DETERMINANTS OF FERTILITY PREFERENCES AMONG

WOMEN CURRENTLY IN UNION IN NIGERIA

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CERTIFICATION

This is to certify that Salimat Atinuke Olaide of the Department of Demography and Social Statistics, Faculty of Humanities and Social Sciences, Federal University Oye Ekiti, carried out a research on the topic "Determinants of Fertility Preferences Among Women in Union in Nigeria" in partial fulfillment of the award of Bachelor of Science (B.Sc) in Federal University Oye-Ekiti under my Supervision.

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DEDICATION

This project is dedicated to my parents, Alhaji and Alhaja Olaide

ACKNOWLEDGEMENT

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Acronym

AIDS   Acquired Immune Deficiency Syndrome

ARSActive Reproductive Span

CIA Central Intelligence Agency

FGN Federal Government of Nigeria

HIV Human Immunodeficiency Virus

ICPD International Conference on Population and Development

LGAS   Local Government Areas

MDG Millennium Development Goal

NDHS Nigeria Demographic and Health Survey

NEEDS   National Economic Empowerment and Development Strategy

NFSNational Fertility Survey

UAPS   Union for African Population Studies

UNFPA International Population Fund for Population Activities

ABSTRACT

Variations in actual fertility and wanted fertility indicate the fact that there is greater amount of unwanted fertility in the country which means that women have not been able to translate their fertility preferences into reality.

This study hypothesizes that there is no relationship between fertility preference and demographic variables which age at first marriage, children ever born, family type, and husband preference for children and contraceptives use by women age 15-49 in Nigeria. Data were obtained from the 2013 Nigeria Demographic and Health Survey (NDHS), and sample of 16,424 married women in Nigeria was analyzed.

The univariate analysis showed that 71% of the study population has preference for another child. Bivariate analysis showed that there is significant association between fertility preference and demographic variables which include age at first marriage, children ever born, family type, husband preference for child and contraceptives use. Multivariate analysis revealed that age at first marriage, children ever born, family type, husband preference for children and contraceptives use have effect on preference for another. The study therefore recommends that the study variables should be closely address to achieve required and desire fertility in Nigeria.

CHAPTER ONE

INTRODUCTION

1.1 Background Of the Study

'Natural fertility' is the total fertility of women who have not practiced any method of deliberate control either to increase birth spacing or to curtail family size (Goldstone, 1986). Fertility preference refers to the overall attitude and likely future course of fertility on which the acceptance of family planning rely. According to Bhasin et al (2002), demographic factors (family size, gender preference, contraceptives) and socio-economic factors (income, occupation, and education) are some of the proximate determinants that are vital to the determination of fertility size of a country.

While fertility rates in sub-Saharan Africa are still higher than in any other region of the world, Makinwa-Adebusoye (2001) suggests that there is a clear change in fertility rate in region. The process of fertility transition rate is however not the same in the region as there is wide differences in reproductive rates among the countries, for instance the CIA, The World Factbook shows that: total fertility rate was 2.4 in Botswana, 6.0 in Burkina Faso, 4.8 in Cameroon, 4.7 in Chad, 4.1 in Ghana, 6.9 in Niger, and 5.5 in Nigeria. A rate of two children per woman is considered necessary for a population that requires relative stability in terms of population.

As a way of forestalling this rate of growth, the government developed the National Policy on Population for sustainable Development in Nigeria. This document considered the results arising from the 1994 International Conference on Population and Development (ICPD) programme of action (UNFPA, 2007). Specifically, the goal of the policy was the advancement in the quality of life and the standards of living of the people of Nigeria. Its other goals included advancement towards a complete demographic transition to reasonable birth rates and low death

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rates, expanding access, coverage and improve the quality of reproductive and sexual health care services to all citizens at every stage of maturation, accelerate attitudinal change towards population and reproductive health issues and to encourage the involvement of men in reproductive health programmes and health care, to use effective advocacy to promote (Federal Government of Nigeria (FGN), 2004).

These policies were further implemented at national, state and local levels. For instance are policies on reproductive health, HIV/AIDS, women and youth programmes as well as the National Economic Empowerment and Development Strategy (NEEDS). The policies targeted the eradication of poverty in the country. The policies have received the support of international agencies, nongovernmental organizations. An example is the United Nations Population Fund (UNFPA) which is involved in advocacy and policy dialogue tasks in order to mobilize support for population programme (UNFPA, 2007).

The Millennium Development Goals (MDG) also takes centre stage on issues concerning fertility. This is because they were instituted to improve the country's standard of living, reduce its mortality rate and control fertility. It takes into account of the following: eradication of extreme poverty and hunger; achievement of universal primary education using it to accelerate progress and reduce regional disparities; reduction in child mortality; progress in reducing child mortality has been rapid and with sustained effort and improvement in related and lagging sectors, such as water, sanitation and access to primary health care; promote gender equality and empower women; improvement in maternal health; combat HIV-AIDS, malaria and other diseases; ensure environmental sustainability and develop a global partnership for development. These contrasting yet uniform foci can only be realized through government regulation on fertility.

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1.2 Statement of the Problem

Many existing studies on fertility in Nigeria have considered a wide spectrum of subject matters. Some of these include teenager's reproductive health, reproductive decision-making, and family planning. A very obvious omission of these studies is in the inconsistency observed between real and desired fertility. For instance, the actual fertility rate of 6.3 was observed in the 1981-82 National Fertility Survey (NFS). However the 1990 NDHS observed a rate of 6.0. This figure plunged to 5.2 in 1999 and again increased to 5.7 in 2003. The latest figure was put at 5.5 in 2013. In addition, the total wanted fertility rate among Nigerian women was put at 5.3 children in 2003. The figure remained the same in 2008. It however remarkably took a plunge to 4.8 in 2013. (NPC and ORC Macro, 2004, 2009and NDHS 2013). Fertility is gradually declining in Nigeria which means she has a long way to go to meet the Millennium Development Goal

Variations in actual fertility and wanted fertility indicate the fact that there is greater amount of unwanted fertility in the country which its result means that women have not been able to translate their fertility preferences into reality which may leads to problem such as reduction in standard of family's economic situation and also in the level of children welfare. The Nigerian populace needs to be informed on the number of children to have and the number which should take a decision based on wealth or economic status. This is especially necessary in view of the socioeconomic and political changes that the country has undergone in recent history (Ibisomi 2009). In recognition of this straggle, the questions arising are: what are the determinants of fertility preference among married women in Nigeria? And how have socio-demographic factors in the country impacted on fertility problem among women in union in the country.

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1.2.1 Socio-Economic Perspectives

A family's income has been regarded as a major determinant in fertility preference in Nigeria. This is because some people use high fertility as a defensive measure. The opinion has evidence as researchers observed that men who have limited economic means rely on sexual prowess to establish their masculinity (Silberschmidt 2001; Hunter 2010; Odimegwu et al. 2013). Women with low status, although with limited ability to make important decisions in the family, influence the number of children in the family (Makama, 2013).

