

**DETERMINANTS OF FERTILITY BEHAVIOR AMONG
RURAL WOMEN IN SOUTHERN NIGERIA**

BY

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CERTIFICATION

This is to certify that ADENIJI KEHINDE ABDULLAHI has completed his research work submitted to the Department of Demography and Social Statistics, Faculty of humanities and social sciences, Federal University Oye Ekiti, Ekiti State.

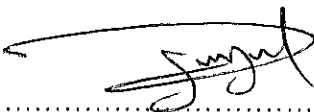
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DEDICATION

I dedicate this project to Almighty Allah who has daily loaded me with benefits, loving, kindness and strength to complete these rigorous activities.

ACKNOWLEDGEMENT

With deep gratitude, I acknowledge the glory and blessing of Almighty Allah for He is the one that held me up, and never let me fall. He is my strength when I was weak, and he is the one that saw me through it all. I will forever be grateful to you as long as I live.

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ABSTRACT

This study examine the relationship between women's socio-economic factors and their number of living children. The objectives are to: examine the relationship between socio-demographic characteristics (age, place of residence, ethnicity, religion and marital status and contraceptive use) and number of living children, determine the relationship between contraceptive use and number of living children. Data were obtained through the use of Nigeria Demographic and Health Survey (NDHS) 2013. Univariate analysis showed that mothers between the ages of 15-19years constitute the higher proportion (20.73%) of the respondents. Also, respondents who are Christian have a higher proportion of (87.54 %). Bivariate analysis showed that the respondent's number of living children have a significant relationship with their age, wealth index, marital status, educational attainment, contraceptive use and religion, place of residence and contraceptive use ($P<0.05$).

Furthermore, multivariate analysis it shows that women with higher education are 22% less likely to influence number of children compared to those women with secondary education with ($OR=0.221$, $p<0.000$). Religion also show a significant influence in likelihood of fertility behavior as Igbo women are less likely at the risk of influencing number of children at ($OR=0.366$, $p<0.002$) and Yoruba ($OR=0.499$, $p<0.004$). The recommendations of this study are: easy accessibility contraceptive use, Apart from reproductive health information dispensation, more emphasis should be laid on the promotion of the use of family planning services among the sexually active women in the country. Finally, the conclusion of this research is that: the issue of high fertility can be avoided if my recommendations are systematically applied by government, relevant institutions and agencies.

Keywords: rural women, number of living children, socio-economic characteristics and Nigeria.

CHAPTER ONE

1.0 INTRODUCTION

1.1 BACKGROUND TO THE STUDY

The population of a country or a defined territory is largely determined by the three variables of mortality (deaths), fertility (births) and migration. The balance between these variables determines whether a population decreases or increases in number. There is widespread concern that rapid population growth may be undermining development in many countries of the world. Among developing countries surveyed since 1990, total fertility rate was highest in sub-Saharan Africa at an average of 5.3 children per woman and lowest in Asia, Latin America and the Caribbean at 3.5 (UNPF, 2000). In Sub Saharan Africa, it was found by many researchers that changes in economic role of children are associated with changes in fertility.

Africa will increasingly be unable to feed its children and find jobs for its school leavers” (World Bank, 2009). Significant improvement in the standard of living in Africa would remain a mirage unless population growth is slowed. “On the current trends, In spite of the warning, fertility continues to grow and at the same time, the level of mortality decreases significantly in response to the advances in medicine and nutritional intake. The clarification for such differential fertility in terms of spatial consideration has presented a challenge of enormous dimension (Ushie, 2009).

In fact, one would expect that government’s populace strategy would address the populace issue unequivocally, but the situation is far more than simply the definition of strategies (Obono, 2010). Different administration of examination must be directed to above all else give data on the primary driver and impact relationship, or relationship of variables with fertility.

Nigeria is the tenth most populous country in the world and the largest in sub-Saharan Africa, with

an estimated population of 140 million from the 2006 census. Nigeria's population growth rate has been driven by high birth rate, which has fallen in the last few decades but not as rapidly as the fall of the crude death rate. The total fertility rate (TFR) declined modestly from 6.3 children per woman in 1981-1982 to 5.7 children per woman in 2008 and also to 5.98 children born per woman in 2013 (According to World Bank). Among the reasons for high total fertility rate (TFR) is low Contraceptive use in which the contraceptive prevalence rate was very low at 15% (NHS DATA 2013) compared to other countries such as United States of America (Diana, 2005) and Pakistan (Pasha, 2001). From past demographic surveys, we know that women who live in the urban centers were more likely to use a method of contraception than their counterpart (i.e. rural women) (NPC, 2004). Thus, Fertility in rural areas is three times higher than that of urban areas with regards to a variety of social and economic factors (NPC, 2006; Ainsworth, 2010). Nigeria has been faced with high fertility levels over the last two decades, in spite of the introduction of a National Policy on population which agreed four children per woman and eighteen years for the commencement of child bearing but due to underestimation of things in the country it has not been followed. This predicts that in absence of fertility reduction, the economy is in a problem; technological gains lead to growth in population numbers rather than income levels. This is as a result of it being the driving force of retaining higher income without being subjected to depression in economy because we really need reductions in fertility especially in a country like Nigeria. As explained by Malthus that, if population is left unchecked, the growth will overtake the food production, that was why he proposed food production in geometric rate and allow population to grow in arithmetic rate.

Average number of children that would be born per woman if all women lived to the end of their childbearing years and bore children according to a given fertility rate at each age is not only a more direct measure of the level of fertility (since it refers to births per woman) but also an

indicator of the potential for population change in the country. A rate of two children per woman is considered the replacement rate for a population, resulting in relative stability in terms of total numbers while rates above two children indicate populations growing in size and whose median age is declining. Although higher rates may indicate difficulties for families, in some situations, to feed and educate their children and for women to enter the labor force, rates below two children indicate populations decreasing in size and growing older. In the event of overpopulation, consequently there will be water and food shortages, deforestation, environmental pollution, damage of coastlines, changing biodiversity and global adverse climatic changes (Hinrichsen and Robey, 2000).

Examining the various fertility determinants of sub-groups in Nigeria is thus important in this era of significant urbanization while realizing that a significant proportion of the population still lives in the rural areas. The main objective of this study is to investigate the determinants of fertility behavior among rural women in Southern Nigeria.

1.2 STATEMENT OF THE PROBLEM

Nigeria's population has been characterized by a high growth rate, which resulted from a generally stable high birth rate and a steadily declining death rate. The high growth rate of Nigeria's population rather than the sheer size, is the major cause of concern for population experts and policy planners. The persistently high fertility in Nigeria despite family planning programs suggests that there are yet undetermined factors associated with contraception that has been rendering previous strategies less effective. According to Malthus' theory, population is increasing at a geometric rate while the resources are increasing at an arithmetic rate. The world's population as at date is about 7 billion with a higher percentage from African countries. This is as an after

effect of high fertility rate particularly in the Sub Sahara Africa. Half of the world's population is matured under 25 years of whom the lion's share are adolescent and youth especially in the developing countries.

High fertility in the rural areas is one of the primary determinants of rapid population growth which can hinder socioeconomic development. Thus, efforts to reduce poverty and promote sustainable development have included an emphasis on strengthening family planning programs.

