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Gender-Equity and Reproductive Behaviour in Lagos State, Nigeria (Pp. 257-271)

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Abstract

The study examined the impact of gender differences on couples' reproductive behaviour. The study was conducted in Ikeja, Ojo, Epe respectively representing urban, semi-urban and rural local government areas of Lagos State. Quantitative and qualitative data were collected. A multi-stage sampling procedure was employed in the administration of 1072 structured questionnaire. Qualitative data was obtained through focus group discussion among selected males and females in selected age- groups. The main tool of analysis was the logistic regression employed to determine the relationship between couples reproductive behaviour on one hand and gender-equity variables on the other hand. The study findings indicated that female spouses desired lower family size than male spouses. Data analyses revealed that gender-equity in decision-making among female spouses were low in rural and semi-urban areas while only moderate in urban areas. It was low irrespective of type of marital union. Gender-equity in decisionmaking on the number of children was higher for educated spouses than noneducated spouses. Based on the findings, it was observed that gender-equity in decision making promoted low fertility among married couples. This

affirms the central role of gender-equity in reproductive behaviour. In order to foster demographic change therefore, gender –equity in the family and society should be addressed.

Keywords: Gender-equity, Reproductive behaviour, demographic change, Family-size.

Introduction

Gender encompasses the socially defined sex roles, attitudes and values which communities and societies ascribe as appropriate for one sex or the other. Although the status of women was analysed in terms of demographic outcomes in the 1970s, not until the 1990s was their serious discussion about incorporating gender issues into the mainstream of demographic thinking. Gender emphasizes that males and females are differently defined, and these social distinctions influence the positions of males and females in society and their behaviour. One of the great achievements of feminism has been an increasing commitment to the view that gender relations are as fundamental a shaping force of social relations as is the economy or political structures (Pereira 1999).

One important highlight of the 1994 International Conference on Population and Development (ICPD) was that in developing countries, higher levels of gender-equity appear to be a necessary component in the achievement of lower fertility. It has been argued that gender-equity attempts to ensure that women have a fair share of the benefits, as well as the responsibilities of the society, equal access to social provisions, education, equal treatment before the law, equal reproductive rights and equal pay for work of the same value. Very few considerations have so far been given to gender issues in policy and development spheres in Nigeria. The fourth chapter of the report of the ICPD puts forth the goal of promoting gender equality in all spheres of life, including family ad community life, and encouraging and enabling men to take responsibility for their sexual and reproductive behaviour and for their social and family roles in order to ease the burden on women. The goal of the study is to examine the effects of gender equity on reproductive behaviour of married couples in Lagos State, Nigeria.

It is argued that since women's decision –making autonomy is a critical link between women's socio-economic position and reproductive outcomes, therefore, equal decision-making authority (gender-equity) is a key factor shaping reproductive behaviour (Jejeebhoy 1995; Dixon-Mueller 1993; Kritz et al, 2000). There is a general consensus that socio-economic development and organized family planning can bring about changes in reproductive behaviour. All societies regulate fertility through customary restrictions on marriage and sexual behaviour, and the maximum potential total of about fifteen births per woman is never observed for a population (Frank 1998). Mason (1995) and Kritz et al (2000) have remarked that gender conditions in different societies affect the socio-economic opportunities open to women and the latter, in turn, are closely related to reproductive behaviours. Adewuyi et al (1999) stressed that from research evidence, women have little control over when to avoid getting pregnant. The researchers maintained that fertility particularly in developing countries would have been lower if women were in the position to decide when to get pregnant and how many children to have. They argued that fertility among Nigerian women is high because husbands desire many children. Raimi and Adesina (1999) maintained that evidence supports the notion that men take major decisions in homes, and especially in the areas of pregnancy and pregnany-outcomes. The researchers concluded that Nigerian women have no control over sexuality and fertility.