1.2.2 Socio-Cultural Perspectives

This is concerned with socio-cultural viewpoints to childbearing and family size. All human societies have attitudes, beliefs, cultures, norms, values, and customs towards fertility. Consequently, the cultural preference sometimes overrides value judgment in certain instances. A clear example is the Nigerian society's valuation of and crave for male children above females. Added to this is the perception that the higher the number of one's children, the greater the husbands. Some other societies however value their female children since they see them as being integral to the wealth of the family. Some of these viewpoints may constitute obstacles to women's ability to adhere to their fertility decisions.

1.3 Research Question

1. What is the extent of fertility preference among women in union in Nigeria?

2. What are the determinants of fertility preference among women in union in Nigeria?

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1.4 General Objective

This study aims to examine the determinants (age, education, occupation, residence) of fertility preference among women in union in Nigeria

1.5 Specific Objectives

1. To know the extent of fertility preference among women in union in Nigeria.

2. To examine how demographic factors (age, education, occupation, residence etc) affect fertility preference among women in union in Nigeria.

1.6 Justification of the Study

Nigeria's participation in international conferences on family planning and female fertility issues has assisted her in establishing various programs on population and development. Through her participation, the country has also adopted programme in family planning, reduction in child mortality program, reproductive health. The international exposure has also aided in the formulation of a national population policy. An example is the population policy of 1988, revised in 2004. The document has consistently targeted achieving reduction in national annual population growth rate to 2% or lower by the year 2015. Another concern is to ensure a reduction in the total fertility rate of at least 0.6 children every five years. The achievement of an increase in the use of modern contraceptive is another focus of the policy. These programmes and set targets are recommended throughout the world as they aid the achievement of sustainable fertility patterns.

To assist in the planning and implementation of a favourable population policy, Nigeria has had various population censuses. The availability of information from such events enables

researchers and demographers to evaluate population changes in Nigeria. Not many studies have been undertaken to quantify the determinants of fertility or other fertility measures in the country at the national level. Consequently, the effects of the various governmental efforts to achieve set objectives have proven elusive.

It is on this basis that the present work which attempts a comprehensive analysis of the determinants of fertility preference and mediating socio-demographic factors among married women in Nigeria is essential. While it adds to the existing body of knowledge on fertility and reproductive health, this study is important in the face of social and economic changes that have been taking place in the country.

They study will also be an indicator of the extent to which available reproductive health programs and services in the country have assisted married women and individuals to achieve their fertility preferences. The project will undoubtedly assist the government and reproductive health practitioners in designing appropriate programmes for the public. It will also improve the level of fertility preferences the achievement of national goals.

1.~ Operational Definition of Terms

Population: this refers to the total number of human inhabitants within a specified area at a given time.

Fertility: the birth rate of population

Fertility Preference: the desire number of children the respondents(s) is willing to have irrespective of the number he/she has already had

Socioeconomic Factors: these refer to prevailing conditions of communal relevant which can includes: respondents' years of schooling, place of residence and wealth quintiles

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Cultural Factors: these comprises the respondents ethic religion, type of union, union status, and background

Demographic Factors: these include age at first marriage, age at first birth, contraceptives use, current marital status and age at first intercourse.

Reproductive Health: this is involved in the state of complete physical, mental and social well-being. The absences of diseases or infirmity, reproductive health, reproductive processes, functions are part of the concerns.

Unmet Needs for Family Planning: The focus here is on people who are biologically fertile and sexually active but are not using any method of contraception. In addition, they do not want any more children or presently seek to delay the birth of the next child.

Contraception: This involves the deliberate prevention of pregnancy through the use of any of several methods.

CHAPTER TWO

LITERATURE REVIEW AND THEORETICAL FRAMEWORK

2.0 Introduction

This chapter presents the literature review and discusses the theoretical framework on which the study is hinged and makes a case for their appropriateness. The chapter also presents the conceptual frameworks to be used in the analysis of data. Finally, the hypotheses to be tested in the study are stated.

2.1 Literature Review

Fertility trends have significantly changed in most sub-Saharan countries. The demographic transition theory accounts for the changes and observes the causes of trends and fertility preference (Notestein, 1953; Becker, 1991; Bulatao and Lee, 1983; Caldwell, 1982; Easterlin, 1975). As a society develops/modernizes, socioeconomic changes such as urbanization, investments in public health, rising education, and industrialization lead to a decline in mortality and change in the costs and benefits of children. The consequent desire for smaller families leads to a demand for birth control and hence to lower actual fertility. There is however a contrary opinion to the above. This viewpoint argues that despite societal development and the decline in economic value of children, poor residents still find large family sizes advantageous (Smith, 2004; Agadjanian, 2005; Johnson-Hanks, 2007; Romaniuk, 2011). They opine that the benefits of large families can be substantial where insecurity reigns, individual chances of success are low and success may depend more on interpersonal connections or simple dumb luck than merit, plans of diversification may often pay off.

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Makinwa-Adebusoye (2001) suggest that high fertility in African society was due to their traditions and religion that disclose the important of lineage and pedigree and the separation of cost of childrearing (through the practice of polygyny and child fostering) and reproductive decision-making. The study added that African culture and religion did not support the use of contraceptives.

Statistics show that in the African educational sector as a lot to contribute to human population, the gross enrolment ratios for the girl-child is still very low at 18 per cent while the drop-out rate stands at 47.8 per cent as of 1992, which was having negative impact in them. Girl-child with low educational status or drop-out of school at early stage are more vulnerable to early marriage, low contraceptives use, high level of infant, child mortality, maternal mortality and increase in vicious circle of poverty. The educational process reinforces existing gender inequalities which influences decision making on fertility preference (UAPS, 2007)

There was another vivid argument between Pritchett and Bongaarts published in 1994. Pritchett argued using a series of country-level regressions that fertility declines are largely explained by changes in desired family sizes, and that they are driven by socioeconomic development. To Pritchett, that family planning programs contribute very much to these changes is contentious. On the other hand, Bongaarts, using another set of country-level correlations, argued that family planning programs appreciable impact on fertility. He also revealed that the populations had high levels of unmet need for contraception. Regardless of the undoubted influence both scholars had exerted on the academic discipline, the reconciliation of their ideas into a single, coherent narrative on fertility has proven difficult as the same set of demographic and health survey data yielded contrasting results..

Findings by Togunde and Newman 2005 indicate that sons are valued for their future patriarchal status and their kinship role in continuing the family name. Daughters are more likely than sons to be relied upon for financial support at old age, and are cherished for their potential roles as future mothers. The results also suggest that the labour contributions of children are central to the fertility equation in urban areas. Indeed, a significant proportion of parents had children because of the expected labour contribution of those children (Togunde and Newman 2005).

Similarly, Umoh (2001) asserted that in most parts of Igboland where land is held communally, one of the ways to gain access to land is to have sizeable families consisting of a good number of sons. The sons are the rightful ones to perpetuate the family title to land. Because women lack inheritance right or lose the right to use land upon the death of a husband, they want sons to ensure that they are not deprived of their source of livelihood – land. These practices which encourage high fertility connote that sons are valued more than daughters. This statement also encapsulates the findings of the present study with respect to the fertility determinant, value of a son and a daughter.