It has been argued that, even if Nigeria's population size were lower than the current estimated figure of 178.5 million, policy planners still have cause to worry as long as the rate of population growth exceeds the rate of growth of the economy. There are many determinants of fertility behavior among women, but this study will be restricted to two and they include: socio-economic and demographic factors, and contraceptive use. Socio economic factors such as: occupation, religion, wealth index, ethnicity, age, education, family type and place of residence influences the attitudes and the behaviors of the people toward family issues.

1.3 RESEARCH QUESTIONS

The following questions will be addressed in this study.

- ✓ What is the level of fertility (number of living children) among rural women in Southern Nigeria?
- ✓ How does socioeconomic and demographic factors affect fertility behavior among rural women in Southern Nigeria?
- ✓ What is the attitude of rural women to large family size?

1.4 OBJECTIVE OF THE STUDY

GENERAL OBJECTIVE

The main objective of this study is to investigate the determinants of fertility behavior among rural women in Southern Nigeria.

SPECIFIC OBJECTIVES

- ✓ To examine the level of fertility behavior (number of living children) among rural women in Southern Nigeria.
- ✓ To examine the socio-economic and demographic factors associated with fertility behavior among rural women in Southern Nigeria.
- ✓ To explore the perception of rural women to large family size.

1.5 JUSTIFICATION OF THE STUDY

Many theories that are related to the determinants of fertility behavior assumes that individual and societies have been powerless to prevent the increase in high birth rate. However this research will recognize many interrelated factors almost similar worldwide with small variation between societies that influence fertility behavior in Nigeria. This factors include among others, educational attainment, occupation, religion, ethnicity etc. It will help strategy producers to plan appropriate methodologies and strategies to enhance the comprehension on those components that impacts fertility behavior in the country. The consequence of the study will be generally utilized for various purposes. Thus provide data that can greatly enhance a better understanding of some of the factors associated with fertility behavior in Nigeria. It will likewise be employed in explaining trends and differences within the nation. This study will help policy makers to design proper strategies and

policies to improve the understanding on those factors that are influential considering fertility behavior in the country.

CHAPTER TWO

LITERATURE REVIEW

2.0 INTRODUCTION: This chapter will discuss the theoretic framework, the socio economic and socio-cultural factors that may influence individual fertility behavior and also provide the conceptual frameworks that guides this study.

2.0.1 DETERMINANTS OF FERTILITY BEHAVIOR

Fertility determinants can be biological, economic and socio-cultural (Weeks, 1999; Bhende and Tara, 2003). Similarly, Bongaarts (1978, 87 and 2008) and Potter (1965) identified some measurable direct determinants of fertility, which include: Age at first marriage, menopause, average length of breast feeding, coital frequency (frequency of intercourse) and spontaneous intrauterine mortality (still birth/miscarriage/ pregnancy loss), average length of birth spacing (through the use and effectiveness of contraception or family planning), and abortion.

In another study on the estimation of children, child labor and fertility preferences in urban Nigeria, Togunde and Newman (2005) utilized the value of a son, value of a daughter, child labour, parental income, parental education, and parental occupation as some of those determinants of fertility behavior. Also, Okere (1987) identified the woman's level of education, religious affiliation, the woman's income, job classification, number of siblings and age at menarche as the fertility determinants among the Igbo in Eastern Nigeria, while Halilu (1981) among other fertility determinants utilized age at first marriage and marriage sort in the study on fertility and nuptiality levels, examples and differentials in Nigeria.

Ihejiamaizu (2011) posited that the fertility of women differ mostly by their educational status, value of children, age at menarche, age at first marriage, nature of job and religious affiliation.

Thejiamaizu (2011) also noted that the probability of having first birth during adolescence is more among women without formal education and is consistently at least twice that of their more educated counterparts including those with primary education. This explains why the Population Reference Bureau (2011) regarded women education as a long-term strategy for fostering economic growth and the promotion of smaller families. Similarly, Psacharopoulos and Woodhall (2012) stated that women from all households and with lower income and education enter into marriage early and have higher fertility (i.e. have prolonged or longer years of giving birth to children), hence a continued cycle of illiteracy and poverty.

The tempo of the celebration at the birth of a child after marriage is to a large extent influenced by the value the parents attach to a son and a daughter. Aside the issues of inheritance, female children are erroneously viewed as owing responsibility and support to their marital home when married and not to their parents. But they are still being valued, as they are believed to assist and support their parents financially in business (i.e. are hoped to become wives/mothers later in life as well as to take care of their parents financially at old age). Sons are, on the other hand, viewed as the ones to assist their families' financially in old age as well as perpetuate family name (i.e. retain family name). The desire for male children and hence high fertility is also related to religious practice. In some locations, certain rituals or custody deities are exclusively for males, priests of these deities will therefore go to any extent to have sons. Therefore, with respect to this high premium on male children as compared to females, women that have only female children or who are experiencing male infant mortality are more determined to keep bearing children until the desired sons are born (Harrison, 2005;Umoh, 2010). These children grow up to work in the informal labor market economy in a bid to contribute to the household's economic survival. Thus, money is transferred from such children to their parents. According to Togunde and Newman (2005), this confers on

some women in South Western Nigeria the advantage of giving birth to additional children, since the rearing costs are not being shouldered by them alone.

2.1 SOCIAL ECONOMIC FACTORS

2.1.1 EDUCATION

Highly educated women have a tendency to replace child numbers with child quality (Becker and Lewis 1973). Since childbearing and child caring are time- intensive, an increase in wage rates induces a negative substitution impact on the demand for children (Becker 1965). A woman's income is, therefore, contrarily connected with childbearing, as having a higher pay level suggests there is higher opportunity costs associated with having children. A study in China showed that the preference for a small family was connected with younger age, urban residence, and higher level of education (Ding and Hesketh, 2006) and according to recent reports; white women had fewer number of children and a higher mean age at first birth than Hispanic and black women (NSF 2006). Another recent report shows that men and women with low levels of education were likely to have high mean numbers of children compared to the highly educated ones (NSF 2006).

Dommaraju and Agadjanian (2009) clarified the adjustment in fertility regime in most of the time not due to changes in women's status, but due to changes in the reproductive conduct of uneducated women. In the majority of the studies, which considered the relationship between female education and fertility behavior, a significant, linear and inverse relationship was found (Akmam 2002). He specified a study led by Chaudhury (2007) as showing a curvilinear relationship (implying that with a modest level of education, fertility is prone to rise and with a higher level of education fertility tends to decline). Additionally, in 2007, Hoque and Murdock observed statistically significant and substantial differences in use of contraceptives between women with different levels of education, even in the wake of controlling for other related

variables. Women with degrees from colleges/universities had three times more probability of using contraception than those without any education. Between 1960 and 2000, the proportion of married women in developing regions using contraception rose from less than 10% to about 60%, and the average number of births per woman fell from six to about three. In anyway, these figures mask huge regional variations.

Contraceptive use has increased in numerous parts of the world, particularly in Asia and Latin America, however keeps to be low in sub-Saharan Africa. According to the results of the 2015 Revision of World Population Prospects, total fertility is now 2.5 children per woman globally.

