

**DETERMINANTS OF FERTILITY BEHAVIOUR AMONG MARRIED HAUSA  
MIGRANT MEN IN OYE LOCAL GOVERNMENT AREA, NIGERIA.**

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HAUSA MIGRANT MEN IN OYE LOCAL GOVERNMENT AREA,  
NIGERIA.**

**BY**

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**A RESEARCH PROJECT SUBMITTED TO THE DEPARTMENT  
DEMOGRAPHY AND SOCIAL STATISTICS, FACULTY OF SOCIAL  
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**IN PARTIAL FULFILLMENT OF THE REQUIREMENT FOR THE  
AWARD OF BACHELOR OF SCIENCE (B.Sc) HONS IN DEMOGRAPHY  
AND SOCIAL STATISTICS**

## CERTIFICATION

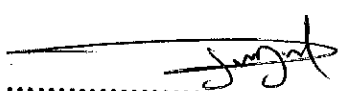
This is to certify that OGUNLEYE IBRAHIM TAIWO of the Department of Demography and Social Statistics, Faculty of Social Sciences, Federal University Oye Ekiti, carried out a research on the topic, "Determinants of Fertility Behaviour among Hausa Migrant Men in Oye Local Government Area, Nigeria" in partial fulfillment of the award of Bachelor of Science (B.Sc) in Demography and Social Statistics in Federal University, Oye-Ekiti under my Supervision.

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## **DEDICATION**

The project is dedicated to Almighty God, the Creator and Fountain of knowledge.

It is also dedicated to my parents, Mr & Mrs. Ogunleye Aliu Onisinde.

## ACKNOWLEDGEMENT

I would like to appreciate God Almighty for giving me His goodness, love, knowledge and understanding. I would like to thank Dr. Odusina Emmanuel and Mr. Shittu sharafa for giving me their expert advice and encouragement in the course of doing this project. I also appreciate Dr. Adeyemi, Dr. Loretta Ntoimo and Mr. Babalola Blessing for their assistance and godly advice.

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## **ABSTRACT**

Fertility in Nigeria countries remains high despite different efforts and intervention programmes. Nigeria is experiencing population explosion due to high fertility level. Fertility varies considerably by region. There are several research studies on relationship between migration and fertility behavior. However, considerably, few have given attention to the determinants of fertility behavior among married Hausa migrants men. Therefore, this study examines the determinants of fertility behavior among married Hausa migrants men in Oye Local Government Area, Ekiti State, Nigeria. The research is quantitative. One hundred questionnaires were administered. The pieces of information gathered in this study were collected through the administration of self-administered pre-coded questionnaires which were created from the previewed literature review. This research came up with the findings that there is reduction in fertility behavior among Hausa migrants men in Oye Local Government Area.

This research concluded that fertility behavior of Hausa migrant men can be determined by their age, occupation, number of wives and these are factors for consideration in designing the relevant intervention programmes and policies on fertility behavior.

## CHAPTER ONE

### 1.0 INTRODUCTION

#### 1.1 BACKGROUND

Fertility in African countries still remain high (PRB, 2014). Generally, in the African context, to limit family size is a selfish act of individuals unwilling to make personal sacrifices for the good of the larger society. Although mortality and fertility rates fell substantially in Latin America and Asia between 1965 and 1985, only mortality declined in Africa; fertility remained relatively stable, well above a level required to replace the population. Consequently, the region experienced extremely rapid population growth, with rates for some populations considerably above 3 percent per year (United Nations, 1991; Freedman and Blanc, 1992). A few countries, most notably Kenya, Botswana, and Zimbabwe, have begun the transition toward lower fertility, but smaller declines in fertility have been observed recently in many other countries. Nevertheless, fertility rates generally remain above six children per woman, and the question of whether Africa is more resistant to fertility change than other regions of the world is a topic of considerable debate (*Barney Cohen, 1993*).

Ordinarily, the determinants of fertility are economic and social, but in African, culture plays a very important role. In Population Council (1987) the explanation to high and stable fertility rate in Sub-Saharan Africa lies largely in a religious belief system and an accompanying social structure that have accorded both spiritual and economic rewards to high marital fertility. Thus persecution arises where a marriage fails to produce a child or the preferred male child. in

African settings, a man who is rich in land but has no children is an object of pity, the man's wife is considered even more unfortunate. Living up to the expectation has implications on population. Sub-Sahara Africa is a region marked with rapid population growth; in 1980 its population was almost 380 million inhabitants (Boogaarts et al 1984:511). Fertility rates in sub Saharan Africa especially sub Saharan Africa have been pinpointed to exhibit a very unique demographic scenario in the world that sets it apart from other regions in the world. While birth rates have fallen dramatically throughout much of Asia and Latin America, they have remained high in Sub-Saharan Africa and this is the reason why sub Saharan Africa is the only region in the world, where fertility decline has been rather slow and late.

According to Bo Malmberg (2008), the current fertility rates in the sub continent stand at the same level as that of Asia and South America towards the end of the 1970s. Malmberg (2008) stated that the region is forty years behind other regions in the world. Sub-Saharan Africa is a region for which the demographic transition has not been well underway. Fertility, however, is not uniformly high and has fallen on average from a total fertility rate (TFR) of 6.54 in 1962 to 5.02 in 2002 ( Shields, 2008). prior to modernization or economic development, mortality was high and in order for a society to be viable, social norms and mores evolved to encourage high fertility. With the onset of economic development, mortality fell but fertility remained high because social norms and mores had not adjusted to the new reality. Eventually, however, social norms and mores may adjust to society's new needs. If so, fertility falls to replacement levels. Numerous social institutions and customs are thought to have arisen to support high fertility.

Most countries in Sub Saharan Africa are still experiencing relatively higher fertility rates. What can be discern from the information so far provided, is that sub Saharan Africa is the sole region

in the world that has not so far experienced any significant decline in its fertility rates. Etienne Van de Walle and Dominique Meekers (1994) mentioned that it is only recently that some African countries have started encountering fertility decline. Alex Ezeh (2009:2991) identified the high persistent fertility rates in the region pose tremendous adverse repercussion on its development potential.

Nigeria is experiencing population explosion due to very high fertility rates. (CIA World Factbook, 2003) Growth was fastest in the 1980s, after child mortality had dropped sharply. Fertility varies considerably by region of residence, with lowest rates in the South and highest rates in Northern Nigeria . Most Nigerians, irrespective of their number of living children, want large families. Women in Nigeria have Total Fertility Rate of 5.7 (NPC, 2015). Fertility rate in Nigeria is known to be unequal across geopolitical zones due to differences in culture, religious inclinations and other contextual and individual based characteristic. In particular, the North East and North West have consistently shown higher fertility rates over other regions since 1990 with the North Central following closely with the South west.

There are approximately 22.5 million Hausa in West Africa (PRB, 1963). The most numerous ethnic group in the Northern part of Nigeria. The North-East remains highest fertility region in Nigeria according to 2006 population census, because of a strong pronatalist culture in which the desired family size is higher than the actual family size. In 2006, married women and men in North West Nigeria reported an average fertility desire of 8.8 and 12.6 children, respectively. More than one-quarter of women older than 40 have 10 or more children. Only one in 100 women want to have at most two children. Although in Nigeria, the more children a woman (or a couple) is able to procreate, the matrimonially fulfilled the culture considers her.( Onoja Matthew, 2012).

Nigeria women want, an average of 6.5 children while men want 8 children. Women's ideal family size is highest in the North West and lower in the South West. Young motherhood is highest in the North West and lowest in South East and South West each. This is why in Nigeria, the more children a woman (or a couple) is able to procreate, the matrimonially fulfilled the culture considers the couple. Human fertility is a function of a variety of factors classified into proximate and distal factors (Yohannes, 2004). The proximal factors are bio-behavioral factors otherwise known to be the intermediate determinants and are; the biological, reproductive and behavioral factors, through which the indirect determinants must devolve to affect fertility directly, while the later, distal determinants are socio-cultural factors which consists of socio-economic and demographic factors that affect fertility indirectly through affecting the bio-behavioral factors (Dube, 2013 citing Yohannes et al, 2004 and Samson et al, 2009).

