RELIGIOUS AFFILIATION AND FERTILITY BEHAVIOUR OF YOUNG WOMEN IN NIGERIA

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CERTIFICATION

This is to certify OLADEJO ABDULGANIY AYODELE of the Department of Demography and Social Statistics, Faculty of Social Sciences, carried out a Research on the Topic " Religious affiliation and fertility behaviour of young women in 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 Almighty Allah, the sustainer of the universe, to my Parents Mr Yinusa Oladejo and Miss Idiat Babalola, The entire Muslim Community of Federal University Oye Ekiti, and finally to my beloved Adejare Halima Adesewa.

ACKNOWLEDGEMENT

For the list is unending, my unreserved apology to those who were not mentioned in person, your contribution, no matter how infinitesimal is immensely noticed and I thank you all for being there for me

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·Abstract

Religion is a concept with high relevance and consideration in human decision making especially among Nigerians, it dictates values, norms and the approval or disapproval of a behaviour. It was discovered that at 0.05 level of significance, the P-value was less than 0.05, meaning, there was a significant difference in children ever born across religious affiliation among young women in Nigeria. The BONFERRONI test revealed that young Christians women were less likely to have more children compared to young women who were adherents to the Islamic faith or other religions.

A further analysis revealed that the disparity in children ever born to young women across religious group was due to any of the following factors; Level of Education, wealth index, place of residence and marital statuses. However in the face of these aforementioned factors, religious affiliation becomes incapacitated in deciding the fertility behaviour of young women in Nigeria.

CHAPTER ONE

1.0 BACKGROUND TO THE STUDY

Religion is a controversial concept with no generally acceptable definition but yet seem impossible to bypass in our day to day activities. From the view of the French Philosopher, Emile Durkheim, the focus of religion is "things that surpass our knowledge as human being". As human, we tend to view some things in our surrounding as profane, ordinary and unsacred, while we view some objects, philosophical ideas and phenomenon to be sacred, extraordinary, inspiring a sense of awe, reverence and even fear. Distinguishing sacred from profane is the essence of all religion. (Macoinis, 1998).

Religion has a substantive relevance in the demographic study of socio-economic groups. It dictates a code of life, 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). According to Westoff (1959), the religious affiliation of the couple connotes a system of values which can affect family via several routes: (a) directly, by imposing sanctions on the practice of birth control or legitimizing the practice of less effective methods only, or (b) indirectly, by indoctrinating its members with a moral and social philosophy of marriage and family which emphasizes the virtues of reproduction"

Study on religious affiliations and fertility behaviour is important in order to change behaviour or maintain consistency in behaviour. To affect high level of fertility in Nigeria, religion can play a significant role. This is because people obey and adhere strictly to issues with religious

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connotation. It is therefore of great importance to look into the religious affiliation of people and how it has affected their fertility behaviour in the country.

1.1. STATEMENT OF PROBLEM

Nigeria is the eight most populous country in the world with an estimated population of 191 million people, with a total fertility rate (TFR) of 5.5 (PRB, 2017), showing that birth rate was still on the high side. It was projected that by the year 2050, the population of Nigeria will rise to a mark of 411 million people graduating it to become the third largest population in the **world**. (PRB, 2017).

It seems apparent that biological and social factors determining fertility in Nigeria remain largely unchanged (Akpandara, Isiugo-Abanihe, & Fayehun, 2011). Like other developing societies in sub-Saharan Africa, Nigeria has experienced high fertility levels in the last three decades (Asghar, Murry, & Kallur , 2014), with low age at marriage (UNFPA, 2013), low rate of contraceptive and high rate of exposure to sexual intercourse at very early age. Presently, fertility levels stand at 5.5% ((NPC & ICF International, 2014); high fertility and momentum in the country is attributed to the fertility behaviour of the people which was largely a response to past unfavourable demographic, economic and political events (Obono, 2003) aggravated by inactive developmental policies (Akintunde, Lawal, & Simeon, 2013). Twenty-three percent of women age 15-19 have already begun childbearing and about one-third (32 percent) of women age 20-49 have had a birth by age 18. (ICF/Macro, 2013)

Religion is one of the most important demographic characteristics, and a form of identification for members of a population. It often determines their moral and value judgment. Many people do a lot of things just because it is described as being right according to their religious affiliation.

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Religion has two forms of definition which are the functional definitions. Which defines religion based on what it does, and substantive definition which explains religion based on its essence and content (Gaalen, 2014). In this study, the functional definition of religion will be of optimum interest. An example of a functional definition is that of Emile Durkheim. Emile Durkheim defined religion as 'a unified set of beliefs and practices relative to sacred things, that is to say, things set apart and forbidden beliefs and practices which unite into one single moral community ...' (Thompson, 1982)

From this definition, it is clear that religion plays a lot of role in the day to day activities of its adherents which does not exclude sexual and fertility behaviour. It dictates a code of life, refers to as system of beliefs, attitudes and practices which individuals share in groups, and through this orientation towards life and death. (Chaudhary, 1982).

1.2. RESEARCH QUESTIONS

Does the fertility behaviour vary with age group among the women?

Is there a significant difference in fertility behaviour of young women across religious groups?

What are the factors responsible for the discrepancy in fertility behaviour across Religious group?

1.3. RESEARCH OBJECTIVES

The main objective of this study is to explore the relationship between religious affiliation and fertility behaviour of young women in Nigeria.

1.3.1 SPECIFIC OBJECTIVES

To investigate the pattern of fertility behaviour among the women of varying age groups

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To examine if there is a significant difference in fertility behaviour across different religious adherents

To explore the factors responsible for differentials in fertility behaviour across religious group among young women in Nigeria

1.4 SIGNIFICANCE OF THE STUDY

Child bearing is seen as a very important aspect of life of female folks, in a place like Nigeria, it is also believed that the major purpose of a marital union is procreation. leading to a very rapid increase in population. Religion happens to be one of the most important reasons for high proliferation.

Among the importance of this study is to enhance the implementation of population policies made by government, By understanding the major factors that could influence the fertility behaviour of the people.

This study explored differentials in fertility behaviour across religious group among the young women in Nigeria. As well as relating this with other characteristics of religion subgroups, Such as level of education, place of residence, ethnicity, etc.

In view of this, this study will be significant in investigating the causes of high fertility among young women of all religious groups by analysing the attitude of different religion groups in Nigeria towards high proliferation. This research work will add to the body of knowledge in demography and as well fill the gaps in other literatures on factors influencing fertility behaviours.

In light of the submission above, this work was carried out to generate information about the fertility behaviour of young Nigerian women across their religious group. as birth among the

young is still controllable than old women who already had all the children they want. It also provides information on how religion could be used as an agent of sensitisation for birth reduction.

1.5 Definition of Terms

Fertility: The natural capability to produce offspring. That is, the actual production of children

Religion: A set of strongly-held beliefs, values, and attitudes that somebody lives by. It is a people's beliefs and opinions concerning the existence, nature, and worship of a deity or deities, and divine involvement in the universe and human life

Religious Affiliation: This refers to the religious beliefs of individuals; they feel attached to it as it gives them a sense of belonging.

Young Women: Women between the age range 15 to 24

Parity: Total number of surviving children born to a woman

Age at First Birth: The age at which a woman begets her first child whether live birth or otherwise

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CHAPTER TWO

2.0 INTRODUCTION

This chapter aims at reviewing literatures in line with the study of relationship between religion and fertility behaviour of young women. Effort has been made to review related literatures relating to religion affiliation and fertility behaviour of young women in Nigeria. This chapter reviewed local and international literatures having any association with the subject matter.

