

**AN ASSESSMENT OF FERTILITY DESIRE BY MARRIAGE
TYPE AMONG WOMEN IN NIGERIA**

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CERTIFICATION

This is to certify that this research work titled An Assessment of Fertility Desire by Marriage Type among Women in Nigeria was carried out by Fatoye Kehinde Oluwabukola, Matriculation number DSS/13/1176 of the Department of Demography and Social Statistics, Faculty of Social Science, Federal University Oye-Ekiti.

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DEDICATION

I dedicate this research work to God almighty, my parents Mr. and Dns. Fatoye, and my siblings (Oluwadamilola, Oyindamola, Kolade).

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TABLE OF CONTENT

TITLE PAGE	i
CERTIFICATION	ii
DEDICATION	iii
ACKNOWLEDGEMENT	iv
TABLE OF CONTENT	vi
ABSTRACT	ix
CHAPTER ONE: INTRODUCTION	
1.0 Background of the study	1
1.1 Statement of the problem	3
1.2 Research question	4
1.3 Objective of the study	4
1.3.1 Main objective	4
1.3.2 Specific objective	4
1.3.1 The specific objectives	5
1.4 Justification for the study	5
CHAPTER TWO: LITERATURE REVIEW	
2.0 Introduction	6
2.1 Review of Literatures	6
2.2 Factors influencing fertility intention	9
2.2.1. Socio demographic factors	9
2.2.2 Socio cultural factors	11
2.2.3 Contraceptive Use	13

2.3	Hypothesis	13
2.4	Theoretical Framework	13
2.4.1	Concept of fertility Desire	13
2.5	Conceptual Framework	15
CHAPTER THREE: RESEARCH METHODOLOGY		
3.0	Introduction	19
3.1	Description of the study area	19
3.2	Target population	20
3.3	Sources of Data	20
3.4	Sample Design for the 2013 NDHS	21
3.5	Variable description and measurement	21
3.5.1	Dependent Variable: Fertility Desire	21
3.5.2	Independent variables	22
3.6	Data processing and analysis	23
CHAPTER FOUR: DATA PRESENTATION AND ANALYSIS		
4.0	Introduction	24
4.1	The Frequency Distribution and Percentage of Woman Socio-Demographic characteristics	24
4.2	Test of Relationship	27
4.3	Logistic regression of factors influencing the fertility desire and Marriage type In Nigeria	30
CHAPTER FIVE: SUMMARY, RECOMMENDATIONS AND CONCLUSION		
5.0	Introduction	33
5.1	Summary of findings	33
5.2	Conclusion	35

REFERENCES

ABSTRACT

The study assessed fertility desire by marriage type among women in Nigeria using 2013 Nigeria Demographic and Health Survey dataset. Analyses were done at three levels – univariate level using frequency distribution table, bivariate level with the use of chi-square statistic to examine the relationship between fertility desire, socio-demographic and other selected variables and multivariate level with binary logistic model. Binary logistic regression was employed to determine the influence of marriage type and socio-demographic characteristics on fertility desire. About 67% (67.10%) of the respondents belonged to monogamous family type. Analyses at multivariate level revealed that region, age and religion of respondents were significantly related to fertility desire in the study area. Therefore, region, age and religion of people in the study area were factors to be considered in designing necessary policies and intervention programmes to affect fertility level.

CHAPTER ONE

INTRODUCTION

1.0 BACKGROUND OF THE STUDY

Fertility desire is a central discussion of family planning and fertility rates in developed and developing countries. Whether implicit or explicit, behind the emphasis on fertility intentions is the assumption that, at least in developed countries with readily available contraception, having a child is the result of a reasoned decision. (Abma, and Henshaw, 2012).

Fertility desires are also known to reflect subsequent fertility behavior, therefore, understanding these desires could help in planning strategies to modify fertility behavior. Nigeria's population was estimated to be over 158 million in 2010 (PRB, 2010) with a fertility rate of 5.7 (NPC and ICF Macro, 2009), making it the eighth most populous nation in the world. (Nigeria's reproductive indices are also very worrisome with a maternal mortality ratio of 545/100,000 live births, infant mortality rate of 75 /1000 live births, under-five mortality rate of 157/1000 live births (NPC and ICF Macro, 2009) and an estimated yearly prevalence of induced abortion of 760,000 (Bankole et al., 2006).

The complex relationship between fertility and development is well established and articulated by Nigerian authorities who in 1988, concerned about the rate of demographic growth relative to economic growth, established the National Population Commission and also adopted her first population policy with the aim of achieving a total fertility rate of 4 by the year 2000. What was generally referred to as the four children per woman policy (NPC, 1988). In February, 2005, Nigerian government launched a

reviewed population policy tagged the National Policy on Population for Sustainable Development (NPC, 2004). Among the targets of this new policy were to reduce population growth rate to 2% or lower by 2015 and to reduce the total fertility rate by at least 0.6 children every 5 years by encouraging child spacing through the use of family planning. Indeed, the aim of different Nigerian population policies and programmes has since been to reduce fertility in the country (NPC, 1988; NPC and ICF Macro, 2009 and NPC, 2004). In spite of this, the Nigerian population has continued to grow while her GDP has continued to decline (PRB, 2010). Also in spite of a high awareness of contraception, contraceptive prevalence for modern contraceptives in the country has remained low (NPC and ICF Macro, 2009, Oye-Adeniran, et al., 2006; PRB, 2010).

A number of fertility indicators, including levels, patterns, and trends in both current and cumulative; the length of birth intervals; and the age at which women begin childbearing are relevant to fertility desire. Data on fertility desires are of great importance to women, vital on the woman's health and on the formulation of the family.

Studies have also shown that a woman's fertility intention fairly forecasts subsequent fertility behaviour of such a woman hence intentions must be taken seriously and maybe useful in policy formulation and in designing strategies for achieving fertility targets (Poo and Nai, 1994; Schoen et al., 1999; and Kodzi et al., 2010). Indeed, the National Demographic and Health Survey, (NDHS) regularly includes fertility desires or intentions as part of its evaluations (NPC and ICF Macro, 2009; NPC, 2004).

