

Understanding resolution of differential fertility preferences among couples in Nigeria

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Abstract

Using information collected from focus group discussions with men and women from the three dominant ethnic groups in Nigeria, we examined how differences in desired number of children among couples are resolved. While fertility preference is related to the value that individuals placed on children as well as perceived their costs and benefits, husbands are favoured as the 'in charge' regarding number of children to have in households. In situations where the number of children wanted by men and their wives differ, conflict and distrust are rife. The man is to have additional wife/wives to make up the number that he wants if the woman does not agree with his desire while persuasion is the main option opened to the woman that wants more children than her husband. The findings show the need for reproductive health policies and programmes to further empower women to achieve their fertility preferences.

Key words: Resolution, differential, fertility, preferences, couples, Nigeria

1. Background

Dissimilarities in fertility preferences among couples in Sub-Saharan Africa are common and well documented (Bankole & Olaleye, 1993; Bankole, 1995; Bankole and Singh, 1998; Dodoo, 1998; DeRose, 2003). In Bankole and Singh (1998) study of 18 countries, they showed that less than half of couples in the study agree on the same number of children or a one-child difference (implying even lower proportion of couples that agree if the one-child difference is excluded). Many studies have also shown men's strong influence and or dominance in fertility decision-making and outcome (Bankole, 1995; Mason and Smith, 2000; DeRose, Dodoo and Patil, 2002; DeRose, 2003). This prevailing gender inequality often compel women to adjust their fertility intentions because of actual or anticipated conflict with their husbands or due to their desires to conform to normative expectations (Thomson, 1997; DeRose and Ezeh, 2005). Higher ages and educational attainment of husbands compared to their wives have also been shown to affect reproductive preferences and behaviour (Gebreselassie and Mishra, 2007). However, there has not been much evidence of women having dominance per se on fertility issues. Even higher educational attainment by women especially in the West African coastal region does not give them autonomy or pre-eminence over their reproductive intentions and actions (DeRose et al, 2002).

Usually, female education is believed to influence family size decisions both by reducing desired family size and increasing women's ability to implement their reproductive preferences. While it has been shown that desired family size has an inverse association with education among women, the relationship between education and desired family size among the males is also negative (Measuredhs, 2010). This implies that education has a reducing influence on the family size decisions of the males also. Given that on the average, women's partners are more likely to have more education or be of similar educational attainment as the women, the demand for children by couples with high educational attainment will be low although, not necessarily the same. Having a low fertility outcome at that level or in such households cannot therefore be equated to the woman's enhanced control over her fertility. It has also been argued that, education enhances economic autonomy and general decision making of women but, not their reproductive decision making within marriage (DeRose et al, 2002). Nevertheless, it is expected to have some influence on women's reproductive autonomy through improved couple communication and negotiation.

On the other hand, educated women's preference for monogamous marriage may disadvantage them with respect to reproductive bargaining power. Analysis of the 2003 NDHS showed that women in monogamous union are more likely to desire higher number of children than their husbands (Izugbara, Ezeh, Ibisomi and Mberu, 2009) - perhaps adjusting their fertility intentions to meet their perception of the husband's fertility preference or to entrench themselves in the man's household. A 1995 study by Bankole showed that the men and women's preferences dominate at different stages of their marital life showing that both spouses have equal effects on fertility behavior in the long run. DeRose et al (2002) however argued that whether or not there are differences in reproductive goals, gender inequality still matters in fertility decision making. Our argument here is similar to the latter as it is easier to see gender inequality when there are differences in couples' preferences. The implication of this is that the desire of one partner has to give way to that of the partner with more power (almost always the man's) to determine behaviour. Of importance also is the fact that some differences may not be apparent as gender inequality can itself influence fertility intentions creating the impression that there is no conflict in desires.

Existing studies (see for example, Bankole (1995); Thomson (1997); Bankole and Singh (1998); Mason and Smith (2000); DeRose, Doodoo and Patil (2002); Gebreselassie and Mishra (2007)) on dissimilar fertility preferences among couples in Sub-Saharan Africa have largely been quantitative and focused primarily on its magnitude, differential across populations and countries, the couple-level socio-demographic factors that drive it, as well as its implications for fertility behavior. The quantitative bias of existing studies on fertility preferences in general and dissimilar fertility preference in particular has resulted into little in-depth information on how 'ordinary' men and women view the issue, its implications, and more importantly how it is or can be resolved within households. Taking its lead from the viewpoint that sustainable solutions to any social issue or problem require a holistic understanding of how the people directly affected view and understand it, the present study relies on qualitative data to explore the views surrounding differential fertility preferences among men and women in Nigerian communities. The study raises the following key questions: (1) what are the views of Nigerian men and women about differential fertility preferences among couples? (2) what do they consider as the implications of differential fertility preference among couples and (3) what are their opinions regarding how differences in fertility preferences among couples can be resolved?

