DETERMINANTS OF FAMILY SIZE AMONG OLDER MARRIED WOMEN IN NIGERIA
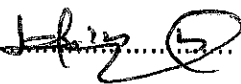
BY

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A PROJECT SUBMITTED TO THE DEPARTMENT OF DEMOGRAPHY AND SOCIAL STATISTICS, FACULTY OF SOCIAL SCIENCES IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE AWARD OF BACHELOR OF SCIENCE (B.Sc.) HONS IN DEMOGRAPHY AND SOCIAL STATISTICS, FEDERAL UNIVERSITY OYE-EKITI, NIGERIA
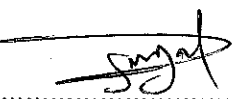
SEPTEMBER 2016

CERTIFICATION

This is to certify that **BAMIRO, IDOWU EMMANUEL** of the Department of Demography and Social Statistics, Faculty of Social Sciences, carried out this Research on the Topic "DETERMINANTS OF FAMILY SIZE AMONG MARRIED OLDER WOMEN IN NIGERIA" in partial fulfilment of the award of Bachelor of Science (B.Sc.) in the Federal University Oye-Ekiti, Nigeria under Supervision of:

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DEDICATION

The project is dedicated to my parents, Mr. and Mrs. Bamiro, who have always been there to meet my needs throughout my stay in this great university.

ACKNOWLEDGEMENT

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ABSTRACT

Human fertility is a function of a variety of factors; thus a proper understanding of these factors is paramount in tackling the problem of population explosion. The number of children per family is one of the most controversial aspects of fertility analysis. This study evaluates family size among older married women in Nigeria, with the aim of establishing the socio-cultural and demographic determinants. To achieve the objectives of the study, a mixed method analysis was undertaken to ascertain the determinants of family size among the study group. In the quantitative method, NDHS 2013 data was analysed to ascertain the relationship between the socio-cultural/demographic determinants and family size. The qualitative approach (Focus Group Discussion) was used to support the quantitative analysis. The principal finding was that socio-demographic determinants which are age at marriage, place of residence, educational level, ethnicity and religion relate with the actual number of living children of the women ($p<0.05$). The only exception was occupation ($p>0.05$). The socio-cultural determinants which are birth spacing, contraceptive use, ideal number of children and sex preference are also related to their family size numbers ($p<0.05$). In conclusion, socio-cultural and demographic factors are considered important determinants of family size among older married women in Nigeria.

CHAPTER ONE

INTRODUCTION

1.0 Background to the Study

Family size in Africa rates among the highest globally. This reaffirms the population explosion being witnessed on the African continent. Nigeria is the sixth most populous country in the world, and the largest in Sub-Saharan Africa. The country also has one of the fastest population growth rates in the world and has doubled in number since the attainment of independence in 1960 (NPC, 2012). This finds testament in data from the past censuses, which revealed sharp increment from 54 million in 1963 to 88 million in 1991. Latest data from the Nigeria Population Commission (NPC) estimates the population at 170million (NPC, 2015). The huge population, and its ever-increasing rate, has a significant impact on the Nigerian economy and on the wellbeing of the society. Global agencies such as the United Nation Children Fund (UNICEF), World Population Bureau and Family Health Survey have made concerted efforts at the stemming the tide of population explosion, however, the growth rate still remains high (Theresa & Odunayo, 2010).

Before the 19th and 20th centuries, studies on family size were linked to environmental features and means of subsistence. For instance, family size was deemed as indicative of the wealth of a farmer in West Africa. Consequently, agrarian families were predominantly large families. However, economic changes, industrialization and urbanization and the proliferation of technology have meant that traditional family systems are not reliant on agriculture. In view of current realities, demographers are concerned about the number of children that is ideal for an average family or individual. The results of such researches are deemed significant in the study of fertility. Economically advanced countries have also identified family size as a strategy necessary in fostering economic development and social

well-being of the citizenry. Little wonder Oyeronke & Olami (2015) assert that the household and family are the most fundamental socioeconomic institutions in the human society.

What must however be borne in mind is that family size is more often than not a decision of an individual. Rather, decisions of family size are conditioned by the dominant cultural, political and socio-economic setting. It is view of this that various determining factors of family size are categorized into aspects such as the costs and benefits of children; tastes and personal preferences; income and wealth; and childbearing itself. The dominant trend in most developed countries reveals a steady decline in family size from around 5 members in mid-19th century to between 2 and 3 in 1990. From 1960-2013, the family size dropped from 3.67 to 3.12 in USA. Conversely, in Nigeria, the average number of children is 6.5 for all women and 7.1 for currently married women. Only 9% of women think three or less children is ideal (NDHS, 2013).

Although within the last three decades, some countries in the African sub-region have recorded declines in fertility levels, certain household, kinship and community institutions that favour childbearing remain highly influential, particularly in western and central Africa. These countries also record low prevalence rates of contraceptive use. This is explicable as the success of contraception and fertility interventions depend on the understanding of motivations to limit family size and space births. A direct result of the relatively low contraceptive use and the high level of unmet need is that family sizes remain large. Today, the average sub-Saharan African woman has 5.4 children in her lifetime down only slightly from 6.1 children in the early 1990s. Central Africa has the largest average at 6.1 children. In Western and Eastern Africa, women recorded an average of 5.7 and 5.5 children respectively. In contrast, Southern Africa's fertility is much lower at 2.8 children per woman, due in part to the prevalent use of modern contraception (NDHS 2008).

The 2008 NDHS results indicate that the TFR in Nigeria is 5.7 births per woman. This means that, on average, a Nigerian woman will give birth to 5.7 children by the end of her childbearing years. Nigeria's fertility rate falls roughly in the middle of this group of countries whose TFRs range from 4.0 in Ghana to 7.0 in Niger. The 2013 NDHS results indicate that the TFR is 5.5 births per woman. This means that, on the average, Nigerian women will give birth to 5.5 children by the end of their childbearing years. The current TFR of 5.5 is 0.2 children per woman less than that reported in the 2003 and 2008 NDHS surveys (5.7 each). Rural areas have a much higher TFR than urban areas (6.2 versus 4.7).

The emphasis on family sizes relies on the probability of world population explosion plunging poor developing countries into further abject poverty. The traditional perception of women's role in society makes it difficult for them to contribute to population control. The notion among most African women, especially the illiterates, is that procreation is the most important role of a woman. In a developed economy, large family sizes and the resultant high birth rates are accompanied by rapid population growth during economic improvement and are mainly because of improved public health. As countries become more prosperous, death and birth rates decrease, resulting to population growth rates (JEDRI, 2011).

Currently, most developing countries encourage birth rates for similar reasons as in the industrialized countries. In the same manner, death rates are reducing drastically mainly because of improvements in health care, education and sanitation. Though birth rates have declined substantially in many developing countries recently, they still remain high in some regions mainly for the following reasons:

Agriculture is an essential activity for poor households, they possess the incentive to invest in children to serve as farm labour and therefore help household tasks such as fuel wood, water collection and childcare.