2.2 Theoretical Frame Work

This section identifies the theoretical perspectives explaining trends of fertility preference and its determinants. Various perspectives and theories have been presented in existing literature especially with respect to the extent in which these theories explain fertility preference or identify the broad areas associated with it. A veritable example is in the differences identifiable in the way that institutional structures are related to fertility preference. Indeed, recent demographic researches that were based on both micro-level theories of fertility and macro-level

theories of fertility trends have recognized the importance of cultural and ideational influences as well as the considerable role of economic and social structural factors (Bongaarts and Watkins 1996, Thornton 2001, Barber and Axinn 2004 et al.). Despite that the importance of culture for fertility behaviours has been researched and documented, the content and mechanisms of cultural influence and element on fertility determinants deserve some more enquiry.

2.2.1 Demographic Transition Theory

Demographic transition in its classic presentation was a general theory which stipulated that strong population growth initially occurred during industrialization because fertility remained uncontrolled and high while mortality declines, due to the improved food supplies and personal living standards generated by the combination of technical innovations summarized under the rubric: industrial revolution" improvements in agriculture, transport, and manufacturing and finally, sanitary and medical advances. The theory held that fertility would only fall as a result of cumulative mutually reinforcing spectrum of effects consequent on full-scales industrialization and modernization: enhanced survival; a growing culture of individualism; raising consumer aspiration; emergence of huge and social mobile urban populations; loss of various functions of huge and socially mobile urban population; Davis 1963) put the conscious use of contraceptives by married couples as only one of many possible responses in his "multiphasic theory" of demographic change. The level of house-hold economic strain is regarded as the most important independent variable and this is realized from household size and potential economic resources. The level of economic strain witnessed in a household may lead individuals and families to postpone marriage, never marry, migrate, practice

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infanticide, abort, and restrict marital fertility. All of these are geared towards the maintenance or improvement of economic welfare.

The 'Preference Theory' argues that the contraceptive revolution gave women independent control of their fertility and made conception possible without the agreement and cooperation of the male partner (Catherine, 2003). Women became the focus in the Active Reproductive Span (ARS). The theory expounds that sexually active heterosexual women have a decisive influence regarding the number of children and the family. The Preference Theory was a novel albeit radical viewpoint in its explanation and prediction of women's choice between market work and family work. The theory is historically informed, multidisciplinary, empirically based, prospective rather than retrospective in orientation. It is also applicable in both developing and developed nations.

2.2.2 Cultural Theory of Fertility

Divergent values, opinion, and other psychological orientations have arisen in scholarly explanations of fertility determinants. One of such perspectives is in the ideational theory. The theory conceives of fertility as being linked to deep cultural variables. The theory posits that some populations have higher levels of fertility because their culture places a higher value on children or proscribes certain methods of fertility control.

However contrary opinions suggest that the realization of a decline in at about the same time in a variety of socioeconomic settings does not imply that culture is the root cause (Mason, 1992). It is clear that diffusion is an important process in the explanation of but the links between culture and diffusion have yet to be clearly articulated and empirically tested. Watkins (1986, 1987, and 1991) also added that the cultural diffusion of ideas (and knowledge about the

practice) of birth control can even precede the structural changes in society. Birth control in its parity-specific form was then seen as an improvement, which will spread from throughout the region, from person to person, and from group to group, a process that depended heavily on communication and tended to follow a specific course and that the rule is that patterns of fertility decline are more likely to mirror geographic maps of ethnics groups that socioeconomics change.

Retherford (1998) noted that the diffusion process exacerbates the proportion of people who used birth control substantially with little or no change in the usual indices in the economic and social development. Thus, during periods of rapid diffusion, development indices may be considered poor predictors of birth-control use and fertility because the effects of development are obscure.

2.2.3 Economic Theories of Fertility

Sanderson (1976) identified two major economic approaches to the study of fertility preference. The new home economics which involves the application of microeconomic theory to family size issues, including fertility (Becker 1960, 1988; Schultz 1981) is the first approach. The second perspective is the synthesis of economic and sociological theories of fertility as identified in Easterlin's supply and demand framework.

The microeconomic theory is relevant to fertility preference as it illustrates consumer choice theory with little acknowledgement of the significant differences between the acquisition of an automobile and a baby. The theory contends that the demand for children varies with income (Becker, 1991). Conversely, the flow theory opines that fertility declines once the net economic advantages from children are no longer anticipated. Children were considered as consumer durable and assumed to provide utility. However, the utility from children was

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compared with that from other goods by way of a utility function or by a set of indifference curve. The demand theory does not give any specific consideration to the supply side (Schultz. 1976). Easterlin (1978) attempted to achieve a synthesis of the economics and sociology of fertility. Economic theories of fertility have extended the neoclassical model through their emphasis on sociological interpretations of supply, demand and cost of children. (Esterlin and Crimmins, 1985).

2.3 Conceptual Framework

In view of the objectives of the study, Bongaarts' (1984) fertility framework is adopted. The framework gives room for the analysis of the relationship between intermediate fertility variable and fertility levels. Bongaarts' model is cognizant of the principal role of proximate variables on fertility. While the non-proximate determinants or background variables affect fertility indirectly, the proximate determinants are essential since they function as intermediate variables through which changes in fertility are affected.

Fertility
(OUTCOME)

Proximate variables e.g. contraception
(INTERMEDIATE)

Socioeconomic, cultural, and environmental variables e.g. education
(BACKGROUND VARIABLE)
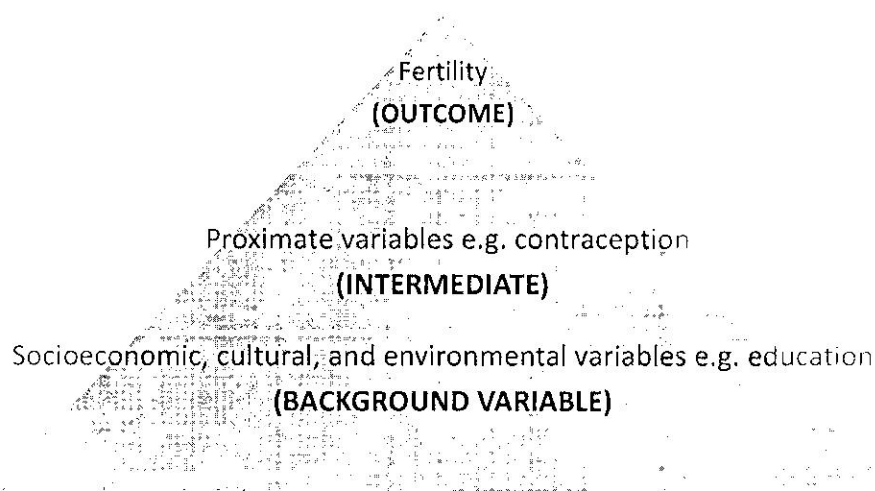
Demographically, the proximate determinants are classified as natural fertility, nuptiality, contraceptive use, and induced abortion. Natural fertility is the total fertility of a couple who have not practiced any method of deliberate control either to increase birth spacing or to curtail family size. Goldstone (1986) refers to nuptiality as the proportions of married women and the female age at marriage. Contraception is used to perform dual roles. It functions for both birth spacing and birth-limitation. Induced abortion is concerned with the willingness and ability of women to terminate unwanted births.