There is evidence to show that total fertility rates (TFR) are declining in the developed and much of the developing world, although the trend in some developing

countries, including those in sub-Saharan Africa shows stable or increasing fertility rates. Globally, TFR declined from 4.97 children per woman in 1950-1954 to 2.53 in 2005-2010; in much of the developing world, the changes were even more dramatic over this period, from a TFR of 6.08 to 2.69. However in sub-Saharan Africa, the changes in TFR are much smaller, from 6.53 to 5.39.

The desire for more children, heavily entrenched into strong cultural preferences for large families, desire for sons rather than daughters together with low levels of contraception, seem to be the driving force for the high fertility rates in sub-Saharan Africa. In support of this observation, a review of reproductive preferences in 60 countries based on data from Demographic and Health Surveys (DHS) conducted between 1998 and 2008 found that, compared to other countries, the number of children desired remained highest in western and middle Africa with an average of 6 children desired during that period. Collectively, these findings suggest that fertility desires remain high in most countries in sub-Saharan Africa, thereby partly explaining the high fertility rates observed in these regions.

Fertility desire can be influenced by a number of factors that operate at the societal and personal/individual levels. At the societal level, fertility desire is largely driven by social cultural pressures and the need to maintain stability of the union.

1.1 STATEMENT OF THE PROBLEM

The high fertility rate is one of the major issues in Nigeria as the most populous country in Africa with an estimated population of 170 million. The NDHS 2013 revealed trend of low contraceptive usage among women age 15-49 in Nigeria any method, 13%,

15% and 15% in NDHS 2003, 2008 and 2013 respectively and modern methods 8%, 10% and 10% (in NDHS 2003, 2008 and 2013 respectively).

Regardless of the numerous types of contraceptives, the desire of fertility among couples as remain amazingly high. The study aims at investigating the desire of fertility among women in Nigeria by marriage.

1.2 RESEARCH QUESTION

The following research questions will be considered:

1. What is the relationship between fertility desire and family type among women in Nigeria?
2. What are the factors influencing fertility desire among women in Nigeria?

1.3 OBJECTIVES OF THE STUDY

1.3.1 MAIN OBJECTIVE

The general objective of this study is to assess the relationship between fertility desire and marriage type among women in Nigeria.

1.3.2 THE SPECIFIC OBJECTIVES:

The specific objectives are:

1. To examine the relationship between fertility desire and marriage type among women in Nigeria.
2. To determine factors influencing fertility desire among women in Nigeria.

1.4 JUSTIFICATION FOR THE STUDY

The findings of this study will be of significance to a number of women in Nigeria as regards fertility desire, as well in educating the, women on the benefits of proper fertility behavior. It is a phenomenon that is actually ridiculous as to the manner or approach that women mostly in the sub-Saharan region give births, it is so alarming and this study is meant to assess the levels of fertility desires by marriage type basically among women in union in Nigeria.

The results from this study will be of significance to women in Nigeria and beyond on how to plan, space and limit their birth .The findings would be useful in the implementation and guidance also in counseling services adopted in the institution in terms of handling women behaviors on fertility desires.

CHAPTER TWO

LITERATURE REVIEW

2.0 INTRODUCTION

Several relevant literatures on fertility and fertility related variables in Nigeria, sub-Saharan Africa, Africa and other parts of the world are reviewed in this chapter. The literature reviewed here feature all the variables considered in this study.

2.1 REVIEW OF LITERATURES

Researchers have attempted to look into fertility preference of different populations and in the course of doing this; several measures have been used to derive their hypotheses. The form and the interpretation of the questions being asked respondents brought about different labeling of the questions. Measures like desire family size, ideal number of children, fertility preference, desire for additional children and fertility intention have been used in surveys. Some of these questions require the respondents to answer retrospectively while others are to be answered prospectively. Some of these measures have their perceived flaws as regards fertility measurement indicators. For example, desired family size refers to the number of children that the respondent would have had irrespective of the number he/she already has. This is more of a retrospective question and this may lead to some bias due to the fact that most respondents may state desired family size that is close to their number of living children (Bongaarts, 1990). Questions about desire for another child which is often referred to as fertility intention are generally thought to have less error since it is a

prospective response. According to Bongaarts, questions on if an individual wants another child which he referred to as fertility or reproductive intention and dubbed fertility preference in the Demographic Health Survey questionnaire are relatively unbiased, though not completely free of error. The explanation for some of the expected error in response is because respondents may misinterpret the question and also chances are high that respondent who want to have child spacing for five years may behave like those respondents who want to stop childbearing (Bongaarts,1990).

However, the use of fertility desire in studies regarding contraceptive to see its influence on contraceptive use can be held as valid since contraceptive use has been noted to be more prevalent especially among couples who want to limit childbearing or want to space their children (Bongaarts, 1992). Although it has been observed that the prevalence of contraceptive use in sub-Saharan Africa is low due to the unmet needs of contraceptives in this region of the world since fertility is closely associated with contraceptive use been that the more the usage, the better check is given to fertility desire and the reverse would be a catastrophe. Furthermore, studies have shown that there is an association between fertility desire and contraceptive use(Feyisetan&Casterline,2000). They examined 22 Latin American, Asian and African countries in the period between 1970 and 1990 by applying regression decomposition techniques, and using the World Fertility Survey and the Demographic and Health Survey data. They found that increase change in contraceptive prevalence is due to changes in fertility desire. Changes in preference accounted for more of the increase in contraceptive prevalence in Africa more than in other regions (Feyisetan&Casterline,2000).

Fertility desire is therefore, an important measure that may influence the use of

modern contraceptives. In Sub-Saharan Africa, males have a higher chance to be literate and have better access to education (USAID, 2008). This translates that men are in a better position than women to inform themselves about what is best for the family reproductive health. We therefore ask whether there is evidence that the educational attainment level of males and their modern contraceptive usage are linked in any way. Understanding how education of males influences their behavior and reproductive decisions in the household is important since education accounts for trends in various demographic dynamics. Some studies have shown a significant relationship between education and contraceptive use (Ezeh 2006).

