

**PREDICTORS OF FERTILITY BEHAVIOUR AMONG IGBO AND HAUSA/FULANI
MIGRANT WOMEN IN SOUTHERN NIGERIA**

BY

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CERTIFICATION

This is to certify that **IKE PRECIOUS CHIDIMMA** of the Department of Demography and Social Statistics, Faculty of Social Sciences, carried out a research on the topic "Predictors of fertility behaviour among Igbo and Hausa/Fulani migrant women in Southern Nigeria" in partial fulfillment of the award of Bachelor of Science (B.Sc) in Federal University Oye-Ekiti, Nigeria under my Supervision.

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DEDICATION

The project is dedicated to God Almighty, the Alpha and the Omega, the source of all wisdom, knowledge and understanding and to my parents, Mr. & Mrs. IKE.

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ABSTRACT

Few studies have made recourse to providing observed evidence on relationships between migration and fertility behaviour of women in Nigeria. This study therefore examined predictors of fertility behaviour among Igbo and Hausa/Fulani migrant women in Southern Nigeria using 2008 Nigeria Demographic and Health Survey (NDHS, 2008) data set. The study analyzed differences in fertility levels of 1,180 migrant women. The analysis was done at three levels univariate, bivariate and multivariate analyses. Binary logistic regression was employed in multivariate analysis. Age, age at first marriage, wealth index, occupation status, ethnicity, religious, level of education, ethnicity, place of residence, knowledge of contraceptive, current use of contraceptive methods, ever use of contraceptive methods, fertility desire, children ever born and number of living children were the variables predicting fertility behaviour among Igbo and Hausa/Fulani migrant women. In the study area, current contraceptive use among the migrant women was very low despite the high knowledge of contraception. In planning efforts to reduce high fertility level in Southern Nigeria, disparities in migrants and non-migrants fertility behaviour should be considered.

CHAPTER ONE

INTRODUCTION

1.0 BACKGROUND TO THE STUDY

Migration is the movement of people or person from one region to another with the motive of settling, permanently in the new region. It involves a permanent or semi-permanent change in residence from one settlement to another. In other words, it is a physical and social transformation and hence difficult to conceptualize (Chandna 1998). It is one of the demographic drivers of population change. It is a measure of racial, linguistic and nationalistic socializing of earth's population. It should be noted that not all movements are migrations. For example, a movement from one residential area to another or continuous movement of nomads and migratory workers are not considered as migration (Demko, Ross, and Schnell, 1970). Migration involves permanent change of residence.

Lee, 1966 listed some factors in decision to migrate such as factors associated with the area of origin, factors associated with the area of destination, intervening obstacles and personal factors.

Migration occurs at different scales such as intercontinental which is between continents, intra-continental which is between countries on a given continent, interregional which is within regions, etc. Different types of migration include seasonal migration, return migration, chain migration, step migration, impelled

migration, immigration, emigration, external migration and internal migration. The most pronounced form of migration in developing countries is rural-urban migration (that is, a form of internal migration). People move from the countryside to cities in search of opportunities for better living conditions. Migration interferes demographic phenomenon, such as mortality and fertility. Migration commonly occurs among adult men and women in active and childbearing age but for the purpose of this study, major concentration will be on migrant women. The fertility of migrants constitutes an important component in births and fertility rates in many developed and developing countries.

Fertility trends in most of the developed world in the late 1990s showed a substantial decline to two children or fewer from the traditional six children per woman. In spite of the declining fertility rate, the total fertility rate (TFR) is still high in sub-Saharan Africa. In sub-Saharan Africa, the TFR is five children per woman on the average, whereas countries like Chad, Mali, Niger and Nigeria record over six to seven children per woman (NPopC and ICF Macro, 2014). The level of fertility in the world varies broadly by country and culture, social and economic conditions, as well as by individual characteristics such as age. Generally, more industrialized and economically developed societies have lower fertility than agricultural, less developed societies. Also, within countries, generally, more educated groups with higher incomes have lower fertility than less educated groups with lower incomes (Campana, 2017). Among sub-Saharan African countries, Nigeria is the most populous country in Africa with a population of over 174 million in 2013 (PRB, 2013), which is approximately one-

sixth of the total African population and currently estimated with a population of over 192 million (UN, 2017). Nigeria is one of the sub-Saharan African countries with the fastest growing populations with a TFR of 6.8 in the early 1980s and 1990, 5.9 in 1991, 5.4 in 1994 and 5.2 in 1999. In 2003, the TFR was 5.7; this dropped to 5.5 in 2013, which showed a decline in the fertility pattern (Alaba, Olubusoye and Olaomi, 2017). Nigeria remains a high fertility regime country compared with other countries of the world and prospects for decline is still remote because factors sustaining high fertility behaviour are prevalent in the country. Proximate and socio-demographic determinants of fertility such as current marital status, polygyny, age at first marriage, first sexual intercourse and recent sexual activity, postpartum amenorrhea, abstinence, age at first birth as well as use of contraceptives, education, place of residence and wealth index have been found to significantly affect fertility patterns (Alaba, Olubusoye and Olaomi, 2017). Understanding migration and fertility would be essential in the context of changing demographic dimensions in different regions in the world, migration have greater effect on the future population changes and also have implication on the social and economic dynamics (Majelante and Navaneetham,, 2013).

1.1 STATEMENT OF THE PROBLEM

Fertility behaviour varies among several ethnic groups in Nigeria. Also studies in Nigeria noted differentials and variations in fertility behaviour in different geopolitical zones. The North East has a Total Fertility Rate (TFR) of 6.3 children per woman, North West with a TFR of 6.7 children per woman, South South with a TFR of 4.4 children per woman and a TFR of 4.7 children per woman in South

East, which is over two children per woman lower than the TFR of the two core northern zones. (NPopC and ICF Macro, 2009; NPopC and ICF International, 2014; Mberu and Reed, 2015). The fertility behaviour is generally affected by the cultural, health, political, demographic and socio-economic setting. One of the factors that cause variations in fertility is migration. Moving from one place to another is an important life event, associated with both short and long term changes in a person's life. While the effect of migration on different life domains of a person seems self-evident, varying opinions concerning the impact of a new social environment on childbearing preferences and behavior of migrants exists. In other words, migration influences fertility through factors prevailing in the new areas. Numerous studies have proposed complementary and partly contradictory hypothesis about how the patterns of fertility might appear resulting from migration. Early research observed that there was elevated fertility for people who moved because of union formation, hence increasing the fertility rate of the new area. In other words, internal migrants largely exhibit fertility levels dominant in their childhood environment. While, later studies noted that migrants, whatever their origin, tend to have fertility levels similar to the non-migrants at destination. In other words, migrants' fertility resembles more closely to that of natives at destination (Hill, 2005). Some authors attribute the latter to adaptation; others claim the selection of migrants by fertility preferences. Moreover, short-term fertility-lowering-effects of residential relocation have also been proposed and challenged in the literature. As noted earlier, total fertility rate among Northerners have been estimated to be the highest in Nigeria, contributing to the country's

Total Fertility Rate. When the women from this region migrate, they tend to either exhibit fertility rate similar to the non-migrant in the new location, contributing less to the population of the new area or exhibit fertility rate common in their previous residential location contributing more to the population of the new area. Since there has been varying circumstances of fertility behaviour across regions experiencing migration as a result of prevailing socio-economic conditions in these regions, it becomes necessary to determine the predictors of fertility behavior among migrant women in Southern Nigeria.

1.2 JUSTIFICATION OF THE STUDY

Migration is an important factor in fertility. The pattern of fertility can be strongly influenced by migration. It has been found to change behaviour through new norms and beliefs being adopted and imbibed by migrants. Much the existing research on fertility of migrant women in some parts of Nigeria is limited (Odusina and Adeyemi 2016 and Pittin 1984). Migration could also have an impact on family formation, hence affecting fertility (Cristina, 2005). Most of the studies on internal migration and fertility explained that migration might fertility (Esnesto, 1981).

It is the aim of this research to provide more information on the fertility behaviour of migrant women. The study would throw more light on the determinant of fertility. It will review the characteristics of migrant women in the study area and also deepen understanding and widen the knowledge on the migrant women in the study area. The data will help in designing policies and intervention programs to

stem down the tide of fertility in the study area. Migration will play a significant role in the future not only in changing population size and structure and also impacting on the macro economy such as GDP growth, wages, employment and labour market at the destination countries. This impact would vary according to country of destination with respect to level of development. Therefore understanding the patterns of relationship between migration and fertility will go a long way in formulating macroeconomic policy (Majelantle and Navaneetham, 2013).

1.3 RESEARCH QUESTIONS

1. What is the fertility level of Igbo and Hausa/Fulani migrant women in the Southern Nigeria?
2. Are there differences in the fertility level of the Igbo and Hausa/Fulani migrant women and that of the non-migrant women in Southern Nigeria?
3. What are the predictors of fertility behaviour among the Igbo and Hausa/Fulani migrant women in Southern Nigeria?

1.4 RESEARCH OBJECTIVES

1.4.1 THE MAIN OBJECTIVE:

The main objective of this study is to examine the predictors of fertility behaviour among Igbo and Hausa/Fulani female migrant women in Southern Nigeria.

1.4.2 SPECIFIC OBJECTIVES

The specific objectives of the study are:

1. To ascertain the fertility levels of Igbo and Hausa/Fulani migrant women in the Southern Nigeria.
2. To determine if there are differences in the fertility levels of the Igbo and Hausa/Fulani migrant women and that of the non-migrant women in Southern Nigeria.
3. To investigate the predictors of fertility behaviour among the Igbo and Hausa/Fulani migrants women in Southern Nigeria.

1.5 HYPOTHESIS TESTING:

The first two hypotheses are drawn from the adaptation, socialization, disruption and selection model, while the third hypothesis addresses the predictors of migrant women's fertility behaviour.

1. The fertility desire of Igbo and Hausa/Fulani migrant women in Southern Nigeria is likely to be related or associated with their socioeconomic and demographic characteristics (education, age at first marriage, place of residence, religion, etc.).
2. The fertility behaviour (Children Ever Born) of Igbo and Hausa/Fulani migrant women in Southern Nigeria is likely to be predicted by their socioeconomic and demographic characteristics (education, age at first marriage, place of residence, religion, etc.).

3. The fertility behaviour (Number of living children) of Igbo and Hausa/Fulani migrant women in Southern Nigeria is likely to be predicted by their socioeconomic and demographic characteristics (education, age at first marriage, place of residence, religion, etc.).

1.6 DEFINITION OF TERMS:

Relative to this study, definitions to the following terms are provided in order to clarify some concepts used in this study.

1.6.1 PREDICTORS/ DETERMINANTS: An element that determines the nature of something, a determining factor.

1.6.2 MIGRANT: Anybody who has lived in another local government area (LGA) for at least six months in the past 10years (Abanihe and IOM Nigeria, 2014).

1.6.3 FERTILITY BEHAVIOUR: The number of children somebody actually have.

CHAPTER TWO

LITERATURE REVIEW

2.0 INTRODUCTION

Documents on fertility and its determinants shows that some of the factors that influences fertility are age, health, place of residence, e.c.t and migration (Bongaarts, Frank and Lestaghe, 1984; Mekonnen and Worku, 2011). The level of fertility in the world varies broadly by broadly by culture. Virtually all the countries of the world have their varied cultures and traditions. For instance, Nigeria has more than 300 ethnic groups (NPC and ICF international, 2014). Generally more industrialized economically developed societies have lower fertility than agricultural, less developed societies. Also, within countries, generally, more educated groups with higher incomes have lower fertility than less educated groups with lower incomes (United Nations, 2015).

Fertility is the actual level of reproduction of a population based on the number of live births that occur. Fertility normally considers women of childbearing age (15-49 years), although births to women outside this age range can, and do occur. Fertility is dependent on age, health, and other factors, such as place of residence and migration (Bongaarts, Frank & Lestaghe, 1984; Mekonnen & Worku, 2011).

2.1 MIGRATION AND FERTILITY BEHAVIOUR

Brockhoff & Yang (2010), much lower level of fertility in urban than rural areas throughout Sub-Saharan Africa imply that fertility decline in the region may be

facilitated by rapid urbanization caused by rural-urban migration. Their descriptive analysis suggest that the decline in migrant fertility is related to rapid and pronounced improvement in standard of living experienced by migrants after settling in the urban area and may be due in part to temporary spousal separation.