Fertility Preference

Demographic
*Age
*Ethnicity
*Income
*Occupation
*Region
*Education
*Place of Residence

Independent variables

*Contraceptive use
*husband desire for children
*children Ever Born
* Age at first marriage
*Number of other wives
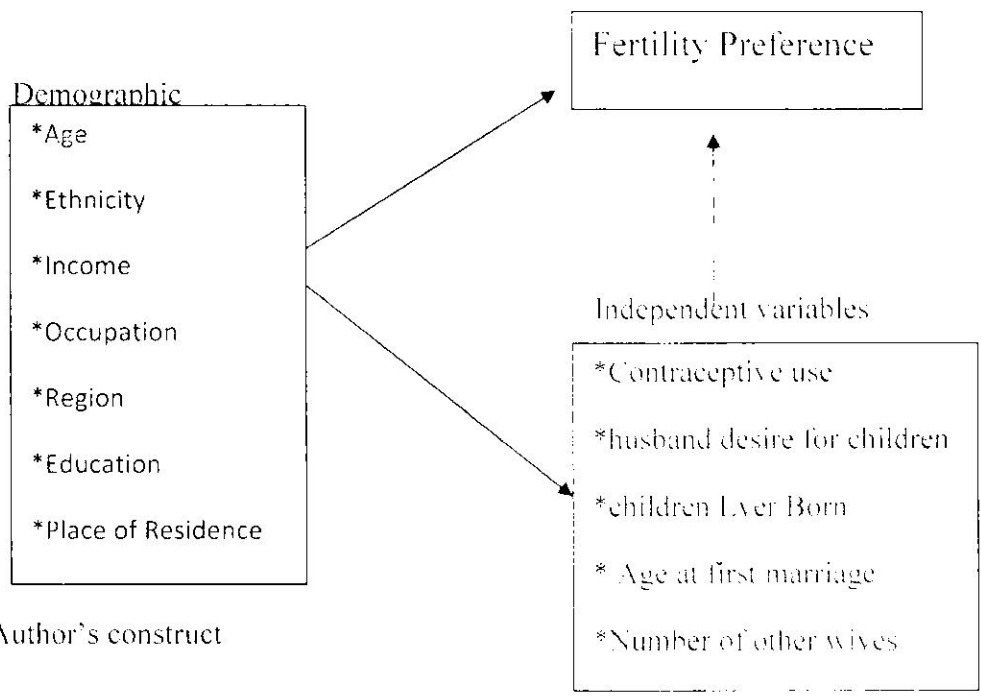
Sources: Author's construct

2.5 Hypothesis

The main hypothesis to be tested in this study is:

=>H_0 There is no significant relationship between socio-demographic (age, education, occupation, residence, contraceptive use, husband desire for children, children Ever Born, age at first marriage) and fertility preference among women in union in Nigeria

=>H_1 There is no significant relationship between socio-demographic (age, education, occupation, residence, contraceptive use, husband desire for children, children Ever Born, age at first marriage) and fertility preference among women in union in Nigeria

CHAPTER THREE

DATA SOURCES AND METHODS

3.0. Introduction

This chapter discusses the methodology of the study. The chapter also presents the study population and data source, sample design, survey questionnaire. Alongside these, the variables used in the analysis are presented.

3.1. Data Sources

Data from the 2013 Nigeria Demographic and Health Survey (NDHS) constitute the primary data for this study. The national survey employed several questionnaires to collect data such as the household questionnaire, the woman's questionnaire, and man's questionnaire. The main objective of the survey was the provision of current demographic and health information. The fertility preference data, particularly the women's questionnaire, from the survey formed the bulk of the data for this study.

3.2. Sampling Design and Data Processing

The data extracted from the 2013 NDHS is nationally representative and covers the entire population residing in noninstitutional dwelling units throughout the country. The data provided population and health indicator estimates at the national, zonal, and state levels and allowed for specific indicators, such as contraceptive use, to be calculated on a national basis. Since Nigerian states are administratively divided into local government areas (LGAs), the location coverage and data collection validity is high.

The 2013 NDHS sample was selected using a stratified two-stage cluster design consisting of 904 clusters, with 372 in urban areas and 532 in rural areas. A representative sample of households was selected, with a minimum target of 943 completed interviews per state. In each state, the number of households was distributed proportionately among its urban and rural areas. All regular households were listed.

3.3. Study Population and Sample Size

The study population consist 16,424 of married women age 15-49 which was derive from 2013 NDHS data set was used to examine factors determine fertility preference among married women in Nigeria. The study considered only married women who were living with their husbands.

3.4. Variable Description and Measurement

The dependent variable to measure fertility preference was hinged on preferred number of children. This is because collecting data on ideal family size as a measure of fertility preference is complex because of the difficulty in getting objective responses. Illiterate or semi-literate respondents usually also find such questions difficult to comprehend. This study therefore concentrates on the desired number children.

Variable	Definition	Code
Age	This variable measures respondents' age in complete years and it will be recorded into 3 categories. The variable seeks to measure the effect age has on preference for another child	V013 was recoded
Education	This variable is a measure of the highest level of school that the	V106

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	respondents have attended. The variable will be categorized into four groups namely: No education, Primary, Secondary and Tertiary	
Currently working	This variable measure working status of the respondents	V714
Type of place of residence:	This is a dichotomous variable categorized as rural and urban.	V024
Region of residence	Regional refers to part of the country the respondents' reside.	V025
Religion	This variable identifies the respondents' religious affiliation.	V130 was recoded
Contraceptive use	The variables were measure if the respondents is currently using or not using a method of contraceptive. This is to find out how contraceptive use affects desire number of children.	V313 was recoded
Wealth Index	This is to find out how wealth index affects desire number of children. This variable identifies the respondents' wealth status.	V190 was recoded
Number of other wives	This variable measure the number of other wives that the respondents have.	V505 was recoded
Age at first marriage	The variable were measure of respondents age at first marriage	V511 was recoded
Children ever born	This variable shows the number of children the respondents have already had	V201 was recoded
Ethnicity	Ethnicity refers to the ethnic group the respondents belongs to	V131 was

		recoded
Fertility preference	Dependent variable that shows if the respondents desire for another child within two years	V602 was recoded

3.5. Data Management

The 2013 NDHS dataset was culled from www.measuredhs.com. The data on women were identified and analyzed for the determinant of fertility preference among women in union in Nigeria. 16 variables in a possible 700 variables on women recode data were considered since those were the relevant aspects of the present study.

