

Fertility Regimentation of the Rural Yoruba Women of South-west Nigeria: The Case of Ido and Isinbode

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ABSTRACT Nigerian population has been increasing at a very high rate (3%). This rate largely results from relatively stable fertility and declining mortality. The decline in mortality has been attributed to assessable health and medical facilities, and improvement in standard of living. This paper uses quantitative technique with a sample size of 1,500 women in their reproductive age to investigate the regimentation of fertility in two selected rural communities of south-west Nigeria. Adjusted Total Fertility Rate for the two communities was 7.2 and 5.6. Fertility differentials by the different socio-economic variables were also examined and it revealed that women's age and proportion dead among children ever born were the most important determinants of fertility in the study area. The study concluded by recommending massive and compulsory girl child education in Nigeria rural areas. This will push up the women's age at marriage and also increase the opportunity cost of raising large families.

INTRODUCTION

Population growth in Nigeria is often derived from natural increase. This becomes glaring when we know that Nigeria is one of the countries with the highest crude birth and crude death rates in the World. The population of the country grew from an estimated 11 million people in 1910 (Aluko 1965) to 88.9 million in 1991 (NPC 1994) and 140 million in 2006 (NPC 2006). The projected estimation for the country in year 2015 is 280 million (WB 2007). Good enough, mortality has been relatively stable. In the balance, fertility rates grew at an unmatched and unequal margin with mortality (Alo 2001), hence a rapid increase in population growth with an annual growth of about 3percent (UN 2005). If this rate is left unchecked, it has been speculated that each generation will be succeeded by a population that is more than twice its size. Continued population growth will make Nigeria the fourth most populous country in the world by the year 2030 after China, India and United States of America (Okpala 1990).

Correspondingly, the decline in mortality since 1960 has led to an increase in expectation of life at birth. Life expectancy rose from 40.2 years in 1963 to 50.4 years in 1993 (UNDP 1995) and 52.0 in 2006 (NDHS 2006). In essence, since 1960, Nigeria has been characterized by high and stable birth rates, matched with a gradual decline in the crude death rate, hence a proportionate high population growth. The decline in mortality rate could, among other things, be attributed to more

assessable health and medical services. For the fact that Nigeria is deriving its major population growth through natural increases, a very large proportion of the population is under age 20. It has been pointed out that about 45 percent of the total population is under 15, and this has implication for the future (Ebigbola 1997; NPC 2006). From the demographic perspective, the population is a youthful one; persons within the age range of 15-45 years normally constitute the labour force. Invariably, those that are to enter the labour force in another 15 years have been born, other variables remaining constant. More so, a young population has a high potential growth rate because of the inbuilt momentum.

However, all social and economic amenities connected with a youthful population are needed. There is need for more investment in formal education, health and other social services for the young and unproductive component of the population, thus leaving little resources for the production of goods and services that can stimulate the economy. The lopsided investment described above has a multiplier effect. For instance, the investment in education, those coming out of schools cannot be absorbed by the existing employment opportunities. Neither is the government ready to embark upon any positive action that will immediately provide employment opportunities for them on completion of school. Manufacturing and construction industries that have often been the absorbers of these school leavers are absorbing labour much

below expectation. And a good number of these manufacturing organizations are winding off due to economic hardship and poor infrastructure. On completion, a secondary school leaver goes to urban area where industries are concentrated with the full optimism of finding a job opportunity. He is in most cases disappointed, he stays there with the hope of finding a job sometimes; meanwhile, he forms part of the large unemployed population contributing to the city congestion with its attendant problems ranging from waste to psychological effects exerted on the urban dwellers.

Moreover, the discussion of the relationship between population and resources is an old one. In 1798, Malthus drew attention to the imbalance between the rate of growth of population and the means of subsistence, particularly food. He was of the opinion that the imbalance between the two was the major cause of mass poverty in the society. Two centuries after the famous observation was made, the problem of food supply has continued to plague most of the less developed countries. In addition, high population growth can retard socio-economic development in several other ways; it can increase the pressure of number upon nations land resources and diminishes the rate at which capital is formed. For instance, population increase has adverse effect on the rate of growth of Gross Domestic Product (GDP). A fast growing population will invariably share the GDP among a large number of people, resulting in a lower Per Capital Income and a higher level of poverty.