Omoyeni (2013), migration process has implications for changing fertility behaviour through adaptation, disruption and selection process. Despite this, only few available studies have made recourse to providing empirical evidence on linkages between migration and fertility behaviour of women in Nigeria. He also said that Nigeria remains a high fertility regime country compared with other countries of the world and prospects for decline is still remote because factors sustaining high fertility behaviour are prevalent in the country.

The process of migration has an involvement or reference for changes in reproductive behaviour. Some models have been used to explain the mechanisms driving migrants' fertility behaviour and have been used by some researchers to explain migrants and non-migrants differentials.

The first model Socialization is based on the beliefs of people concerning reproduction and fertility behaviour which has become an impact in them, where by when they migrate or move on a new environment or society entirely, finds it difficult to adopt the customs and attitudes of the new society. The second model Adaptation which implies that exposure to the new setting or environment increases or decreases their fertility level to that of the host population.

The Selection model according to Omoyeni (2013) posits that migrants are a non-random group of people who already possess various observed characteristics (age, educational level, religion attributes, etc.) and unobserved characteristics (desire for upward mobility in life, aspiration, etc.), similar to that place of destination that makes them prone to exhibit either low or high fertility behaviour as they move. Finally, the disruption model implies that the separation of spouse lowers the fertility of migrants and also the stress of change in place of residence.

Given that most Igbo migrants are known to maintain close link with their home towns in Southern Nigeria, and they have Igbo associations wherever they are, it is expected they will be more likely to maintain the fertility behavior in the places of origin. Like the Igbos, the Hausas may not maintain so much close contact with their home towns, but they often live together in cities outside Northern Nigeria. This behavior limits interaction with the host community and is likely to make them slow to adapt to the fertility behavior in the host community.

2.2 OTHER DETERMINANTS OF FERTILITY

There are other important findings on the socio-economic, demographic and cultural distal and proximate factors that determine fertility behaviour. Some of the factors are presented below.

2.2.1 EDUCATIONAL LEVEL

One of the purposes of this study is to examine if there is a relationship between education of the migrants and their fertility behaviour. The educational level of the migrant may be a determinant for their fertility behaviour. According to

Lanzieri (2013), fertility of women with medium education has decreased more visibly than of those with low or high education and the level of educational attainment is often considered being a proxy of the socio-economic status of a person. Once the process of childbearing has begun, education has essentially no direct effect on fertility, but it has a large indirect effect through age at first birth (Rindfuss, Bumpass and John, 1980). An increased level of education is associated with decreased fertility i.e. the higher the level of a woman's educational achievement, the fewer children she is likely to bear. Female education decreases fertility to a higher extent than male. A study shows that increasing female education by one year in Nigeria reduced early fertility by 0.26 births. The economic theory of fertility suggests an incentive effect: more educated women have higher opportunity costs of bearing children in terms of lost income. Female education has a greater influence on age of marriage and delayed fertility than male education. Although fertility falls when both male and female levels of education rise together (Elina 2015). The negative relationship between women's education and fertility is strongly observed across regions and time; however, its interpretation is uncertain. Women's education level could affect fertility through its impact on women's health and their physical capacity to give birth, children's health, the number of children desired, and women's ability to control birth and knowledge of different birth control methods (Jungho, 2016).

2.2.2 EMPLOYMENT/OCCUPATIONAL/ECONOMIC STATUS

Findings indicates that although Nigerian women employed (in either formal or informal sector) are more likely than those not working to have had one birth or at

least two births within a few year period. Also, an ordinary increase in female employment may not be panacea to the prevailing high levels of fertility in Africa (Togunde, 1988). According to Lanzieri (2013), a recession can influence fertility in various ways, although its effect may be softened by government interventions. Economic uncertainty in periods of hardship may influence fertility. Economic crisis may have different effects on fertility behaviour of different categories of women.

2.2.3 AGE AT (FIRST) MARRIAGE

According to Acharya (2010), age at marriage is regarded as one of the dominant factors of fertility. A woman's total child birth during her fertility period is almost guided by the duration of time she spends with her husband after marriage. He also said that an increase in age at marriage will definitely lower down the reproductive period and the births per woman too will definitely be reduced in number.

The relationship between marriage and fertility suggests that women who marry at a younger age produce more children than women who marry late (Nahar, Zahangir and Islam, 2013). Marriage forms the basis of family formation and as such, is an important determinant of fertility by increasing or decreasing the length of exposure to the risk of pregnancy, often leading to higher completed fertility behaviour. Since most fertility occurs in marriage, a rise in the age of marriage can reduce world fertility. In the undeveloped countries, some drop in fertility is occurring because of a rise in the marriage age due to increasing

education and employment and a legal attempt through legislation to prohibit early marriages (Walle, 1973). Nonjip (1979) suggest that younger age at marriage and lack of privacy contributes to higher fertility.

2.2.4 RELIGION AND CULTURE

Religion has an important or essential relevance in the demographic study of socio-economic groups. It refers to as system of beliefs, attitudes, and practices which individuals share in groups and through this orientation towards life and death, religion is supposed to affect one's fertility behaviour (Chaudhary 1982). Literature has shown that biological and behavioural determinants of fertility in Nigeria remain largely unchanged (Akpan, 2011). According to Kelvin McQuillan (2004), religion plays an influential role when three conditions are satisfied: first, the religion articulates behavioral norms with a bearing on fertility behavior; second, the religion holds the means to communicate these values and promote compliance; and, third, religion forms a central component of the social identity of its followers.

2.2.5 FAMILY TYPE

It is generally believed that extended families encourage high fertility. The extended family is broadly defined as any group of related persons living together which includes but is larger than the nuclear family. In the patrilocal extended family, the wife wants to have offspring as early as possible to strengthen the family line and her own status in the house (Nonjip, 1979). According to Kalyani Veleti (2001), in any given community or society, it is expected that the fertility

level of the women is greatly influenced by the structure of the family. Based on such hypothesis which is widely accepted proved that the Nuclear family land household structures stimulate lower fertility than extended or joint household structures. He also said that majority of the demographic studies have excluded the influence of family structure on fertility analysis.

2.2.6 CONTRACEPTIVE USE

According to Odusina and Olugbenga (2016) evidence reveals low level of contraceptive usage in Nigeria despite high knowledge and efforts of different institutions. According to the NDHS 2013, they presented the use of contraceptive by each states in the Southern Nigeria; Oyo 37%, Osun 38%, Ekiti 35%, Ogun 26%, Ondo 31%, Lagos 48%, Enugu 31%, Anambra 35%, Imo 34%, Abia 33%, Edo 30%, Delta 4.1%, Bayelsa 13%, Rivers 35%, Awka Ibom 26% and Rivers 24%. According to Monjok, Smesny, Ekabua and Essien (2010), the current prevalence rate for contraceptive use in Nigeria is approximately 11%–13%, the low rate of contraceptive use in Nigeria results in high fertility rates, particularly in the rural areas and the northern part of the country; The selectivity hypothesis claims that rural-urban migrants are a selected group in terms of unobserved and observed characteristics such as age, education and marital status that make rural-urban migrants use of contraception more similar to that of the population in urban areas of destination. The disruption hypothesis argues that shortly after migration, an intermission in the supply of contraceptives can lower rural-urban migrants' use of contraceptives. Finally, the adaptation hypothesis states that rural-urban migrants will slowly but surely adapt to a pattern of higher use of

modern contraceptives typical of urban areas. Evidence from the Demographic and Health Surveys (DHS) over the years in Nigeria showed that the contraceptive prevalence rate (CPR) in Nigeria peaked at 15 percent in 2008 with wide variations of about 32 percent and 3 percent contraceptive prevalence rate (CPR) in South West and North West respectively (Omoyeni, 2013).

2.2.7 FERTILITY INTENTIONS/PREFERENCES

Fertility intentions are linked with demographic and socioeconomic factors. Migration seems to have an important implication for fertility. The space between childbearing intentions and actual behaviour remains an issue in demographic research. The failure to have the intended number of children is often attributed to an individual's unfavorable personal circumstances, which may interfere with his or her initial childbearing intentions or, more recently, to changing intentions over the life course (Bachrach and Morgan 2013). The concept of fertility intentions differs from the desired, ideal, or expected number of children of a woman. Intentions are assumed to capture the motivational factors that influence a behaviour and to indicate how hard people are willing to try or how much effort they would exert to perform the behaviour (Ajzen, 1991).

2.2.8 CHILDREN EVER BORN (CEB)

According to the United Nations (1983), Children ever born (CEB) to women in a particular age group is the mean number of children born alive to women in that age group. The number of children ever born to a particular woman is a measure

of her lifetime fertility experience up to the moment at which the data are collected.

2.3 THEORETICAL FRAMEWORK

Four main theoretical perspectives or models have been suggested for explaining differentials in fertility behaviors of migrant women. The four theoretical perspectives are named selection or selectivity perspective, socialization perspective, disruptive perceptible and adaptation perspective.

2.3.1 THEORY OF PLANNED BEHAVIOUR (TPB)

The Theory of Planned Behavior (TPB) predicts an individual's intention to engage in a behavior at a specific time and place. It suggests that individual behavior is driven by behavior intentions, where behavior intentions are a function of three determinants: "an individual's attitude toward behavior, subjective norms, and perceived behavioral control". This theory seems to confirm the assumption that there is a close relationship between fertility intentions and behavior, because behavior is expected to be a "reasoned action." Fertility behavior depends on background factors, such as age, gender, religion, economic conditions and personality traits that enable individuals to perform the intended behavior (Ajzen 1991, Ajzen and Fishbein 2005; Balbo and Mills 2011).

KEY CONCEPT:

A. BEHAVIORAL INTENTION/ ATTITUDE TOWARD BEHAVIOUR

This is a proxy measure for behavior. It represents a person's motivation in the sense of her or his conscious plan or decision to perform certain behavior (Conner & Armitage, 1998). In general, the stronger the intention is, the more likely the behavior will be achieved. Intentions are assumed to capture the motivational factors that influence a behaviour and to indicate how hard people are willing to try or how much effort they would exert to perform the behaviour (Ajzen, 1991, p. 181). Bagozzi (1992) has suggested that attitudes may first be translated into desires, which then develop into intentions to act, which direct action.

B. SUBJECTIVE NORM/ NORMATIVE BELIEFS

Sheppard et al. (1988) and Van den Putte's (1991) meta-analyses of the (Theory of Reasoned Action) TRA found that the subjective norm component was the weakest predictor of intentions. This refers to the belief about whether significant others think he or she will perform the behavior. It relates to a person's perception of the social environment surrounding the behavior. Across 30 behaviours, they found evidence to suggest a distinction between individuals whose actions are driven primarily by attitudes, and those whose actions are driven primarily by subjective norms.

C. PERCEIVED BEHAVIOURAL CONTROL(PBC)/ CONTROL BELIEFS

PBC is said to influence both intention and behaviour. According to Ajzen 1991, the magnitude of the PBC-intention relationship is dependent upon

the type of behaviour and the nature of the situation. PBC is also said to apply both direct and interactive (with behavioural intentions) effects on behaviour. This is based on the following rationale: that however strongly held, the implementation of an intention into action is at least partially determined by personal and environmental barriers, thus: 'The addition of perceived behavioural control should become increasingly useful as volitional control over behavior decreases' (Ajzen, 1991, p. 185).

