FERTILITY BEHAVIOUR IN EGOR LOCAL GOVERNMENT AREA OF BENIN CITY, EDO STATE

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TITLE PAGE

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A RESEARCH PROJECT SUBMITTED TO THE DEPARTMENT OF SOCIOLOGY AND ANTHROPOLOGY, FACULTY OF SOCIAL SCIENCES, UNIVERSITY OF BENIN, BENIN CITY, NIGERIA, IN PARTIAL FULFILLMENT OF THE REQUIREMENT FOR THE AWARD OF BACHELOR OF SCIENCE (B.Sc) DEGREE IN SOCIOLOGY AND ANTHROPOLOGY

DECEMBER, 2022

DECLARATION

I, MAJEMITE TEGA, humbly declare that this work titled "" is a result of my resolute research effort carried out in the faculty of Social Sciences, University of Benin, Benin City, Nigeria,under the supervision of **Dr. Michael Ndisika.**

I further wish to declare that, to the best of my knowledge and beliefs, it contains no material previously published or written by another person nor material which to a substantial extent has been accepted for the award of any degree or diploma of any university or other institute of higher learning, except where due acknowledgement has been made in text.

_____ _____

MAJEMITE TEGA **DATE**

CERTIFICATION

This is to certify that this research project tiled “ ” was carried out by Majemite Tega, in the Faculty of Social Sciences, University of Benin, Benin City, Edo State, Nigeria for th award of (B. S. c Sociology and Anthropology)

_____ _____

Dr. Michael Ndisika **DATE**

(Project Supervisor)

_____ _____

Prof. A Austine Dokpesi **DATE**

(H.O.D)

DEDICATION

The research work is dedicated to God almighty, the ultimate provider of life and every perfect gift including wisdom and understanding for his infinite mercies and love showered on me and the enthusiasm to carry out this work successfully.

ACKNOWLEDGEMENT

I wish to express my profound gratitude to god almighty, who sustained me physically and financially throughout the period of this project. \I show my sincere appreciation to my project supervisor, Dr Michael Ndisika. There are no amount of words used that will be enough to say thank you for this guidance and tremendous support throughout this project work. Without his encouragement an fatherly advice, this project will not have materialized.

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Finally, my unending appreciation all my hostel mates, a friends, and course mates in the university of Benin, and to all final year students of Sociology and Anthropology for their love care and support. Thank you all in entirety.My prayer is that god will make a way for each and everyone of us to be successful in life, Amen

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ABSTRACT

This study investigated "Fertility Behaviour in Egor Local Government Area of Benin city, Edo State". The main purpose of this study is to describe and create an understanding of the fertility behaviour which is predetermines the fertility patterns, and is in turn determined by fertility expectations of "fertility actors" in Egor Local Government Area.

Fertility behaviour is a complex and multifaceted phenomenon influenced by a range of individual, social, and cultural factors. In developed countries, fertility rates have been declining for decades and are now below replacement levels in many cases. This review examines the determinants of fertility behaviour in developed countries, including economic, demographic, and attitudinal factors. The role of women's education and employment, family policies, and individual attitudes towards childbearing are particularly highlighted. Overall, this review highlights the need for a multidimensional approach to understanding fertility behaviour developing countries such as Nigeria and the importance of considering both structural and individual-level factors in fertility decision-making.

CHAPTER ONE

INTRODUCTION

1.1 Background of Study

Fertility Behaviour, according to Swicegood and Bean (2001), refers to the the child bearing pattern of women or couples, including the number of births, the timing of births, and associated reproductive behaviours such as union formation (e.g Marriage) and contraceptive behaviour.

Fertility behaviour is the actual reproductive performance of the women during their reproductive age 15-44 (Boland et al., 2020). According to Bhende and Kanitkar, "fertility behaviour is the process of giving birth which is interacted with the ambient environment…" (Bhende and Kanitkar, 1994).

From the above definition, it can be deduced that the factors affecting or determining fertility behaviour are social and include contraceptive use, age union formation (Ciplamed, 2016). Comparatively, the study (of fertility behaviour) is affected by host of factors including biological as well as behavioural (Sharma et al., 2013; Zimmerman, 2016). Studies show that high fertility also directly correlates with poverty (Birdsall and Griffin, 2002; Adepoju 2019; Tuladhar 1987 and Bhende, 1991).

Historically, population growth has been low and steady, because both fertility and mortality was high. In the 1070s, before the industrial revolution, human population was estimated to be around 610 million people (Thomlinson, 1965) and it was not until 1950 human growth trajectory took a big leap, jumping from around 2.6 billion people that year, to 5 billion in 1987 and then 6 billion in 1999 (United Nations, global issues, population growth, retrieved 2022).