2.1 LITERATURE REVIEW

THE CONCEPT OF RELIGION

The concept of religion does not have a general all-encompassing scholarly definition, (Nongbri, 2013) and (Morreall & Sonn, 2013), as religion means different things to different people. What seems to be part of religion to a group may not seem to be religious to others, the more reason while the subject matter seems cumbersome to define. According to Gaalen, (2014). He explained that any definition of religion can only be in two categories, which are functional and substantive definitions. He stated any form of definition given to religion by any scholar, is either going to be based on "*What religion does and how it operates in terms of its place in the social/psychological system*" or "*What the content and essence of religion is*". With the former referring to functional definition and the latter to substantive definition of religion.

He furthered by explaining that functional definitions are either sociological or psychological in nature. Psychological functional definitions are based on the way religions plays a role in the mental and emotional lives of believers while sociological functional definitions deal with the way religion influences society, (Geertz, 1966).

However, as briefly touched upon when discussing the definition of Geertz, a problem with a functional definition of religion is that it can be too inclusive and therefore can hamper distinguishing between religion and other phenomena. As Berger states, the risk with a functional definition is that the 'religious phenomenon is "flattened out."' (Berger, 1974). This shows that these definitions can be applied to almost any system of belief, religious or not, and therefore it is important to apply the definition in terms of social or psychological functions that 'can be understood without reference to transcendence.' Despite this drawback, functional definitions do provide certain insights and ideas when used to understand and describe religion.

Now, a substantive definition entails defining religion 'in terms of its believed contents.' (Gaalen, 2014) This includes meanings that refer to 'transcendent entities in the conventional sense' such as God and supernatural beings and things. Substantive definitions can also be referred to as essential definitions. (Gaalen, 2014) In a substantive approach to religion, it is the content and "essence" that characterize a religion. What religions share, according to this approach are certain patterns in the essence or content of all religious systems but not any non-religious world views. An early definition exemplifying a substantive view of religions comes from E.B. Tylor who defined it simply as 'the belief in supernatural beings.' In this conception, religion is something extraordinary, special that has a symbolic and supernatural meaning to people. The definition of religion as stated by Herbert Spencer supports this as well; he said that 'religion is the recognition that all things are manifestations of a power which transcends our knowledge.' All of these substantive definitions share the idea of content or essence that people can hang on to and believe in, most commonly the belief in supernatural beings or powers.

Characteristic	Functional	Substantive

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What it is based on	What religion does and how it operates in terms of its place in the social/psychological system	What the content and essence of religion is
What it includes	*Psychological*: the way religion plays a role in the mental and emotional lives of believers

Sociological: the way religion influences society | Religion as a type of philosophy to live by that exists separately from our social or psychological lives |
| What it relies on | Symbolic rituals, beliefs and practices

The sacred instead of the supernatural | The belief in supernatural and transcendental |
| Examples | Nationalism, revolutionary faith, social symbols or movements | God, gods, supernatural beings and things |
| Drawbacks | Too inclusive; they prevent from distinguishing between religion and other phenomena | Too universal; they are general enough to apply to multiple religions |

Source: (Gaalen, 2014)

The greatest drawback to substantive definitions is that they are too universal; not all religious systems necessarily include spiritual beings and not all people who believe in spiritual beings necessarily adhere to a specific religious system. In a way the disadvantages of a substantive definition of religion include that it ignores some of the critical aspects of religion that are covered by functional definitions and vice versa. Functional definitions are too inclusive, while substantive definitions cannot be universal. In order to provide a simple overview of the characteristics of both definitions, the following chart consists of the main bullet points discussed for each definition.

However, the most useful definition in this research is the functional definition of religion. Which is going to be a major point of reference in this research work

2.1.2 THE CONCEPT OF RELIGION AND FERTILITY BEHAVIOUR

Religion plays so many roles in the determination of fertility behaviour, the two most dominant religions in Nigeria (i.e Christianity and Islam) happen to both share a pro-natalist view. For instance it is said in the Holy Bible in the book of Genesis 1:28 *"...Be fruitful and multiply, and replenish the earth, and subdue it."* Also in Islam, apart from the fact that polygyny - which leads to high fertility due to competition among wives to beget more children - is permitted, as stated in Quran 4:3 *"...then marry those that pleases you of the women, two, three, four..."*. also the Prophet Muhammad said in Sunan Abi Dawud (book12, Hadith 5) *"...Marry women who are loving and prolific, for I will be proud of your great number before the other nations."*

In fact, some religion prohibits the use of family planning method, in Christianity for instance, Onan was destroyed in the Bible for practicing coitus-interruptus. According to the Book of Genesis 38: 9-10. *"9...and it came to past when he went unto his brother's wife, that he spilled it on the ground, ...10 And the thing which he did displeased the Lord; wherefore he slew him..."*

Also, in Yoruba traditional religion, most especially the Ifá religious belief, child bearing is a very important aspect of life. As many citations from Odù ifá also talk alot on child bearing refering to it as blessings from the mighty God (Elédùmarè). According to Wande 2006 such citations include those found in Ogunda meji verse eight, Osa meji verse two, Irosun meji verse six, Iwori meji and many other citations, referring to the importance of child birth. In fact it is so important to the extent that those people who do not have much children or happen to be barren are advised to perform certain sacrifices and rituals in other to beget children.

The relationship between religion and fertility behaviour of people has been treated in vast number of literatures, some of which we shall assess in this review. Nam (1968) Opined that different

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religious groups vary in their views of society, individual decision affecting fertility (Nam, 1968). According to (Waleola, 2009) and (Whelpton, Campbell, & Patterson, 1966) the concept of religious affiliation implies a system of values, which affect family size in different ways, examples are through the imposition of sanctions on the practice of birth control legitimization of the practice of less effective methods only and by introducing its members to a moral and socio-philosophy of marriage and the family, which emphasizes the virtues of reproduction. (Abdul, 2006)

Yinusa, (2006) concluded that religious practice in one way or the other have a sort of subtle

influence on human fertility. In every human being, whether atheist religious or not religious, there is a dement of religiosity and the strength of commitment to religion will have an effect on fertility. For instance, a review of the literature shows that a considerable amount of research has been done in the United States of America on religious differential in fertility. The findings have generally confirmed that Roman Catholics both want and have the largest number of children, Jews the fewest, with Protestants in between (Faramade, 2006; Ryder and Westoff, 1971; Freedman, *et al.*, 1959; Whelpton, *et al.*, 1966).

Heineck, (2001) also discovered that in Australia, individuals with religion on average have some 0.5 children more than individuals without religious affiliation: Catholics, Protestants and individuals with other religion have about 1.7 children whereas individuals with no religion have 1.2 children. Ahmed found that Muslims women are more likely to have preference to a very large family than Hindu women in Bangladesh. He discovered that 41 percent of the former as against 33 percent of the latter opted for a family size of seven in number. (Waleola, 2009) found that religions and ethic differences are more impact than economic ones.

In developing countries, a few studies have been done on Muslim fertility using national or sub national aggregate data ((Faramade, 2006) and (Arowolo, 1970). Arowolo studied share town and found that Catholics exhibited the highest fertility levels followed by the Muslims while other Christian groups (Aladura and Protestant) occupied an intermediate position. In Ibadan however, both Catholic and Protestants exhibited equal fertility levels followed by the Muslims while the least fertile was the Aladura group (Arowolo, 1970). This study essentially shows that in Ibadan, Catholics exhibited highest fertility levels. Adedokun (1979) found that the traditionalists were most fertile followed by the Catholics, Protestants and Muslims in his analysis of the data from the Western phase of the national fertility and family survey in Nigeria (Adedokun, 1979). In certain selected Urban and rural areas on Western Nigeria Muslim were most fertile, followed by Catholics, Protestants and lastly the traditionalists (Ilori, 1976).