Method

This study focuses on women and men's decision-making authority within the household as an indicator of gender-equity. In this context, gender equity index measure for husbands' and wives' shows their decision making authority within the household. Kritz et al (2000) explained that the index is based on responses to twelve items. On each item, in response to the question who has the final say on ...? wives or husbands could respond 'I do', 'both of us do'. The 12 items are: household purchases; whether the wife works; how to spend the husband's income; the number of children to have; whether to buy and sell land; whether to use family planning; whether to send children to school; how much education children should receive; when sons should marry; when daughters should marry; whether to take a sick child to the doctor; and how to rear children. Responses of 'I do' are scored '3', of 'Both of us do' are scored '2'. These items scores are summed to form the decisionmaking index. The maximum score on the index is '36' and means a scenario where the husband/wife makes all household decisions; the minimum score is '24' and represents that both husband and wife jointly make all household decisions. Scores in this range indicate that gender equity in decision-making is low, moderate or high.

Reproductive behaviour of wives and husbands will be measured by the number of children desired. Low fertility desires are often expressed with wives or husbands wanting three(3) or less children, while high fertility desires are indicative of four(4) or more children.

It is expected that inequality between married couples (husbands and wives) can be evaluated from the perspective of reproductive rights and decision-making authority. Levels of equity in such an evaluation of rights and authority determine the level of gender equity. It is hypothesized that gender equity in decision-making on the number of children to have will be higher for educated spouses than non-educated spouses.

In the study, three local government areas are randomly selected (See table 1). These represent urban, semi-urban and rural locations. Ikeja local government represents urban category, Ojo local government area represents semi-urban category and Epe local government area typifies the rural category. According to the 1991 population census, each local government area was divided into enumeration areas. From each local government area, ten enumeration areas were each randomly selected. Table 1 depicts the local government areas selected, populations, as well as the number of enumeration areas in each. This makes a total of thirty(30) enumeration areas selected for the study. From each enumeration area, 20 married couples; that is 20 husbands and wives were selected. The multi-usage sampling procedure is used in this exercise. At first stage, in each enumeration area 2 major streets were randomly selected from a listing of all major streets. All housing units in each major street were listed. Within each street picked, a selection of 10 housing units, was made from a listing of all houses in each major street selected using a systematic random sampling procedure based on a k factor where k = N/10. Within each selected housing units, a household comprising one currently marred man between the ages of 19-59 and wife age 15-54 were interviewed. A wife who was in polygynous marital union was selected through the lottery method, while all wives in monogamous unions were eligible to be interviewed.

In the State, three out of the existing twenty local government areas were selected for the study. Within each enumeration area selected, a target sample size of 40 representing 20 married couples made up of 20 husbands and one selected wife per man representing a household was made. The selected households were equally distributed in the local government area selected. A total of 1,200 respondents was envisaged to be selected from the three local

government areas, however, a total sample size of 1,072 was eventually utilized in the study.

Results

Gender equity and equality have come to be recognized in recent times as essential elements in development. Available data show that the Nigerian women have lower social status than their male counterparts, lag behind in virtually all areas of development, including access to education, employment opportunities, resources and political power. Socio-cultural norms and practices in Nigeria discriminate against females, which manifest in the prevalence of a number of harmful practices (UNCCA, 2001). These include female genital mutilation or cutting, early married and widowhood rites. Gender equity can indeed affect reproductive behaviour because when women have more autonomy, and the differences between men's and women's roles diminish they gain status and power within a society and thus will begin to control their reproductive lives.

Table 2 represents data on distribution of respondents by gender-equity variables place of residence and sex. It is realized that even though wives do make some decisions, these seem negligible as far as this study is concerned. Analysis in the table shows that as regards household purchases, both spouses noted that husbands make the decisions. Results shows that 75.7 percent of males and 70.1 percent of females agree that husbands make the decisions. On whether the wife should work, while 69.8 percent and 61.7 percent of females in rural and semi-rural areas say husbands make the decisions, only 42.0 percent of urban females say husbands only make the decision. On the other hand, while males in rural (79.8 percent) and semiurban (72.6 percent) areas make the decision only 44 percent of urban males however, make the decision. On the question of how to spend the husband's income, rural, semi-urban and urban spouses indicate that husbands make the decision. Questions on the number of children to have, whether to buy and sell land, whether to use family planning and who decides whether to take a sick child to the doctor, both spouses indicate that the decisions are taken by the husbands.