Fertility behavior is conditioned by both biological and social factors. And as in other traditional African societies, several factors have contributed to sustain relatively high levels of fertility in Nigeria. These factors include high level of infant and child mortality, early and universal marriage, early child bearing as well as child bearing within much of the reproductive life span, low use of contraception and high social values placed on child bearing. In the face of perceived high infant and child mortality, the fear of extinction encouraged high procreation with the hope that some of the births would survive to carry on the lineage. The traditionally high values placed on marriage ensured not only its universality but also its occurrence early in life with the consequence that child bearing started early in life and in most cases continued until late in the reproductive span. The institution of polygyny which sometimes promotes competition for childbearing among co-wives also contributed to sustain high fertility. Use of modern contraception was traditionally unacceptable as it violated the natural process of procreation. The

traditional long period of breast-feeding and postpartum abstinence guaranteed adequate spacing between children. Available evidence suggests that there have been changes in these sociocultural factors over time. Age at marriage appears to have increased, though minimally when viewed at the national level. Use of modern contraception has increased, and improved education (especially of women) appears to have gradually eroded some of the traditional values placed on child bearing.

Migration is the most complex component of population change. It provides an important network for the diffusion of ideas and information and indicates symptoms of social and economic change, and can be regarded as a human adjustment to economic, environmental, and social problems. Migration is a spatial phenomenon (Hammar, 2015), migrants being people who change their residence for a period of time. Even if "migrant" and "migration" seem to be easily understandable, the meaning can vary from study to study.

Although high migration and declining fertility can be seen as independent outcomes of the same cause (high poverty) there are certain relationships between the two outcomes. Several studies (Lindstrom Saucedo, 2002, Singley & Landale, 1998, Hervitz, 1985) investigated the relationships between fertility and migration for the case of people migrating from countries with high fertility to countries with lower fertility in various regions of the world. Some researchers suggest that migration is a disruptive process for fertility: migrants tend to postpone having children because of the socio-psychological stress associated with living in a new place and spouse separation. On the other hand, as other studies pointed out, migrants are not a random sample from the origin country population, they are selected, they have special characteristics and having fewer children is one of their features. Migrants, said other students, tend to adopt — gradually or quickly- the norms of the receiving country in many aspects, including number of

children, and after a while their fertility resembles more the fertility of the destination country rather than that of the sending country.

## **1.2 STATEMENT OF THE RESEARCH PROBLEM**

Nigeria has one of the highest maternal and infant mortality rates in the world caused by high fertility in North West Zone (UNICEF, 2015). Findings determined that high fertility and birth rate contributes positively to high population growth while further findings revealed that high population growth rate in Nigeria exerts negative consequences on the Nigeria's economy. These negative consequences can be appreciated by high poverty, inadequate housing, poor sanitation, low standard of living, high unemployment rate and inflation, high pressures on existing infrastructural facilities etc.

Gafar et al (2009) notes some consequences that come with the increase in fertility: an improvement in the status and wealth of the individuals or families, and an increase to social security at old age. The more the younger generation, the more the community is assured of sufficient manpower to provide defense for the community and more working hands in farms and vocational activities. On the contrary, the increase has led to increase in poverty, deterioration of social and physical infrastructures due to pressure on the use of the facilities, rising unemployment especially among youths, resulting to social unrest, rise in the rates, of crime and cost of living, malnutrition, ill health, environmental degradation, etc. The increase in the rate of fertility in less developed countries as found in the sub-Sahara, is worrisome that all measures

including, modern contraceptive devices suggested or put in place at national, community and household levels seem not to have had much impact.

Onoja and Osayomore (2012) notes that less developed countries like Nigeria could grow economically if population growth is held in check (for poor human capacity building). For instance, uncontrolled fertility has been reported to have adversely influenced the socio-economic, Demographic and environmental development of countries like, Ethiopia, Bangladesh and Pakistan. Apart from that, studies conducted in Nigeria and some other less developed countries have shown that unemployment rate is closely related to high rate of fertility and its long run consequence population explosion. (Onoja, 2013)

The increasing number of children, for example strain the institutions providing services, such as education and health. Their health, as well as, their education, is poor, and lacking in basic skills. With decreased mortality and insignificant international migration (Juha, 1992) the stagnating economies are unable to employ most of the new entrants into the labor force.

In Nigeria, the population growth is growing more drastically without a commensurate growth of the economy over same periods. This paper therefore, takes into account the effects of uncontrolled fertility on population growth and the overall impact of population growth on economic growth in Nigeria. A large population growth on the other side is not only associated with food problem but also imposes constraints on the development, savings, foreign exchange and human resources. Meason (1988) like, Coale and Hoover (1958) analyzed that high youth dependence burdens limits a country's ability to generate sufficient saving, and concludes that



reduction in savings and lack of sustainable development continue to be a cost of rapid population growth.

Other negative effects of population growth include poverty associated with low income per capita, famine, urban congestion and disease, since rapid population growth complicates the task of providing and maintaining the infrastructure, education and health care needed in modern economies (Barro, 1991; Mankiw, Romer and Weil, 1992). Rapid population growth tends to depress savings per capita and retards growth of physical capital per worker (Gideon et al, 2013).

### **1.3 RESEARCH QUESTIONS**

These are research questions.

- What is the level of fertility among Hausa migrant men in Oye Local Government Area, Nigeria?
  
- What are the factors responsible for fertility behaviour among Hausa migrant men in Oye Local Government Area, Nigeria.

### **1.4 OBJECTIVES OF THE STUDY**

#### **1.4.1 General objective**

- The main objective of this study is to examine the determinants of fertility behaviour among Hausa migrant men in Oye Local Government Area, Nigeria.

#### **1.4.2 SPECIFIC OBJECTIVE**

The specific objectives of this study are;

- To know the level of fertility among Hausa migrant men in Oye Local Government Area, Nigeria.
- To examine the determinants of fertility behaviour among Hausa migrant men in Oye Local Government Area, Nigeria.

#### **1.5 JUSTIFICATION OF RESEARCH**

Having seen the implication and the threat that high fertility pose to standard of living in different households, the effect it has on the global economic development, the risk associated with poor birth spacing and mal-nourishment of children in the family, also the short life expectancy of people, it is therefore necessary for governments and institutions to embark on policies and programmes that would plan the tide of fertility to pave way for general well being of the populace.

The study will deepen knowledge and understanding about Hausa migrant men in the study area. The study will reveal level of fertility among the Hausa migrant men in Oye Local Government Area, Nigeria. The study will also reveal the influence of socio-demographic factors on Hausa migrant men fertility behavior in the study area. It will make data available on fertility behavior of the sampled population for necessary intervention programme.

## CHAPTER TWO

### 2.0 LITERATURE REVIEW

#### 2.1 INTRODUCTION

There had been several research studies that seek to explain the relationship between migration and fertility behavior. It was argued that migration is the catalyst for third demographic transition( coleman, 2006). Davis in his article “The theory of change and response in modern demographic History” argued that migration and fertility decline are responses that a population has in times of extraordinary hardship.His article was tailored to high fertility setting for any population that is experiencing a high level of poverty. A good example of his article was the experience of Eastern European countries in 1990 who lived in declining economies at the period of extreme economic uncertainty, the people migrate and this led to decline in their fertility. Although high migration and declining fertility can be seen independent outcomes of cause of high poverty. There are certain relationship between the two outcomes. It was discovered that internal migrant large exhibit fertility level dominant in their childhood environment, while later studies were able to gather that migrant fertility is similar to that of natives at area of destination. The latter was attributed to adaptation, while some claimed that selection of migrant by fertility preferences may be the cause. Decisions on migration and fertility are mutually dependent. Different hypotheses are discussed to clarify this link. For example, the socialisation hypothesis states that migration does not affect fertility because cultural values and norms acquired in childhood in the country of origin will also prevail as a determinant of reproductive behaviour in the destination country. In contrast, the adaptation hypothesis assumes that the current socio-economic conditions and the cultural norms in the destination country will soon exert a strong

influence on migrants' childbearing behaviour and overcome traditional attitudes left behind in the country of origin.