Adewuyi (1988) discovered that average family size for women of all ages shows that the Catholics have the lowest fertility among the religious groups, followed by the Muslim, Protestants and the traditional believers in that order. This discovery of his contradicted Kirk's assertion that Islam has a particular pro-natalist effect on fertility levels of Muslims as well as a more effective barrier to the diffusion of family planning than the Catholics (Kirk, 1986; Adewuyi, 1988). He also discovered that when types of marriage union, childhood, place of residence, material education, place of work, age, and age of marriage are considered, it still shows that the Muslims have considerable lower fertility than other religious groups. For instance, he found that the fertility of the traditional believers is 32%, Protestant 29%, while that of the Catholic is 27% higher than that of the Muslims. This is the unadjusted rate for the whole country. He said further that when socio-demographic and economic status are controlled for, the differences in religious fertility narrow, i.e. 26%, 25% and 20% higher than that of the Muslims.

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In his conclusion, Adewuyi (1988) submitted that the Muslim fertility was found to be the lowest among the religious groups for the country as a while as well as in the North-east. But on the regional levels, Northwest and Southwest does not follow the national trend in

that traditional religion adherents experience the lowest fertility with the Catholics leading in the region and the Protestant also in the Northeast and Southeast part of Nigeria.

Raimi, (1988) also found the worldly acclaimed Muslim-Christian fertility differential as existing and the fertility level to be lower for the Christians than the Muslims. He also discovered that the average number of children ever born per woman to Muslim women who are 45 years and above is about 11 percent higher than the average children ever born to their Christian counterparts and the fact is that the difference is about 19 percent for younger women (15 – 29).

Faramade (2006), observed that here appeared to be some appreciable sanctions in fertility by religious class. He equally found that the Muslims and Traditional worshippers with an average of 4.2 children ever born appeared to be some 10.5 percent more fertile than Christians with an average of 3.8. His findings showed that the Muslim wives alone were 7.9 percent higher than Christians' wives.

Catholics were slightly lower than Protestants and far lower than Muslims. Stressing further, he revealed that not only is Muslim fertility higher than that of any other religious group, but in both ideal and expected fertility and in opinion regarding size of family, their score was the highest. The Muslims average ideal family size of 7.3 children was at least 14.1 percent higher than that of Christians and their average expected number of children was similarly 12.1 percent higher. However, he said that whatever the differences, the degree of association between fertility and

religious affiliation was not statistically significant, and the differences appeared to be smoothed out when averages were standardized by material age.

Conclusively, Akintunde *et al* (2013) found out that in Akinyele Local Government, Oyo State, Nigeria Muslims in the studied area are likely to have higher fertility than the Christians. Therefore, it is considerably important to study religion and how it affects the fertility behaviour of young women in Nigeria.

2.2 THEORETICAL FRAMEWORK

Theories do not only guide researchers through significance on research among the limitless facts that exist in an environment but also create the different between the knowledge of a fact and understanding what it means. Therefore, it is undisputable that there is a significant need for a theoretical backing for every research work. Thus, this research adopts the theory of planned behaviour to explain the interrelationship between the religion and fertility behaviour of young female religion adherents (woman between the ages 15-49).

Theory of Planned Behaviour

The theory of planned behaviour is a theory that links one's beliefs and behaviour.

The theory states that attitude toward behaviour, subjective norms, and perceived behavioural control, together shape an individual's behavioural intentions and behaviours.

Extension from the Theory of Reasoned Action

The concept was proposed by Icek Ajzen to improve on the predictive power of the theory of reasoned action by including perceiveyd Behavioural control. It has been applied to studies of the relations among

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beliefs, attitudes, behavioural intentions and behaviours in various fields such as advertising, public relations, advertising campaigns, healthcare, sport management and sustainability.

The theory of planned behaviour was proposed by Icek Ajzen in 1985 through his article "From intentions to actions: A theory of planned behaviour. (Ajzen I. , 1985) The theory was developed from the theory of reasoned action, which was proposed by Martin Fishbein together with Icek Ajzen in 1980. The theory of reasoned action was in turn grounded in various theories of attitude such as learning theories, expectancy-value theories, consistency theories (such as Heider's Balance Theory, Osgood and Tannenbaum's Congruity Theory, and Festinger's Dissonance Theory) and Attribution Theory. (Fishbein & Ajzen, 1975) According to the theory of reasoned action, if people evaluate the suggested behaviour as positive (attitude), and if they think their significant others want them to perform the behaviour (subjective norm), this results in a higher intention (motivations) and they are more likely to do so. A high correlation of attitudes and subjective norms to behavioural intention, and subsequently to behaviour, has been confirmed in many studies.

A counter-argument against the high relationship between behavioural intention and actual behaviour has also been proposed, as the results of some studies show that (Norberg, Horne, & Horne, 2007) because of circumstantial limitations, behavioural intention does not always lead to actual behaviour. Namely, since behavioural intention cannot be the exclusive determinant of behaviour where an individual's control over the behaviour is incomplete, Ajzen introduced the theory of planned behaviour by adding a new component, "perceived behavioural control". By this, he extended the theory of reasoned action to cover non-volitional behaviours for predicting behavioural intention and actual behaviour.

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The most recent addition of a third factor, perceived behavioural control, refers to the degree to which a person believes that they control any given behaviour (class notes). The theory of planned behaviour suggests that people are much more likely to intend to enact certain behaviours when they feel that they can enact them successfully. Increased perceived behavioural control is a mix of two dimensions: self-efficacy and controllability . Self-efficacy refers to the level of difficulty that is required to perform the behaviour, or one's belief in their own ability to succeed in performing the behaviour. Controllability refers to the outside factors, and one's belief that they personally have control over the performance of the behaviour, or if it is controlled by externally, uncontrollable factors. If a person has high perceived behavioural control, then they have an increased confidence that they are capable of performing the specific behaviour successfully.

The theory has since been improved and renamed the reasoned action approach by Azjen and his colleague Martin Fishbein.

Extension of Self-efficacy Theory

In addition to attitudes and subjective norms (which make the theory of reasoned action), the theory of planned behaviour adds the concept of *perceived behavioural control*, which originates from self-efficacy theory (SET). Self-efficacy was proposed by Bandura in 1977, (Bandura, 1977) which came from social cognitive theory. According to Bandura, expectations such as motivation, performance, and feelings of frustration associated with repeated failures determine effect and behavioural reactions. Bandura separated expectations into two distinct types: self-efficacy and outcome expectancy. (Bandura A, 1994) He defined self-efficacy as the conviction that one can successfully execute the behaviour required to produce the outcomes. The *outcome expectancy* refers to a person's estimation that a given behaviour will lead to certain outcomes. He states that

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self-efficacy is the most important precondition for behavioural change, since it determines the initiation of coping behaviour. Previous investigations have shown that peoples' behaviour is strongly influenced by their confidence in their ability to perform that behaviour. (Bandura, Adams, Hardy, & Howells, 1980). As the self-efficacy theory contributes to explaining various relationships between beliefs, attitudes, intentions, and behaviour, the SET has been widely applied to health-related fields such as physical activity and mental health in preadolescents (Annesi, 2005) and exercise.-(Gyurcsik & .Brawley, 2000), (Rodgers & Brawley, 1996) and (Stanley & Maddux, 1986)

Concepts of key variables

Control beliefs: an individual's beliefs about the presence of factors that may facilitate or hinder performance of the behaviour. (Ajzen I. 2001) The concept of perceived behavioural control is conceptually related to self-efficacy.

Perceived behavioural control: an individual's perceived ease or difficulty of performing the particular behaviour. (Ajzen I., 1985) It is assumed that perceived behavioural control is determined by the total set of accessible control beliefs.

Behavioural intention: an indication of an individual's readiness to perform a given behaviour. It is assumed to be an immediate antecedent of behaviour. (Ajzen I., 2002) It is based on attitude toward the behaviour, subjective norm, and perceived behavioural control, with each predictor weighted for its importance in relation to the behaviour and population of interest.

Behaviour: an individual's observable response in a given situation with respect to a given target. Ajzen (2002) said a behaviour is a function of compatible intentions and perceptions of behavioural control in that perceived behavioural control is expected to moderate the effect of

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intention on behaviour, such that a favorable intention produces the behaviour only when perceived behavioural control is strong.