In Nepal, literate women have only half the numbers of children ever born (CEB) than do illiterate women (1.9 vs. 3.7 for all; 3.6 vs. 5.2 for women aged 40-49). Moreover, Muslim women, women who had never been exposed to mass media, and poor/poorest women had significantly higher (CEB) than their comparison group. Similarly, those women who had less knowledge about family planning methods had significantly more CEB than those who had a higher level of knowledge about family planning (Adhikari 2010).

Bongaarts (2010) in his study among 30 sub-Saharan countries to dissect the reasons for educational differences in fertility found out that women with secondary or higher education have an averagely low fertility than women with no education (3.4 vs. 6.3 births per woman), which is likewise the case in desired family size (3.7 vs. 5.6 births per woman). Additionally, there are differences by level of education in the relationships between reproductive indicators. As education rises, fertility is lower at a given level of contraceptive use, contraceptive use is higher at a given level of demand and demand is higher at a given level of desired family size. The most conceivable clarifications for these shifting relationships are that better-educated women marry

later and less often, utilize contraception all the more adequately, have more knowledge about and access to contraception, have greater autonomy in reproductive decision making, and are more motivated to implement demand because of the higher opportunity costs of unintended childbearing. Contraceptive use in the developing countries is closing in on the levels in the more developed countries. However, there are wide variations across countries.

Cochrane (2008) notes in a study of fertility in Nigeria, that only 10 per cent of the women with education beyond the primary stage believed fertility to be determined by God', whereas 50 per cent of the totally uneducated women held that belief. In most research studies it has been found that desired family size becomes smaller with the increase in women's educational levels. Reference can be made to researches conducted by Jejeebhoy (1995); Cleland and Jejeebhoy (1996) and numerous others. From literature, the general expectation is that the desire for more children should be lower for the educated women in comparison to the not educated women. Converse to this expectation, according to a study conducted by Wachira (2001) in Kenya, women with secondary education and above had a higher level of desire for more children (42.8%) compared to women with primary (41.1%) and no education (29.3%).

2.1.2 OCCUPATION AND PLACE OF RESIDENCE

Sennott and Yeatman (2012) in their study conducted in Malawi found out that events that change one's economic circumstances might alter plans for future childbearing. For instance, work misfortune could prompt delay of pregnancy to permit time for a family to regain financial balance before adding another member. On the contrary, a spouse beginning a new job could hasten a woman's childbearing plans. Continuous changes in fertility behavior may also reflect the economic uncertainty that is common in developing societies (Johnson-Hanks 2005, 2007; Agadjanian, 2005) such as Malawi, where employment may be sporadic or scarce.

A significant relationship between occupation and desired fertility and fertility-related behavior is clear in a few studies. A study done on the Yoruba of Nigeria reveals that desired fertility is lower for women married to husbands employed outside agriculture, compared with those in the agricultural sector (Bankole et al., 1995). Urban people prefer smaller families while the rural people prefer a large family size. Family size preference also varies regionally with variations of place of residence (Knodel et al., 1996; Singh and Casterline 1985; Mahmud and Ringheim, 1997; Ali, 2000). Regional variation exists in regard to fertility intention because of different socio-cultural pattern and practices. An analysis of survey data from 17 Arab states suggested that the fertility transition in most countries is being led by urban and literate women (Farid, 1996).

Sidze et al (ND) in their study carried out among women in both rural and urban Senegal arrived at the finding that; age at first marriage occurs early in Senegal. In urban areas, over 49 percent of women aged 40-49 years were married before age 20 and 53 percent among urban women aged 15-29 years. On the other hand, 71 percent of rural women aged 40-49 years and 82 percent of rural women aged 15-29 were married before age 20. Early ages at first marriage expose women to a long duration of pregnancy risk and high odds to give birth to numerous children. Ayehu (1998) in his study among the Meru of Kenya discovered that women married to husbands with higher occupation status were more likely to desire to stop childbearing than those married to husbands with lower or middle status occupation hence an inverse relationship between the desire for more children and occupation.

2.1.3 WOMAN'S STATUS

According to a Bangladeshi study based on (DHS 1999-2000) on the impact of woman's status on fertility and contraceptive use in Bangladesh it revealed that three selected variables of woman's status namely education, occupation and discussion of family planning with partner were strongly

associated with number of living children, ever use of contraception and current use of contraception. With regards to these findings, higher education, skilled job and discussions about family planning with partner were related with having significantly fewer numbers of children. Thailand was a frequently cited example, in places where women's status was high and fertility was lower than might be expected on the basis of developmental indicators alone (Freedman, 1979).

The extent to which women enjoy any decision-making is powerfully shaped by social institutions (Mason, 1984). The patriarchal, hierarchical and polygynous organization of many African households tends to perpetuate the low status of women in African societies. In such households, most women cannot exert much, if any, control over their lives in the families within which they live. Early marriage, patrilocal residence after marriage and polygynous unions are institutions that perpetuate women's subordinate position and make them rather voiceless and powerless in matters affecting their reproduction. At marriage a woman assumes a low status relative to all members of her husband's extended family which is elevated usually by attainment of high fertility, and can be elevated by high educational attainment and ownership and control of substantial resources (Makinwa-Adebusoye and Ebigbola, 1992). Women are comparatively distraught in matters of legacy and progression, furthermore endure extensive weaknesses concerning education and access to resources all in all. Truth be told, the primary concern is that women and their children are legal property of the husband (Aguda, 1992).

2.2.0 SOCIO-CULTURAL FACTORS

John Caldwell and Pat Caldwell (1987) recognized the fundamental components precluding fertility decline in the sub Saharan Africa to be rooted in the cultural background, which is centered

on the traditional religious belief system that upholds to lineage continuation and the succession of generations. Alex Ezeh et al (2009) identified high fertility to be the by-product or residue of cultural, economic and social factors. Sociocultural factors or circumstances have been pinpointed to play pivotal role for the relatively high fertility rates prevailing in the region. This ranged from high infant and child mortality, early and universal marriage, low contraceptive use and the high value placed on child rearing. Thomas Merrick (2002:41) highlighted that sub-Saharan Africa has the lowest level of contraceptive use on the planet. In this condition of subordinate position, fertility is seen by women as a medium of attaining higher status within the family. As a result women generally indulge in giving birth to many children, whereby the number of children a woman gives birth to, is viewed as a determinant factor that helps to ascertain and increase her status in the family.

Cheihk Mbacke (1994) clarified that sub Saharan Africa societies have set up an efficient system that strives to promote high fertility that encompass practices like early marriages, polygamy, rapid remarriage of widows. The prevalence of high child and infant mortality has contributed to the practice of high fertility rates in sub Saharan African countries as well. In the face of high infant mortality rates, high fertility rate is viewed as a medium of increasing the chances of precluding lineage extinction as well as a means of raising the survival rate of the lineage (Makinwa - adebusoye 2001). The importance attached to lineage continuation from John Caldwell and Pat Caldwell (1987) comprehension is the main reason behind the high fertility levels in the region and also for the reluctance that surrounds fertility decline.

In essence, Caldwell and Caldwell (1987) mentioned that African societies are configured in a manner wherein high fertility and large families are often economically as well as socially rewarding.