## **2.2 FERTILITY IN AFRICA**

Several studies have been conducted on migration and fertility in Africa. It was discovered that Africans are highest migrant in the world. As the result of African unprecedented migration, It was discovered that migration interferes with fertility behavior of the migrants.

Researchers such as ( Lindstrom & Saucedo, 2002, Singley and Landale, 1998, Hervitz, 1985) investigated relationship between fertility behavior and migration for the case of people migrating from a region with high fertility to region with lower fertility in various countries of the world. For instance, Sub-saharan immigrant fertility rate in France is lower than the fertility rate of sub-saharan Africa (2.86 versus 5.5) respectively, ( Bozon, Lelievre et al. 2001; Toulemon 2004). Some of these researchers posited four main theoretical models that were used to explain the differentials in fertility behaviors and the attitude of migrants. These models are Disruptive, adaptation, selective and generalization (socialization) models.

Some of these researchers posited that migration is a disruptive process for fertility. The theory of disruption explains that migrant tend to postpone having children because of socio-psychological stress associated with living in a new place and spouse separation make the fertility to decline until they are adapted to the new environment (Goldstein and Goldstein, 1982; Bach, 1982). Effect of disruption theory curtails a woman's reproductive performance around the time of departure, and can lead to lower fertility among migrants relative to people who have never moved, it can as well lead to accelerated fertility in the post migration period, called the "catch-up" effect (Hervitz, 1985; Goldstein and Goldstein 1982). This catch-up impact on

accelerating fertility depend on the woman's age at migration and the time left for her reproduction and the level of her fecundity during that period.

Romania was said to be one the countries with high migration and they are also below fertility replacement. The United Nation Studies placed Romania among the first ten countries with an estimated 80,000 emigrants per year in 1995. The fertility rate then attained 1.3 children per women in 2003, a level well below replacement level. It was gathered in their last census in (2002) that between 1992 and 2002; the Romania population decreased by one million as the result of migration. This brought about an argument that high emigration has a negative , disruptive effect on fertility which come as the result of spousal separation and moving to a new place is a stressful event, this make the migrant post-pone having or bearing of children until they get adjusted to the situation or condition of the receiving country. Thus, affecting the level of fertility among migrants.

As disruption theory attempt to explain the migrant fertility in the short run. In the cause of adaptation, its provides a mid-range perspective and the assimilation hypothesis provides a long term perspective. Though theoretically distinct (Okun and Kagya 2012), both the adaption and the assimilation hypothesis assumed that the fertility behavior of migrant will become indistinguishable from the fertility behavior of the women in the receiving or host country as the migrant adapt to their new environment, (Kulu 2005; Cattopadhyay, White, and Debpuur 2006; Milewski 2007; Okun and Kagya 2012). If the receiving country has a lower fertility norm, the migrant women will also have fewer children and the more they stay in that country. Thus, migrants from high fertility countries or regions move to low fertility countries the rate of fertility of the migrant will be similar to that of the receiving country (Kahn 1988; Chattopadyay, White and Debpuur 2006). The adaptation hypothesis predicts that migrant fertility will decline

than women in their native country. Similar, to the assimilation hypothesis which explains that overtime and generations, the fertility level of offspring's of migrants will become indistinguishable from the fertility of women in the receiving country or the host country as the result of acculturation.

The adaptation and assimilation theory came to terms that fertility of migrants will become sooner or later similar to the fertility of the receiving country population. It was further explained that migrants imbibe the culture, norms and characteristics of the receiving country and thus affect their fertility behavior. These two hypotheses were tested from the countries with high fertility who migrate to regions or countries with lower fertility. In the long run the migrant tend to adapt gradually or quickly to norms of the receiving country in many aspect, including number of children and after a while their fertility pattern become the same with the fertility pattern of the receiving country.

The adaptation theory seems to be relevant and widespread for its usefulness in migration-fertility theory. One of the early studies conducted that supported adaptation theory was the research conducted by Myers and Morris (1966), and Goldstein (1973). Research conducted by the former examined the fertility of internal migrants in Puerto Rico located in the North Eastern Caribbean. Their study involved the use of census data on their current residence and place of birth. They came to the realization that migrant from rural areas exhibited the same fertility level and pattern of their host population. Likewise, Goldstein (1973) in her research studies examines the fertility level of rural-urban migrants in Thailand. She was able to discovered that the fertility of the migrant, most especially those in the capital city of Bangkok, were below those of the non-migrants in the rural areas from where the migrants came from (origin).

This also showed in the work of Hiday (1978) that fertility of internal migrants in Philippines was similar to the fertility level area of destination. This led to the widespread of the adaptation theory and used by so many authors. Faber and Lee (1984) examined the effect of rural-urban migration on fertility in Korea. In their study they compared and contrast between the fertility behavior of those who had already migrated to those who are yet to migrate but were known that they will migrate later. These authors were able to discovered two significant different path and they reach the conclusion that the rural-urban migration retards the fertility rate of Korean women.

Socialization hypothesis was inspired by Goldberg (1961). It suggest that there is a distinct outcome for migrant fertility. The hypothesis argues that women fertility behavior is influenced by the dominant values, norms and behaviors in the society where they spent their childhood.(Goldberg 1959; Kulu 2005; Milewski 2007). If a woman therefore migrate as an adult she likely to maintain and adapt to the fertility pattern of her country of origin, but if she migrate as a child, her fertility level is likely to conform to the way of life of the country of destination. The migrant imbibe the norms, culture and behavior of the country of destination or host population he/she migrate as a child. To understand the effect of sociolisation hupothesis on fertility is cumbersome because it is difficult to identify or determine the extent at which migrants and their offsprings immersed in the meaning –system of the country of destination (Milewski 2010).

Early study conducted assumed that a linear progression will be obtainable on the fertility behavior of migrants and that the fertility of offsprings or descendant is going to be fewer and lesser than their parents in the country of destination (Gordon 1964; Kahn 1988; Stephen and Bean 1992). The distinctive cultural traits of some origin of migrants such as pronatalist values,

early marriage, norms, and traditional gender roles, may slow fertility assimilation (Harnett 2012; Lichter et al. 2012 Okun and Kagya 2012). The reality of socialization hypothesis is indirect, In that it often seen or comes into realization in the behavior of the subsequent migrant at childhood. This appeared in the work of milewski (2010). He discovered fertility decline of migrants women from Turkey, Greece, Spain, Italy and the former Yugoslavia at their post-migration in Germany. It was discovered that they still exhibits the fertility level of their country of origin but their children pattern of fertility were similar to the pattern of the host country, Germany. This came as the result of adaptation of the host country norm, culture and behavior.

This also appeared in the research conducted by Harnett (2012) on the fertility behavior of the Latinas migrant in the United State of America. He was able to discovered that the Latinas migrant in the United State were happier whey they conceive or have an unintended pregnancy than their children who US born. (Lichter et al. 2012) also observed among Latino migrant in their established location in United State that would have higher fertility level compared to other Latinos immigrant who stay in isolation found among United State citizen. This happens as the result of easy influence from the US citizens unlike their other immigrant with high fertility. They are more likely to still maintain the pattern of their fertility from yhe country of their origin.

