THE INFLUENCE OF SOCIO ECONOMIC STATUS ON WOMEN FERTILITY BEHAVIOUR. (A STUDY OF ZARIA LOCAL GOVERNMENT AREA KADUNA STATE)

BY

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DECLARATION

I Suleiman Mohammed Ramatu, hereby declare that this work is original. It has not been presented or published anywhere, at any time, by any body, institution or organization. All published and unpublished material works cited have been duly acknowledged.

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Name of student Date

CERTIFICATION

The project entitled the Influence of Socio Economic Status on Women Fertility Behaviour. (A Study of Zaria Local Government Area Kaduna State) by Suleiman Mohammed Ramatu meets regulations governing the award of master's degree in sociology department Bayero University Kano.

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DEDICATION

With deepest and most sincere gratitude I dedicate this work to my parents; Alhaji Suleman Muhammd and Hajiya Saudatu Suleiman and my husband Abdulrahman Abbas for their love; support; encouragement and the light at the end of every dark tunnel I have found myself in.

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ABSTRACT

Fertility is an important component of population dynamics which plays a major role in the size and structure of a given population. The global population has been on the increase and this may be as a result of persistently high fertility recorded in most part of the world resulting from improved health status . African culture endorses high fertility due to strong kingship network and high economic and social value attached to children. This account for the value of children as a form of consumption and investment of good and security for parents at old age. Uncontrolled fertility has adversely influenced the socio-economic, demographic and environmental development of the country. Nigeria is the most populated country in African which suffers from both direct and indirect population problems. The objective of the study is to examine in influence of socio economic status on women's fertility behavior in Zaria local government area. The study was based on a sample of 360 married women categorized by location (urban and rural) and age between 15-49 years, education level and socio economic status. The study elicited data through structured questionnaire and focus group discussion (FGD). Hypothesis of the study was tested using bivariate and multivariate techniques. Multi stage stratified random sampling was used to select the sample size. The data was analyzed using the statistical package for social sciences SSPSS. Descriptive analysis was used to describe percentages and number distribution of the respondents by socio demographic characteristics. Furthermore chi square tool was used in testing the hypothesis Findings reveal that there were important changes in female fertility behavior in relation to socio economic factors such as income, education, occupation. Female with higher educational attainment were characterized by higher age at first marriage, a smaller family size and a positive attitude towards use of family planning. The inverse emerges for uneducated women. It was recommended among others that public campaigns on the use of contraceptives and proper family planning should be embarked upon by concern agencies.

Table of Contents

pages

TABLES

CHAPTER ONE
INTRODUCTION

1.1 BACKGROUND TO THE STUDY

Fertility is one of the most important variables of demographic change, the others being mortality and migration. Fertility is one of the elements in population dynamics that has significantly contributed to changing the population size and structure. Fertility in this context refers to the actual reproductive performance of women.

The state of fertility in developing countries has been a matter of great concern of international organizations such as the United Nation (UN) the United Nation Development Programme (UNDP), the United Nation Children Emergency Fund (UNICEF) and non governmental organizations especially in Africa. The total fertility rate of developing countries has dropped from 6.0 births per women in the 1960's to 2.9 in 2000-2005 (United Nation 2007). The declines are mostly rapid in Asian, North Africa and Latin American countries where socio-economic development has been relatively brisk (Bongaart, 2008).

The fertility rate is higher in sub-Saharan Africa than any part of the world manly due to strong kinship network and high economic and social values attached to children (Hinde and Mturi, 2000). This accounts for the value of children as a form of consumption and investment of good and security for parents at old age. In his wealth flow theory Caldwell (1982) stated that the essence of large families in developing countries is for agricultural ventures. Hence high fertility in the developing countries is for the children to be engaged in agricultural productivity. The high fertility rate is generally appreciated and reinforced by the traditional attitudes and practices. For instance the social organization in the south eastern part of Nigerian is such that a high value is attached to the perpetuation of lineage. Procreation is, therefore the means through which the

women can raise their status. Hence the women tend to have as many children as possible. The fact that to date the relatively stable high fertility has not changed dramatically with two decades of social and economic development.

Intensive research in the field of human fertility has assumed tremendous importance in recent years. There is need to stabilize the growth of population by controlling the rate of fertility. From the point of view of demographic transition theory, Nigeria seems to be in the late expanding stage of demographic cycle. While the fertility rate is still quite high, the level of mortality decreases significantly in response to the improvement in health facilities and nutritional intake, the total fertility rate (TFR) in Nigeria generally remains above 6 children per women and the population growth rate is 3% in terms of the census (2006 population census) this means that Nigeria can double its size in just 23 years. According to united nation the population of Nigeria will reach 440 million by2050 Nigeria will then be the 3rd most populous country. Nigeria is one of the most populous countries in African which suffers from both direct and indirect population problems (Aynalem 2010). Hence to check the rather high growth of population, the only factor that seems important is to control the fertility. Uncontrolled fertility has adversely influenced the socio-economic, demographic and environmental development of the country, poverty, war and famine associated with low levels of education and health, a weak infrastructure and low agricultural and industrial production have exacerbated the problem of overpopulation (Ezra, 2001).

Fertility is influenced by a large number of factors such as age at marriage, use of contraceptive and socio-economic factors like income, education, religion and occupation. In bongaart framework these socio-economic factors are termed indirect determinant because they influence fertility indirectly through one or more of the proximate determinants. There are reports

that fertility is high in Nigeria due to resistance of family planning. However, Nigeria was among the first countries that started controlling the number of children a couple should have (Caldwell 1990, 121) like any other African Nation, the Government of Nigeria is not forceful in implementing population control programs because of belief and religious view on fertility (Caldwell 1990, 121).

However, proximate determinants of fertility do not act in isolation. Social economic cultural and gender related determinants of fertility such as economic development, urbanization, and maternal education regulate their effect on fertility (Caldwell 2008). Socio economic change has been viewed as the driving force behind fertility transition in sub-Saharan Africa. This implies that industrialization, urbanization, rising education and investment in public health will lead to a decline in mortality and to a change in the cost and benefit of children (Bongaart, 2005). Hence an increase in child survival coupled with the rising cost and declining economic value of children are the forces that underpin fertility transition (Caldwell 2008). This makes it necessary for parents to opt for smaller family size.

This thesis is particularly interested on the influence of these socio-economic variables (income, education, occupation and culture) on fertility behavior of women.

1.2 STATEMENT OF THE PROBLEM

The extent to which women's education, employment and contraception will decrease fertility is not certain in Nigeria. African culture endorses high fertility because children are still viewed as insurance for the aging parents. The desire to have more children is still high. In many cultures early marriage and child bearing is the norm. Early child bearing increases the woman's chance of complications in childbearing such as VVF. And also early marriage increases the risk

of pregnancy by raising the number of years that woman is engaged in intercourse which translates into high fertility. Wherever fertility is high, maternal and child mortality rates are high. Fetal deaths, low birth weight at birth and related problems are associated with unregulated fertility

Women's education has been recognized as a factor influencing reproductive behavior and child bearing pattern (DESIPA 2005). However despite universal recognition of the fundamental rights to education, women's access to schooling remains inadequate. This has an adverse effect on their reproductive roles as well as overall quality of life.

Furthermore in Nigeria family planning programs do not seem to have adequate support from the government and significant others. Hence the greater burden of family planning delivery rests on external funding which operates in the areas of interest of donor agencies. There are reports that fertility is high in Nigeria due to resistance of family planning. However Nigeria was among the first countries that started controlling the number of children a couple should have (Caldwell 1990, 121) like and other Africa Nation, the Government of Nigeria is not forceful in implementing population control programs because of belief and religious view on child bearing . In addition, the lack of success of the family planning revolution in Nigeria has been attributed to the failure of the programs to recognize the importance of male attitude and place in fertility decision making (Duze and Mohammed 2006).

A proper understanding of these factors are of paramount importance in tackling the problem of uncontrolled fertility which paves the way for the improvement of the prevailing socio-economic problems of the country.

1.3 OBJECTIVES OF THE STUDY

The broad aim of this study is to examine the influence of socio-economic status on fertility behavior of women. This will be done through focusing on Zaria as a case study. The specific objectives are:

1.To examine the influence of level of education on fertility behavior of women.

2.To examine the influence of level of income women fertility behavior.

3.To examine the influence of occupation on the fertility behavior of women.

4.To find out the extent to which cultural practices influence women fertility behavior.

1.4 RESEARCH QUESTIONS

1.What is the impact of education on the fertility behavior of women in Zaria local government area?

2.How does income influence fertility behavior of women in Zaria local government area?

3.To what extent does occupation influences female fertility behavior in Zaria local government area?

4.To what extent does culture practices affect women fertility behavior in Zaria local government area?

1.5 RESEARCH HYPOTHESIS

HO_1:There is no significant relationship between education and fertility behavior of women in Zaria Local Government Area.

HO_2:There is no significant relationship between income and fertility behavior of women in Zaria Local Government Area.

HO_3:There is no significant relationship between occupation and fertility behavior of women in Zaria Local Government Area.

1.6 SIGNIFICANCE OF THE STUDY

The study will be of great importance to already existing reproductive health programs and services for evaluation. It will equally be of great relevance in order to strategize above future programs on fertility regulation without violating the reproductive rights of citizens. The study will significantly add to the existing body of literature and will serve as a reference material to those interested in the field.

1.7 OPERATIONAL DEFINITION OF TERMS

Fertility: refers to the actual birth performance of a woman.

Socio economic status: socio economic status refers to the combination of factors including level of income, education and occupation. It is a way of looking at how individual or families fit into society using economic and social measurement that have shown to impact health and well being.

***Income*:** Income refers to the monthly earnings of a particular household received during a given period of time.

Education: the form of acquiring knowledge and skills through training and coaching.

Occupation: occupational prestige is one of the components of socio economic status. It encompasses both income and educational attainment. Occupational status reflects the educational attainment required to obtain the job and within ranks of occupations. It shows achievement in skills required for the job.

Cultural practices: refers to the manifestation of a culture or sub culture especially in regard to traditional and customary practice of a particular ethnic or cultural practice.

CHAPTER TWO

LITERATURE REVIEW AND THEORITICAL FRAMEWORK.

2.1 INTRODUCTION

This chapter is set out to review relevant literature and studies on the influence of socio economic status on fertility behavior of women in zaria local government area. The literature was reviewed under the following sub headings, The impact of female education on fertility behavior, The impact of religion and culture on fertility behavior ,The impact of occupation on fertility behavior ,Theoretical framework, Economic theory of fertility ,Intergenerational wealth flow theory ,Bongaarts proximate determinant theory of fertility.