While male in rural (81.8 percent), semi-urban (53 percent) and urban (51 percent) areas make the decision on who sends children to school, females in semi-urban (56.6 percent) and urban areas (67.5 percent) say both spouses make the decision. Decisions as to who decides when sons should marry and how to rear children are taken by both spouses.

Generally, gender-equity in decision making among spouses is higher for urbanites than among spouses in rural and semi-rural areas. For instance, both spouses in urban areas take decisions on whether the wife works, whether to send children to school, when sons should marry and how to rear children.

To each of the eleven (11) gender-equity variables responses, 'Husband/wife' does is scored 3; and 'Both of us do' is scored 2. This is presented in table 3. The female spouse responses to these questions are presented in table 3.

These item scores are summed to form the decision-making index. The maximum score on the index is 33 and reflects a scenario where the husband/wife makes all household decisions; the minimum score is 22 and represents that both husband and wife jointly make all household decisions. Scores in the range of 22-25 indicate that gender equity in decision-making is high, 26-29 score shows that gender equity in decision-making is moderate. On the other hand, 30-33 score indicates that gender equity in decision-making is low.

Analysis in table 3 shows that rural areas have a score of 31, while semiurban and urban areas have scores of 30 and 28 respectively. Findings in this study reveal that gender-equity in decision-making is low in rural and semiurban areas while only moderate in urban areas. No wonder the genderrelated development index of the Nigerian women (0.425) in 1998 was lower than the average for sub-Saharan Africa (0.459) and much lower than that for all developing countries (0.634) (UNDP, 2000).

Women's lack of autonomy justifies existing power imbalances within the home. There is no gain saying the fact that promotion of gender equity among couples may affect their reproductive preferences. Our findings have shown that irrespective of type of residence, the decision regarding the number of children to have by couples is determined by the husbands. There is therefore no equal decision-making authority among couples as regards the number of children to have.

Reproductive preferences among couples also reveal that males want more children compared to females. In Lagos State, as in other developing society women usually have less power and autonomy than men within the family. High fertility preferences are valued by men as they still take on additional

wives, and men value 'large families because children enhance a person's social status and guarantee support at old age. The status of women is thought to play an important role in influencing the number of children they desire. More importantly, husband's perception of the extent to which their wives have a say in their own lives play a more powerful role than the women's own perception in shaping aspects of up inductive choice (Jejeebhoy, 1995).

There is therefore no doubt that low gender-equity among women continues to affect their reproductive preference. Wives' relative low social status and autonomy negatively affect their reproductive preference. The decision as regards the number of children to have is determined solely by the husband irrespective of type of marital union.

Logistic regression for gender equity variable (Proxy – 'Who makes the decision on the number of children to have) with selected independent variables is shown in table 4. If the answer as to who takes the decision on the number of children to have is joint decision, this takes a value of 1. The value is 0 if either spouse takes the decision. Table 4 reveals that women who have gone beyond secondary education tend to jointly take decision with their spouses on the number of children to have 1.12 times more than those with no education. However, there is no difference for women with no education and those with completed primary and secondary education.

Professional women tend to jointly take decisions with their spouses on the number of children to have 1.53 times more than those who are unemployed. There is no difference for women who are traders, public and civil servants, artisans and those who are employed. Semi-urban women are significantly less likely to take joint decisions with their spouses on the number of children to have than urban women. In a similar vein, men in semi-urban areas are significantly less likely to take joint decisions with their spouses on the number of children to have than urban men. This shows that male and female spouses in urban areas have moderate gender equity in decision making on the number of children they have. This assertion confirms the hypothesis that moderate or high level of gender equity in decision making for spouses on the number of children to have will likely result in lower value placed on children.