2.3.2 THE SELECTION MODEL

The selection theory explains migrants as a self-selected group with characteristics different from non-migrants in rural areas due to their higher levels of education, later age at marriage, lower pre-migration fertility and participation in gainful employment. These factors have been shown to have an effect before and after a migration event (Ochako, Askew, Okal, Oucho and Temmerman, 2016). Changing behaviour is not a question, yet rather the fact that migrants are a particular group of people whose fertility preferences are more similar to those of people at destination than at origin (Kulu, 2005). Women with lower fertility migrate to urban areas, and thus leave among the rural residents a large group of women with high rate of fertility (Moreno, 1994). This theory implies that migrant are different from non-migrants in a number of ways, both observable (for example, education and age) and non-observable (for example, motivation), that lead migrants to have lower fertility than non-migrants. Selectivity alone is usually not a causal reason of the contribution of

migration to declining national fertility, because the lower fertility attributable to being the sort of individuals who choose to migrate apparently would be observed even if they were somehow prevented from migrating (Ahlburg, 2003). In general, having fewer children or norms regarding a low fertility is one of these characteristics that distinguish migrants from the non-migrants. Afulani 2014 hypothesizes that immigrants are a non-random group of people who already have certain characteristics which make them inclined to either high or low fertility. Hence immigrants exhibit similar fertility to non-immigrants in the destination place, not because they have undergone any changes in the destination place, but because they are different from non-immigrants in their place of origin.

The benchmarks for selection change overtime and space. The participants change and the outcome of their migration will change with them. Motivation and social status can function in the creation of migration streams, selecting those with greater skills and ambition. Selection effects have been recognized for short term migrants whose goal orientated nature pre-determined a lower level of fertility if they had not migrated (Mallee and Pieke, 1999, Tan, 1993, Sabagh and Sun, 1980). The lower fertility among rural-urban migrants compared to that of native rural stayers can be accounted for primarily by selection of the migration process, i.e., migrants are self-selected and represent a non-random sample in respect to their life cycle and socio-economic characteristics such as age, education, income, occupation, marital status, aspirations etc. The model assumes that an unobserved

preference of migrants is revealed by the place to which they move, migrants are likely to have lower fertility than natives in urban areas, but as rural-urban migration becomes massive, later migrants tend to have higher fertility compared to women in urban areas. If migration is selective of low fertility women, then it follows that before migration, migrants will have had fewer children compared to non-migrants of similar age, in similar places of residence and with similar background characteristics (Majelantle and Navaneetham, 2013). The selective nature of migrants may explain their reproductive behaviour at their place of origin and at the place of destination (Valenzuela, 2014).

2.3.3 THE DISRUPTION MODEL

This theory suggests that migration leads to physical separation of sexual partners which in turn helps postpone or space child bearing (Ochako, Askew, Okal, Oucho and Temmerman, 2016). Immediately after migration, migrants show particularly low levels of fertility due to the disruptive factors associated with the migration process (Kulu, 2005). A period of disruption to the “normal” progress of fertility can lead to a “bounce back” in fertility. The pace of child bearing increases after a period of disruption causing higher fertility levels for migrants compared to both stayers and residents (Mallee and Pieke, 1999, Goldstein, 1981). After migration, migrants show particularly low levels of fertility due to the disruption related with migration. This disruption can be due to long term separation of a husband and wife or a result of the preparation and anticipation to migrate and subsequent difficulty in adapting to a new place. The decline in fertility is however temporary and may increase again, when disruptions become

less constraining (Afulani, 2014). This model suggests that migration may intrude childbearing or lower fertility due to separation of spouses, and also increases fertility by causing an interruption in the supply of contraceptives or by weakening of controls on sexual behaviour (Moreno 1994, Goldstein and Tirasawat 1977, Kiningham 1996, Bloom and Mahal 1995, Lansdale and Havan 1996; Ahlburg and Jensen 1997). The disruptive hypothesis proposes that fertility reduction attributable to disruption is expected to be only temporary, and a more normal or even somewhat accelerated pace of fertility is expected to be resumed gradually. It also denotes that recent migrants will have lower fertility compared to natives at place of destination for the period immediately following and possibly prior to migration. Urban-rural migrants may also have lower fertility than urban stayers. Therefore, this model upholds that migration may disrupt fertility in several ways: it may lead to separation of spouses, the move may be stressful so as to actually hamper with physiological capacity to bear children, and these and other factors may lead to a reduction in fertility of recent migrants (Majelantle and Navaneetham, 2013).

2.3.4 THE ADAPTATION MODEL

The adaptation model entails that migrants will have higher fertility compared to urban natives and long-term migrants, after controlling for age and other demographic and socioeconomic characteristics. Also, long-term rural-urban migrants will have lower fertility compared to rural non-migrants, that rural-rural migrants will have similar fertility to rural non-migrants, and that fertility of rural

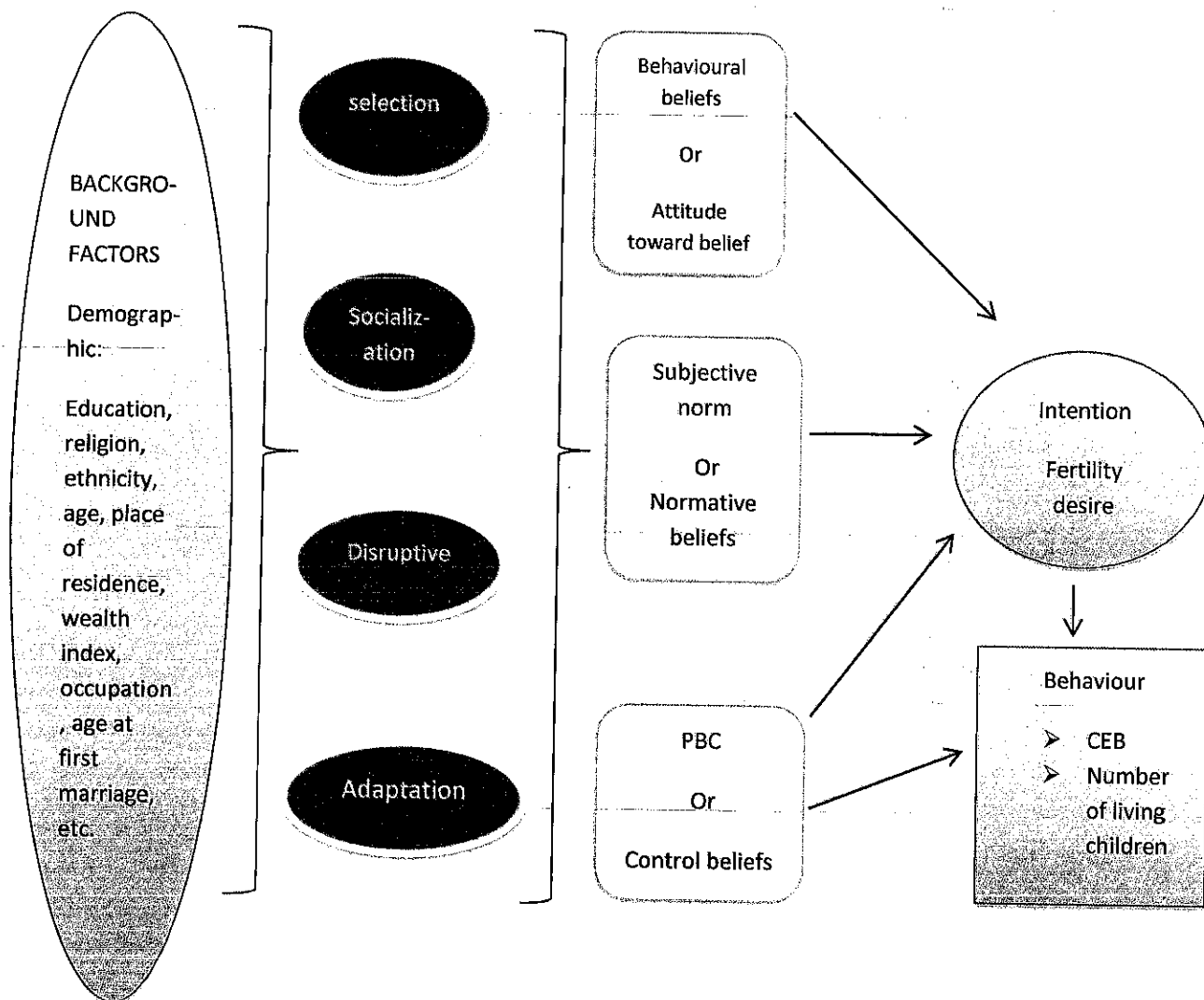
and urban non-migrants will be further apart than fertility of rural-rural and rural-urban migrants (Majelantle and Navaneetham, 2013). This model identifies two major factors that influence migrant fertility behavior: resources and cultural adaptation. That migrants' first decrease their fertility due to the resource constraints related to childbearing in the destination place, and consequently as a result of changing fertility ideals related to greater interaction with others in the new environment (Afulani, 2014). Socio-cultural norms in migration destination will influence those moving from rural-urban areas (Ochako, Askew, Okala, Oucho and Temmerman, 2016). According to Kulu 2005, the fertility behaviour of migrants, sooner or later, comes to be similar to the dominant behaviour at the destination environment. Migrants to urban areas embrace the fertility system of their destination (where fertility is lower because family planning services are more readily available, because employment opportunities makes it more difficult to raise children, or because individual preferences or aspiration dictate against childbearing, Moreno 1994). Generally, adaptation is taken to imply that since average fertility in the destination is lower than that in the origin, migration may reduce fertility (Jensen and Ahlburg, 2003).

2.3.5 THE SOCIALIZATION MODEL

This model relies on the fact that fertility behaviour of migrants reflects the fertility preferences dominant in their childhood environment, therefore migrants display similar fertility levels to stayers at origin and the convergence towards

fertility levels of population at destination occurs only in the next generation (Kulu, 2005). No significant change in the fertility of migrants (rural-urban) compared to that of stayers at origin would take place, irrespective of their duration of stay in the urban area. Though this model is based on the observation that rural fertility is generally higher than urban fertility; the first generation of migrants to be born in the urban areas will have lower fertility compared to rural-urban migrants (Majelantle and Navaneetham, 2013). The socialization model theorizes that people's values and beliefs concerning reproduction are formed at an early age and become deeply embedded. Therefore, when migrants move to a foreign environment, they do not immediately adopt the norms and attitudes of the host population, but go through a gradual process of developing new approaches to family-formation which may take several generations before it is accomplished. The notion here is that habits and values are hard to change and that cultural influences from early childhood are powerful enough to outweigh the effects of other conditions that migrants might encounter when they settle in their new surroundings (Afulani, 2014). The idea that people's value and beliefs regarding reproduction and fertility behaviour are formed at an early age and become deeply imparted in them. As a result, when people move to a different social context they do not immediately adopt the norms and attitudes of the host population (Omoyeni, 2013).

2.4: CONCEPTUAL FRAMWORK



FIGURER 2.1: ADOPTED FROM ARMITAGE C.J AND CONNER M., 2001.

The diagram above posits that all the background factors are situated in the theoretical framework (the four models and the key concepts of TPB), which

influences the intention and behaviour of the migrants fertility. Not one but several of these models help to explain the relationship between migration and fertility since they are not jointly exclusive.

CHAPTER THREE

RESEARCH METHODOLOGY

3.0 INTRODUCTION

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

3.1 DESCRIPTION OF THE STUDY AREA

Nigeria is the most populous country in Africa and the 8th most populous country in the world, with 182 million inhabitants in 2015, and about 192 inhabitants in 2017 (Inter-Agency Regional Analysts Network, 2016). It is situated on the west coast of Africa, lies on latitudes 4° north of the Equator and latitudes 3° and 14° on the east of the Greenwich Meridian. It shares boundaries with the Republic of Benin and Niger in the west, Cameroon in the East, Niger and Chad in the north and the Gulf of Guinea in the South (NNPC 2017). Since 1960 it has grown to be the 7th most populous country in the world. Her population is put at about 190 million. Nigeria consists of six geo-political zones namely: North East, North West, North Central, South East, South West and South- South zones.

Nigeria is ranked 13th among countries with the highest fertility rates in the world (Ezire, Idogho, Theophilus, Ikani, Oluigbo, 2014). In 2006, Nigeria's total fertility rate (TFR) of 5.43 exceeded that of Sub-Saharan Africa as a whole; the current TFR is 5.5. However, there is a predicted decrease in TFR to 3.64 children

per woman in 2020-2025 and to 2.4 in 2045-2050 (World Bank 2008, NDHS 2013, UN Population division 2007 and Olubukola 2015).

The study was carried out in the Southern zones, which are South East, South-South and South West. Abuja is the federal capital territory of Nigeria.