Historically, fertility decline in other major regions of the world has been attributed to a complex combination of factors related to the process of urbanization, industrialization and socio-economic development. Such precipitating, overlapping and heterogeneous factors, which include education and employment of women outside home, income, religion and host of others. Thus, many scholars (Page 1988; Saadah 1991; Secombe 1993; Takayama 2001) have attempted to explain fertility decline by using as casual explanatory variables a number of socio-economic factors. Particular interest has centered on changing female socio-economic role, which accelerates the decline in fertility in modernizing societies (Arnold 1990; Alo et al. 2008). Studies of fertility differentials attempt to find out why fertility is much lower in all human societies than biological reproductive capabilities permit and

why fertility differs even among sub-groups sharing common socio-economic and physical environment.

The principal objective of this study is to provide information on fertility, and to identify and quantify the relative contribution of some of the intermediate variables. The study is expected to form part of the general effort to improve the understanding of factors related to fertility change. It is from such an understanding that effective family planning and birth control can be planned for and achieved.

DATA AND METHODS

The study was carried out in two selected villages (Ido and Isinbode) in Southwest Nigeria between February 2007 and December 2007. It was part of a major study on demographic and reproductive behavior in the rural areas of Nigeria. The people in the study areas are predominantly farmers who are committed to indigenous ways of life. Sampling technique involved purposive selection of the two communities. Sample size consists of 700 and 800 respondents who were randomly selected in Isinbode and Ido respectively. Using the primary health care house numbering as the sampling frame. Our eligible respondents were the women in the reproductive age group (15-49 years). On the whole, 1,500 women were interviewed. Data analyses involve quantitative interpretation. It is suffice to state that Ido faired better than Isinbode in terms of socioeconomic facilities.

RESULTS AND DISCUSSION

Background Characteristics

The result from the study indicated that more than 50 percent of the respondents were under age 25. About 70 percent got married before age 20. Educational levels is very low, about half of the respondents and their husband never had any formal education, Christianity is the dominant religion, a good proportion of the women are self employed, in low income groups and have little use of contraceptives.

Retrospective Fertility

Table 1 shows the average number of live births for married women classified by their ages

at the time of the survey. The table shows that the total averages for Ido and Isinbode are 4.0 and 3.9 respectively. There are no notable differences between these two averages. When the patterns observed among the different age groups are considered, some notable differences are observed. It is observed for instance, that the averages are slightly higher for Ido women except for 20-24 age group. However, it is important to mention that differences observed are not high enough to warrant any conclusion that the fertility level for Ido is higher than that of Isinbode. One would probably expect some notable variation in levels of fertility between the two communities but this is not so. The pattern observed is likely influenced by our sample size and age misplacement.

However, the observed average live births in the study location are very high by the world standard. This is a reflection of low or lack of contraceptive usage. Nigerian government since independence had been paying lip service to the issue of population policy. There have been two population policies in the country ever since, one in 1985 and another one in 2006. One factor that is common to the two policies was the *laissez-faire* approach.

Children Surviving

Table 2 shows the average number of children who survived at the time of the survey. The table shows that the averages reported are clearly higher at Ido than Isinbode except for 20-24 age group, which is consistent with the findings on Table 1. The average also increases with the age of the respondents except for 45-49 age group at both Ido and Isinbode. A total average of 3.5 was estimated for the two communities. When we compare Table 1 with Table 2, we observed that the differences in average live births do not reflect the differences in average number of survivals. At Ido, more children were born than at Isinbode and more survived at Ido than at Isinbode. Observed trend can be explained by two factors: the first is probably due to under-reporting of total live births at Isinbode and consequently leading to the omission of children who died at infancy, the second reason is probably due to the scale of medical development which favours Ido. It was earlier noted in this study that Ido fared better than Isinbode in relation to the indices of modernization. Ido has among other

indices of modernization pipe borne water, electricity, local government headquarter and a general hospital, which was established in 1956 and added to that recently is a Federal Medical Centre established in 1999. The people of Ido are therefore more favourably disposed to immunization of their children than Isinbode. On the same note, the differences in the socio-economic characteristics of our respondents probably contributed to the differences observed in the two communities under study. This is however not unexpected because socioeconomic status of parents has been linked with the survival chances of their babies (Paloni and Tienda 1991).

