CONTRACEPTIVE USE, DECISION MAKING AND FERTILITY BEHAVIOR AMONG COUPLES IN SOUTH WEST, NIGERIA.

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CERTIFICATION

This is to certify that ABIODUN OLUWASEUN DORCAS, of the Department of Demography and Social Statistics, Faculty of Social Sciences, carried out a Research on the Topic "CONTRACEPTIVE USE, DECISION MAKING AND FERTILITY BEHAVIOR AMONG COUPLES IN SOUTH WEST, NIGERIA in partial fulfillment of the award of Bachelor of Science (B.Sc) in Demography and Social Statistics under my Supervision

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EXTERNAL EXAMINER **DATE**

DEDICATION

The project is dedicated to the Almighty God, who has been with me from the beginning of my Academic career in FUOYE till the completion of it and has crowned all my efforts with distinct success. Also, this project work is as well dedicated to my parents, Elder and deaconess, Abiodun Osungbohungbe and my siblings for their support and relentless prayer during the cause of my studies.

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ABSTRACT

Many scholars, researchers, authors, and research centers have carried out research on Contraceptive use, decision making and fertility behavior in the world. However, this study focused on south west Nigeria. The study examined the level of couples contraceptive use, fertility behavior and decision making in south west Nigeria. For the purpose of the study, secondary data was used. The secondary data was obtained from NDHS 2013. The weighted sample size of 1,233 couples of reproductive ages 15-49years was used. Univariate analysis in this study was carried out using tables of frequency and percentage distribution, the result revealed that 39.9% couples are using contraceptives in south west Nigeria. Bivariate analysis was done using the chi-square table ($\chi 2$) and cross tabulation to analyze the relationship between independent variables and the dependent variable. Chi-square test of association shows that there is a significant relationship between current contraceptive use and children ever born in South - West, Nigeria (χ^2=41.8529 and p-value 0.000). Also couples decision making and fertility behavior is statistically significant (X^2=10.7912 and p-value 0.1185). Furthermore, logistic regression model was used for the multivariate analysis to analyze the effect of all independent variables on dependent variable. The logistic regression result revealed that there is significant influence of contraceptive use on fertility behavior in south west Nigeria with odd ratio (OR=2.41P>=0.000).

CHAPTER ONE

INTRODUCTION

1.0 BACKGROUND TO THE STUDY

One of the most crucial problems facing many developing countries is the rapid and uncontrollable increase in their population (Effiong 2016). Fertility refers to the incidence of births or number of live births a woman has (Siegel, 2004). Fertility has the greater effects in population dynamic and various indicators have elicited fertility behavior among couples. Such indicators are living children, children ever born, gravity etc. (Ajala, 2013).

Many developing countries especially countries in sub-Saharan African have been finding it difficult to cope with the pace of increment, although there have been a modest decline in fertility rates over the last decade in most of these Countries, the average growth rate during these period was above 2.5 percent (Etukudo & Effiong 2016). Emphasis has been made to regulate the fertility rate through the effective use of family planning methods. Most births in sub-Saharan African countries take place in union, and many of such births are mistimed and unwanted particularly in Eastern, Middle and Western Africa where the unmet need for family planning is highest. Mistimed and unwanted pregnancies are risk factors for maternal death because of their association with no or late commencement of antenatal care and unsafe induced abortion. (Ntoimo, and Banda, 2017). However there have been relentless efforts by government and non-governmental agencies to promote the right of women and men to be informed, access and use safe, affordable and effective methods of fertility regulation which was said to have been successful in some countries.

Nigeria is the most populous country in Africa, with an estimated population of 178 million as at 2014 (NpopC, 2009; PRB, 2014). The Country's total fertility rate (TFR) is 5.5, she has relatively high levels of infant mortality (69 infant deaths per 1,000 live births) and maternal mortality (576 maternal deaths per 100,000 live births) compared with other developing countries for instance Algeria which has 1.57 children per woman (World Bank, 2018). The knowledge about modern family planning methods continues to increase in comparison with the use. Nigeria demographic and health survey 2013 revealed that the prevalence rate of contraceptive use was 9.8% , whereas 82.8% of women in union and 95.7% of their partners knew any modern method and about 73% of couples do not use any method of contraception. The variation poses a big difference, however it is important to understand the fertility behavior, contraceptive prevalence and decision making among couples.

To address the problem of continuous population growth and its effect on environmental resources, it is important to understand the differences and similarities in couple's personal characteristics based on their fertility behavior, decision and use of modern contraceptive methods which will be useful information for interventions in increasing uptake of family planning and regulation of the country's population growth.

1.1 STATEMENT OF THE PROBLEM

Nigeria is still facing problem of rapid population growth because of her high fertility rate, many couples failed to adopt modern method of contraceptive or make decision on the number and spacing of their birth. This may be as a result of some lingering factors which may include education and awareness, poverty, high level of infant and child mortality, early and universal marriage, early child bearing as well as child bearing within much of the reproductive

life span, low use of contraception, high social values placed on child bearing and sex preferences. All these factors makes family sizes increase and population grows rapidly.

Many women did not want to have more children, yet they were not practicing contraception. Evidence suggests that women who have more than four children are at higher risk of maternal mortality, contraceptive use can prevent closely spaced and ill-timed pregnancies and births, which contribute to some of the world highest infant mortality rates. Infants of mothers who die as a result of giving birth also have a greater risk of death and poor health. Studies in many developing countries have shown that men often dominate in taking important decisions in the family, including reproduction, family size and contraceptive use. This clearly explains that male involvement is important in adopting contraceptive, its effective usage and continuation by women, but most time women are excluded in making decision relating to the number and timing of childbirths. Many women want to practice contraception but could not because of the objection from their husband. The variation in the awareness and use pose a serious contribution to the failure of many programs adopted by Government and non-governmental parastatals. According to NpopC 2013, about 73 percent of women claim to know at least a modern method but a few of them actually use any of those methods. Due to the low prevalence of contraceptive use, rates of unintended pregnancies are high and as many as 50% results in undue abortion.

Unintended pregnancy in recent times emerged as crucial public health issue; it has extensive adverse health, social and economic effects not only on affected mothers but also on children. These include the higher likelihood of unsafe abortion, late initiation and underutilization of prenatal care. Mothers who have mistimed pregnancies are less likely to initiate and utilize prenatal and antenatal care or seek it later than mothers whose pregnancies are intended. Contraceptive use can protect women from unintended pregnancies, thus reducing the

number of unsafe pregnancies and abortions that may result. A study conducted on fertility behavior in some rural communities (Effiong and Etukudo, 2016) revealed that fertility level is high, level of education, occupation, religion and culture; and age at first marriage are factors affecting fertility behavior in many of these rural communities so, there might be some other lingering factors affecting the fertility behavior in the country as a whole, However the study will seek to clearly examine these factors.

1.2 RESEARCH QUESTIONS

(1) What is the level of contraceptive use among couples in south west Nigeria?

(2) How does decision making, contraceptive use relate with fertility behavior in south west Nigeria?

(3) What are the relationships between contraceptive use, decision making on fertility behavior?

RESERCH OBJECTIVES

1.3 GENERAL OBJECTIVE

The main objective of the study is to examine the level of couple's contraceptives use, decision making and fertility behavior in south west Nigeria.

1.3.1 SPECIFIC OBJECTIVES

1. To ascertain the level of couples contraceptive use among couples in south west Nigeria.

2. To examine how decision making and contraceptive use relate with fertility behavior in south west Nigeria.

3. To examine the relationship between contraceptive use, decision making and fertility behavior

1.4 JUSTIFICATION OF THE STUDY

In contributing to past studies, study intends to clearly understand couple's fertility behavior, contraceptive use and decision making in south west, Nigeria. The findings of this study will be useful to maternal health care providers, the Ministry of Health and other health institutions to clearly understand the fertility behavior of couples. According to Adenike (2013), the rate of maternal deaths in Nigeria calls for urgent intervention programs. However, findings may be helpful in designing appropriate programs and policies that will encourage utilization of primary health, effective use of modern family planning methods and other health facilitating programs. Understanding Contraceptive use, decision making and fertility behavior content is a matter of great policy concern to the government and other stakeholders. The population of Nigeria calls for urgent intervention and this study should provide more informative insights to policy makers about potential public health strategies that can increase the uptake of appropriate and effective programs in south west, Nigeria.

1.5 DEFINITION OF TERMS

Couple:- Two persons, who are married, engaged, or who have a romantic or sexual relationship.

Fertility:- This is the actual level of reproductive performance. It is the incidence of birth in a population.

Fertility behavior:- This is the range of actions and mannerisms made by couples in conjunction with themselves or their environment on birth. This refers to a person's beliefs and actions

regarding their birth. It is the processes couples go through, and reactions they have towards fertility.

Family planning:- According to World Health Organization(WHO) defined family planning as a conscious effort by persons in union or sexually active person not in union to use contraceptive methods or any means to limit their family size, control timing of pregnancy(birth spacing) and prevent pregnancy for never married.

Decision making: - Is regarded as cognitive process resulting in selection of a belief or a course of action among several alternative possibilities based on the values, preferences and beliefs of the decision maker.

Mortality: - Mortality is the incident of death in a population. The probability of dying during a given period of time is linked to many factors such as age, sex, race, occupation, social class etc.

Maternal mortality rate: - It refers to maternal death in a given period of time per 100,000 women of reproductive ages during the same period.

CHAPTER TWO

LITERATURE REVIEW

2.0 INTRODUCTION

This chapter reviews the existing knowledge or literature on contraceptive use, decision making and fertility behavior among couples and identifies the gaps left by past research and publications.