Large families provide social security through extended family, investing in children becomes a way of ensuring care in old age and lack of knowledge about family planning. (Okogu, 2011)

Regardless of the above, some other factors that make low family sizes commendable are access to quality education, health, income, better accommodation, access to capital and potable water. Such families enjoy good social standing and are economically stable and balanced (Makinwa, 2014).

1.1 Statement of Problem

Large family size, in this study, is regarded as a family with above five siblings. Such family size comes with its implications of poor health, inability to provide adequately for the education of the siblings, low standard of learning and the inability to fulfil one's dreams in life (Okogu, 2011). Family size in Nigeria is a major issue for consideration because an increment in household sizes results in increase in population size. Population explosion consequently stretches services and infrastructure, with poor healthcare a big problem. In the long run, it may lead to a total collapse of the social system (WHO, 2007).

The resultant effects of population explosion have prompted government officials to conceive the idea of family planning and contraceptive use for married couple. The rapid growth of the Nigerian population caused by large family size has widespread implications for its present and future citizens (NDHS, 2013). Although concerted efforts are on-going on increasing employment opportunities in Nigeria, the rate of population growth is outpacing these attempts. This has culminated in considerable waste of the talents of young people. Rapid population growth makes the already challenging task of economic development even more difficult (David, 2014). As available land for agriculture decreases, it becomes more difficult to feed the growing population. People in large families are more likely to suffer

from poor nutrition because the family is unable to provide enough nutrient or rich food, like meat, beans, and milk all of which are important for the body to function properly and for children to grow and thrive (UNFPA, 2013).

The necessity to properly plan families and improve the quality of daily life is further highlighted by the data that approximately 800 women die daily worldwide due to complications related to pregnancy. Women are more likely to die when pregnancies are spaced close together, the mother is very young or beyond the normal child-bearing age. Children are also more likely to die when they have siblings very close in age (Gobgab, 2014).

1.2 Research Questions

1. What is the level of family size of older married women in Nigeria?

2. What are the demographical and socio-cultural determinants of family size among married older women in Nigeria?

3. Is there any relationship between the determinants and family size of married older women in Nigeria?

1.3 Research Objectives

The objectives of the study are:

1. To identify the family size of married older women in Nigeria, family size effects and methods in achieving smaller family size;

2. To know the demographical and socio-cultural determinants of family size among married older women in Nigeria; and,

3. To examine the relationship between the determinants and family size.

1.4 Justification for the Study

Family size as a concept in Nigeria is a major issue worthy of urgent attention as large family sizes directly increase the population of the country and retard development. Nigeria as a country is currently at high population size of about 170 million from 88 million in the 1990s (NPopC 2006), majorly caused by the desire to have many children, low use of contraception, and lack of the knowledge of the implications of having too many children. Also, most Nigeria cultures frown upon having just one or two child(ren). More prestige is attached to the woman with four or five children.

This study is important because it investigates the determinants of family size and provides the implications of good family size on the well-being of the immediate family and the society at large. The study will also be beneficial to the population as it creates awareness on the determinants of family size and why there is need to control family size. Some of such benefits are reduction of maternal and child morbidity and mortality, empowering women by lightening the burden of excessive child bearing, enhancement of environmental sustainability by stabilizing the population of the planet. Others include prevention of unwanted and unplanned pregnancy, reduction of unsafe abortions and reduction of over-population.

CHAPTER TWO

REVIEW OF RELEVANT LITERATURE AND CONCEPTUAL FRAMEWORK

2.0 Literature Review

Family size can be seen as the total number of people in a particular household. It also refers to refers to the total number of family members enumerated, included as family members are those who are in relationship to the household head which are wife and children. This research mainly focuses on the father, mother and children without extended relatives.

Alimi (2014) focused on the knowledge and practice of family planning as a means of enhancing the reproductive behaviour of couples. He argued that if women are well informed and practice family planning methods, the population growth rate will not be as high as 3.3%. The paper explores the determinants of ideal family size among currently married women in order to understand their reproductive norms and stated that family size is a major issue to be emphasized on if the nation wants to experience growth and development.

Adesola (2012) in a study of the determinants of family planning among married people in Lagos state observed that perception of family planning has high positive relationship with the determinants except a moderate relationship with child spacing. The study recommended that women should be encouraged through enlightenment programmez by government or health facilitators on the benefits of child spacing.

Egenti, Chineke, Merenu, Egwuatu, and Adogu's (2016) study was aimed at evaluating the family size preference among the obstetric population in Orlu South East Nigeria, with the objective of establishing the socio-cultural and economic determinants. Determinants such as age at marriage, religion, education, occupation, place of residence and

contraceptive use were taken into consideration. The study identified that socio-cultural and economic factors were important determinants of family size in Orlu, South East Nigeria.

Other researchers have focused on the determinants of ideal family size among currently married women in Nigeria (Kazeem, 2014). This research focuses on the socio-cultural determinants of family size among married older women to see from experience if there was actually a relationship between what determined their family size and the actual number of living children they have. One of the tasks of the family is reproduction of children. Reproduction is one of the characteristics of living things but reproduction without provision for the newborn children will lead to starvation, poor growth, sickness, economic hardship and premature death. To prevent these problems from befalling the children, the women and family, there is need to plan the family through family planning services.

Family planning is a way of regulating child birth in the family to promote the wellbeing of the family and the society in general. Various family planning methods are available (Gobgab, 2014). The benefits of family planning are enormous. These are reduction of maternal and child morbidity and mortality, empowering women by lightening the burden of excessive child bearing, enhancement of environmental sustainability by stabilizing the population of the planet. Other benefits are prevention of unwanted and unplanned pregnancy, reduction of unsafe abortions and reduction of over-population.

2.1 Historical Background of Family Sizes and Fertility Levels in Nigeria

Documentations of fertility have shown that its incident has been relatively high in Nigeria for several years. The 1965/66 National Rural Demographic Sample Survey gave a crude birth rate of 50 per 1,000 persons and an average completed family size of 5.6 children (Federal Office of Statistics (FOS), Lagos 1968). Estimates of TFR for the years 1965, 1970, 1971-73 and 1975 are 6.6, 6.5, 7.3 and 7.0, respectively. These figures imply an increase

between 1965 and 1975 or, at best, a stability of fertility at high levels. The rise in fertility in early to mid-1970s may be explained partly by the dramatic rise in revenue from oil export which leads to a sharp increase in food import as well as workers' salaries (Bankole and Bamisaye, 1985).