There are various factors affecting the increase fertility in a post-industrial such as illiteracy, economic status, unawareness towards fertility, lack of knowledge to use contraceptives, religion and cultural values and norms, early marriage, re-marriage, contraceptive failure, unwanted pregnancy and urbanization etc (Magar, 2009). High fertility can be problematic as it becomes difficult for a country to distribute development facilities equally and easily to all citizen Easterlin (1967). This leads to gradual poverty.

Human fertility is responsible for biological replacement and for the maintenance of human society. (Bhende and Kanitkar, 2001) and therefore an above average understanding of fertility behaviour is important in studying demographic change and growth for societal development. Furthermore, we can deduct from Bhende and Kanitkar's

1994 view that Fertility Behaviour is largely cultural construct as it is biological.

According to Chandiok et al., 2016, the study of human fertility is of paramount in population studies. Human fertility is responsible for the biological replacement and maintenance of the human species, since every society replenishes itself and grows and Benin City is no different. This study strives to understand and describe this phenomenon to aid societal growth and development.

1.2 Statement of Problem

Fertility behaviour intersections with with Demography and Population, and is at the centre of any and all demographic issues the world faces. In 2021, Bruno Tertais, the Deputy Director at Foundation for Strategic Research opined "…demography is at the heart of all major contemporary societal issues", aptly highlighting the serious domestic and global population growth problems of scarcity of water and food, lack of affordable housing, good health care as well as energy and transportation infrastructure. Chuck Burr (2009) believes that we can't resolve many of our most pressing long-term problems until we reduce human population.

This population crisis is seemingly more dire for Africa due to the following factor forecast by the UN:

1. A high average Total Fertility Rate, that the number of children per woman
2. A Young Population
3. Increasing life Expectancy

It is also the UN's prognosis that by the end of the century, Africa could represent up to 40% of the worlds population. Fred Swaniker of the ALN, in 2014 dubbed Africa's increasing population crisis a ticking time bomb.

Government, NGOs and Super-national organizations such as The AU and the UN have as their mission to eradicate poverty and alleviate standards of living. This is codified in the MDGs, and understanding Fertility behaviour and its dynamism over time is important in understanding the population Economic which are directly fore-bringers of Poverty and/or prosperity and solving many of the regions population related problems, while edging the country by extension toward attainment of the MDGs. But a lighter issue arises here, data and studies of fertility behaviour is scarce if not non-existent in Nigeria on Nigerians, making it difficult for policy makers to make sound policies and decision based from first-hand knowledge from the people their policies affects,

but rather depend on the estimations of foreign organizations, who often mean well, but are disjointed from the social reality in Nigeria, hence their data and estimations may be inadequate.

1.3 Research Questions

1. What are the child bearing patterns in Egor Local government?
2. What are the determinant of the child bearing pattern in Egor Local Government Benin?
3. What are the Fertility Intentions and fertility expectations of "Fertility Actors" such as women and couple?
4. What are the correspondence between Fertility intentions, fertility Behaviour and the resulting Total Fertility Rate in Egor Local Government
5. How has Fertility Behaviour shaped and Influences demographic change in Egor Local Government in Nigeria?
6. What are the factor that influence and determine Fertility Behaviours in Egor Local Government?
7. What approaches or strategies can be employed to influence or direct Fertility Behaviour towards sustainable fertility practices and Fertility Rate in Egor Local Government?

1.4 Objective of The Study

The objective of this study is tripartite in nature. It is thus:

1. To describe the child-bearing patterns in Egor Local Government Area
2. To describe determinants of the child bearing pattern in Egor Local Government area
3. To identify the Fertility Intentions and expectations of fertility of "Fertility Actors" such as women and couples in Egor Local Government
4. To explain the correspondence between fertility intentions, fertility Behaviour and the resulting Total Fertility Rate in Egor Local Government
5. To examine how fertility behaviours has shaped and influence demographic change?
6. To examine the factors that influence and determine Fertility Behaviour in Egor Local Government?
7. To Proffer approaches or strategies can be employed to influence or direct Fertility Behaviour towards sustainable fertility practices and Fertility Rate in Egor Local Government.