Results in the table show that males with tertiary education tend to take ioint decision with their spouses on the number of children to have 1.61 times more than those with no education. This may not be surprising considering our earlier results that educated female spouses have joint decision making authority with their husbands. The results confirm our hypothesis that gender equity in decision making on the number of children to have will be higher for educated spouses than non-educated spouses. And interesting finding is that there is no difference on joint decision on the number of children to have between female spouses with no education and those with primary and secondary education. Although male spouses with secondary education are 1.23 times more likely to have joint decision on the number of children to have with their spouses than those with no education, the relationships is not significant. Male spouses who are professionals and public servants, are significantly more likely to take joint decisions with their spouses on the number of children to have. However, semi-urban male spouses are significantly less likely to take joint decisions with their spouses on the number of children to have than urban male spouses.

Discussion

The study reveals the proposition that gender-equity in decision making among married couples will be higher for urbanites than among married couples in other places of residence. Analysis shows that gender-equity ranking score in the rural areas is 31, while semi-urban and urban areas have scores of 30 and 28 respectively. This shows that gender-equity in decision making is low in rural and semi-urban areas while only moderate in urban areas.

Findings in this study have clearly established that educated spouses jointly take decisions on the number of children to have. For instance, women who have gone beyond secondary education tend to jointly take decisions with their spouses on the number of children to have 1.12 times more than those with no education. Similarly, male professionals have joint decision making authority with their spouses on the number of children to have when compared to males in other occupations. The study validates the hypothesis that gender-equity in decision making on the number of children to have will be higher for educated spouses than non-educated spouses. This findings reinforces earlier analysis that educated spouses have joint decision authority with each other on the number of children to have. Moreover, where there is gender-equity in decision-making on the number of children to have and the

value placed on children is low, this will likely result in fewer numbers of children. Male and female spouses in urban areas have moderate gender equity in decision making on the number of children to have. Male spouses with tertiary education are 1.12 times more likely to be currently using modern contraception than those with primary and secondary education. On the other hand, female spouses with tertiary education were 1.61 times more likely to be current users of contraceptive methods than those with no education. Professional women and those residents in semi-urban areas tend to be current users more than those who are unemployed and those residents in rural areas.

Finding shows that male spouses with tertiary education have significantly fewer children than those with no education. Male and female spouses who are rural and semi-urban residents have significantly more children than those living in urban areas.

Conclusion

The study has shown that gender equity in decision making among married couples is higher for urbanites than for ruralites. Indeed, findings in this study reveal that gender equity in decision making is low in rural and semi-urban areas while only moderate in urban areas. Studies of gender and its relationship to demographic change have indicated that, in general, enhancing women's position in the family and society is important for fostering demographic change. Gender equity in decision making is low among married women irrespective of type of marital union. Low levels of gender-equity in decision making tend to promote high fertility than high level of gender-equity. This is reinforced since reproductive preferences among married couples reveal that male spouses want more children compared to female spouses. Family size in the rural areas is greater than in semi-urban and urban areas.

Gender equity in decision making on the number of children to have is higher for educated spouses than non-educated spouses. Low level of gender-equity in decision-making for spouses results in higher value placed on children. Male and female spouses in urban areas have moderate gender equity in decision making on the number of children to have.

This study has shown that gender-equity in decision-making is low for women compared to me. There is therefore the need to integrate gender equality first, in our constitution and secondly, into national policy and planning. The study has revealed that low levels of gender-equity in decision-

making tend to promote high fertility. There is need to improve access and social mobilization to promote female education.