2.1 CONTRACEPTIVE USE, DECISION-MAKING AND FERTILITY BEHAVIOR IN AFRICA

The last 100 years have seen an incredible increase in the planet's population. Some parts of the world are now seeing smaller increments of growth, and some, such as Japan, Germany, and Spain, are actually experiencing population decreases. Africa, however, is not following this pattern. There are about 1.2 billion inhabitants (up from just 477 million in 1980) and is projected by the United Nations Population Division to see a slight acceleration of annual population growth in the immediate future (Joseph 2016).

Fertility has declined very substantially in developing regions but consistently remains high in sub-Saharan Africa. The hope of imminent decline in fertility in the region raised by substantial declines in countries like Ghana, Kenya and Zimbabwe was soon dashed by the stall in that trend at relatively high levels. The experience of stalled fertility at an substantial replacement level is not solely an African phenomenon, what seems unique to this region is that the stall takes place at much higher levels of fertility than is the case in other regions. For example, a 2006 study shows that Bangladesh, Colombia, Dominican Republic, Ghana, Kenya, Peru, and Turkey

experienced fertility decline to fewer than five births per woman in the early or mid-1990s, before stalling (John and casterline 2010). Despite the generally high fertility and lack of significant progress in the pace of fertility transition in sub-Saharan Africa, evidence shows that demand for smaller family size is increasing and many couples are having more children than they want. This is evident from the high levels of unmet need and unplanned pregnancies and births. For example, among the developing regions, only in sub-Saharan Africa is the proportion of married women with unmet need higher than one in five. Similarly, while fairly substantial declines were observed in unmet need between the mid-1990s and early 2000s in Latin America (17% versus 12%), North Africa and West Asia (14% versus 10%) and South and South east Asia (18%-11%), there was little or no decline in unmet need in sub-Saharan Africa (26% versus 24%). The proportion of married women who want to stop child bearing has increased substantially in many of the sub-Saharan countries. For example, the proportion increased from 23% in 1988 to 36% in 2008 in Ghana and from 24% in 1992 to 36% in 2007 in Zambia (Akinrinola and Suezette 2011). Due to the low use of contraception in many of these countries, the number of children couples are having is higher than the number they want to have. Spousal differences in fertility preferences and disposition towards contraceptive use have been advanced as a major reason for this disjunction between desired and actual fertility in sub-Saharan Africa.

2.1.1 CONTRACEPTIVE USE, DECISION MAKINGAND FERTILITY BEHAVIOR, IN NIGERIA

Over the past three decades, several studies have been conducted to assess the levels, trends, differentials and determinants of fertility. In the developed world, popular authors like; Kohler, Billari, Ortega, Frejka, Shea, Barbara, Albert, William, Rebecca and several others have done a lot of work on fertility (Ebere, 2015). In the developing Countries, a lot has been done on

the subject. In Nigeria, for example, authors like; Odunsina 2015, Ebere 2015, Ajala 2013, Feyisetan and Bankole (2002), Isiugo-Abanihe (1994, 1996, 1999, etc.), Ibisomi (2007, 2008), and a host of others have given attention to fertility issues. The conclusions are that Nigeria has been characterized by high fertility rate with marked regional differentials and that these are conditioned by biological, social and economic factors. High Fertility has persisted in Nigeria as evidenced by several studies. The results of NpopC and UNDESA surveys for the past 41 years have shown a TFR of 7.3 births per women in 1972 to 5.5births in 2013(UNDESA, NpopC, 2015, PRB 2014). This high fertility like in other African countries is attributed to high level of illiteracy especially in the northern part of Nigeria, men dominating in the issues of reproductive health, polygamy, son preference, low status of women, high level of infant and child mortality, early and universal marriage, early child bearing as well as child bearing within much of the reproductive life span, low use of contraception and high social values placed on child bearing (Feyisetan and Bankole, 2002).

In the face of perceived high infant and child mortality, the fear of extinction encouraged high procreation with the hope that some of the births would survive to carry on the lineage (Feyisetan and Bankole, 2002). A study conducted to examine couples' characteristics and fertility preference in Nigeria by (Odusina 2017), described that age, work status, wealth status, fertility desire, spousal communication/decision making and contraceptive use were characteristics of couples significantly predicting fertility behavior, while work status, wealth status, contraceptive knowledge and use were significant characteristics predicting fertility behavior of either of the couples. Fertility rate is still high in Nigeria. Indeed, one would have expected that government's population policy would address the population problem squarely, but unfortunately the population situation remains alarming. However there is urgent need to still

access couples fertility behavior and it's predictor factors to pose strategies to cub continuous population growth.

2.2 REVIEW OF RELATED LITERATURES ON THE SUBJECT MATTER

Different studies have been previously done on couples fertility behavior, contraceptive use and decision making across countries and localities. However some of them are reviewed below:

A study conducted to examine the Role of Couples' Characteristics in Contraceptive use in Nigeria and Zambia (Ntoimo and Banda, 2017). The study revealed that Prevalence of contraceptive use among couples in Nigeria was 27% and 63% in Zambia. Couples educational attainment, religious affiliation, the frequency of listening to the radio, reported number of children, fertility preference, region of residence and household wealth index were significant predictors of contraceptive use among couples in Nigeria and Zambia.

A study conducted on Women's household decision-making autonomy and contraceptive behavior among Bangladeshi women described that Women's autonomy is a potentially important but less studied indicator of using contraception among women as well as ability to control their fertility. The result revealed that household decision-making autonomy is significantly associated with current use of modern contraception, future intention to use contraception and discuss contraception with husband. This measure of women's autonomy provides additional independent explanatory power of contraceptive behavior net of some other socio-demographic variables. (Rahma, Mostofa, and Hoque, 2014)

Ayebale (2005) examined the determinants of cohort fertility in Uganda. The study utilized three datasets from the Uganda Demographic and Health Surveys (UDHS) carried out in

1988/89, 1995 and 2001. These datasets were combined to form four cohorts. To establish the determinants of cohort fertility preference, a Poisson regression model was used. The study found that women in the rural areas had higher fertility preferences than their counter parts in urban areas. Women who had attained secondary level of education and above had lower fertility preference than those with no education at all. In the study, increasing age of mother was associated with increasing fertility preference. Increasing age at first birth was associated with decreasing fertility preference.

Bankole (1998) examined Couples' Fertility and Contraceptive Decision-Making in Developing Countries. Family planning research, policy and programs in developing countries have traditionally given little attention to men's role in reproductive decision-making. Men's exclusion from family planning efforts may have ramifications for their preferred family size and attitudes toward contraceptive use. Demographic and Health Survey data collected in 18 developing countries between 1990 and 1996 were used to directly compare husbands' and wives' attitudes toward fertility and contraception. However the result revealed that Men and women in these countries desire fairly large families; however, husbands tend to want more children than their wives and to want the next child sooner. The proportion of couples in which partners' ideal family size differs by two children or more ranges from 30% (in Bangladesh) to 72% (in Niger). In most couples, either both spouses want more children or both want no more, but in 10-26%, their desires differ. Modern method use is low in most of these countries, but husbands are more likely than their wives to report such use. Combining each spouse's fertility intentions into a couple analysis, while controlling for their demographic characteristics, significantly predicts modern method use in nine of 14 countries for which data are available; in six of these countries, the wife's fertility preference has a greater impact than the husband's.

Another study by Bankole (1995) carried out on Desired Fertility and Fertility Behavior among the Yoruba of Nigeria. The study was specifically made to examine the effects of the fertility desires of marital partners on subsequent fertility, however the result indicate that when husband and wife disagree about whether or not they want another child, the fertility desires of both partners are equally important in determining whether the couple actually have an additional birth. The dominance of men in sub-Saharan African societies tends to operate in the present study only in the initial stages of a couple's reproductive lives (associated with four or fewer children). This tendency is offset by the stronger influence of the wife's desire in the later stages. Thus, we conclude that fertility research in sub-Saharan Africa should solicit information from men and women, and any program or policy that aims to promote fertility decline in the region must involve both sexes.

A study conducted on Household Decision Making, Contraceptive Use and Fertility Behavior among Ever-Married Men in Nigeria revealed that majority of men who take a sole decision on their earning and are using contraceptives want more children. Other factors influencing men's fertility behavior includes age, education, wealth status, age at marriage, religion, the number of living children, ethnicity and media exposure. The study concluded that women empowerment in decision making and in the use of contraceptive methods should be promoted to reduce men's fertility behavior. (Oyinloye, and Titilayo, 2017).

In 1956, two famous demographers, Kingsley Davis and Judith Blake, wrote an influential paper about the behavioral and biological variables that are "intermediate" and thus directly influence fertility. These particular variables were distinguished from all of the other kinds of variables because the latter, by necessity, influence fertility by operating through the few intermediate

variables (Davis and Blake, 2010). Davis and Blake expanded on the three intermediate variables in the following ways:

(1) the amount of intercourse is affected by the proportion of persons who marry, the length of time these persons are married, and their frequency of sexual intercourse while married; (2) the probability of conception is affected by **contraception** and by voluntary or involuntary **infecundity** (i.e., the inability to conceive); (3) The probability of a birth resulting from a given conception depends on the likelihood of miscarriage and abortion. They further emphasized that each intermediate variable can operate to increase as well as decrease fertility (Dudley, Poston, 2010). Bongaarts recognized that the "Davis and Blake framework for analyzing the determinants of fertility has found wide acceptance, but it has proven difficult to incorporate into quantitative reproductive models" (1982: 179). He thus set out the following seven proximate determinants:

(1) Contraceptive use and effectiveness,

(2) Marriage and marital disruption,

(3) Prevalence of induced abortion,

(4) Duration of postpartum infecundability,

(5) Risk of intrauterine mortality,

(6) Onset of permanent sterility and

(7) Waiting time to conception

Factors Responsible For Fertility Behavior

Fertility factors are determinants of the number of children that an individual is likely to have. Fertility factors are mostly positive or negative correlations without certain causations.