The 1981/82 Nigeria Fertility survey (NFS) found a TFR for Nigeria of 5.94 in 1980-82 (National Population Bureau, Lagos/WFS, 1984) and the 1990 Nigeria Demographic and Health Survey put the TFR at 6.01 in the period 1988-90 (FOS, Lagos and IRD/Macro International, 1992). Further decline in TFR was indicated for 1992-1994 by a 1994 sentinel survey (5.4) and for 1995-1999 by the 1999 Demographic and Health Survey (5.2). The decline is not only evident at the national level but also among different sub-groups. The TFR for 1981/82 appeared to be an underestimation, thus accounting for lack of observable change in fertility in the eighties. We argue here that an onset of a sustained fertility decline appeared to have begun after the mid-eighties when policy makers started to give population control issues some serious considerations which culminated in the formulation of a national population policy in 1988 (Federal Republic of Nigeria, 1988).

This argument is being supported with an investigation of trends using data from the 1990 and 1999 NDHS. Estimates of fertility obtained for 1983-86 and 1987-90 from the 1990 NDHS and for periods after 1990 from other surveys particularly the 1999 NDHS suggest that fertility has been declining since after the mid-eighties, at least among some sub-population groups. The TFR of 7.42 estimated for 1983-86 is more consistent with the desired family size of 8.25 in 1981/82 than the 1980-82 TFR of 5.94 and the 1987-90 TFR of 6.02 is highly consistent with the desired family size of 5.82 in 1990.

The decline in desired family size between 1981/82 and 1990 support the argument in favour of a real decline in TFR; a decline in desired family size is usually an indication o f a

motivation to reduce child bearing propensities. The structural adjustment program, introduced in 1986, was associated with economic conditions that increase the cost of child rearing borne by the family. Thus, it is possible that part of the fall in the period-specific fertility rate reflects an adjustment of reproductive behaviour to sudden changes in the socioeconomic climate. As indicated above, because the onset of fertility decline coincided with the period of economic down turn in Nigeria (characterized by high unemployment rates, difficulties in meeting educational aspirations for own children as a result of an increase in the share of education costs that are borne by parents, devaluation of the currency which led to rising costs of essential goods, and partial withdrawal of subsidies on health and many social services).

Makinwa-Adebusoye and Feyisetan (op. cit.) concluded that economic crises at the societal and personal levels must have contributed to the decision to postpone or stop child bearing. The 2008 NDHS results indicate that the TFR is 5.7 births per woman. The TFR of 5.7 is the same as that reported for the 2003 NDHS. The 2013 NDHS results indicate that the TFR is 5.5 births per woman. This means that, on average, Nigerian women will give birth to 5.5 children by the end of their childbearing years. The current TFR of 5.5 is 0.2 children per woman less than that reported in the 2003 and 2008 NDHS surveys (5.7 each).

2.2 Factors Influencing the Number of Family Size among Married Women in Nigeria

The major factors influencing family size in Nigeria include birth spacing, contraceptive use, ideal number of children, sex preference, age at first marriage, religion, occupation, ethnicity, place of residence and educational level. These are discussed viz:

Birth Spacing

Birth spacing is one of the major factors contributing to the family size numbers in Nigeria. This is because couples who practice birth spacing have lesser children with at least three years interval. Such duration gives better health condition of the child and mother involved. Families who do not practice birth spacing with just one year interval usually have many children and have greater risks of experiencing child and maternal mortality.

Ideal Number of Children

Women in Nigeria have their ideal number of children set at high numbers of four, five and six, which invariably is not good for reducing the family size number in the country. These women want more children because of the economic condition, the fear of having only one or two and losing them. Some couples have a high ideal number of children because they believe the children will later take care of them.

Sex Preference and Family Size

Cultural beliefs in the majorly patriarchal ethnic groups imply that families enjoy respect based on the number of sons. Therefore, families with four female children will still have the urge to have male children. In fact, some share the belief that until a woman gives births a male child; she has not given birth to any children.

Age at Marriage

The age of the woman at marriage is another very important factor in determining the number of children the woman would have. Most times, in northern Nigeria where little girls are married to older men, the girls usually end up having many children because they started giving birth at an early age. It is believed that a woman would actively engage in sexual activity for reproduction when she is married. If she is sexually active at a tender age, there is

a high possibility that the number of children she will have by the time she completes her reproductive years will be high.

Occupation

The work of the woman determines the family number in the household. For example if the woman is in a professional occupation where her attention is highly needed such as banking or government employment, the woman has delay or cancel birth periods to keep her work. Even when she is allowed to give birth, there is a specific maternity leave which indirectly controls how the woman gives birth. Most women in such occupations are have fewer children.

Place of Residence

The place of residence also determines the possible number of children a woman would have. If the woman lives in the rural area where children are seen as assets, there is a greater possibility of having much children. In addition, house wives are more likely to give birth to more children. On the other side, women resident in the urban area are often too busy trying to make ends meet with the husband than to bear too many children.

Educational Level

The educational level of the woman also determines the number of children she will have. An educated woman who knows the advantages and implications of having too many children will definitely not venture into it. Ignorant people however follow the natural law of continuous reproduction without taken into consideration the mean of subsistence.

Contraceptive Use and Family Size

Contraceptive use has been accepted as a major determinant of family size because couples cannot be stopped from indulging in sexual activities. It is believed that the introduction of contraceptives in Nigeria such as pills, condom, diaphragm etc can go a long way in preventing couples from having more children when they involve in sexual activity.

2.3 Methods of Controlling Family Size

1. **The Rhythm Method:** Stone et al (2013) examined the rhythm method as a very effective birth control technique, usually a woman has a chance of becoming pregnant only during 8 days of her monthly cycle [her fertile days] these eight days come midway between her first day of menstrual bleeding. To avoid getting pregnant, a woman should not have sex with her man during the eight days. To avoid confusion the woman should mark on a calendar the eight days she is not to have sex.

2. **The Mucus Method:** In *Every Woman*, Derek (2014), explained about the mucus method or ovulation method of birth control in which the woman learns to examine her vaginal orifice for the presence of mucus. Immediately after a menstrual period, the vaginal orifice feels dry, but as ovulation time approaches, mucus can be detected. Initially, it is cloudy and sticky but as the level of oestrogen rises, the cells of the neck of the cervix are stimulated to secrete more mucus and its character changes. It becomes cleaner, strands stretch without breaking and it "feels slippery". The peak of clear mucus is reached on the day of ovulation after which mucus becomes cloudy again.

    In other words, take a little mucus out of your vagina with a clean finger and try to make it stretch between your thumb and forefinger like this. As long as the mucus is sticky like paste, not slippery you probably cannot get pregnant and can continue to

have sexual relations but when the mucus begins to get slippery or slimy like raw egg, or it stretches between your fingers, you may become pregnant if you have sexual relations.

3. **Diaphragm:** Delano (2014) examined some modern methods of birth control; one of her finding is the vaginal diaphragm as a device that consists of a tin latex or plastic dome. The diaphragms are made in various sizes and the woman must be examined vaginally and given the most suitable for her vagina. To her this serves as a contraceptive device by fixing it across the upper vagina consequently prevents ejaculated sperm from reaching the cervix. It is inserted by the woman routinely every day and removed for cleaning the next day or at least six hours after sexual intercourse has taken place.