Answers to these questions can provide greater understanding into the dynamics of dissimilar fertility preferences in households and how policies and programmes could help individuals to achieve their fertility preferences within the Nigerian context and beyond. Nigeria, the focus of this study has a population of about 140 millions (NBS, 2010) from over 250 ethnic groups (US Embassy of Nigeria, 2004). Virtually all ethnic groups in the country exhibit strong patriarchal systems that confer on men ultimate decision-making roles in matters affecting the family and the society at large. In addition, the wives are generally dependent on their husbands socially and economically. This patrilineal tradition supports large family size and this has sustained high desire for children as well as the number of children that people have in the country (Isiugo-Abanihe, 1994; Makinwa-Adebusoye, 2001; Ibisomi, 2008). Men's reproductive motivation was also found to affect the reproductive behavior of their wives to a large extent in the country (Isiugo-Abanihe, 1994)

2. Methods

2.1. Tools and design

The study makes use of information collected from focus group discussions (FGDs). These were conducted between April and July 2006 in Kano (northern), Imo (south eastern) and Oyo (south western) states of Nigeria as part of a study to understand the socio-cultural determinants of desired number of children and its achievement. In each of the states, two communities (one rural and one urban) were purposively selected. In each community, two male and two female FGDs (stratified by level of education) were conducted making a total of 24 FGDs. Recruitment of participants was also largely purposive with the aid of the key informant in each settlement, mainly staff of local NGO, State Ministry officials and teachers. The key informants assisted in identifying men and women in their communities with the required characteristics, explaining the research objectives and soliciting for their participation. The sessions explored in general the individual as well as societal desired number of children and the reasons for the desired number. Specifically, who decides on the number of children that couples should have was extensively sought from the participants. This included discussants' opinion on how a hypothetical couple should resolve the conflict regarding difference in the number of children desired by the couple. Discussions were held in the local language most understood by the participants and moderated by male and female facilitators who were trained to be able to promptly establish rapport and elicit information without embarrassment and resentment among the discussants.

Each session had between 5 and 8 participants and lasted between one and half and two hours. The sessions were tape recorded while one of the facilitators took notes in addition. Ethical approval for the study was sought and received from the human research ethics committee (non medical) of the University of the Witwatersrand. Further, written consent was received from all the participants that they willingly participated and also for audio recording of their responses. The participants were in addition guaranteed anonymity and confidentiality of their responses.

2.2. Data analysis

The taped information were transcribed verbatim in the local languages and translated into English by officers of the two NGOs that conducted the FGDs in Kano state, two research officers of a reproductive health NGO in Oyo state and two Secondary School teachers with supervision from a doctoral researcher in Imo state. The information collected were analyzed by themes and verbatim quotations are used to illustrate responses on relevant issues and themes. The excerpts presented are basically summaries of discussants' opinion. Effort is also made to represent differences in opinions wherever they occur.

3. Findings

3.1. The Participants

A total of eighty-nine men aged 35 to 59 years and eighty-five women aged 35 to 49 years participated in the discussions. Basic socio-economic and demographic information collected from the participants showed that women in the South East are slightly younger than the men; both sexes are about the same age in the North while women in the South West are about half a year older than the men. About equal number of participants of both sexes have below secondary and secondary and higher levels of education (as this was a criterion for stratifying participants into groups). Well over half of the male and female participants from the South East had more than four children (with average family size of about five); about half of women in the North had more than four children (average of about six) while only about a quarter of the men from the North had more than four children (average of about four).

In the South West, very few participants had more than four living children (average of about three). All the participants in the South East and North were Christians and Muslims, respectively while about seven out of ten of the participants from the South West were Christians. About 44, 28 and 19 percents of male participants from the South East were traders, teachers and farmers, respectively. Most female participants in the South East self-identified as traders, housewives and employees of formal organizations such as schools and civil service. About two-fifths of male respondents from the North were civil servants, a quarter of the men were teachers while the rest were into trading, farming or were artisans. The majority of the women from the north were civil servants or housewives at 38 and 35 percents, respectively. In the South West, half of the men were artisans and the other half were either civil servants or teachers. The top occupation of the females in the South West are trading, teaching and tailoring.

3.2. Fertility preferences

3.2.1. Societal norm regarding decision on number of children

Who should decide on the number of children that couples have in a household was extensively sought from the participants. The exploration started off by asking participants:

'As couples, men and their wives usually engage in certain decisions in the households - for example, contraceptive use and number of children. Who gives the larger input into such decisions?'

