which included traditionalists. This result to (57.85%) of couples as Christians, Islam had (35.02%) and couples with different religion amounted to (7.13%). Few people had no job, (0.62%) men and (11.34%) women were not working, and more men are in the labor force because (99.38) were working compared to (88.66) women that are working. When combined, the couples occupational stats had more of couples both working (88.30%) followed by only one working (11.45%) and non working which is (0.25%). About (9.63%) of women had no education, 23.49% of women had primary education, 48.00% had secondary education while 18.89% had higher education, Also (7.10%) of men had no education, 23.28 % of men had primary education, 48.26 % had secondary education while 21.35 % had higher education, resulting to 5.07 couples are not educated, only one educated This reveals the low level of importance attached to the education of men and women in southwest Nigeria.

The wealth status reveals 81.93% are rich; the moderate had 9.16 % while the poor couples has 8.91% in southwest Nigeria. The southwest of Nigeria has more Yoruba people when compared to other ethnic group like Hausa 1.19% Igbo7.71% and others 19.20% and dominated by Yoruba ethnic who took 71.90%

Table 1. Showing demographic and socioeconomic variables, independent and dependent variables

DEMOGRAPHIC AND SOCIAL- ECONOMIC VARIABLES		
Variable	Frequency	Percentage
Wife's age		
15-24	179.86	15.78
25-34	619.28	54.32
35 +	340.83	29.90
Total	1,139.98	100.00
Husband age		
15-24	43.28	3.80
25-34	346.70	30.41
35 +	750.00	65.79
Total	1,139.9	100.00
Wife's religion		
Christian	710.01	62.49
Islam	425.10	37.41
others	1.12	0.10
Total	1,136.23	100.00

Husband religion

Christian	679.02	59.62
Islam	442.85	38.89
others	16.99	1.49
Total	1,138.8	100.00

Couples' Religion

both Christians	659.51	57.85
both Muslim	399.19	35.02
both different in religion	81.27	7.13
Total	1,139.98	100.00

Wife's occupation

not working	129.22	11.34
working	1,010.76	88.66
Total	1,139.98	100.00

Husband occupation

not working	7.06	0.62
working	1,132.92	99.38
Total	1,139.9	100.00

Couples 'occupational status		
both not working	2.87	0.25
only one working	130.53	11.45
both working	1,006.57	88.30
Total	1,139.9	100.00
Wife's Educational level		
No education	109.74	9.63
Primary	267.74	23.49
Secondary	547.158	48.00
Higher	215.34	18.89
Total	1,139.9	100.00
Husbands Educational level		
Primary	265.433	23.28
Secondary	550.19	48.26
Higher	243.38	21.35
Total	1,139.98	100.00

Couples' educational attainment		
both uneducated	57.804	5.07
only one educated	75.10	6.59
both educated	1,007.07	88.34
Total	1,139.98	100.00
Wealth index		
Poor	101.56	8.91
Moderate	104.46	9.16
Rich	933.95	81.93
Total	1,139.9	100.00
Ethnicity		
Yoruba	819.6	71.90
Hausa	13.51	1.19
Igbo	87.88	7.71
others	218.92	19.20
Total	1,139.9	100.00
Ideal number of children		
1-2 children	31.62	2.77
3-4 children	631.31	55.38
5+	477.0	41.85

Total	1,139.9	100.00
Total children ever born		
<4 children	725.94	63.68
4+children	414.04	36.32
Total	1,139.98	100.00

4.3 BIVARATE ANALYSIS

The research question seeks to know the relationship between selected couples and fertility behavior which revealed in table 3 most wives in southwest who had 4 or more children are majorly in age 35 years and above which amounted to 66.67% while more of them who had less than 4 children are more in age 15-24 with 99.35%. This revealed a significant relationship as chi-square value ($\chi^2=232.9334$, $P < 0.000$). The husbands want for 4 or more children are majorly in age 35 years and above which is about half of the total population 50.21% and 100% of husbands within the age group 15-24 want less than four children. With this we can say that those couples within the age group of 15-24 are young couples and are satisfied with less than four children. The significant relationship of chi-square value ($\chi^2=160.8114$, $P < 0.000$).