Normative belief: an individual's perception of social normative pressures, or relevant others' beliefs that he or she should or should not perform such behaviour.

Subjective norm: an individual's perception about the particular behaviour, which is influenced by the judgment of significant others (e.g., parents, spouse, friends, teachers). (Amjad & Wood, 2009).

As Ajzen (1991) stated in the theory of planned behaviour, knowledge of the role of perceived behavioural control came from Bandura's concept of self-efficacy. More recently, Fishbein and Cappella stated that self-efficacy is the same as perceived behavioural control in his integrative model, which is also measured by items of self-efficacy in a previous study. (Fishbein M. &., 2006)

In previous studies, the construction and the number of item inventory of perceived behavioural control have depended on each particular health topic. For example, for smoking topics, it is usually measured by items such as "I don't think I am addicted because I can really just not smoke and not crave for it," and "It would be really easy for me to quit."

The concept of self-efficacy is rooted in Bandura's social cognitive theory. (Bandura A. , 1997) It refers to the conviction that one can successfully execute the behaviour required to produce the outcome. The concept of self-efficacy is used as perceived behavioural control, which means the perception of the ease or difficulty of the particular behaviour. It is linked to control beliefs, which refers to beliefs about the presence of factors that may facilitate or impede performance of the behaviour.

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It is usually measured with items which begins with the stem, "I am sure I can ... (e.g., exercise, quit smoking, etc.) " through a self-report instrument in their questionnaires. Namely, it tries to measure the confidence toward the probability, feasibility, or likelihood of executing given behaviour.

The theory of planned behaviour specifies the nature of relationships between beliefs and attitudes. According to these models, people's evaluations of, or attitudes toward behaviour are determined by their accessible beliefs about the behaviour, where a belief is defined as the subjective probability that the behaviour will produce a certain outcome. Specifically, the evaluation of each outcome contributes to the attitude in direct proportion to the person's subjective possibility that the behaviour produces the outcome in question. (Ajzen & Fishbein, 1975).

Outcome expectancy was originated from the expectancy-value model. It is a variable-linking belief, attitude, opinion and expectation. The theory of planned behaviour's positive evaluation of self-performance of the particular behaviour is similar to the concept to perceived benefits, which refers to beliefs regarding the effectiveness of the proposed preventive behaviour in reducing the vulnerability to the negative outcomes, whereas their negative evaluation of self-performance is similar to perceived barriers, which refers to evaluation of potential negative consequences that might result from the enactment of the espoused health behaviour.

The concept of social influence has been assessed by social norm and normative belief in both the theory of reasoned action and theory of planned behaviour. Individuals' elaborative thoughts on subjective norms are perceptions on whether they are expected by their friends, family and the society to perform the recommended behaviour. Social influence is measured by evaluation of various social groups. For example, in the case of smoking:

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Subjective norms from the peer group include thoughts such as, "Most of my friends smoke," or "I feel ashamed of smoking in front of a group of friends who don't smoke";

Subjective norms from the family include thoughts such as, "All of my family smokes, and it seems natural to start smoking," or "My parents were really mad at me when I started smoking"; and

Subjective norms from society or culture include thoughts such as, "Everyone is against smoking," and "We just assume everyone is a non-smoker."

While most models are conceptualized within individual cognitive space, the theory of planned behaviour considers social influence such as social norm and normative belief, based on collectivistic culture-related variables. Given that an individual's behaviour (e.g., health-related decision-making such as diet, condom use, quitting smoking and drinking, etc.) might very well be located in and dependent on the social networks and organization (e.g., peer group, family, school and workplace), social influence has been a welcomed addition.

Human behaviour is guided by three kinds of consideration, "behavioural beliefs," "normative beliefs," and "control beliefs." In their respective aggregates, "behavioural beliefs" produce a favorable or unfavorable "attitude toward the behaviour"; "normative beliefs" result in "subjective norm"; and "control beliefs" gives rise to "perceived behavioural -8 control."

In combination, "attitude toward the behaviour," "subjective norm," and "perceived behavioural control" lead to the formation of a "behavioural intention" (Ajzen I. , 2002) In particular, "perceived behavioural control" is presumed to not only affect actual behaviour directly, but also affect it indi rectly through behavioural intention.(Noar & Zimmerman, 2005)

As a general rule, the more favorable the attitude toward behaviour and subjective norm, and the greater the perceived behavioural control, the stronger the person's intention to perform the

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behaviour in question should be. Finally, given a sufficient degree of actual control over the behaviour, people are expected to carry out their intentions when the opportunity arises. (Ajzen I., 2002).

Application of the Theory

According to the model attitudes, subjective norms and perceived behavioural control predict the intention, which in turn predicts the behaviour. Background variables, as demographical factors, are supposed to influence the behaviour through the three determinants and the intention. Attitudes, subjective norms and the perceived behavioural control, explain the behavioural intention before the behaviour takes place. For the purpose of this research, religion will be considered as the subjective norm while some other socio-demographic variables will be placed as the perceived behavioural control.

2.3 Conceptual Framework
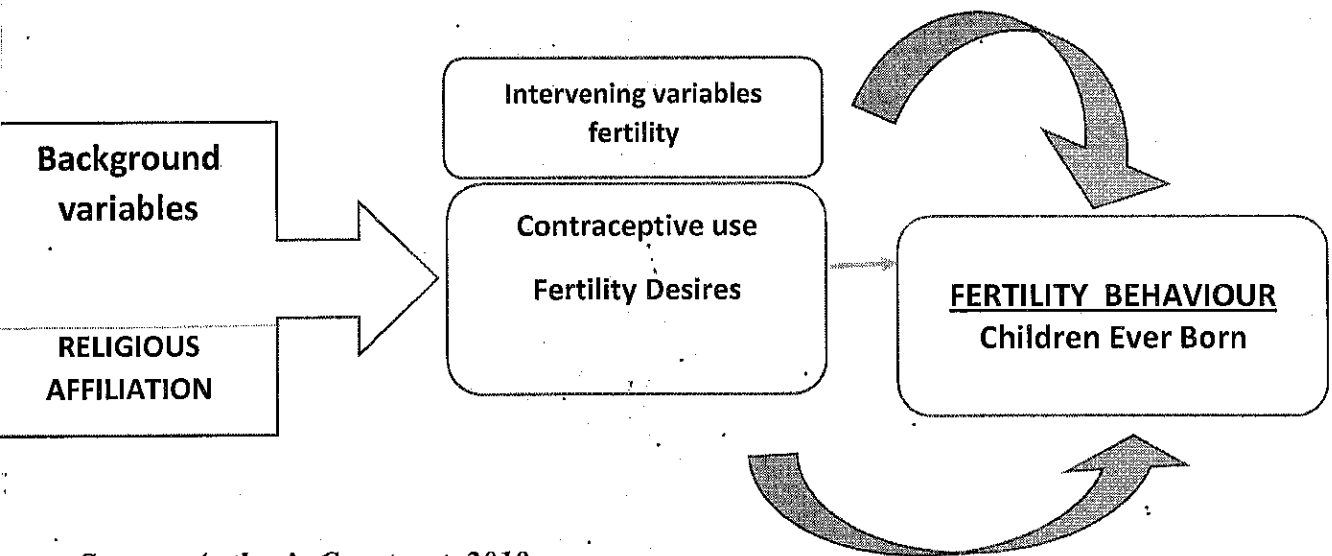
Source: Author's Construct, 2018

CHAPTER THREE

3.0 INTRODUCTION

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

3.1 Study Location

Nigeria is located on the coast of West Africa, near the North eastern corner of the Gulf of Guinea. Nigeria shares land borders with four countries. Benin lies to the west, Niger to the north, Chad to the northeast, and Cameroon to the east and southeast. To the south lies the Gulf of Guinea, part of the South Atlantic Ocean. Encompassing over 923,000 sq. km (356,000 sq. mile) of total area, Nigeria is more than twice the size of California CIA, 2009).