Current Fertility

The women were asked to state whether they had babies during the twelve months preceding the survey. A total number of 131 live births were reported for both communities; that is 71 and 60 for Ido and Isinbode respectively. Among the 71 in Ido, 36 were female babies while 35 were males yielding a sex ratio at birth of 97.2. In Isinbode, the sex ratio at birth is 93.5 with 29 and 31 live births as males and females respectively. The total average observed at Ido is higher than that of Isinbode, except for age group 20-24. The estimated sex ratio in Isinbode is about the average for Nigeria and most sub-Saharan Africa. The higher estimates yielded in Ido is a bit difficult to explain.

P/F ratio technique was applied to the reported age specific birth rates to correct for possible errors of incorrect reference period and memory lapses. Adjusted Total Fertility Rate (TFR) was 5.6 and 7.2 for Ido and Isinbode respectively. The adjusted TFR for Ido is the same as that estimated for Southwestern states of Nigeria in 1990 and 2006 by the Nigeria National Demographic and Health Survey (NDHS 1990; NDHS 2006). The adjusted TFR indicated that the peak of childbearing in Ido lies within the age group 25-29 years. The higher rates yielded by indirect estimates in the two locations may probably be due to the problem of underreporting resulting from memory lapses or deliberate falsification. The adjusted rate never differ markedly from the estimated rates, this is an indication of the goodness of fit of the collected data and to some extent increased the degree of confidence in the analyzed data. The computation of the P/F ratio technique is presented in Tables 3 and 4.

Fertility Differentials by Socio-economic Status of Respondents

The relationship between socio-economic status and fertility has received much attention both from sociological as well as economic point of view (Ebigbola 1997; Alo 2005). Socio-economic status is the outcome of a combination of series of personal characteristics such as income, educational level, occupation and other factors. We examined in this section the influence of age at marriage, duration of marriage, levels of education, and respondents' husband levels of education, employment status, religion and income on the reproductive behaviour of the respondents. The Multiple Classification Analysis of the reported mean number of children ever born by some selected socio economic variables is presented in Table 5. However, because of the central importance of age in the previous analysis, age is controlled in the present analysis.

Panels "1" of Table 5 presents the data on age at marriage and mean children ever born (MCEB). There is a slight difference between the fertility of those who married below age 19 years and those who married later in Ido and Isinbode

as evidenced in the result of the Multiple Classification Analysis on the table. This may well be true for most rural areas in south-west Nigeria. Although marriage may be slightly delayed for a small proportion of the female population, at the end of their reproductive life such women end up by achieving a family size similar to that of their counterparts who married early. The desire to complete school before marriage is the major reason why marriage may be delayed. When marriage is finally contracted, most women who marry late tend to find ways by which they compensate for the fertility, which they would otherwise have avoided through delayed marriages. Such compensation may be achieved by the reduction of post partum abstinence, which leads to shorter birth intervals. Child-bearing may be continued longer than the socially approved period until the desired family size is achieved.

Re-marriage, which is a common phenomenon in the study area, may also help to explain why the age at which individuals first enter marriage may not have any significant impact on completed family size. This may be particularly so in the rural areas, where the level of education is low and where the ultimate reason for marriage is to bear children.

Table 1: Age of women and the average number of children ever born reported at the time of the survey, Ido and Isinbode

Age group	Ido			Isinbode		
	Number of women	Children ever Born	Mean CEB	Number of women	Children ever Born	Mean CEB
15-19	21	30	1.4	30	30	1.0
20-24	135	275	2.0	92	266	2.9
25-29	167	530	3.2	95	275	2.9
30-34	252	1100	4.4	156	577	3.7
35-39	84	426	5.1	178	819	4.6
40-44	123	780	6.3	82	476	5.8
45-59	18	95	5.3	67	255	3.8
Total	800	3236	4.0	700	2,699	3.9

Table 2: Age of women and the average number of surviving children among ever born reported at the time of the survey, Ido and Isinbode

Age group	Ido			Isinbode		
	Number of women	Number of survivals	Mean	Number of women	Number of survivals	Mean
15-19	21	18	0.9	30	20	0.7
20-24	135	203	1.5	92	208	2.3
25-29	167	478	2.9	95	241	2.5
30-34	252	920	3.7	156	568	3.6
35-39	84	385	4.6	178	756	4.2
40-44	123	701	5.7	82	430	5.2
45-59	18	90	5.0	67	211	3.1
Total	800	2,795	3.5	700	2,434	3.5