1.5 Significance of Study

1. This study will increase public understanding of social reality of Fertility Behaviour
2. This study will provide a fresher view of Fertility Behaviour directly linking it to population growth, demographic change and population economics.
3. This study will, by collecting and reviewing the on Fertility Behaviour, provide readily available knowledge to experts and policy makers on the patterns and dynamism of fertility behaviour and how it affect population growth and demographic change in Egor Local Area of Benin, while also encouraging more research on Fertility behaviour in Nigeria.
4. Through this research, research will get a foundational knowledge of the social and cultural reality of Fertility behaviour in Nigeria, provide scarce and first-hand data to enable deeper dig deeper, critically and better into the field.

1.6 Scope of Study

This study will cover Egor Local Government Area, Benin City, Edo State, and the communities within it. The study population will be females of reproductive age, that is from 16-45.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

In the discourse and study of the Fertility as a subject matter, it is instructive that related **Empirical Literature** be reviewed, as well the **Theoretical Framework**, as this covers and could give insight on the assumption of fertility and "Expected Fertility Behaviour" as well as methods to control Fertility.

2.2 Review of Empirical Literature

Fertility in hindsight is determined by different physical factors and their dynamic interplay with social, cultural, religious, economic and modernization factors. It is an important phenomenon in the field of Demography as the demographer views it as the "shaper" of Demographics, although different demography schools argue on how fertility shapes demography.

The rapid population boom in Nigeria and similar third world developing country is due to high fertility rates, relatively lower mortality rate compared fertility rates, Social and Economic Structure and factors Availability and access to Family Planning Programme, Norms and traditions about family size.t.c (Bhende and Kanitkar, 2003). Several

Studies relating to fertility have attempted to explain the determinants and nature of fertility behaviour. They are summarily discussed and presented below:

2.2.1 Education And Fertility

Education is one of the major determinants of fertility behaviour among human. There is an astute relationship between these two variables and they are inversely proportional, which translates to mean increase in education attained results decrease in fertility rate and decrease in education attained results in an increase in fertility rate. A UN study in 1973 showed high fertility among the women with just elementary level of education than those with graduate degree in USA.

In the Nigerian context education has been considered to be a cataclysmic agent to cause a decrease fertility rate. Educated women are likely to be aware and sensitive of the issue of quality of children than their non-educated counterparts (Risal and Shrestha, 1989). Education helps to reduce fertility, morbidity and mortality. The sustained increase in Female education leads to women's empowerment and consequently a reduction in family size (UN, 1994).

2.2.2 Occupation, Income And Fertility

Studies have shown that parents with higher income tend to have few er children. The production and distribution system in the society are inversely related in the context of fertility. Also with more engagement with occupation which goes outside the home environment, there tend to be reduced fertility (Dahal, 1993: 85).

Adhikari (1992), Risal and Shristha (1998) studies obtained that that the jobs of women was related to child bearing patterns, better educational prospects. The mean age of marriage was 21 years for administrative workers and 18 years for the women working in the informal sector form.

2.2.3 Age At Marriage And Fertility

Marriage is cohabitation of two opposite sex in a legal union for the purpose of creating a family. Many studies point to a relationship between fertility and age at marriage. It reveals that women who marry late have less number of children and total Fertility, while women that marry early have more children.

A study claims that if women marry between the ages of 20 and 24 years they would gave similar fertility as those who marry before age 20. If the

marriage age is 35 or over would there be a significant reduction of fertility. Perhaps this is one of the reasons for persistent high fertility in Nigeria considering early marriage is socially desirable and encouraged (Karki, 2003). The number of child ever born affects the socio-economic condition of the people in the country. Empirical study have shown that number of children ever born and poverty are positively associated. The maternity health and family planning are interrelated and they together have an impact on the quality of population.

2.2.4 Locality of The Household

Urban women have better access than rural ones to contraception, information about contraception, and health-care providers in case they face a problem in using contraception. Mishra et al. (1999) reported that in rural areas, to have an additional child is one of the main reasons not to use contraceptive. It is consistent with a desire for larger family and higher fertility. Want to replace the dead child with a new child is more prevalent in rural as compared to urban areas, that is consistent with higher child mortality and fertility in rural areas. Studies show that urban women are more likely to use contraceptive than rural one (see Hakim 2000; Fikree et al. 2001). The possible explanation may be that majority of the women in rural areas are illiterate and unaware of the female health and socio-cultural values are strict (See, Agha 2000). There is limited

supply of publicly provided contraception, or limited knowledge of contraception and/or prejudice against using modern contraception for rural population. Rural women contribute to household production but their work is not recognized by families (Sathar and Kazi 2000). So status of the women remains low, which keeps the decision making authority of women low in the households. The exposure to electronic mass media is also low for rural women which affect their contraceptive behaviour (Mishra et al. 1999).