Factors generally associated with increased fertility include the place of residence, religion, early marriage and cohabitation, etc. While factors generally associated with decreased fertility include rising income, value and attitude changes, education, female labor participation, age, contraception etc.

1. Place of residence.

Rural-urban residence is one strong factor that influences fertility. Women who lived in the urban area were more likely to use contraceptives than those who live in rural areas. The fertility behavior in urban and rural areas tends to be different (Boupha, 2005). The UNDESA, NpopC and World Population Prospects 2015 showed that urban total fertility rate is 4.7 and rural total fertility rate is 6.2. This means that the estimates of total fertility rate and fertility level of women in the urban areas were lower than women who lived in the rural areas because of differences in the use of contraceptives (Retherford and Thapa, 2000).

2. Religion

Religion also has influence on fertility behavior as it continues to be associated with variations in the intermediate variables contraceptive because large differences by religion remain in contraceptive choice (CSA, 2006). Numerous results show that religious norms and beliefs play an essential role in building up and developing a family's view on family size and in using contraception. A survey taken place in 2002 in the United States found that women who reported religion as "very important" in their everyday lives had a higher fertility than those reporting it as "somewhat important" or "not important". For many religions, religiosity is directly associated with an increase in the intention to have children. Hayford and Morgan. (2008). This appears to be the main means by which religion increases fertility.

3. Early Marriage and cohabitation

In the US cohabitation is generally associated with lower fertility. However, in France study found that cohabiting couples have equal fertility as married ones. Hayford and Morgan. (2008) Russians have also been shown to have a higher fertility within cohabitation. Potarca, Mills and Lesnard (2013). Survey data from 2003 in Romania showed that marriage equalized the total fertility rate among both highly educated and limited-education people to approximately 1.4. Among those cohabiting, on the other hand, a lower level of education increased the fertility rate to 1.7, and a higher level of education decreased it to 0.7. Jan, Cornelia, and Mihaela (2013). Another study found that Romanian women with little education have about equal fertility in marital and cohabiting partnerships. Hoem, Jan, Muresan, Cornelia (2011).

4. Female labour participation

Female participation in labour can indirectly have influence on her fertility, It has been proposed that in the developing countries, the negative relationship between women's participation in labor and fertility level is only present when higher status occupations of the urban sectors are considered (Agadanian,2000). The relationship between women's participation in the paid labour force and their fertility and contraceptive behavior is commonly conceptualized in two ways. The first main perspective emphasizes the opportunity cost of child bearing, focusing on how the prospect for career development and higher income may depress the women's fertility. The second perspective centers on the work child care conflict, postulating that the less flexible the women's works schedule and arrangements are the more difficult it is for her to provide adequate care for her children. Therefore she is more likely tries to limit her fertility (Agadanian, 2000; Yohannes., 2003). Also, Beguy (2009) elicited the impact of female employment on fertility in

Dakar (Senegal) and Lome (Togo) and found that women in both places who were employed had a longer birth interval than those who were unemployed, especially those who worked outside their homes.

5. Contraceptive use

Individuals who practice contraception intend to avoid pregnancy. It is therefore not surprising that the level of contraceptive use in a population is negatively and causally related to the level of fertility. Contraception is another proximate determinant of fertility which influences fertility strongly. The means by which people attempt to limit their family size are contraceptive techniques and devices, such as condom, pills, surgical sterilization, and induced abortion (Dudley, Poston, 2010). Family planning cannot be overlook in fertility behavior. The effectiveness of contraceptive use in the family to influence fertility behavior was determined by men hence men should be involved in contraceptive use and decision making (Odusina 2015).

2.3 THEORETICAL FRAMEWORK

Theories and Models are very essential as they help to organize, direct and interpret research. Encarta dictionary (2009) defined theory as the body of rules, ideas, principles and techniques that apply to a subject especially when seen as distinct from actual practice. However, this study anchored on the health belief model.

2.3.1 THE HEALTH BELIEF MODEL

The Health Belief Model (HBM) is one of the most widely used conceptual frameworks for understanding health behavior. Developed in the early 1950s, the model has been used with great

success for almost half a century to promote greater condom use, seat belt use, medical compliance, and health screening use, to name a few behaviors.

The HBM is based on the understanding that a person will take a health-related action (i.e., use condoms) if that person: feels that a negative health condition (i.e., HIV) can be avoided, has a positive expectation that by taking a recommended action, he/she will avoid a negative health condition (i.e., using condoms will be effective at preventing HIV), and believes that he/she can successfully take a recommended health action (i.e., he/she can use condoms comfortably and with confidence).

The Health Belief Model is a framework for motivating people to take positive health actions that uses the desire to avoid a negative health consequence as the prime motivation. For example, HIV is a negative health consequence, and the desire to avoid HIV can be used to motivate sexually active people into practicing safe sex. Similarly, the perceived threat of a heart attack can be used to motivate a person with high blood pressure into exercising more often. It's important to note that avoiding a negative health is a key element of the HBM.

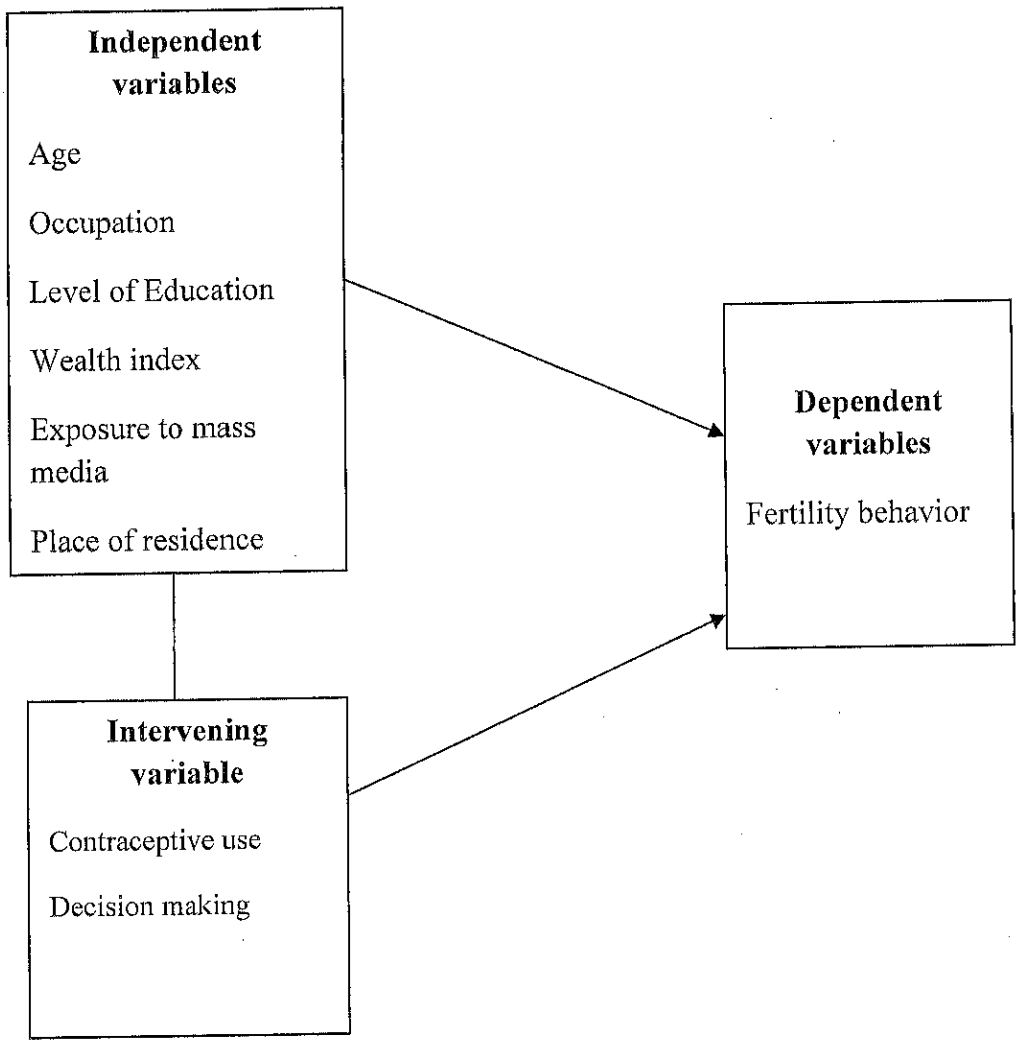
2.3 HEALTH BELIEF MODEL MAJOR CONCEPT

Concept	Definition	Application
1.Perceived Susceptibility	One's belief of the chances of getting a condition	Define population(s) at risk and their risk levels Personalize risk based on a person's traits or behaviors Heighten perceived

		susceptibility if too low
2. Perceived Severity	One's belief of how serious a condition and its consequences are	Specify and describe consequences of the risk and the condition
3. Perceived Benefits	One's belief in the efficacy of the advised action to reduce risk or seriousness of impact	Define action to take — how, where, when Clarify the positive effects to expected Describe evidence of effectiveness
4. Perceived Barriers	One's belief in the tangible and psychological costs of the advised behavior	Identify and reduce barriers through reassurance, incentives, and assistance
5.Cues to Action	Strategies to activate "readiness"	Provide how-to information Promote awareness Provide reminders

6. Self-Efficacy	Confidence in one's ability to take action	Provide training, guidance, and positive reinforcement

2.4 CONCEPTUAL FRAMEWORK



Source: Author construct 2018

2.5 Hypothesis testing

H_0: There is no significant relationship between contraceptive use, decision making andfertility behaviour in south west Nigeria.

H_1: There is a significant relationship between contraceptive use, decision making and fertility behavior in south west Nigeria.