2.2 LITERATURE REVIEW

2.2.1THE IMPACT OF EDUCATION LEVEL ON FERTILITY BEHAVIOUR

Education in particular female education is a key factor responsible for change in female reproductive behavior (Andorka 1978, Cleland and Wilson 1989) like other socio economic variables education has both direct and indirect impacts on the intermediate determinant of fertility. The relationship to the fertility transition is complicated by the fact that there has been a parallel growth of education at the same time as other forces have favored fertility decline. Social scientist often point to the spread of mass education to a range of social transformation including economic growth, globalization, demographic transition, political change, the reorientation of childhood and youth, the spread of new beliefs systems (Becker 1993, Caldwell *et al* 1988; Coleman 1990). Recognition that spread mass education not only produced social transformation but also directly impacted on fertility through knowledge of contraceptive and awareness of the cost of children (Axinn *et al* 2001).

One of the most important studies of the effect of education on female fertility was by Jeffery and Basu (1996). They summarized their research in a schematic model that shows the complex set of casual paths that link female education into the intermediate determinant of fertility.

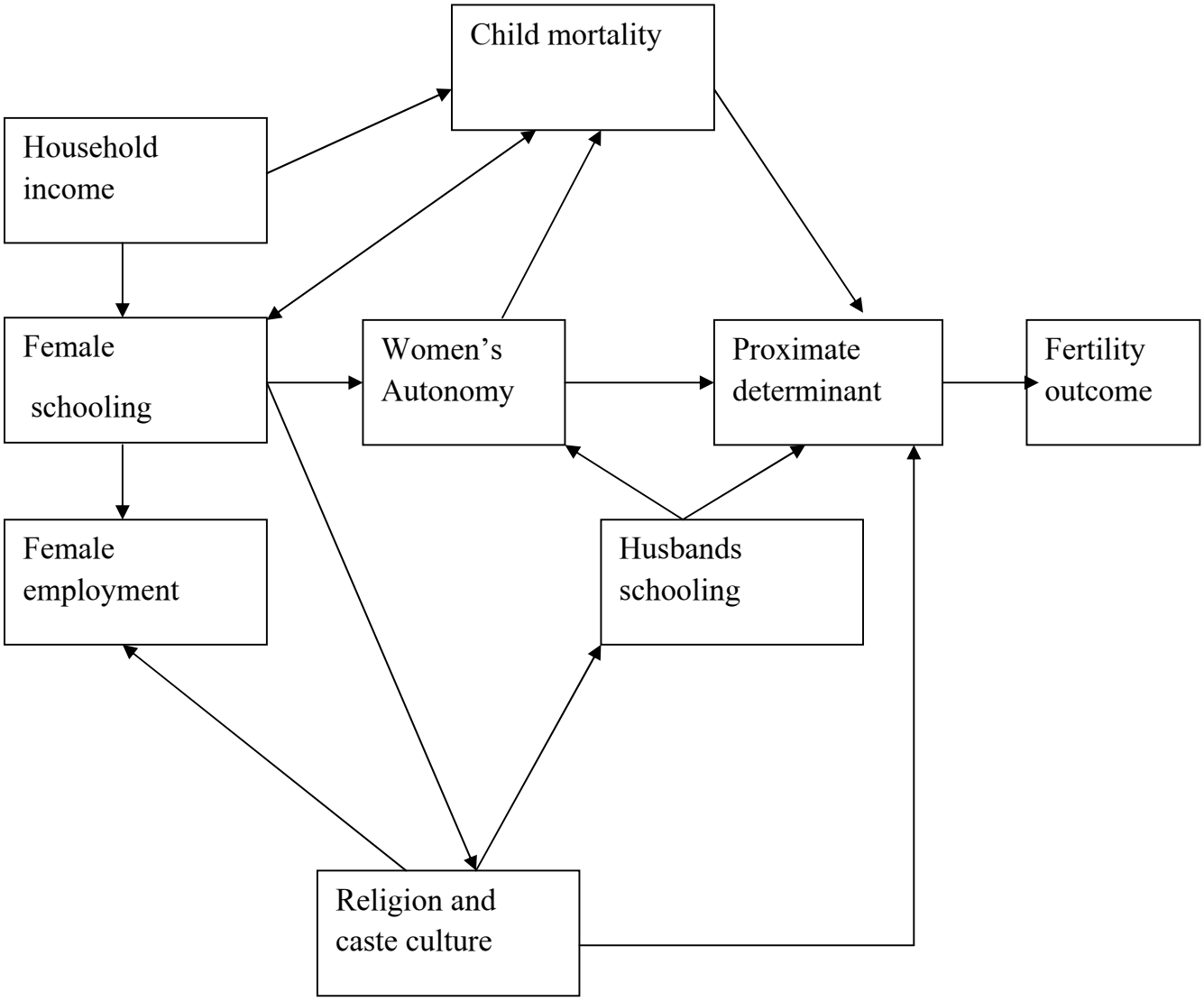

Figure 2.1: Possible relationship between female schooling and fertility behavior. **Source: Jeffery and Basu (1996, 29)**

2.3 THE IMPACT OF RELIGION AND CULTURE ON FERTILITY BEHAVIOUR

In Jeffery and Basu's model (fig 2.1) religion and culture are given a marginal yet significant position. The impact of religion on fertility emerges from its impact on the proximate determinants and in the role of women more widely in terms of their access to schooling and work. Every religion has views on fertility and fertility control and these views impact on attitudes toward family size and the rights of the individual to seek to engage in family planning (Christopher, 2006). Religion also impact on attitudes to other intermediate determinants of fertility such as abortion. For example the Qur'an states "you should not kill your children for fear of wants" (Christopher 2006, 192).

In the context of the Arabic world, religion and other cultural forces came together to influence many other social structures that affect fertility, perhaps most important of these are the concepts of the family and of marriage. From an Islamic perspective, family is "a special kind of structure whose members are related to one another through blood ties and marital relationship and whose relatedness is of such a nature as to entail mutual expectations that are prescribed by religion, reinforced by law and internalized by the individual" (Abd Al-At, 1977, 19).

In Arab societies the family has always been the centre of life functioning not only to produce children but as the main social security system for elderly, sick or disabled people as well as being an economic refuge for children and young people (Rashad et al 2005). This is not to say that the role of the family in the Arab world has remained unchanged.

The changes have been driven by socio economic circumstances with the shift away from agrarian system which supported both early marriage and extended family (Rashad et al 2005, 1) to urban economic where the majority of people live in cities and work in the industrial or service sectors. As a result women are more likely to work outside their homes and these changes have

militated against early marriage and large extended family that has changed from extended to nuclear form (Haslett 1972) but the function of the family has changed.

In the traditional family patriarchs ruled as absolute masters over their extended families with the institution surviving in many rural areas. One of the most important features of many patriarchal systems is in the role of consanguinity in marriage. It was considered very desirable because it is maintaining family unit. Consanguineous marriage ensured inheritance remain within the family as well as the dowry in this type of marriage is less expensive (Ginat, 1982). These positive attributes also impacted on fertility (fig 2.1) by reducing the power of women to determine family size and by pushing down age at first marriage.

These religion and cultural forces in part account for the lateness of fertility decline in sub-Saharan Africa. Never the less there is evidence that transition has begun. The total fertility rate in Africa is approximately 6.0 to 6.5 births per woman was considerably lower than previous generations 6-8 births (Fragues 2005). There have been many reasons for the change with the spread of education of female autonomy has increased. This enabled women to stand up to their husbands in relation to the matter of desired family size and in taking a proactive stand on fertility control (Sathar et al 2007; Mason et al 1995).

Another factor has been the growing number of women on the labor market even if single women remain under the authority of the family father or legal guardian until marriage (Fargues, 2005).

The research of Basu(1992) on the effect of female education in increasing the chances of gender equality and increase the likelihood of women being able to influence decision about desired family size. Education has been shown to contribute to wide range of other measures of female

autonomy (Acharya 2010, Parade *et al* 2005). Moreover educated women are more free to act on a range of domestic matters than uneducated women (Basu, 2002). Furthermore education supports women's well being and improved opportunities to participate in the labour market and community affairs. The positive effect of women's education on a broad range of development issues in fertility are reduction of child mortality, increased productivity and economic growth (Pande etal 2005).

Moreover education is crucial in determinant of economic progress "the level and distribution of educational attainment have strong impact on social outcomes such as child mortality, fertility, education of children and income distribution (Barro et al 2001, 541). Also education may affect fertility preferences for instance more educated women may prefer fewer but healthier (high quality) children (Becker and Lewis 1973) improvements in child health resulting from female education may also reduce child mortality thereby lowering fertility since fewer births are required to achieve the same family size (Lam and Duryea, 1999, Schultz 1993). Education may increase women's autonomy and bargaining power in household thereby increasing women's participation in fertility decision making (Mason 1986).

An interesting feature of figure 2.1 is that it suggests that there is an effect of education on fertility through improvement in health (Caldwell 1994). Mother's literacy and schooling are closely related to health and survival (Diamond et al 1999). A survey in Nicaragua indicated that mortality and risk of malnutrition was significantly lower among women who were literate than those who remained illiterate (Sandiford et al 1995). Also Toros and Kulu 1988 found in their study of birth Cohort in Turkey that father education was one of the important factor associated with infant survival; babies whose fathers don't have primary school are 1.6 times more likely to die within the first years of life than babies whose fathers had not finished primary school. Babies

whose mothers did not have education were 1.5 times more likely to die in their first year than others mothers (Gursoy, 1994).

The relationship between educational attainments of parents and level of fertility generally noted in surveys in sub-Saharan African countries and other parts of the world has been an inverse one. Groups with high educational attainment (either husband or wife) have lower fertility than low educational groups (Dejene 2000; Vilaysook, 2009). Education can affect birth rate through a number of channels including change in the level of contraceptive knowledge, desire for children and economic productivity. Educated women are more likely to postpone marriage, have smaller families and use of contraception more than uneducated women. The educational level of the parents (wife or husbands) influences access to modern knowledge and new way of life. In addition, education tends to break down barriers to communicate about family planning discussion like use of contraception, which ultimately reduces the fertility level and helps reach replacement level of fertility with their husbands. Women's education, directly and indirectly influences contraceptive use (Azhar and Pasha 2008).

A study in Awassa by Samson and Mulugeta (2009) educational status of women was mainly found to be associated with high fertility, even after adjustment of other basic socio demographic variables. Mothers with educational status of above primary school had less risk of having five or more child ever born. Those mothers below primary school not showed a significant difference with illiterate mothers in their level of fertility.

2.4 IMPACT OF OCCUPATION AND INCOME ON FERTILITY

Occupation is assumed to be one of the most important socio economic factors affecting fertility. The result of some studies in Europe and America indicated a number universal inverse relationship between fertility and both male and female occupation status. At the broadest manual

workers have higher fertility than non-manual workers particularly farm workers have higher fertility than those employed in non-agricultural occupations (Andorka 1978, 1982; Woods 2000).

O' Connell and Rogers 1982 indicated that employed women have lower fertility than unemployed females and for employed women fertility is higher for part time than for those working full time (O' Connell et al 1982).