On the other hand all the better facilities for family planning services exist in urban areas. The easy access to modern health-care and hospital facilities in urban or semi-urban areas results into a greater use of contraception in these areas.

2.2.5 Conceptual Model of Fertility Behaviour In Egor LGA

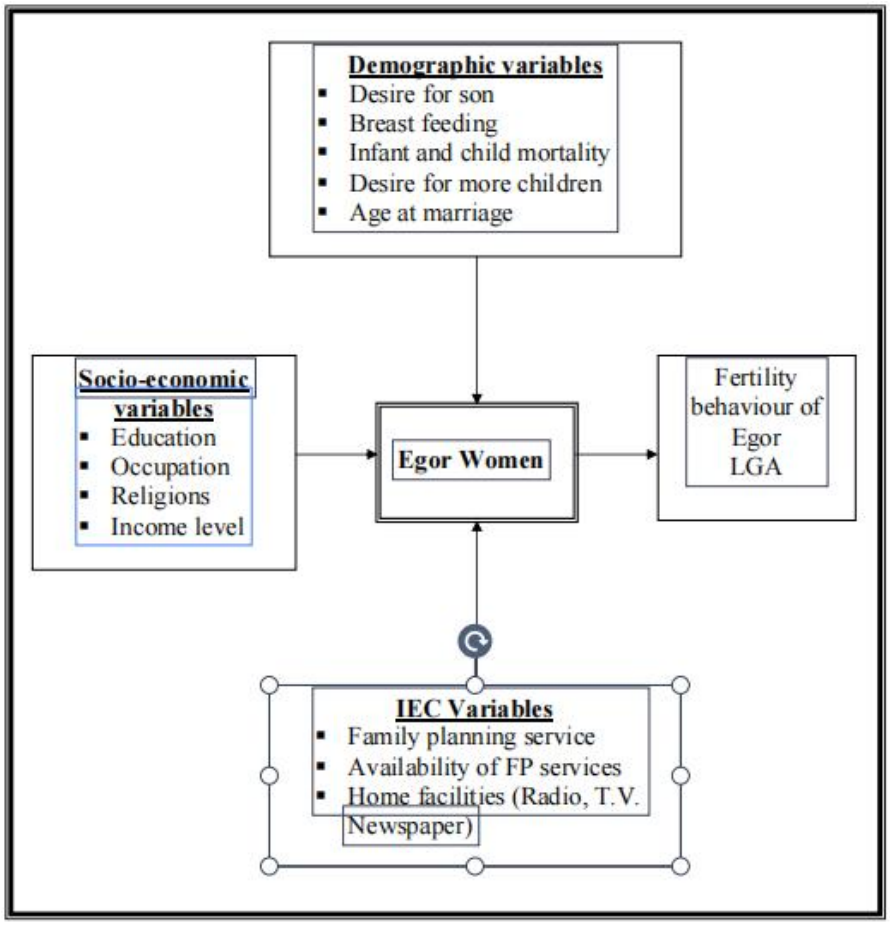


FIGURE 1

2.3 THEORETICAL FRAMEWORK

The theories below can be used to explain Fertility behaviour and a synthesis of them creates a Framework and blueprint on which the subject can be studied. The theories were treated upon in the Theoretical Literature part of this paper a follows:

i. Economic value of children
ii. intergenerational wealth flows
iii. Proximate determinants of fertility
iv. Institutional determinants for fertility change
v. the ideational theory
vi. gender and family system in the fertility transition

There are mainly two thoughts, representing distinct generations of Demography that can be identified with the fertility theory. The first generation fertility theory is derived from the classical demographic transition theory, which has dominated demographic thinking for half a century. This theory was prognosticated by Thompson in 1920, but expounded upon and made up in it classical form largely by Notestein (1945, 1953). It places a broad panoramic emphasis on social and economic modernization. In general terms, Demographic Transition Theory can be characterized by four phases. Viz:

1. An initial phase of high fertility and mortality,

2. A second phase where mortality falls and fertility remains high resulting in rapid population growth,
3. A third phase where fertility drops, slowing growth,
4. And a final phase of low mortality and low fertility.

Transitions in fertility were explained on the basis of the modernization theory (Notestein, 1945) and of cultural diffusion perspective (Coale, 1973). According to Notestein, in traditional rural agricultural societies, fertility was seen as necessarily high to offset high mortality to ensure population survival, as a society develops (modernize) economic and social changes such as industrialization, urbanization and increased education. This first, inevitably leads, to a decline in mortality and subsequently also to a decline in fertility.