Nigeria had a population of one hundred and eight seven million (187, 000,000) with total fertility rate of 5.5 (Population Reference Bureau, 2016), the growth rate was 3.02 percent per annum.

Globally, Nigeria is among the ten top countries with the largest population, in fact, the seventh among the countries with the largest population in the world (United Nations, 2017). The nation's terrain ranges from coastal swamps and lowlands to rolling plains and occasional mountain ranges. The Niger River, the third-longest river in Africa, enters the country in the northwest and ultimately flows to the southern coast, where it empties into the gulf through a vast delta region. The climate ranges from equatorial to semi-arid as one moves from the coast in the south to the plains in the north (Nigeria Information, 2011)

Nigeria marked its centenary anniversary in 2014, having begun its existence as a nation-state in 1914 through the amalgamation of the northern and southern protectorates. Before this time, there were various cultural, ethnic, and linguistic groups, such as the Oyo, Benin, Jukun, Kanem-Bornu, and Hausa-Fulani empires. These groups lived in kingdoms and emirates with sophisticated systems of government. There were also other strong ethnic groups such as the Igbos, Ibibios, Ijaws, and Tivs. The establishment and expansion of British influence in both northern and southern Nigeria and the imposition of British rule resulted in the amalgamation of the protectorates of southern and northern Nigeria in 1914, (ICF/Macro, 2013).

Also, Nigeria became a republic on October 1, 1963, with different administrative structures. Within the boundaries of Nigeria are many social groups with distinct cultural traits; there are about 374 identifiable ethnic groups, with the Hausa, Yoruba, and Igbo as the major group (ICF/Macro, 2013).

Presently, Nigeria is made up of 36 states and a Federal Capital Territory, grouped into six geopolitical zones: North Central, North East, North West, South East, South South, and South West. There are 774 constitutionally recognized local government areas (LGAs) in the country. (NDHS REPORT, 2013)

3.2. Study Population

The study population was young women of the reproductive age (15-24) years. These are women who would bear more children due to their age and present number of children. Majority of them might have less than two children

3.3 Sample Design

Nigeria Demographic and Health Survey (NDHS) 2013 is the fourth survey of its kind to be implemented by the National Population Commission (NPC). The 2013 NDHS is a national sample survey that provides up-to-date information on background characteristics of the respondents. Specifically, information is collected on fertility levels, marriage, fertility preferences, awareness and the use of family planning methods, child feeding practices, nutritional status of women and children, adult and childhood mortality, awareness and attitudes regarding HIV/AIDS, female genital mutilation, and domestic violence. The target groups were women and men age 15-49 in randomly selected households across Nigeria. Information was also collected on the height and weight of women and children age 0-5. In addition to presenting national estimates, the report provides estimates of key indicators for both the rural and urban areas in Nigeria, the six geo-political zones, the 36 states, and the Federal Capital Territory (FCT) (NDHS 2013).

The primary sampling units (PSU), referred to as a cluster in the 2013 NDHS, is defined on the basis of EAs from the 2006 EAs census frame.

3.4 Sample Size

The sample size for this research is 5,291 women who were currently between the ages 15-24 at the time of the survey.

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3.5 Source of data

3.5.1 Quantitative Data Source

This study analyses data from the women recode data of the 2013 NDHS. The sample for the 2013 NDHS was designed to provide population and Health indicators at the National, zonal, state and places of residence (rural /urban).

3.5.2 Measurement of variables

The variable to be used are classified into dependent and independent variables, they are briefly discussed below:

Variable Identification

Dependent variable

The dependent variable in this study is fertility behaviour measured by children ever born to a woman.

3.7.2 Independent variables

The Independent variables are measured as follows:

Religion: the religion of the respondents is divided into four categories; Christianity, Islam, and Others.

Place of Residence: It is divided into two categories; rural and urban.

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

Marital Status: It is divided into three categories; Single, Married, and Separated.

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Family Size: Living Children.

Educational level: It is divided into four categories; No formal education, Primary, Secondary and Higher education.

Occupational/Employment Status: It is divided into two categories; working and not working.

3.6 Data processing and analysis

The NDHS 2013 data was processed and analysed using STATA application package (STATA 13.0).

The Statistical analysis of the data shall go thus;

The first level of analysis was univariate analysis which involved taking the percentage distribution and frequency count of the socio-demographic characteristics of the respondents.

The Second level of analysis was bivariate analysis; it involved cross tabulations of variables. The One-way Analysis of Variance (ANOVA) table as well as a pairwise comparism tool using the Bonferroni test, would be used to analyse the relationship between some selected socio-demographic characteristics and the dependent variable.

And finally is a multivariate analysis; using the Poisson regression model to understand the interrelationships of other variables with the independent variable.

CHAPTER FOUR

DATA PRESENTATION AND ANALYSIS

4.0 INTRODUCTION

This chapter focuses on data presentation and statistical analyses of the fertility behaviour and socio-demographic characteristics of young women in Nigeria. The univariate analysis showed the percentage distribution of socio demographic variables including religion as well as the total number of children ever born to each young woman in Nigeria. The statistical techniques used were analysis of variance (ANOVA), Bonferroni test and Poisson regression to examine the influence of religion and other socio demographic characteristics on fertility behaviour of young women in Nigeria.

4.1 Results

4.1.1 Socio-demographic and Economic characteristics and fertility behaviour of young women in Nigeria

Socio-demographic characteristics considered were: Age, Level of Education, Marital Status, Religion, Wealth Index, Place of Residence, Region, Ethnicity, Occupation Status etc.

The Table 4.1.1 below describes the social demographic background of the respondents, 54% of the total respondents were between the ages 15-19 while 46% were between the ages 20-24. Nearly 64% of these people had no child at all, while 18% already had one child, 11% had two children, nearly 6% had 3, almost 2% had 4 and less than 1% of the total respondents had more than four children.

Describing the religious affiliation of the respondents, 51% of the total respondents were Christians, catholic and Protestants inclusive. Nearly 48% of the total respondents are Muslims, less than one per cent of the respondents belonged to other religions. Talking about their place of residence, nearly 40% of the total respondents live in the urban areas while the remaining 60% are rural dwellers.

A description of the respondents based on their wealth index revealed that almost 35% of the total respondents belong to the poor household division while nearly, 22% from the middle class, 43% are rich.

In addition to that, 56% per cent of the total respondents have never been in any union, more than 40% are married, slightly over 2% live with partners; the percentage of women who are either widowed, divorced or separated is below 2%.

Talking about the level of education of the respondents, less than 27% of the total respondents had no formal education at all, almost 13% of them only acquired primary school level of education, 54% of the respondents had secondary level of education while the remaining less than 6% had beyond secondary education. More so, more than 61% of the respondents are not working while nearly 39 percent are working.