Most wives in southwest who had 4 or more children are Muslims which is 39.71% while Christians had 36.08%. Wives who had less than 4 children are more among Christian with 63.92% and reduced among Muslims with 60.86%. This showed a non-significant relationship as chi-square value ($\chi^2= 2.5969$ 0.273). The husbands want for 4 or more children are majorly in age 35 years and above which is about half of the total population 50.21% and 100% of husbands within the age group 15-24 want less than four children. With this we can say that those couples within the age group of 15-24 are young couples and are satisfied with less than four children($\chi^2 = 1.8346$ $P < 0.400$).Furthermore the couples who are both

Muslims want 4 or more children with 39.41% and more Christian want 4 or less children of about 64.14%. Resulting to the chi-square value of($\chi^2= 25.1546$ $P< 0.000$) which deplete that there is no significant relationship. Wife's and Husband's with want for more than 4 children has higher occurrence among the working class are 39.72% and 37.09% respectively and less than 4 children is more among the not working wives and husbands respectively 83.61% and 75% . The educational attainment showed that wives in southwest Nigeria with want for more than 4 children are higher among those who stop their educational attainment at primary educational level is 57.78% and want for less than 4 children is higher with the attainment of higher institution of about 81.55% with a significant chi-square of($\chi^2= 75.2342$ $P< 0.000$),while husbands in southwest Nigeria with want for more than 4 children are higher among those who stop their educational attainment at primary educational level is 48.04% and want for less than 4 children is higher with the attainment of higher institution of about 71.25% with a significant chi-square of($\chi^2=26.3306$ $P< 0.000$).When considered together couples in southwest Nigeria are more in the category of both educated with less than 4 want for children amounted to 63.56 and more than 4 children gave rise to with a significant chi-square of($\chi^2=1.2736$ $P<0.529$). More than half of the populations are poor considering wives with 4 or more children and rich wives response to children need is relatively low with 35.11% which is less than half of the total population and has a significant chi square value of($\chi^2=7.0457$ $P<0.030$). With this result we reject H_0 which says Religious factors such as affiliation may likely influence the Fertility behavior of married couples in southwest Nigeria.

Table 3. Background profile of respondents and their fertility behavior

BACKGROUND CHARACTERISTICS Variables	FERTILITY BEHAVIOR		CHI-SQUARE
	<4 children	4+children	
Wife Age			Pr = 0.000 Pearson chi2(2) = 232.9334
15-24	154(99.35)	1(0.65)	
25-34	391(71.22)	158 (28.78)	
35 +	114(33.33)	228 (66.67)	
Total	659(63.00)	387 37.00	
Husband age			Pearson chi2(2) = 160.8114 Pr = 0.000
15-24	32(100.00)	0 (0.00)	
25-34	278(88.82)	35 (11.1)	
35 +	349(49.79)	352 (50.21)	
Total	659(63.00)	387 (37.00)	
Wife's Religion			

Christian	457(63.92)	258 (36.08)	Pearson chi2(2) = 2.5969 Pr 0.273
Islam	199(60.86)	128 (39.1)	
others	0(0.00)	1 (100.00)	
Total	656(62.90)	387 (37.10)	
Husband's Religion			Pearson chi2(2) = 1.8346 Pr = 0.400
Christian	444(64.35)	246 (35.65)	
Islam	208(60.29)	137 (39.71)	
Total	659(63.06)	386 (36.9)	
Couples' Religion			Pearson chi2(2) = 1.1428 Pr = 0.565
both Christians	431(64.14)	241 (35.86)	
both Muslim	186(60.59)	121 (39.41)	
Total	659(63.00)	387 (37.00)	

Wife's Occupation			Pearson chi2(1)
not working	102(83.61)	20 (16.39)	= 25.1546
working	557(60.28)	367 (39.72)	Pr = 0.000
Total	659	387	
Husband's Occupation			
			Pearson chi2(1)
not working	6(75.00)	2 (25.01)	= 0.4979 Pr =
			0.480
working	653(62.91)	385 (37.06)	
Total	659	387	
Couples occupational status			
both not working	2(100.00)		Pearson chi2(2)
	0(0.0)		= 24.8137 Pr =

			0.000
only one working	104(82.54) 22(17.46)		
both working	553(60.24) 365(39.76)		
Total	659	387	
Wife's Educational level			
No education	56(59.57)	38 (40.43)	
			Pearson chi2(3)
Primary	98(42.24)	134 (57.76)	= 75.2342 Pr =
			0.000
Secondary	337(65.56)	177 (34.44)	
Higher	168(81.55)	38(18.45)	
Total	659	387	
Husbands Educational level			