The debate as to the impact of polygyny upon fertility is yet to be resolved. Contradictory evidence has been presented on the relationship between marriage type and fertility levels. The results presented in panel 2 of Table 5 however suggests that the fertility of polygynously married women is higher than those who are in monogamous union. Children occupy a central position in African marriages and thus, it is not impossible for co-wives to consciously or unconsciously enter into competition with the number of children ever born. This may explain the observed trend in the study population.

Panel 3 of Table 5 presents information on the relationship between educational levels and fertility. As expected, there are significant differentials between fertility levels of the women who had primary education and above, and those who have no formal education. The explanation of this association revolves round the fact that

educated women are more likely to delay marriage and to work for paid employment outside home. Formal education may not only improve women's ability to practice efficient contraception but it can empower them with more decision-making authority in the household. Education therefore all over the world is a fertility depressing mechanism. On an equal note, fertility differentials have been observed between women who are in the work force and those who are not. While a high degree of incompatibility has been found between fertility and employment in developed countries (Raimi 1989; UNO 2005), it has been difficult to arrive at the same conclusion for the developing countries because of the influence of cultural factors, such as the extended family system and work structure. However, recent researches have questioned the role of incompatibility hypothesis (Ebighbola and Omideyi 1988; Alo and Adetula 2005). Panel 4 of Table 5

Table 3: Application of the P/F ratio technique to the reported data on children ever born among surveyed women in Ido

Age group	No of women	Children ever-born	Births in the past one year	Average parity per women (P_i)	Period fertility rate (f_i)	Cumulated fertility (Q_i)	Estimated parity equivalent	P/F P_i/F_i	Adjusted (K)
15-19	21	30	8	1.4	.381	1.903	0.961	1.456	.020
20-24	135	275	12	2.0	0.89	2.350	2.255	0.887	.291
25-29	167	530	8	3.2	0.47	2.585	2.255	1.419	.262
30-34	252	1100	12	4.4	.048	2.825	2.646	.1663	.350
35-39	84	426	18	5.1	.214	3.895	3.529	1.445	.087
40-44	123	780	8	6.3	.065	4.220	3.458	1.822	0.29
45-49	18	95	5	5.3	.277	5.605	5.270	1.006	.071
									1.110

$$F_i/F_2 = .381/.089=4.28 \quad \text{TFR (adjusted)} = 5.55 \quad \hat{m}=29.53$$

Table 4: Application of the P/F ratio technique to the reported data on children ever born among surveyed women in Isinbode

Age group	No of women	Children ever-born	Births in the past one year	Average parity per women (P_i)	Period fertility rate (f_i)	Cumulated fertility (Q_i)	Estimated parity equivalent	P/F P_i/F_i	Adjusted (K)
15-19	30	30	6	1.0	.200	1.0000	0.492	2.032	.189
20-24	92	266	11	2.9	.119	1.5950	1.361	2.130	.348
25-29	95	276	10	2.9	.105	2.1200	1.952	1.486	.319
30-34	156	577	9	3.7	.058	2.4100	4.079	0.907	.267
35-39	156	577	9	3.78	.058	2.8300	5.339	0.862	.196
40-44	82	475	3	5.8	.037	3.015	14.249	0.407	.89
45-49	67	225	6	3.8	.89	3.46	6.416	0.592	.042
									1.448

$$F_i/F_2 = 0.200/.119=1.68 \quad \text{TFR (adjusted)} = 7.24\hat{m} = 30.22$$

Table 5: Multiple Classification Analysis of the reported number of children ever-born by some selected socio-economic variables, controlling for age