Computer software, Stata 12, was employed to drop, recode and analyze the identified data. The age variable was regrouped into 3 categories viz in marital status, those who are not in union, who are separated. Divorced women and widows were not accounted for while those in union or living with their spouse were considered as under an umbrella married women. Ethnicity was also recoded alongside children ever born, contraceptives use, and number of other wives.

Fertility preference was recoded into 'no preference' and 'preference'. The married women categorized into 'no preference' were those who no longer desire a child, those who are sterilized or their partners, those declared infertile and those who want another child later. 'Preference' referred to those who want another child within two years.

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3.6. Data Analysis

The data were described through the use of frequency distributions and percentages. In addition, cross tabulations with chi-square test were achieved to identify the association between the dependent and independent variables. The data were further subjected to binary logistic regression in order to assess the effects of the independent variables on fertility preference. The data was analyzed using STATA version 12.

VARIABLES	DEFINITION
Age	Current age of respondents
Region	North Central (1) North East (2), North West (3), South East (4), South-South (5)Southwest (6)
Type of place of residence	Urban (1), Rural (2)
Highest educational level	None (0), Primary (1), Secondary (2), Tertiary(3)
Fertility preference	No preference (0), preference (1)
Current marital status	Married and Living together were recoded as married
Currently Working	No (1), Yes (2)
Religion	Christian (1), Islam (2), Traditional (3)
Ethnicity	Fulani (1), Hausa (2), Igbo (3), Yoruba (4)
Wealth Index	Poor (1), Average (2), Rich (3)
Use Contraceptives	No (1), Yes (2)
Number of other wives	Whether the husband has other wives outside home
Age at first marriage	Respondents age at first cohabitation
Children Ever Born	Number of living children born to a woman include pregnancy the pregnancy she's currently carrying
Husband desire for children	Husband want more children (1), husband want fewer children (2), both want the same (3), don't know (4)

The Chi square test is used to determine whether the first variable is related or independent of the second variable (Steinberg, 2011).

The formula used for this test is:

Where

= Chi square

O = Observed frequency in each category

E = Expected frequency in the corresponding category

DF =Degree of freedom (n-1)

In order to achieve objective two. logistic regression has been employed in order to assess the effect of demographic variables on fertility preference. logistic regression is used to analyze the relationship between a binary outcome variable with a set of predictor variables. The model used to test interactions between independent variables in this test is:

Ln (pi / 1-pi) $-$ $\beta 0 + \beta 1_{x1} + \beta 2_{x2} + \beta 3_{x3} + \beta_{x4} \ldots + e$

Where

Ln (pi / 1-pi) = log-odds ratio

β = parameters

$\beta 0$ = beta for intercept

β xi = beta for predictor variables

e = error term

i = variation in the model

3.7 LIMITATIONS

*Empirical effect

*The data is cross sectional

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CHAPTER FOUR

DATA ANALYSIS AND RESULT

4.0 Introduction

This study is aimed at examing the demographic factors variables that influence fertility preference among women in union in Nigeria. The present chapter thus presents the findings from the data subjected to analysis.

4.1 Presentation of Findings

Table 4.1: Distribution of women in union according to their Demographic characteristics

Variable	Frequency	Percentage
Age >25	3.823	23.3
25-34	6.188	37.6
35+	6,413	39.1
Total	**16,424**	**100**
EDUCATIONAL ATTAINMENT:		
No Education	8.651	52.7
Primary	2.648	16.1
Secondary	3.814	23.2
Tertiary	1.311	8.0
Total	**16,424**	**100**
CURRENTLY WORKING:		
No	4.936	30.0
Yes	11.488	70.0
Total	**16,424**	**100**
TYPE OF RESIDENCE:		
Urban	6.542	39.8
Rural	9.882	60.2
Total	**16,424**	**100**
RELIGION:		
Christian	4,864	29.5
Islam	11.482	70.0

Traditional	78	0.5
Total	**16,424**	**100**
ETHNICITY:		
Hausa/Fulani	10,107	61.5
Igbo	2,834	17.3
Yoruba	3,483	21.2
Total	**16,424**	**100**
REGION:		
North Central	967	5.9
North East	2,173	13.2
North West	7,549	46.0
South East	2,248	13.7
South South	316	1.9
South West	3,171	19.3
Total	**16,424**	**100**
WEALTH INDEX		
Poor	7,830	47.6
Average	5,398	32.9
Rich	3,196	19.5
Total	**16,124**	**100**
DEPENDENT VARIABLE		
FERTILITY PREFERENCE:		
No Preference	4,835	29.4
Preference	11,589	70.6
Total	**16,424**	**100**
INTERVENING VARIABLES		
AGE AT FIRST MARRIAGE:		
10-19	11,825	72.0
20-29	4,225	25.7
30-	374	2.3
Total	**16,424**	**100**
USE OF CONTRACEPTIVES:		
No	14,007	85.3
Yes	2,417	14.7
Total	**16,424**	**100**
CHILDREN EVER BORN		
<5	9,765	59.5
5+	6,659	40.5
Total	**16,424**	**100**
NUMBER OF OTHER WIVES:		

0	10,599	64.5
1+	5,825	35.5
Total	**16,424**	**100**
HUSBAND'S DESIRE FOR CHILDREN:		
Both want Same	5,423	33.1
Husband want more	7,474	45.6
Husband want Fewer	556	3.4
Don't know	2,943	17.8
Total	**16,396**	**100**

Source: NDHS 2013 dataset

Out of 16,424 women in union who were surveyed, 23% of them were below age 25 while 38% were within ages 25 and 34. This distribution shows that 25-34 is the important stage where majority of women are into sexual union and are the one contributing to greater share of birth while respondents who were 35years and above had 39% of the total population.

On education, 53% of women in union are with no education, while 23% of them only had secondary school education. Those with primary school education accounted for 16% of the population. Just 8% had tertiary education. This implies that over half of women in union are not educated.

It was observed that 70% of women in union were working while 30% of them were not. This implies that women in unions contribute to household expenses. More women in union reside in rural area (60%) compared with those in the urban centers (40%). The Islamic faith was the preponderant religion with 70%. This was followed by Christianity with 29%. The traditional religion had the lowest realization with 1%.

The study identified that ages 10-19 was the age bracket with the highest percentage of women's age at first marriage with 72%. This was followed by 20-29 years with 26%. The age bracket with the least frequency was 30 and above with 2%. We can conclude that female

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adolescents engage in sexual union at very early stage. It is believed that women who married at 30 years and above were delayed by social factors such as getting disappointment for men, not meeting me from her hometown; economic factors such as education, poor income.

85% of the respondents stated that they were not using any method of contraceptive. On the other hand, 15% of women in union used either traditional or modern methods of contraceptives. This shows that despite the knowledge of the availability of contraceptives, very few women use them. This indirectly affects the population. In addition, many of the married women have three children. 41% had less than 5 children while 59% had more than five. This reveals that Nigeria's population explosion is a reality.

On the number of children desired by the husbands, 46% of the married women suggested that their husbands want more children while 33% said they both want the same number of children. 17% of the respondents do not know the number of children they both want while 3% said their husbands want fewer children. 71% of married women have preference for another child while 29% have no preference for another child.