It is assumed that "women with formal section jobs would appear to confront the highest opportunity cost of child bearing and therefore have the lowest demand for larger numbers of children and the highest motivation for contraception. Better educated women and women employed in the modern sector are expected to be more likely to practice contraception since the number of children they desire is expected to be relatively low and their infant and child mortality rate will also be relatively low (Shapiro et al 1994, p.99).

Employment outside the home completes with the time available for childbearing. Thus it reduces the demand by parents for having children. (Tanker 1984). The influence of female employment on fertility behaviour emerges through reducing family size by making it more costly for the mother to take time to rear children. The effect of employment in modem jobs is quite clear. While there is doubt about the effect of female employment in agriculture or in cottage industry in rural society (Begrey 2009; standing 1983; Becker 1993).

In addition, the effect of education and occupation correlates with economic status. Educated women have a better opportunity to have a good career with high income. Therefore the effect of education is not on employment but income too. Economic status can be considered to be one of the most important determinants of fertility and it plays a great part in fertility behavior. The relationship is complex due to the effect of other social factors as well as difficult to interpretation of the relations between income and fertility. In addition people are sensitive about giving specific

details of their income. Becker has argued that social pressure forces richer families to spend more on children and this increases the cost of children to the rich. This higher cost is supposed to explain why richer families have fewer children than others (Becker 1960, 214).

The relationship between income and fertility could have an influence on other variables such as education, health and employment (Batalo 1984).therefore an increase in family income in and itself is not as important as change in circumstances that it permits these factors such as better health or increase access to education which leads to reduction in family size (Rich,1973,16)

Husband income has an effect on fertility behavior particularly in Islamic countries where the husband is responsible for household expenditure. Higher income would therefore increase the likelihood of the wife staying at home, reducing possible conflict and possibly increasing the motivation to care for many children (Bulato 1984,11)

2.5 EMPIRICAL STUDIES

Many researchers have conducted studies in different areas relating to socio economic factors affecting fertility behaviors and their opinion were reviewed.

Adetona and Ogunleye (1999) conducted a study on the socio economic status of women and fertility in south eastern health zone of Nigeria. The objective of the study is to explore the relationship between fertility and socio economics characteristics of women aged 15-49. The selected socio economics status indicators include highest level of educational attainment, work status and types of occupation. Data from the Nigeria 1990 Demographic health survey were used in the study. The method of analysis that was used was multiple regression analysis to determine the individual effect of each socio economics variables involved on the fertility level. It was therefore hypothesized that the higher the socio economic status of women, the lower their fertility. The findings confirm this hypothesis. That is of all of the socio economics variable

included, highest level of education attained by women was found to be the most significant factor in reducing fertility level.

Barber (2002) investigated the effect of average length of women's education in peru. The objective of the study was to examine the effect of average length of women education their fertility behaviour in peru. The study was tested using multiple regressions. They concluded that women who spent a long time getting education are likely to have lower number of children than those who spend less or no time at all. Of course this is because the woman has spent a long period of childbearing years in school, thus shortening the years of risk of pregnancy. This study is related to the present study because it examined the effect of women education on fertility behaviour and also the impact of early marriage on female fertility behavior.

Harvender (2002) studied the impact of income and education on fertility in India. The aim was to study the impact of monthly income on fertility by analyzing it effect on age at marriage, and knowledge and attitudes for and practice of family planning methods and also to examine the effect of education and fertility by assessing its influence by ways of impacting new values, and shaping right attitudes relevant to ideal family size and family planning, promoting labour force participation and age of marriage. A sample of 405 ever married women in age group 15-49 was collected to analyze their fertility behaviour. The variables were income and education. The study was tested using multiple regressions. The study concluded that the level of literacy is more effective in controlling the family size than the level of income.

Osufar (2011) conducted a research on fertility in Nigeria and Guinea. The study was a comparative study of the trends and determinants of fertility. The objective of the study was to examine the trends in some determinations of fertility from demographic health survey (DHS) in Nigeria and Guinea. The variable used in the study were: Age, Education, place of residence,

current use of contraceptive, age at marriage, age at first sexual intercourse, religion, and employment. The binary logistic regression model was used for current contraceptive use due to dichotomous nature of the dependent variables. While stepwise multinomial logistics regression was used for total number of children ever born. The findings reveals that the general patterns observed do not give confidence that fertility is declining or showing a tendency towards declining in Nigeria. In addition the use of modern contraceptive has no bright future a means to regulate fertility in Nigeria. There are overall negative attitudes to contraceptive use and family planning in Guinea. This is similar to the observed situation in Nigeria. Expectation that intensified campaigns on contraceptive use and will reduce fertility and ultimately reduce population growth in Nigeria and Guinea is not likely to be met because the desire for large families abound.

Belayihun (2011) conducted a study on the determination of high fertility status among married women: in ethiopia. The objective of the study was to identify the determination of high fertility status among married women in Kersa district using Un mach case control study design. Where the cases are women with number of children ever born alive greater or equal to five (High fertility) and controls are women with number of children ever born alive less than the five (low fertility). The variable for the study were: under five mortality, uncontrolled fertility, population control. Samples were selected using random sampling method. Backward logistic regression techniques was used to analyzed the data. The mean number of children per women in the high fertile group was 7:25 and while it was 2:83 in the low fertile group. The finding concluded that under five mortality affected number of children ever born significantly. Age at first birth, number of children desired before marriage and desire more additional children currently were the other variable that show significant associations with the level of fertility. Measures taken to decrease under five mortality are believed to decrease fertility status besides promoting child

survival with expanding interventions to reduce the high under five mortality rate through child health services in recommended.

Singh (1985) examined the effect of the proximate determination on fertility in 29 developing countries. They found that the difference in fertility between rural settings and other places of residence was usually associated with the effect of a delay in marriage rather than contraceptive use. While the major difference between women with no schooling lay in contraceptive behaviour rather than in marriage (Singh et al 1985).

In the cases of some African countries (mali, ondo state in Nigeria, Northern Sudan). Jolly et al (1993) showed that most fertility happened within unions, while in Botswana, Liberia and Uganda substantial fertility occurred outside of marital unions. In Africa, postpartum abstinence, and prolonged breastfeeding have been shown to have strong influence on fertility decline and birth spacing while contraception prevalence has been low in Africa postpartum infecundabiility was the greatest fertility inhabitation factor in Kenya, Senegal and Ghana (Jolly et al 1993).

Hamd (2011) conducted a research on the effect of education on female fertility behaviour in El Gebel El Akhder in Libya. The objective of the study was to examine the influence of some economic factors that affects female fertility behaviour using Bongaarts (1982) Proximate determinants as starting point for the analysis. The variables were education, occupation, income, age different of partner, place of birth and residence. The study was based on a sample of 600 married women categorized by location (urban and rural). Multivariate regression was used to analyse data.

The findings revealed that there were important charges in female fertility behaviour taking place both in relation to the intermediate variables (marriage, post pattern infecundability,

contraception) is presented in bongaart theory (1982, 1985) and in relation to some economic factors (education, occupation, income, age difference of partner, place of birth and residence. Female with higher educational attainment and thus higher employability, were characterized by relatively higher age at first marriage, a smaller family size and a concurrently positive attitudes towards approval and use of family planning and use of contraceptive. They also engaged in a period of shorter breastfeeding. The inverse emerged as true for uneducated women. In addition to the effect of education on fertility, it emerged that change in female fertility behaviour and attitudes were also influenced by the interaction of many socio economic factors such as income occupation and partners age difference on the contrary the place of birth and place of residence did not explain fertility outcomes.

Ushie (2011) examined the socio cultural and economic determinants of fertility differentials in rural and urban Cross River State in Nigeria. The variables that were used are education, age at marriage and rural urban fertility. Hypothesis of the study was tested using bivariate and multivariate techniques. Findings revealed that age at entry into marital union, Contraceptive use and educational level significantly determined fertility differentials between rural and urban communities in Cross River State. The research findings revealed that a significant difference exists in age of entry into marital union between rural and urban residence and this is responsible for fertility differentials in the two areas. And also contraceptive use between rural and urban residents greatly differs hence its influence on fertility level. It is also pertinent to say that education plays a significant role in rural and urban fertility level difference.

Yang (2003) examined the factors responsible for rural urban fertility differences. The study selected education, occupational class income and the participation of women in his labour forces Hypothesis of the study was tested using univariate and multivariate techniques. He tested

the hypothesis that the educational level economic states and proportion of women working hand direct negative effect of women working had direct negative effect on a community's fertility level and these effects based with place of residence. Findings showed significant rural urban fertility differences were found in relationship between fertility and occupational class. They were inversely related in both rural and urban areas. In rural areas education had a direct negative effect income, had a positive effect and women working had no effect on fertility. In urban areas education and income had no direct effect on fertility while women working had positive effect on fertility.

A review of the above empirical literature provides an insight into the factors that influences female fertility behaviour. Many studies have been conducted to examine the casual factors linked with fertility. However these studies have proved inadequate and in many cases the key problematic is the issue of methodology that is data collection. Most researchers depend on official statistics which for obvious political and other reasons may be unreliable. Thus findings from such studies do reflect data which are usually unreliable.

It is in light of these gaps that this study is designed to fill these gaps by investigating into the influence of socio economic status on fertility behavior of women in Zaria local government area.

2.6 THEORETCAL FRAMEWORK

This study utilizes three theories to examine the influence of socio economic status on fertility behavior of women in Zaria Local Government.

1. Economic theory of fertility by Gary Becker
2. Intergenerational wealth flow theory by John Caldwell
3. Proximate determinant theory by Bongaart.

2..6.1 ECONOMIC THEORY OF FERTILITY GARY BECKER

The main thrust of the economic theory of fertility is that fertility is rational. Families chose a fertility level in order to maximize their well-being which is represented by a utility function. This function according to Becker (1960) is subjected to exogenously determined constraints or budget constraints which balances household expenditure with income. Suggesting that the demand for children in affected by both income and price effects.

Mincer (1963) made some contributions to the retirement of the economic theory of fertility with his inclusion of other. Inputs (goods) such as time of the mother and the cost of education needed to raise quality children. Fertility is therefore a rational behavior not in the true cost accounting to sense but to the extent that couples will have as many children as they consciously or sub consciously perceived are sustainable with a given socio economic and cultural context. However, the economic sense of more children to a rural resident who has enough communal land at his disposal and does engaged in farming cannot be diminished just first as the rational choice of fewer children to the Urban dweller who must give housing, feeding, clothing and most especially the educational needs of the children.

2.6.2 INTERGENERATIONAL WEALTH FLOW THEORY BY CALDWELL

The intergenerational wealth flow theory borrowed significantly from the economic theory but however differ from it in that it expands the definition of intergenerational transfer across the life course and by directly linking changing values system regarding intergenerational transfer of wealth to fertility transition. The implication is that fertility decisions in all societies are economically rational response to family wealth flow. In societies with net upwards flow, the economically rational decision is to have as many surviving children as possible, because each additional child add positively to a parent's wealth, security at old age and social well being.