Factor definition	Unadjusted		Adjusted for other factors		Adjusted for other factors and for husband's educational level	
	Isinbode	Ido	Isinbode	Ido	Isinbode	Ido
1. Age at Marriage						
Below 19	+.48	+.48	+.52	+.32	+.12	+.03
20+	0.12	-0.05	-9	-0.14	-12	-0.12
Eta/Beta	0.3	10	0.26	14	0.07	0.03
2. Marriage Type						
Monogamy	-0.64	+0.2	-0.4	-0.2	+0.28	-0.2
Polygamy	+. 48	0.16	0.3	0.16	0.26	0.12
Eta/Beta	0.24	0.1	0.16	0.09	0.02	0.08
3. Education						
None	0.6	0.18	50	20	0.42	0.18
Primary +	-0.33	-60	-0.16	-0.6	-0.12	-0.54
Eta/Bet	0.32	0.12	0.28	0.16	0.22	0.18
4. Employment						
Employed	0.2	0.08	0.28	-0.08	-0.22	-0.04
Unemployed	-0.02	-0.03	-0.08	-0.16	-0.1	-0.2
Eta/Beta	0.28	0.08	0.24	0.14	0.2	0.08
5. Religion						
Christian	-0.06	0.08	0.05	0.28	-0.03	+. 28
Non-Christian	0.48	-0.06	0.3	-0.26	0.22	-0.22
Eta/Beta	0.14	0.06	0.06	0.1	0.04	0.08
6. Income						
Below N2000	-0.02	0.02	-9	-0.52	-0.07	-0.58
N2000.00 +	0.2	0.48	0.38	0.32	0.36	0.39
Eta/Beta	0.1	0.12	0.14	0.08	0.12	0.03
Multiple R 2			0.48	0.08	0.15	0.3
Multiple			0.381	0.92	0.356	0.18

Significance of F-ratio: 001 for age at marriage, marriage type, education, employment status, religion and income for both Isinbode.

examines the difference in the fertility of women who are employed and those who are not. The findings from the Table indicate that there is no significant difference between the fertility of the women in the two categories of employment status examined, either in Ido or Isinbode. This relationship becomes more apparent when the educational level of the husband is controlled in the two locations. Employment categorization has been a serious research problem in Africa. The two categories used in the present study may have submerged some interesting findings. However, the applied statistical technique did not permit further breakdown of employment status.

Moreover, religion is among the institutions of the society, which affects, and is affected by population conditions. Religion refers to a system of attitudes, beliefs and practices, which individuals share in-group. Different religious group vary in their view of society, hence religious affiliation is a relevant factor in understanding individual decisions affecting fertility. The

Multiple Classification Analysis (MCA) shown in panel 5 of Table 5 indicated that Christians in Isinbode experienced slightly lower fertility than the non-Christians. In contrast, the non-Christians in Ido appeared to have a smaller number of children than the Christian population. Although small differences exists between the two religious groups. The degree of association between fertility and religious affiliation was not statistically significant and hence inconclusive.

Panel 6 shows the relationship between income level and fertility among the study population. As evidenced from the table, higher level of fertility is associated with higher income level. This is however difficult to interpret. Nevertheless, income may operate through other socio-economic variable like affordability of modern health facilities to affect the number of surviving children. However, it is important to stress here that all the socio economic variables analyzed in this section are interrelated. For instance, education will determine ones occupational status,

which can also influence the income of the individual and his/her marriage type.

However, because of the interrelationships noted among the examined variables in this section. A further analysis is necessary to reveal the net effect of each of the examined variables. Table 6 presents the Stepwise Multiple Regression Coefficients of the mean number of children ever born and the same sets of intermediate variables which were examined in Table 5. The essence of this is to determine the net effect of each of the variables on the mean number of children ever born in the study location.

From the regression coefficients on Table 6, we find that age at marriage has a positive effect on mean number of children ever born to women in Isinbode and Ido, but the relationship is stronger for Ido. This therefore indicates that late marriage in Ido may likely spur women to have fewer children. Of the five intervening variables considered, proportion of dead children reported has the strongest negative effect on children ever born, but the strength of the relationship does not vary when the finding in Isinbode is compared with that of Ido. Hence proportion of children dead among children ever born, though significant in determining the level of fertility in the communities, it is less important in determining differentials in fertility behaviour between the two communities. Birth interval, ideal number of children, (INOC) and use of modern contraception all have negative influences on the mean number of children ever born, but the strength of the relationship is not significantly different between the two communities. In the case of use

contraceptives, differences occur in the strength of the relationship between the two communities. On the average, Ido tend to have higher ideals when compared with Isinbode. On the other hand, the negative effect of birth interval on mean children ever born is less strong for Ido than for Isinbode. In other words, higher birth interval does not reduce the number of children ever born in Ido to the extent that it does in Isinbode.