Table 1: Selected Local Government And Their Enumeration Areas

| Selected Local Government | Number of Enumeration | Population |
|---------------------------|-----------------------|------------|
| | Areas | |
| Ikeja | 510 | 203,383 |
| Ojo | 615 | 295,181 |
| Epe | 175 | 101,464 |

Source: National Population Commission 1991

Table 2: Percentage Distribution Of Respondents By Gender Equity Variables, Place Of Residence And Sex

| Gender Equity | Rural N = 344 | | Semi-Urban | | Urban | | Total | |
|---------------------|------------------|--------|------------|--------|---------|--------|----------|--------|
| Variables | | | N = 368 | | N = 316 | | N = 1028 | |
| | Male | Female | Male | Female | Male | Female | Male | Female |
| Who decides | | | | | | | | |
| household | 88.8 | 78.9 | 76.2 | 70.5 | 62.1 | 59.9 | 75.7 | 70.1 |
| purchases: | 11.2 | 21.1 | 23.8 | 29.5 | 37.9 | 40.1 | 24.3 | 29.9 |
| Husbands | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 |
| Both of us to | | | | | | | | |
| Total | | | | | | | | |
| Who decides | | | | | | | | |
| whether the wife | 79.8 | 69.8 | 72.6 | 61.7 | 44.0 | 42.0 | 65.5 | 58.4 |
| works: | 20.2 | 30.2 | 27.4 | 38.3 | 56.0 | 58.0 | 34.5 | 41.6 |
| Husbands | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 |
| Both of us to | | | | | | | | |
| Total | | | | | | | | |
| Who determines | | | | | | | | |
| the nos. of | | | | | | | | |
| children to have: | 80.2 | 84.6 | 62.7 | 72.3 | 58.5 | 67.5 | 67.1 | 75.0 |
| Husbands | 19.8 | 15.4 | 37.3 | 27.7 | 41.5 | 32.5 | 32.9 | 25.0 |
| Both of us to | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 |
| Total | | | | | | | | |
| Who determines | | | | | | | | |
| whether to buy | | | | | | | | |
| and sell land: | 81.1 | 93.7 | 71.8 | 84.7 | 62.8 | 70.0 | 71.9 | 83.3 |
| Husbands | 18.9 | 6.3 | 28.2 | 15.3 | 37.2 | 30.0 | 28.1 | 16.7 |
| Both of us to | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 |
| Total | | | | | | | | |
| Who determines | | | | | | | | |
| whether to use | | | | | | | | |
| family planning: | 70.8 | 74.1 | 63.8 | 71.0 | 51.9 | 51.1 | 62.2 | 66.0 |
| Husbands | 29.2 | 25.9 | 36.2 | 29.0 | 48.1 | 48.9 | 37.8 | 34.0 |
| Both of us to | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 |
| Total | | | | | | | | |
| Who decides | | | | | | | | |
| whether to send | | | | | | | | |
| children to school: | 81.8 | 58.4 | 53.0 | 43.4 | 51.0 | 32.5 | 55.3 | 45.1 |