In a different study carried out by Cochrane in 2008, it was noted that education was positively associated with birth regulation, increased awareness on family planning as a policy towards a remarkable family formation and desires in essence among women in union. The study argues that educated men prefer to have small families because they are more likely to have views and lifestyles that are consistent with lower fertility and in order to provide higher quality for their children (Cochrane, 2008). Amin in (2010) conducted a study on men in Bangladesh and found that education increases contraceptive use and reduced fertility and the pattern of these effects is much higher among educated respondents beyond the primary level as compared with those educated only at primary level and below (Amin,2010). Occupation is another likely predictor of contraceptive behaviour. A Nigeria study which reveals that desired fertility is lower for women married to husbands employed outside agriculture, when compared to those in the agricultural sector and this in turn affect contraceptive use by the male (Bankole et al., 2000). The suggested interplay of variables is that the higher the educational level of men,

the higher their likelihood to be in high paying jobs which in turn influence their family size and choice of contraceptive method. Men who have improved living standards are likely to be educated, literate and thus have better knowledge of modern contraceptive methods which systematically would have a correlate on their fertility desires, therefore they are more likely to use contraceptives since they can also afford it. One significant factor that influenced male contraceptive use was income level.

The size of the study population may not be convincing to infer on conclusively, this study however has provided some perspectives on the role and responsibility of males in family planning (Abdul et al, 2010). Some studies on women have also found that rich women were more likely to use effective contraceptive methods when compared to poor women (Creanga et al, 2011) and in line with this, Kanazawa suggests that although higher status groups have a higher sexual frequency but more contraceptive use prevents this frequent coition from being translated into higher fertility (Kanazawa, 2003).

2.2 FACTORS INFLUENCING FERTILITY INTENTION

2.2.1 SOCIO-DEMOGRAPHIC FACTORS

Number of living children a person has can have an influence on modern contraceptive use because there is a tendency that the desire for additional children may decrease as number of living children increases. This assumption is based on the fact that economically, world economy is not improving and the cost of raising children in recent times is higher than before although, it is a general belief that men in sub-Saharan Africa are lovers of children based on different reasons which is mostly cultural. It may be unsafe to say therefore, that because African males are supporters of high fertility that they are less likely to want to limit or stop fertility at some point especially as their parity

increases. In reacting to this view, the need to attest to whatever kind of association that exist between the number of living children and contraceptive use, and on what population is imperative to studies around the subject as number of living children is a more direct influence on male contraceptive use (Ringheim,1993). A study carried out on women in Orissa found that one –third of the women with one child used a method of contraception. That suggests that the use of contraceptives at lower parities is low and therefore concludes that there is association between the number of living children and contraceptive use. Furthermore, the modern contraceptive uptake increases with numbers of living children (Sahoo,2007). Although this study was done on women, it is still a pointer to the fact that there is an association between the numbers of living children and use of contraceptive. This study although was carried out on women, in a different study in Nepal on 1041 married males using the Nepal DHS 2001, couple dataset was used and multinomial logistic regression analysis. These males were of ages 20 or more who had at least one living child and did not want another child. The main objective of the study was to examine if the sex number of living children could influence modern contraceptive use. The result shows that the chances of using permanent or modern contraceptive methods was highest among men who had at least two living sons and lowest among the men who had daughters only. The result further showed that the likelihood of using no method was highest among those who had only daughters irrespective of the parity. Men who report a desire to have no more children are likely to choose permanent methods only after they have two living sons (Dahal et al, 2008).

Place of residence is often used to explain variation in factors about demographic and population studies. A Nigerian study interviewed 1,540 respondents from the three

main regions namely Northern, Western, and Eastern on their fertility desire. The analysis shows that different factors significantly affect the choice of fertility desire in the different regions. Result showed that there were regional variations on factors that influence fertility desire.

Fertility desire is less practiced in the North compared to other regions. According to the authors, the reason for this disparity is low level of education and awareness in the north and secondly is the regions religious background (Odimegwu et al, 2004). The examination of the association between male contraceptive use and age is important in the studies on fertility desire and family type. It is expected that younger and older men are likely to have different reproductive objectives. One of the reasons for people in different age bracket to have varying reproductive objectives is that older men probably are holding on to the traditional big family size which may discourage the use of contraceptives especially in developing countries. Younger men often opt for the spacing methods if at all they have to use modern contraceptives while the older men go for methods like sterilization as they are more likely to have attained their desired fertility (Ringheim, 2007).

2.2.2 SOCIO-CULTURAL FACTORS

A body of evidences exist to which demonstrates that use of fertility desires and family type is associated with religious and belief of individuals (Warwick,2009). Religious affiliations affect customs and practices of individuals regarding general norms which include modern fertility desire.

According to Warwick, most times religious values create an important barrier for family planning practices (Warwick, 2009) and a study by Jones and Dreweke found that some individuals view fertility desires and family type as unacceptable due to their religious belief. For example fertility desire is strongly opposed to by the doctrines of the Catholic Church and some other socially conservative religious organizations including Islamic fundamentalist (Jones and Dreweke, 2011). There have been mixed reports on how religion affects fertility desire in a population depending on the religious composition of that particular population. A possible explanation is that, once a person attains a higher educational status, his ethnicity and religious affiliation does not significantly influence his current fertility desire (Tawiah 2011). As fertility remains high and lack of progressing the pace of fertility transition in sub Saharan Africa, some studies have shown that the quest for smaller family sizes is increasing in the region. Despite the increase in demand for small family sizes, effective fertility desire is low and the level of unmet need is still high. So, due to low use of contraception among other reasons in many of these countries, the number of children partners are having is greater than what they want to have (Sedgh G et al, 2007).

There are different types of contraceptives which can be broadly categorized as modern (effective) and non-modern (ineffective) methods. Modern methods of contraception include sterilization for male and female, pills, Intra-Uterine Devices (IUDs), male and female condoms. Others are injectables, implants (including Norplant), and vaginal barrier methods. Non-modern techniques of contraception include periodic abstinence, withdrawal method, lactation amenorrhea method (LAM) and folkloric methods. All of these contraceptives methods are used mainly as preventive measures of except male and

female condoms. Condoms have a two way function of pregnancy and sexually transmitted infections prevention (WHO, 2009).