2.2.1 RELIGION AND ETHNICITY

Cultural factors, defined as language, religion, customs and values have appeared to affect fertility behaviors. The fertility patterns are similar in culturally homogenous groups suggesting the importance of diffusion across such groups (Cleland and Wilson 1987). The National Health Statistics Reports in the United States uncovered that the fertility intention of men and women differed across races and religions. With regard to religion, Catholic women tended to have fewer children than Protestant women; however, fertility intention was high among Mormons and Hispanics, regardless of their religion, and was most minimal among Jewish women and those with no religion.

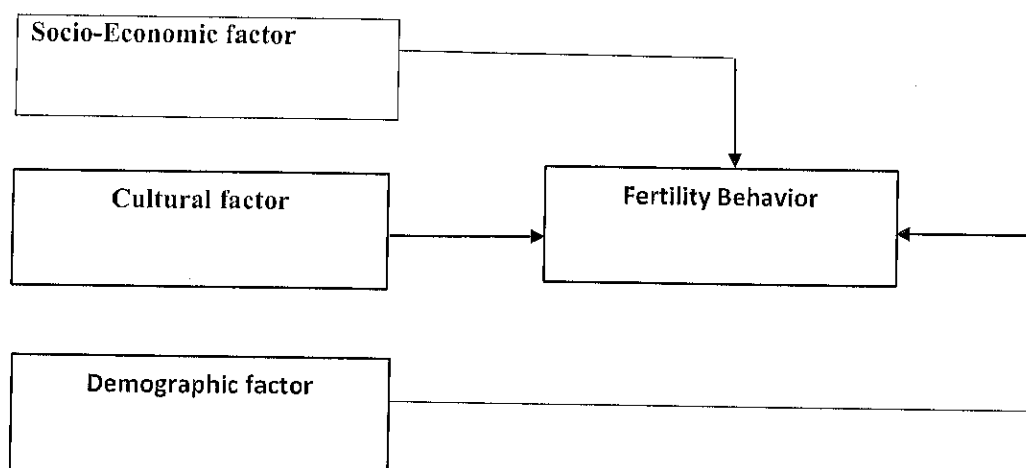
Munshi and Myaux (2006) found that local changes in reproductive behavior occur within religious groups; and assumed that social interactions among the women cannot be substituted with other interventions. Entwisle et al, (1996) and Rogers and Kincaid (1981) showed homogeneity of choices in villages in the contraceptive preferences. It must be as a consequence of the dispersion of contraceptive information through interpersonal networks (Rogers et al, 1999). Since individuals locate within the social networks, their child bearing attitudes, preferences, decisions, and behavior may arise from the social learning and influence with the interactions of kin, relatives, peers (Bernardi et al, 2007).

2.3.0 CONCEPTUAL FRAMEWORK AND THEORETICAL FRAMEWORK

According to literature reviewed socio-economic, social cultural and demographic factors as well as programmatic factors such as contraceptive use and inter spousal communication may be conceptualized as components that shape fertility behavior among women. It is anticipated that socio-economic and demographic factors like education, residence, occupation and age have influence on human attitudes and conduct; cultural factors like religion and sex composition also

can predict the fertility preference and factors like inter spousal communication can influence the attitude towards family size. Below are a conceptual framework and an operational framework adjusted for this study.

Figure 1.1: Conceptual framework



2.3.1 OVERVIEW OF THE THEORETICAL FRAMEWORK

In 1978, John Bongaarts proposed a basic system to break down differentials and changes in fertility taking into account the proximate or direct determinants that is, those components which, if changed, would causally bring about an adjustment in general fertility levels, all else being equal. Background or indirect determinants are those components that impact the immediate determinants and thereby influence fertility. For this analysis, we follow this framework both theoretically and operationally. Notwithstanding utilizing the proximate determinants conceptual framework (Figure 1) to guide our analytical approach, the analysis uses indices derived from Bongaarts' models to show the relative contribution of each of the three measurable proximate determinants

of fertility (non-marriage, contraception, and infecundity) to total fertility rates in the country at the time of each survey. We examine trends in the indices from the Bongaarts models and, concomitantly, the trends in observed total fertility rates, within the context of selected relevant background variables or indirect determinants of fertility. This methodology is relied upon to give more understanding to variations in fertility over time in each of the selected sub-Saharan African countries.

As clarified by Bongaarts's analysis of the proximate Determinants' (1978) the socioeconomic, cultural and environmental variables that affect fertility indirectly act upon it through intermediate variable that can be classified into three groups:

I. Exposure factors

1. Proportion married

II. Deliberate marital fertility control factors

2. Contraception
3. Induced abortion

III. Natural marital fertility factors

4. Lactational infecundability
5. Frequency of intercourse
6. Sterility
7. Spontaneous intrauterine mortality
8. Duration of the fertile period

1. **Proportion married:** this measures the proportion of women of reproductive age that consistently engage in sexual intercourse. In this manner, frequent or prolonged spousal separation will have a considerable negative effect on fertility.

2. **Contraception:** the variable contraception indicates any deliberate parity dependent practice, including abstention and sterilization, undertaken to reduce the danger of conception and limit family size. A few behavioral and social practices, such as breastfeeding and postpartum abstinence, are not considered as contraception, despite the fact that they influence fertility by increasing child spacing, because the aims of breastfeeding and postpartum abstinence are child nourishment and protection of maternal health rather than limitation of family size.
3. **Induced abortion:** this includes any practice that purposely interrupts the normal course of gestation.
4. **Lactational infecundability:** following a pregnancy, the woman remains unable to conceive until the normal pattern of ovulation and menstruation is restored. The period in which the typical example of ovulation and menstruation is absent, due to child's birth, is known as postpartum amenorrhea. The length of lactational infecundability and the length of postpartum amenorrhea are very associated.
5. **Frequency of intercourse:** this variable attempts to measure the normal variation in the rate of intercourse, which incorporates temporary separation or illness.
6. **Sterility:** refers to the biological inability to produce a child. All women are sterile before menarche and after menopause, but a small proportion of women remain sterile at the beginning of the reproductive years and continue to be sterile during the entire reproductive period. This sort of sterility is commonly known as natural sterility.
7. **Spontaneous intrauterine mortality:** a proportion of all conceptions may not end in a live birth because of premature spontaneous termination in a miscarriage or stillbirth.

8. **Duration of fertile period:** amidst the menstrual cycle, approximately 2 days are considered to be the fertile period when a woman can conceive. The length of the fertile period is a function of the duration of the sperm and ovum since a woman is able to conceive for just a brief period when ovulation happens.

Prior to the time of demographic transition, variation in fertility were essentially a component of the exposure factors and the natural fertility factor. In the time of demographic transition fertility decline has depended basically on deliberate control of births, consequently communicating an adjustment in the introduction of reproductive behavior.

By definition, variation in fertility among countries, among social strata within nations and among individual women are because of the element of one or a greater amount of the proximate variables. Precise measures of each and every variables ought to clarify the aggregate difference in fertility. The impact of each of these proximate variables fluctuates essentially starting with one society then onto the next. For instance, 'proportion married', which measures the degree to which women of reproductive ages are exposed to the risk of pregnancy, is directly affected by societal marriage norms. David and Blake (1956) cite the case of Ireland where approximately 25 percent of the women of reproductive ages remain unmarried towards the end of the childbearing period.