South West Nigeria has six states; Ekiti, Lagos, Ogun, Ondo, Osun and Oyo. It is majorly a Yoruba speaking area, though there are different dialects even within the same state. According to AOA V & NWGAV (2013), the population of the South West region is estimated at 32.5 million people. The region's population is predominantly Christian, and members of the Yoruba ethnic group, who make up approximately 21% of the national population, are concentrated in this area. The population of Lagos is an estimated 10.7m with an annual population growth rate of around 3.2%. Many of the drivers of armed violence in urban areas are amplified in a city the size of Lagos: the city is densely populated with pockets of overcrowding and extreme poverty reflecting the inequality that prevails there. The South West also has one of the lowest rate of respondents reporting no educational attainment whatsoever. According to Nigeria Demographic and Health Survey (NDHS 2013), the total fertility rate in the South West is 4.6 (Oyo 4.5, Osun 4.1, Ekiti 4.3, Ondo 5.2, Ogun 5.4 and Lagos 4.1).

South East Nigeria has five states: Enugu, Imo, Anambra, Ebonyi and Abia. It is majorly an Igbo speaking state, though there are different dialects even within the same state. According to AOA V & NWGAV (2013), the population of the South East region is estimated at 18.9 million people. The region's population is

predominantly Christian, and members of the Igbo ethnic group, who make up approximately 18% of the national population, are concentrated in this area. According to NDHS 2008, the total fertility rate in South East is 4.8 (Enugu 4.4, Imo 4.8, Anambra 5.0, Ebonyi 5.6, and Abia 4.4).

South South Nigeria consists of six states: Edo, Delta, Bayelsa, Rivers, Awka Ibom, and Cross Rivers. Upon this background, the work seeks to investigate the predictors of fertility behaviour of the Igbo and Hausa/Fulani migrant women in Southern Nigeria.

3.2 TARGET POPULATION

The category of people that were considered eligible respondents in this study were Igbo and Hausa/Fulani migrant women from the 3 geo-political zones out of the 6 geo-political zones in Nigeria. They are the migrant women in their child bearing ages, 15-49.

3.3 SOURCE OF DATA

This study made make use of a secondary data, the secondary data was be obtained from the 2008 Nigeria Demographic and Health survey (NDHS) database which analyze differentials in fertility levels of the migrant women respectively and factors associated with them. According to OMOYENI (2013), NDHS is a nationally representative stratified, self-weighting probability sample of women aged 15-49 years. A unique feature of the 2008 NDHS is that it presented information on all the 36 states in Nigeria including the Federal Capital Territory (FCT). The unique feature of the NDHS, integral to this study, is that it

collects information on previous place of residence, current place of residence and years lived at current place of residence.

3.4 SAMPLE SIZE

A total of 4,451 Igbo and Hausa/Fulani married women of reproductive age (15-49) in Southern Nigeria were interviewed in the 2008 NDHS. Out of the total number of women interviewed, the study made use of the sample size of 1,180 migrant married women. The DHS collected information on socio-economic and demographic characteristics of the respondents. Women migration status was identified based on their responses to questions on “years lived in the current place of residence”. Women who responded “always” (lived in this place) to question was classified as non-migrants. Others who responded less than 10 years in terms of number of years lived in the current residences were classified as migrants. Visitors and others were omitted from the analysis.

3.5 VARIABLES AND THEIR MEASUREMENTS

Independent variables included in this study based on migrant women’s background characteristics were: age; (1) 15-24 (2) 25-34 (3) 35-49, level of education; (1) No education (2) Primary (3) Secondary (4) higher, age at first marriage; (1) <25 (2) >25, religion; (1) Christian (2) Islam (3) Others, occupational status; (1) Working (2) Not working, contraceptive use; (1) Knowledge of contraceptive (2) Ever use of contraceptive methods (3) Current use of contraceptive method, fertility intention or preference, ethnicity; (1) Igbo (2) Hausa/Fulani, place of residence; (1) Urban (2) Rural and wealth index; (1) Poor (2) Middle class (3) Rich. The dependent variable in the study is the fertility

behaviour which were measured by children ever born; (1) <4 (2) >4, number of living children; (1) <4 (2) >4 and desired number of children; (1) desire more (2) desire less.

3.6 METHOD OF DATA ANALYSIS

The analysis was done at three levels of univariate, bivariate and multivariate analyses using STATA. At the univariate level, frequency distribution was used to describe the women's background characteristics by migration status. To examine how background characteristics and other variables relate with fertility behaviour, Chi-Square was employed at the bivariate level to assess variations in respondents' characteristics and mean children ever born of the migrant women. Multivariate analysis was used to measure the effects of explanatory factors on the dependent variables (using the indicator children ever born, desired number of children and number of living children) using binary logistic regression.

3.7 LIMITATION OF THE STUDY

Defining women migration status based on indication from the NDHS 2008, posed a lot of challenges due to indicators used in assessing and defining women migration status. Since migration involves more than ordinary change in the usual place of residence, questions on previous place of residence, current place of residence and years lived at current place of residence as used in the DHS and this study to assess women migration experience cannot suitably define the respondents' migration status. However, due to the limitation and constraint linked with these indicators (current place of residence and years lived in the place of residence) as used in the NDHS datasets in defining person's migration

status, the term migration status only refers to traveller or worker who moves from one region or country to another for a period in essence of less than 10years. Regardless of the above stated limitation associated with NDHS dataset used, the study will provide a robust analysis of the relationship between migration and women fertility behaviour. The reason for using the NDHS 2008 instead of the current one (2013) is because there is a variable that is fundamental which is not included in the NDHS 2013 (V104 “years lived in place of residence”).

CHAPTER FOUR

RESULT

BACKGROUND CHARACTERISTICS OF RESPONDENTS AND MIGRATION STATUS: DATA PRESENTATION, ANALYSIS AND DISCUSSION OF FINDINGS.

4.0 DATA PRESENTATION AND ANALYSIS OF RESULTS

This chapter emphasizes on the presentation of the results of data analysis of the research work on predictors of fertility behaviour among Igbo and Hausa/Fulani migrant women in Southern Nigeria. The respondents' socio-demographic characteristics such as age, region, age at first marriage, religion ethnicity, level of education, place of residence, wealth index, occupation, knowledge of contraceptive, ever use contraceptive methods, current use of contraceptive methods, fertility desire, children ever born and number of living children are presented.

4.1 UNIVARIATE ANALYSIS

Table 4.1.1 presents results of univariate analysis which shows the percentage distribution of the study population by selected socio-demographic characteristics.

The table below present selected socio-demographic characteristics of married migrant women. 60.19% of the married women are from the South East compared to that of the South-South (13.93%) and South West (25.88%). There are low proportion of migrant women in ages 15-24 (17.83%) compared to ages 25-34 (54.32%) which is the highest and ages 35-49 (27.85%). 69.61% of the migrant

women married at the ages <25(which indicate age at first marriage) while 30.39% married at ages >25. There are more Christians among the married migrant women (90.91%), few Muslims or Islam (7.27%) and less of other religion (1.82%). Majority of the married migrant women are Igbos (91.98%) while the Hausa/Fulani account for 8.02%. 19.08% of the married migrant women attended primary school, 53.23% attended secondary, 18.77% attended higher, while 8.91% has no education attainment. On the other hand, a high proportion of the migrant women (59.78%) live in the rural area as against a low proportion (40.22%) in the urban areas respectively. 11.16% of the married migrant women are poor, 14.03% belongs to the middle class and 74.81% are rich. Lower sections of the migrant women are working (25.35%) compare to the non-working migrant women (74.65%). Table 4.1 further reveals that 11.53% has no knowledge of contraceptive, 88.47% have knowledge about contraceptive, 43.40% have not used any contraceptive methods while 56.60% have used. Also, among the current use of contraceptive methods, 70.60% of the migrant women are not using while 29.40% are using. The fertility desire for more children (73.07%) is higher than the fertility desire for fewer children (26.93%). 65.61% of the married migrant women as against 34.39% indicated <4 and >4 children ever born (CEB). Similar explanation goes for number of living children among the migrant women but 71.42% (<4) and 28.58 % (> 4).

Table 4.1: DISTRIBUTION OF MIGRANT WOMEN BY SELECTED SOCIO-DEMOGRAPHIC CHARACTERISTICS

VARIABLES	FREQUENCY	PERCENTAGE
REGION		
South East	944	60.19
South-South	218	13.93
South West	406	25.88
Total	1,568	100.00
AGE		
15-24	280	17.83
25-34	852	54.32
35-49	437	27.85
Total	1,568	100.00
AGE AT FIRST MARRIAGE		
<25	1,091	69.61
>25	476	30.39
Total	1,568	100.00
RELIGION		
Christian	1,420	90.91
Islam	114	7.27
Others	28	1.82
Total	1,562	100.00
ETHNICITY		
Igbo	1,442	91.98
Hausa/Fulani	126	8.02
Total	1,568	100.00
LEVEL OF EDUCATION		
No education	140	8.91
Primary	299	19.08
Secondary	835	53.23
Higher	294	18.77
Total	1,568	100.00
PLACE OF RESIDENCE		
Rural	631	59.78
Urban	937	40.22
Total	1,568	100.00
WEALTH INDEX		
Poor	175	11.16
Middle class	220	14.03
Rich	1,173	74.81
Total	1,568	100.00
OCCUPATION		
Working	1,166	25.35
Not working	396	74.65

Total	1,562	100.00
Knowledge of contraceptive		
No knowledge	181	11.53
Have knowledge	1,387	88.47
Total	1,568	100.00
Ever use contraceptive methods		
Have not used	680	43.40
Have used	887	56.60
Total	1,568	100.00
Current use of contraceptive methods		
Not using	1,107	70.60
Using	407	29.40
Total	1,568	100.00
FERTILITY DESIRE		
Desire more	1,141	73.07
Not desire more	421	26.93
Total	1,562	100.00
CEB		
<4	1,029	65.61
>4	539	34.39
Total	1,568	100.00
No of living children		
<4	1,120	71.42
>4	448	28.58
Total	1,568	100.00

SOURCE: Ike, 2017 (Data from NDHS 2008)

4.2 BIVARIATE ANALYSIS

This section presents the bivariate analysis of the relationship between the three dependent variables for fertility behaviour (fertility desire, children ever born and number of living children) and the socio-demographic characteristics with the results of chi-square test of association.

Table 4.2.2 presents the percentage (%) distribution of migrant women by selected background characteristics and their fertility desire. It was seen that in the South East (74.36%), South-South (70.6%) and South West (71.42%), there is

a high proportion of migrant women who desire more children than those who do not desire more with South East (25.64%), South-South (29.4%) and South West (28.58%). Chi-square test of association shows that there is no significant relationship between region and fertility desire of the migrant women in southern Nigeria ($X^2=1.5233$ $P=0.5784$). In the age bracket of 15-24, there was more desire for children (92.04%) of the migrant women than those who do not desire more (7.96%), same as the age bracket of 25-34 there is a higher proportion of migrant women who desire more children (81.33%) than those who do not desire more (18.67%). But in the age bracket of 35-49, minority desired more (44.76%) while majority of the migrant women did not desire more (55.24%). There is a significant relationship between the age of respondents' and fertility desire ($X^2=193.5397$ $P=0.0000$). 69.43% of the migrant women desire more children at the ages <25 (which indicate age at first marriage) and 30.57% do not desire more. While 81.39% of the migrant women desire more children at the ages >25 and 18.61% do not desire more. There is a significant relationship between the respondents' age at first marriage and fertility desire of the migrant women ($X^2=18.0694$ $P=0.004$). All categories in the educational level reveal that the migrant women have higher percentage of desire for more children than those who do not desire more. There is a significant relationship between level of education and fertility desire of the migrant women ($X^2=10.7306$ $P=0.0182$). Similar explanation goes for religion. All groups of religion of the migrant women have higher percentage for desire of more children with low percentage for those who do not desire more. There is no significant relationship between