2.2.3 CONTRACEPTIVE USE

The use of contraceptive is inevitable for those who are in their reproductive ages whose intention is to postpone a birth or who do not want any more children, and those who are not ready for a birth at all. However, those who are faced with a contraceptive need may choose from a variety of contraceptive methods and may as well decide not to use a method (Rindfussetal, 1989). Proximate determinants of fertility includes fertility desire and these determinants of fertility are behavioral variables through which socio-economic and other biological variables work to influence fertility rate in a population (Bongaarts 1987, 1978). In countries in which fertility reduction is prominent, evidences have shown that various fertility reducing variables are thought to be responsible for the population decline (Cohen, 1998), and among these fertility reducing variables, modern contraceptive use is the main factor affecting inter country variation when these countries are compared (Kirk and Pillet, 1998).

Family planning acceptance in African region has for long been low and the low contraceptive prevalence can be said to have influenced the resulting high fertility rates in sub Saharan Africa compared to other parts of the globe. World Bank in 2009, reports that the average number of births for woman in sub-Saharan Africa was 5.1. This statistics shows that average number of births per woman in Africa is more than doubled as much in South Asia with an average of 2.8 or Latin America and the Caribbean with

an average of 2.2. The contraceptive prevalence 22% for Caribbean, is almost half that of South Asia with 53% and less than one-third of what is observed in East Asia with 77% (World Bank Report, 2009. Due to these patterns, Africa's population is growing at a fast rate (2.3%) compared to other regions in the developing world, which includes both some part of Asia and Latin America (1.1% each) (UN DESA, 2008).

2.3 HYPOTHESIS

1. There is no significant relationship between fertility desire and marriage type among women in Nigeria.
2. The demographic and socioeconomic factors have no influence on fertility desire among women in Nigeria.

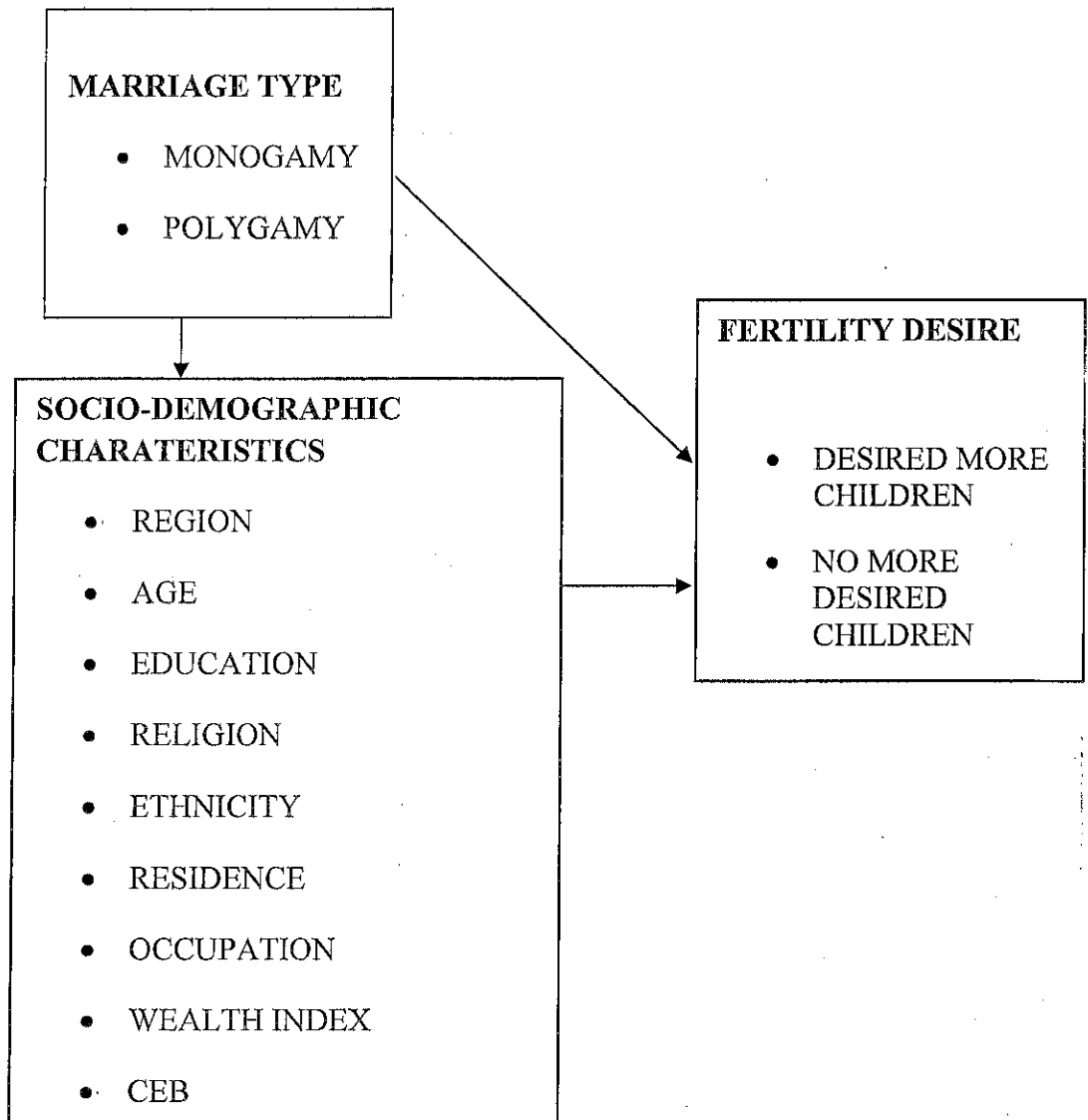
2.4 THEORETICAL FRAMEWORK

2.4.1 CONCEPT OF FERTILITY DESIRE

The conceptual framework explained the relationship between marriage type, socio-demographic characteristics and fertility desire. It showed the direct influences of marriage type and socio-demographic characteristics on fertility desire. The conceptual framework also explained indirect influences of socio-demographic characteristics through marriage type on fertility desire. The study examined the bivariate relationship between marriage type and fertility desire. The study also examined the odds of fertility desire among women in the different type of marriage formation. In addition indirect influence of marriage type on fertility desire was considered.