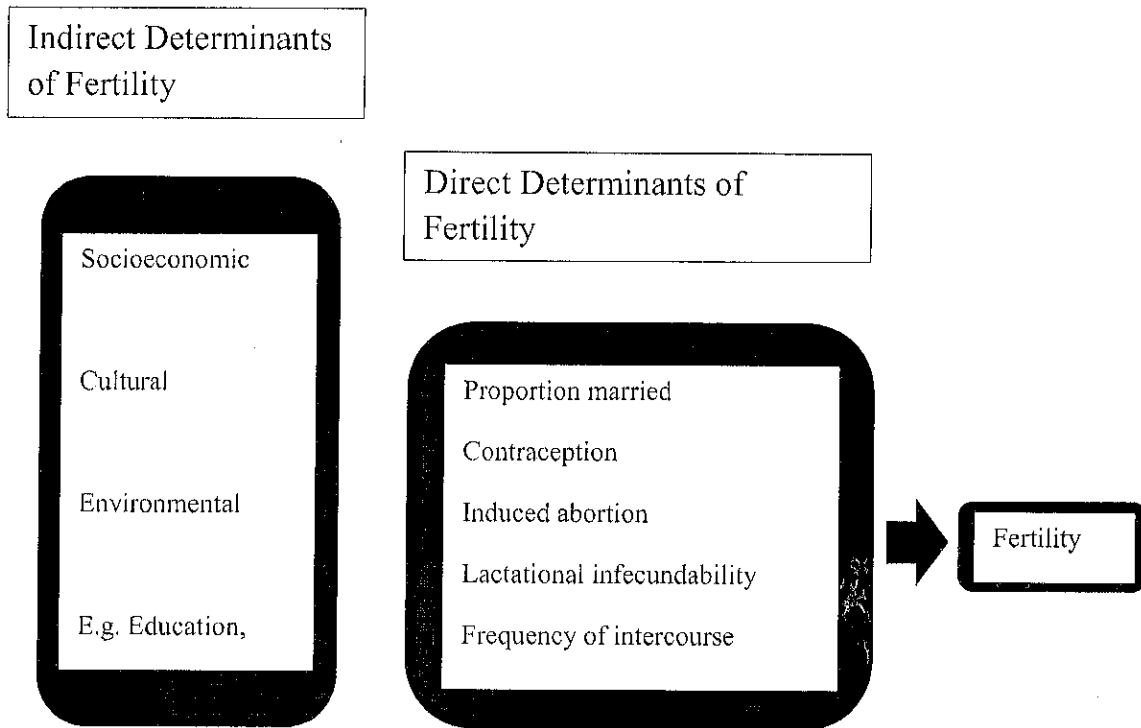
In spite of the fact that Bongaarts' model proposes eight proximate determinants of fertility, empirical evidence suggests that most of the variations in fertility level can be attributed to the differential impact of four fertility variables: marriage delay and disruption, contraception, abortion and post-partum infecundability, including breastfeeding and voluntary abstinence (Bongaarts, 1978, 1982 and 1983; Bongaarts and Kirmeyer, 1981; Bongaarts and Potter, 1983).

The enhanced adjustment of the four determinants model proposed by Bongaarts expect fertility levels to be lower than the maximum biological ceiling, given the compelling impacts of the four fertility variables. These components work sequentially to reduce the aggregate potential fertility (TF) to the observed value of the TFR. According to Bongaarts and Potter (1983), empirical evidence has established that for almost all populations, observed fecundity rates within the range of 13 to 17 children per woman and around an average value of 15.3 children.

The Bongaarts model (1978) has the great advantage that the main immediate determinants of fertility can be measured and their relative impact on fertility quantified. The consequences of experimental studies certifies that the vast majority of the majority of countries can be explained by marriage, contraception, abortion and breastfeeding (Bongaarts, 1978, 1982 and 1983; Bongaarts and Kirmeyer, 1982). The Bongaarts model, requiring fewer intermediate variable allows the study of fertility as it responds as it responds to social and economic transformations. Like some other model taking into account review data, the precision of the data utilized relies on the exactness of review of the general population met. Inability to record all events as they happen could impact the estimations of the indices. When the model is connected to LDCs, these types of blunders are more likely to be present.

The model suggested by Easterlin and Crimmins combines both Bongaarts (1978) 'Proximate Determinants Framework' and Easterlin's (1978) 'Supply and Demand Model'. According to the model, the number of children ever born to a woman is a function of both her natural fertility variables and her planned endeavors to control fertility variables.

Figure 2.2: Bongaarts Framework for analyzing the proximate Determinants of Fertility.



(Bongaarts, 1978).

2.3.2 INTERGENERATIONAL WEALTH FLOWS

As a critique to the over economic approach of traditional demographic transition theories, Caldwell (1976) developed the theory of intergenerational wealth flows. With the new theoretical framework he emphasized the role of intra-generational transactions. In an advanced connection he contended that the profits of youngsters had diminished in contrast with conventional social orders where kids displayed a positive effect on family wealth. Not only did children in traditional societies increase absolute wealth, equally important; did kids in customary social orders expand

outright riches, similarly vital; they additionally went about as a protection, service provider and status symbol for the family head.

As long as this holds Caldwell argues that there is an ever increasing incentive to have children. However, in a modern context the direction of the net-flows are said to be the reversed. This mainly relates to the reformation from a familial to a capitalistic production mode a change that signifies a shift from family to state reliance illustrated by for instance the emergence of mass schooling and formal labor markets (Friedlander et al, 1999).

In view of these assumptions Caldwell argues that there are couple of economic incentives for children in a modern child focused society (Hirschman, 1994).

The theory of Intergenerational wealth flows has been criticized and met with scepticism by several scholars. Lee and Bulatao(1985) have questioned the assumption that children in high fertility societies exhibit a positive influence on family wealth through their production activities. Their experimental examination have rather demonstrated that the immediate expenses of children were substantially negative, with respect to household resources.

Hirschman has likewise condemned the theory for its absence of a clear model. It is as indicated by Hirschman hard to run empirical test of Caldwell's theories as well as to find suitable historical measures that account for factors such as emotional gratification and undefined obligations. Symptomatically, Hirschman likewise indicates the way that only a few of Caldwell's works contain an empirical study of the intergenerational wealth flow theory (Hirschman, 1994).

2.4 HYPOTHESES OF THE STUDY

The following hypotheses will be tested in the study.

- ✓ High socio-economic characteristics are not significantly related to number of living children by rural women in Southern Nigeria.
- ✓ Demographic characteristics are not significantly associated with number of living children by rural women in Southern Nigeria.

CHAPTER THREE

3.0 INTRODUCTION

This chapter focuses on the various techniques and procedures used in carrying out this research work. It provides relevant information on the following: description of the study area, targeted population, study design, sample size, sources of data, data processing and analysis and measurement of variables.

3.1 DESCRIPTION OF THE STUDY AREA

Nigeria as a Federal Republic, is a federal constitutional republic comprising of 36 states and its Federal Capital Territory, Abuja. These states are subdivided into 774 Local Government Areas (LGAs). Furthermore, the states are regrouped by geographical location to form six zones which are North Central, North -East, North-West, South-East, South-South, and South-West. Nigeria is located in West Africa and shares land borders with the Republic of Benin in the west, Chad and Cameroon in the east, and Niger in the north. Its coast in the south lies on the Gulf of Guinea in the Atlantic Ocean. The country is made up of diverse ethnic and cultural groups, with a low literacy level.