Table 4.1.1: Percentage Distribution of respondent by socio-demographic characteristics

	FREQUENCY	PERCENTAGE
AGE IN 5-YEAR GROUPS		
15-19	1,267	23.95
20-24	4,024	76.05
Total	5,291	100.00
REGION		
North Central	757	23.38
North East	1,237	35.04
North West	1,854	6.10
South East	323	12.72

South South	673	8.45
South West	447	23.38
CHILDREN EVER BORN (in unit)		
1	2,638	49.86
2	1,541	29.12
3	799	15.10
4	236	4.46
5	65	1.23
6	11	0.21
7	1	0.02
CHILDREN EVER BORN (in group)		
1-2	4,179	78.98
3-4	1,035	19.56
5+	77	1.46
RELIGION		
Christianity	1,870	35.34
Islam	3,383	63.94
Others	38	0.72
RESIDENCE		
Urban	1,387	26.21
Rural	3,904	73.79
CONTRACEPTIVE USAGE		
not using	4,734	89.47
Using	557	10.53
WEALTH INDEX		
Poor	2,670	50.46
Middle	1,164	22.00
Rich	1,457	27.54
CURRENT MARITAL STATUS		
Single	1,870	35.34
Married	3,383	63.94
Separated	38	0.72
HIGHEST EDUCATIONAL LEVEL		
No formal education	2,519	47.61
Primary	902	17.05
Secondary	1,767	33.40
Higher	103	1.95
OCCUPATION		
not working	2,413	45.61
Working	2,878	54.39
Total	**5,291**	**100.00**

Source: Author's construct, Stata output

Religious Affiliation

	Christianity	Islam	Others
▓ percegent	51.4	47.97	0.63
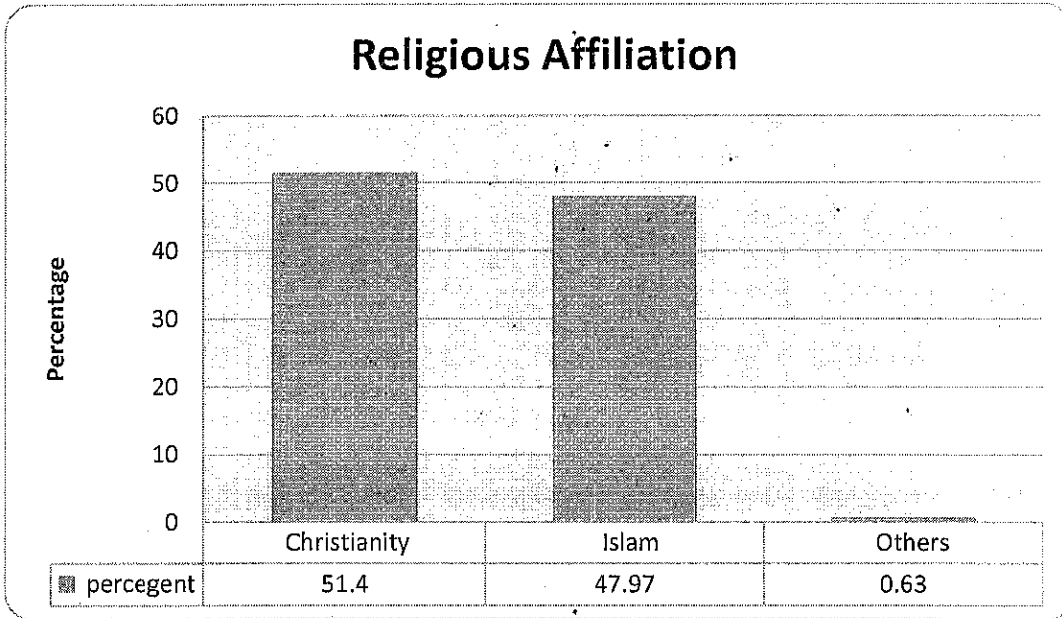
Figure 4.1.2

Source: Author's construct 2018

4.1.2 Bivariate Analysis

This part evaluates relationships between two variables only. This will include the relationship the major variable of study (fertility behaviour) measured with total number of children ever born against many other factors. analysis here is made using statistical tools such as cross tabulation, **one-way ANOVA** with bonferoni test.

4.1.3 *Cross tabulation of children ever against other Socio-demographic variables*

Children Ever Born by Age-Group

Figure 4.2.1

Source: Author's construct

Religion against children ever born

	Christianity	Islam	Other
1 to 2	84.92%	75.76%	73.68%
3 to 4	13.85%	22.64%	26.32%
5+	1.23%	1.60%	0.00%

Figure 4.1.4

Source: Author's construct

From the table above, it is noticeable, the trend fertility behaviour across different socio-demographic and economic subgroups. 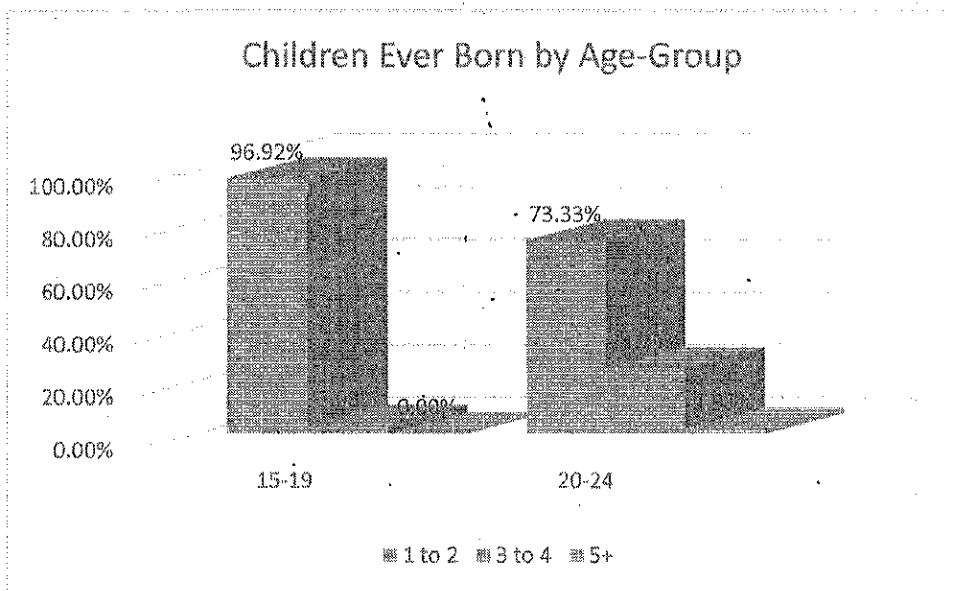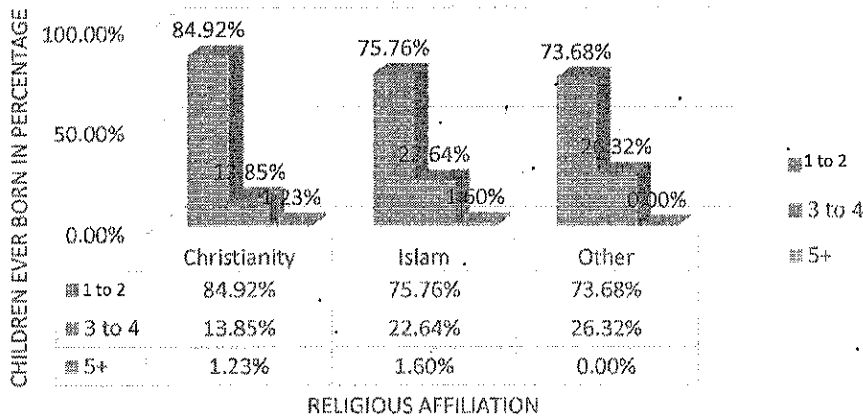Across age distributions, classifying the respondents into teenagers (age15-19) and young adults (20-24), nearly 97% of the women between the ages 15-19 who had started child bearing had between 1-2 children, while 40% of the young adults have no child yet. 13% of the teenagers had just a child compared to over 24% of the young adults. Nearly 12% of young adults had 3 child births already while the value of teenagers with the same number of child birth is so infinitesimal. While almost 4% of the young adults had up to 4 birth already and only 0.06% of the total, birth above 4 children is actually less than 2%.

Considering the place of residence, nearly 77% urban and 55% of the rural dwellers had no child birth, over 13% urban dwellers and more than 21% rural dwellers had a birth. 7% urban and 13% rural dwellers where found to have two children already. 3% urban and over 7% rural were also recoded to have birth 3 children. Also, less than 1% urban and over 2% rural had 4

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children already. However, on each side, less than 1% of both the people living in urban and rural region had more than 4 children already.