Also available according to her as birth control device is the **Cervical Cap,** it is a thimble shaped cup (a miniature diaphragm with a tall dome) that fits over the cervix and is held in place by suction between its firm, flexible rim and the surface of the cervix or cervical-vaginal junction. A cap that fits smugly enough to maintain suction between the cap rim and cervix or vaginal vault is chosen by trying various sizes available.

4. **Inter Uterine Devices:** Llewllyn Jones (2012) in her book titled 'Everywoman' made mention of inter uterine devices (IUD) as another method of controlling family size number. She emphasized that women who wish to avoid pregnancy choose the (IUD) method. This method has advantage over the pill in that once it has been place inside, the uterus has been accepted the woman has not go to do anything else to protect herself, she does not have to remember to take pill each day. She can have sexual intercourse with reasonable safety without worry. The best time to put an IUD into the

uterus is in the last days of menstruation. It is then put into the womb painlessly and easily.

The IUD is of various types and accepted in developing countries i.e. the lippes loop usually referred to as the coil, Nova T, copper T usually referred to as 'cup of Tea'. The copper 250,375,380 and multi-load which is the latest causing changes in the structure of the mucus produced by the mouth of the womb thereby making it impenetrable to the sperm.

5. **Implant Method:** She also said about Norplant, the method was recently introduced. It is a method in form of silastic capsule implanted in the upper arm of a woman to prevent pregnancy for a period of five years or more. It contains progestin levonorgestron. It is also called implant method. She also said further that there are the oral contraceptives that (the pills) were being used by over fifty-five million women throughout the world. However, unlike condoms or diaphragms, the pills do not provide any physical barrier against the passage of sexual transmitted diseases. Several formulation of oral contraceptive are available in Nigeria and range between twenty-five different competing combination of various doses called oestrogen and progestrogens.

Leonie (2013) is in agreement with limiting family size numbers. He said when couple have had enough children and are certain that they do not want any more, voluntary **STERILIZATION** may be considered. He confirmed that this method of birth control is a surgical procedure for a permanent contraception and in most cases involves the mechanical blockage or removal of a part of the reproductive system of either the male or female thus ensuring that sperm and egg cannot unite. This method of sterilization is also called tubal ligation, it can be done by placing a metal clip on each oviduct, thus crushing a section of the oviduct, this prevent the sperm from reaching the ovum.

2.4 Implications of Large Family Size

Infant and Child Mortality: The risk of mortality in infancy and early childhood is greater for higher order births and closely spaced births, and when the mother is over age 40. With successive births with little space between each child reduces the chance of survival for the child. Most children born with little space end up dying before reaching age 5, while few that survives looks pale and weak.

Reproductive Health and Maternal Mortality: The reproductive health of women may be tampered with when women continuously give birth to children without having enough time to regain all the blood and energy lost during the birth of the last child. The risk of maternal mortality is greater at higher parities, and younger and older ages. Moreover, fertility decline reduces the lifetime risk of maternal death simply by reducing the average number of pregnancies each woman experiences.

Child Schooling: Children from large families attain less schooling. This statement is true because the burden of sending five or six children will be too much on the parents even when the children go to school there may not have books and wear torn uniforms, they may end up funding the children to secondary school and end the schooling there without furthering them to universities or colleges.

Economic Development: It has been considerably observed that high fertility hinders economic development, because with excessive high births there will be excessive pressure on the limited resources, poverty will also be on the rise, which will retard development and economic growth. The exogenous drop in fertility raises productive output in the long-run. And the association between population growth and economic growth and development has become more negative since the 1980s.

Population or Demographic Dividend: Fertility decline assists economic growth via favourable changes in the age-structure, the "demographic dividend" of a larger concentration of the population in the working ages, thereby increasing per capita productivity.

Environmental Sustainability: High fertility and large family sizes are direct and proximate cause of looming shortages of fresh water in many countries. Population growth has also contributed to global warming. The contribution may be as much as one-third and fertility reduction via expanded family planning services is among the more cost-effective strategies for restraining global warming (Caster et al, 2010).

2.5 Conceptual Framework

Socio-cultural Determinants

1. Birth spacing
2. Contraceptive use
3. Ideal family size
4. Sex preference
5. Age at marriage

Family size

Socio-demographic Determinants

1. Educational level
2. Place of residence
3. Occupation
4. Religion
5. ethnicity
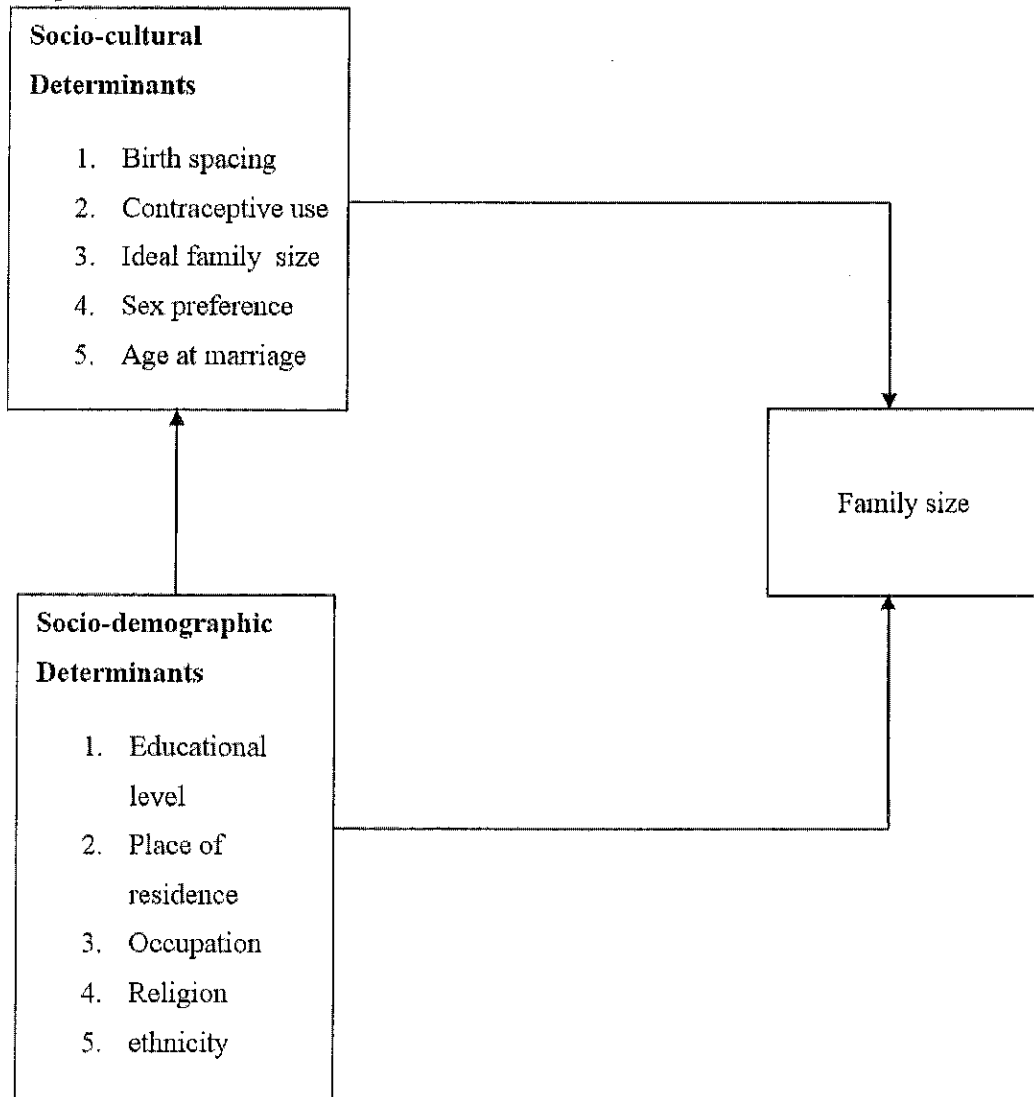
SOURCE: AUTHOR