Evidence shows that there is high level of awareness and knowledge of contraceptive methods in Nigeria. For example, 62% of women (age 15-49) use any method of contraception in the less developed countries (according to Family Planning worldwide 2013 data sheet). However, the contraceptive prevalence rate has remained low. Ample evidence from the literature shows that low contraceptive prevalence rates is associated with high fertility behavior. Several factors play an important role in the use of contraceptives among women of childbearing age (15-49). The

identification of these factors is crucial to the planning and implementation of suitable family planning programmes.

The purpose of this study is to investigate the determinants of fertility behavior among rural women in Southern Nigeria, and to examine the level of fertility behavior (number of living children) among rural women in Southern Nigeria.

3.2 TARGET POPULATION

The study population are women of reproductive ages 15-49 years who had at least one life birth at the time of the survey.

3.3 SAMPLE DESIGN AND SAMPLE SIZE

A Cross-sectional survey was used to generate data in the study. Those women who met the criteria set for the study were extracted from the National Demographic and Health Survey (NDHS). The study design helped in the collection of information that is objectively relevant which allows for empirical testing of the hypotheses. The standard NDHS sample size for women's recode for this study was 38,948.

3.4 SOURCES OF DATA

Both Primary and Secondary data sources would be used. Quantitative secondary data were obtained from 2013 Nigeria Demographic Health Survey (NDHS). To complement the secondary data, In-depth Interview (IDI) was carried out among married women (15-49 years) who have at least one live birth; this will generate the data for the primary source.

An interview guide with open-ended questions was used to conduct the In-depth Interview (IDI).

3.6 DATA PROCESSING AND ANALYSIS

Quantitative analysis was conducted using STATA 12.0 software and will be done at three levels;

Firstly, a univariate analysis which involved taking the percentage distribution and frequency count of the Socio-demographic characteristics of the respondents was carried out.

The Second analysis is the bivariate analysis; it involved cross tabulations of two or more variables. The Chi-Square table was used to analyze some selected socio-demographic characteristics and the dependent variable (fertility behavior).

The Third analysis is the multivariate analysis which involved using Binary Logistic Regression to analyze the effect of each level of the socio-demographic characteristics on the dependent variable (fertility behavior).

3.7 MEASUREMENT OF VARIABLES

The variables used were classified into independent and dependent variables, they are briefly discussed below:

DEPENDENT VARIABLE

Fertility behavior which was measured using (number of living children).

INDEPENDENT VARIABLES

Based on past studies, the following characteristics were selected as independent variables for women: age, ethnicity, wealth index, educational level, religion, place of residence, number of living children and current contraceptive use.

The dependent and Independent variables are measured as follows:

Age: This is a nominal variable, it will be measured from the NDHS using the grouped age of respondents in five year age: 15-19, 20-24, 25-29, 30-34, 35-39, 40-44, and 45-49.

Place of Residence:

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

Religion: Is measured in four categories; Christian, Islam, Traditional and others.

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

Ethnicity: Is measured in four categories; Hausa, Igbo, Yoruba and others

Marital status: is measured in six categories; Never in union, married, living with partner, widowed, divorced and No longer living together/separated.

Number of living children: is measured in categories; 0-4 and 5+.

Contraceptive method: is grouped into four groups; Knows no method, Knows only folkloric method, Knows only traditional method, Knows modern method.

CHAPTER FOUR

4.0 INTRODUCTION

This contains the analysis of the basic socio-economic characteristics of the respondents especially those that are significant to the study (women age 15-49) obtained from the NDHS data set 2013. This is important in light of the fact that the data derived will go far in explaining the fertility behavior among rural women in southern Nigeria. Additionally, the description of these characteristics will be of tremendous advantage to the analysis of other variables of this study. Variables considered in this section are age, education, religion, place of residence, wealth index, contraceptive use, marital status and ethnicity.

DATA ANALYSIS AND DISCUSSION

4.1: Frequency Distribution

Variables	Frequency	Percentage
NO OF LIVING CHILDREN		
0-4	13,364	81.80
5+	2,974	18.20
Total	16,338	100.00
REGIONS IN SOUTHERN NIGERIA		
South East	4,462	27.22
South South	6,058	36.95
South West	5,874	35.83

TOTAL	16,394	100.00
AGE		
15-19	3,398	20.73
20-24	2,678	16.34
25-29	2,776	16.93
30-34	2,284	13.93
35-39	2,051	12.51
40-44	1,633	9.96
45-49	1,574	9.60
Total	16,394	100.00
RELIGION		
Christian	14,302	87.54
Islam	1,898	11.62
Traditionalist	134	0.82
Others	4	0.02
Total	16,338	100.00

WEALTH INDEX		
Poor	1,875	11.48
Middle	3,528	21.59
Rich	10,935	66.93
Total	16,338	100.00
EDUCATION		
No education	1,086	6.65
Primary	3,585	21.94
Secondary	9,333	57.12
Higher	2,334	14.29
Total	16,338	100.00
PLACE OF RESIDENCE		
Rural	7,031	100
Total	16,338	100.00
MARITAL STATUS		
Never in union	5,934	36.32
Married	8,608	52.69
Living with partner	798	4.88
Widowed	603	3.69
Divorced	86	0.53

Separated	309	1.89
Total	16,338	100.00
CONTRACEPTIVE USE		
No method	11,738	71.84
Folkloric method	160	0.98
Traditional method	1,377	8.43
Modern method	3,063	18.75
Total	16,338	100.00
ETHNICITY		
Fulani/Hausa	243	1.49
Igbo	5,129	31.43
Yoruba	4,622	28.32
Others	6,326	38.76
Total	16,320	100.00

SOURCE: NDHS DATA 2013

From the above table, Percentage of women who are between the ages of 15-19 is 20.73%, while those who are between the ages of 20-24 is 16.34%. Also, 87.54% of the respondents are Christian, while 11.62% are Muslims and 0.82% are traditionalists. However, 36.32% of the respondents are never in union, 52.69% are married, while 4.88% are living with their partner and 1.89% are separated. This is an implication that most of the sexual activity among women are the married

ones. Moreover, 1.49% of the respondents are Hausa, while 31.43% are Igbo, 28.32% are Yoruba and 38.76% are Other religions.

Additionally, 6.65% of the respondents have no education, 21.94% have primary education, and 57.12% have secondary education while 14.29% have higher education, this means that a higher percentage of the respondents attain secondary school. Furthermore, 11.48% of the respondents are poor, 21.59% are in the middle-class while 66.93% are rich.

Also, 18.75% of the respondents make use of the modern contraceptive while 8.43% are making use of the traditional contraceptives and 71.84% of the respondents are not using contraceptive this might be as a result of unmet need for family planning. Finally, 81.80% of the respondents have 0-4 child while 18.20% have 5+ children, therefore more than half of the respondent have at least 1 child.