Table 2: Distribution of married women according to their Socio-Demographic characteristics by decide to have another child

Variables	No preference	Preference	Total	
AGE				
<25	194 (5.1%)	3,629 (94.9%)	3,823	$\chi^2=4.2$
25-34	933 (15.0%)	5,255 (85.0%)	6,188	p-value=0.000
35+	3,708 (57.8%)	2,705 (42.2%)	6,413	
Total	4,835 (29.4%)	11,589 (70.6%)	16,424	
EDUCATIONAL ATTAINMENT				
No Education	2,116 (24.5%)	6,535 (75.5%)	8,651	$\chi^2=242.4$.
Primary	1,016 (38.4%)	1,632 (61.6%)	2,648	p-value=0.000
Secondary	1,247 (32.7%)	2,567 (67.3%)	3,814	
Tertiary	456 (34.8%)	855 (65.2%)	1,311	
Total	4,835 (29.4%)	11,589 (70.6%)	16,424	
CURRENTLY WORKING				
No	876 (17.7%)	4,060 (82.3%)	4,936	χ^2 464.37
Yes	3,959 (34.5%)	7,529 (65.5%)	11,488	p-value=0.000
Total	4,835 (29.4%)	11,589 (70.6%)	16,424	
TYPE OF RESIDENCE				
Urban	2,327 (35.6%)	4,215 (64.4%)	6,542	$\chi^2=196.8$
Rural	2,508 (25.4%)	7,374 (74.6%)	9,882	p-value=0.000
Total	4,835 (29.4%)	11,589 (70.6)	16,424	
RELIGION				
Christian	2,093 (43.0%)	2,771 (57.0%)	4,864	$\chi^2=624.30$
Islam	2,711 (23.6%)	8,771 (76.5%)	11,482	p-value=0.000
Traditional	31 (40.0%)	47 (60.0%)	78	
Total	4,835 (29.4%)	11,589 (70.6%)	16,424	
ETHNICITY				
Hausa/Fulani	2,130 (21.1%)	7,977 (78.9%)	10,107	$\chi^2=919.33$
Igbo	1,108 (39.1%)	1,726 (60.9%)	2,687	
Yoruba	1,597 (45.9%)	1,886 (54.2%)	3,483	p-value=0.000
Total	4,835 (29.4%)	11,589 (70.6%)	16,424	
REGION				
North Central	370 (38.3%)	597 (61.7%)	967	χ^2 943.6
North East	530 (24.4%)	1,643 (75.6%)	2,173	p-value=0.000
North West	1,476 (19.6%)	6,073 (80.5%)	7,549	
South East	882 (39.2%)	1,366 (60.8%)	2,248	
South-South	129 (40.8)	187 (59.2%)	316	
South West	1,448 (45.7%)	1,723 (54.3%)	3,171	
Total	4,835 (29.4)	11,589 (70.6%)	16,424	
WEALTH INDEX				
Poor	1,833 (23.4%)	5,997 (76.6%)	7,830	$\chi^2=273.77$ p-
Average	1,815 (33.6%)	3,583 (66.4%)	5,398	value=0.000
Rich	1,187 (37.2%)	2,009 (62.8%)	3,196	

Total	4,835 (29.4)	11,589 (70.6%)	16,424	
AGE AT FIRST MARRIAGE				
10-19	3,249 (27.5%)	8,576 (72.5%)	11,825	χ^2= 90.10
20-29	1,486 (35.2%)	2,739 (64.8%)	4,225	
30+	100 (26.7%)	274 (73.3%)	374	p-value=0.000
Total	4,835 (29.4%)	11,589 (70.6%)	16,424	
USE OF CONTRACEPTIVES				
No	3,523 (25.2%)	10,484 (74.8%)	114,007	χ^2=842.08
Yes	1,312 (54.3%)	1,105 (45.7%)	2,417	p-value=0.000
Total	4,835 (29.4%)	11,589 (70.6%)	16,424	
CHILDREN EVER BORN				
0	113 (8.0%)	1,307 (92.0%)	1,420	χ^2=2,000
1-4	1,474 (17.7%)	6,871 (82.3%)	8,345	p-value=0.000
5-	3,248 (48.8%)	3,411 (51.2%)	6,659	
Total	4,835 (29.4%)	11,589 (70.6%)	16,424	
NUMBER OF OTHER WIVES				
No other wife (s)	3,054 (28.8%)	7,545 (71.2%)	10,599	χ^2=5.61
polygamous	1,781 (30.6%)	4,044 (69.4%)	5,825	p-values=0.000
Total	4,835 (29.4%)	11,589 (70.6%)	16,424	
HUSBAND DESIRE FOR CHILDREN				
Both want same	1,703 (31.4%)	3,720 (68.6%)	5,283	χ^2=47.44
Husband wants more	2,020 (27.0%)	5,454 (73.0%)	7,474	p-value=0.000
Husband wants fewer	207 (37.3%)	349 (62.7%)	556	
Don't know	877 (29.9%)	2,066 (70.1%)	2,943	
Total	4,807 (29.3)	11,589 (70.7%)	16,396	

Source: NDHS 2013

The chi-square and cross tabulation were executed on women in union demographic variables and their preference for children. As presented in Table 4.2, thirteen independent variables were used to cross tabulate preference for another child. The variable of age, educational attainment, currently working, type of residence, religion, ethnicity, region, wealth index, age at first marriage, use of contraceptives, children ever born, number of other wives, husband desire for children were found were significant.

Preference for another child was regrouped into 'no preference' and 'preference'. No preference contained 'undecided', 'no more', 'sterilized' (respondents or partner), and 'declared

infertile.' 29.4% of women who are in union were found to have no preference for another child. Out of this, about 2% of them said they were sterile, 6% were not productive, and 16% want no more children while 5% want children later. The remaining 70.6% strongly stated preference for another child.

The age of married women was identified as a significant factor affecting preference for children at χ^2=4.2 p-value=0.000. Almost 95% of women in union age within the age bracket of 15 and 24 had preference for another child while those ages 25 and 34 were 85% and women aged 35 and above were 42%. The preference for another child was high at 15-24 and low at age 35 and above. Women at age 35 and above were no longer interested in given birth.

Educational attainment was also found as significant (χ^2 242.4, p-value 0.000). Approximately 76% out of 8,651 of women in union with no education have preference for another child. This was followed by women who attended only secondary school (67% out of their total population 3,814) while women with tertiary education (65% out of 1,311) also showed preference for another child. Those with primary education are the least with 62% out of its population. We observed that there is a preference for another child regardless of educational attainment.

The job/working status was also considered in the study. It was identified as a significant factor influencing preference for another child (χ^2=464.37 p-value=0.000). 82% of women who were not working had preference for another child while 66% of women currently working had preference for another child. This shows that non-working women have greater chances of getting pregnant.

This analysis indicated that the place of residence of married women is a significant factor affecting having preference for another child (χ^2=196.8 p-value=0.000). Women in rural areas had a 10% more likelihood of preference for another child than those in urban areas.