The conceptual framework contends that the determinants of family sizes in Nigeria can be socio-cultural and socio-demographic. Socio-cultural considers variables such as birth spacing, contraceptive use, ideal number of children, sex preference and age at first marriage could be determinants of family size numbers. The socio-demographic variables are in terms of religion, occupation, ethnicity, place of residence and educational level that could influence the family size number of women in Nigeria.

2.6 Hypothesis

Ho: There is no significant relationship between demographical and socio-cultural determinants with family size of married older women in Nigeria.

H1: There is a significant relationship between demographical and socio-cultural determinants with family size of married older women in Nigeria.

CHAPTER THREE

RESEARCH METHODOLOGY

3.0 Background of the Study Area

Nigeria lies on the west coast of Africa between latitudes 4°16' and 13°53' north and longitudes 2°40' and 14°41' east. It occupies approximately 923,768 square kilometres of land stretching from the Gulf of Guinea on the Atlantic coast in the south to the fringes of the Sahara Desert in the north. The territorial boundaries are defined by the republics of Niger and Chad in the north, the Republic of Cameroon on the east, and the Republic of Benin on the west. Nigeria is the most populous country in Africa and the 14th largest in land mass. The country's 2006 Population and Housing Census placed the country's population at 140,431,790.

Historically, 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. The British established a crown colony type of government after the amalgamation. By this arrangement, the affairs of the colonial administration were conducted by the British; however, in 1942, a few Nigerians became involved in the administration of the country. In the early 1950s, Nigeria achieved partial self-government with a legislature in which the majority of the members were elected into an executive council of which most

were Nigerians. Nigeria became fully independent in October 1960 as a federation of three regions (Northern, Western, and Eastern) under a constitution that provided for a parliamentary system of governance. The Lagos area became the Federal Capital Territory (FCT) and later move to Abuja.

From the economic perspective, agriculture was the mainstay of the Nigerian economy until the discovery of oil. Before then, the country had depended almost entirely on agricultural production for food and agro industrial raw materials for foreign exchange earnings through the commodity trade. At the time of independence in 1960, agriculture provided gainful employment and a satisfactory livelihood to more than 90 percent of the population. Over the years, the dominant role of agriculture in the economy, especially in terms of the country's foreign exchange earnings, gave way to petroleum exports. Today the country's economic strength is derived largely from its oil and gas reserves.

3.1 Research Design

This research comprises both quantitative and qualitative aspect. These are aimed at examining the determinants of family size of married older women in Nigeria.

3.2 Study Population

The target population is older married women in Nigeria.

3.3 Sample Size

The sample size of 6,164 married women ages 40-49 was considered according to 2013 NDHS data.

3.4 Dependent Variable: The dependent variable is the family size

3.5 Independent Variables: The independent variables are socio-cultural factors of family size among older married women which are; birth spacing, contraceptive use, ideal number of children, sex preference, age at first marriage, while the demographic factors are religion, occupation, place of residence, ethnicity and educational level.

3.6 Data Collection

The data was collected using secondary source from NDHS 2013 women recode. In addition, 2 focus group discussions were used to obtain additional data. The focus group discussions were conducted in rural and urban area in Nigeria.

3.7 Data Analyses

Data analysis was conducted using STATA version 12.0. Relationships between variables were identified using univariate and bivariate analyses. P-value less than 0.05 at 95% CI was taken for statistical significance. Multivariate analyses were conducted using logistic regression to check the relationship with family size and other independent variable.

CHAPTER FOUR

DATA ANALYSIS

4.0 Quantitative Analysis

Univariate Analysis

Socio-Demographic Characteristics of Target Women in Nigeria

Table 1

VARIABLE	FREQUENCY	PERCENTAGE
AGE		
40-44	3,197	51.87
45-49	2,967	48.13
Total	6,164	100.00
EDUCATIONAL LEVEL		
No Education	2,999	48.65
Primary	1,463	23.73
Secondary	1,159	18.80
Higher	543	8.81
Total	6,164	100.00
RELIGION		
Catholic	583	9.46
Other Christian	2,326	37.74
Islam	3,143	50.99
Traditionalist	92	1.49
Missing Values	20	0.32
Total	6,164	100.00
RESIDENCE		
Urban	2,318	37.61
Rural	3,846	62.39
Total	6,164	100.00

OCCUPATION

Not Working	977	15.90
Working	5,168	83.79
Missing Values	19	0.31
Total	6,164	100.00

ETHICITY

Yoruba	991	16.08
Igbo	841	13.64
Hausa	2,079	33.73
Other	2,241	36.36
Missing Values	12	0.19
Total	6,164	100

Table 1 above shows the socio-demographic characteristics of women in Nigeria of ages 14-49 and married. The table shows that most of the women are not educated (48.65%) and 8.81% percent attended higher education. Most of them are adherents of Islam (50.99%) and 1.49% are traditionalists (1.49%). The table also reveals that most of the women reside in rural locations (62.39%) and 37.61% in urban areas. In addition, 83.79% are working class while 15.90% do not work. Ethnicity among the women is mostly from other tribes (36.36%) and less from Igbo (13.64%).