Table 4.2: Table of Relationship Showing Fertility Behavior by Respondents Socio-Demographic Characteristics

<i>Characteristics</i>	<i>No. of living children</i>		Chi square
	0-4 children	5+ children	
REGIONS			
South East	3,519(26.36%)	921(30.99%)	0.000
South South	4,850(36.34%)	1,171(39.40%)	
South West	4,979(37.30%)	880(29.61%)	
Total	13,348(100%)	2,972(100%)	
Age in 5-year group			
15-19	3,386 (25.37%)	0 (0.00%)	0.000
20-24	2,663(19.95%)	4 (0.13%)	
25-29	2,655 (19.89%)	106 (3.57 %)	
30-34	1,859 (13.93%)	412 (13.86%)	
35-39	1,302(9.75%)	736 (24.76%)	
40-44	819(6.14%)	808 (27.19%)	
45-49	664(4.97%)	906(30.48%)	
Total	13,348(100.00 %)	2,972 (100.00%)	

Educational level			
No education	603(4.52%)	481 (16.18%)	
Primary	2,255 (16.89%)	1,329 (44.72%)	
Secondary	8,315 (62.29%)	1,006 (33.85%)	0.000
Higher	2,175 (16.29%)	156 (5.25%)	
Total	13,348 (100%)	2,972 (100%)	
Religion			
Christian	11,737(87.93%)	2,548 (85.73%)	
Islam	1,534(11.49%)	363 (12.21%)	0.000
Traditional	73(0.55%)	61 (2.05%)	
Others	4 (0.03%)	0 (0.00%)	
Total	13,348 (100%)	2,972 (100%)	
Ethnicity			
Hausa	171(1.28%)	72(2.42%)	
Igbo	4,127(30.92%)	1,002(33.71%)	
Yoruba	3,953 (29.61%)	669 (22.51%)	0.000
Others	5,097 (38.19%)	1,229 (41.35%)	
Total	13,348(100%)	2,972 (100%)	

Place of residence			
Rural	5,480(100%)	1,543(100%)	
Total	5,480 (100%)	1,543 (100%)	0.000
Marital status			
Never in union	5,924(44.38%)	4(0.13%)	
Married	6,076 (45.52%)	2,524 (84.93%)	0.000
Living with partner	679 (5.09%)	117 (3.94%)	
Widowed	338 (2.53%)	264(8.88%)	
Divorced	75(0.56%)	11(0.37%)	
Separated	256 (1.92%)	52 (1.75%)	
Total	13,348(100%)	2,972 (100%)	
Contraceptive method			
No method	9,731(72.90%)	1,994 (67.09%)	
Folkloric method	118(0.88%)	42(1.41%)	
Traditional method	1,035(7.75%)	341 (11.47%)	0.000
Modern method	2,464(18.46)	595 (20.02)	
Total	13,348 (100%)	2,972 (100%)	
Wealth index			
Poor	1,346 (10.08%)	526 (17.70%)	
Middle	2,643 (19.80%)	880 (29.61%)	

Rich	9,359 (70.12%)	1,566 (52.69%)	0.000
Total	13,348 (100%)	2,972 (100%)	

SOURCE: NDHS DATA 2013

Table 4.2 shows the relationship between respondent's socioeconomic status and their number of living children. 25.37% of the respondents who are between the ages of 15-19 have at least 0-4 children, while 0.00% of the respondents have 5+ children. 19.95% of the respondents that are between the ages of 20-24 have 0-4 child while 0.13% have 5+ children. Respondent's number of living children have a significant relationship with their age ($P < 0.05$). Also, 4.52% of the respondents who have no education have at least 0-4 children, 16.18% of the respondents have 5+ children. 16.89% of respondents with Primary education have at least 0-4 children, 44.72% have 5+ children. 62.29% of the respondent who have secondary education have at least 0-4 child, 33.85% have 5+ children. 16.29% of the respondent who have higher education have at least 0-4 children, 5.25% have 5+ children. Respondent's level of education have a significant relationship with their number of living children ($P < 0.05$).

Furthermore, 10.08% of the respondent who are poor have at least 0-4 children, 17.70% have 5+ children. 19.80% of respondent who are averagely wealthy have at least have 0-4 children, 29.61% have 5+ children. 70.12% of the respondent who are rich have at least 0-4 children, 52.69% have 5+ children. Respondents wealth index have no significant relationship with their number of living children ($P < 0.05$). More so, 29.61% of respondents who are Yoruba have at least 0-4 children, 22.51% have 5+ children. 1.28% of respondents who are Hausa have at least 0-4 children, 2.42% have 5+ children. 30.92% of Igbo respondents have at least 0-4 children, 33.71% have 5+ children.

Respondent's ethnicity have a significant relationship with their number of living children ($P < 0.05$).

Moreover, 44.38% of respondents who have never married have at least 0-4 children, 0.13% have 5+ children. 45.52% of respondents who are married have at least 0-4 children, 84.93% have 5+ children. 0.56% of respondents who are divorced have at least 0-4 children, 0.37% have 5+ children. Respondents marital status have a significant relationship with their number of living children ($P < 0.05$).

Additionally, 72.90% of the respondent who do not make use of contraceptive have at least 0-4 children, 67.09% have 5+ children. 18.46% of the respondent make use of modern contraceptive have at least 0-4 children, 20.02% have 5+ children. 67.09% have 5+ children. 7.75% of the respondent make use of the traditional contraceptive have at least 0-4 children, 11.47% have 5+ children. Respondents contraceptives use of respondents have a significant relationship with their fertility behavior ($P < 0.05$).

More so, 87.93% of the respondents who are Christian have at least 0-4 children, 85.73% have 5+ children. 11.49% of the respondents who are Muslims have at least 0-4 children, 12.21% of them have 5+ children. 0.55% of the respondents who are traditionalist have at least 0-4 children, 2.05% have 5+ children. Respondent's religion has a significant relationship with their number of living children ($P < 0.05$).

Test of hypothesis

H1: High socio-economic characteristics are not significantly related to number of living children by rural women in Southern Nigeria.

H0: Demographic characteristics are not significantly associated with number of living children by rural women in Southern Nigeria.

Decision

The chi-square test revealed that there was a significant relationship between fertility behavior and all the selected background characteristics of the respondents. This implies that age, wealth index, occupation, ethnicity, region, religion, type of place of residence, educational attainment of the respondents were significantly related with fertility behavior. Therefore will reject the null hypothesis and fail to reject the alternate hypothesis.

Table 4.3: Multivariate analysis

No of living children	Odds ratio	p> z	95% conf. interval
Educational level			
South east	1.00(RC)		
South south	.877	0.550	.570 1.350
South west	.509	0.004	.319 .810
Ethnicity			
Hausa RC	1.00(RC)		
Igbo	.366	0.002	.194 .690
Yoruba	.499	0.004	.310 .805
Others	.366	0.000	.219 .612
Contraceptive use			
No method RC	1.00(RC)		
Folkloric method	1.027	0.925	.584 1.808
Traditional method	1.534	0.000	1.207 1.950
Modern method	1.931	0.000	1.610 2.316
Marital status			
Never in union RC	1.00(RC)		
Married	524.425	0.000	130.694 2104.32
Living with partner	192.770	0.000	47.132 788.423

Widowed	642.637	0.000	156.966 2631.038
Divorced	162.104	0.000	31.122 844.348
No longer living together	204.815	0.000	48.611 862.948
Educational level			
No education RC	1.00(RC)		
Primary	1.054	0.626	.854 1.299
Secondary	.377	0.000	.301 .472
Higher	.221	0.000	.155 .315
Wealth index			
Poor RC	1.00(RC)		
Middle	1.258	0.019	1.038 1.524
Rich	.989	0.190	.813 1.202
Religion			
Christian RC	1.00(RC)		
Islam	.964	0.799	.725 1.281
Traditionalist	1.3994	0.317	.725 2.702

Source: NDHS 2013

From the multivariate analysis it shows that women with higher education are 22% less likely to influence number of children compared to those women with secondary education with (OR=0.221, $p < 0.000$). Religion also show a significant influence in likelihood of fertility behavior

as Igbo women are less likely at the risk of influencing number of children at (OR=0.366 , p<0.002) and Yoruba (OR=0.499, p<0.004).