The place of religion was also examined and found significant (χ^2=624.30 p-value=0.000). Although all women in union showed preference for an additional child. Muslim women had a higher preference (21%) compared with their Christians (57%) and traditionalist counterparts (16%).

The analysis also showed that ethnicity also affects the preference for another child (χ^2=919.33 p-value=0.000). Hausa/Fulani had the highest preference for another child with 18%. The Igbo realized 48% while the Yoruba had the least percentage of 54%. Regardless of the frequency differences, it was established that various ethnic groups had preference for another child.

In the case of wealth index, there is a significant influence on having preference for another child (χ^2=273.77 p-value=0.000). Poor women in union had preference for another child than women in middle class. Meanwhile the rich preference for another child with was even lower.

Age at first marriage was also considered. Davis, Blecks and Bongaarts recognized this as one of the proximate determinants of fertility. A significant relationship was established between age at first marriage and preference for another child between two years (χ2=90.10 p-value=0.000). The percentage distribution of women in union who have preference for another child among those in age 10-19, 20-29, and 30 and above is 73%, 65% and 73% respectively.

The study also looked into the use of contraceptives as a factor affecting the preference for another child (χ^2=842.08 p-value=0.000). Women not using contraceptive but who showed

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preference for another child were 75% more than those who are using contraceptives and still have preference for another child. 46% of married women using contraceptives were less likely to have preference for another child

This study also took cognizance of children ever born and this variable showed a significance level of $\chi^2=2.100$ p-value=0.000. Women with more than 5 children showed less preference for another child than women in union with less than 5children. This shows that married women are far above replacement level because those married women with less than 5 children are 83% while those who have more than 4 children are 51%.

Number of wives is a significant factor affecting prefer for another child within 2 years ($\chi^2=5.61$ p-values=0.018). Women in monogamous union showed less preference for another child compared to those in polygamous union.

The study also noted a significant relationship between married women whose husband preferred more children and preference to have another child within 2 years ($\chi^2=47.4995$ p-value=0.000). The result showed that women whose husbands want more children are 10% more than women whose husbands want fewer children. Married women who do not know the choice of their husband are 2% more than those women who have the same choice with their husband.

Table 4.3: Logistic regression coefficients, odds ratio, and significance level for currently married women preference to for another child

Variables	Odd Ratio	p>|z|	95% confidence interval	
Age				
15-24 (RC)				
25-34	0.56	0.000	0.47	0.67
35+	0.09	0.000	0.07	0.11
Educational Attainment				

No Education (RC)				
Primary	1.23	0.007	1.06	1.43
Secondary	1.33	0.001	1.12	1.58
Tertiary	1.38	0.004	1.11	1.73
Currently Working				
No (RC)				
Yes	0.96	0.47	0.87	1.07
Type of Residence				
Urban (RC)				
Rural	0.92	0.12	0.82	1.02
Religion				
Christianity (RC)				
Islam	1.48	0.00	1.25	1.75
Tradition	1.85	0.028	1.07	3.22
Ethnicity				
Hausa /Fulani (RC)				
Igbo	0.64	0.007	0.46	0.89
Yoruba	0.59	0.000	0.46	0.77
Region				
North Central (RC)				
North East	1.69	0.000	1.31	2.19
North West	2.82	0.000	2.22	3.59
South-East	1.70	0.000	1.28	2.25
South-South	1.21	0.270	0.86	1.71
South West	1.03	0.787	0.84	1.25

Wealth Index				
Poor (RC)				
Average	0.96	0.50	0.84	1.09
Rich	0.86	0.10	0.72	1.03
Age At First Marriage				
10-19 (RC)				
20-29	1.52	0.000	1.36	1.71
30+	3.75	0.000	2.86	4.93
Use Of Contraceptives				
No (RC)				
Yes	0.44	0.000	0.32	0.40
Children Ever Born				
4 RC				
5+	0.35	0.000	0.32	0.40
Number of Other Wives				
Monogamy (RC)				
Polygamy	1.01	0.92	0.91	1.11
Husband preference for children				
Both Want Same (RC)				
Husband wants more	0.86	0.005	0.77	0.95
Husband Wants Fewer	0.83	0.106	0.67	1.04
No Idea	0.81	0.001	0.72	0.92

Source: NDHS 2013   *implies $P < 0.05$

The dependent variable was recoded. Binary logistic regression model was used to examine factors found to significantly influence preference for another child. Age of respondents

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was a predictor (p-value-0.000); women age 25-34 are 0.56 times less likely to have preference for another child with 95 percent confidence interval between 0.47-0.67 while women (35 and above) were 0.09 times less likely to have preference for another child with 95% confidence interval between 0.07-0.11 compare to married women in age range 14-24.

Educational attainment was identified as highly significant to preference for another child. Women with primary education are 1.23 times less likely to have preference for another child with 95 percent confidence interval between 1.06-1.43 while those with secondary education have a higher chance at 1.33 than those with no education with 95 percent confidence interval between 1.12 and 1.58. Married women with tertiary education are 1.38 times more likely with 95% confidence interval between 1.11-1.57 to have preference for another child compared with women with no education.

Religion showed a predictor level of p-value=0.000 and had a positive association with preference for another child. Muslim married women are 1.47 times likelier than traditional believer of having another child with 95% confidence interval between 1.31-3.22.

Age at first marriage showed that women between ages 20-29 are 52 percent less likely to have preference for another child while women between ages of 30 and 49 are 3.75 times more likely (95% CI 2.85-4.90).

The use of contraceptives is another predictor of preference for having another child. Women who revealed a preference for contraceptives are 44 percent times less likely with 95% confidence interval between 0.39-0.50. In addition, women who have more than four children are 36 percent times less likely to have preference for another child.

Married women whose husbands have two or more wives are 1.02 times more likely to have another child with 95% confidence interval between 0.93-1.13 than married women whose

there husband has more than 3 wives and above. Those married women whose husband has more than three wives are 0.69 are less likely to have another child with 95% confidence interval between 0.51-0.95

Married women whose husband want more children is 0.86 times less likely to have preference for another child at 95% confidence interval at 0.77-0.95 than women whose husbands want fewer children while women who don't know there husband choice are 0.83 times less likely to have preference for another child with 95% confidence interval between 0.72-0.92.

4.2 Discussion

The aim of this study was to investigate the relationship between demographic variables, intervening variables and fertility preference among union in union in Nigeria. The specific objectives for this study were to examine the extent of fertility preference among women in union in Nigeria and to examine the determinants of fertility preference among women in union in Nigeria.

The study showed that more than half of women in union are with no education. However, most of these women work and are contribute to the household expenses. Women resident in rural areas had a higher population than those in the urban centers because there were few urban centers in the study area. Most of the respondents are Muslims, followed by the Christians while the traditional religion had the lowest. This may be reflective of the Nigerian census statistics which observed that Muslims have the highest population in Nigeria (Nigerian Population Commission, 2005).