Table 2

DEPENDENT VARIABLE	FREQUENCY	PERCENTAGE
FAMILY SIZE		
0-4	2,328	37.77
5-9	3,624	58.79
≥ 10	212	3.44
Total	6,164	100.00

INDEPENDENT VARIABLE	FREQUENCY	PERCENTAGE
EVER USED CONTRACEPTIVE		
No	4,557	73.93
Yes	1,607	26.07
Total	6,164	100.00

SEX PREFERENCE FOR MALE

< 2	1,931	31.33
2-4	2,415	39.18
> 4	1,158	18.79
Others	657	10.66
Missing value	3	0.05
Total	6,164	100.00

IDEAL NUMBER OF CHILDREN

< 2	82	1.33
2-4	946	15.35
> 4	4478	72.65
Non-numeric response	658	10.67
Total	6,164	100.00

BIRTH SPACING

≤ 3 years	2760	46.95
> 3 years	3,119	53.05
Total	5,879	100.00

AGE AT FIRST MARRIAGE

< 20years	4,111	66.69
20-29 years	1,765	28.63
≥ 30years	288	4.67
Total	6,164	100.00

Table 2 shows the frequency and percentage of the dependent and independent variable determining family size among married older women (40-49) in Nigeria (6164). The dependent variable is family size that depends on the independent variables which are contraceptive use, sex preference for male, ideal number of children, birth spacing, age at first marriage and other socio-demographic characteristics. Family size was mainly within 5-9 (58.79%) and least numbers were associated with ≥10 (3.44%). Contraceptive use was 73.93% while 26.07% did not use contraceptives.

Sex preference for boys had the highest at number 2-4 (39.18%). Majority of the respondents ideal number of children was 4+ (72.65%) with only (1.33%) at <2. Birth spacing was also

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high at >3years (53.05%) and less at ≤3 years (46.95%), most of the women married at <20years (66.69%) and few of them married at age ≥30years (4.67%).

Bi-Variate Analysis

Correlation analysis tested for the relationship between socio-demographic and socio-cultural determinants with family size, to see if there is a relationship and what kind of relationship. Missing values were dropped in the compilation of this analysis.

Table 3

	Family size	Birth spacing
Family size	1.0000	
Birth spacing	-0.1424*	1.0000
Significance level	0.0000	
Total	5849	5849

	Family size	Contraceptive use
Family size	1.0000	
Contraceptive use	-0.0270*	1.0000
Significance level	0.0348	
Total	6130	6130

	Family size	Ideal no. of children
Family size	1.0000	
Ideal no. of children	0.4575*	1.0000
Significance level	0.0000	
Total	6130	6130

	Family size	Sex preference
Family size	1.0000	
Preference for male	0.1237*	1.0000
Significance level	0.0000	
Total	6130	6130

	Family size	Age at marriage
Family size	1.0000	

	Age at marriage	
Age at marriage	-0.3788*	1.0000
Significance level	0.0000	
Total	6130	6130

	Family size	Educational level
Family size	1.0000	
Educational level	-0.1962*	1.0000
Significance level	0.0000	
Total	6130	6130

	Family size	Occupation
Family size	1.0000	
Occupation	-0.0121	1.0000
Significance level	0.3459	
Total	6130	6130

The Table shows that birth spacing of women has a negative and weak correlation with their family size of older married women in Nigeria (r = -0.1424). It's negative because an increase in birth spacing will correspond with a decrease in family size number. The relationship between family size and birth spacing at p-value 0.05 is statistically significant (0.00<0.05).

Contraceptive use of women has a negative and weak correlation with their family size (r = -0.0270). It's negative because an increase in contraceptive use will correspond with a decrease in family size number. The relationship between family size and contraceptive use at p-value 0.05 is statistically significant (0.0348<0.05).

The women's Ideal number of children has a positive moderate correlation with their family size (r = 0.4575). It's positive because an increase in ideal no children will correspond with an increase in family size number. The relationship between family size and ideal number of children at p-value 0.05 is statistically significant (0.000<0.05).

Sex preference of women has a positive weak correlation with their family size (r = 0.1237). It's positive because an increase in sex preference for male will correspond with an increase in family size number. The relationship between family size and sex preference at p-value 0.05 is statistically significant (0.000<0.05).

The women's age at marriage has a negative and moderate correlation with their family size (r = -0.30). It's negative because an increase in age at marriage will correspond with a decrease in family size number. The relationship between family size and age at marriage at p-value 0.05 is statistically significant (0.000<0.05).

Women's Educational level has a negative and weak correlation with their family size (r = -0.196). It's negative because an increase in educational level of women will correspond with a decrease in family size number. The relationship between family size and educational level at p-value 0.05 is statistically significant (0.000<0.05).

Occupation of woman has a negative and weak correlation with family size of older married women in Nigeria (r = -0.0121).It's negative because an increase in the number of women working will correspond with a decrease in family size number. The relationship between family size and occupation of women at p-value 0.05 is statistically not significant (0.345>0.05).

Although correlation is not suitable for nominal variables such as place of residence, religion and ethnicity, the correlation analysis was used to get their significance level.

Place of residence, religion, ethnicity showed that they were statistically significant with p-value< 0.05.

The relationship between Place of residence, religion, ethnicity with family size shows (0.000<0.05) except occupation (0. 345 >0.05) which is not statistically significant.

Multivariate Analysis Using Logistic Regression

Multivariate analysis was conducted using logistic regression to test for the relationship between family size and other determinants.

Table 4

Family Size	Odds Ratio	P>z	[95% Conf.	Interval]
Birth Spacing				
< 3 year	1(RC)			
> 3 years	.788201	0.000	.6996757	.8879471
Ever Used Contraceptive				
No	1(RC)			
Yes	.305535	0.000	1.452829	2.002241
Ideal Number of Children				
< 2	1(RC)			
2-4	.3100645	0.000	.0797025	.4345302
> 4	1.177429	0.536	.1614017	.5845106
Sex Preference for Male				
< 2	1(RC)			
2-4	.8211484	0.008	.7097876	.9499811
> 4	1.301303	0.004	1.085307	1.560285
Age at First Marriage				
< 19 years	1(RC)	1(RC)	1(RC)	1(RC)
20-29 years	.4888943	0.000	.4251558	.5621883
≥ 30 year	.1618178	0.000	.1151702	.2273591
Occupation				
Not working	1(RC)			
Working	.231211	0.008	1.039506	1.45827
Place of Residence				
Urban	1(RC)			
Rural	1.008515	0.906	.8765785	1.160309
Educational Level				
No education	1(RC)			

Primary	1.610149	0.000	1.337485	1.938398
Secondary	1.11082	0.331	.898643	1.373093
Higher	.6480781	0.000	.4948949	.8486757
Religion				
Catholic	1(RC)			
Other Christian	.8287864	0.118	.6547718	1.049048
Islam	1.02123	0.883	.7711415	1.352425
Traditionalist	2.14544	0.015	1.156926	3.978572
Ethnicity				
Hausa/Fulani	1(RC)			
Igbo	1.106569	0.478	.8363177	1.46415
Yoruba	.7237031	0.009	.5673907	.9230787
Others	1.14304	0.167	.945515	1.38183

Table 4.9 shows the logistic regression analysis between family size and other independent variables which include birth spacing, contraceptive use, sex preference, ideal number of children, age at first marriage and other socio demographic variables.