| F | | | | | | | | |
|-------------------|-------|-------|-------|-------|-------|-------|-------|-------|
| Husbands | 38.2 | 41.6 | 47.0 | 56.6 | 49.0 | 67.5 | 44.7 | 54.9 |
| Both of us to | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 |
| Total | | | | | | | | |
| Who decides how | | | | | | | | |
| much education | | | | | | | | |
| children should | 63.7 | 72.6 | 58.1 | 67.4 | 51.8 | 54.3 | 57.9 | 65.2 |
| receive: | 36.3 | 27.4 | 41.9 | 32.6 | 48.2 | 45.7 | 42.1 | 34.8 |
| Husbands | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 |
| Both of us to | | | | | | | | |
| Total | | | | | | | | |
| Who decides when | | | | | | | | |
| sons should | 48.2 | 36.2 | 45.2 | 32.6 | 43.8 | 29.3 | 45.7 | 32.8 |
| marry: | 51.8 | 63.8 | 54.8 | 67.4 | 56.2 | 70.7 | 54.3 | 67.2 |
| Husbands | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 |
| Both of us to | | | | | | | | |
| Total | | | | | | | | |
| Who determines | | | | | | | | |
| whether to take a | | | | | | | | |
| sick child to the | 783. | 93.7 | 61.8 | 54.4 | 55.8 | 51.3 | 65.3 | 56.6 |
| doctor: | 21.7 | 34.0 | 38.2 | 45.6 | 44.2 | 48.7 | 34.7 | 43.4 |
| Husbands | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 |
| Both of us to | | | | | | | | |
| Total | | | | | | | | |
| Who decides how | | | | | | | | |
| to rear children: | 32.8 | 27.1 | 35.2 | 13.5 | 36.2 | 11.0 | 34.7 | 17.3 |
| Husbands | 67.2 | 72.9 | 64.8 | 86.5 | 63.8 | 89.0 | 65.3 | 82.7 |
| Both of us to | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 |
| Total | | | | | | | | |
| Who decides how | | | | | | | | |
| to spend the | | | | | | | | |
| husband's income: | 89.2 | 87.7 | 78.2 | 83.2 | 61.8 | 79.2 | 76.4 | 83.3 |
| Husbands | 10.8 | 12.3 | 21.8 | 16.8 | 38.2 | 20.8 | 23.6 | 16.7 |
| Both of us to | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 |
| Total | | | | | | | | |

Note: The variation from the expected sample size is due to the exclusion of non-response for questions to this variable – gender-equity variable

Table 3: Gender-Equity in Decision Making Rankings According to Place of Residence by Female Spouses

| Condon Equity Variables Byrol Comi Urban Urban | | | | | |
|--|------------------|-----------------------|------------------|--|--|
| Gender Equity Variables | Rural N = 172 | Semi-Urban N = 184 | Urban N = 158 | | |
| 77 1 11 1 | N = 172 | N = 184 | N = 138 | | |
| Household purchases Husband alone | 3 | 2 | 2 | | |
| | 2 | 3 2 | 3 2 | | |
| Both of us to | 2 | 2 | 2 | | |
| Whether the wife works | | | | | |
| Husband alone | 3 | 3 | 3 | | |
| Both of us to | 2 | 2 | 2 | | |
| How to spend the husband | _ | _ | _ | | |
| income | 3 | 3 | 3 | | |
| Husband alone | 2 | 2 | 2 | | |
| Both of us to | | | | | |
| The nos. of children to | | | | | |
| have | 3 | 3 | 3 | | |
| Husband alone | 2 | 2 | 2 | | |
| Both of us to | | | | | |
| Whether to buy and sell | | | | | |
| land | 3 | 3 | 3 | | |
| Husband alone | 2 | 2 | 2 | | |
| Both of us to | | | | | |
| Whether to use family | | | | | |
| planning | 3 | 3 | 3 | | |
| Husband alone | 2 | 2 | 2 | | |
| Both of us to | | | | | |
| Whether to send children to | | | | | |
| school | 3 | 3 | 3 | | |
| Husband alone | 2 | 2 | 2 | | |
| Both of us to | | | | | |
| How much education | | | | | |
| children should receive | 3 | 3 | 3 | | |
| Husband alone | 2 | 2 | 2 | | |
| Both of us to | | | | | |
| When sons should marry | | | | | |
| Husband alone | 3 | 3 | 3 | | |
| Both of us to | 2 | 2 | 2 | | |
| Whether to take a sick | <u> </u> | <u>-</u> | | | |
| child to the doctor | 3 | 3 | 3 | | |
| Husband alone | 2 | 2 | 2 | | |
| Both of us to | | _ | _ | | |
| How to rear children | | | | | |
| Husband alone | 3 | 3 | 3 | | |
| Both of us to | 2 | 2 | 2 | | |
| Total | 31 | 30 | 28 | | |
| Total | 31 | 30 | 28 | | |

Note: The variation from the expected sample size is due to the exclusion of non-response for questions to this variable – gender-equity variable