CHAPTER THREE

METHODOLOGY

3.0 INTRODUTION

This chapter contains the methodology used to achieve the objectives of the study giving brief and detailed of the study area, target population, data source, and sample design used in drawing up the sampling frame, data processing, statistical analysis and measurement of variables.

3.1 DESCRIPTION OF STUDY AREA

This study was carried out in south western region of Nigeria. Nigeria lies on the west coast of Africa between latitudes 4°16' and 13°53' north and longitudes 2°40' and 14°41' east. It occupies approximately 923,768 square kilometers of land stretching from the Gulf of Guinea on the Atlantic coast in the south to the fringes of the Sahara Desert in the north. The territorial boundaries are defined by the republics of Niger and Chad in the north, the Republic of Cameroon on the east, and the Republic of Benin on the west. Nigeria is the most populous country in Africa and the 14th largest in land mass. According to National population commission, Nigeria population as at 2018 was over 198 million people (NpopC, 2018). The south- western part of Nigeria is a separate region different from the Northern part of the country, and also from the south- south and South-Eastern region of Nigeria. The South- western region of Nigeria is a region under the southern part of Nigeria with 6(six) states. These states includes: Lagos state, Ogun state, Ondo state, Oyo state, Ekiti state, and Osun state. The South West region straddles a range of diverse climates, from the Guinea savannah in its northern parts to the coastal climate in the South. It has large areas of tropical rainforest. Crops grown in this region include cocoa, palm produce, timber, rubber, citrus fruits, cashew, kola nut, plantain,

banana, maize, rice, cowpea, yam and cassava. It also contains the highest concentration of industries in the country, majorly located in the city of Lagos. The city also suffers from problems related to over-population. The ports in Lagos include one of the largest on the African continent. (Ingwe, Aniah, and Otu 2008; Africa Investment Publishing 2009). South West region ranked the highest contraceptive use amongst other regions in Nigeria with 38%(NpopC and ICF International, 2014).

3.2. TARGET POPULATION

The category of people considered as eligible respondents in this study are couples ages 15-49(married) in south western Nigeria, which was qualified and used as criterion for the study.

3.3. DATA SOURCE

For the purpose of this study, secondary data was used. The secondary data was obtained from NDHS 2013(Nigeria Demographic and Health Survey) which constitute the data for this study. The Nigeria Demographic and health survey 2013 was used for the analysis of this study. Demographic and Health Survey (DHS) is a project funded by the United State Agency for International Development and implemented by ICF Macro. Nigeria Demographic and Health Survey (NDHS) 2013 is the fifth survey of its kind to be implemented by the National Population Commission (NPopC), so far in Nigeria; previous surveys were conducted in 1990, 1999, 2003, and 2008 (NpopC and ICF International,20114). NDHS data are cross-sectional, nationally representative household sample survey

3.4.SAMPLE-DESIGN

The sample for the 2013 NDHS was nationally representative and covered the entire population residing in non-institutional dwelling units in the country. The survey used as a sampling frame

the list of enumeration areas (EAs) prepared for the 2006 Population Census of the Federal Republic of Nigeria, provided by the National Population Commission. The sample was designed to provide population and health indicator estimates at the national, zonal, and state levels. The sample design allowed for specific indicators to be calculated for the study (NpopC and ICF, International, 2014).

3.5 VARIABLE DESCRIPTION AND MEASUREMENT

DEPENDENT VARIABLE

VARIABLE NAME	DEFINITION	MEASUREMENT
Couples Fertility behavior	This is the intention and perception of couple relating to child birth	Children ever born

INDEPENDENT VARIABLES

VARIABLE NAME	DEFINITION	MEASUREMENT
Age group	Age the length of an existence extending from the beginning to any given time (Merriam Webster)	15-24 25-34 35+
Education attainment	This is the highest education attained by respondent in the study area.	Both un-educated Both educated Only one educated

Employment status	This refer to the employment status of respondent in the study area classified into two major group: employed or unemployed	Both not working Both working Only one working
Household wealth index	This describe the income level of respondents household income	Poor Average Rich
Fertility preferences	This indicates the couples sex preferences	Male Female
Religion	This indicates the religion the respondent in the study area practice.	Christianity Islam Traditionalist Others
Ethnicity	This refers to the ethnic group of the women in the study area. Categorized to three	Yoruba Igbo Hausa Others
Contraceptive use	This describe couples contraceptive use	Not using Using

3.6 DATA ANALYSIS

The quantitative data by the Nigeria demographic and health survey 2013 will be analyzed using STATA 13.0 at a univariate, bivariate and multivariate analysis level.

Univariate analysis: This will be conducted using the percentage distribution and frequency distribution count to describe both the dependent and the independent variables

Bivariate analysis: This involves using (chi-square) analysis to describe and compare the relationship and effect of independent variables on dependent variable.

Multivariate analysis: This involves the use of binary logistics regression to analyze the effect of independent and dependent variables.

CHAPTER FOUR

DATA PRESENTATIONAND ANALYSIS

4.0 INTRODUCTION

This section examine the socio demographic attributes of respondents(couples) such as their age, educational status, wealth index, exposure to mass media, place of residence wealth index etc. And focuses on the presentation of the results of data analysis of the research work on contraceptive use, decision making and fertility behavior among couples in south west Nigeria. Also presented are the independent variables which include: contraceptive use and decision making, while the intervening variables for the research include: contraceptive use, decision making. Lastly, dependent variable also includes fertility behavior. The socio-demographic variables, decision making and contraceptive use variables are presented below as the independent variables while the children ever born variable are presented as the dependent variables. The independent variables are tested with dependent variable to access the relationship that exist between them, while the intervening variables are also tested with the dependent variable to access the influence and relationship between them. This produces the univariate results, bi-variate results, and also the multi-variate result.

4.1 Univariate Analysis

Table 4.1.1 presents results of univariate analysis conducted. The Table shows the percentage distribution of socio-demographic characteristics among couple in south-west, Nigeria.

TABLE 4.1.1: Percentage distribution of socio- demographic variable

VARIABLE	FREQUENCY(N)	PERCENTAGE (%)
Wife age		
15-24	189	15.52
25-34	650	53.52
35+	378	31.42
Husband age		
15-24	44	3.61
25-34	365	29.99
35+	808	66.40
Couples religion		
Christian	689	56.56
Islam	435	35.77
Traditional	2	0.13
Other religion	92	7.54
Couples occupation		
Both not working	3	0.24
Both working	1081	88.77
Only one working	134	11.00
Couples educational attainment		
Both uneducated	71	5.82
Both educated	1066	87.57
Only one educated	81	6.61
Exposure to mass media		
Not exposed	1072	88.07
Exposed	145	11.93
Wealth index		
Poor	118	9.73
Average	114	9.34
Rich	985	80.93
Place of residence		
Urban	907	74.52
Rural	310	25.48

FOR SOCIO-DEMOGRAPHIC VARIABLES

WIFE'S AGE

From the above table, it was observed that out of the total percentage of women respondents recorded, women in their reproductive ages of 15-24 years had the lowest percentage recorded of 16%. They had the lowest percentage recorded than other women. Also, women in their reproductive ages of 35+ had the percentage of 31%. Their percentage is higher than those women who are in their reproductive ages of 15-24 years. Lastly, women in their reproductive ages of 24-34 years had the percentage of 53%. They are the highest percentage recorded among women in their reproductive age. This indicates that women whose ages are 24-34 are the largest among women in south west Nigeria.

HUSBANDS AGE

From the above table, it was deduce that out of the total male respondents that were sampled, men within the ages of 15-24 years had 4%. They are the lowest percentage recorded in the study. This category of men are sometimes refers to as the teenage men. Also, men who are within the ages of 24-34 years of age had the percentage of 30%. They had higher percentage recorded than those men who are in the ages of 15-24 years. They are sometimes refers to as the young men. While men who are in the ages of 35+ had the percentage of 66%. This is the highest percentage recorded in the study among men. They had the highest percentage recorded than men in 15-24, 25-34 years of age.

COUPLES RELIGION

From the table above, the study revealed that those couple who practiced traditional religion in south-west Nigeria had 0% they had the lowest percentage recorded for couples' religion. Those couple whose religion are other religion aside from the traditional, Islam, Christian religion had 8%. They had higher percentage recorded than those couple that practiced traditional religion. While those couple that practiced Islam religion had 36%. This is higher than those couple that practiced different and traditional religion. Lastly, those couple that practiced Christian religion had 57%. They had the highest percentage recorded among couple's religion. This is an indicator that 57% of couple practiced Christian religion than other religion. Christian religion is the highest religion practiced among couples in south-west, Nigeria.

COUPLES OCCUPATIONAL STATUS

From the table above, it was observed that out of the total percentage of couples who are working, couples who are both not working had 0%. They had the lowest percentage recorded in the study, this is an indicator that there are no couple who are both not working, all couples are either both working, or only one partner is working. Meanwhile, couples whose only one partner is working had 11%. They had a lower percentage than those couple that both are working. Lastly, those couples that are both working had the 89%. They had the highest percentage recorded in the study. This is an indicator that couple that both of them are working had higher in the south west region of Nigeria.

COUPLES EDUCATIONAL ATTAINMENT

From the table above, it was observed that out of the total percentage recorded, couples who are both un-educated had 6%. They had the lowest percentage recorded among couple's

educational attainment, this indicates that 6% of couples are both un-educated. Also, those respondents who only one partner is educated had 7%. They had higher percentage than those couple that both are un-educated. This indicates that 7% of only one partner had education in south west Nigeria. While those couple that were both educated had the highest percentage of 88% in south west Nigeria.