No education	36(58.06)	26 (41.94)	Pearson chi2(3= 26.330 Pr = 0.000
Primary	120(51.95)	111 48.05)	
Secondary	316(63.07)	185 (36.9)	
Higher	187(74.21)	65 (25.79)	
Total	659	387	
Couples' educational attainment			
			Pearson chi2(2) = 1.2736 Pr = 0.529
both uneducated	26(60.47)	17 (39.53)	
only one educated	40(57.14)	30 (42.8)	
both educated	593(63.56)	340 (36.44)	
Total	659(63.00)	387 (37.00)	
Wealth index			

Poor	49(56.98)	37 (43.02)	Pearson chi2(2) = 7.0457 Pr = 0.030
Moderate	61(53.51)	53 (46.49)	
Rich	549(35.11)	297 (100.00)	
Total	659	387	
Ideal			
number of			Pearson chi2(2) = 119.5656 Pr = 0.000
children			
1-2 children	25(80.65)	6 (19.35)	
3-4 children	453(23.87)	142 (76.13)	
5+	181(43.10)	239 (56.90)	
Total	659(63.00)	387 (37.00)	
Ethnicity			
Yoruba	488(62.56)	292 (37.44)	Pearson chi2(3) = 3.5140 Pr = 0.319
Hausa	6(54.55)	5(45.45)	

Igbo	47(73.44)	17(26.56)	
others	118(61.78)	73(38.22)	
Total	659(63.00)	387 (37.00)	

*** = Significant at the 0.01 level; ** = Significant at the 0.05 level; * = Significant at the 0.10 level

Significant when P < 0.05

Sources: NDHS 2013

4.4 MULTIVARIATE ANALYSIS USING LOGISTIC REGRESSION

The likelihood ratio of the logistic regression in model 1 revealed that religious belief contributes to the likelihood of having more children among married couples in southwest Nigeria. In addition, taking Christian wives as a reference point (1.00), the Muslim wives has less likelihood of having more children with (OR=0.667, $p > 0.779$) and also the Muslim husbands and others are less likely to have more children in southwest Nigeria with respective odds ratio and p-value (OR=0.909, $p < 0.952$, and OR=0.667 $p < 0.751$) which denote that and Muslim wives and husbands have equal want for children which is not significant taking Christian husbands as the reference point (1.00).

Considering the couples religion, and making (Both Christian) the reference point of (1.00), this result revealed that couples who are both Muslims and couples who are both in different religion are more likely to have more children with (OR=1.919, $p < 0.826$ and OR=1.341, $p < 0.849$) which is not significant because it is more than 0.05 this could be as a result of other factors like exposure to social media, educational attainment, contraceptives use etc. This doesn't mean that fertility has reduced drastically

MODEL 1. Logistic regression showing the relationship between children ever born and religion

CHILDREN EVER BORN (CEB)	Odds Ratio	P>z	[95% Conf.	Interval]
(wives)Christian	1(RC)			
(wives)Muslims	0.667	0.779	.039	11.28
(wives)Others				
(husbands)Christian	1(RC)			
(husbands) Muslims	0.909	0.952	0.041	20.10
(husbands)Others	0.667	0.751	0.054	8.161
Both Christian	1(RC)			
Both Muslims	1.919	0.826	0.005	635.8
Both in different religion	1.341	0.849	0.064	27.75

Sources NDHS 2013

The likelihood ratio of the logistic regression in model 2 made it clear that religious belief contributes to the likelihood of having additional children among married couples in southwest Nigeria. First of all, Christian wives is the reference point (1.00), the Muslim wives has less likelihood of having more children with (OR=0.6197567, $p>0.784$) and also the Muslim husbands are more likely to have more children in southwest Nigeria with respective odds ratio and p-value (OR=1.290199, $p<0.893$) and others are less likely to have more children (OR=0.9487626 $p<0.927$) which denote that Muslim husband and Muslim wives have equal want for children. This is a not significant taking Christian husband as the reference point (1.00).

Considering the couples religion, making (Both Christian) the reference point of (1.00), revealed that couples who are both Muslims and couples who are both in different religion are more likely to have more children with (OR=2.138802, $p<0.832$ and OR=1.427695, $p<0.848$) which is not significant because it is more than 0.05 this could be as a result of other factors which was stated in the first interpretation.