The opinion of male discussants was varied on who among couples have larger input into the decision on number of children to have in a household. Majority of them believe that the husbands have absolute say as the head of the household. Some believe that it should be a joint decision of the partners while a few think the decision should be taken by the woman. The last group premises their opinion on the fact that it is the woman that goes through all the pains and suffering of giving birth and therefore knows how much she could take. The first group generally discussed along the absoluteness of the husbands in decision making and the men with this opinion are more in the North, South East and South West in that order. They however recognize that the absolute position of the man is subject to the woman's 'genuine' health condition as some claimed that there have been cases of women colluding with health personnel to wriggle their way out of having additional children.

"Concerning number of children, the husband's decision is stronger, because he is the one that married her. But if she has problem in giving birth, then he cannot take the decision alone, she also has a say about it" (Male, North, Urban)

On the other hand, instances of men taking steps to stop their wives from having more children without the wife's consent were cited. A case of one man in the northern part of the country that signed the wife in for sterilization without the wife's knowledge or consent was recounted:

"Some husbands do not seek advice from their wives concerning this. For example, there was one man that has a wife who always undergo surgery whenever she gives birth ... So this man took her to hospital and she received permanent sterilization, but she didn't know that she was sterilized permanently, because he did not tell her" (Male, North, Rural).

Those that think that it should be a joint decision of couples felt that, both parties should be involved all through. One male discussant from the South West, Urban posed the question of what will happen if the woman takes on a family planning method without the knowledge or consent of the husband and she develops complication. They are also of the opinion that the couples should have had a talk and agreed on the number of children that they desire earlier in the relationship, which may also help in the decision concerning the use or non-use of contraceptives. Some of the discussants' views are as follows:

"The decision on contraceptive and number of children has to be taken by both husband and the wife but according to the Yoruba custom it is the husband that has to stamp those decisions" (Male, South West, Urban).

For those who feel that the woman should decide, apart from the fact that she is the one that is endangered in the course of childbearing, she is also the one directly in charge of her body and the balance of probability is that she will find a way to do whatever she wishes even if she publicly concurs with what the husband says. A number of cases were cited where women go on to use contraceptives to space or limit childbearing without the knowledge of their husbands because they would not want to go against his decision and they know that his decision on the subject will negate what they want. The following are excerpts from the discussions:

"Concerning contraceptive use and number of children, the wife's opinion is stronger than that of the husband because she is the one that suffers the difficulties of pregnancy" (Male, North, Rural).

"In fact the husband only has power in his words, but in action the wife has more power since it is the wife that controls her body. Even where she agrees with her husband and inwardly she is against his wish, she will do whatever she wishes in practice" (Male, South West, Rural).

Women tended to share similar views with men. Like most of the men, the women felt that husbands are in charge of the decision regarding number of children to have in a household since they provide resources for the homes. Some were of the opinion that both partners should discuss and arrive at a consensus while others feel that the woman has the final say as the one that bears the brunt as well as directly in charge of the process. The majority of the women in the latter group were mostly from the South West. They felt that a woman need not over flog the issue with the husband but to take limiting measures at her end once she has had the number that she desires. Some alluded to the fact that men even expect women to handle such responsibilities discretely without bringing it out into the open. The difficulty experienced by families especially in the northern part regarding discussing family planning or size was also mentioned by discussants.

"It is not entirely left for the man to decide. The decision should be by the man and the wife" (Female, South East, Rural).

"..., the woman should find a way of taking care at her own end and allow the man to continue to have his sexual right ..." (Female, South West, Rural).

"Men believe that you should use your discretion as a woman to take care of such" (Female, South West, Urban)

"In the Hausa society, it is difficult to see couples sitting together and talking about how to plan the family" (Female, North, Rural).

"In this part of the country, people don't say they want to have a certain number of children. We only space between births and this decision is made between couples" (Female, North, Urban).

3.2.2. Why do couples have dissimilar fertility preferences?

The exploration of number of children that people desired and the reasons for such number revealed that, fertility preference is related to the value that individuals placed on children, their costs and benefits. These considerations vary from person to person (including people within union) depending on their background characteristics, experiences and personal preferences as well as moderated by culture and religion. The majority of the discussants regard children as God's gift and no one can say or dictate how many children that they want.