EXPOSURE TO MASS MEDIA

From the table above, it was observed that couple who are exposed to mass media had 12% they had the lowest percentage recorded among the couples who are exposed to mass media. This set of couple had the opportunity to access information on contraceptive use, methods and other information jingled on the mass media to influence fertility behavior. Also, it was observed that those couple who are not exposed to mass media had the highest percentage recorded. They had 88%. This is an indicator that large percentages of couple are not exposed to mass media in south- west Nigeria. This also had influence on their fertility behavior.

WEALTH INDEX

From the above table, it was observed that couple who are on the average category of wealth index had the lowest percentage recorded, they had 9%., while those couple who on the poor category of the wealth index had 10%. They had higher percentage than those couple who are on the average wealth index. Lastly, those couple who are rich had 81%. They are the wealthiest category of couple recorded in the wealth index category. This is an indicator that that couples who are rich constitute the highest percentage in south-west, Nigeria.

PLACE OF RESIDENCE

From the above table, it was observed that couple who are residing in the rural place of residence in south–west Nigeria had 25% . They are the lowest percentage recorded. Very little percentage of couple lived in the rural areas in south–west Nigeria, while, couple that lived in the urban areas had 75%. They are the highest percentage recorded among couple place of residence. This is an indicator that large chunk of the percentage of couple reside in the urban centers. In south west Nigeria, majority of the couple lived in the urban centers while very little percentage lived in the rural areas.

For research question

1: What is the level of contraceptive use among couples in southwest Nigeria?

TABLE 4.1.2: Percentage distribution of intervening variable

VARIABLE	FREQUENCY(N)	PERCENTAGE (%)
Decision making		
Wife only	52	4.30
Husband only	195	16.00
Joint decision	969	79.71
Contraceptive use		
Not use	731	60.05
Yes used	486	39.95

DECISION MAKING

From the table above, the result revealed that couples who wife only make decision had 4%. They had the lowest percentage recorded in the study. This indicates that 4% of wife only make decision at home alone in south west Nigeria. Also, the result revealed that husbands that make decision alone at home had 16%. They had higher percentage than the wives who make decision alone. This indicates that 16% of husbands make decision alone without the interference

of their wives in south west Nigeria. While those couple that make decision jointly had 80%. They had the highest percentage recorded in the study than those husbands, wives who make decision alone. This indicates that 80% of couple make joint decision in south west Nigeria.

CONTRACEPTIVE USE

From the table above, the results revealed that couples who use any contraceptive method to prevent conception or prevent pregnancy had 40%. They had the lowest percentage recorded. This indicates that 40% of couples used any contraceptive method to prevent conception or pregnancy in south- west Nigeria. Also, the result revealed that couples who don't use any methods to prevent conception or pregnancy had 60%. They had the highest percentage recorded. This indicates that 60% of couples don't use any contraceptive methods to prevent conception in south-west Nigeria.

TABLE 4.1.3: PERCENTAGE DISTRIBUTION OF DEPENDENT VARIABLE (CHILDREN EVER BORN)

CHILDREN EVER BORN	FREQUENCY	PERCENTAGE
No children	67	5.54
<3 children	429	35.27
>3 children	720	59.19

From the above table, it was revealed that couples that had no children had 6%. They had the lowest percentage recorded than those couple that had less than 3 children and more than 3 children. This indicates that 6% of couple had no children in south west Nigeria. Also, those couple that had less than 3 children had 35%. They had higher percentage recorded than those

couple that had no children in south west Nigeria. This indicates that 35% of couples in south west Nigeria had less than 3 children. Meanwhile, couple that had more than 3 children had 59%. They had the highest percentage recorded in the study than those couple that had less than 3 children or no children. This indicates that 59% of couples in south west Nigeria had more than 3 children.

4.2 Bivariate Analysis

This section presents the bivariate analysis of the relationship between independent variable and dependent variable with the results of chi-square test of association.

For research question 2: How does decision making, contraceptive use relate with fertility behavior in south west Nigeria?

Table 4.2.1: Bivariate Analysis of all independent variables by dependent variables in Southwest Nigeria.

INDEPENDENT VARIABLES	DEPENDENT VARIABLE CHILDREN EVER BORN			Chi-square and P-value
	No CEB	<3 CEB	>3 CEB	
Wife age				
15-24	18.4	71.78	9.82	χ^2=302.72
25-34	3.45	38.86	57.69	P-value=0.0000
35+	2.14	11.50	86.36	
Husband age				
15-24	36.36	57.58	6.06	χ^2=249.48
25-34	8.21	58.66	33.13	

35_+	2.52	22.94	74.54	P-value=0.0000
Contraceptive use				χ^2=41.85
No use	7.60	38.74	53.64	
Yes use	1.39	27.78	70.83	P. value=0.0000
Decision making				
Wife only	0.00	32.56	67.44	χ^2=9.94
Husband only	17.18	40.67	52.15	P-value=0.041
Joint decision	4.99	32.95	62.06	
Place of residence				
Urban	5.14	36.09	58.77	χ^2=3.17
Rural	5.35	30.50	64.15	P-value=0.2050
Couples education				
Both uneducated	12.73	21.83	65.45	χ^2= 12.84
Both educated	4.96	35.76	59.27	P-value=0.0120
Only one educated	2.70	27.03	70.27	
Couples occupation				
Both not working	0.00	100	0.00	χ^2= 47.85
Both working	4.36	31.85	63.79	P-value=0.0000
Only one working	11.72	53.91	34.38	
Wealth index				
Poor	9.71	23.30	66.99	χ^2=14.36
Average	1.63	30.89	67.48	P-value=0.0060
Rich	5.17	36.29	58.54	

Exposure to mass media				
Not exposed	4.99	33.81	61.20	χ^2=2.90
Exposed	6.72	39.55	53.73	P-value=0.2350

WIFE AGE AND CHILDREN EVER BORN

From the table above, it can be deduced that the wives who are in their reproductive ages of 15- 24 years of age, who had more than 3 children had the lowest children ever born with 10%. This indicates that 10% of younger women had more than 3 children. Also, women in the reproductive ages of 15-24 years who had no children had 18%. They had higher percentage than those women who had more than 3 children. This indicates that 18% of young women in south-west Nigeria had no children. Those who had no children are higher than those who had more than three children in south west Nigeria. Meanwhile, women who are in the reproductive age 15-24years who had less than 3 children had 72%. This indicates that 72% of women who are in the reproductive age 15-24 years had less than 3 children. They had the highest percentage recorded. Furthermore, those women who are in their reproductive ages of 24-25 years of age, who had no children had the lowest percentage of 3%. This indicates that 3% of women in south-west Nigeria had no children. Also, those women who are in the same reproductive age who had less than 3 children had 39%. They had higher percentage than those women who had no children. This indicates that 39 % of women in south- west Nigeria who are in the reproductive age of 25-34 years had less than 3 children. While, women who are in the reproductive age 25-34 years who had more than 3 children had 58%. They had the highest percentage recorded than those women who had no children and less than 3 children. This indicates that 58% of women in

south-West Nigeria who are in the reproductive age of 25-34 years, who had more than three children had the highest percentage recorded. i.e. women prefer to have more than three children in south-west Nigeria than having no children or less than 3 children. Lastly, those women who are in their reproductive age of 35 years and above, who had no children had 2%. They had the lowest percentage recorded for this category. This indicates that very few percentage of women in the reproductive age of 35+ had no children in south west Nigeria. However, women in South-West Nigeria who are in the reproductive age of 35 years and above who had less than 3 children had 12%. Although, they had higher percentage than those women who had no children. It indicates that 12% of women in South-West Nigeria who are in the reproductive age of 35years and above had less than 3 children.

Finally, women in the reproductive age of 35 years and above who had more than 3 children had 86%. They had the highest percentage recorded. It indicates that 86% of women in South-West Nigeria had more than 3 children; they had the highest percentage recorded. Finally, total percentage of women who had no children are 5%, while those who had less than 3 children are 35%, and those women who had more than 3 children are 60% in south west Nigeria. Chi-square test of association shows that there is a significant relationship between wife age and children ever born in South west, Nigeria (χ^2=302.7175 and p-value 0.000). Furthermore, this shows that wife age relates to children ever born.

HIUSBAND AGE AND CHILDREN EVER BORN

From the table, the result revealed that husbands who are in the ages of 15-24 years who had more than 3 children had 6%. They had the lowest percentage recorded. It indicates that 6% of men in the ages of 15-24 years had more than 3 children in south west Nigeria. Those men

who are in the ages of 15-24 years who had no children had 36%. They had higher percentage than those men who had more than 3 children. This indicates that 36% 0f men who are in the ages of 15-24 years had no children in south west Nigeria. At this age, they may not have been married or not wanted any child by preventing conception by the use of contraceptives. Also, those men in the ages of 15-24 years who had less than 3 children had 58% they had the highest percentage recorded than those men who had no children or more than 3 children. This indicates that 58% of men had less than 3 children in south west Nigeria. Also, men who are in the ages of 25-34 years who had no children had the lowest percentage of 8%. It indicates that 8% of the men in the ages of 25-34 years had no children, while men who had more than 3 children had 33%. They had higher percentage than those men who had no children who are in the same age. It indicates that 33% of men had more than 3 children in south west Nigeria.

Those men who had less than 3 children had 59%. They had the highest percentage recorded in this age group than men who had no children and more than 3 children Furthermore, men who are in the age group of 35 and above who had no children had 3%. They had the lowest percentage recorded amongst those men who are in the age group of 35 and above. It indicates that only 3% of men in this age group had no children. Men in this age group who had less than 3 children had 23%. It indicates that 23% of men in this age group had higher percentage than men who had no children, while men who are in the age group of 35 and above who had more than 3 children had 75%. They had the highest percentage recorded among men who are in the age group of 35 and above. It indicates that 75% of men who are in the age group of 35 and above had more than 3 children in south- west Nigeria. Finally, total percentage of men who had no children are 5%, while those who had less than 3 children are 35%, and those men who had more than 3 children are 60% in south west Nigeria. Chi-square test of association

shows that there is a significant relationship between men's age and children ever born in South - West, Nigeria (χ^2=249.4769 and p-value 0.000). Furthermore, this shows that men's age relates to children ever born.