The relationship between the children ever born and the wife's age taking those in age group 15-24 as reference point (1.00)

MODEL 2: Logistic regression showing the relationship between children ever born husband age and couples religion

CHILDREN EVER BORN (CEB)	Odds Ratio	P>z	[95% Conf.	Interval]
(wives)Christian	1(RC)			
(wives)Muslims	.619	0.78	.0201	19.06
(wives)Others				
(husbands)Christian	1(RC)			
(husbands) Muslims	1.290	0.89	.0309	53.71
(husbands)Others	.948	0.97	.0511	17.60
Both Christian	1(RC)			
Both Muslims	2.138	0.83	.001	2383.71
Both in different religion	1.427	0.84	.0374	54.501
(Wife)15-24	1(RC)			
(Wife)25-39	37.392	0.00	5.130	272.51
(Wife)35+	133.85	0.00	18.11	988.83
(Husbands')15-24	1(RC)			
(Husbands')25-39	80885.95	0.98	0	.
(Husbands')35+	269478.7	0.97	0	.

Sources NDHS 2013

4.5 QUALITATIVE ANALYSIS

In the course of this session two respondents were interviewed in oye Ekiti identified with respondent1, respondent 2, 3, 4, 5 and 6 respectively and 9 questions was asked in the course of the interview and this is done to compliment the quantitative information.

The following questions were asked

1. What is your religion?
2. What is your partner's religion?
3. What is your occupation?
4. Are you educated?
5. Is your partner educated
6. Is your partner employed?
7. Does your religion preach against modern contraceptive use?
8. How many children do you have?
9. Do you still want to have more children? How many? Why?

Respondent 1

I am a Christian, she is also a Christian. I am a civil servant, and my wife is a business woman. Yes higher institution, yes she completed secondary school. Yes our church preaches against fornication and adultery and to desist from every form of immorality, most times people that use contraceptive are those that involve in extramarital relationship. I have 2 children; yes 2, because in the future they will look after us (res1, age 38)

Respondent 2

I am a Christian, my husband is a Christian too I am a tailor, and my husband is a farmer .yes secondary school, he completed primary school. No my church has never condemned contraceptive use, if I don't

use contraceptives how will I be able to control pregnancy. I have 6 children, No I am satisfied with what I have and moreover so that we can properly take care of children (res 2,age 46)

Respondent 3

I am a Muslim, she is also a Muslim I am a driver, and my wife is a full house wife. Yes polytechnic graduate, no she didn't go to school. No my religion doesn't condemn contraceptives use, I use condom to prevent pregnancy between my wife and I. I have 3 children; yes if God permits I will give birth to 2 more children (res 3, 34)

Respondent 4

I am a catholic, my husband is also a catholic I am a civil servant, and my husband is a civil servant. Yes higher institution, he went to higher institution. No, I use pills to control birth. I have 3 children: yes 1 more (res 4, age 41)

Respondent 5

My wife and I are Christians, I am a full time pastor and my wife is full house wife. Yes I went to theology school; my wife only completed her primary education. Yes, it is immoral to start using contraceptives when I prostitute. I have 4 children; yes 1 more if God permits (res 4, age 53)

Respondent 6

I am a Muslim, my husband is a Muslim, I am a trader and my husband is a farmer. Yes I finished primary school: my husband is not educated. Yes, because it is not every time we need children. I have 5 children: yes 1 more by the grace of God. (Res 6, age 48)

Sources: field work 2016

IDI Table prepared

RESPONDENT'S CHARACTERISTICS		FREQUENCY
Christian		4
Muslim		2
Partner is Christian		4
Partner is Muslim		2
Educational status	Not educated	0
	Primary	1
	Secondary	1
	higher institution	4
Partners educational status	Not educated	2
	Primary	2
	Secondary	1
	higher institution	1
Employment status	Working	6
	Not working	0
Partners employment status	Working	4
	Not working	2
Contraceptive use	Yes	3
	No	3
Children ever born	< 4 children	4
	>4 children	2
Ideal no of children	< 4 children	2
	>4 children	4

4.6 Discussion

Having conducted an in-depth interview which is made up of 6 respondents, 4 of the 6 respondent are Christians while 2 of them are Muslims which is also equal as the partner's religion. From this table we can detect that families with lower educational stats have more children than those in the higher class which makes it glaring that education is an important factor in reproductive behavior. Whether they are Muslim or Christian didn't reveal much association with their children ever born. From the IDI table we can see that the type of work engaged in also contribute to fertility behavior. Couples with either the husband or the wife not working experienced high fertility.