Table 4: Logistic Regression Results on Effects of Gender Equity for Respondents

| Variables | Odds Ratio 'Who Takes The Decision On The Number Of Children To Have' | | |
|----------------------|--|---------|--|
| | Male | Female | |
| Religion | | | |
| Protestant | .623 | .225 | |
| Other Xt. Denom | .234 | .447 | |
| Islam | .131 | .089 | |
| Others (R) | - | - | |
| Income | | | |
| N60,100-120,000 | .102 | .383 | |
| N120,100-240,000 | .301 | .079 | |
| N240,100-360,000 | .523 | .275 | |
| N360,100-480,000 | .428 | .671 | |
| N480,100-600,000 | .237 | .681 | |
| N600,100-720,000 | .103 | .318 | |
| >N720,000 (R) | - | - | |
| Education | | | |
| Primary | .518 | .244 | |
| Secondary | 1.229 | .302 | |
| Tertiary | 1.611* | 1.115* | |
| None (R) | - | - | |
| Age at Marriage | | | |
| 20 – 24 | .133 | .107 | |
| 25 – 29 | .356 | .365 | |
| 30 – 34 | .251 | .256 | |
| 35 – 39 | 1.031 | .084 | |
| 40 – 44 (R) | - | - | |
| Occupation | | | |
| Trading | .621 | .792 | |
| Public/Civil Servant | 1.231* | .662 | |
| Professional | 1.931** | 1.534** | |
| Artisan | .338 | .225 | |
| Unemployed (R) | - | - | |
| Place of Residence | | | |

| Rural | .632 | .382 |
|-----------------------|--------|------|
| Semi-Rural | .803** | .867 |
| Urban (R) | - | - |
| To Help Family Income | | |
| Yes | .256 | .302 |
| No (R) | - | - |

Total n = 512 n = 512- 2 log likelihood 681.027Model chi-square 161.203

** Sig. at p < 0.1

*** Sig. at p < .001

References

Pereira, C. (1999). Feminist Theories. Longman Press.

- Jejeebhoy, S. (1995). Women's Education, Autonomy and Reproductive Behaviour: Experience from Developing Countries. Oxford: Clarendon Press.
- Dixon-Mueller, R. (1993). *Population Policy and Women's Rights:* Transforming Reproductive Choice. Westport, Conn. Praeger.
- Kritz, M. Mary, Makinwa-Adebusoye P. and Douglas T. Gurak. (2000)."The Role of Gender Context in Shaping Reproductive Behaviour in Nigeria", in Harriet B. Presser and Gita Sen (eds). Women's Empowerment and Demographic Processes: Moving Beyond Cairo (eds). International Studies in Demography.
- Frank, D. (1988). The Demand for Fertility Control in Sub-Saharan Africa. *Studies in Family Planning*, 18(4): 181-201.
- Mason, K.O.(1995). "Gender and Demographic Change: What do we know?" *IUSSP Working Paper*, Liege.
- Adewuyi, A. A. and Eniola. F. (1999). "Maternal Mortality Issue and the Role of Men", in A.A. Adewuyi (ed). *Pregnancy Care Understanding Male Involvement in Maternal Emergencies*. Centre

^{*} Sig. at p < .05

- for Research, Evaluation Resources and Development, Oke-Gada, Ede Osun State, Nigeria.
- Raimi and Adesina (1999). Societal Attitudes and Perceptions of Men's Role in Emergency Obstetric Care in A.A. Adewuyi (ed.) *Pregnancy Care-Understanding Male Involvement in Maternal Emergencies*, Centre for Research, Evaluation Resources and Development, Oke Goda, Ede, Osun State, Nigeria.
- National Population Commission (1991). *Nigerian Population Census*, Abuja, Nigeria
- Nigeria Common Country Assessment (UNCCA)(2001). *United Nations Systems in Nigeria 2001*, Abuja, Nigeria.
- United Nations Development Programme (UNDP) (2000). *Human Development Report*, New York.