CONTRACEPTIVE USE AND CHILDREN EVER BORN.

From the table, the result revealed that those couples who use no current contraceptive method but had no children ever born had 8%. They had the lowest percentage recorded among couple who don't use any contraceptive methods to prevent conception or childbirth. This indicates that only 8% of couples don't use any contraceptive method and they had no children ever born. Also, couple who don't use any contraceptive methods but had less than 3 children had 39 %. They had higher percentage than couple who don't use any contraceptive method but had no children. This indicates that 39% of couples in south west Nigeria don't use any contraceptive method to prevent birth or conception but had less than 3 children Meanwhile, couples who don't use any contraceptive methods but had more 3 children had 54%. They had the highest percentage recorded than those couple who don't use any method of contraceptive but had no children and less than 3 children. This indicates that 54% of couples don't use any contraceptive methods to prevent conception or birth and also, they had more than 3 children in south west Nigeria. It is an indication on the level of contraceptive use and family planning in the country.

However, those couple who use any contraceptive method and had no children had 1%. They had the lowest percentage recorded among couples who use any contraceptive. This indicates that only 1% of couple use any contraceptive and had no children in south west Nigeria. While those couples who use any contraceptive method but had less than 3 children had 28%. They had higher percentage than those couple who use any method but had no children. Also, those couple

who use any contraceptive method but had more than 3 children had 71%. They had the highest percentage recorded than those couple who had no children and less than 3 children but used any contraceptive method. This indicates that 71% of couples use any contraceptive methods but had more than 3 children.

Finally, total percentage of couples that use any contraceptives who had no children are 5%, while those who had less than 3 children are 35%, and those who had more than 3 children are 60% in south west Nigeria. Chi-square test of association shows that there is a significant relationship between current contraceptive use and children ever born in South -West, Nigeria (χ^2=41.8529 and p-value 0.000). Furthermore, this shows that current contraceptive method relates to children ever born.

DECISION MAKING BY CHILDREN EVER BORN

From the table, the result revealed that wives who make decision alone and had no children had the lowest percentage recorded. They had 0%. This indicates that there are no wives who make decision alone and had no children in south west Nigeria. Those women who make decision alone but had less than 3 children had 33%. They had higher percentage than those women who make decision alone but had no children. This indicates that 33% of wives in south west Nigeria make decision alone and also had less than 3 children. While those women who make decision alone but had more than 3 children had 67%. This is the highest percentage recorded. This indicates that 67% of women make decision alone but had more than 3 children in south west Nigeria. Furthermore, husbands who make decision alone but had no children had the lowest percentage recorded. They had 7%. This indicates that 7% of men made decision alone but they had no children. While those men who decide alone but

had less than 3 children had 41%. They had higher percentage than those men who had no children but decide alone. Lastly, those men who had more than 3 children but decides on their own had 52 %. They had the highest percentage recorded than those men who had no children, and less than 3 children. It indicates that 52% of men in south west Nigeria had more than 3 children and also decide alone. Lastly, couples who make jointly decision but had no children had lowest percentage recorded of 5%. This indicates that 5% of couples make joint decision but had no children, while those couple that make joint decision but had less than 3 children had 33%. They had higher percentage than those who had no children. Those couple who make joint decision but had more than 3 children had 62%. They had the highest percentage recorded than those who had no children or had less than 3 children. Finally, total percentage of couples that make decision who had no children are 5%, while those who had less than 3 children are 35%, and those women who had more than 3 children are 60% in south west Nigeria. Chi-square test of association shows that there is no significant relationship between couples decision making and children ever born in South -West, Nigeria (χ^2=9.9392 and p-value 0.041). Furthermore, this shows that decision making does not relate to children ever born.

PLACE OF RESIDENCE BY CHILDREN EVER BORN

From the table 4.2.1, it was revealed that those couple that lived in the urban place of residence and had no children had 5%. They had the lowest percentage recorded than those who had less than 3 children and more than children in south west Nigeria. This indicates that 5% of couples that lived in the urban place had no children in south west Nigeria. Also, those couple that lived in the urban place and had less than 3 children had 36%. They had higher percentage than those couples that had no children. This indicates that 36% of couples who lived in the urban place had less than 3 children in southwest Nigeria. Furthermore, those couple who had

more than 3 children had 59%. They had the highest percentage recorded than those couple who lived in the urban places but had no children or less than 3children. Those couples that lived in the rural place but had no children ever born had 5%.they had the lowest percentage recorded than those couple that had less than3 children or more than 3 children. This indicates that 5% of couples that lived in the rural areas had no children in south west Nigeria. Also, those couples that had less than 3children who lived in the rural areas had 31%. They had higher percentage than those couples that had no children. This indicates that 31% of couples that lived in the rural areas and had less than 3 children in south west Nigeria. Meanwhile, those couple that lived in the rural areas that have more than 3 children had 64%. They had the highest percentage recorded more than those couples that had no children or little children. This indicates that 64% of couples that lived in the rural areas had more than 3 children in south west Nigeria.

Finally, total percentage of couples who had no children are 5%, while those who had less than 3 children are 35%, and those women who had more than 3 children are 60% in south west Nigeria. Chi-square test of association shows that there is no significant relationship between place of residence and children ever born in South-West, Nigeria (χ^2=3.1674 and p-value 0.205).Furthermore, this shows that place of residence does not relate to children ever born.

COUPLES EDUCATIONAL ATTAINMENT AND CHILDREN EVER BORN

From the table 4.2.1, it was revealed that those couples that both of them were un-educated and had no children had 13%. They had the lowest percentage recorded than those couples who had less than 3 children and more than children in south west Nigeria. This

indicates that 13% of couples that were both un-educated had no children in south west Nigeria. Also, those couple that both of them were uneducated and had less than 3 children had 22%. They had higher percentage than those couples that had no children. This indicates that 22% of couples were both un-educated and had less than 3 children in south west Nigeria. Furthermore, those couple who had more than 3 children had 65%. They had the highest percentage recorded than those couples that had no children or less than 3 children. Those couples that were both educated but had no children ever born had 5%. They had the lowest percentage recorded than those couple that had less than 3 children or more than 3 children. This indicates that 5% of couples that were both educated had no children in southwest Nigeria. Also, those couples that had less than 3 children who were both educated had 36%, They had higher percentage than those couples that had no children. This indicates that 36 % of couples that were both educated had less than 3 children in south west Nigeria. Meanwhile, those couple that were both educated and have more than 3 children had 59%. They had the highest percentage recorded more than those couples that had no children or little children. This indicates that 59% of couples that were both educated had more than 3 children in south west Nigeria.

Finally, those couples that only one partner is educated and had no children had 3%. They had the lowest percentage than those couple that had less than 3children and more than 3 children. Those couples whose one partner is educated and had less than 3 children had 27%. They had higher percentage than those couples that one partner is educated and had no children. This indicates that 27% of couples that one partner is educated had less than 3 children. Also, those couples that had more than 3children whose one partner is educated had 70%. They have more percentage than those couples that had no children or less than3 children. This indicates that 70% of couples that one partner is educated had more than 3 children than those who have

no children or less than 3 children. Finally, total percentage of couples who had no children are 5%, while those who had less than 3 children are 35%, and those women who had more than 3 children are 60% in south west Nigeria. Chi-square test of association shows that there is a significant relationship between couples educational attainment and children ever born in South-West, Nigeria (χ^2=12.8448 and p-value 0.012). Furthermore, this shows that couples educational attainment does relate to children ever born.

FOR WEALTH INDEXAND CHILDREN EVER BORN

From the table, the result showed that those couples that are poor that had no children had 10%. They had the lowest percentage recorded than those couples that had less than 3, more than 3 children. This indicates that 10% of couples who are poor in south west Nigeria had no Children. Also, those couples that are poor that have less than 3 children had 23%. They had higher percentage than those couples that had no children. This indicates that 23% of couples that are poor in south west Nigeria had less than 3 children. Meanwhile, those coupes that are poor that have more than 3 children had 67%. They had the highest percentage recorded than those couples that had no children and less than 3 children. This indicates that 67% of coupes that are poor in south west Nigeria had more than 3 children. Furthermore, those couples that are at average wealth index that have no children had 2%. They had the lowest percentage recorded. This indicates that 2% of couples that are at average level of wealth index in south west Nigeria had no children. Also those couples that had less than3 children had 31%. They had higher percentage than those couples that had no children. This indicates that 31% of couples that are at average wealth index in south west had less than 3 children, and those that had more than 3 children had 67%. Meanwhile, couples that are rich that have no children in south west Nigeria had 5%. They had the lowest percentage recorded than those couples that had less or more than 3

children. This indicates that 5% of couples that are rich in south west had no children. Those couples that have less than 3 children had 36%, they had higher percentage than those that had no children. This indicates that 36% of couples that are rich in south west Nigeria had less than 3 children. Meanwhile, those couples that had more than 3children and are rich had 59%. They have the highest percentage recorded than those couples that have no children and less than 3 children. This indicates that 59% of couples are rich in southwest Nigeria but had more than 3 children. Finally, total percentage of couples who had no children are 5%, while those who had less than 3 children are 35%, and those women who had more than 3 children are 60% in south west Nigeria. Chi-square test of association shows that there is a significant relationship between couples wealth index and children ever born in South-West, Nigeria (χ^2=14.3637 and p-value 0.006).Furthermore, this shows that couples wealth index relate to children ever born.