With further probing, however, most discussants from the South East mentioned that people should have as few or as many as they could cater for and some go ahead to give numbers which ranged from three to twelve. Some discussants from the North also concur with the idea of people having as few or as many children as people can cater for and a handful of them gave illustrative numbers such as two or three stated by people in the area who subscribe to the idea of limiting number of children. For discussants from the South West, a sizeable number of them gave numbers, which ranged from three to seven with the majority mentioning four. Reasons given for the desired number of children include: economic status, religion, culture and customs, effective guidance and control of the children, old age care and provision, family business need, death of children and children acting as support to each other later in life. The following are excerpts related to this:

“No one should say that ‘I will have only three or four’ because God that created us knows the best for us and we should accept what He gives to us whether seven, eight, nine or twelve” (Male, South East, Urban).

“Four is the laid down rules but this is political not traditional. Traditionally, one can have as many as possible” (Female, South West, Urban).

“Nobody knows how God will bless each child. And you don’t know who among them will support you later in life” (Male, North, Rural).

“There will always be problems whether the family size is small or large” (Male, South East, Rural).

“The reason why I said six is because, some may die. You don’t wait for that to happen before you take action. It is better to insure against it” (Male, South West, Rural).

Other important reasons for the number of children desired, which could be linked to difference in number of children wanted between couples are health and infertility (both primary and secondary) issues especially of the woman.

“No specific number except the woman is the type that suffers during pregnancy or when giving birth” (Female, North, Rural).

3.2.3. Views on and implications of differential fertility preferences among couples

In situations where the number of children wanted by men and their wives differ (especially, if it is the woman that wants more children than the husband), conflict and distrust between couples are rife in such households. The general line of argument by majority of the male discussants is that the woman is to be blamed as she only wants to destabilize the household by having a different preference from that of the husband. Some men suggested that such a woman should be divorced, as she might use some means to frustrate the desire of the husband. Others suggested sarcastically that she can go on to have the additional children for another man (where she wants more than the husband).

“The woman has to agree. It boils down to the same thing: the woman wants to destabilise the house” (Male, South West, Rural).

“She means trouble, because she can follow a negative way to achieve what she wants. So the final solution is to divorce ...” (Male, North, Urban).

The women did not say much on the issue. They seem to expect and accept its occurrence and are more into possible ways of resolving the differential rather than apportioning blame on why the situation arose.

3.2.4. How differences in fertility preferences among couples are resolved

This was explored by seeking the opinion of discussants on how a hypothetical couple should handle the conflict in their household regarding the difference in the number of children desired by the man and his wife. Two scenarios were presented to the study discussants. In the first scenario, the husband wanted more than the wife while in the second scenario, the woman wanted more than the husband. In the situation whereby the man wanted more children than the woman, majority of the discussants (both males and females) were of the opinion that the man should have additional wife/wives to make up the number that he wants if the woman does not agree with the man’s desires. While the men looked at it from the point of achieving their desired number and stamping their authority as the lord and master of the house, the women’s comments were mainly out of concern for the woman’s health and well-being. Divorcing the woman also featured in the comments of men from the North and the South West. Further, a handful of men and women felt that the woman should agree to the husband’s request as he heads and provides for the family but that the man must take adequate care of all the needs of the woman and the children. The following are some quotes from the discussions:

“He should marry another wife that will give birth to more children for him” (Female, North, Rural).

“I will just have the number that I want and ask the man to get another wife to give him the others. You bear most of the children’s responsibilities these days and even if you have the number that the man is insisting upon, does that guarantee that he will not marry another woman?” (Female, South West, Rural).

“She can go to the hospital secretly to do something that will prevent her from conceiving. So the final solution is to divorce her and bring in another wife” (Male, North, Urban).

“The woman should be divorced. ... My reason for divorcing her is because, maybe she can find a man that also does not want to have children, so they can become married” (Male, North, Rural).

“If the woman can accommodate it health wise, then she should have the children” (Female South West, Urban).

“The wife is under the husband and must respect him. The wife should agree with the man and the man should cater adequately for the woman and the children” (Male, South East, Urban).

“Since the husband is the head of the family, and the one that is responsible for catering for the welfare of the family, the wife should be patient and continue giving birth” (Female, North, Urban).

A few of the male and female discussants think that the couple should reach an agreement - by the woman increasing her desired number while the man revises his desired number downward. A few of the discussants from the South East suggested that the couple could adopt children to make up the number that the man wants while few others warn of possible consequences of tasking the woman or the family with too many births. Below are some of the discussants’ comments:

“They should reach an agreement. He should reduce the number of children that he wants and she should add a little to the number that she wants” (Male, North, Urban).

“If the wife has health problem, they can adopt children to make up the number that the husband wants or the wife should agree for the man to marry another wife” (Male, South East, Urban).

“The husband should be advised that if anything happens to the wife in the process of satisfying him, he would be held responsible” (Male, South East, Urban).