In summary, age at marriage and proportion dead among children ever born significantly affect the mean number of children ever born in the two communities. The multiple R (coefficient of correlation) of 0.38213 and 0.37831 shows that there exists a weak positive relationship between birth interval, ideal number of children and proportion who ever use contraceptive. Moreover the coefficient of determination (R^2) explains the total variation of 14.6 percent and 15.2 percent in the mean number of children ever born for Ido and Isinbode respectively. Age at marriage is the most important factor in the determination of the number of children ever born among the women in Isinbode and Ido. And proportion dead among children ever born is the second most important predictor of mean number of children ever born.

CONCLUSION AND RECOMMENDATIONS

Information on current and retrospective fertility from the study indicated that the adjusted Total Fertility Rate is 7.2 for Isinbode and 5.6 for Ido. These estimates were lower than that of 7.4 reported by the segment of the Changing Africa Family Project for the south-west Nigeria in 1974.

Table 6: Stepwise Multiple Regression Coefficients showing the effect of some selected independent variables on the mean number of children ever born (CEB), for Isinbode and Ido

	Isinbode				Ido			
Multiple R	0.38213				0.37831			
R square	0.14603				0.15224			
Adjusted R square	0.08770				0.06892			
Standard error	1.45325				1.526453			
F	2.50385				2.40985			
Variables	B		SEB		Beta		T	
	Isin	Ido	Isin	Ido	Isin	Ido	Isin	Iso
Age at marriage	+285393*	271685	+.074825	.08638**	-.314226	.286384	-3.814	-3.625
Prop. Dead among CEB	.182548	-.164586	.76044	+.068655	+.172866	.265282	+2.401	+2.606
Birth interval	-.005611	-.265128	.008542	-.058265	-.046105	.198268	-.657	-.2.612
INOC	-.2855393	-.356228	.074825	.065619	.314226	.281695	3.814	-2.508
Prop. ever use contract.	-.009888	-.001256	.008948	-.081289	-.108330	.256282	-1.105	-3.819
Constant	2.560238	.448495	2.461-98	3.856275	.326512	.352158	5.709	

INOC means Ideal Number of Children

Significant F .0026.0031 Note *($p < 0.05$) **($p < 0.01$) NS Not significant

And they are also lower than that of Orubuloye for Ekiti rural areas for the period 1974-75 (Orubuloye 1974). On the same note, the estimates were lower than that of the Nigerian Fertility Survey (NFS) for the 1981/82. Though the estimate for Ido is about the same as that of the Nigerian Demographic and Health Survey (NDHS) for the Southwest states of Nigeria in 1990. The two estimates are higher than that of the NDHS in 1999 and 2006. The NDHS (1999, 2006) estimated 5.2 and 5.0 births per woman respectively for the six years preceding the survey period. The mean numbers of live births for women aged 45-49 years were 4.0 for Ido and 3.9 for Isinbode. These estimates are about the same as the estimates of Orubuloye for the two villages under investigation in 1974. He reported a mean live birth of 3.9 and 3.8 for Ido and Isinbode respectively (Orubuloye 1974). A gross under-reporting of birth was suspected especially in Isinbode. This study has shown that fertility differentials by different variables representing measure of modernization are evident. One of the most consistent differentials is that of women's age and proportion dead among children ever-born.

It may be expected that in the future, for small family size to become the norm, adoption of contraception is going to be a necessary requirement. Increasing survival of children, as well as the increasing cost of child rearing will probably accelerate a lower desire for high fertility. Improved health and socio-economic conditions will certainly lead to high child survival which in turn will erode or reduce the "high fertility norms" which has been a reasonable response to conditions of high child mortality in the study area. In addition, the cost involved in sending children to educational institution is high, better clothing, high cost of living and the ability of the educated children to exact more money from their parents could lead to the limitation of family size. The stepwise regression suggests that age at marriage has the most significant positive effect on mean number of children ever born among the women in the study locations than any other variable. On the basis of this finding we are calling for massive and compulsory girl child education in Nigerian rural areas. This will not only push up the age at marriage, it will also increase the opportunity cost of raising large family and this will afford them the opportunity of working in the formal sector outside their home.

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