2.5 CONCEPTUAL FRAMEWORK

FIGURE 2.1



SOURCE: FATOYE, 2017

In most Nigerian cultures, the birth of a male child is often heralded with greater joy than that of a female child. People do not become men and women in the sterile environment

of the womb rather; they do so in specific social and cultural contexts (Shepard, 1998 in Izugbara, 2004). In Nigeria, the social production of masculinity and femininity is often begun at home through socialization practices, which aim at instilling specific personalities and identities into male and female children. Ejikeme (2001) reports that the male child is often and simply the preferred child in many Nigerian cultures, and that several couples go to the extent of consulting oracles to ensure that they will give birth to a male child. The preference for male children in Nigeria is considered one of the strongest in West Africa (Ibanga, 1994). Male children are less likely than female ones to suffer rejection, prejudice, discrimination, and abandonment. They are also more likely to be sent to school. Many girls in Nigeria are often left at home to do domestic work or engage in child labour as a way of life or as a means of supplementing family resources. Ejikeme (2002) observed that during emergencies and disasters, many Nigerian parents selectively attend to the male child. This view is in line with Nwosu (1972) who reported that during the civil war in Nigeria, many parents fled with their sons, livestock, bicycles, clothing, and jewelry, leaving their female children behind.

The role of marriage in determining fertility levels in societies where most of child bearing is confined within marriage is well documented. Changes in the proportion married as well as increases in age at marriage have been identified as one of the factors responsible for fertility decline in some North African countries (Fargues, 1989; National Research Council, 1982). In decomposing the factors responsible for differences in fertility among sub-population groups in Nigeria, Makinwa Adebusoye and Feyisetan (op. cit), using Bongaarts framework (Bongaarts, 1978), found that marriage was the

second most important factor. For the entire country, the fertility inhibiting effect of marriage is 25 per cent.

Again, the national value mask the large differences among the regions (45 percent in the Southwest; 41 per cent in the Southeast; 9 per cent in the Northwest and 8 per cent in the Northeast), among education groups (9 per cent among non-educated women; 29 per cent among women with secondary education; and 54 per cent among women with secondary or higher education) and between rural and urban women (21 per cent in the rural and 36 per cent in the urban). In spite of the increase in teenage pregnancy and fertility, majority of births still occur with in marriage.

But then, what have been the changes in marriage patterns in Nigeria. First, the proportion of women married is declining. For all women, this proportion declined by 10.6 per cent (from 78.4 per cent to 70.1 per cent) between 1990 and 1999.

Second, the prevalence of polygamous in unions is declining and living arrangements are changing. The proportion of women in polygamous union declined by 5.4 percent for all women between 1990 and 1999. But, this difference is much greater for certain sub-groups: 33.6 per cent for women in Southeast and 18.9 per cent for women in Northeast. Unlike in the past, a considerable percentage of men with two or more wives no more keep the wives under the same roof.

This is particularly true for men in the urban centers who house their wives in different locations within the city or in different cities. This living arrangement could lead to reduced coital frequency and consequently reduced fertility. Thirdly, age at marriage tends to be on the increase: among women aged 25-49 the median age at marriage

increased by 1 year or 7 per cent between 1990 and 1999. Again, the national average masks the large differences among regions and between the urban and rural settings.

Age at marriage is higher in the urban areas and among women in the Southern regions. These patterns of differentials provide some grounds to expect further rise as the population becomes more urbanized and more women attain higher education. The current economic condition in Nigeria, whose improvements may not immediately translate to improvements in the lives of a greater proportion of the population, has also been noted to favor increased age at marriage. The economic crises have made it more difficult (than it was in the seventies and eighties) for men to harness resources to meet marriage and childbearing obligations. Orubuloye (op cit.) noted that marriage is now generally delayed as many boys and girls postpone marriage in order to consolidate their careers and earning capacities. In addition, the strong desire for better education is aiding the postponement of marriage among many boys and girls.

CHAPTER THREE

RESEARCH METHODOLOGY

3.0 INTRODUCTION

This chapter seeks to explain the plan and approach for executing the research work. It covers the description of the study area, target population, source of data, sampling design and sample size, method of data collection, measurement of variables and method of data analysis.

3.1 DESCRIPTION OF THE STUDY AREA

Nigeria is a West African country located between latitudes 4°16' and 13°53' north and longitudes 2°40' and 14°41' east. It extends from Gulf of Guinea in the south to the fringes of the Sahara Desert in the north. The country is bordered by Niger Republic and Chad in the north, Cameroon in the east, and the Republic of Benin in the west. With a population of 140,431,790 in 2006 and about.... in 2017 (NPC, 2006), Nigeria is the most populous country in Africa and the 14th largest in land mass (World Bank, 2012). Nigeria has great geographical diversity, with its topography characterized by two main land forms: lowlands and highlands. The uplands stretch from 600 to 1,300 meters in the North Central and the east highlands, with lowlands of less than 20 meters in the coastal areas. The lowlands extend from the Sokoto plains to the Borno plains in the North, the coastal lowlands of western Nigeria, and the Cross River basin in the east. The highland areas include the Jos Plateau and the Adamawa Highlands in the north, extending to the Obudu Plateau and the Oban Hills in the southeast. Other topographic features include the Niger-Benue Trough and the Chad Basin.

Nigeria has a tropical climate with wet and dry seasons. Its climate is influenced by the rain-bearing southwesterly winds and the cold, dry, and dusty northeasterly winds, commonly referred to as the harmattan. The dry season occurs from October to March with a spell of cool, dry, and dusty harmattan wind felt mostly in the north in December and January. The wet season occurs from April to September. Nigeria marked its centenary in 2014, having begun its existence as a nation-state in 1914 through the amalgamation of the northern and southern protectorates. Before this time, there were various cultural, ethnic, and linguistic groups, such as the Oyo, Benin, Nupe, Jukun, Kanem-Bornu, and Hausa-Fulani empires. These groups lived in kingdoms and emirates with sophisticated systems of government. There were also other strong ethnic groups such as the Igbos, Ibibios, Ijaws, and Tivs. The establishment and expansion of British influence in both northern and southern Nigeria and the imposition of British rule resulted in the amalgamation of the protectorates of southern and northern Nigeria in 1914.

3.2 TARGET POPULATION

The category of people considered as eligible respondents in this study are married women age 15-49 years from all the 6 geo-political regions of Nigeria. They are women in their child bearing ages.

3.3 SOURCES OF DATA

Nigeria Demographic and Health Survey data were used for this study. In particular women recode dataset were analysed. These dataset had information on fertility desire,

marriage type, family planning, number of having children and other socio-demographic and health related characteristics of women in the child bearing ages.