CHAPTER FIVE

SUMMARY, CONCLUSION AND RECOMMENDATION

5.1 Summary

This study examined the association between the religious affiliation and the fertility behaviors of couples in southwest Nigeria. The main objective of the study is to examine the relationship between pattern of religion affiliation on Fertility behavior among couples living in south west Nigeria. It was believed that, an understanding of fertility behavior among man and woman in union with regards to their religious background will reveal the extent of their usage of family planning services which will help to better explain the religious effect on fertility among them.

The population of interest constituted men and women in union who are couples using couples recode in NDHS 2013 in southwest which consist of Ekiti , Ondo, Ogun , Oyo, Lagos. Survey respondents were selected using IDI.

The results indicate that more than half of the total populations (couples) reported ample knowledge about their basic fertility behavior issues .Opinions generated about the children ever born of couple's revealed adequate knowledge pertaining to family planning. On the sources of this knowledge, it was generally observed that couples educational attainment has a major influence on the children ever born of couples. Other source such ethnicity is also strong influence but is not as significant as the wealth index. It was noted however that more than half of the population were Christians. This study classified fertility behavior as children ever born which was either less than four or more than four children. The study showed that Christian women in union were more than the Muslim women in union which is also applicable to the men in southwest Nigeria, which made southwest to have more Christians who are

couples than Muslim that are couples. However children ever born was checked using the wife's age which showed wives in age 25-39 has higher likelihood for more children which was significant. The determinant of fertility that revealed couples profile is religion, occupation, children ever born etc. It was revealed in this study that religion has no strong effect on the children ever born while the couples occupational status has an absolutely significance. Furthermore wives and husbands education was positively associated with the number of children ever born in southwest Nigeria. These variables reflect the most significant association with children ever born in southwest Nigeria. It revealed that as husbands and wives educational stats increases from primary to secondary to higher level, their desire for more children decreases. In addition to the wives' own religious affiliation and belief, the religious composition of unions has to be taken into account as well. This is because there may be a higher potential for conflicts over fertility decisions within unions in which the partners do not share the same religion. The empirical part of the project analyzes the effect of couples' religion on both the number of children born. Results from logistic regression models suggest for differences in predicted family size. The implications of these findings for Indian politics and policy-makers are simple but important. First, they provide no empirical support for views which ascribe demographic Differentials to differences in theology, or which indulge in stereotyping the behavior of one religious group relative to another. Rather, they suggest that it is necessary to focus on how the content of a religion is interpreted to individual members of that religion and the Corresponding impact on their lives. Therefore, community and religious leaders may need to be targeted because of the influence they may wield.

5.2 Conclusion

Therefore since religion doesn't have any substantial effect on the fertility behaviors consideration that is the children ever born. The occupational status has made it clear that 60.24% couples that are working have 4 or less children this means full employment will be a great tool for fertility reduction to prevent population explosion. The result observed from this study revealed that educational Attainment was associated with the children ever born.

Furthermore, it was revealed in the study that the employment was associated with the children ever born of couples in southwest Nigeria programmes that would make women to be gainfully employed should be implemented by the government.

Therefore this study reject the null hypothesis which says religion may likely affect fertility behavior of couples in southwest Nigeria.

5.3. Recommendation

This study recommends that intervention programmes and government efforts should be targeted at addressing full employment in the southwest region of Nigeria. Thus, job creation programmes for men and women, as well as intervention programmes that would involve the religious organizations in the southwest and in Nigeria at large could help increase contraceptives use and the fertility behavior of the southwest would subsequently improve.

Furthermore, the determinants of fertility in the southwest should be targeted by policy makers, public health workers and government agencies to promote reduction in fertility Nigeria. Consequently, the issue of poverty should be addressed, in the southwest region of Nigeria in order to reduce fertility in southwest Nigeria. This can be achieved in southwest through job creation. Job creation was recommended as a solution because couples employment status also revealed an association with fertility behavior in southwest Nigeria. The government of Nigeria can encourage foreign investors to establish their firms and factories in the southwest area of Nigeria to ensure the employment of southwest residents. Gainful employment of men and women would enable them properly take care of the limited children they have.