religion and fertility desire of the migrant women ($X^2=3.1791$ $P=0.2019$). The both ethnic groups desire more children with higher percentage (73.16% for Igbo and 71.95% for Hausa/Fulani) compared to the percentage of those who do not desire more (26.84% for Igbo and 28.06 for Hausa/Fulani). There is no significant relationship between religion and fertility desire of the migrant women ($X^2=0.1721$ $P=0.9214$). A high proportion of the migrant women who lives in the rural area desire more children (71.72%) than those who do not desire more (28.28%). Same goes to those who live in the urban areas (75.08% for those who desire more and 24.92% for those who do not desire more children). There is no significant relationship between place of residence and fertility desire of the migrant women ($X^2=1.6239$ $P=0.2743$). All the classifications of the wealth index indicate that migrant women have greater percentage of the desire for more children (78.01% for the poor, 70.5% for the middle class and 72.82% for the rich) compared to those who do not desire more). There is no significant relationship between wealth index and fertility desire of the migrant women ($X^2=2.1969$ $P=0.3759$). 70.94% of the working migrant women desire more children and 29.06% do not desire more. While 78.97% of the migrant women who are not working desired more children and 21.03% do not desire more. There is a significant relationship between occupation and fertility desire of the migrant women ($X^2=7.2220$ $P=0.0071$). Table 4.2.1 also reveals that 64.71% of the migrant women with no knowledge of contraceptive desire more as against 29.06% who do not desire more. Also as in the case of those who have knowledge of contraceptive. There is a significant relationship between knowledge of

contraceptive and fertility desire of the migrant women ($X^2=5.3105$ $P=0.0598$). Similar explanation goes for ever use contraceptive methods (there is a significant relationship between ever use contraceptive methods and fertility desire of the migrant women $X^2=4.1927$ $P=0.0773$) and current use of contraceptive methods (there is a significant relationship between current use of contraceptive methods and fertility desire of the migrant women $X^2=11.9070$ $P=0.0010$). All the groups in children ever born (CEB) and number of living children (NLC) shows a high percentage of the migrant women who desire more children and a low percentage of those who do not desire more. There is a significant relationship between CEB and fertility desire of the migrant women ($X^2=259.7928$ $P=0.0000$). Same goes to NLC ($X^2=308.5540$ $P=0.0000$).

4.2.1 HYPOTHESES TESTING

Hypothesis 1

H₀: There is no significant relationship between socio-demographic characteristics (education, age at first marriage, place of residence, religion, etc.) and the fertility desire among Igbo and Hausa/Fulani migrants in Southern Nigeria.

H₁: There is a significant relationship between socio-demographic characteristics (education, age at first marriage, place of residence, religion, etc.) and the fertility desire among Igbo and Hausa/Fulani migrants in Southern Nigeria.

DISCUSSION OF FINDINGS

From the chi-square test, the relationship between level of education and fertility desire is statistically significant ($\chi^2=10.7306$, $p=0.0182$). We can conclude that there is a significant relationship between level of education and fertility desire. Therefore we reject the null and accept the alternate hypothesis.

The chi-square test also show that the relationship between age at first marriage and fertility desire is statistically significant with ($\chi^2=18.0694$, $p=0.004$). This signifies that the age at first marriage of the migrant women is a good predictor of fertility desire. Therefore we retain the alternate hypothesis.

This study also revealed that the relationship between religion and fertility desire is not statistically significant ($\chi^2=3.1791$, $p=0.2019$). This indicates that religion does not influence fertility desire. Therefore, we accept the null hypothesis.

Place of residence of respondents, whether the migrant women live in urban or rural area is not statistically significant with fertility desire ($\chi^2=1.6239$, $p=0.2743$). This signifies that place of residence does not a good predictor for to fertility desire. Therefore, we accept the null hypothesis.

Table 4.2.2: DISTRIBUTION OF MIGRANT WOMEN ACCORDING TO SELECTED SOCIO-DEMOGRAPHIC CHARACTERISTICS BY FERTILITY DESIRE.

VARIABLES	FERTILITY DESIRE		TOTAL
	DESIRE MORE (%)	NOT DESIRE MORE (%)	
REGION			
South East	74.36	25.64	100.00
South-South	70.6	29.4	100.00
South West	71.42	28.58	100.00
TOTAL	72.13	27.83	100.00
CHI-SQUARE	X ² =1.5233 P=0.5784		
AGE			
15-24	92.04	7.96	100.00
25-34	81.33	18.67	100.00
35-49	44.76	55.24	100.00
TOTAL	72.71	27.29	100.00
CHI-SQUARE	X ² =193.5397 P=0.0000		
AGE AT FIRST MARRIAGE			
<25	69.43	30.57	100.00
>25	81.39	18.61	100.00
TOTAL	73.07	26.93	100.00
CHI-SQUARE	X ² =18.0694 P=0.004		
RELIGION			
Christian	72.7	27.3	100.00
Islam	72.04	27.96	100.00
Others	89.88	10.12	100.00
TOTAL	72.97	27.03	100.00
CHI-SQUARE	X ² =3.1791 P=0.2019		
ETHNICITY			
Igbo	73.16	26.84	100.00
Hausa/Fulani	71.95	28.06	100.00
TOTAL	73.07	26.93	100.00
CHI-SQUARE	X ² =0.1721 P=0.9214		

LEVEL OF EDUCATION			
No education	67.97	32.03	100.00
Primary	65.58	34.42	100.00
Secondary	75.43	24.57	100.00
Higher	76.67	23.63	100.00
TOTAL	73.07	26.93	100.00
CHI-SQUARE	$X^2=10.7306$ $P=0.0182$		
PLACE OF RESIDENCE			
Rural	71.72	28.28	100.00
Urban	75.08	24.92	100.00
TOTAL	73.07	26.93	100.00
CHI-SQUARE	$X^2=1.6239$ $P=0.2743$		
WEALTH INDEX			
Poor	78.01	21.99	100.00
Middle class	70.5	29.5	100.00
Rich	72.82	27.18	100.00
TOTAL	73.07	26.93	100.00
CHI-SQUARE	$X^2=2.1969$ $P=0.3759$		
OCCUPATION			
Working	70.94	29.06	100.00
Not working	78.97	21.03	100.00
TOTAL	72.97	27.03	100.00
CHI-SQUARE	$X^2=7.2220$ $P=0.0071$		
Knowledge of contraceptive			
No knowledge	64.71	35.29	100.00
Have knowledge	74.13	25.87	100.00
TOTAL	73.07	26.93	100.00
CHI-SQUARE	$X^2=5.3105$ $P=0.0598$		
Ever use contraceptive methods			
Have not used	76.11	23.89	100.00
Have used	70.76	29.24	100.00
TOTAL	73.07	26.93	100.00
CHI-SQUARE	$X^2=4.1927$ $P=0.0773$		
Current use of contraceptive			

methods			
Not using	75.96	24.04	100.00
Using	66.17	33.83	100.00
TOTAL	73.07	26.93	100.00
CHI-SQUARE	X ² =11.9070 P=0.0010		
CEB			
<4	88.14	11.86	100.00
>4	44.2	55.8	100.00
TOTAL	73.07	26.93	100.00
CHI-SQUARE	X ² =259.7928 P=0.0000		
No of living children			
<4	87.41	12.59	100.00
>4	37.03	62.97	100.00
TOTAL	73.07	26.93	100.00
CHI-SQUARE	X ² =308.5540 P=0.0000		

SOURCES: Ike, 2017 (Data from NDHS 2008)

Table 4.2.4 presents the percentage (%) distribution of migrant women by selected background characteristics and children ever born (CEB). It was seen that in the South East (66.49%), South-South (62.22%) and South West (65.4%), there is a high proportion of migrant women who have <4 number of CEB than those who have >4 with South East (33.51%), South-South (37.78%) and South West (34.6%). There is no significant relationship between region and CEB of the migrant women (X²=1.0858 P=0.6812). In the age bracket of 15-24, there were large numbers of migrant women with <4 number of CEB (91.31%) than those who have >4 (8.69%), same as the age bracket of 25-34 there is a higher proportion of migrant women who have <4 number of CEB (72.13%) than those

who have >4 (27.87%). But in the age bracket of 35-49, minority have <4 (36.45%) while majority of the migrant women have >4 number of CEB (63.55%). There is a significant relationship between the age of the respondents' and CEB of the migrant women ($X^2=197.5167$ $P=0.0000$). 56.82% of the migrant women have <4 number of CEB at the ages <25 (which indicate age at first marriage) and 43.18% have >4 number of CEB. While 85.76% of the migrant women have <4 number of CEB at the ages >25 and 14.24% who have >4 number of CEB. There is a significant relationship between age at first marriage and CEB of the migrant women ($X^2=92.6811$ $P=0.0000$). All categories in the educational level reveal that the migrant women have higher percentage of <4 number of CEB than those who have >4, except for those with no formal education with a low percentage for <4 number of CEB and a high percentage for >4 number of CEB. There is a significant relationship between level of education and CEB ($X^2=62.5488$ $P=0.0000$). Similar explanation goes for religion. All groups of religion of the migrant women have higher percentage for <4 number of CEB than those who have >4 number of CEB. There is no significant relationship between religion and CEB ($X^2=1.0560$ $P=0.6652$). The both ethnic groups have higher percentage for <4 number of CEB (66.18% for Igbo and 56.38% for Hausa/Fulani) compared to the percentage of those who have >4 number of CEB (33.82% for Igbo and 41.63% for Hausa/Fulani). There is a significant relationship between ethnicity and CEB ($X^2=7.9289$ $P=0.0282$). A high proportion of the migrant women who lives in the rural area have higher percentage of <4 number of CEB (63.41%) than those who have >4 number of

CEB (36.59%). Same goes to those who live in the urban areas (67.1% for those who have <4 number of CEB and 32.9% for those who have >4 number of CEB). There is no significant relationship between place of residence and CEB of the migrant women ($X^2=1.7118$ $P=0.2627$). All the classifications of the wealth index indicate that migrant women have greater percentage of <4 number of CEB (50.04% for the poor, 54.34% for the middle class and 69.75% for the rich) compared to those who have >4 number of CEB. There is a significant relationship between wealth index and CEB of the migrant women ($X^2=26.7696$ $P=0.0000$). 61.81% of the working migrant women have <4 number of CEB and 38.19% have >4 number of CEB. While 76.61% of the migrant women who are not working have <4 number of CEB and 23.39% have >4 number of CEB. There is a significant relationship between occupation and CEB of the migrant women ($X^2=21.5788$ $P=0.0000$). Table 4.2.2 also reveals that 62.64% of the migrant women with no knowledge of contraceptive have <4 number of CEB as against 37.36% who have >4 number of CEB. Also as in the case of those who have knowledge of contraceptive. There is no significant relationship between knowledge of contraceptive and CEB of the migrant women ($X^2=0.6044$ $P=0.6141$). Similar explanation goes for ever use contraceptive methods (though, there is a significant relationship between ever use contraceptive method and CEB of the migrant women ($X^2=6.4533$ $P=0.0347$) and current use of contraceptive methods which shows a significant relationship with CEB ($X^2=34.2279$ $P=0.0000$). For fertility desire, 79.26% of the migrant women with <4 number of CEB desire more than those with >4 number of CEB with a percentage of 20.74.

While 28.94% of the migrant women with <4 number of CEB do not desire more as against those with >4 number of CEB with a percentage of 71.06. There is a significant relationship between fertility desire and CEB of the migrant women ($X^2=259.7928$ $P=0.0000$). NLC (<4) indicate a high percentage of migrant women with <4 number of CEB as against those with >4 number of CEB. While NLC (<4) shows 0 result for women with <4 number of CEB with 1% for women with >4 number of CEB. There is a significant relationship between NLC and CEB of the migrant women ($X^2=900.8586$ $P=0.0000$).

4.2.3 Hypothesis 2:

H₀: There is no significant relationship between the fertility behaviour (Children Ever Born) among and socio-demographic characteristics (education, age at first marriage, place of residence, religion, etc.) among Igbo and Hausa/Fulani migrants in Southern Nigeria.

H₁: There is a significant relationship between the fertility behaviour (Children Ever Born) among and socio-demographic characteristics (education, age at first marriage, place of residence, religion, etc.) among Igbo and Hausa/Fulani migrants in Southern Nigeria.

DISCUSSION OF FINDINGS

The chi-square test shows that the relationship between level of education and children ever born is statistically significant ($\chi^2=62.5488$, $p=0.0000$). This indicates that there is a significant relationship between level of education and children ever born. Hence we reject the null and accept the alternate hypothesis.