In societies, with net down ward wealth flow, the economically rational decision is to have no child or the minimum number allowed by a psychological disposition that derives pleasure from children and parenting. Thus the global transition from high to low fertility is a function of the change in family wealth structure from upward wealth flow. This implies that as long as wealth flows from children to parents, fertility will remain high since it is economically rational to parents.

2.6.3 BONGAARTS THEORY OF PROXIMATE DETERMINANTS OF FERTILITY BEHAVIOUR

Bogaart's (1982) offered significant insight by relating the so called intermediate or proximate determinants of fertility to the pattern of fertility observed at different stages in the development spectrum.

The term "intermediate fertility variables (or proximate determinant) was first introduced by Davis and Blake in the mid 1950s, they introduced eleven intermediate variable. These variables included involuntary factors such as occurrence of sterility and miscarriages (Davis et al 1956) although the frame work found wide acceptance. It only really became significant when Bogaart (1982) found quantitative data to examine the impact of the proximate determinants on fertility rates.

Bogaart's model was based on empirical findings of a study of 41 populations. These included developing and developed countries. He found only four of the eleven so-called intermediate factors were statistically important determinants of fertility for these countries. The four variable explained 96% of the variable in the total fertility rate of the 41 countries (Bongaarts 1982).

These variables were marriage, contraception, induced abortion and postpartum infecundability (fig. 2.2). He measured the influence of intermediate variables on fertility in relation to four different demographic measures of fertility the total fertility, fecundity rate, the total national marital fertility rate, the total marital fertility rate and the total fertility rate. Thus if the fertility inhibiting effect of alibacy is removed, fertility will increase to level TMFR (fig. 2.2) the total marital fertility rate if all practice of contraception and induced abortions are eliminated, fertility will rise further to a level of TN, the total natural marital fertility rate, removing, in addition, the practice of lactation and postpartum abstinence further increases fertility to the total fecundity rate TF (Bongaart 1985, 155).

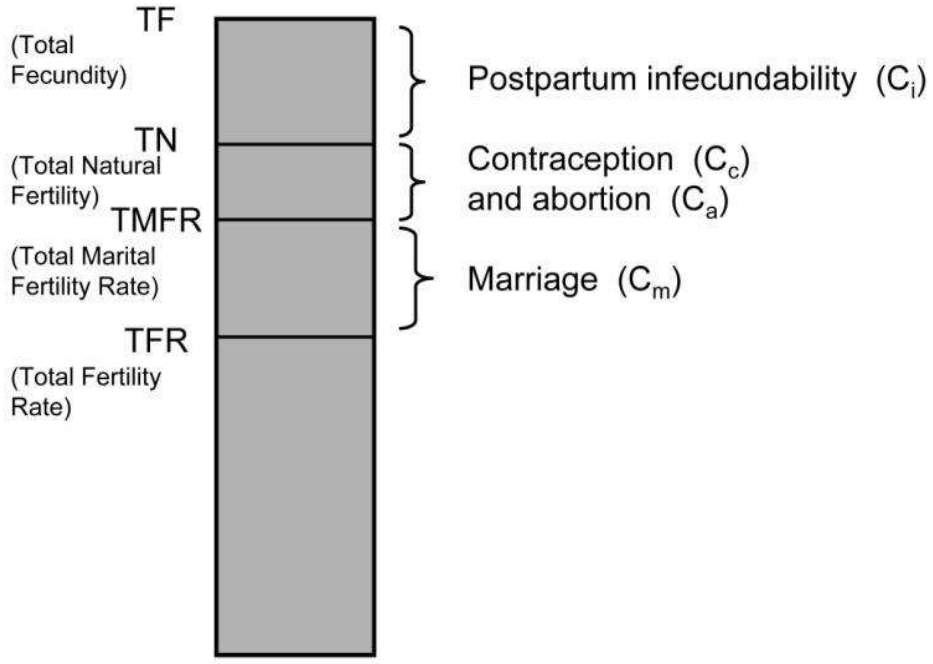

Fig 2.2: Intermediate variable and variables and values measures of fertility

(Source: Bongaart 1985, 154)

As society moves from natural controlled fertility Bangaart suggests an increase in marital fertility control via increased use of contraception and by practicing induced abortion.

Much has been written on each of the intermediate proximate determinant and only the brief comment is made here about the role of each one in individually reducing fertility. Age at marriage is particularly important. Early marriage increases the risk of pregnancy by raising the number of years that a woman is engaged intercourse. A delay in marriage not only has the inverse effect in terms of reducing the potential number of years of child bearing, but by increasing women exposure to education, and the labor market, women who marry later are more likely to shift their focus from motherhood to other activities that might change child spacing and their desired family size (Agyei and Mbamanya 1989; Jensen and Thornton, 2003).

The delay of age at first marriage is an important determinant of fertility as explained by Bongaart (1985). In addition, marriage is a reflection of a set of economic and social factors, this assumption was proven by Sheela and Audinarayanri, (2000) work in India in relation to the determinants of female age at marriage. They demonstrated that there were six explanatory variables that effect the age at marriage. These variable included places of birth, religion, caste, current age which effect directly age at first marriage and indirectly have an impact through education and consanguinity.

They revealed that women education played a significant role as an intervening factor of age at first marriage (Sheela et al, 2000)

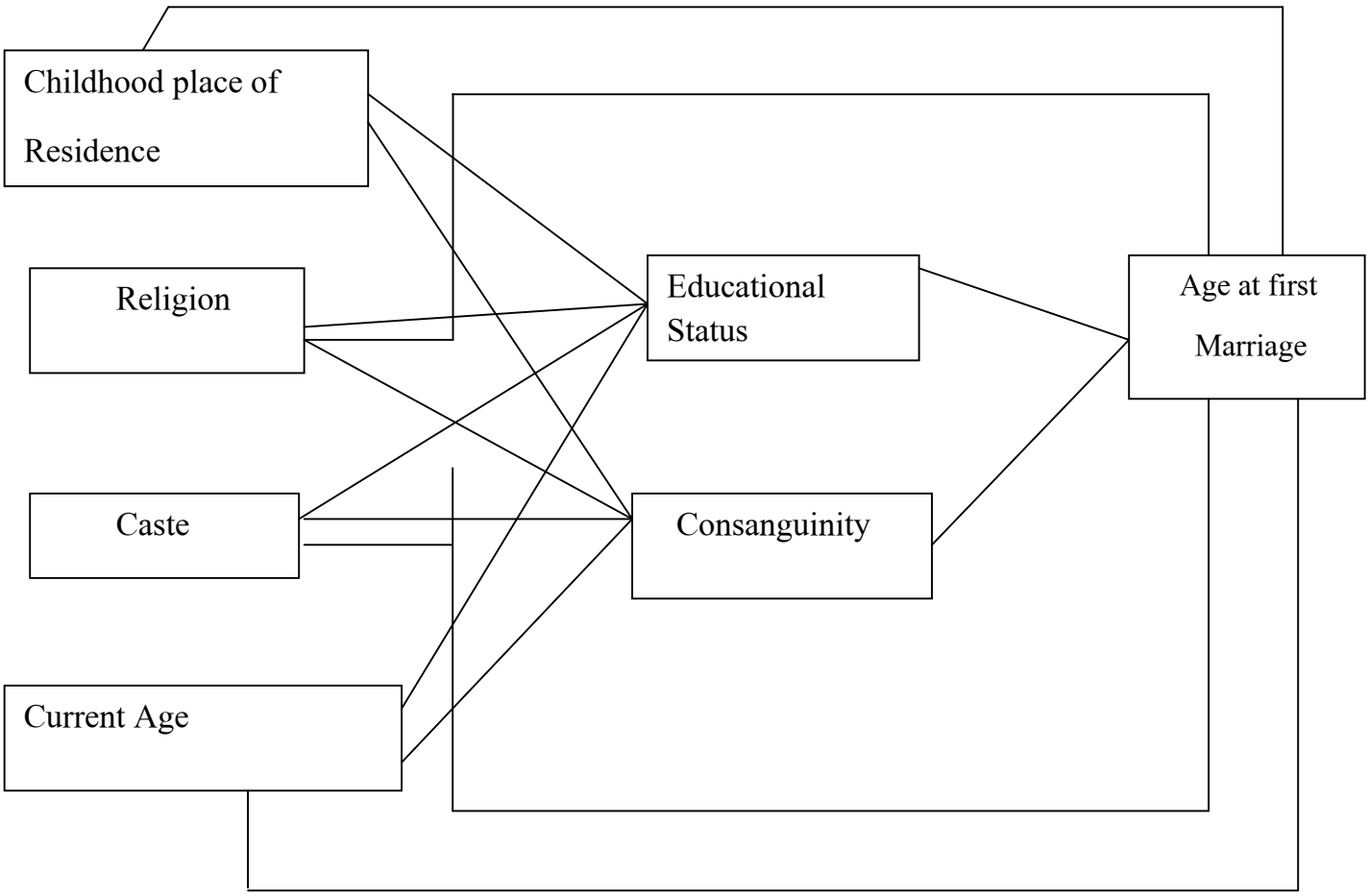

Figure 2.3: Conceptual Model Linking the Explanatory Variable to Age at First Marriage. (Sheela et al, 2000)

In a study of deferential fertility, the age at first marriage was significantly associated with the level of fertility, the age at first intercourse and age at first birth (Samson and Mulugeta, 2009). Marriage is a leading social and demographic indicator of the exposure of women to the risk of pregnancy, especially in the case of low level of contraceptive use and therefore is important for understanding fertility.

Postpartum infecundability is usually taught in relation to breastfeeding. It is well known that breastfeeding is a major factor influencing the duration of post partum infertility. The inhibitory mechanism by which breastfeeding acts to delay ovulation was not fully understood, but there is evidence that both the frequency and the duration of sucking plays an important role (Hadia et al, 2009) similar studies conclude that the fertility inhibiting effect of postpartum

infecundability resulting from prolonged breastfeeding is by far the most important proximate determinant of fertility. The duration of breast feeding showed a significant difference between the two fertility profiles. Those mothers with prolonged breast feeding showed a lower fertility status (Yohannes et al 2004).

The inhibiting effect of breastfeeding on fecundity particularly during the first twelve months after a birth is well established. In the absence of breastfeeding the post partum amenorrhea period is about two months prolonged breast feeding can extend the amenorrhea period for up to 19 months (Berhanu and Hogan 1998). Even after the return of menstruation, breastfeeding can continue to depress a woman in fecundity. The death of breastfed infant prematurely ends lactation that shortens the length of the post-partum amenorrhea period. In none contraception population, the early return of menstruation contribute to a higher risk of conception and thus, a shorter than normal birth intervals. It is more pronounced in societies such as those of sub Saharan Africa with prolonged breastfeeding practice and low contraceptive usage (Gyima 2001).