However, to achieve the aim of gainfully employing men and women in the southwest, more importance should be attached to the education of men and women. Government must set a goal of providing employment for men and women this should be facilitated through the provision of job empowerment scheme in the southwest of Nigeria. This is because the study revealed a positive and significant

association between higher education and the fertility behavior of couples in southwest Nigeria. Also, husbands of southwest should be encouraged to increase their educational status, since the more educated husbands become, the more their wives reduce the number of children ever born.

REFERENCE

- A., A. (2006). *Marital fertility and religion in Spain*, *Population Studies* 60(2): 205-221.
- A., A. (2007). *Reply to the note by Neuman 'Is fertility indeed related to religiosity?'*.
- Abdul, W. (2006). *Moral ethics in the Family system, Marriage and Reproduction*, in Eniola, O.H. (ed), *Socioeconomic and Behavioral Factors Affecting Ethnic Mortality, Lagos, Nigeria: Broderick Publishers Ltd*, pp. 45-52.
- Acsádi, G. A. (1972). *Surveys of fertility, family, and family planning in Nigeria*, Nigeria: Institute of Population and Manpower Studies, Faculty of Social Sciences, University of Ife.
- Adewuyi, A. (1988). *Fertility Differential among major Religious Groups in Nigeria*.
- Adewuyi, A. T.-A. (1988,2011). (Adewuyi, 1988)Akpandara, T., *Isiugo-Abanih Migration Status, Reproductive Behavior and Fertility Levels in Niger Delta, Nigeria (Paper presented at the 16th Annual Conference of Anthropological and Sociological Association* .
- Becker .G. S, E. M. (1977). Becker .G. S, Elizabeth M. L *an economic analysis of marital stability*, *Journal of Political Economy* 85(6): 1141-1187.
- Chaudhary, G. (1982). *Social Aspects of Fertility, Viks, New Delhi*. Coale, A.J. (nd), *Economics factors in Population Growth*.
- Cohen & Burger, N. e., & Rottach, S. &. (2000,2011,2009,2011). . *Faith leaders perspective on family planning* .
- F.A, A. (1992). *Differences in fertylityof catholic and protestant are related to timing and prevalence of marraige*, *Family planning perspective* 24(5):234-235.
- Fakayode, O. (1988). *Religion is not anti-Progress*, in *Daily Sketch*, May 10, p. 2.
- Faramade, I. (2006). *Religious sects and fertility preference*, in Eniola, O.H. (ed), *Socioeconomic and Behavioral Factors Affecting Ethnic Mortality, Lagos, Nigeria: Broderick Publishers Ltd*, pp. 151 167.
- Freedman, R. P. (1959). *Freedman, R., P.K. Whelpton, and A.A. Campbell (1959), Family Panning, Sterility and Population Growth*, New York: McGraw-Hill.
- Frejka, T. a. (2008). *Frejka, Tomas and Religion, religiousness and fertility in the US and Europe*, *European Journal of Population* 24(1): 5-31.
- Ihejimaizu, E. (2001). *Adolescents Fertility Behaviour in Nigeria: Trends and Determinants [A paper prepared for IUSPP XXIV General Population*.

- Lehrer, E. L. (1995). *Lehrer, E. L. (1995). The effects of religion on the labor supply of married women, Social Science Research 24(3): 281-301.*
- McQuillan, K. (2004). *(P, 199)When does religion influence fertility? Population and Development Review 30(1): 25-56.*
- Mosher, J. a. (2009;2011;2008). *National Center for Health Statistics.*
- Mosher, W. D. (1984). *Religion and Fertility: A Replication, Demography 21(2): 185-191.*
- off, W. (2010). *Behavioral and biological determinants of fertility in Nigeria.*
- P, L. S. (1993). *Separate spheres bargaining and the marriage market, Journal of Political Economy 10(6): 988-1010.*
- PRB, N. (2012,2013). *Exposure to sexual intercourse, economic political and demographic event.*
- Rooth., D. (2000). *Modeling female fertility using inflated count data models, Journal of Population Economics 13: 189-203.*
- Westoff. (2010). *Behavioral and biological determinants of fertility in Nigeria,.*
- Allen, D. (1993). *Religion and Political Conflict in South Asia: . India, Pakistan, and Sri Lanka: Allen, D.*