The relationship between age at first marriage and children ever born is also statistically significant ($\chi^2=92.6811$, $p=0.0000$). This signifies that the age at first marriage of the migrant women is a good predictor of children ever born. Therefore we maintain the alternate hypothesis.

Place of residence of respondents, whether the migrant women live in urban or rural area is not statistically significant with children ever born ($\chi^2=1.7118$, $p=0.2627$). Therefore, we can conclude that there is no significant relationship between place of residence and children ever born. We accept the null hypothesis.

Also, from the chi-square test, the relationship between religion and children ever born is not statistically significant with ($\chi^2=1.0560$, $p=0.6652$). Therefore, we can decide that there is no significant relationship between religion and children ever born. We accept the null hypothesis.

TABLE 4.2.4: DISTRIBUTION OF MIGRANT WOMEN ACCORDING TO SELECTED SOCIO-DEMOGRAPHIC CHARACTERISTICS BY CHILDREN EVER BORN (CEB)

VARIABLES	CHILDREN EVER BORN(CEB)		TOTAL
	<4	>4	
REGION			
South East	66.49	33.51	100.00
South-South	62.22	37.78	100.00
South West	65.4	34.6	100.00
TOTAL	65.61	34.39	100.00
CHI-SQUARE	X ² =1.0858 P=0.6812		
AGE			
15-24	91.31	8.69	100.00
25-34	72.13	27.87	100.00
35-49	36.45	63.55	100.00
TOTAL	65.61	34.39	100.00
CHI-SQUARE	X ² =197.5167 P=0.0000		
AGE AT FIRST MARRIAGE			
<25	56.82	43.18	100.00
>25	85.76	14.24	100.00
TOTAL	65.61	34.39	100.00
CHI-SQUARE	X ² =92.6811 P=0.0000		
RELIGION			
Christian	65.88	34.12	100.00
Islam	60.4	39.6	100.00
Others	66.08	33.92	100.00
TOTAL	65.48	34.52	100.00
CHI-SQUARE	X ² =1.0560 P=0.6652		
ETHNICITY			
Igbo	66.18	33.82	100.00
Hausa/Fulani	56.38	41.63	100.00
TOTAL	65.61	34.39	100.00
CHI-SQUARE	X ² =7.9289 P=0.0282		
LEVEL OF EDUCATION			
No education	45.94	54.06	100.00
Primary	50.87	49.13	100.00
Secondary	69.28	30.72	100.00
Higher	79.56	20.44	100.00
TOTAL	65.61	34.39	100.00
CHI-SQUARE	X ² =62.5488 P=0.0000		

PLACE OF RESIDENCE			
Rural	63.41	36.59	100.00
Urban	67.1	32.9	100.00
TOTAL	65.61	34.39	100.00
CHI-SQUARE	$X^2=1.7118$ P=0.2627		
WEALTH INDEX			
Poor	52.04	47.96	100.00
Middle class	54.34	45.66	100.00
Rich	69.75	30.25	100.00
TOTAL	65.61	34.39	100.00
CHI-SQUARE	$X^2=26.7696$ P=0.0000		
OCCUPATION			
Working	61.81	38.19	100.00
Not working	76.61	23.39	100.00
TOTAL	65.56	34.44	100.00
CHI-SQUARE	$X^2=21.5788$ P=0.0000		
Knowledge of contraceptive			
No knowledge	62.64	37.36	100.00
Have knowledge	66	34	100.00
TOTAL	65.61	34.39	100.00
CHI-SQUARE	$X^2=0.6044$ P=0.6141		
Ever use contraceptive methods			
Have not used	69.63	30.37	100.00
Have used	62.54	37.46	100.00
TOTAL	65.61	34.39	100.00
CHI-SQUARE	$X^2=6.4533$ P=0.0347		
Current use of contraceptive methods			
Not using	70.83	29.17	100.00
Using	53.08	46.92	100.00
TOTAL	65.61	34.39	100.00
CHI-SQUARE	$X^2=34.2279$ P=0.0000		
FERTILITY DESIRE			
Desire more	79.26	20.74	100.00
Not desire more	28.94	71.06	100.00
TOTAL	65.71	34.29	100.00
CHI-SQUARE	$X^2=259.7928$ P=0.0000		
No of living children			
<4	91.87	8.13	100.00
>4	0	1	100.00
TOTAL	65.61	34.39	100.00
CHI-SQUARE	$X^2=900.8586$ P=0.0000		

SOURCES: Ike, 2017 (Data from NDHS 2008)

Table 4.2.6 below demonstrates the percentage (%) distribution of migrant women by selected background characteristics and number of living children (NLC). It was seen that in the South East (73.53%), South-South (69.48%) and South West (67.57%), there is a high proportion of migrant women who have <4 number of living children than those who have >4 with South East (26.47%), South-South (30.52%) and South West (32.43%). There is no significant relationship between region and CEB of the migrant women ($X^2=4.0733$ $P=0.2754$). In the age bracket of 15-24, there were large numbers of migrant women with <4 NLC (95.69%) than those who have >4 (4.31%), same as the age bracket of 25-34 there is a higher proportion of migrant women who have <4 NLC (78.21%) than those who have >4 (21.79%). But in the age bracket of 35-49, minority have <4 (42.66%) while majority of the migrant women have >4 NLC (57.34%). There is a significant relationship between the age of the respondents' and CEB of the migrant women ($X^2=208.3083$ $P=0.0000$). 64.27% of the migrant women have <4 NLC at the ages <25 (which indicate age at first marriage) and 35.73% have >4 NLC. While 87.82% of the migrant women have <4 NLC at the ages >25 and 12.18% have >4 NLC. There is a significant relationship between age at first marriage and NLC of the migrant women ($X^2=67.8175$ $P=0.0000$). All categories in the educational level reveal that the migrant women have higher percentage of <4 NLC than those who have >4, except for those with no formal education with a low percentage for <4 NLC and a high percentage for >4 NLC. There is a significant relationship between level of education and CEB ($X^2=62.0765$ $P=0.0000$). Similar explanation goes for religion. All groups of

religion of the migrant women have higher percentage for <4 NLC than those who have >4 NLC. There is no significant relationship between religion and NLC ($X^2=4.5720$ $P=0.2360$). The both ethnic groups have higher percentage for <4 NLC (72.43% for Igbo and 59.2% for Hausa/Fulani) compared to the percentage of those who have >4 NLC (27.57% for Igbo and 40.8% for Hausa/Fulani). There is a significant relationship between ethnicity and CEB ($X^2=12.4457$ $P=0.0051$). A higher proportion of the migrant women who live in the rural area have higher percentage of <4 NLC (70%) than those who have >4 NLC (30%). Same goes to those who live in the urban areas (72.38% for those who have <4 NLC and 27.62% for those who have >4 NLC). There is no significant relationship between place of residence and NLC of the migrant women ($X^2=0.7873$ $P=0.4785$). All the classifications of the wealth index indicate that migrant women have greater percentage of <4 NLC (58.82% for the poor, 63.08% for the middle class and 74.87% for the rich) compared to those who have >4 NLC. There is a significant relationship between wealth index and NLC of the migrant women ($X^2=21.0224$ $P=0.0004$). 68.29% of the working migrant women have <4 NLC and 31.76% have >4NLC. While 80.66% of the migrant women who are not working have <4 NLC and 19.34% have >4 NLC. There is a significant relationship between occupation and CEB of the migrant women ($X^2=16.7989$ $P=0.0002$). Table 4.2.3 also discloses that 65.66% of the migrant women with no knowledge of contraceptive have <4 NLC as against 34.34% who have >4 NLC. Also as in the case of those who have knowledge of contraceptive. There is no significant relationship between knowledge of contraceptive and NLC of the migrant women

($X^2=2.5056$ $P=0.3297$). Similar explanation goes for ever use contraceptive methods (though, there is a significant relationship between ever use contraceptive method and NLC of the migrant women ($X^2=6.0571$ $P=0.0643$) and current use of contraceptive methods which shows a significant relationship between NLC ($X^2=37.0760$ $P=0.0000$). For fertility desire, 85.58% of the migrant women with <4 NLC desired more than those with >4 NLC with a percentage of 14.42. While 33.45% of the migrant women with <4 NLC do not desire more as against those with >4 NLC with a percentage of 66.55. There is a significant relationship between fertility desire and CEB of the migrant women ($X^2=308.5540$ $P=0.0000$). CEB (<4) indicate a high percentage of migrant women with <4 NLC as against those with >4 NLC. While CEB (<4) shows 16.9% result for women with <4 NLC with 83.1% for women with >4 NLC. There is a significant relationship between CEB and NLC of the migrant women ($X^2=900.8586$ $P=0.0000$).

4.2.5 Hypothesis 3:

H₀: There is no significant relationship between the fertility behaviour (Number of living children) and socio-demographic characteristics (education, age at first marriage, place of residence, religion, etc.) among Igbo and Hausa/Fulani migrants in Southern Nigeria.

H₁: There is a significant relationship between the fertility behaviour (Number of living children) and socio-demographic characteristics (education, age at first marriage, place of residence, religion, etc.) among Igbo and Hausa/Fulani migrants in Southern Nigeria.

DISCUSSION OF FINDINGS

From the chi-square test, the relationship between level of education and number of living children is statistically significant ($\chi^2=62.0765$, $p=0.0000$). We can conclude that there is a significant relationship between level of education and fertility desire. Hence we reject the null and accept the alternate hypothesis.

The chi-square test also show that the relationship between age at first marriage and number of living children is statistically significant with ($\chi^2=67.8175$, $p=0.0000$). This signifies that the age at first marriage of the migrant women is a good predictor of number of living children. Therefore we retain the alternate hypothesis.

This study also revealed that the relationship between religion and number of living children is not statistically significant ($\chi^2=4.5720$, $p=0.2360$). This indicates that religion does not influence fertility desire. Therefore, we accept the null hypothesis.

Place of residence of respondents, whether the migrant women live in urban or rural area is not statistically significant with number of living children ($\chi^2=0.7873$, $p=0.4785$). This implies that place of residence does not a good predictor for to number of living children. Therefore, we accept the null hypothesis.

TABLE 4.2.6: DISTRIBUTION OF MIGRANT WOMEN ACCORDING TO SELECTED SOCIO-DEMOGRAPHIC CHARACTERISTICS BY NUMBER OF LIVING CHILDREN

VAIRABLES	MIGRANTS NUMBER OF LIVING CHILDREN		TOTAL
	<4	>4	
REGION			
South East	73.53	26.47	100.00
South-South	69.48	30.52	100.00
South West	67.57	32.43	100.00
TOTAL	71.42	28.58	100.00
CHI-SQUARE	X ² =4.0733 P=0.2754		
AGE AT FIRST MARRIAGE			
<25	64.27	35.73	100.00
>25	87.82	12.18	100.00
TOTAL	71.42	28.58	100.00
CHI-SQUARE	X ² =67.8175 P=0.0000		
AGE			
15-24	95.69	4.31	100.00
25-34	78.21	21.79	100.00
35-49	42.66	57.34	100.00
TOTAL	71.42	28.58	100.00
CHI-SQUARE	X ² =208.3083 P=0.0000		
RELIGION			
Christian	72.1	27.9	100.00
Islam	61.25	38.75	100.00
Others	72.31	27.69	100.00
TOTAL	71.32	28.68	100.00
CHI-SQUARE	X ² =4.5720 P=0.2360		
ETHNICITY			
Igbo	72.43	27.57	100.00
Hausa/Fulani	59.2	40.8	100.00
TOTAL	71.42	28.58	100.00
CHI-SQUARE	X ² =12.4457 P=0.0051		
LEVEL OF EDUCATION			
No education	47.79	52.21	100.00
Primary	59.73	40.27	100.00
Secondary	75.82	24.18	100.00
Higher	82.05	17.95	100.00
TOTAL	71.42	28.58	100.00