COUPLES OCCUPATIONAL STATUS AND CHILDDREN EVER BORN

From the table, the results revealed that couples that both are not working and have no children had 0%. They had the lowest percentage recorded in the study. This indicates that no percentage of couple that are both not working had no children. Also, those couple that had less than 3 children that are both working had 1%. They are higher than those couple that had no children and more than 3children but are both not working. This indicates that only1% of couples that had less than 3 children are both not working. Meanwhile, those couples that had more than 3 children that are both not employed had 0%. This indicates that no couples had less than 3 children are both not working. Also, couples that are both working but have no children had 4%. They had the lowest percentage recorded. This indicates that 4% of couples that are both working had no children. Those coupes that had less than 3 children but are both working had 32%. They had higher percentage than those couples that had no children. This indicates that

32% of couples that are both working had less than 3 children. Those coupes that ate both working that had more than 3 children had 64%. They have the highest percentage recorded in the study. This indicates that 64% of couples that are both working had more than 3 children. Also, couples that only one partner is working and have no children had 12%. They had the lowest percentage recorded in the study. This indicates that 12 percentages of couple that only one partner is working had no children.

Also, those couple that had less than 3 children that only one partner is working ha 54 %. They are higher than those couple that had no children and more than 3children but are both not working. This indicates that only 54 % of couples that had less than 3 children is only one partner working. Meanwhile, those couples that had more than 3 children that only one partner is working had 34%. This indicates that 34% of couples that only one partner is working had more than 3 children. Finally, total percentage of couples who had no children are 5%, while those who had less than 3 children are 35%, and those women who had more than 3 children are 60% in south west Nigeria. Chi-square test of association shows that there is a significant relationship between couples occupational status and children ever born in South-West, Nigeria (χ^2=47.8458 and p-value 0.000).Furthermore, this shows that couples occupational status does relate to children ever born.

EXPOSURE TO MEDIA AND CHILDREN EVER BORN.

From the table, the result revealed that those couples that are not exposed to media and had no children had 5%. They had the lowest percentage recorded. This indicates that 5% of couples that are not exposed to media in south west Nigeria had no children. Those couples that had less than 3 children that are not exposed to media had34%. They had higher percentage than

those couples that had no children but are not exposed to media. This indicates that 34% of couples that are not exposed to media have less than three children. Meanwhile, couples that had more than three children but are not exposed to media had 61%. They had the highest percentage recorded. This indicates that 61% of couples that are not exposed to media had more than 3 children in south west Nigeria. Also, those couples that are exposed to media and had no children ever born were 7%. They had the lowest percentage recorded. This indicates that 7% of couples that are exposed to media in south west Nigeria had no children. Those couples that had less than 3 children that are exposed to media had 40%. They had high percentage than those couples that had no children but are exposed to media. This indicates that 40% of couples that are exposed to media have less than three children .Meanwhile, couples that had more than three children but are exposed to media had 54%. They had the highest percentage recorded. This indicates that 54%ofcouplesthatareexposedtomediahadmorethan3childreninsouthwestNigeria. Finally, total percentage of couples who had no children are 5%, while those who had less than 3 children are 35%, and those women who had more than 3 children are 60% in south west Nigeria. Chi square test of association shows that there is no significant relationship between couple's exposure to media and children ever born in South-West, Nigeria (χ^2=2.8950 and p-value 0.235). Furthermore, this shows that couples exposure to media does not relate to children ever born.

4.2.2 TEST OF HYPOTHESIS

H_0: There is no significant relationship between contraceptive use, decision making and fertility behaviour among couples in southwest Nigeria.

H_1: There is a significant relationship between contraceptive use, decision making and fertility behaviour among couples in south west Nigeria.

DECISION

From the chi-square test, the relationship between couples decision making and fertility behavior is statistically significant (X^2=10.7912 and p-value 0.1185). We can conclude that there is a significant relationship between couple decision making and fertility behavior. Therefore we reject the null and accept the alternate hypothesis.

This study also revealed that the relationship between couples contraceptive method and fertility behavior is statistically significant(X^2=46.7227 and p-value 0.000).We can conclude that there is a significant relationship between occupation and fertility behavior. Therefore we reject the null and accept the alternate hypothesis.

The above chi-square test only reveals association, to further test the hypothesis for this study with regards to magnitude and direction of association between variables, multivariate analysis using logistic regression was conducted. The results are presented in the next section.

4.3 Multivariate analysis

The multivariate analysis using logistic regression was done to show the strength and the direction of the relationship between independent variables and dependent variables. The results are presented in odds ratios, associated p-values and confidence interval.

For research question 3: What are the effect of contraceptive use, decision making on fertility behavior in south west Nigeria?

Table 4.3.1: Children ever born and all independent variables

Variable	Model 1	Model 2
Children ever born	**Odds Ratio (Confidence interval)**	**Odds Ratio (Confidence interval)**
Contraceptive use		
Not use	1 (RC)	1 (RC)
Use	2.41***(1.84-3.15)	2.43***(1.75-3.37)
Decision making		
Wife only	1 (RC)	1 (RC)
Husband only	0.57(0.28-1.17)	0.93(0.39-2.22)
Joint decision	0.94(0.48-1.86)	0.89(0.46-1.97)
Religion		
Christian		1 (RC)
Islam		1.28(0.89 - 1.84)
Traditionalist		1.08(0.56 – 1.90)
Others		1.2(0.25 - 2.00)
Place of residence		
Rural		1 (RC)
Urban		1.41(0.90 - 2.22)
Level of education		
Both not educated		1 (RC)
Both educated		0.71 (0.25 - 2.00)
Only one educated		1.46 (0.47 - 4.49)
Wife age		
15-24		1(RC)
25-34		12.15***(6.3723.18)
35+		8.10(0.40 - 9.45)

Husband age		
15-24		1 (RC)
25-34		21.95 (0.40 - 9.45)
35+		34.70 (0.96 - 22.98)
Exposure to media		
Not exposed		1 (RC)
Exposed		0.68(0.43 - 1.07)
Couples wealth		
Poor		1 (RC)
Average		0.74 (0.96 - 22.98)
Rich		0.53. (0.23 - 1.25)

The table above shows the strength and the relationship between children ever born and all independent variable. This table is represented in model.

CHILDREN EVER BORN AND CONTRACEPTIVE USE (MODEL1)

From the above table, with odd ratio (OR=2.41P>=0.000) the result revealed that those couples who said they used contraceptives are more likely to have more children than those women don't use contraceptive. This showed that there is significant influence of contraceptive use on fertility behavior in south west Nigeria with (P>=0.000,95%Conf.Intervalof1.84 and3.15).

CHILDREN EVER BORN AND DECISION MAKING

From the table, with odd ratio (OR=0.57 P>=0.000) the result revealed that those couples whose husband only make decision are less likely to have more children than those couples whose wife only make decision. This showed that there is no significant influence of decision making on fertility behavior in the south west Nigeria. Also, those couples who make joint

decision are less likely to have more children than those that wife only make decision. This showed that there is no significant influence of decision making on fertility behavior in the south west Nigeria.

INTERPRETATION OF MODEL 2

COUPLES CONTRAVEPTIVE USE AND CEB

From the above table, with odd ratio (OR=2.43P>=0.000) the result revealed that those couples who said yes they use contraceptive are more likely to have more children than those women who don't use contraceptives. There is significant relationship between couples contraceptive use and children ever born with (P>=0.000,95%Conf.Intervalof1.75 and3.37).

CHILDREN EVER BORN AND DECISION MAKING

From the table, with odd ratio (OR=0.93 P>=0.000) the result revealed that those couples whose husband only make decision are more likely to have more children than those whose wife make decision. This showed that there is no significant influence of decision making on fertility behavior in south west Nigeria. Also, those couples who make joint decision are more likely to have more children than those that wife make decision. This showed that there is no significant influence of decision making on fertility behavior in the south west Nigeria.

CHILDREN EVER BORN AND RELIGION

From the table, with odd ratio (OR=1.28 P>=0.000) the result revealed that those couples who practice Islam religion are more likely to have more children than those who practice Christian religion. This showed that there is no significant influence of religion on fertility behavior in the south west Nigeria. Also, those couples who practice traditional religion are more likely to have

more children than those who practice Christian religion. This showed that there is no significant influence of religion on fertility behavior in the south west Nigeria. Also, those couples who practice other religion are more likely to have more children than those who practice Christian religion. This showed that there is no significant influence of religion on fertility behavior in the south west Nigeria.

CHILDREN EVER BORN AND PLACE OF RESIDENCE

From the table, with odd ratio (OR=1.41 P>=0.000) the result revealed that those couples that lived in the rural area are more likely to have more children than those who lived in urban areas. This showed that there is no significant influence of place of residence on fertility behavior in the south west Nigeria.

CHILDREN EVER BORN AND EDUCATION

From the table, with odd ratio (OR=0.71 P>=0.000) the result revealed that those couples who are both educated are less likely to have more children than those who both are not educated. This showed that there is no significant influence of place of education on fertility behavior in the south west Nigeria. Also, those couples who only one is educated are more likely to have more children than those who both are not educated. This showed that there is no significant influence of place of education on fertility behavior in the south west Nigeria.

WIFEAGE AND CEB

From the result, with the odd ratio (OR=12.15P>=0.000) the result revealed that those wives who are at the age of 25-34 years are more likely to have more children than those women who are

age 15-24 years. This showed that there is a significant influence of couples wives age on fertility behavior with (P>=0.000, 95%Conf.Intervalof6.37 and 23.18).

From the result ,with the odd ratio (OR=8.10P>=0.000) the result revealed that those wives who are at the age of 35+ years are more likely to have more children than those women who are age15-24years.This showed that there is a significant influence of wives age on fertility behavior with(P>=0.000,95%Conf.Intervalof3.15 and20.84).