3.4 SAMPLE DESIGN FOR THE 2013 NDHS

The 2013 NDHS was nationally representative. 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. It also provided population and health indicator estimates. The sample design allowed for specific indicators to be calculated for each of the six zones, 36 states, and the Federal Capital Territory, Abuja.

All women age 15-49 who were either permanent residents of the households in the 2013 NDHS sample or visitors present in the households on the night before the survey were eligible. In a subsample of half of the households, all women age 15-49 that were either permanent residents of the households in the sample or visitors present in the households on the night before the survey were eligible for interviewed. Also, a subsample of one eligible woman in each household was selected randomly to participate the survey.

3.5 VARIABLE DESCRIPTION AND MEASUREMENT

3.5.1 DEPENDENT VARIABLE: FERTILITY DESIRE

The dependent variable considered by the study was fertility desire. It had two categories. The first categories contained women who indicated that they wanted more children while the second category contained those who indicated they did not want more children.

3.5.2 INDEPENDENT VARIABLES

Independent variables considered are the socio-demographic characteristics and other health related characteristics of women in their reproductive ages. They were

Age: The age of women had three categories i.e. 15-24, 25-34, and 35+.

Place of Residence: This had two categories Urban and rural.

Level of Education: This was a categorical variable with four categories. These were No formal Education, Primary, Secondary and post-secondary..

Religion: The religions of the respondents would be measured in three categories; the first groups was Christianity coded 0, the second group was Islam, coded 1 and the last group traditional, coded 2

Wealth Index: The wealth index was a categorical variable, which was divided into three categories; Poor, Middle, Rich.

Region: Number of having children, occupation, marriage type, ethnicity and contraceptive use.

Children ever born: For the purpose of this study it was recode as 1” None 2”1-4 and 3” 5+ for no child, one to four children and five and more children respectively

3.6 DATA PROCESSING AND ANALYSIS

The NDHS datasets from 2013 women recode will be processed and analyzed using STATA application package (STATA 12.0). The data processing will be necessary before the proper analysis in order to measure the variables in this study accurately as well as to make the analysis well presentable and easily interpretable. The tools for data manipulation were employed on the STATA application package to achieve this task.

Univariate analysis was carried out using tables of frequency distribution to describe the background characteristics of the respondents and the bivariate analysis was done using the chi-square (χ^2) test to show the association between fertility desire and the various socio economic and demographic characteristics,. Furthermore, multinomial logistic regression was used in the multivariate analysis to identify predictors of fertility desire among the respondent in the study area.

CHAPTER FOUR

DATAPRESENTATIONAND ANALYSIS OF RESEARCH FINDINGS

4.0. INTRODUCTION

This chapter concentrates on the presentation of results and data analysis of research work on assessment of fertility desire by marriage type among women in Nigeria.

The analysis of the study was done in line with the research questions raised for this project work. The socio-demographic characteristics of the women as well as the fertility desire and marriage type were identified. Chi-square and logistics regression were used to confirm the relationship between fertility desire and influencing factors.

4.1 THE FREQUENCY DISTRIBUTION AND PERCENTAGE OF WOMAN SOCIO-DEMOGRAPHIC CHARACTERISTICS

The table above presented information on the socio-demographic profile of Fertility Desire and Marriage Types among women in Nigeria. The contraceptive use among sampled women revealed that more than two-third are not using contraceptive while approximately 24%. The age group of the respondents revealed that majority of sampled respondents (37.4%) were between the ages 15-24 years, 32.4% were 25-34 years and 30.2% were 35 years and above. Also, most of sampled women (30.6%) were North-West followed by 16.3% were South-West, 14.2% were North-Central, 14.8% were North-East, 11.5% were South-East and 12.6% were South-South. It was further revealed that majority of the respondents were rural dwellers. In particular, 42.2% lived

at urban area while 57.9 lived at rural area. The dominant religion was Islam with 52% followed by Christianity with 47% while traditional with 0.95%. Furthermore, from the ethnicity of women it was disclosed that majority were Hausa (34.1%), 14.2% are Yoruba's, and 14.4% are Igbo's. It was depict from respondent level of education that majority 37.8% had no education, 35.8% had secondary education, 9.2% with higher education, follow by primary with 17.3%. Also 63.2% of women are working while 36.8% are not working. To measure respondent wealth index 43.4% are rich, 19.2% are moderate while 37.4% are poor. Moreover, majority of sampled women had more than 3 children (49%) while 29.1% of women ever had no child and those that had one or two children 21.9% as at the time this survey was carried out. In accessing the marriage type of women 67.1% are monogamy while 32.9 are polygamy. Lastly, the fertility desire of women shows that 26.8% wants more children while 73.2% wants no more children.

TABLE 4. 1: UNIVARIATE ANALYSIS OF RESPONDENTS

VARIABLES/CATEGORIES	FREQUENCY	PERCENTAGE
Current Age of Men		
15-24	14425	37.40
25-34	12504	32.42
35+	11638	30.18
Region		
North-Central	5478	14.20
North-East	5710	14.80
North-West	11789	30.57
South-East	4415	11.45
South-South	4875	12.64
South-West	6300	16.33
Place of Resident		
Urban	16257	42.15
Rural	22310	57.85
Religion		
Christian	18042	47.01
Islam	19973	52.04
Traditional	364	0.95
Ethnicity		
Yoruba	5470	14.18
Hausa	13140	34.07
Igbo	5558	14.41
Others	14399	37.34
Education		
No education	14589	37.83
Primary	6652	17.25
Secondary	13797	35.77
Higher	3529	9.15
Occupation		
Not working	14132	36.81
Working	24265	63.19
Wealth		
Poor	14430	37.41
Moderate	7385	19.15
Rich	16753	43.44
Children Ever Born		
No Child	11227	29.11
1-2	8463	21.94
3+	18877	48.95
Marriage Type		
Monogamy	18500	67.10

Polygamy	9069	32.90
Fertility Desire		
Want More(Inadequate)	10325	26.77
Want No More (Adequate)	28242	73.23
Contraceptive Use		
Not Using	29,341	76.08
Using	9,226	23.92

SOURCE: FATOYE, 2017(Date from NDHS 2013)