The selection theory also called the social characteristics hypothesis attempt to explain reasons why the fertiltiy behavior of immigrants women often differ from the fertility behavior of women in their country of origin.(milewski 2010; Lichter et al. 2012; Okun and Kagya 2012). This hypothesis was used in explaining the fertility behavior of Mexican women living in the United States. It was discovered that the Mexican women who lives in the United State have more children, on average than those who stay in Mexico (Parrado and Morgan 2008). Reason for this



was not far fetched that those who migrate from the rural areas are likely to give birth to more children because of the characteristics they possess in the rural areas which includes poor education which can lead to higher fertility than those who remain in Mexico (Frank and Heuveline 2005). Authors such as (Chattopadhyay, White, and Debpuur 2006) who used and supported the selection hypothesis stress in their views that the immigrants are different from the non-migrant and this can be seen in the characteristics they possess. This characteristic is often seen in their variation of their fertility. Immigrants have special traits associated with them. This makes them different from the non-migrants in their country of origin. Immigrants are often younger and highly educated than those who remain in their country of origin (Frank and Heuveline 2012).

Couples who are highly educated and well exposed are likely to plan the timing of their pregnancy, thus leading to having fewer children than the non-migrant in the country of origin. (Okun and Kagya 2012). Although most people at young adult have children, young immigrants often have high fertility because of their young age that starts their reproductive period and early procreation. They begin to have children but in the long run their complete fertility often ends up being low (Toulemon 2004; Parrado 2011). Those who immigrate are more ambitious, more upwardly mobile and also desire higher educational aspiration for themselves and their children. The immigrants less desire high number of children compared to those who remain in their country of origin. The immigrants also desire to have their children at their later reproductive ages than those who remain in their country as the result of education and the level of their exposure (Linstrom and Saucedo 2007; Milewski 2007).

Voluntary migrants tend to choose or select their country or region of destination (Kulu 2005). In their selection they tend to choose destination or country where women fertility is closer or

related to their own desired family size (mussino and Strozza 2010; Okun and Sagya 2012). Among these migrants, there are differences in their desired family size. Those who desire large family size chose destination or country with family size is large as theirs, Ditto to those who desire small family size (Linstrom and Saucedo 2002; Chattopadhyay, White, and Debpuur 2006; Lichter et al. 2012).

### **2.3 FERTILITY IN SUB-SAHARAN AFRICA.**

In the study conducted by Betty Bigombe she was able to give full description and explanation on the Fertility behavior in sub-Saharan Africa, like other parts of the world, is determined by biological and social factors. Several factors have contributed to sustain relatively high levels of fertility in most of sub-Saharan Africa. These factors include high levels of infant and child mortality, early and universal marriage, early child bearing as well as child bearing within much of the reproductive life span, low use of contraception and high social value placed on child bearing. In the face of perceived high infant and child mortality, the fear of extinction encouraged high procreation with the hope that some of the births would survive to carry on the lineage. Interestingly, it is also believed that Rwanda's birth rate is on the increase because Rwandans generally believe it is their moral duty to replace the one million or so people that perished during the genocide.

The high value traditionally placed on marriage ensured not only its universality but also its occurrence early in life with the consequence that child bearing started early and in most cases continued until late into the productivity span. The institution of polygamy, which sometimes promotes competition for child bearing among co-wives, also contributed to sustaining high fertility. Use of modern contraception was traditionally unacceptable as it violated the natural

process of procreation. The traditional long period of breast-feeding and postpartum abstinence guaranteed adequate spacing between children. Available evidence suggests that there have been changes in these socio-cultural factors over time. Age at marriage appears to have increased, though minimally; it is still relatively low in rural settings and higher in urban settings. Use of modern contraception has increased, especially use of condoms in the wake of HIV/AIDS, and improved education (especially of women) appears to have gradually eroded some of the traditional values placed on child bearing. Changes in the structure of African families still reflect the enduring tensions between traditional and modern values and structures. Although there have been widespread accounts of families abandoning key traditional practices in favor of modern ones, the major trend remains the creation of systems of marriage and family organization that draw on both traditional and modern norms. The dominant feature of African families, as one observer notes, is its ability to “make new things out of old,” and to draw forth new solutions from the traditional resources of family institutions.

#### **2.4 FERTILITY PREFERENCE IN NIGERIA**

Virtually all ethnic groups in Nigeria exhibit strong patriarchal systems that confer on men ultimate decision-making roles in matters affecting the family and the society at large. In addition, the wives are generally dependent on their husbands socially and economically. This patrilineal tradition supports large family size and this has sustained high desire for children as well as the number of children that people have in the country (Isiugo-Abanihe, 1994; Makinwa-Adebusoye, 2001; Ibisomi, 2008). Men’s reproductive motivation was also found to affect the reproductive behavior of their wives to a large extent in the country (Isiugo-Abanihe, 1994).

Several studies have been conducted on fertility preference in Nigeria, but the study conducted by Latifat Ibisomi in 2012 was able to shed more light on the differential fertility preference among couples in Nigeria. In her study she was able to discover that half of women in the North had more than four children (average of six children). The men are said to be in charge of decision making regarding number of children to have in a household since they provide resources for the homes. The women are not expected to make decision on the number of children they want to have in their household. A respondent from the North was quoted to have said "In the Hausa society, it is difficult to see couples sitting together and talking about how to plan the family". She further explained that fertility preference in Nigeria is related to the value that individuals place on children, their costs and benefits. It is the belief of Nigerians that children are special gift from God and no one can say or dictate how many children that they want. In her study the ideal number for children for a household was put in the range of three to twelve, and there is dissimilarity between the couples for fertility preference, such as the situation where the fertility preference of the husband is greater than that of the wife, the husband take new wife so as to make for his fertility preference, but in a case where the wife fertility preference is greater than the husband, the wife only needs to persuade and convince her husband.

## **2.5 Theoretical Framework**

This study focuses on the impact of migration on the fertility of Hausa migrants in this study. This study, there is a theory that seeks to explain the relationship and the influence that migration has on the fertility of migrants. This theory is Adaptation or Assimilation theory. This theory have two common assumptions: Firstly, Non-migrants fertility levels exceeds the fertility level

of migrants. Secondly, fertility levels of migrants are lower than the fertility level of their area of origin. The theory is going to be used to further explain more on the relationship that exists between migrants and their fertility levels in this study.

Adaptation or Assimilation theory.

The adaptation or assimilation theory has its roots in both sociological and economic theories explaining the determinants of fertility (Findly, 1980). From the sociological perspective, the adaptation theory posits or assumes that the longer migrant live in the new environment, the more they are well familiar to the fertility behavior, pattern, and assimilates the culture and norms that are dominants obtainable in the receiving country or country of destination. Thus, they are exposed to the socio-economic conditions that structure and compose their daily lives. The migrant are therefore more likely to behave and act in the way and manner that similar to the receiving country.

Adaptation from Economic perspective was discussed by Ribe and Schultz (1980). They describe the adaptation theory from an economic perspective, naming rural-urban differences in relative wages for men, women and children, and price and income constraints, as explanatory variables for fertility change due to urban migration. Exposure to different relative incomes and costs will lead to adaptation of different fertility behavior, such that migrants fertility will ultimately converge to that of urban non-migrants. In either case, it is the duration of exposure to urban norms, measured by length of residence, which determines the extent of fertility change due to migration.

Migrant adaptation is therefore more likely to accelerate when a woman with immigrants background is married to a man of the indigenous population (Saenz et al. 1994, Anderson and

Scott 2007). In the long run the migrant tend to adapt gradually or quickly to the norms of the receiving country in many aspects such as their number of children, and after a while their fertility become the same with the fertility level of the area of destination population rather than the fertility level of the country of their origin. This theory also assume that couples who are moving from a high fertility region to a low fertility region will gradually adapt their fertility behavior to the patterns found in the country of destination ( Anderson, 2004; Kulu, 2005; Mayer and Riphahn, 2000).