Abortion is a significant proximate determinant of fertility. Guillaume (2003) stated that abortion significantly attributes to fertility reduction in many countries particularly where the contraceptive use remained low and women expressed their demand to control fertility. The study of sogner (2003) found that abortion was a significant factor that influence fertility decline. It affects the women's decision to use contraception. However, in societies where abortion is illegal, the information on abortion is very difficult to obtain. Therefore, the impact of abortion on fertility reduction may not be explicit.

Contraceptive use is another substantial proximate factors affecting fertility among countries. At the same time culture and socio economic condition have a significant role in the use

of contraceptive method. Contraceptive use was considered as the most important proximate determinant of fertility by Bongaart and Potter (1983) their assertion is consistent with offsetting of higher fertility as a result of early marriage in Peru by increased contraceptive use (Bongaart 2005). Caldwell et al 1992 posit that the demand for contraception by young women was possibly the main cause of the rise in the age at marriage. It has been established that a rise in contraceptive use is the principal cause of decline in fertility (Bongaarts and patter 1983). Before the dawn of transition fertility was high in sub-Saharan countries where transition is completed, fertility is low and a great number of couples practice some form of contraception (Bongaart 2005). A strong correlation between contraceptive use and decline in fertility has been sustained in Bangladesh (Cleland 1993).

There is evidence where increased contraceptive use did not correspond to decreasing fertility (Bongaart 2005). This has been attributed to either error in measurement or counter roles of other proximate determinants may supersede contraception under the condition of ineffective contraceptive use or when the desired family is not accomplished. Efficient use of contraceptive may lead to low fertility, while weak or no contraceptive favour high fertility (Bangaart and Potter 1983).

Effective contraceptive use is not only a function of women's education and standing in society, but also reflects the powerful role of governments in trying to promote fertility and control through family planning (Hirs chaman et al 1990, Cleland 2006) have summarized the impact as follows "family planning programme in the last 40 years have played a major part in increasing the prevalence of contraceptive practice from less than 10% to 60% and in reducing fertility in developing countries from six to about three births per woman" (Cleland et al 2006 181).

The proximate determinant theory of fertility by Bongaarts is relevant to the present study of the influence of socio economic status on fertility behavior of women because the socio economic variables influence fertility through their effect on the intermediate or proximate determinants variables.

CHAPTER THREE

RESEARCH DESIGN AND METHODOLOGY

3.0 INTRODUCTION

This chapter describes the methodology which is drawn upon throughout the rest of this thesis. The chapter commences with explanation of the research design and methodology of the study. The next section reviews the techniques used for collecting information regarding fertility behavior. Attention then turns to focus on the questionnaire survey design including questionnaire content, the sample size and type. The chapter explains the method of data analysis that was used.

3.1 RESEARCH DESIGN

The choice of survey design was made by the researcher because the entire population could not be covered. Therefore sampling was carried out. Using the survey design will therefore enable the researcher to use sample of the population in order to obtain information that discloses existing phenomenon by asking married women about their fertility behavior. It will also be an effective research design to be used because it involves using a well structured questionnaire design by the researcher. Besides that the work is very large and descriptive survey is the best method in finding the relationship between two or more variables. This enables the researcher to describe and also articulate the influence of socio economic status on fertility behavior of women.

3.2 HISTORICAL BACKGROUD OF THE STUDY AREA

Zaria is a major city in Kaduna State in northern part of Nigeria. Formerly known as Zazzau it was one of the original seven Hausa cities. In the late 1450's Islam arrived in Zaria by the way of its sister habe cities Kano and Katsina. Along with Islam, trade flourished between the cities as traders brought camel caravans filled with salt in exchange for slaves and grains. Between the fifteenth and sixteenth century the kingdom became tributary state of Songhai Empire. In 1905

it was captured by the Fulani during the Fulani jihad. British forces led by Fredrick lugard took the city in 1901.

Zaria is located on 11 04 N,7 2 E, 11 O67N,7.700E within the semi arid sudan savannah of west Africa. It covers about 300km (100sqml). Zaria has a population of 408,198at 2006 census.

The old part of the city known as Birnin Zazzau or Zaria city was originally surrounded by walls which now have been mostly removed. The Emir's palace is located in the old city. Zaria is a home to Ahmadu Bello University the largest university in Nigeria and the second largest on the African continent. The institution is very prominent in the field of agriculture, science, finance, medicine and law.

3.3 POPULATION OF THE STUDY

Population of the study consists of all married women in Zaria local government of Kaduna state from the age of 15-49 years. This comprises of both literate and illiterate women in rural and urban areas.

3.4 SAMPLE SIZE AND SAMPLING PROCEDURE

Sampling size is the number of data sources that are actually selected from the total population. Morgan (2009); For this study multistage sampling technique was used in the selection of sample size. Multistage stratified random sampling was used to select the sample. In the first stage six out of the 13 political wards in Zaria Local Government Area were chosen. These political wards are Dambo, Dutsen Abba, Gyllesu, Kaura, Kufena, Kwarbai 'A', Kwarbai B, Limancin kona, Tukur Tukur,Tudun wada, Unguwan fatika, Anguwan juma,and wuciciri. These 13 political wards were grouped into 6 groups in terms of homogeneity of the population.these are

GROUP A	GROUP B	GROUP C
Gyallesu	Kwarbai A	Tukur tukur
Dutsen abba	Dambo	kufena
GROUP D	GROUP E	GROUP F
Kwarbai B	Tudun wada	Anguwan juma
Anguwan fatika	wuciciri	Limancin kona
Kaura		

One political ward was selected from each group to represent the population using lottery method of simple random sampling

In the second stage, two major streets were selected in each of the six selected political wards using the same method which will give us a total of 12 streets, where 30 respondents were selected in each of the street, which gives the total of three hundred and sixty (360).

3.5 METHO D OF DATA COLLECTION

The research contains primary source of data which help in gathering relevant information about the topic. The primary source was drawn using both qualitative and quantitative method. The qualitative method focus group discussion (FGDs) was conducted on members of the community. The quantitative method was the use of questionnaire. A structured questionnaire designed by the researcher was used in collecting data for the study. The questionnaire was administered to all respondents. The questionnaire consist of four sections; section A made up of demographic characteristics of the respondent while section B, C and D respectively are made up of questions developed by the researcher to answer the research question and hypothesis.

3.6 PROCEDURE FOR DATA ANALYSIS

The data was analyzed using statistical package for social sciences (SPSS). Descriptive analysis was used to describe percentages and number distribution of the respondents by socio demographic characteristics. Furthermore Chi square tool along the Spearman rho correlation procedure were used in testing the hypotheses. Specifically hypotheses one to three were tested with Chi-square procedure. All the hypotheses were tested at the 0.05 level of significance. The qualitative method of data analysis was focus group discussion (FGD). There was two FGD session each having 8 to 12 persons. The first session comprises of women between the ages of 15 to 29 years from both rural and urban. While the second session comprises of women between the ages of 30 to 49 years of age. Purposive sampling was used to select the participants for the FGD. The data gathered from FGD was recorded, transcribed and also utilized in the analysis. The reason for using this method is to discover the most common factors that influence female fertility behavior and also to find the relationship between two or more variables.

CHAPTER FOUR
DATA ANALYSIS AND PRESENTATION

4.1 INTRODUCTION

The data collected from the respondents on the influence of socio-economic status of women on their fertility behavior in Zaria Local Government Area of Kaduna State were statistically analyzed in this chapter. The chapter consists of respondents' socio-demographic characteristics considered to be associated with the objective of the study and therefore selected along their expressed opinions. The rest of the chapter is made up of the analysis of the variables along the research questions and test of the hypothesis with a discussion of the findings from the data.

4.2 DESCRIPTIVE ANALYSIS OF THE SOCIO-DEMOGRAPHIC CHARACTERISTICS

A total of 360 questionnaires were issued to the respondents However 325, amounting to 90.3% of the total proposed was found to be completed with the required information. The remaining 35 or 9.7% were found to have incomplete information and therefore not valid for the study. They were therefore discarded. All the 325 respondents involved in the study were female of reproductive age. Among the socio-demographic characteristics selected were age, ethnic group, marital status, place of residence, highest educational qualification and occupation. Others were Monthly income, religious affiliation, type of marriage, age at first marriage, husband age at first marriage, and the highest educational qualification of husband and husbands age at first marriage. Each of these variables is tabulated in frequencies and percentages below. Table 4.1 shows the classifications of the respondents by their age ranges.

Table 4.1: Classification of the respondents by their age ranges

Age	Frequency	percent
Less 15 years	16	4.9
15 - 25 years	78	24.0
26 - 35 years	112	34.5
36- 45 years	91	28.0
46+	28	8.6
Total	325	100.0

From table 4.1 above the respondents who were between 15 and 25years were 24.0% while 34.5% of the respondents were between 26 and 35years. Those who were between 36 and 45years were 28.0%. Only 8.6% of the total respondents were above 46years. This distribution clearly revealed that all the respondents were within the reproductive age and could therefore be expected to provide information on the influence of socio-economic status of women on their fertility behavior. Table 4.2 shows the classifications of the respondents by their ethnic groupings.

Table 4.2: Classification of the respondents by their ethnic groups

Ethnic groups	Frequency	Percent
Hausa/Fulani	212	65.2
Yoruba	50	15.4
Igbo	21	6.5
Others	42	12.9

Total	325	100.0

The Table 4.2 above revealed that 65.2% of the respondents were of the Hausa/Fulani ethnic group. Those who were of the Yoruba extraction were 17.8% of the total respondents. Respondents who were of Igbo ethnic group were 6.2% while other ethnic groups were represented with 10.8% of the total respondents. The over dominance of the Hausa/Fulani group could be explained on the basis of the location of the study which is Zaria. However, other ethnic groups in the country could be said to be fairly presented in the study. Table 4.3 shows the classifications of the respondents by their marital status at the time of the survey.

Table 4.3: Classification of the respondents by their respective locations.

place of residence	Frequency	Percent
Urban	142	43.7
Rural	183	56.3
Total	325	100

From the table above respondents from urban setting were 56.3% of the total while the remaining 43.7% were from the rural areas of the location. This implies that all the locations of the study area were fully represented in the study. Table 4.5 shows the classification of the respondents by their highest educational qualifications.

Table 4.4: Classification of the respondents by their highest educational qualifications

Educational qualification	Frequency	Percent
No formal education	32	9.8
koranic/Islamic	59	18.2
Primary	18	5.5
Secondary	91	28.0
Tertiary	125	38.5
Total	325	100.0

Respondents with no formal education were 10.5% of the total. Those with only Koranic/Islamic education were 18.2% while those with only primary school certificates were 5.2%. Respondents with secondary school certificates were 27.7% of the total. Those with tertiary education were 38.5%. This distribution could be said to have taken into consideration all categories of women irrespective of their education qualifications into the study. Table 4.6 shows the occupational distribution of the respondents.