4.2 TESTS FOR RELATIONSHIP

WOMEN'S SOCIO-DEMOGRAPHIC CHARACTERISTICS AND FERTILITY DESIRE

The table below disclosed that there is a significant relationship between marriage type and fertility desire as majority of women from monogamous marriage reported that their desire for children is inadequate (67.8%) compare to Polygamous marriage (32.2%) with Pearson Chi-square ($X^2(1)=13.81$, $Pr=0.007$) which show that types of marriage can equally influence the fertility desire at 5% level of confidence. Also, Pearson Chi-square ($X^2(2) =9080.18$, $Pr =0.0000$) for age of women and their Fertility Desire it was revealed that there is association between the age of women and their Fertility Desire as majority of the women whose children are inadequate and seeking for more children were age 15-24 (46.3%), follow by age 25-34years 36.9. Also, rural dweller was found to desire for more children (58.5%) than women who lived in the urban area (41%) as Pearson Chi-square ($X^2(1) =8.77$, $Pr =0.0807$) shows that there is significant relationship between place of resident and their Fertility Desire in Nigeria. In addition, the table above showing the Pearson Chi-square ($X^2(2) =271.31$, $Pr =0.0000$) revealed that there is association between religion of women in Nigeria and their Fertility Desire as those that

practiced Islamic religion desire more children (54.5%) than Christians (44.7%) Moreover, it was revealed that there is significant relationship between region of women and their Fertility Desire as Chi-square ($X^2(5) = 473.51$, $Pr = 0.0000$) which implies that the region a women is, influences their desire for more children. Other determinant factors that were found to influence fertility desire of women as found in this study were ethnicity, education, occupation, wealth index, marriage type, contraceptive use and children ever born with respective chi-square:

($X^2(3) = 370.78$, $Pr = 0.0000$), ($X^2(3) = 549.31$, $Pr = 0.0000$), ($X^2(2) = 65.03$, $Pr = 0.0000$), and ($X^2(2) = 5609.54$, $Pr = 0.0000$). This work found a credence from other scholarly work who reported that fertility in rural areas is three times higher than that of urban areas, which can be attributed to different socio-economic factors (Asekun-Olarinloye (2012)) and Ainsworth (2010). The perceptions and the behaviour related to reproduction have also been said to be strongly determined by prevailing cultural and religious values (Srikanthan & Reid, 2008).

TABLE 4.2: BIVARIATE ANALYSIS

VARIABLES	INADEQUATE	ADEQUATE	
Marriage Type			
Monogamy	67.8	65.5	Chi-square= 13.81 P-value= 0.007
Polygamy	32.2	34.5	
Age			Chi-square=
15-24	46.3	13.1	9080.18
25-34	36.9	20.2	P-value= 0.000
35+	16.8	66.6	
Level of Education			
No Formal Education	37.8	38.0	Chi-square= 549.31 P-value= 0.000
Primary	14.7	24.1	
Secondary	38.1	29.4	
Post-secondary	9.4	8.5	

Employment Status			
Not working	42.1	22.4	Chi-square= 1251.14 P-value= 0.000
Working	58.0	77.6	
Religion			
Christian	44.7	53.4	Chi-square= 271.31 P-value= 0.000
Islam	54.5	45.3	
Others	0.8	1.4	
Ethnicity			
Yoruba	13.1	17.1	Chi-square= 370.78 P-value= 0.000
Igbo	36.7	26.9	
Hausa/Fulani	13.5	16.8	
Others	36.7	39.2	
Children Ever Born			
No Child	35.1	12.7	Chi-square= 5609.54 P-value= 0.000
1-2	27.5	6.9	
3+	37.5	80.4	
Residence			
Urban	41.7	43.4	Chi-square= 8.77 P-value= 0.0807
Rural	58.3	56.6	
Region			
North-Central	13.3	16.6	Chi-square= 473.51 P-value= 0.000
North-East	15.2	13.8	
North-West	33.3	23.03	
South-East	10.6	13.8	
South-South	12.3	13.6	
South-West	15.3	19.2	
Income			
Low	38.6	34.1	Chi-square= 65.03 P-value= 0.000
Average	18.9	19.9	
High	42.5	46.0	
Contraceptive Use			
Not Using	66.9	79.4	Chi-square= 654.8 P-value= 0.000
Using	33.1	20.6	

SOURCE: FATOYE, 2017(Data from NDHS 2013)

4.3 LOGISTIC REGRESSION ON FACTORS INFLUENCING THE FERTILITY DESIRE AND MARRIAGE TYPE IN NIGERIA.

It is very paramount to note here that polygamy marriage are not likely desire for more children than monogamy marriage women in Nigeria as the OR=1.05 compare to 1.0 reference category with p-value not significance difference.

Furthermore, it was revealed that age 25-34 years are 0.74 times less likely to desire more children compare to age 15-24 years (RC). It also shows that age 35+ were 0.13 less likely to desire more children in compare to age 15-24 year (RC). In Nigeria women who practice Islamic religion were 1.52 times more likely to desire more children compare to women who are Christian (RC). Also it was revealed from the table above that women from North-East (1.59), North-West (2.44), times likely to desire for more children than women in North Central, also South-East and South-South are more likely to desire more children in relation to their level of significant than those from the North-Central (RC). Furthermore, Hausa fertility desire was very alarming compare to other ethnic group and other ethnicity are more likely to desire more children than Yoruba's (RC).

It was not a surprise to see that the rich women were 0.85 less likely to desire more children in relation to poor women. These results have the perceptions and the behaviour related to reproduction have also been said to be strongly determined by prevailing socio-cultural factor of women (Srikanthan & Reid, 2008).