Therefore, researchers supporting the assimilation hypothesis expect that (1) the boundaries between the migrant groups and the majority population will gradually diminish; (2) that consequently migrants will integrate in the host country, which will be expressed in an increasingly occurrence of mixed marriages (e.g. Coleman, 1994; Hooghiemstra, 2001); and (3) fertility will adapt to the childbearing behavior of the host society (Kang Fu, 2008).

## 2.6 CONCEPTUAL FRAMEWORK

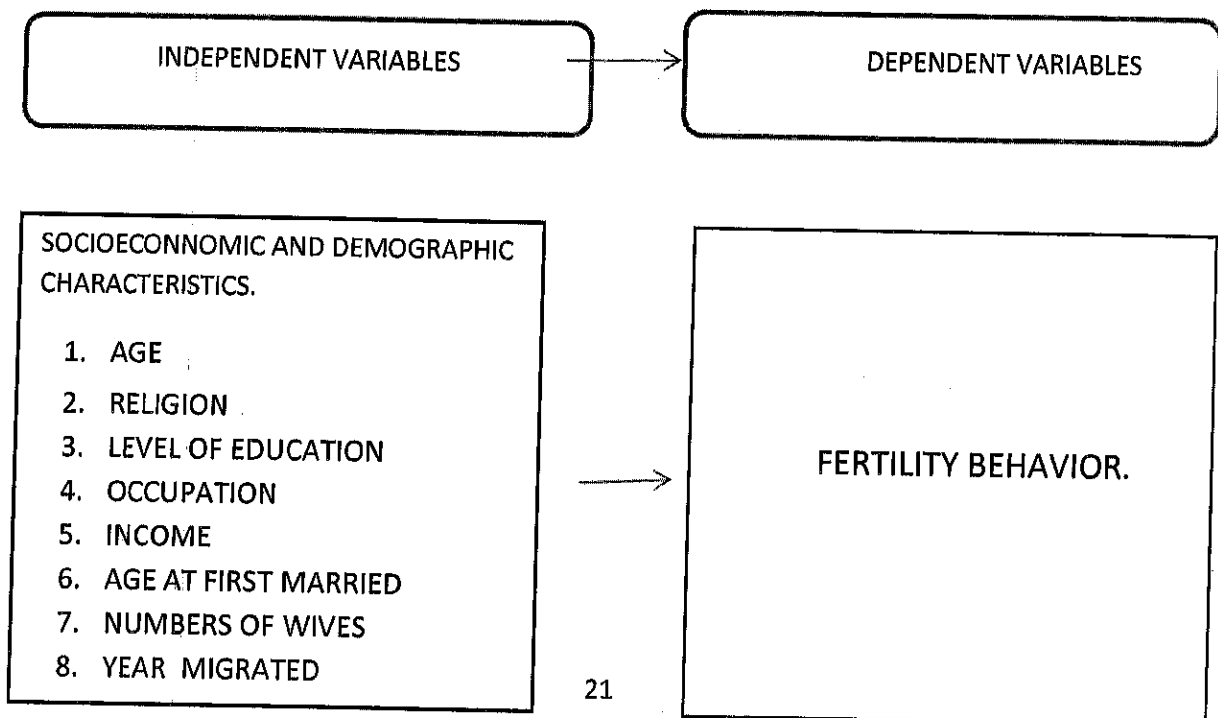


Figure 1: conceptual framework showing the variables that will be used in the study.

The diagram above displays the dependent variables and the independent variables. The independent variables consists the socio-demographic characteristics which will be used to test the dependent variable to see the relationship and how the background characteristics are associated with the fertility behavior of married Hausa migrants male in Ekiti state, Nigeria.

## **2.9 HYPOTHESIS**

H1: There is significant relationship between fertility behaviour of married Hausa migrant men and their background characteristics.

## **CHAPTER THREE**

### **RESEARCH METHODOLOGY**

#### **3.0 INTRODUCTION**

In this part, the arrangement and methodology used in this research is clarified. It comprises the research outline, study area, study population, sample size and sampling procedure, data collection methods, and methods of analysis.

#### **3.1 The Study Area**

The study area involved Oye Local Government Area in Ekiti state mainly. Oye Local Government Area was carved out of the defunct Ekiti North Local Government on 17th May, 1989. This area has a considerable number of Hausa migrants, living in the area. There are many communities under Oye Local Government Area. These communities are Ayegbaju , Oye ,Ayede, Imojo , Ilupeju, Ire, Itapa, osin, Isan, Omu, Itaji and Oloje.

In all these towns the greater percentage of the people resident are of the Yoruba language race. Nearly all the people speak Yoruba language with negligible dialectical variation. Moreover, observably, amidst the Yoruba race, there is a handful population of Hausa migrants.

#### **3.2 RESEARCH DESIGN**

The research design for this project is a descriptive cross-sectional study which involved the married Hausa migrant men in Oye local government area mainly. The research employed the quantitative research method. The primary data were collected through the use of questionnaires.



Significantly, the primary data are closely associated with the framework of the study and guide the planning for implementing the study. The questionnaires consisted of Open and Closed ended questions that address issues pertaining to the research study.

### **3.3 THE STUDY POPULATION**

The study population consisted of male married Hausa migrants who have spent a minimum of five year in Oye Local Government Area, Ekiti state. These consist of married men only in the local government area, excluding their wives, children, youth, and widows.

### **3.4 SAMPLING METHOD AND TECHNIQUES**

This study employed the use of two methods of sampling. The first method is purposive. The respondents were purposively selected among the study population in the study area. In the study area or location, some of the respondents who were approached said they were not married and they were excluded. The second method of sampling used was systematic random sampling. It was used in selecting the research's respondents.

Going by the information provided by the chairman of Hausa community in Ekiti state, the aggregate number of Hausa migrants in Oye Local Government is around 300. However, out of these 300 individuals, there were some who did not meet up with the criteria of this research focus. For example, the unmarried individuals, individuals who have not spent up to five years in Ekiti state and individuals who declined from participating in this research. Utilizing the precise examining method, 100 respondents were drawn.

### **3.5 DATA COLLECTION INSTRUMENT**

The pieces of information gathered in this study were collected through the administration of self-administered pre-coded questionnaires which were created from the previewed literature review. The questions were composed in English language. The questions asked were straight forward and wholly addressed the research questions.

The questionnaires were divided into four sections (A-D): section A is on the socio-demographic characteristics of the respondents; (B) sexual behavioral practices; (C) knowledge, attitudes and beliefs about STIs/HIV/AIDs and (D) fertility behavior. To avoid difficulty in answering the questions, the questions were explained to the respondents who did not understand (some of) the questions.

### **3.6 ETHICAL CONSIDERATION**

The consent of Alhaji Adamu Imam, the chairman of the Hausa community in Ekiti state to carry out the research was sought. Also, we ensured that the respondents assented to the study. Anonymity, confidentiality and protection were completely ensured all through the study.

### **3.7 METHOD OF DATA ANALYSIS**

After collecting all the questionnaires, the pieces of information supplied by the respondents were checked in order to prevent inconsistencies or wrong responses (some of which were caused mainly by linguistic ambiguities). Where there were open-ended questions, responses were categorized and re-coded. Data analysis was carried out using Statistical Packages for Social Sciences (SPSS) version 16.0. For this study, univariate and bivariate analyses were done to achieve the objectives of the study. The association between the dependent variable (fertility behaviour) and the socio-demographic characteristics was examined using the odds ratio at P-value of <0.05 and 95% confidence interval.

At the univariate level of analysis, the frequency and percentage distribution of selected respondents' background variables were generated. However, to achieve the first objective, percentage distribution was done to show the extent of respondents' involvement in sexual activities.