CHI-SQUARE	$X^2=62.0765$ P=0.0000		
PLACE OF RESIDENCE			
Rural	70	30	100.00
Urban	72.38	27.62	100.00
TOTAL	71.42	28.58	100.00
CHI-SQUARE	$X^2=0.7873$ P=0.4785		
WEALTH INDEX			
Poor	58.82	41.18	100.00
Middle class	63.08	36.92	100.00
Rich	74.87	25.13	100.00
TOTAL	71.42	28.58	100.00
CHI-SQUARE	$X^2=21.0224$ P=0.0004		
OCCUPATION			
Working	68.29	31.76	100.00
Not working	80.66	19.34	100.00
TOTAL	71.39	28.61	100.00
CHI-SQUARE	$X^2=16.7989$ P=0.0002		
Knowledge of contraceptive			
No knowledge	65.66	34.34	100.00
Have knowledge	72.18	27.82	100.00
TOTAL	71.42	28.58	100.00
CHI-SQUARE	$X^2=2.5056$ P=0.3297		
Ever use contraceptive methods			
Have not used	75.12	24.88	100.00
Used	68.59	31.41	100.00
TOTAL	71.42	28.58	100.00
CHI-SQUARE	$X^2=6.0571$ P=0.0643		
Current use of contraceptive methods			
Not using	76.59	23.41	100.00
Using	59.01	40.99	100.00
TOTAL	71.42	28.58	100.00
CHI-SQUARE	$X^2=37.0760$ P=0.0000		
FERTILITY DESIRE			
Desire more	85.58	14.42	100.00
Not desire more	33.45	66.55	100.00
TOTAL	71.54	28.46	100.00
CHI-SQUARE	$X^2=308.5540$ P=0.0000		
CEB			
<4	1	0	100.00
>4	16.9	83.1	100.00
TOTAL	71.42	28.58	100.00
CHI-SQUARE	$X^2=900.8586$ P=0.0000		

SOURCE: Ike, 2017 (Data from NDHS 2008)

4.3 MULTIVARIATE ANALYSIS

The multivariate analysis using binary logistic regression was done to show the strength and the direction of the relationship between the predicting fertility behaviour of the Igbo and Hausa/Fulani migrant women in southern Nigeria. The results are presented in odds ratios (OR), related p-values and confidence interval (C.I) of 95%.

Table 4.3.1 taking age with the reference category (1.0 RC) reveals that migrant women within age 25-34 were 2.10 times more likely to desire more children than women with age 15-24 with (OR=2.10, C.I=1.15-3.86). Also migrant women of age 35-49 are 7.54 times more likely to desire more children than women within age 15-24 with (OR=7.54, C.I=3.80-14.97). Taking region with the reference category (1.0 RC), migrant women from the South-South are 0.96 time less likely to desire more children than those from the South East with (OR=0.96, C.I=0.59-1.56). Same goes to the migrant from the South West who are 0.88 times less likely to desire more children than those from the South East with (OR=0.88, C.I=0.54-1.42). Migrant women with age at first marriage >25 are 0.50 times less likely to desire more children (reference category 1.0) than those with age at first marriage <25 (OR=0.50, C.I=0.32-0.77). Those who practice Islamic religion are 2.70 times more likely to desire more children than those who practice Christianity (reference category 1.0) with (OR=2.70, C.I=0.44-16.57). While those who practice other religion are insignificantly less likely to desire more children (OR=0.26, C.I=0.05-1.28) than those who practice Christianity. Hausa/Fulani migrant women are significantly 1.94 times more likely to desire

more children than the Igbo migrant women with reference category 1.0 (OR=1.94, C.I=0.31-12.84). Migrant women with primary education are 1.88 times more likely to have desire for more children than those with no formal education with (OR=1.88, C.I=0.88-4.01), those with secondary education are 1.50 times more likely to have desire for more children than those with no formal education with (OR=1.50, C.I=0.68-3.35), same goes to those with higher education who are 1.54 times more likely to desire more children than those with no formal education with (OR=1.54, C.I=0.63-3.77). Rural migrant women are 0.96 less likely to desire more children than Urban migrant women with reference category 1.00 (OR=0.96, C.I=0.66-1.40). Migrant women with middle class wealth index are 3.25 times more likely to desire more children than those with poor wealth index (reference category 1.00) with (OR=3.25, C.I=1.62-6.48). Also migrant women with rich wealth index are 3.85 times more likely to desire more children than those with poor wealth index (OR=3.85, C.I=1.90-7.80). Migrant women who are classified under not working are 1.01 times more likely to desire more children like those classified under working with a reference category 1.0 (OR=1.01, C.I=0.67-1.53). Table 4.3.1 also discloses that migrant women who have knowledge of contraceptive are insignificantly 0.35 times less likely to desire more children than those who have no knowledge of contraceptive with (OR=0.35, C.I=0.20-0.60). In the categories of ever use contraceptive methods, migrant women who have ever used contraceptive methods are 1.37 times more likely to desire more children likewise those who have not used with (OR=1.37, C.I=0.88-2.15). But in the categories of current use of contraceptive method,

migrant women who are using are 0.97 times less likely to desire more children than those who are not using with reference category 1.0 (OR=0.97, C.I=0.62-1.53). Migrant women with >4 CEB are 1.29 times more likely to desire more children like those with <4 CEB with (OR=1.29, C.I=0.64-2.60). Same goes to migrant women with >4 NLC who are 5.58 times more likely to desire more children compared to those with <4 NLC with (OR=5.58, C.I=2.81-11.08).

TABLE 4.3.1: BINARY LOGISTIC REGRESSION MODEL PREDICTING FERTILITY BEHAVIOUR (FERTILITY DESIRE) OF IGBO AND HAUSA/FULANI MIGRANT WOMEN IN SOUTHERN NIGERIA.

VARIABLES	ODDS RATIO	P(Z)	95% CONF.INTERVAL	
AGE				
15-24	1.0 (RC)			
25-34	2.10	0.016	1.15	3.86
35-49	7.54	0.000	3.80	14.97
REGION				
South East	1.0(RC)			
South-South	0.96	0.87	0.59	1.56
South West	0.88	0.60	0.54	1.42
AGE AT FIRST MARRIAGE				
<25	1.0(RC)			
>25	0.50	0.002	0.32	0.77
RELIGION				
Christian	1.0(RC)			
Islam	2.70	0.28	0.44	16.57
Others	0.26	0.10	0.05	1.28
ETHNICITY				
Igbo	1.0(RC)			
Hausa/Fulani	1.94	1.28	0.31	12.84
LEVEL OF EDUCATION				
No education	1.0(RC)			
Primary	1.88	0.10	0.88	4.01
Secondary	1.50	0.32	0.68	3.35

Higher	1.54	0.34	0.63	3.77
PLACE OF RESIDENCE				
Urban	1.0(RC)			
Rural	0.96	0.85	0.66	1.40
WEALTH INDEX				
Poor	1.0(RC)			
Middle class	3.25	0.001	1.62	6.48
Rich	3.85	0.000	1.90	7.80
OCCUPATION				
Working	1.0(RC)			
Not working	1.01	0.95	0.67	1.53
Knowledge of Contraceptive				
No knowledge	1.0(RC)			
Have knowledge	0.35	0.000	0.20	0.60
Ever use Contraceptive Methods				
Have not used	1.0(RC)			
Have used	1.37	0.17	0.88	2.15
Current use of Contraceptive Method				
Not using	1.0(RC)			
Using	0.97	0.91	0.62	1.53
CEB				
<4	1.0(RC)			
>4	1.29	0.48	0.64	2.60
No of living Children				
<4	1.0(RC)			
>4	5.58	0.000	2.81	11.08

SOURCES: Ike, 2017 (Data from NDHS 2008)

Table 4.3.2 taking age with the reference category (1.0 RC) reveals that migrant women within age 25-34 were 5.79 times with >4 CEB than women with age 15-24 with (OR=5.79, C.I=3.27-10.25). Also migrant women of age 35-49 are 39.18 times with >4 CEB than women within age 15-24 with (OR=39.18, C.I=19.48-78.78). Taking region with the reference category (1.0 RC), migrant women from

the South-South are 1.12 times with >4 CEB than those from the South East with (OR=1.12, C.I=0.67-1.87). Though migrant women from the South West are 0.56 times with <4 CEB than those from the South East with (OR=0.56, C.I=0.34-0.95). Migrant women with age at first marriage >25 are 0.10 times with <4 CEB (reference category 1.0) than those with age at first marriage <25 (OR=0.62, C.I=0.62-0.16). Those who practice Islamic religion are 0.62 times with <4 CEB than those who practice Christianity (reference category 1.0) with (OR=0.62, C.I=0.22-1.68). While those who practice other religion are with <4 CEB (OR=0.91, C.I=0.35-2.37) than those who practice Christianity. Hausa/Fulani migrant women are 0.21 times with <4 CEB than the Igbo migrant women with reference category 1.0 (OR=0.21, C.I=0.03-1.61). Migrant women with primary education are 0.37 times with <4 CEB than those with no formal education with (OR=0.37, C.I=0.17-0.81), those with secondary education are 0.19 times with <4 CEB than those with no formal education with (OR=0.19, C.I=0.08-0.45), same goes to those with higher education who are 0.08 times with <4 CEB than those with no formal education with (OR=0.08, C.I=0.03-0.21). Rural migrant women are 0.84 times with <4 CEB than Urban migrant women with reference category 1.00 (OR=0.84, C.I=0.57-1.24). Migrant women with middle class wealth index are 1.09 times with >4 CEB than those with poor wealth index (reference category 1.00) with (OR=1.09, C.I=0.58-2.05). But migrant women with rich wealth index are 0.73 times with <4 CEB than those with poor wealth index (OR=0.73, C.I=0.39-1.39). Migrant women who are classified under not working are 1.24 times with >4 CEB like those classified under working with a reference category

1.0 (OR=1.24, C.I=0.81-1.89). Table 4.3.2 also discloses that migrant women who have knowledge of contraceptive are 1.20 time with >4 CEB like those who have no knowledge of contraceptive with (OR=1.20, C.I=0.69-2.09). In the categories of ever use contraceptive methods, migrant women who have ever used contraceptive methods are 1.60 times with >4 CEB compared to those who have not used with (OR=1.60, C.I=1.0-2.55). In the categories of current use of contraceptive method, migrant women who are using are 2.75 times with >4 CEB than those who are not using with reference category 1.0 (OR=2.75, C.I=1.71-4.41). Migrant women who do not desire more children are 5.24 time with >4 CEB than those who desire more with reference category 1.0 (OR=5.24, C.I=3.53-7.76).

TABLE 4.3.2: BINARY LOGISTIC REGRESSION MODEL PREDICTING FERTILITY BEHAVIOUR (CHILDREN EVER BORN) OF IGBO AND HAUSA/FULANI MIGRANT WOMEN IN SOUTHERN NIGERIA.