According to the data women who space birth above 3 years were (OR=0.79) less likely to have large family size compared to women of less than 3 years birth spacing at the reference category

Birth spacing above 3years is statistically significant at $p < 0.05$ (0.000< 0.05) which means that birth spacing is a significant predictor of family size.

Women who used contraceptives were (OR= 0.31) less likely to have large family size compared to women who did not use contraceptive (reference category)

Contraceptive use is statistically significant at $p < 0.05$ (0.000<0.05) which means that contraceptive use is a significant predictor of family size.

Women with ideal number of children 2-4 were (OR=0.31) less likely to have large family while women with ideal number of children above 4 were (OR=1.18) more likely to have large family size compared to the reference category of women who preferred less than 2 children.

Ideal number of children 2-4 is statistically significant at p <0.05 (0.000<0.05) which means that ideal number of children is a significant predictor of family size among older married women in Nigeria.

Women who had Sex Preference for 2-4 boys were (OR=0.82) less likely to have large family size than the (reference category) less than 2 boys, while women who had sex Preference of more than 4 boys were (OR=1.30) more likely to have large family size than the (reference category) of women who preferred less than 2 boys.

Sex preference for boys is statistically significant at p <0.05 (0.004, 0.008<0.05) which means that sex preference was a significant predictor of family size among older married women in Nigeria.

Women who married at ages 20-29 years were (OR=0.49) less likely to have large family size compared to the reference category of women who married at less than 19years; also women who married 30 years and above were (OR=0.16) less likely to have large family size compared to the reference category of women who married less than 19years.

Age at First Marriage is statistically significant at p <0.05 (0.000<0.05) which means that age at first marriage is a significant predictor of family size.

Women who were working were (OR=0.23) less likely to have large family size compared to the reference category of non working; most of the women working were in sales.

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Women working were statistically significant at p <0.05 (0.008<0.05) which means that the work of women is a significant predictor of family size.

Women residing in rural areas were seen to be (OR=1.01) more likely to have large family size compared to the reference category of women residing in urban areas.

Women with primary education were (OR=1.61) more likely to have large family size compared to the reference category of women with no education, Women with secondary education were (OR=1.11) more likely to have large family size compared to the reference category of women with no education, Women with higher education were (OR=0.65) less likely to have large family size compared to the reference category of women with no education.

Primary and higher education among married older women were statistically significant at p <0.05 (0.000<0.05) which means that the educational level of women is a significant predictor of family size.

Women who are other Christians were (OR=0.83) less likely to have large family size compared to the reference category of catholic, Islamic women were (OR=1.02) more likely to have large family size compared to the reference category of catholic, traditionalist were (OR=2.15) more likely to have large family size compared to the family size of the reference category of catholic women.

Igbo women were (OR=1.11) more likely to have large family size compared to the reference category of Hausa/Fulani women; Yoruba women were (OR=0.72) more likely to have large family size compared to the reference category of Hausa/Fulani women, women of other tribes were (OR=1.14) more likely to have large family size compared to the family size of the reference category of Hausa/Fulani women.

4.1 Qualitative Analysis

Focus Group Discussion

This study employs information collected from two focus group discussion (FGD) sessions among married older women conducted in Nigeria. One of the FGD was conducted in a rural area and the other in an urban place. Participants were drawn from rural and urban areas in Nigeria: 6 participants for the rural FGD and 6 participants for urban FGD. Respondents were selected from three zones so as to ensure representation of the three main ethnic tribes in the country The Hausa is in the North (2), The Ibo in the South East (2) and the Yoruba in the South West (2).

The participants in the FGDs were women aged 40 to 49years. Respondents in these age groups were chosen because they are the ones that are more likely to have completed their family size and hence one is able to discern more clearly the relationship between the determinants of family size and actual number of their family. While using this age group does not in any way impact negatively on the current dynamics of desired number of children in the country, respondents of younger age group would have at best captured the present and perhaps the future determinants. Even in the quantitative survey, responses to the question on ideal family size, is reflective on the respondent's actual family size.

FGD 1: Conducted in Rural Area (Oye Ekiti) among Married Older Women in Nigeria

1. Res 1; Age 42, no Education, Woking, Igbo, No of children 5, age at marriage 20
2. Res 2; Age 45, higher education, Working, Yoruba, No of children 3, age at marriage 26
3. Res 3; Age 43, primary education, Working Igbo, No of children 4, age at marriage 22
4. Res 4; Age 48, no education, not Working, Hausa, No of children 6, age at marriage 18
5. Res 5; Age 46, primary Education, Woking, Hausa, No of children 5, age at marriage 21
6. Res 6; Age 45, secondary , working, Yoruba, No of children 4, age at marriage 23

FGD 2: Conducted in Urban Area (Lagos) among Married Older Women in Nigeria

7. Res 7; Age 41, secondary, Woking, Hausa, No of children 4, age at marriage 21
8. Res 8; Age 42, secondary education, Working, Igbo, No of children 5, age at marriage 24
9. Res 9; Age 40, higher education, Working, Yoruba, No of children 3, age at marriage 27
10. Res 10; Age 45, higher, Working, Hausa, No of children 4, age at marriage 22
11. Res 11; Age 43, secondary, Woking, Yoruba, No of children 4, age at marriage 25
12. Res 12; Age 44, higher, Working, Igbo, No of children 2, age at marriage 26

Source: Researcher's field work, 2016

Ideal number of children

The majority of the discussants do not believe in specifying the number of children they should have and they hinged their position in cultural tradition and religion. They see children as being given by God; hence, no one can basically say how many they want. These ideas are reflected in some of the quotations that follow:

No one should say that I will have only two or four because God that made us knows what's good for us and we should accept what he gives to us whether 7,8 or 10. (Res 1, age 42,) FGD 1

In Islam a person is not directed to have a certain number of children the person is given the chance to have as few or as many as the couples like. (Res 4, age 42) FGD 1

In Yoruba community we are expected to have as many as we can and that is why the saying says; you don't count children. We don't like counting our children (Res 6, age45) FGD 1

I think there is no number someone has that is enough for the person, it is only sensible for the person to have that which she can train. (Res 9, age 40) FGD 2

Four is the set down rules but this is political not traditional, traditionally one can have as many as possible. (Res 8, age 42) FGD 2

Religious influence

Religious beliefs and injunctions were identified as one of the reasons for the number of children within families. Excerpts on this include:

One of the main reasons why people want to have many children is because of the prophet saying that marry and produce a good generation for I shall be proud of your great number on the Day of Judgment. (Res 4, age 48) FGD 1

In the bible God said Mary, increase and multiply. (Res 8 age 42). FGD 2

For me we are meant to give birth to the give birth to the number of children we can take care of notwithstanding the go to the world and multiply said in Genesis. (Res 6, age 44). FGD 2

Cultural Factors and Sex Preference

The sessions show that it is customary to have children in the entire cultures especially for lineage continuation and for securing inheritance.