Bivariate analysis was done using chi-square test. Chi-square test of statistics was used to test the influence of socio-demographic characteristics on the outcome variables (Children Ever Born).

### **3.8 FIELD EXPERIENCES**

Non-response rate is the major issue experienced in the course of data collection. Indeed, even after due presentation, some of the respondents requested to see the questionnaires of the survey before they could consent to filling it. On seeing the questions, some of them dropped the questionnaire seeing that some of the questions were inquiring about "sex". They were not willing open up about their sexual life.

Another great challenge was language barrier. It was so difficult to address the respondents in English language. Majority of them spoke Hausa while some refused bluntly.

## CHAPTER FOUR

### DATA ANALYSIS AND RESULT

#### 4.0 INTRODUCTION

This chapter presents the univariate and bivariate tables and their interpretations. The profiles of respondents were shown in univariate table (4.0). It shows the distribution of respondents by some selected socio-demographic characteristics which include: age, gender, level of education, religion, income, age at first marriage and number of wives. Table (4.1) shows the sexual practices of the respondent. Table (4.2) entails questions about the fertility desire or preference of the respondents.

Bivariate table (table 4.3) shows the background characteristics or socio-demographic variables (age, sex, level of education, religion, income, age at first marriage, number of wives and year migrated) in relation to the fertility behavior.

#### **TABLE 4.0: DISTRIBUTION OF RESPONDENTS BY SOCIO-DEMOGRAPHIC CHARACTERISTICS AND OTHER SELECTED VARIABLES.**

Table 4.0 revealed that almost 40% of the respondents' age groups fall within (30-39), 24% of respondents were aged (40-49). Following the age distribution is the respondent religion. More than 90% of the respondents are Muslims while the lowest religion is Christianity with just (3.0%). The highest level of educational of the respondents is Arabic studies which is (45.00%). It was followed by primary education (18.00%).

Over 85% of the respondents said they were self-employed. (9.18%) reported that they were government workers and the employees amidst them were just (4.08%). Majority of the

respondents' average income is over 53% which is (#21,000 and above) while those who earn less than (< #20,000) per month were (46.67%). The highest percentage of respondents' age group who were reported to be married were between the ages of (15-24) were (59.14%) followed by (34.41%) who were (25 and above). Larger proportion of the respondent reported who reported to have single wife were (58.00%) followed by those who reported having two wives (34.00%).

<b>Socio-demographic characteristics</b>	<b>Frequency</b>	<b>Percentage</b>
<b>Age</b>		
20-29	18	18.18
30-39	39	39.39
40-49	24	24.24
50+	18	18.18
<b>Religion</b>		
Catholic	3	3.00
Protestant	5	5.00
Islam	92	92.00
<b>Educational level</b>		
None	4	4.00
Primary	18	18.00
Secondary	19	19.00
Post-secondary	14	14.00
Arabic	45	45.00
<b>Occupation</b>		
Employee	4	4.08
Government employee	9	9.18
Self-employed	85	86.73
<b>Income</b>		
Less than 20,000	35	46.67
21,000-49,000	20	26.67
50,000+	20	26.67
<b>Age at first marriage</b>		
0-14	6	6.45
15-24	55	59.14
25+	32	34.41
<b>Number of wives</b>		
1	58	58.00

2	34	34.00
3	8	8.00

#### 4.1 DISTRIBUTION OF RESPONDENTS SEXUAL BEHAVIOR.

This second Table 4.1 entails the sexual behavior practices of the respondent. From this table, those who reported they have had sex were (96.97%) while those who said they never had sex were (3.03%). Larger proportion of respondent had their first sexual intercourse at the age above twenty were (65.98%) followed by (18.56%) who said they first had sexual intercourse below 12 years. Over (45%) of the respondent reported that they often have sexual intercourse while (21.74%) said they have sexual intercourse thrice per fourth night. Larger percentage of the respondent said they have heard about contraceptive were (80.6%) while those who said NO were (19.4%). Those who have said they have used any method of contraceptives were (18.10%) compared to those who said they don't use it (81.93%). Those currently using any methods of contraception were (13.11%) while those who don't use it are (86.89%). The respondent who said they've heard about condom were (79.8%) while those who said they have not heard about it were (20.2%). Larger proportion of respondent who said they have never used condom with their partner before were (85.71%) while those who said Yes were (14.29%). Majority of reasons the respondent gave as why they don't use any method of contraceptive is because It is against their religion which is (70.0%) while the least reason was that it diminishes sexual pleasure and that is (1.25%). Those who said they know where condom is sold were (56.00%) while those who said No were (44.00%)

<b>Have you ever had sex?</b>		
Yes	96	96.97
No	3	3.03
<b>Age at first sexual intercourse</b>		
Below 12	18	18.56
13-19	15	15.46
20+	64	65.98
<b>How often do you have sex per forth night.</b>		
Once	3	13.04
Twice	4	17.39
Thrice	5	21.74
Often	11	47.83
<b>Have heard about contraceptive</b>		
Yes	79	80.61
No	19	19.39
<b>Have you ever used contraceptive?</b>		
Yes	15	18.07
No	68	81.93
<b>Are currently using any contraceptive?</b>		
Yes	8	13.11
No	53	86.89
<b>Have you or partner used condom?</b>		
Yes	12	14.29
No	72	85.71
<b>Partner's opinion about condom use.</b>		
Approve	32	39.02
Disapprove	42	51.22
Don't know	8	9.76
<b>Ever talk to partner on STDs prevention?</b>		
Yes	33	36.67
No	57	63.33
<b>Ever encourage someone to use condom?</b>		
Yes	30	32.97
No	61	67.03
<b>Why not using condom?</b>		
Its against my religion	56	70.00
Fear of complications	5	6.25

Difficult to dispose	5	6.25
Difficult to put on/off/messy.	4	5.00
Partner does not like it.	4	5.00
No problem	6	7.50
<b>Do you know where to get it?</b>		
Yes	42	56.00
No	33	44.00

#### **4.2: DISTRIBUTION OF RESPONDENTS ACCORDING TO THEIR FERTILITY BEHAVIOUR.**

Table 4.2 revealed the distribution of respondents according to their fertility behavior. The respondents who reported to have less than or equal to four desired number of children were (14.89%) followed by those who said they want more than four and above (85.11%). Respondents who reported less than or four children ever born were (34.83%) followed by those who reported to have had more than four children ever born (65.17%). The respondents who choose an ideal number of more than four children were (84.04%) followed by those who choose less than or equal to four children (15.96%)

**TABLE 4.2: DISTRIBUTION OF RESPONDENTS ACCORDING TO THEIR FERTILITY BEHAVIOUR.**

<b>Desired number of children</b>		
$\leq 4$	14	14.89
$> 4$	80	85.11
<b>Children Ever Born</b>		
$\leq 4$	31	34.83
$> 4$	58	65.17
<b>Ideal number of children</b>		



≤ 4	15	15.96
> 4	79	84.04

## BI-VARIATES ANALYSIS

### 4.3 DISTRIBUTION OF RESPONDENTS BY SELECTED CHARACTERISTICS AND CHILDREN EVER BORN.

The table below displayed the relationship and levels of association between the respondents background characteristics and their fertility behavior. Their background characteristics considered are age, level of education, income, occupation, age at first married and their number of wives. These background characteristics are measured alongside with their number of children.

Considering the age group of (20-29) which is the starting or the base age. Those who have less than or equal to four children ever born were (29.03%) while those who have above four children were (8.62%), followed by the age group (30- 39) the percentage of those who have (<4) children were (39.66%) the same with those who have more than four children. larger proportion of people in the age group of (40 – 49) who have more than four children were ( 78.27.59%), while those who are ( 50>) who less than or equals four children were ( 9.68%) while those who have more than four children were (24.14%). This make the age of the respondent significant with (p=0.043).