HUSBAND AGE AND CEB

From the result, with the odd ratio (OR=21.95 P>=0.000) the result revealed that those husband who are at the age of 25-34 years are more likely to have more children than those husband who are age 15-24 years. This showed that there is no significant influence of couple's husband age on fertility behavior.

From the result, with the odd ratio (OR=34.70 P>=0.000) the result revealed that those husbands who are at the age of 35 + years are more likely to have more children than those husbands who are age15-24 years. This showed that there is no significant influence of couple's husband age on fertility behavior.

CHILDREN EVER BORN AND EXPOSURE TO MASS MEDIA

From the above table, with odd ratio (OR=0.68 P>=0.000) the result revealed that those couples who are exposed to mass media are more likely to have more children than those couple who are exposed to mass media. This showed that there is no significant influence of exposure to mass media on fertility behavior in the south west Nigeria.

CHILDREN EVER BORN AND WEALTH INDEX

From the above table, with odd ratio (OR=0.74 P>=0.000) the result revealed that those couples who are at the average wealth index are more likely to have less children than those couple who are poor. This showed that there is no significant influence of couples wealth index on fertility behavior in the south west Nigeria. Also, the result revealed that those couples who are at the rich wealth index are more likely to have less children than those couple who are poor. This showed that there is no significant influence of couples wealth index on fertility behavior in the south west Nigeria.

COUPLES OCCUPATION AND CEB

From the result, with the odd ratio (OR=35850.64 P>=0.985) the result revealed that those couples who are both working are more likely to have more children than those couples that are both not working. This shows that there is a significant influence of couples occupation on fertility behavior with (P>=0.985, 95%Conf.Intervalof0.00and0.00).

From the result with the odd ratio (OR=20123.27P>=0.986) the result revealed that those couples that only one member is working are more likely to have more children than those couples that are both not working. This showed that there is a significant influence of couples occupation on fertility behavior with (P>=0.986, 95% Conf. Interval of 0.00 and 0.00).

4.3.3Test of hypothesis

H_0: There is no significant relationship between contraceptive use, decision making and fertility behaviour in south west Nigeria.

H_1: There is a significant relationship between contraceptive use, decision making and fertility behaviour in south west Nigeria.

Decision

Without controlling for other confounding variables, the logistic regression result revealed that there is a significant influence of couples contraceptive use on fertility behavior in south west Nigeria, therefore, we reject the null hypothesis and accept the alternative hypothesis.

DISCUSSION OF FINDINGS

FOR CONTRACEPTIVE USE AND FERTILITY BEHAVIOUR

From the above table, this showed that there is significant influence of contraceptive use on fertility behavior in the south west Nigeria. This explains that in south west Nigeria, women who use contraceptive are more likely to reduce their fertility behavior.

DECISION MAKING AND FERTILITY BEHAVIOUR

This showed that there is no significant influence of decision making on fertility behavior in the south west Nigeria. This explains that couple decision making does not determine their fertility behavior in south west Nigeria.

RELIGION AND FERTILITY BEHAVIOUR

This showed that there is no significant influence of religion on fertility behavior in the south west Nigeria. The result revealed that couples religion does not determine at long run couples fertility behavior.

PLACE OF RESIDENCE AND FERTILITY BEHAVIOUR

This showed that there is no significant influence of place of residence on fertility behavior in south west Nigeria. The result revealed that rural area does not have influence on fertility behavior.

LEVEL OF EDUCATION AND FERTILITY BEHAVIOUR

This showed that there is no significant influence of educational attainment of couples on fertility behavior in south west Nigeria. The result revealed couples that are both educated are less likely to have more children than those who both not educated and also, those couple that only one partner are educated are more likely to have more children.

WIFE AGE AND FERTILTIY BEHAVIOUR

From the result, this showed that there is a significant influence of wives age on fertility behavior. This explains the fact those women who are in the ages of 25-34 years and those from 35 years above have more tendency to have more children than those young or teenage women in south west Nigeria. This may be caused due to the fact young women in south west Nigeria prefer to complete their education or further their education before having children or marrying. Wife's age really influence the level of fertility behavior in Nigeria. However, there is no significant influence of wife age (35+) on fertility behavior.

HUSBAND AGE AND FERTILTIY BEHAVIOUR

From the result, this showed that there is no significant influence of husband's age on fertility behavior. This explains the fact men who are in the ages of 25-34 years and those from 35 years above have more tendency to have more children than those young men in south west Nigeria.

EXPOSURE TO MASS MEDIA AND FERTILTIY BEHAVIOUR

From the result, this showed that there is no significant influence of couples who are exposed to mass media on fertility behavior. This explains the fact that mass media does not really influence couples fertility behavior in south west Nigeria no matter the advertisement.

COUPLES OCCUPATION AND CEB

From the result, this showed that there is a significant influence of couple's occupation on fertility behavior. The result revealed that those couples who are both working are more likely to have more children than those couples that are both not working. This explains the fact that the occupation of couple actually determines the fertility behavior in south west Nigeria. This is rampant in south west Nigeria, due to the fact that they really don't place emphasis on children. Also, couples that only one partner is working also had influence on fertility behavior in south west Nigeria. This influences fertility behavior in south west Nigeria, they believed in quality children not quantity like that of the northern Nigeria. They access family income before giving birth.

CHAPTER FIVE

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

5.0 Introduction

This study examined contraceptive use, decision making and fertility behavior in south west Nigeria. This chapter presented summary of findings, conclusion and recommendations drawn from the result of the study.

5.1 Summary and Discussion of Findings

The study analyzed data obtained from national demographic and health survey (NpopC and ICF international, 2014). The sample size was weighted 1,233 respondents.

Univariate analysis in this study was carried out using tables of frequency and percentage distribution to describe the background and demographic characteristics of respondents. **Bivariate analysis** was done using the chi-square table (χ^2) and cross tabulation to analyze the relationship between independent variables and the dependent variable.

Furthermore, logistic regression model was used for the multivariate analysis to analyze the effect of all independent variables on the dependent variable.

IMPLICATION OF CONTRACEPTIVE USE, DECISION MAKING ON FERTILITY BEHAVIOUR

From the table above, the result revealed that some women make decision alone but still had less than 3 children. Although, their percentage was not really robust as the researcher thinks those who can make decision alone should have large chunk of percentage. Although, they had higher percentage than those women who make decision alone but had no children. This indicates that 29% of wives in south west Nigeria make decision alone and also had less than 3

children. While those women who make decision alone but had more than 3 children had 71%. Although, This is the highest percentage recorded but it was choking to realized that despite their ability to decide on their own, large percentage of them still prefer to have more than 3 children. The implication of this is that it will increase the fertility behavior of the region, and Nigeria as a whole.

From the table above, the result revealed that those couple who use no current contraceptive method but had no children ever born had 8%. Also, couple who don't use any contraceptive methods but had less than 3 children had 40 %. Meanwhile, couple who don't use any contraceptive methods but had more 3 children had 52%. It is an indication on the level of contraceptive use and family planning in the country. Form this, the implication is that fertility behavior will increase in south west Nigeria, and their population may likely to double. However, those couple who use any contraceptive method and had no children had 1%. While those couple who use any contraceptive method but had less than 3 children had 29%. Also, those couple who use any contraceptive method but had more than 3 children had 70%. They had the highest percentage recorded than those couple who had no children and less than 3 children but used any contraceptive method. This indicates that 70% of coupled use any contraceptive methods but had more than 3 children. This portrayed that there is problem in couple using contraceptives; the problem may be due to the fact that some couples don't use the contraceptive properly, or some may not use it as prescribed by the consultants. This portrayed a failed contraceptive use or failed family planning. The implication of this outcome is that, there will be increased in fertility behavior, population of the region and Nigeria as large placing economic constrain on government and active labor force, it may also increase social unrest because large unproductive population may result to increase in crimes and many other social vices.

5.2 CONCLUSION

This study examined the relationship between contraceptive use, decision making and fertility behavior in south west Nigeria. It was found out that there is a significant relationship between wife's age and fertility behavior. Also, there is a significant relationship between couple's occupation and fertility behavior. Also, there is a significant relationship between ideal number of children and fertility behavior. While lastly, there is a significant relationship between couple's contraceptive use and fertility behavior.

5.3 RECOMMENDATION

Women empowerment has been championed all over the world to give autonomy to women and equal right as stipulated in the MDGs goals and the outcome of ICPD population conference. Empowering of women and giving them the ability to make decision is essential for national transformation, national building, economic advancement, and improvement of standard of living and promoting sustainable development of the country. The contraceptive use which has been seen to influence fertility behavior in south west Nigeria should be seriously encourage for it can reduce the fertility behavior. Below are my recommendations for theoretical and practical purposes based on the findings of this study:

Additional research is needed on the influence of women decision making, contraceptive use and fertility behavior in southern Nigeria, and also across all the regions in Nigeria. This will also amplify our understanding on the level of women empowerment (women decision making) in south western region and also across all other regions in Nigeria. This research is based on the NpopC, ICF International 2014 data set which new research should be done to guide the government in their decision making and all other organizations that needs the data.

Programs and serious awareness should be made concerning contraceptive methods, products and counseling to couples or sexually active people not only in south west region, but also to other regions in Nigeria. This will go a long way in reducing the country's population crisis.

Social- contraceptive security programs should be provided to the rural areas to limit their children ever born not only in south west Nigeria, but to other regions.

Polices should be set up to improve the well-being and welfare of women/couples not only in south west region, but also to the nation at large.

Different public and private support measures and programs should be organized to empower women and girls especially in south west Nigeria.

Proper public enlightenment should be made to address the issue of high fertility rate that is common among women in Nigeria

In conclusion, contraceptive methods, products, should be freely given, available so as to encourage couples who are poor to have access and those in rural areas. This will have a reasonable impact on reducing the country's population and reducing the high fertility behavior.

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