Interestingly, the opinions somewhat differ when it is the woman that wants more children than the husband. Infact, majority of the men did not have much to say on this. It was like a situation that is far fetched. For the few males from the South West that commented, seeking counselling assistance for the woman, having a legal contract with her (that she will take on the responsibilities of the additional children) or divorcing her to prevent her from bringing a bastard into the house were the options.

“If I want four and my wife wants eight, I will tell her right from the onset, to put it legibly in writing that after my four if she mistakenly have others, she will take care of them by herself. The first four I will take care of, the other ones will be her babies though they will answer my name and it is okay the moment she signs” (Male, South West, Urban).

“In a situation like this, I will employ a Guidance Counselor in order to counsel her” (Male, South West, Urban).

“I will not allow her to stay in my house and bring another pregnancy from outside” (Male, South West, Rural).

On the other hand, to the mostly female discussants on the issue, persuasion is the main option available to the woman. The woman is to basically have the number that the husband desires to have a peaceful life although a few suggested that the couple may adjust their desires to meet halfway. Below are quotes from the discussions.

“In my view, she should be tactful and show him the importance of having many children, by so doing, she can have his attention and he might agree with what she wants” (Female, North, Urban).

“It might be that the man is considering his earning and that is why he decided to have no more children. So she should agree with what he wants in order to have a peaceful life” (Female, North, Urban).

“They should reach an agreement to resolve this. He should be patient and decide on having a little more on what he wanted and she should reduce the number she wants” (Female, North, Urban).

4. Discussion

This study set out to explore how men and women in the general population in Nigeria view the issue of differential fertility preferences among couples. It also explored its causes, implications and more importantly how it is resolved. The opinion of discussants largely favoured men as the partner that should have greater input into the decision regarding number of children to have in a household although there are some that felt that both partners should have equal say and a few that believe that the woman should have a greater say. The last two opinions had some conditions attached, which were either subject to the man's pleasure, ill health of the woman or out of sheer defiance by the woman. The defiant stance was found among women from the South Western region and women from urban areas. This could be related to higher levels of education associated with women in these areas. The women from the South West region are also reported to enjoy some level of economic autonomy that gives them the opportunity to take certain independent decisions and participate more in decision-making (Oyediran, 2002; Bankole, 1995; Makinwa-Adebusoye and Feyisetan 1994). Although, the causes of dissimilar fertility preference were not exclusively sought as the discussants were not matched couples, nevertheless, this was captured in the exploration of number of children desired as well as the reasons for such number.

This was found to be related to the value placed on children by individuals as well as their perceived costs and benefits as also found by Odimegwu (1998) and Edewor (2001). Other causes gathered from information given for differential fertility preference among couples include ill health and infertility. The implication of couples having dissimilar fertility preference is that, it generates conflict and distrust among couples especially, if it is the woman that wants more children than the husband. The issue of and approach to resolving differential fertility preference among couples differs greatly depending on, which of the spouses wants the greater number. In situations whereby it is the man that wants more than the wife, the wife generally has no choice but to comply otherwise, another woman is married to replace her or complement her child bearing efforts. On the other hand where it is the woman that wants more children than the husband, persuasion and being ready to take on the responsibilities of the additional child(ren) were the main options opened to her. These findings mirror the gender imbalance that exists among couples in Nigerian households. The man generally decides and dictates most things and his wife is expected to abide by his spoken decisions or his perceived wishes (Isiugo-Abanihe, 1994). Unlike the mostly quantitative approach of other studies, which largely studied and ascribe factors to the issue of differential fertility among couples from the perspective of the researcher, this study presents how people in general (directly and indirectly affected) view and understand the issue.

The study provides greater understanding into the dynamics of differential fertility in households. The study also raised some ethical issues regarding how individuals thwart the reproductive desires of their partners allegedly with the connivance of health personnel. A key limitation of this study is that it relies on information from individual married men and women and not the views or experiences of matched couples, which would have yielded more insights into the dynamics of differential fertility preference among couples within household context. Another limitation of this study is that the views and opinions of some of the discussants could have been influenced by those of other people in the group so that they can be seen as socially correct by their peers in the group. It is recommended that matched couples are used for this type of study in future and that in depth interview is also conducted to get deeper insight into the issues especially among couples that have differential fertility preference experience. The study also shows the need for reproductive health policies and programmes to further empower and assist individuals (especially women) to better negotiate their positions/issues to achieve their fertility preferences within the Nigerian traditional context and beyond. This should contribute to the attainment of MDG goals 4 and 5 as well as the achievement of sustainable fertility level in the country.

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