Religion is divided into classes in the study which are Catholic, Protestant, and Islam. Those who have less than four children are as follows respectively Protestant (12.90%), Islam (23.58%)

while those who reported to have more than four children are as follows. Islam (77.42%) and Protestant which is (0.00%), we therefore deduce from the data those who have more preference for children are those who practice Islam. This gives ( $p=0.003$ ). This implies that there is a significant relation between religion and fertility behavior of migrants.

The proportion of respondents with the level of education of Arabic who have (<4) children are (40.48%) while those who have (4+) children are (59.52%), followed by those with post-secondary education who have less than four children (71.43%) while those with more than four children are (28.57%) and those with primary education with (<4) children were (41.18%) alongside with those who have above four children (58.82%). This shows that there is no significant relationship between the level of education and fertility behavior among the Hausa migrants.

The level of income is not insignificant ( $P=0.073$ ). There is no significant relationship between the income and migrants fertility behavior. While age at first married is not also significant ( $p=0.726$ ). There is an association between the migrants age at first married and their fertility behavior. Likewise the number of wives is also significant to fertility behaviour of the migrant. Those who have one wife with less than or equal to four children are (77.42%), while those with two wives and more than four children are (39.66%) ditto with those with three wives (10.34%). The ( $p=0.041$ ). These imply that there is significant relationship or association between the number of migrants wives and their fertility behaviour.

The respondent who are self employed with less than or equal four children are (74.19%) alongside with those who have above four children (93.10%). While those employed by the government who have more than four children are (1.27%). This gives ( $P=0.005$ ), which means

that there is significant relationship between the respondent occupation and their fertility behavior.

**TABLE 4.3: DISTRIBUTION OF RESPONDENTS CHARACTERISTICS AND CHILDREN EVER BORN.**

Characteristics	Children Ever Born		P-value
	≤ 4	>4	
<b>Age</b>			
20-29	9(29.03%)	5(8.62%)	0.043
30-39	13(41.94%)	23(39.66%)	
40-49	6(19.35%)	16(27.59%)	
50+	3(9.68%)	14(24.14%)	
<b>Respondent occupation</b>			
Employee	1(3.23%)	3(5.17%)	0.005
Government employee	7(22.58%)	1(1.72%)	
Self employed	23(74.19%)	54(93.10%)	
<b>Respondent Religion</b>			
Catholic	3(9.68%)	0(0.00%)	0.003
Protestant	4(12.90%)	0(0.00%)	
Islam	24(77.42%)	58(100.00%)	
<b>Educational</b>			

<b>level</b>			
None	1(3.23%)	2(3.45%)	0.176
Primary	3(9.68%)	13(22.41%)	
Secondary	5(16.13%)	13(22.41%)	
Post-secondary	8(25.81%)	5(8.62%)	
Arabic	14(45.16%)	25(43.10%)	
<b>Income</b>			
<20,000	20(64.52%)	30(51.72%)	0.073
21,000-49,000	3(9.68%)	18(31.03%)	
50000 and above	8(25.81%)	10(17.24%)	
<b>Age at first married.</b>			
0-14	11(35.48%)	16(27.59%)	0.726
15-24	8(31.03%)	18(29.21%)	
25+	12(41.38%)	24(40.45%)	
<b>Numbers of wives</b>			
1	24(77.42%)	29(50.00%)	0.041
2	6(19.35%)	23(39.66%)	
3	1(3.23%)	6(10.34%)	

## **CHAPTER FIVE**

### **5.0 INTRODUCTION**

This chapter of the research project comprises or entails the discussion of analysis done in chapter four. Base on this discussion, summary of findings, conclusion and recommendation would be made for this study.

### **5.1 DISCUSSION**

The main objective of this study is to examine the determinants of fertility behavior among married Hausa migrant men in Oye Local Government Area, Nigeria. The study specifically aim at the level of fertility among married Hausa migrants men in Oye Ekiti. This research was analyzed using their background characteristics to know the level of their fertility behavior. Some of the variables used were significant while some are not significant in the testing of association between fertility behavior and their background characteristics. Variables that significant or is associated with fertility behavior of the Hausa married men are; Age, Occupation, number of wives and Religion. While variable such as Income, Education and Age at first marriage are not significantly associated to their fertility behavior.

Their fertility behaviour is relatively low from the number of children they reported to have at present. Their fertility behavior is relatively high because larger proportion of the migrant who have more than four children were (65.17%). While there is significant relationship between their fertility behaviour and background characteristics.

## 5.2 CONCLUSION

The determinant of fertility behaviour among married Hausa migrant men in Oye Local Government Area, Nigeria. In this study, since background characteristics of the migrants such as Age, Year migrated, Occupation, and number of wives are significant in relations to their fertility behavior. I therefore accept the Alternate Hypothesis that states that there is significant relationship between fertility behavior of married Hausa migrants men and their background characteristics.

## 5.3 RECOMMENDATION

Having gone through analysis and discussion of the research result. I therefore recommend the following strategy to control or regulate fertility behavior of married Hausa migrant men in Oye Ekiti Local Government Area. In other to reduce high fertility among the Hausa, reduce the high rate of infant and maternal mortality. I recommend the following strategy;

- I recommend that the government should enforce and ensure compulsory education to at least the level of secondary education and scholarship award for post-secondary education. The reason for this first recommendation can be seen in the research study as majority of the married Hausa men said they attended Arabic school while some said they are primary and secondary school drop-out. Education is the most powerful weapon we can use to change the world (Nelson Mandella) the role and influence of education in a society cannot be underestimated or overlook. Education thrive in an atmosphere saturated with ignorance, illiteracy and delusion.

The heart and mind of people also needed to be educated. Aristotle once said that educating the mind without educating the heart is no education. There are some who are educated but their heart is yet to be educated.

- The religious leaders first need to be enlightened and sensitized on the need for contraceptives. Hausa people respect their religious leaders most and they are ready to carry out their instruction at the detriment of their lives. If the leaders are enlightened on the need for contraception they can easily influence their followers. Contraceptives enables them to control their fertility behavior and also reduces the rate of STIs/HIV/AIDs. Since majority of the married men claimed to know one method of contraception or the other but they don't use as they further justified their disposition why they don't use contraceptives that it is against their religion.
- Promotion of family planning should also be entrenched into the school curriculum so as to educate them on the need to have small family size. Majority of the married men don't have the intention of limiting their family size as they said that children is a special gift from God. When there is promotion of family planning among the hausas, it reduces the rate of infant and maternal mortality. This will not only reduce the rate of death but also brings about improvement in infant and child nutrition also increases longevity of the mother's live. There are a lot of benefit to be derived when the Hausas practice family planning. It helps the family to be able to cater adequately for the children and also help the health of mother and child.

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**APPENDIX**

**DEPARTMENT OF DEMOGRAPHY AND SOCIAL STATISTICS**

**FACULTY OF SOCIAL SCIENCES**

**FEDERAL UNIVERSITY, OYE EKITI, EKITI STATE, NIGERIA**

**DETERMINANTS OF FERTILITY BEHAVIOUR AMONG MARRIED HAUSA  
MIGRANT MEN IN OYE LOCAL GOVERNMENT AREA, NIGERIA.**

**To Whom It May Concern**

Dear Sir,

This is a student's research project aimed at studying the above topic. It is purely an academic exercise for the award of a degree, and it has nothing to do with you as a person. As such, information given by you will be treated confidentially.

I plead that you respond to these questions honestly as much as you can. Your cooperation is highly needed.

The research student.