VARIABLES	ODDS RATIO	P(Z)	95% CONF. INTERVAL	
			LOWER	UPPER
AGE				
15-24	1.0(RC)			
25-34	5.79	0.000	3.27	10.25
35-49	39.18	0.000	19.48	78.78
REGION				
South East	1.0(RC)			
South-South	1.12	0.66	0.67	1.87
South West	0.56	0.03	0.34	0.95
AGE AT FIRST MARRIAGE				
<25	1.0(RC)			
>25	0.10	0.000	0.62	0.16

RELIGION				
Christian	1.0(RC)			
Islam	0.62	0.34	0.22	1.68
Others	0.91	0.85	0.35	2.37
ETHNICITY				
Igbo	1.0(RC)			
Hausa/Fulani	0.21	0.06	0.03	1.61
LEVEL OF EDUCATION				
No education	1.0(RC)			
Primary	0.37	0.013	0.17	0.81
Secondary	0.19	0.000	0.08	0.45
Higher	0.08	0.000	0.03	0.21
PLACE OF RESIDENCE				
Urban	1.0(RC)			
Rural	0.84	0.39	0.57	1.24
WEALTH INDEX				
Poor	1.0(RC)			
Middle class	1.09	0.78	0.58	2.05
Rich	0.73	0.34	0.39	1.39
OCCUPATION				
Working	1.0(RC)			
Not working	1.24	0.32	0.81	1.89
Knowledge of Contraceptive				
No knowledge	1.0(RC)			
Have knowledge	1.20	0.52	0.69	2.09
Ever use Contraceptive Methods				
Have not used	1.0(RC)			
Have used	1.60	0.05	1.0	2.55
Current use of Contraceptive Method				
Not using	1.0(RC)			
Using	2.75	0.000	1.71	4.41
FERTILITY DESIRE				
Desire more	1.0(RC)			
Not desire more	5.24	0.000	3.53	7.76

SOURCES: Ike, 2017 (Data from NDHS 2008)

Table 4.3.3 taking age with the reference category (1.0 RC) shows that migrant women within age 25-34 were 8.82 times with >4 NLC than women with age 15-24 with (OR=8.82, C.I=3.97-19.60). Also migrant women of age 35-49 are 49.38 times with >4 NLC than women within age 15-24 with (OR=49.38, C.I=20.53-118.76). Captivating region with the reference category (1.0 RC), migrant women from the South-South are 1.25 times with >4 NLC likewise those from the South East with (OR=1.25, C.I=0.73-2.13). Though migrant women from the South West are 0.77 times with <4 NLC than those from the South East with (OR=0.77, C.I=0.45-1.32). Migrant women with age at first marriage >25 are 0.15 times with <4 NLC (reference category 1.0) than those with age at first marriage <25 (OR=0.15, C.I=0.09-0.24). Those who practice Islamic religion are 0.08 times with <4 NLC than those who practice Christianity (reference category 1.0) with (OR=0.08, C.I=0.01-0.66), while those who practice other religion are with <4 NLC (OR=0.90, C.I=0.31-2.58) than those who practice Christianity. Hausa/Fulani migrant women are 0.18 times with <4 NLC than the Igbo migrant women with reference category 1.0 (OR=0.18, C.I=0.03-1.34). Migrant women with primary education are 0.22 times with <4 NLC than those with no formal education with (OR=0.22, C.I=0.01-0.24), those with secondary education are 0.12 times with <4 NLC than those with no formal education with (OR=0.12, C.I=0.05-0.50), same goes to those with higher education who are 0.07 times with <4 NLC than those with no formal education with (OR=0.07, C.I=0.02-0.29). Rural migrant women are 0.88 times with <4 NLC than Urban migrant women with reference category 1.00 (OR=0.88, C.I=0.58-1.33). Migrant women with

middle class wealth index are 1.32 times with >4 NLC likewise those with poor wealth index (reference category 1.00) with (OR=1.32, C.I=0.68-2.58). But migrant women with rich wealth index are 0.88 times with <4 NLC than those with poor wealth index (OR=0.88, C.I=0.58-1.33). Migrant women who are classified under not working are 1.07 times with >4 NLC like those classified under working with a reference category 1.0 (OR=1.07, C.I=0.68-1.68). Table 4.3.3 also reveals that migrant women who have knowledge of contraceptive are 0.80 times with <4 NLC than those who have no knowledge of contraceptive with (OR=0.80, C.I=0.44-1.43). In the categories of ever use contraceptive methods, migrant women who have ever used contraceptive methods are 1.48 times with >4 NLC likewise those who have not used with (OR=1.48, C.I=0.89-2.46). In the categories of current use of contraceptive method, migrant women who are using are 3.01 times with >4 NLC than those who are not using with reference category 1.0 (OR=3.01, C.I=1.82-4.97). Migrant women who do not desire more children are 6.93 times with >4 NLC than those who desire more with reference category 1.0 (OR=6.93, C.I=4.68-10.26).

TABLE 4.3.3: BINARY LOGISTIC REGRESSION MODEL PREDICTING FERTILITY BEHAVIOUR (NUMBER OF LIVING CHILDREN) OF IGBO AND HAUSA/FULANI MIGRANT WOMEN IN SOUTHERN NIGERIA.

VARIABLES	ODDS RATIO	P(Z)	95% CONFLINTERVAL	
			LOWER	UPPER
AGE				
15-24	1.0(RC)			
25-34	8.82	0.000	3.97	19.60
35-49	49.38	0.000	20.53	118.76
REGION				
South East	1.0(RC)			
South-South	1.25	0.42	0.73	2.13
South West	0.77	0.34	0.45	1.32
AGE AT FIRST MARRIAGE				
<25	1.0(RC)			
>25	0.15	0.000	0.09	0.24
RELIGION				
Christian	1.0(RC)			
Islam	0.08	0.02	0.01	0.66
Others	0.90	0.85	0.31	2.58
ETHNICITY				
Igbo	1.0(RC)			
Hausa/Fulani	0.18	0.04	0.03	1.34
LEVEL OF EDUCATION				
No education	1.0(RC)			
Primary	0.22	0.000	0.10	0.24
Secondary	0.12	0.000	0.05	0.50
Higher	0.07	0.000	0.02	0.29
PLACE OF RESIDENCE				
Urban	1.0(RC)			
Rural	0.88	0.54	0.58	1.33
WEALTH INDEX				
Poor	1.0(RC)			
Middle class	1.32	0.41	0.68	2.58
Rich	0.88	0.72	0.44	1.75
OCCUPATION				
Working	1.0(RC)			

Not working	1.07	0.76	0.68	1.68
Knowledge of Contraceptive				
No knowledge	1.0(RC)			
Have knowledge	0.80	0.44	0.44	1.43
Ever use of Contraceptive Methods				
Have not used	1.0(RC)			
Have used	1.48	0.13	0.89	2.46
Current use of Contraceptive Method				
Not using	1.0(RC)			
Using	3.01	0.000	1.82	4.97
FERTILITY DESIRE				
Desire more	1.0(RC)			
Not desire more	6.93	0.000	4.68	10.26

SOURCES: Ike, 2017 (Data from NDHS 2008)

4.4 HYPOTHESES TESTING

Hypothesis 1

H₀: There is no significant relationship between socio-demographic characteristics (education, age at first marriage, place of residence, religion, etc.) and the fertility desire among Igbo and Hausa/Fulani migrants in Southern Nigeria.

H₁: There is a significant relationship between socio-demographic characteristics (education, age at first marriage, place of residence, religion, etc.) and the fertility desire among Igbo and Hausa/Fulani migrants in Southern Nigeria.

Hypothesis 2

H₀: There is no significant relationship between socio-demographic characteristics (education, age at first marriage, place of residence, religion, etc.) and children ever born among Igbo and Hausa/Fulani migrants in Southern Nigeria.

H₁: There is a significant relationship between socio-demographic characteristics (education, age at first marriage, place of residence, religion, etc.) and children ever born among Igbo and Hausa/Fulani migrants in Southern Nigeria.

Hypothesis 3

H₀: There is no significant relationship between socio-demographic characteristics (education, age at first marriage, place of residence, religion, etc.) and number of living children among Igbo and Hausa/Fulani migrants in Southern Nigeria.

H₁: There is a significant relationship between socio-demographic characteristics (education, age at first marriage, place of residence, religion, etc.) and number of living children among Igbo and Hausa/Fulani migrants in Southern Nigeria.

DECISION RULE

Reject H₀ if P-value < 0.05 otherwise Accept H₀.

DISCUSSION OF FINDINGS

Fertility desire and ethnicity

Without controlling for other variables, the binary logistic regression result revealed that Hausa/Fulani migrant women are not significantly related with

fertility desire since their $p(z)$ which is 1.28 is more than 0.05. Therefore, we reject the alternate hypothesis and accept the null hypothesis.

Children ever born and region

Without controlling for other variables, the logistic regression showed that migrant women in South-South are not significantly related with children ever born since their $p(z)$ is 0.66 which is more than the P-value 0.05 (we accept null hypothesis) while migrant women in South West are significantly² related with children ever born since their $p(z)$ is 0.03 which is less than the P-value 0.05. We accept alternate hypothesis and reject null hypothesis.

Number of living children and level of education

Without controlling for other variables, the logistic regression showed that migrant women with primary, secondary and higher level of education are statistically related with number of living children since their $p(z)$ is (0.000, 0.000 and 0.000) which is less than the P-value 0.05. Therefore, we reject null hypothesis and accept alternate hypothesis.

CHAPTER FIVE

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

5.0 INTRODUCTION

This study looked at the predictors of fertility behaviour among Igbo and Hausa/Fulani migrant women in southern Nigeria. The theory of planned behaviour as developed by Ajzen (1991) and four models (selection or selectivity model, socialization model, disruption model and adaptation model) was used as a theoretical framework in examining how different socio-demographic characteristics influences the fertility behaviour of the Igbo and Hausa/Fulani migrant women in Southern Nigeria.

5.1 SUMMARY OF FINDINGS

The study analyzed data from the migrant women recode data of the NDHS datasets from 2008. The sample size of 1,180 respondents was drawn from the 2008 NDHS dataset. Univariate analysis in this study was carried out using tables of frequency distribution to describe the background characteristics of the respondents and. Bivariate analysis was done using the chi-square (χ^2) and p-value test to show the association between fertility behaviour (CEB, NLC, FERTILITY DESIRE) and the various socio-demographic background characteristics that are categorical variables. Furthermore, Binary logistic regression model was used in the multivariate analysis to determine the strength of association and identify predictors of fertility behaviour of migrant women in the study area.

The findings of the study have been able to highlight the effect of migration on the demographic phenomenon on fertility behaviour. The migrant women are distributed in their activities including fertility behaviour due to change of location and exposure to new norms. Majority of the migrants in Nigeria leave rural areas to urban areas. Therefore it is expected that the fertility of the migrants' will be lower than that of non-migrants'. The study reveals that most of the migrant women live in urban areas; therefore people in rural areas tend to receive lower income compare to inhabitants of urban area. Christianity is more pronounced than Islamic and other religion among the migrant women. Majority of the migrant women are not working but it is less pronounced among those who are working. One of the reasons for migration is the hunt for greener pasture-employment and other opportunities. This may account for more workers among the migrant women. Majority of the migrant women belong to rich wealth index classification. This is usually so because migrants are the people who have a tendency to have what is required to live in urban area and also getting higher income due to their better status compared to non-migrant. The outcomes that educational levels significantly influence fertility behaviour propose the importance of education in explaining the observed migrants and non-migrants differentials in fertility behaviour. As expected, migrant women have desire for more children compared to those who do not desire more. Migrants tend to adopt fertility level typical of urban life after many years of life in urban area. Number of living children among migrant women has similar distribution. The number of children wanted by partners has significant effects on number of children ever

born. Also, significant relationship between ethnicity and demographic outcomes of fertility in this study supported already documented evidence of cultural diffusion employed in explaining the demographic transition, particularly in fertility decline in some countries. The study found evidence of low fertility behaviour among Hausa/Fulani migrant women compared to those from the Igbo ethnic tribes. Fertility reduction mechanisms differ across ethno-religious groups in Nigeria. Fertility behaviour of the migrant women is influenced mainly by their personal and background factors. This finding confirmed the validity of selection hypothesis as earlier proposed in the study.

5.2 CONCLUSION

Using data from the 2008 NDHS, the study examined socio-demographic characteristics of fertility behaviour among Igbo and Hausa/Fulani migrant women in Southern Nigeria. Background characteristics that are found to be predictors of fertility behaviour among migrant women are age, region, education, fertility desire, age at first marriage, place of residence, wealth index, religion, number of living children, occupation, knowledge of contraceptive, ever use contraceptive methods and current use of contraceptive methods. Current contraceptive use among the migrant women is very low despite the high knowledge of contraception. Besides, low usage of contraceptives is not unrelated with high preference for children. Majority of migrant women lives in urban areas, are Christians, belong to rich household. In planning responses to reducing high fertility level in Nigeria, disparities in migrants and non-migrants fertility

behaviour should be considered. Predictors of fertility behaviour among the migrant women should also be given serious concern.

5.3 RECOMMENDATION

Migration and fertility behaviour are important in firming up projections of demographic dividend in Nigeria.

- Research should provide a basis for the development of policies for female participation in contraceptives use.
- Support should be provided for operations research at the country level to test relevant intervention programmes on fertility behaviour of migrants.
- More research is needed on the socio-demographic influence of fertility behaviour, particularly in young migrant women.
- Policy makers might consider educating the general public about the needs for contraceptive use on different social media platforms in Nigeria, which could encourage migrant women to make joint decisions on fertility behaviour.
- Program managers need to do more to promote women's' contraceptives use at rural and urban place of residence especially the rural residence.
- Health providers need to educate both men and women about the benefits of contraceptives.

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APPENDIX

MAP OF NIGERIA