TABLE 4.3 LOGISTIC REGRESSIONS

FERTILITY DESIRE	ODD. RATIO	CONF.INTERV LOWER LIMIT	CONF.INTERV UPPER LIMIT
Age of Men			
15-24 (RC)	1.00		
25-34	0.74***	0.64	0.84
35+	0.13***	0.11	0.14
Religion			
Christian (RC)	1.00		
Islam	1.52***	1.37	1.69
Traditional	1.10	0.82	1.47
Region			
North-central (RC)	1.00		
North-East	1.59***	1.41	1.79
North-West	2.44***	2.13	2.80
South-East	1.65***	1.32	2.08
South-South	1.17*	1.03	1.33
South-West	1.04	0.90	1.20
Place of Resident			
Urban (RC)	1.00		
Rural	1.05	0.96	1.14
Ethnicity			
Yoruba (RC)	1.00		
Hausa	1.43***	1.20	1.70
Igbo	1.14	0.92	1.41
Others	1.42***	1.22	1.64
Education			
No education (RC)	1.00		
Primary	1.11*	1.00	1.22
Secondary	1.28***	1.14	1.43
Higher	1.34***	1.14	1.57
Occupation			
Not working (RC)	1.00		
Working	0.96	0.89	1.04
Wealth			
Poor (RC)	1.00		
Moderate	0.96	0.87	1.06

Rich	0.85**	0.76	0.95
Marriage Type			
Monogamy (RC)	1.00		
Polygamy	1.05	0.98	1.13
Children Ever Born			
No Child (RC)	1.00		
1-2	1.18	0.97	1.45
3+	0.20***	0.16	0.23

*P<0.05 **p<0.01 ***p<0.001

SOURCE: FATOYE, 2017(Data from NDHS 2013)

CHAPTER FIVE

SUMMARY, CONCLUSION AND RECCOMENDATIONS

5.0 INTRODUCTION

This chapter describe summary of findings, conclusion and recommendations drawn from the analysis of the research study on fertility desires and Marriage Types among women in Nigeria.

5.1 SUMMARY OF FINDINGS

Moreover, majority of sampled women had more than 3 children (49%) already while 29.1% of women ever had no child and those that had one or two children 21.9% as at the time this survey was carried out. In accessing the marriage type of women 67.1% are monogamy while 32.9% are polygamy. Lastly, the fertility desire of women shows that 26.8% wants more children while 73.2% wants no more children disclosed that there is a significant relationship between marriage type and fertility desire as majority of women from monogamous marriage reported that their desire for children is inadequate (67.8%) compare to Polygamous marriage (32.2%) with Pearson Chi-square ($X^2(1)=13.81$, $Pr=0.007$ which show that types of marriage can equally influence the fertility desire at 5% level of confidence. Also, Pearson Chi-square ($X^2(2)=9080.18$, $Pr=0.0000$) for age of women and their Fertility Desire it was revealed that there is association between the age of women and their Fertility Desire as majority of the women whose children are inadequate and seeking for more children were age 15-24 (46.3%), follow by age 25-34years 36.9. Also, rural dweller was found to desire for more children (58.5%) than

women who lived in the urban area (41%) as Pearson Chi-square ($X^2(1) = 8.77$, $Pr = 0.0807$) shows that there is significant relationship between place of resident and their Fertility Desire in Nigeria

Other determinant factors that were found to influence fertility desire of a women as found in this study were ethnicity, education, occupation, wealth index, marriage type and children ever born with respective chi-square: ($X^2(3) = 370.78$, $Pr = 0.0000$), ($X^2(3) = 549.31$, $Pr = 0.0000$), ($X^2(2) = 65.03$, $Pr = 0.0000$), and ($X^2(2) = 5609.54$, $Pr = 0.0000$).

It is very paramount to note here that polygamy marriage are not likely desire for more children than monogamy marriage women in Nigeria as the OR=1.05 compare to 1.0 reference category with p-value not significance difference.

Furthermore, it was revealed that age 25-34 years are 0.74 times less likely to desire more children compare to age 15-24 years (RC). It also shows that age 35+ were 0.13 less likely to desire more children in compare to age 15-24 year (RC). In Nigeria women who practice Islamic religion were 1.52 times more likely to desire more children compare to women who are Christian (RC). Also it was revealed that women from North-West (2.44) and North-East (1.59) were more likely to desire more fertility than other region especially when compared with north central.

This work found a credence from other scholarly work who reported that fertility in rural areas is three times higher than that of urban areas, which can be attributed to different socio-economic factors (Asekun-Olarinloye (2012)) and Ainsworth (2010)). The perceptions and the behaviour related to reproduction have also been said to be strongly determined by prevailing cultural and religious values (Srikanthan & Reid, 2008)

5.2 CONCLUSION

A reason for the mismatch in women's fertility desire and contraceptive behaviour of women may be due to the influence of the fertility intention of their male partners. This study has confirmed that types of marriage can influence the fertility desire among women in Nigeria. Studies have also shown that males are main decision makers on fertility issues and as such have great impact on the fertility intention and contraceptive use of their female partners (Agadjanian, 2006; Isiugo-Abanihe 1994, Ezeh1996, Doodoo 1998).

5.3 RECOMMENDATION

The findings suggest that there should more attention on improving mother empowerment such women being involved in economics activities and religion awareness on the need to sensitize mothers on risk they are putting their children if they fail to desire for fewer children. This should be intensified to help avert the growing infant mortality risk rate in the Nigeria. The other recommendation for this study is stated below.

- Policy and programmes geared towards improving contraceptive decision making and use in households will need to consider these factors religion, occupation etc.

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CHAPTER ONE 1.0 INTRODUCTION Fertility desire is a central discussion of family planning and fertility rates in developed and developing countries.

Whether implicit or explicit, behind the emphasis on fertility intentions is the assumption that, at least in developed countries with readily available contraception, having a child is the result of a reasoned decision.

Fertility desires are also known to reflect subsequent fertility behavior, therefore, understanding these desires could help in planning strategies to modify fertility behavior.

Nigeria's population was estimated to be over 158 million in 2010 (PRB, 2010) with a fertility rate of 5.7 (NPC and ICF Macro, 2009), making it the eighth most populous nation in the world. (Nigeria's reproductive indices are also very worrisome with a maternal mortality ratio of 545/100,000 live births, infant mortality rate of 75/1000 live births, under-five mortality rate of 157/1000 live births (NPC and ICF Macro, 2009) and an estimated yearly prevalence of induced abortion of 760,000 (Bankole et al., 2006).

The complex relationship between fertility and development is well established and articulated by Nigerian authorities who in 1988, concerned about the rate of demographic growth relative to economic growth, established the National Population Commission and also adopted her first population policy with the aim of achieving a total fertility rate of 4 by the year 2000.

What was generally referred to as the four children per woman policy (NPC, 1988).

In February, 2005, Nigerian government launched a reviewed population policy tagged the National Policy on Population for Sustainable Development (NPC, 2004).

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