Table 4.5: Distribution of the respondents by the highest qualifications of their husbands

	Frequency	Percent
no response	40	12.3
no formal education	7	2.2
koranic/Islamic	55	16.9
Primary	20	6.2
Secondary	39	12.0
Tertiary	164	50.5
Total	325	100.0

The table showed that only 50.5% of the respondents' husbands had tertiary certificates at the time of their first marriage. Those whose husbands had secondary school education were 12.0% while those whose husbands had primary school certificates were 6.2%. Those whose husband had Koranic/Islamic education only were 16.9% of the total respondents. Only 1.5% of the respondents said their husbands had no formal education and 12.3% of the respondents said it was not applicable to them since they were not married.

Table 4.6: Classification of the respondents by their occupations

0ccupation	Frequency	Percent
Unemployed	61	18.8
Students	105	32.3
civil servant	47	14.5
self employed	60	18.5
private sector	39	12.0
Farmer	13	4.0
Total	325	100.0

The table above showed that 18.8% of the respondents were unemployed, 32.3% were students of various institutions and 14.5% were civil servants. Those who were self-employed were18.5% and 11.7% were in the private sector while 4.3% were involved in farming. From the percentage representation in the table, it could be said that all professions in the communities were involved in the study. This inclusion is expected to give a broad perception of the influence of socio-economic status of women on their fertility behavior in the local government area. Table 4.7 shows the distribution of the respondents by their monthly income.

Table 4.7: Distribution of respondents by their monthly income

Income	Frequency	Percent
no income	158	48.6
less than 7000	25	7.7
7000-15000	47	14.5
15000-30000	53	16.3
above 30000	42	12.9
Total	325	100.0

The table above revealed that 48.6% of the respondents have no monthly income. But 7.7% have income of Less than N7000 while 14.5% have income of between N7,000.00 and N15,000 .00 per month. Those with income of N15000 and N30,000.00 were 16.3% and 12.9% have above N30,000.00 per month. Table 4.8 shows the religious affiliation of the respondents.

Table 4.8: distribution of respondents by their religious affiliations

Religion	Frequency	Percent
Islam	251	77.2
Christianity	65	20.0
Others	9	2.8
Total	325	100.0

The respondents with Islamic religious affiliation were 77.2% of the total. Those of the Christian faith were 20.0% and other unspecified religious groups had 2.8%. This is a clear indication that all religious groups were represented in the study. Table 4.9 shows the classifications of the respondents by their marital status.

4.3 REPRODUCTIVE BEHAVIOUR AND FERTILITY LEVEL

MARITAL STATUS

Marital status constitutes a demographic characteristics which involves biological, economic, legal, cultural and in many cases religious aspects. It is the most important factor in population dynamics since it affects fertility tremendously (Mamman 1992). The period spent in marital union is important as it affects the relative contribution of women to fertility.

Table 4.9: distribution of respondents by their marital status

Marital status	Frequency	Percent
Widowed	23	7.1
Divorced	29	8.9
Separated	9	2.8
Married	264	81.2
Total	325	100.0

The Table 4.9 above revealed that81.2% of the total respondents were married. Respondents who 7.1% were widowed, 8.9% were divorced, while 3.1% were separated from their spouses. The distribution clearly shows that the respondents represented the broad categories of women of reproductive age in the study area. The different locations from which respondents were selected in the study area are presented in frequencies and percentages in Table 4.10.

Table 4.10: distribution of respondents by their types of marriages

Type of marriage	Frequency	Percent
Monogamous	202	62.2
Polygamous	123	37.8
Total	325	100.0

From the table 4.10 above, 62.2% of the respondents were in monogamous marriages while 37.8% were in polygamous marriages. These who were not presently in marriages included the divorced, separated and the widowed constituted the 37.2% who did not belong to either of the two indicated in the table. For 53.2% of the respondents the current marriage was their first. But 28.6% of the respondents have been involved in previous marriages and 18.2% of the respondents have never married before. Table 4.11 shows the classifications of the respondents by their age at first marriage.

Table 4.11 distribution of respondents by their age at first marriage

Age at first marriage	Frequency	Percent
11-15 yrs	50	15.4
16-20 yrs	73	22.4
21 yrs and above	202	62.2
Total	325	100.0

The data in table 4.10 shows that 15.4% of the respondents got married when they were less than 15years while 22.4% got married at the age of between 16 and 20 years. Only 62.2% of the respondents said they married when they were above 21years. Table 4.11 reveals that 62.2 percent of the respondents got married when they were 21 years and above. The delay might be due to educational pursuit. The relationship between women's schooling and age at first marriage has been found in almost all fertility studies, this has great implication for fertility of couples in union. According to Bankole,(2007) in his study of "women's Autonomy and Reproductive behavior: experience Developing Countries" found that age at first marriage is higher in the urban areas .these patterns of differentials provide some ground to expect further rise as

population becomes more urbanized and more women attain higher education. Table 4.12 shows the ages of the husbands at their first marriage.

Table 4.12: Distribution of the respondents by the ages of their husbands at first marriage

Age Distribution	Frequency	Percent
less than 15 yrs	6	1.8
15-25 yrs	105	32.3
26-35 yrs	123	37.8
36-45 yrs	72	22.2
46 yrs and above	19	5.8
Total	325	100.0

The respondents whose husbands were between 15 and 25years at their first marriage were 32.3% and 36.9% married their husbands at the age of 26 and 35years. Those whose husbands were between 36 and 45years at their first marriage were 22.2% and 5.8% married their husbands when they were above 45years.

Table 4.13 Reasons for delay in marriage

Delay in marriage	Frequency	Percentages
Educational pursuit	235	72.3%
Scared of marriage institutions	30	9.2%
Delay in finding partner	46	14.2%
Others	14	4.3%
Total	325	100

The data in table 4.13shows that 72.3% cited that educational pursuit as reason for delayed marriage. Age at first marriage invariably increases with higher level of education (united nation

2000). While 14.2% indicated that they married late due to delay in finding partner. Also 9.2% are afraid of the marriage institution while the remaining 4.3% stated other reasons such as broken relationships, lack of finance on the part of the partner amongst others. This is in line with the qualitative data from group discussion as sited by Maryam Abbas that

"Marriage is now generally delayed as many boys and girls postpone marriage in order to consolidate their career and earning capacity. In addition the strong desire for better education is aiding the postponement of marriage among many boys and girls."

Table 4.14 distribution of women by number of children

number of children	Frequency	Percent
no response	16	4.9
less than 5 children	201	61.8
5-8 children	82	25.2
above 8 children	26	8.0
Total	325	100.0

Table 4.14 tries to explain the number of children that the respondents have that is children ever born to each woman. 4.9% of the questionnaire had no response. 61.8% of the respondents have less than 5 children, 25.2% have 5-8 children and 8.0% of the respondents have above 8 children.

4.4 FAMILY SIZE PREFERENCE OF RESPONDENTS

The data for more children is presented in table 4.15

Table 4.15 Distribution of respondents by desire for more children

Responses	Wife's desire for more children		Husbands desire for more children		In-laws desire for more children	
	No	%	No	%	No	%
Yes	100	30%	88	27%	102	31.4%
No	195	60%	199	61.2%	196	60.3%
Undecided	30	9.2%	38	11.7%	27	8.3%
Total	325	100%	325	100%	325	100%

The data in table 4.15 shows that majority of women 60% do not want to have more children while 30.8% said they want more children and the remaining 9.2% were undecided. Also 61.2% of the women indicated that their husband does not want more children while 27.1% said their husband's wants more children and the remaining 11.7% were undecided.

The data in the table 4.15 reveals that 60.3% indicated that their in-laws do not want them to have more children, 31.4% indicated that their parents or in-laws wants them to have more children while 8.3 were undecided. The influence of social network is crucial to informed choice. Most people seek the approval of parents, friends and associates and modify their own behavior to please others and to meet their expectations in decision making with respect to fertility (Orubuloye 1991).

4.5 SEX PREFERENCES OF RESPONDENTS

The data on sex preferences is presented in table 4.16

Table 4.16 distribution of respondents by sex preference

SexPreference	No of respondents	percentages
No response	28	8.6%
Male	210	64.6%
Female	87	26.8%
Total	325	100%

The data in table 4.16 shows that 64.6% prefered to have male children while 26.8% prefers to have female children while 8.6% did not respond to the question. This confirms previous studies which emphasis the importance of male children in sub Saharan Africa. According to Anisworth(1999) community and culture affect a person's attitudes towards family planning, desired sex of children, preferences about family size, family pressure to have children and weather family planning is in accordance with customs and religious beliefs. Also in gender stratified societies in Africa and south Asia, according to Orubuloye (1999) a son preference is a common feature, a couples desire to have living sons.

Table 4.17 Reasons for more than ideal number of children

Reasons	Respondents	Percentages

No response	56	17.2%
Ignorance of contraceptive use	52	16%
In-laws wish	105	32.3%
Husbands wish	92	28.3%
Others	20	6.2%
Total	325	100%

The data in table 4.17 shows that 32.3% of the respondent indicated that they have more than ideal number of children due to influence of in/laws, 28.3% reveal that it was their husbands wish. 16% indicated that they were ignorant of the use of contraception, while6.2% stated reasons such as contraception failure, fear of losing children among others.

4.6 BREASTFEEDNG PRACTICE OF RESPONDENTS

Breastfeeding is universally acclaimed good practice(baby friendly).

Table 4.18 distribution of respondents by duration of breastfeeding

Duration in months	Respondents	percentages
No response	13	4%
1 4 months	32	9.8%
5 8 months	68	20.9%
9 12 months	90	27.7%
13 months and above	122	37.6%
Total	325	100%

The data presented in table 4.18 revealed that 37.6% breast fed for a period of 13 months and above while 27.7% breast fed for 9 to 12 months, 20.9% breastfed between 5 8 months, 7.6%

breastfed for 1 4 months. According to clenald (2001) education affects the supply of children through four intervening factors or variables; these are age at marriage, breastfeeding, postpartum abstinence and child mortality.

4.7 FAMILY PLANNING OF RESPONDENTS

The use of family planning in Nigeria is very low. Only 20%of currently married women use modern family planning methods (Orubuloye 1991). The low utilization of modern family planning methods invariably result in high fertility, maternal and child mortality (NDHS 1999).

Table 4.19 Distribution of respondents' knowledge and practice of family planning

Responses	Knowledge of family planning		Practice of family planning	
	No	%	No	%
No response	12	3.7%	17	5.2%
Yes	268	82.5%	210	64.6%
No	45	13.8%	98	30.2%
Total	325	100%	325	100%

The data in table 4.19 shows that 82.5% of respondent had knowledge of family planning, 13.8% indicated that they don't have knowledge of family planning while 3.7% did not respond to the question. However in terms of use, only 64.6% of women who heard of a method have practiced family planning. This result confirms mundi(2000) in her study of women participation in labour force and fertility behavior. A study of federal capital territory. Which reveals that knowledge of family planning is (78.4%) is higher than the practice of family planning (57.9%) among women in the study area.