Evaluating the highest level of educational attainment, it is astonishing to discover that only 36.9% of people without formal education had no child as they are between the ages 15-24, more than 26% of them had a child birth, nearly 19.7% of them had two already, 12% had 3 child births, while the remaining less than 6% had their total number of children ever born to be 4 or more. For those with primary education, more than 51 % had never had a child, over 22% of them had one, 15% had 3, nearly 9% had 4 while less than 2% of them had more than 4 children. As for those who could attain secondary level education, the trend reduced as nearly 78% of them never had a child birth, 14% had a child, less than 6% had 2 kids, the percentage with four children and more becomes highly microscopic as 2% of them already had 3 child birth. For those who were able to attain any post-secondary education, there seem to be a lot of improvement in their fertility behaviour. Nearly 88% of them add no child birth between the ages of 15-24. While only 9% had a child, less than 3% had 2 kids while the remaining 1% had 3 or more child birth

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Table 4.1.2: Cross tabulation of children ever against other Socio-demographic variables

		Children ever born			
		0	1-2	3-4	5+
Age in 5-years group	15-19	83.91%	15.60%	0.50 %	0.00%
	20-24	39.79%	44.16%	14.90%	1.15%
Type of place of residence	Urban	76.12%	20.06%	3.56 %	0.26%
	Rural	55.38%	34.45%	9.46 %	0.71%
Highest educational level	No formal education	37.03%	45.85%	15.95%	1.18%
	Primary	51.32%	37.51%	10.31%	0.86%
	Secondary	77.6%	19.73%	2.52 %	0.16%
	Higher	87.47%	11.56%	0.85 %	0.12%
Wealth index	Poor	47.30%	39.30%	12.46%	0.95%
	Middle	64.02%	28.78%	6.65 %	0.56%
	Rich	76.71%	20.09%	3.02%	0.18%
Marital status	Single	94.50%	5.41%	0.1%	0.00%
	Married	24.30%	58.23%	16.26%	1.21%
	Separated	25.11%	63.68%	10.31%	0.90%
Religion	Christianity	75.01%	21.22%	3.46%	0.31%
	Islam	51.55%	36.70%	10.97%	0.77%
	Other	58.24%	30.77%	10.99%	0.00%
Empoyment Status	Not working	73.05%	22.18%	4.52%	0.28%
	Working	48.70%	39.13%	11.25%	0.93%

*Source: **Author's Construct, 2018** NDHS 2013,*

4.1.3 Cross-tabulation of religious Affiliation against other Socio-demographic factors

Nearly 30% of women between 15-19 are Christians, 70% Muslims, and other religion

comprises less than 1%. Also majority of the women (62%) age 20-24 are adherent of the

Islamic religion and over 37% are Christians.54% of the urban dwellers are Muslims, nearly 45%

Christians, also 32% rural dwellers are Christians with 62% Muslims.

Education and religious affiliation
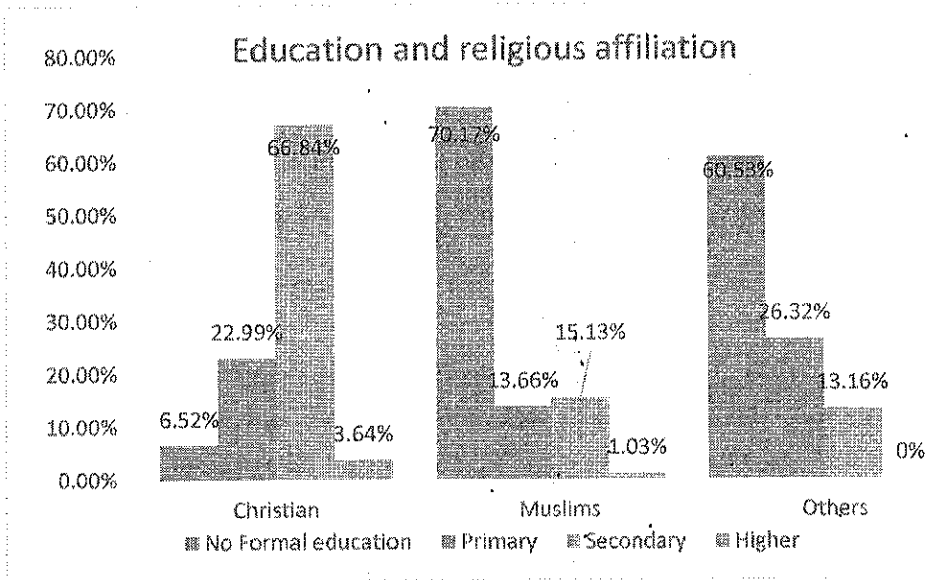
Describing education of various religious group, the Christians are by far the most educated group of people with 67% of them secondary education attainment and 4% higher education, adherents to the Islamic faith had over 70% non-attainment of any sort of formal education although over 15% attained a secondary education, a proportion a little bit higher than those who adhere to other faiths apart from Christianity.

While evaluating the wealth index, it was discovered that less than 20% of the poor are Christians, almost 80% Muslims, same as 53% the middle class which had 47% Muslim. While more than half of the rich respondents were Christians, less than 45% are Muslims.

Additionally, 94% of the single women were Christians, only six percent of them are Muslims. More than 73% of the married ones are the Muslims, while 73%, 26% and 1% of those who are separated were Christians, Muslims and other religious adherents respectively.

Table 4.1.3: Cross-tabulation of religious Affiliation against other Socio-demographic factors

		Religion		
		Christianity	Islam	Others
Age in 5-years group	15-19	29.36%	70.09%	0.55%
	20-24	37.23%	62.00%	0.77%
Type of place of residence	Urban	44.70%	54.72%	0.58%
	Rural	32.02%	67.21%	0.77%
Highest educational level	No formal education	4.84%	94.24%	0.91%
	Primary	47.67%	51.22%	1.11%
	Secondary	70.74%	28.98%	0.28%
	Higher	66.02%	33.98%	0.00%
Wealth index	Poor	19.48%	79.40%	1.12%
	Middle	46.82%	52.84%	0.34%
	Rich	55.25%	44.47%	0.27%
Marital status	Single	93.54%	6.46%	0.00%
	Married	26.08%	73.16%	0.77%
	Separated	72.82%	26.18%	1.00%
Children ever born	1-2	38.00%	61.33%	0.67%
	3-4	25.02%	74.01%	0.97%
	5+	29.87%	70.13%	0.00%
Employment Status	Not working	28.84%	70.49%	0.66%
	Working	40.79%	58.44%	0.76%

*Source: **Author's Construct, 2018** NDHS 2013*

4.1.4 One-way ANOVA

Using Analysis of Variance to test for the differences in children ever born across religion groups, requires then dependent variable to be in unit and not in groups or category.

Hence, the dependent variable here – children ever born – was measured in unit and not categorically, while the independent variable – religion – was measure categorically

Table 4.1.4. One-way Anova

Source	SS	Df	MS	F	Prob > F
Between groups	929.771904	2	464.885952	458.31	0.0000
Within groups	14762.86	14554	1.01435069		
Total	15692.6319	14556	.07808683		

Bartlett's test for equal variances: $\mathcal{X}^2$= 829.6231 Prob>chi2 = 0.000

Source: Stata output

From the test above, the P-value is less than 0.05 which means there is a significant difference in children ever born across religious groups.

4.1.5. **Bonferroni test**

The Bonferroni test was used to test for the significance in differentials of children ever born across Religion groups.

Religion	Mean Children ever born
Christianity	1.62
Islam	1.9
Others	2.0

Row Mean Col Mean	Christian	Muslims
Muslims	.506381	
	0.000	
Others	.442038	-.064343
	0.000	**1.000**

Figure 4.1.5

*Source: **Author's Construct, 2018***

The test above reveals the intergroup differentials in Total children ever born across Religious affiliation. The outcome reveals that between the Muslims and Christians there is a significant difference in children ever born to both religious, likewise Christianity and other religion. However, there is no significant difference in number of children ever born to Muslims and other religion adherence as the p-value is 1.00 > 0.005.