**SECTION A: SOCIOECONOMIC AND DEMOGRAPHIC CHARACTERISTICS**

- (1) What is your age? : .....
- (2) What is your religion?: Catholic.....1, Protestant.....2, Other Christian.....3  
Islam.....4            Traditionalist.....5    No Religion.....6    Other  
(specify).....7
- (3) What is the highest level of school you attended? None.....1    Primary.....2  
Secondary.....3            Post Secondary.....4    Other (specify).....5
- (4) What is your occupation? An employee of a private company.....1    A government  
employee.....2    Self employed in his own business.....3    Other (specify).....4
- (5) How much do you earn on the average per month?.....
- (6) How old were you when you were first married.....
- (7) How many wives do you have at present? .....
- (8) How long have you lived here.....

SECTION B: SEXUAL BEHAVIOUR PRACTICES

- (9) Have you ever had sexual Intercourse? Yes.....1 No.....2
- (10) If yes, how old were you when you first had sexual intercourse? .....
- (11) Do you currently have sexual partner(s)? Yes.....1 No.....2
- (12) If yes, how many sexual partners do you have?.....
- (13) How often do you have sexual intercourse with your partner(s) ( state per fortnight)
- Once .....1 Twice.....2 Thrice.....3 Others(Specify).....4
- (14) How many people have you had sexual intercourse with in the last one month?.....
- (15) How many partner(s) have you ever had sexual intercourse with in your life?.....
- (16) Have you or your partner ever had any of these problems? Pregnancy.....A  
Abortion.....B Sexually transmitted disease.....C Other (specify).....D
- (17) If yes, how did you treat it?.....
- (18) Have you heard about any method of contraceptive? Yes.....1 No.....2
- (19) If yes, which of the following have you heard about?
- Pill.....A Diaphragm or cervical caps.....E
- IUD.....B Injectables.....F
- Condom.....C Safe period / Rhythm or periodic

Abstinence.....G

Withdrawal.....D

Foam/Jelly/Spermicide.....H

Others (specify).....X

(20) Have you ever used any method of contraceptive? Yes...1 No.....2

(21) If yes, which method(s) have you ever used? .....

(22) Are you currently using any method(s) of contraceptive? Yes...1 No.....2

(23) If yes, state the method(s) you are using .....

(24) Have you ever heard of condom? Yes.....1 No.....2

(25) Would you say you approve or disapprove of people using condom to avoid STIs/HIV/AIDS?

Approve.....1 Disapprove.....2 Not sure.....3

(26) Have you or your partner ever used condom? Yes.....1 No.....2

(27) If yes, have you ever experienced any problem when using condoms? Yes..1 No..2

(28) If yes, what are these problems?

Diminishes sexual pleasure and disrupts love making.....A

Is embarrassing-both to buy them and to use them.....B

Implies STDs, prostitution, promiscuity, and distrust of one's sexual partner.....C

Does not prevent pregnancy or STDs effectively.....D

Others (specify).....X

(29) The last time you had sexual intercourse, was a condom used? Yes...1 No.....2

(30) What is your relationship to the women with whom you last had sex?

Spouse/cohabiting partner.....1

Woman friend/fiancée.....2

Other friend.....3

Casual acquaintance.....4

Relative.....5

Commercial sex worker.....6

Other (specify).....7

(31) Do you think that your partner/spouse approves or disapproves of people using condom?

Approve.....1 Disapprove.....2 Don't know.....3

(32) Have you ever talked with your partner about ways to prevent getting STIs/HIV/AIDS?

Yes.....1 No.....2

(33) Have you ever encouraged someone to use a condom to avoid STIs/HIV/AIDS?

Yes.....1 No.....2

(34) If you are not using condom, why?.....

- It is against my religion/morally wrong.....A
- Fear of complications.....B
- Difficult to dispose of.....C
- Difficult to put on/take off/messy.....D
- Diminishes pleasure.....E
- Wife/Partner objects/does not like it.....F
- Condom broke.....G
- No problem.....H
- Others (Specify)..... X

(35) If you are using condom, why?

- To prevent STIs/HIV/AIDS.....A
- To prevent pregnancy.....B
- To prevent both.....C
- Do not trust partner/felt partner has other partner.....D
- Partner requested/insisted.....E
- Other (specify).....X
- Don't know.....Z



(36) Do you know of a place where a person can get condom? Yes...1 No...2

(37) If you wanted to, could you yourself get a condom? Yes.....1 No.....2 Don't know/unsure.....3

**SECTION C: KNOWLEDGE, ATTITUDES AND BELIEFS ABOUT STIs/HIV/AIDS**

(38) Do you know of any infection a person can get through sexual intercourse?

Yes.....1 No.....2

(39) Which infections do you know about?.....

HIV/AIDS.....A

Gonorrhoea.....B

Syphilis.....C

Genital Herpes/Warts.....D

Chancroid.....E

Chlamydia.....F

Candidiasis.....G

Others(Specify).....X

(40) Have you heard of an illness called STIs/HIV/AIDS? Yes.....1 No.....2

(41) Do you believe that STIs/HIV/AIDS exists? Yes...1 No....2 Don't know...3

(42) Is there anything a person can do to avoid STIs/HIV/AIDS?

Yes.....1 No.....2 Don't Know.....3

(43) What can a person do to avoid STIs/HIV/AIDS?

- Abstain from sex.....A
- Limit sex to one partner / stay faithful to one partner.....B
- Use condom.....C
- Avoid blood transfusions.....D
- Avoid sharing sharp objects.....E
- Seek protection from traditional practitioner.....F
- Don't know.....G
- Other (Specify).....X

(44) Can a healthy looking person be infected with STIs/HIV/AIDS?

Yes.....1 No.....2 Don't know.....3

(45) Can a person get STIs/HIV/AIDS the first time he or she has sex?

Yes.....1 No.....2 Don't Know.....3

(46) What are the ways through which people can contract STIs/HIV/AIDS?

- Sexual intercourse with infected partner.....A
- Not using condom with infected partner.....B
- Blood transfusion from infected persons.....C
- Using the same injection needles with infected persons.....D

Sharp object from infected persons .....E

Don't know.....F

Other (specify) .....X

(47) Have you ever talked with your partner about ways to prevent STIs/HIV/AIDS?

Yes.....1 No.....2

(48) Do you think you are at risk of getting STIs/HIV/AIDS in the next 12 months?

Yes .....1 No .....2 Don't Know.....3

(49) Do you worry about getting infected with STIs/HIV/AIDS?

Yes.....1 No.....2 Don't know.....3

(50) If yes, what do you do to avoid STIs/HIV/AIDS?

.....

(51) Have all the information, campaigns, warning you have read, seen, and heard about STIs/HIV/AIDS helped you to:

	Yes	No
Activity		
1. Say no to sex.	1	0
2. Reduced the number of sexual partners.	1	0
3. Use condom anytime you engage in sexual intercourse.	1	0
4. Be careful of where you take injection.	1	0

- |    |   |   |   |
|----|---|---|---|
| 5. | Refuse to have intercourse with anybody who is not your wife (wives). | 1 | 0 |
| 6. | Be afraid of STIS/HIV/AIDS.   | 1 | 0 |
| 7. | Be prayerful.   | 1 | 0 |
| 8. | Change attitudes and beliefs about STIs/HIV/AIDS.                     | 1 | 0 |

(52) HIV/AIDS is curable in some cases. Yes.....1 No.....2 Don't Know.....3

### SECTION D: FERTILITY

- (53) If you would choose exactly the number of children to have in your whole life, how many would that be? Number..... Other (specify).....
- (54) How many of these children would you like to be boys, how many would you like to be girls and for how many would the sex not matter? Number (boys).....  
Number (girls)..... Number (either)..... Other (specify) .....
- (55) How many children of your own do you have now?.....
- (56) How many sons..... Daughters?.....
- (57) How many children were born alive that later died?.....
- (58) Would you like to have another child or more children?  
Have another child.....1 Have more children.....2 No more.....3.  
Undecided.....4 Up to God/ Don't know.....5 Other  
(specify).....6