TYPE OF FAMILY PLANNING METHODS AND USE

The data on methods of family planning is shown in table 4.20

Table 4.20 distribution of respondents by family planning methods and use

Methods of family planning	No of respondents	Percentages
No response	17	5.2%
None use	97	29.8%
Pills	78	24%
Abortion	12	3.7%
IUD	20	6.2%
Condoms	34	10.5%
Injectable	39	12%
Withdrawal	16	4.9%
Abstinence	12	3.7%
Total	325	100%

The data in table 4.20 shows that pills is mostly used with 24%. This is followed by condoms 10.5% and injectable 12%. Others are abstinence3.7%, withdrawal 4.9% IUD 6.2% and abortion 3.7%. . 29.8% do not use any method of family planning while 5.2% did not respond. This is in line with the qualitative data generated during the session of focus group discussion. Rabi Aliyu who is a doctor in the department of obstetrics in Ahmadu Bello University Teaching hospital noted that the main method of family planning that she has observed among patients " one of the most important method was the pills, where more than 70% of women attending clinics (frequented women) used it to space child births. The reason is that the pills are cheap and also available in pharmacies and there is no serious adverse effect on the health of the mother" (FGD 2014).

She also noted another method of contraception when she said "there is a natural method of controlling pregnancy by using a table of sex practice organization. Some women use this to identify the time of the month when they should be on intercourse. They look for the 10 days in the middle of the egg production, but to some women there can be difficulty in using the table" (FGD 2014). Therefore this method may be used by more educated women who best understand how to calculate the timing of abstinence. Generally the fact that majority of users of family planning methods are women with higher levels of education which helps to explain lower fertility among them compared with no education and lower levels of education.

PURPOSE OF FAMILY PLANNING OF RESPONDENTS

The data on purpose of family planning of respondents is shown in table 4.21

Table 4.21 distribution of respondent purpose of family planning

Purpose of contraceptive use	No. of respondents	Percentage
Birth spacing	227	69.8%
Termination of child bearing	18	5.6%
Others	80	24.6%
Total	325	100%

The data on table 4.21 shows that 69.8% indicated that their purpose of family planning is for birth spacing, 5.6% said it is for termination of child bearing and the remaining 24.6% for others. The finding shows that over 2/3 of women use family planning for the purpose of birth

spacing. According to Bankole (1994) family planning can help meet women's needs and avoid unwanted pregnancy thereby avoiding the risk of child bearing and induced abortion. According to Rogers (2001) the principal reason for family planning is birth control which is enhanced by women education and autonomy which gives them right act and protect their own reproductive health.

4.8 TESTING OF HYPOTHESIS

Hypothesis I: There is no significant relationship between education and fertility behavior of women in Zaria local government area.

To test the hypothesis, respondents' level of education was cross tabulated along with the children ever born to each woman. The Table was subjected to a chi-square procedure. The computed chi-square values and the corresponding degree of freedom as well as the probability level of significance obtained for the respective bivariate relationship. In the test of the hypothesis, the variable that was used to measure fertility behavior is the number of children ever born to each woman was selected for the test along with the educational levels by grouping those who have secondary education and above as highly educated and those with primary education and below as having low education and no formal education group fertility behavior was categorized as low fertility when children ever born is less than 5 and high fertility when CEB is 5 and above.. A summary of the result is presented in Table 4.2

Table 4.22: CROSSTABULATION OF LEVEL OF EDUCATION AND CHILDREN EVER BORN

Number of children	Level of education					total
	No formal education	Qurannic/islamic	primary	secondary	Tertiary	
No response	0(0%)	0(0%)	0(0%)	0(0%)	13(100%)	13(100%
Lessthan5 children	0(0%)	0(0%)	0(0%)	16(12.5%)	112(87.5%)	128(100%)
5-8 children	0(0%)	0(0%)	16(17.6%)	75(82.4%)	0(0%)	91(100%)
Above 8 children	32(34.4%)	59(63.4%)	2(2.2%)	0(0%)	0(0%)	93(100%)
Total	32(9.8%)	59(18.2%)	18(5.5%)	91(28.0%)	125(38.5%)	325(100%)

From the cross tabulation, descriptively women with secondary education and above have low fertility than women with primary education and those with no formal education.

Statistically we have to establish if there is a relationship and the strength of the relationship. With X=71.98 critical value =21.026, DF=12 and alpha value=0.05 shows that there is a significant relationship between level of education and women's fertility behavior as such we reject the null hypothesis.

The test revealed that the level of education of the women play a significant role in their fertility behaviors. This is a clear indication that education has significant influence on the fertility behaviors of the women in the local government area. From the observation of the discussion on the items, the higher the education of women, the more likely they would adopt some positive fertility behavior. The effect of female education on fertility may be attributed to the educated women's greater knowledge of family planning and their concern about the cost of having children. Education increases exposure to information concerning family planning and provides or facilitates the acquisition of information on contraceptive devices, methods and their use (tanfer 1984, 183- 184.). An indirect effect of education on female fertility behavior is that it increases age at first marriage. Therefore, there is sufficient evidence to reject the null hypothesis.

Hypothesis II: There is no significant relationship between income and fertility behavior of women in Zaria local government area.

To test the hypothesis, income levels of the respondents was cross-tabulated with children ever born. Level of income was categorized into three; no income, low income (that is those earning below 15,000) and high income (those earning 30,000 and above) The computed chi-square values and the corresponding degree of freedom as well as the probability level of significance obtained for the respective bivariate relationship are summarized in Table 4.16.

TABLE 4.23: CROSS TABULATION OF INCOME AND CHILDREN EVER BORN

Monthly income	Children ever born				
	No response	Less than 5 children	5_8 children	Above 8 children	total
No income	13(8.2%)	128(81.0%)	17(10.8%)	0(0%)	158(100%)
Less than 7000	0(0%)	0(0%)	25(100%)	0(0%)	25(100%)
7000_15000	0(0%)	0(0%)	47(100%)	0(0%)	47(100%)
15000_30000	0(0%)	0(0%)	2(3.8%)	51(96.2%)	53(100%)
30000 above	0(0%)	0(0%)	0(0%)	42(100%)	42(100%)
Total	13(4.0%)	128(39.4%)	91(28.0%)	93(28.6%)	325(100%)

Statistically we have to establish if there is a relationship and the strength of the relationship. With X=54.70 critical value =21.026, DF=12 and alpha value=0.05 shows that there is a significant relationship between level of income and women's fertility behavior as such we reject the null hypothesis. This is a clear indication that income could be a major influence on the fertility behaviors of the women in the local government area.

Hypothesis III: There is no significant relationship between occupation and fertility behavior of women in Zaria local government area

TABLE 4.24: CROSS TABULATION OF OCCUPATION AND CHILDREN EVER BORN

Children ever born	Unemployed	Students	Civil ervants	Self Employed	Private ector	Farmer	Total
Low fertility	36(59.0%)	105(100%)	47(100%)	60(100%)	39(100%)	0(100%)	141(43.4%)
High ertility	25(41.0%)	0(0%)	0(0%)	(0%)	0(0%)	13(100%)	184(56.6%)
Total	61(100%)	105(100%)	47(100%)	60(100%)	39(100%)	13(100%)	325(100%)

Statistically we have to establish if there is a relationship and the strength of the relationship. With X=47.91 critical value =21.026, DF=12 and alpha value=0.05 shows that there is a significant relationship between occupation and women's fertility behavior as such we reject the null hypothesis.

The test revealed that occupation has significant influence on the fertility behaviors of women in the local government area. From the observation, women who are engaged in income generation were more likely to adopt some positive fertility behavior. That is why occupation is regarded as one of the most important socio economic factors affecting fertility. The findings are in accordance with O'Connell (1982) who observed that employed women have lower fertility than unemployed women and for employed women fertility is higher for part time than for those working fulltime. It appears that women with formal sector jobs would appear to confront highest opportunity cost of childbearing and therefore have the lowest demand for larger number of children and the highest motivation for contraception. That is why employment outside home competes with time available for child bearing. Thus it reduces the demand by parents for having children. Therefore the influence of female occupation on fertility emerges through reducing family size by making it more costly for the mother to take time to rear children. (beguy 2009). With these observations, there is sufficient evidence to reject the null hypothesis.

4. 9 FOCUS GROUP DISCUSSION

Two sessions of FGD were conducted for the study during the FGD sessions in Zaria; discussants observed that though there is no specific age for marriage, the age at first marriage is usually between the 15 and 18 years. Early marriage as discussed by the discussants increase the number of reproductive years in marriage which result to high fertility.

The study also revealed that type of marriage has a significant influence on fertility behavior during the session it was observed that those who are into polygamous family tends to have high fertility. This is due to competition among co-wives. It was the general expression among all discussants in Zaria that children are gift from God and only he controls how they come. This result in negative attitudes towards the use of contraceptives. Even though they are aware of the family planning methods most of them are not practicing it.

The discussant concludes that the attitude of women towards adopting family planning is influenced by age, education income and place of residence. The implication of this finding is that level of awareness and use of contraceptives affect fertility outcomes. The study further revealed that education plays a significant role in determining fertility behaviour. This finding is consistent with the work of Kraudal (2000) who examined women's own educations and how it affects fertility. He observed that uneducated women who lived in societies were large proportion are literate or where educational level is high, might have fertility rate different from that of uneducated women else. The discussants revealed that the more educated a community is the better understanding of issues. For example the realization that a child is not just born but must be trained adequately which the responsibility falls on the parents and the more number of children the much problem.

During the FGD, it was revealed that there is an inverse relationship between fertility and female occupation. It was observed that employed women have lower fertility than unemployed females. Women with jobs appear to confront the highest opportunity cost of child bearing and therefore have the lowest demand for larger number of children and highest motivation for contraception better educated women and women employed are expected to be more likely to practice contraception. Therefore the influence of female employment on fertility behavior

emerges through reducing family size by making it more costly for the mother to take time to rear children.

4.10 SUMMARY

The influence of socio-economic status of women on their fertility behaviour in Zaria Local Government Area of Kaduna State was investigated in this study. Socio- economic status of the women assessed was educational level, income, occupation and cultural practices. Four null hypotheses were tested in line with the objectives and research questions of the study.