I will say who does not have a child throughout his lifetime is as if God never created him, because when he dies everything concerning him die. Boys are also regarded as the main property owners when sharing the properties. (Res 5, age 46) FGD 1

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The Yoruba's sees children as legacy. They have as many as possible, so that whenever they die; they will have surviving children to take care of their left properties (Res 11, age 43). FGD 2

The Igbo man believes in numerical strength, one who has many especially boys stands a greater chance of overcoming challenges in life. (Res 8, age 42). FGD 2

Birth spacing and contraceptive use

Most of the women acknowledged that contraceptive use and birth spacing is good but their husband would play a vital role in the usage of such contraceptives.

Birth spacing and contraceptive is good but my husband did not accept it and have to oblige. (Res 5, age 46) FGD 1

My own stand on contraceptive use is that it helps child spacing and limiting of children because the couple can't do without sex, so there should be measures to prevent pregnancy outcome. (Res 9, age 40) FGD 2

Birth spacing and contraceptive use is good but if I had should brought it up first my husband may look at me as a promiscuous woman which will not make things go well, so if my husband want to use it fine and if not I may suggest it (Res 3, age 43)FGD 1

4.2 Discussion

The findings of the results are that all socio-demographic determinants which are age at marriage, occupation, place of residence, educational level, ethnicity and religion relates with the actual number of living children of the women. This finds corroboration in the findings of Jones (2015) and Engenti (2016) which also concluded that socio-cultural and demographic factors are important determinants of family size among residents of Orlu, South East Nigeria. Occupation was not a significant determinant reason being that most of them were working and yet still had high number of children, although this is partly due to the fact that most of them were in sales and not professional work. The focus group discussion also identified that most of the women who married at older ages, are educated and stay in urban areas have fewer children. Adogu et al confirms the same finding. However, occupation did not necessarily determine their number of children as women who are working still had high number of children (Res 1, 5) FGD 1 and (Res 8) FGD 2.

Ethnicity and religion also played a vital role in determining their family size as women who were Hausa (Muslims) and traditionalist were more likely to have higher number of family size as observed in the work of Okoju (2011). In terms of religion the other Christian were less likely to have higher children compared to the Catholics because the religion frowns at contraceptive usage. This was in harmony with the findings of Oyeronke et al (2015).

The socio cultural determinants which are birth spacing, contraceptive use, ideal number of children and sex preference are also related or determinants of their family size numbers. Birth spacing and contraceptive use was negatively related because an increase in birth spacing and contraceptive use will correspond with a decline in family size. Most of the women never used contraceptives with resulted to higher family sizes among the women, this

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trend also agrees with the work of Engenti (2016). The FGD participants saw contraceptive use as a welcome idea but their husband must be fully involve and may even have the final decision. (Res 3 and 5) FGD 1

Ideal number of children and sex preference were positively related to their family size, because the higher the ideal number of children of sex preference for male the higher the family size, this supported the work of David et al. The focus group participants also supported high ideal number of children (Res 1and 6) FGD1. Age at first marriage and educational level of the women were negatively related to their family size as an increase in age at first marriage and educational level will result to a fall in their family number as also asserted by Adesola (2012) and Jones (2015). Most of the women in the focus group discussion that married late and had higher level of education had few children (Res 2 Age 45, higher education, No of children 3, age at marriage 26) FGD 1 and (Res 9 Age 40, higher education, Number of children 3, age at marriage 27) FGD 2.

CHAPTER FIVE

SUMMARY, CONCLUSION AND RECOMMENDATIONS

5.0 Introduction

The analysis presented in earlier chapters have identified and discussed the determinants of family size among married older women in Nigeria. The present chapter is concerned with the provision of the summary of findings. It also provides the conclusion and proffers recommendations for future researches.

5.1 Summary of Findings

The data for the research was extracted from the NDHS 2013 women recode. This was supported with focus group discussions conducted to validate the results. The women included were women ages 40-49 who would have likely finished child bearing. The principal finding of the result is that family size among married older women was predominantly high and that all socio-demographic determinants which are age at marriage, place of residence, educational level, ethnicity and religion relates with the family size of the women ($p<0.05$) rejecting the null hypothesis, except occupation ($p>0.05$) thus accept the null hypothesis. The socio cultural determinants which are birth spacing, contraceptive use, ideal number of children and sex preference are also related to their family size numbers ($p<0.05$), thereby rejecting the null hypothesis.

5.2 Conclusion

In conclusion, various socio-demographic and socio-cultural factors were identified to be significant predictors of the family size of among older women in Nigeria as large family size were predominantly leading due to their low use of contraceptives, high ideal number of

children, high sex preference and low age at marriage. Also most of the women were not educated and most lived in rural areas.

The data showed that the major reason for their high family size was their ideal number of children which was on a high side. Programs can be conducted to re-orientate women from young ages about the implications of large family size which could make them avoid it and this strategy will go a long way in improving national development.

5.3 Recommendations

Form the findings of this study, the following are recommended:

1. The entire public should be given social awareness on the various implications of large family size and serious war should be waged against illiteracy.

2. The government and public should encourage the use of different methods of birth control and organise seminars on the techniques or method of use.

3. In addition, incentives such as lower school fees, lower hospital fees including others should be extended to families with smaller sizes through opportunities such as the National Health Insurance schemes (Government) and the Free or reduced cost of Education (Nigeria Education Service) so as to motivate others towards having small families.

4. Programmes and theatres should also be promoted in schools and rural community centres to re-echo the need for smaller family sizes. Contraceptives should be made free for rural dwellers.

5. Making people economically independent should also be seen as a major dimension to encouraging smaller family sizes. When people are employed, they are in the position to offer better education to their children; hence making them aware of the implications of a large family. When spouses are also gainfully employed and

contributing their quota to the family is income, it puts the families in better positions to adequately cater for their children. More time is also spent away from home thus discouraging the frequency of sex at the home; hence the tendency for possible pregnancies.

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APPENDIX

DETERMINANTS OF FAMILY SIZE AMONG MARRIED OLDER WOMEN IN NIGERIA

FOCUS GROUP DISCUSSION GUILD

Socio demographic and cultural characteristic of respondent: Age, Educational level, Occupation (working or not working), ethnicity and Age at first marriage.

1. In some countries people might be expected to have a particular number of children, few or high numbers may be seen as desirable, what would you say is the number of children people are expected to have in this community and how many children do you have?

2. Adherence to religion may be seen to have a profound influence on the way of life of the people including their reproductive practices and number of family size, do you agree?

3. The sentiments attached to having children culturally includes the prestige and respect for parent, some people sees not having a male child as not giving birth at all, do you support this statement?

4. Contraceptive use and birth spacing is being seen as a sure way of limiting and spacing children, though may not be totally acceptable by people, what's your stand?