A very high percentage of the respondents are poor, followed by the middle class. There were few rich respondents. This is indicative of the condition of women in union in the society. Revealing that many adolescents engage in sexual union at very early stage, the highest percentage of women's age at first marriage was found in the 10 to 19 age bracket. The study also observed that most respondents do not use any method of contraceptive. This is despite that many married women have the knowledge of various types' contraceptives.

Educational attainment is a significant factor affecting preference for another child; women in union with no education have the highest preference for another child. Female education influences family size decisions both by reducing desired family size and increasing women's ability to implement their reproductive preferences and family size. Consequently, there is an inverse association with education among women especially as the relationship between education and desired family size among the males is also negative (Measuredhs, 2010). Onoja et al found that level of education was significantly associated with fertility level. Women with low level of education are more likely to have more children than women who had tertiary education. When only the sociodemographic characteristics were considered, women with no formal education and those with only primary school education show almost fifty percent increase in the level of fertility compared with women who had tertiary education. And when they adjust for proximate determinants of fertility were levels of education show almost two-third increase in the level of fertility over tertiary education. Studies conducted in Nigeria and Ethiopia showed that women who had many years of education had significantly lower fertility as compared to those who had never been enrolled into any formal education system. Also, Alene and Worku reported that women who had at least a high school education showed nearly a two-third reduction in fertility compared to women with no education.

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Umoh (2001) asserted that in most parts of Igboland where land is held communally, one of the ways to gain access to land is to have sizeable families consisting of a good number of sons. The sons are the rightful ones to perpetuate the family title to land. Because women lack inheritance right or lose the right to use land upon the death of a husband, they want children – sons to ensure that they are not deprived of their source of livelihood – land. These practices which encourages high fertility connotes that sons are valued more than daughters. This statement also encapsulates the findings of the present study with respect to the fertility determinant, value of a son and female children.

Women in union who are not using contraceptive and have preference for another child are 75% more than those who are using contraceptives and still have preference for another child. Akinrinola et al 2011 his in findings Fertility preferences and contraceptive use among couples in sub-Saharan Africa shows that couples were less likely to be using a method when the wife wanted to have more children and more likely to be using one when she wanted to stop childbearing. This shows that women who have preference for another child are likely not to use contraceptives

As regards to husband preference for another child, women in union whose husband have preference for another child are more compared to women in union who said their husband wants fewer children , while 33% of them said they both want the same number of children. 17% said they don't know the number of children they both want and 3% of. This analysis contrasts an Ethiopia study by Tilahun et al who observed that over half of the couples wanted more children and 27.8% of the spouses differed about the desire for more children. In Nigeria patriarchal system, husband has the highest autonomy in family structure. However, it was the husband's favourable attitude towards family planning that determined a couple's use of contraception.

Overall, contraceptive prevalence was 42.9%. Among the groups with the highest level of contraceptive users, were couples where the husband does not want any more children. Spousal communication about the decision to use contraception showed a positive association with a couple's contraceptive prevalence.

CHAPTER FIVE

SUMMARY, CONCLUSION AND RECOMMENDATION

5.0 Introduction

This chapter is assigned to the presentation of summary, conclusion, and recommendation drawn from the research data analyzed

5.1 Summary

It was noted that most of the respondents in the survey who are married women were from the northern part of Nigeria. Most of them were not educated which is negatively affecting their preference for another child. in a paper written by Ibisomi et al. she noted that female education is a key factor that influence family size decisions both by reducing preferred family size and increasing women's ability to implement their reproductive preferences. In addition Muslims in the survey overshadow other religion.

Most of the respondents lives in rural area. Onoja et al 2012 in their findings shows that there is high demand for children in rural area because the children will help in farming labour and also noted that rural dweller don't spend much in educating their children because there is no completion in child's education among them and lastly pointed at sex preference on child bearing.

More than half of them are engaging in various types of job. Staudt's (1987) analysis suggest that women have now expand their work activity and control economic interest so as to minimize economic problems they usually experience in strong patriarchal system. Blumberg 1991:101 added that increasing women's economic power will increase the likelihood of her fertility pattern; most of the respondents in the survey, their standard of living is below average.

most of them were still teenagers at their first marriage expose them to prefer for having another child because women marring at early stage are more likely to have various reason which includes still sexually active, fecundity and having few children have not complete reproduction (Lunani 2012). More than half of them have gotten more than 3 children show the margin of 32% more than those who have less than 3 children. Most of them practice monogamy, the decisions of their husband on the number of children to have are more than their own prefer number of children and most of them have preferred to have another child within two years.

Factors affecting respondents preference having another child within two years is: their age, marital status, ethnicity, religion, educational attainment, region, wealth status, age at first marriage, children ever born, family type, husbands prefer for children, showing that all the demographic characteristics were found to be influencing prefer having another child within next two years among married women in Nigeria.

Husband prefer for children is one of the key in factor affecting preference for another child because most of the married women whose husband want more children are willing to have another child unlike those women whose husband want fewer children. The demand of children for husband will affect the supply of children for the married women. In addition, family type will affect child preference, in this study, women whose husband married at least two wives (polygamous family) are more likely to few children than those whose women who practice monogamy because in the long run the husband may not be capable of taken care of the family financially which will later become a huge burden on the wife (s).

5.2 Conclusion

Fertility preference is the prefer number of children the respondent(s) is willing to have irrespective of the number he/she has already had. This study was aimed at examine demographic factors on the determinant of fertility preference among women in union in Nigeria and the variables that were put into consideration were age, age at first marriage, education, ethnicity, religion, region, currently working, use of contraceptive, wealth index, husband prefer for children, children ever born, educational attainment. The entire variables were significant to preference for another child showing that level of fertility in Nigeria will persist for a very long period of time. Making of policies and enforcement of these policies needs to be handled by devoted officers either in government organisation or among the non governmental agencies who are ready for the progress their society and the critical are area that needs to be focused on is women's education and increment in age at first marriage which can help to avoid early birth.

5.3 Recommendation

Education is very crucial to decision-making, health, and empowerment, programs should be done to improve women's education; even adult education should also be introduced for those who did not have the opportunity when they are young. In a society where patrilineal and patrilocal is the only system recognize, women are needed to be educated so that they will have the courage to partake in decision making both within the family and outside the society they found themselves.

In addition, family planning programs should be strengthened through sensitization campaigns in the media, through dialogues at the community levels, and religious institutions should not be left aside and the adolescent should also be sensitized to the outcome of early

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marriage, early child bearing and engaging into early sexual activities that can lead to various problem such as high maternal mortality, preeclampsia, amnesia, etcetera.

The government should make available, accessible, and affordable of modern contraceptives that is, married women should be able to get these contraceptives at any chemists and health center, and any time. These contraceptives should be at reasonable price so that even the poor will be able to afford it and tradition method of contraceptives should be modernize and legalize so that even if the user sees that it has been reform, they may be able to encourage their friends and family in making use of it.

Policy on male involvement should not be left aside. Married men should be involve in maternal care issue so that those men who want more children will also experience what it takes for women to have a child. The duty of married men to their wife (s) during and after delivery should be clearly stated and be enforced so that the demand of children for men will reduce.

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