In the test of the first hypothesis, educational levels' influence on the fertility behaviours of the respondents was tested. The test revealed that women's educational level has significant influence on their fertility behaviours in the area. The null hypothesis was therefore rejected. From the related data, it was observed that fertility behavioural disposition was more likely to be positive among women with formal education than those who have no formal education in the area. This finding is consistent with Axinn (2001) where it was stated that recognition that the spread of mass education not only produced social transformation but also directly impacted on fertility through knowledge of contraceptive and awareness of the cost of children. The finding here agrees with the report of Caldwell (2008) where it was argued that proximate determinants of fertility do not act in isolation. Social economic cultural and gender related determinants of fertility such as economic development, urbanization, and maternal education regulate their effect on fertility. The finding agrees with Vilaysook, (2009) where it was found that Groups with high educational attainment (either husband or wife) have lower fertility than low educational groups

Hypothesis two and the related research question tested the influence of income level on the fertility behaviours of the respondents. Income was found to have significant behaviours relating to economic wellbeing like better control of family size (Family planning) choice of partners with better economic prospects among others. On the other hand, women who were not engaged in income generation were found to have less positive tendencies in this regards. The null hypothesis was therefore rejected. The finding here agrees with Harvender (2002) from a study on the impact of income and education on fertility in India. The study reported that income is one of the controlling factors of fertility among women.

The role of occupation on the fertility behaviours of the respondents was investigated in hypothesis three with the related research question. The test revealed that respondents who were not engaged in income generation occupation were less positive in their fertility behavior compare to those engaged income generating activities. Within the employed women, those in private sectors and those in the civil services were found to be more incline to smaller family size than others in different occupations. The null hypothesis was therefore rejected. The finding here is line with Fargues, (2005) pointed out that the growing number of women on the labor market even if single is a positive pointer to their ability to influence their fertility behaviours. The finding is consistent with the report of Christopher, (2006) who stated that proximate determinants of women fertility could be affected by their access to schooling and work.

CHAPTER FIVE

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

5.1 INTRODUCTION

This summary of the investigation into the influence of socio-economic status of women on their fertility behavior in Zaria Local Government Area of Kaduna State is presented in this chapter. Other aspects of the chapter included the conclusion, recommendations and suggestions for further study on the subject.

5.2 SUMMARY OF THE STUDY

The need for tackling the problem of uncontrolled fertility among child bearing mothers which is responsible for the prevailing socio-economic problems of the society and especially Zaria local government area of Kaduna State is the major objective of this study. It is known that some demographic variables of women could be a factor in their fertility behaviors' which could enhance their ability to control the family sizes and increase their health fitness along with reduced infant mortality. This study therefore investigated the influence of socio-economic status of women on their fertility behavior to identify the socio-economic factors that could be addressed in the control of family size and reduction in maternal and infant mortality in Zaria local Government Area.

To accomplish the objectives of the study, a structured questionnaire was designed and administered to some selected respondents across different locations in the local government areas through a stratified random sampling procedure. In all 325 respondents successfully filled and returned the questionnaires that were administered for the study. The data collected were subjected to statistical analysis with the Statistical Package for the Social Science (SPSS) version 17. Statistical procedures adopted were frequency and percentages along with inferential statistics including chi-square and correlation procedure for the hypotheses tested. Among the

major findings from the analysis of the data were that educational level, income and occupation of the women along with the cultural practices in the areas has significant influences on the fertility behaviours of the women in the local government area. In all four null hypotheses were tested and the entire hypothesis were rejected.

5.3. CONCLUSION

Excessively rapid growth of population has been increasingly recognized as a proper area of public policy intervention by many governments. The concern is of course not with demographic growth, but rather with negative implications for the attainability of a wide range of desirable goals in the sphere of economic and social development. Finding means of controlling rapid demographic growth is a real concern of the country with high levels of fertility.

There is consensus that education is one of the most important means of reducing fertility. Although education is considered to be an important instrument that affects population trends, it is necessary to know what type of education can play this role. For the relationship between fertility and education to generate policy implications, it is necessary to know what particular characteristics of education increases or decreases fertility and their relative importance. Knowledge of the education fertility relationship is especially relevant for development planning because education can directly be influenced by government policy. Among national population where fertility is considered an obstacle to development, detailed knowledge of the education fertility relationship would doubtlessly facilitate decisions concerning educational levels, curriculum content, the structure of educational system and ultimately, division of resources between education and other competing programs. Accordingly policy makers have

been warned that any attempt to use relationship between education and fertility for policy purposes requires a better understanding of the circumstances in which an inverse relation is likely to arise in other circumstances.

5.4 RECOMMENDATION

The following recommendations are made based on the study.

Some of the striking issues arising from the study are female withdraw from school for marriage while others drop out due to pregnancy and lack of sponsors. Parents withdraw girls from school because of the traditional view of female education as wasteful and unnecessary since the woman will end up married and become an asset to her husband and not her parental family. As long as this view is to be upheld, women would always be educationally disadvantaged. There is therefore need to change the attitude of parents especially those in rural areas by enlightening them on not just the short term but also the long term benefits of women education. In addition government needs to take firm stand on the issue of parents found guilty of this to serve as a deterrent to others. Compulsory schooling laws should be straightened not to discriminate between boys and girls.

In addition to these possible reabsorbing strategies could be designed to reabsorb women who have dropped out of school or who could not go to school due to lack of sponsorship, early pregnancy and other reasons. Similarly, more boarding schools should be established for girls. Above all there is need for training more teachers and the design of curriculum is made relevant to future employment so that women do not stay unemployed for too long which again would discourage parents from sending their female children to school.

Also from the study we found out that knowledge of family planning is higher than its use. The government of kaduna state should also make contraceptive available and affordable to both

rural and urban areas so that all women can afford contraceptives and family planning services. Also follow up systems should be introduced so as that perceived side effects of contraceptives are dealt with immediately and effectively to encourage use of contraceptives among women.

Another arising issue from the study is that most women are full time house wives, they either engaged in agriculture or other related jobs largely because they are not educated. The implication as indicated by our data is as long as women continue to be backward educationally and their occupational status continues to be low, their fertility levels will be high. therefore any efforts at improving the lives of women by giving them soft loans to start business and provide job opportunities will empower them and ultimately reduce fertility. The respective government should enhance the economic environment through the various empowerment programs to provide employment and income generating activities for women. There is a need to discourage cultural practices like the 'child marriage' and forced marriage through religious preachers as these are the only channels likely to achieve any meaningful impact on the culture.

5.5 RECOMMENDATION FOR FURTHER STUDIES

This study investigated the Influence of socio-economic status of women on their fertility behaviour in Zaria Local Government Area of Kaduna State. The study could be replicated in other local government areas of the state towards improving maternal health and reduced child mortality along with improved better management for family sizes in the state.

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APPENDIX : A

Research questionnaire

Department of Sociology,
Bayero University,
Kano.
Dear Ma,

I am a post graduate student of the department of Sociology, Bayero University, Kano, conducting a research on the "***Influence of socio-economic status of women on their fertility behaviour in Zaria Local Government Area of Kaduna State"***. This research is purely for academic purpose and all information provided will be treated confidentially. You are therefore implored to provide the necessary answers as honestly as possible by ticking the option best applicable to your particular situation.

Thank You very much for cooperation

Research questionnaire

Please tick as applicable to you

Socio-demographic characteristics

1. Age Less than 15 years / / 15-25 years / / 26-35 years / 36 - 45years/ / 46years and above/ /
2. Ethnic group Hausa/Fulani / / Yoruba / / Igbo / / Other groups/ /
3. Marital status Widowed / / Divorced / / Separated / /
4. Place of residence Rural / / Urban / /
5. Level of education No formal education / / Koranic/Islamic / / Primary / / Secondary / / Tertiary / /
6. Occupation Unemployed / / Students / / Civil Servant / / Self Employed / / Private Sector / / Farmer/ /
7. If you are employed, monthly income No income / / less than N7,000.00 / / N7,000.00 - N15,000.00 / / N15,001.00 - N30,000.00 / / Above N30,000.00 / /

Religion Islam / / Christian / / Others / /

8. Type of marriage Monogamous / / polygamous / /
9. Is this your first marriage? Yes / / No / /
10. What was your age at first marriage less than 10years / / 11-15 years / / 16-20years / / 21years and above / /
11. For those who married later from 30 years and above,why did you delay marriage?
    a.To attain certain level of education/ /
    b.Scared of marriage institution/ /
    c.Takes time to get the right patner/ /

d.Others specify……

12.What was your husband estimated age at your first marriage less than 15 years / / 15-25 years / / 26-35 years / / 36 - 45years / / 46years and above / /

a.What was the educational qualification of your husband at the time ? No formal education / / Koranic/Islamic / / Primary / / Secondary / / Tertiary / /

14 number of years in marital union. A. < 2years / / B. 3-7 years / / C. 7-10 years/ /

d. 10 years and above./ /

Please tick the options that best agree with your feeling on the following items

Sn	Socio cultural determinants	Strongly Agree	Agree	Disagree	Strongly Disagree
14	I was forced into my first marriage				
15	Am forced to stay in this present marriage because of the children				
16	A woman is expected to follow the dictate of the family no matter how mature				
17	My family were the determining factor of my present marriage				
18	I will rather marry a man who have the same interest like my own				
19	The number of children I want is influenced by my religion or culture				

Fertility Behaviours

21. How many children do you have now? Less than 5children/ / 5-8children / / Above 8children / /

22. How many do you want to have Less than 5children / / 5-8children / / Above 8children / /

23. Reasons for more than ideal number of children

Reasons	
No response	
Ignorance of contraceptive use	
In-laws wish	
Husbands wish	
Others	

24.for how long do you breastfeed your children?

No response	
1 4 months	
5 8 months	
9 12 months	
13 months and above	
Total	

Sn	Fertility Behaviours	SA	A	D	SD
24	Do not attend antenatal clinic during pregnancy				
25	I look at the economic status of the man before agreeing with a relationship				
26	Your economic status affect the number of children you wish to have				
27	I want a large family because am from a large family				
28	I prefer to live lone than to live with a second wife				
29	I wanted to be independent so as to have much time for myself and my spouse				
30	Any man who want me must be ready to take over all my needs				
31	I prefer to work and cater for my personal need than depend on a man				
32	I do not practice family planning				
33	I can marry as many times as I wish				
34	I left my first husband because of childlessness				
35	I left my first husband because of of personal satisfaction needs				
36	I left my husband because the marriage was forced on me				
37	I will leave any husband who did not give me personal satisfaction				
38	I practice family planning for my personal health				
39	Family planning gives me more freedom for personal satisfaction				
40	I practice abtinence to avoid contracting HIV				
	I tak adequate measures to protect my health through protected sex				

Contraceptive knowledge

42. Have you heard of family planning?

A. yes/ / b. No / /

43 what are some of the methods of family planning or contraceptives that you know and make use of?

	Methods known	Methods use
None use		
Pills		
Abortion		
IUD		
Condoms		
Injectable		
Withdrawal		
Abstinence		
Total		

44. Are you using contraceptives for birth spacing or for termination of child bearing

a. for birth spacing/ / b. for termination of child bearing/ /

c. others / /