Table 4.4 The Socio Demographic Characteristics of the respondent

OYE- EKITI

Current age	No	Religion	Highest Level of education	Occupation	Number of living children	Age at married
28yrs	1	Christian	secondary	Tailor	4	18
30yrs	2	Muslim	secondary	Teacher	4	20
34yrs	3	Christian	primary	Hair Dresser	5	21

Introduction:

A total of three respondents were observed for the In-depth Interview (IDI) to complement the secondary data. It was carried out among married women (15-49 years) in Oye-Ekiti who have at least one life birth at the time of the survey.

The In-depth Interview (IDI) questions were generated with respect to the research questions of this survey. The following are the responses and findings derived from the interview of the respondents using the in-depth interview (IDI).

Discussion of findings:

It was discovered that most of the married women attain less education which in turn influences their fertility behavior i.e. their maximum educational attainment was secondary school. Also, it was observed that most of the respondents married early which can be associated with their level of education. This point can be backed up by what was said by Okere (1987) where he identified the woman's level of education as one of the determinants of fertility behavior among women.

"No, because my custom allow me to have as many as I want" - (Tailor 28yrs, 2016). This statement above was made by one of the respondents while answering to the question about the effect of custom and tradition on fertility behavior. From the literature review where Alex Ezech et al (2009) identified high fertility to be the by-product or residue of cultural, economic and social factors. This statement can therefore be said to be very significant to the study.

"Yes, in my case which I can't provide my husband a male child" - (Teacher 30yrs, 2016). From the above literature review, Togunde and Newman (2005) utilized the value of a son as some of those determinants of fertility behavior. In this case, there is high tendency of the respondent to still give birth to more children after already having given birth to four female children considering her relatively young age.

Recommendation and Conclusion for the interview (IDI):

I suggest that there should be revitalization of all cultural and traditional practices that enhances fertility behavior in the country.

The value of education should also be made known to women because majority of women living in the rural areas in Nigeria seems not to know the true importance of education anymore these days.

CHAPTER FIVE

5.0 SUMMARY

The following summary of findings could be deduced from the data gathered for the study:

The findings of this study revealed that 25.37% of the respondents who are between the ages of 15-19 have at least 0-4 children, while 0.00% of the respondents have 5+ children. 19.95% of the respondents that are between the ages of 20-24 have 0-4 child while 0.13% have 5+ children. From the above analysis the result of the chi square test shows respondent's number of living children have a significant relationship with their age ($P < 0.05$).

4.52% of the respondents who have no education have at least 0-4 children, 16.18% of the respondents have 5+ children. 16.89% of respondents with Primary education have at least 0-4 children, 44.72% have 5+ children. 62.29% of the respondent who have secondary education have at least 0-4 child, 33.85% have 5+ children. 16.29% of the respondent who have higher education have at least 0-4 children, 5.25% have 5+ children. This implies that their respondent's level of education have a significant relationship with their number of living children ($P < 0.05$).

44.38% of respondents who have never married have at least 0-4 children, 0.13% have 5+ children. 45.52% of respondents who are married have at least 0-4 children, 84.93% have 5+ children. 0.56% of respondents who are divorced have at least 0-4 children, 0.37% have 5+ children. Respondents marital status have a significant relationship with their number of living children ($P < 0.05$).

72.90% of the respondent who do not make use of contraceptive have at least 0-4 children, 67.09% have 5+ children. 18.46% of the respondent make use of modern contraceptive have at least 0-4 children, 20.02% have 5+ children. 67.09% have 5+ children. 7.75% of the respondent make use

of the traditional contraceptive have at least 0-4 children, 11.47% have 5+ children. Respondents contraceptives use of respondents have a significant relationship with their fertility behavior ($P < 0.05$).

From the multivariate analysis it shows that women with higher education are 22% less likely to influence number of children compared to those women with secondary education with ($OR = 0.221, p < 0.000$). Religion also show a significant influence in likelihood of fertility behavior as Igbo women are less likely at the risk of influencing number of children at ($OR = 0.366, p < 0.002$) and Yoruba ($OR = 0.499, p < 0.004$).

5.1 CONCLUSION

This research was carried out to examine the relationship between women's socio-economic factors and their number of living children. It reviewed relevant literature to highlight the findings of various studies and researches. In the analysis of previous findings, certain gaps were discovered. To fill these gaps, education was identified as a major tool or social instrument that can help Nigeria to tackle their relatively high fertility rate. It can be concluded that the knowledge about reproductive health issues among women particularly in the so called rural communities is fast gaining grounds contrary to past findings. This knowledge however might not deter women from engaging in harmful sexual practices which can put them at risk of undesirable consequences. It is therefore a possibility that some women's sexual behavior might not change significantly despite their exposure to a wide array of reproductive health information. It can also be concluded that contraceptives information is not lacking among female as many of them claim ample knowledge of both modern and traditional methods of contraception. In addition to these, both the theoretical and conceptual frameworks presented for this study can be said to be in support of the major findings in this study.

It is my desire that the identifiable gaps can effectively be filled if my recommendations are systematically applied by government, relevant institutions and agencies. There is need for all disciplines and other sectors to contribute and prevent the approaching global population explosion through sensitization of adolescent to prevent early pregnancies.

5.2 RECOMMENDATION

Premised on the findings from this study, the following are suggested as recommendations:

1. High fertility can be reduced significantly if women could be carefully guided towards making informed choices and decisions about their lives and sexuality.
2. Apart from reproductive health information dispensation, more emphasis should be laid on the promotion of the use of family planning services among the sexually active women in the country.
3. Contraception should be made available and accessible for all regardless of age or ability to pay.

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IN-DEPT INTERVIEW GUIDE

INTRODUCTION

Greetings, my name is Adeniji Kehinde; I am a student of Federal University Oye Ekiti from the department of Demography and Social Statistics.

I am conducting a research on the determinant of fertility behavior among rural women in southern Nigeria. I promise that whatever information provided will be kept strictly and confidential and will not be discussed with anyone.

Open interview section:

- What is your name?
- How old are you as at your last birthday?
- At what age did you get married?
- What is your educational attainment?
- What is your occupation?
- What is your religion?
- Are your children living with you? (Yes)..... (No).....
- How many boys/girls? (Boys)..... (Girls).....
- Does custom and tradition have any significant effect on fertility behavior? Why?.....
- What are the effect of these variables (education, religion, occupation, age etc.) on fertility behavior?

➤ Does your desire for boys/girls have any significant effect on the family size? Why?