4.1.6 Poisson regression

From the table 4.3.1, socio-demographic variables considered against total children ever born produced a significant outcome with p-values less than 0.05. this depicts that there are significant relationship between all the variables considered against the total children ever born. Meaning religion of respondents, wealth index, current marital statuses, and level of education as well as employment status all come together to play a significant role in determining how many children a Nigerian young woman will beget.

Number of observations = 5291

LR chi2(10) = 774.14

Prob > chi2 = 0.0000

Log likelihood = -7218.4955   Pseudo R2 = 0.0509

Table 4.3.1: Poisson Regression analysis

	CHILDREN EVER BORN				
	Coef.	Std. Err.	Z	P>|z|	[95% Conf. Interval]
Age	.1225741	.0051857	23.64	**0.000**	.1124103 .132738
Level Education					
No formal Education	RC**	RC**	RC**	**RC****	RC**
Primary	-.0400055	.032204	-1.24	**0.214**	-.1031242 .0231132
Secondary	-.2169043	.035399	-6.13	**0.000**	-.2862851 -.1475235
Higher	-.4240951	.0904916	-4.69	**0.000**	-.6014554 -.2467348
Wealth Index					

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poor	RC**	RC**	RC**	RC**	RC**
Middle	-.0308978	.0281332	-1.10	**0.272**	-.0860379 .0242423
Rich	-.1226009	.0312449	-3.92	**0.000**	-.1838397 -.0613621
Religion					
Christianity	RC**	RC**	RC**	RC**	RC**
Islam	.0204711	.0292091	0.70	**0.483**	-.0367777 .0777198
Others	-.0309077	.1167938	-0.26	**0.791**	-.2598194 .1980041
Marital Status					
Never married	RC**	RC**	RC**	RC**	RC**
Married	.2713067	.0484132	5.60	**0.000**	.1764186 .3661948
Separated	.1697191	.0756612	2.24	**0.025**	.021426 .3180123
_cons	-2.141269	.1178382	-18.17	**0.000**	-2.372228 -1.910311

Source: NDHS2013, STATA Output

4.2 Discussion of findings

It was revealed from the analysis that there is a significant difference (P-value < 0.05) in children ever born across ages amongst all other dependent variables, and that children ever born is bound to increase at the rate of 0.123 as age increases.

While observing the level of education in relation to children ever born, those who had no formal education at all were made the reference category for this factor. It was discovered that those who had primary education had a negative relation with those who do not have a formal education, although the difference was insignificant. Similarly, those who attained secondary and higher education also move in opposite direction from the reference category but in this case, the differences where significant.

Also from the model, it was detected that as regards wealth index, there was no significant difference in CEB, between the middle class individuals and those from the poor divisions but those from the rich class had significantly different CEB from the poor. Interestingly the relationship seems to be negative.

Additionally, between the married and never in a union group, the difference where significant though moved in a positive direction and as those who were formally in a union.

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However not being in a union had a no significant differences in CEB with respected to the reference category.

Finally, considering religious affiliation, it was discovered that adherents to the Islamic faith moved in the same direction to those of the Christians - as CEB if Christians reduces that of the Muslims will reduce at the rate of 0.2 per 1- but the was relationship was insignificant, on the contrary, though insignificant as well, adherence to other religion means an opposite movement in CEB in relation to the reference category.

CHAPTER FIVE

CONCLUSION AND RECOMMENDATION

5.0 Introduction

This chapter will explain the findings in the research work, conclude based on the research carried out and proffer possible solution to the problem at hand.

5.1 Summary of Finding

The overall objective of this study is to explore the relationship between fertility behaviour and the religious affiliation of young women in Nigeria and other socioeconomic and demographic variables such as Level of Education, Occupation, marital status, age at marriage and other variables have been dealt with. The study was based on the sample size of 14,557 women between the ages 15-24 in Nigeria.

In describing the fertility behaviour of respondents in relation to their ages, it was discovered that 54% are between the 15-19, and nearly 46% fall between the ages 20–24. of which nearly 20% already had a child or more before the age of 20 and nearly 65% of those who fell between the age bracket of 20-24 are already one or more children. Infact more than 5% of the latter age group already had 4 to 7 children, and indicator that they may even have more in future.

As the saying goes that all animals are equal but some animals are more equal than the others. Nearly all religion in Nigeria seem to have pronatalist ideology. However, there still exist certain differentials in children ever born across religious group. In the latter part of the statistical analysis, it was discovered that at 95% confidence level that young Christian women aged 15-24 had fewer children compared to the adherents of Islam and other religion. However, there is no

significant difference between the fertility behaviour of young Muslim women and young women of other religious group.

Taking a generic look at the whole background data pertaining to socio-demographic characteristics which are considered in this research to be an influencer of fertility behaviour, all where significant at 95% level of confidence. Meaning that apart from religion, other socio-demographic factors such as occupation status, type of place of residence, wealth index level of education, and marital status all had significant roles to play in determining the fertility behaviour of young women in Nigeria.

It was observed that the higher the level of education of the respondents the lower the number of children ever born, more so, most of the children born into large family were born into poverty according to the analysis above.

From a critical look at the data, only six percent of those who are married as at the time of the data collection were using any form of contraceptive, and only seven percent of those whom had been in a union at one time or the other or those who are cohabiting use any method of contraceptive.

Conclusively, it is evidenced that religion plays a very important role in determining the fertility behaviour of young Nigerian women.

5.2 RECOMMENDATION

It is hereby submitted at the end of this research that the Nigerian government should organize campaigns to educate the public on the need for small family size. To make its campaigns meaningful and effective, government officials should organize a church to-church, mosque-to-

mosque and shrine-to-shrine enlightenment talk on this subject, Create avenue to enlighten the Nigerian teens most especially the young women on sex education and the use of contraceptives.

For much effectiveness of all this programs, there is a need to enlighten the clergy men whom many look up to for verdicts over many Affairs of life. Therefore, organization like the Christian Association of Nigeria (CAN), Supreme Council for Islamic Affairs (SCIA) and other such organization should be incorporated in these campaigns.

And also, there should be a legislation produced in black and white on a particular age at marriage and a specified number of children a couple should have which should not be made optional, it must be binding on all Nigerians and anyone who violate it should be penalized either directly or indirectly.

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Appendix

Do File

use "C:\Users\USER\Desktop\New folder\2013 NDHS CD\2013 NDHS Dataset\NDHS 2013\Data\Zipped Data\NGIR6ADT\NGIR6AFL.DTA", clear

** Adding weight**

gen weight=v005/1000000

**identifying the varetiables of interest

set more off

drop if v012 >24

drop if v130==99

drop if v201==0

*recode**

recode v130 (1/2=1 "Christian") (3=2 "Muslims") (4/96=3 "Others"), gen(reli)

recode v201 (1/2=1 "1-2") (3/4=2 "3-4") (5/max=3 "5+"), gen(ceb)

recode v717 (0=0 "not working") (1/max=2 "working"), gen(occu)

recode v312 (0=0 "not using") (1/max=1 "using"), gen (contra)

recode v190 (1/2=1 "Poor") (3=2 "Middle") (4/5=3 "Rich"), gen (wet)

recode v531(0=0 "never had sex")(8/9=1 "5-9")(10/14=2 "10-14")(15/19=3 "14-19") (20/24=4 "20-24") (25/max=5 "don't know"), gen(sexage)

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{

**tabulation of sociodemographic variables

ta v012

ta ceb

ta v024

ta v013

ta v201

ta reli

```
ta v025

ta v212

ta v525

ta v190

ta v501

ta v106

ta sexage

ta occu

ta contra

}

** Bivariate **

{

*** socio-demographic variables against CEB***

        {


ta v013 ceb,row

ta reli ceb,row

ta v024 ceb,row

ta v013 ceb,row

ta v025 ceb,row

ta v212 ceb,row

ta v190 ceb,row

ta v106 ceb,row

ta occu ceb,row

ta contra ceb,row

}

***socio-demographic variables against Religion**

ta v013 reli,row
```