The second generation of demographic thought relating to fertility theories paid attention to the nature of political, economic and cultural issues and focuses on a local level perspective. The key point here is salience of micro level process toward understanding fertility. Topics covered in these studies included the "economic value of children" (Becker, 1960, 1981), (Easternlin, 1975, 1978); "intergenerational wealth flows" (Caldwell ,1976, 1982); Proximate determinants of fertility (Bongaarts 1978, 1982; Bongaarts and Potter, 1983), Institutional determinants for fertility change (McNicoll, 1980, 1992, 2001) the ideational theory (Cleland and Wilson, 1987), and gender and family

system in the fertility transition (Moson, 1987, 2001). Each theoretical approach outlined above is linked to the classical demographic transition theory (Cited from Subedi, 2006), and understanding them affords one the platform to appreciating theoretically and practically,the classical demographic theory.

2.3.1 Economic Value of Children

An article on Quartz, on August 2017 was titled, “Children Aren’t Worth Very Much, That’s Why We No Longer Make Many” commenting on the nineteenth and twentieth century decline in fertility that began in rich, western countries and spread to the rest of the world. In his political economy book of 1996 “Westernization of the World”, Serge La touche noted that on from the 1800, to current day, the west had begin to exert idealization and cultural dominance over the rest of the world and one can infer that the fertility practices trickled to the rest of the world, especially those with similar economic configurations, that is,as noted in the aforementioned quartz article, “The transformation of countries from predominately agricultural to predominately urban [societies]”. For one, in agricultural society, a child’s labour contributed positively the family as the child[ren] can engage is weeding, soil tilling, harvesting and light agricultural practices that makes farming easier and faster, giving the child high economic value, this can be noted in pre-colonial agrarian

African society where more children denotes ‘wealth’ and why (relatively poorer and agrarian) African men want more children than their wives, V Ebin (Oct. 1996). But in urban societies where child labour and employment of children is restricted and criminalized, and where the economic is industrialized rather than agrarian, children began to have negative economic value, as they can’t be used to work and it take greater economic means to care for and maintain, as children are not normal goods but bundles of claims, like a liability even, to the parents, than in agrarian societies.

2.3.2 Intergenerational Wealth Flow

Inter-generational wealth flow is a fertility theory that simply proposes that children produces more than they consume, and so provide a net value/ wealth to parents. It is in contrast to the “Economic Value of Children Discussed above. The theory predicts that the wealth of the parents increases by having more children. Firstly this can be seen poor countries or communities where children have to work at young ages, providing a net to the parents. But the chief proponent of this perspective, Caldwell, argues in 1976 that children also care for elderly or sick parents in adulthood, so consequently parents should have more children, he argues, further, that children’s work and support in old age jointly results in contributions of children to parents being greater than those from

parents to children over their jointly lifespan. This does raise a digressive question: ‘are “old people homes” more common in western countries because they have less children compare to poorer countries, as there are insufficient number of adult children willing to taking care of their elderly and/or Ailing parents?

2.3.3 Proximate Determinants of Fertility

Proximate determinants of fertility are those behavioural and biological determinants that directly influence fertility and hence fertility behaviour, through socio-economic cum ecological multivariate on the rate of childbearing in the society. To Bongaarts (1984) the chief proponent of Proximate determinants of fertility, the proximate aggregate principal factors are:

1. Proportion of married women among all unmarried women of reproductive age (this model has been revised as it assumes
2. Effects of contraception;
3. The effect of sexual exposure;
4. The effects of induced abortion
5. Post-partum in-fecundity/insusceptibility

Bongaarts hold that these factors were most important to discerning fertility and fertility behaviour viz-a-viz reproductive

behaviour. To Davis and Blake (1950) there are eleven proximate determinants of fertility, including the above and more such as:

1. Sterility
2. Frequency of Sexual intercourse
3. Intrauterine mortality (spontaneous)
4. Rate of induced abortion
5. Duration of fertile period

This less simplified model by Davis and Blake can be seen as indirect proximate determinants, such as cultural, psychological, economic, social, health and environmental elements of fertility behaviour.

2.3.4 Institutional Determinants For Fertility Change

Here fertility and fertility behaviour is seen as effect of the prevalent economic cum social configuration (Stokes, 2010). Stokes also noted that "fertility behaviour occurs in the context of the cultural and institutional environment". That is, how one lives, where one live, what one lives on (i.e occupation) are all structurally relevant in the determination of ones fertility behaviour. Geoffrey McNioll (1980; p.443) gives a "structural explanation for fertility"; he notes that structure comprises of pressures that directly or in directly influence fertility [behaviour], such as work, marriage laws, or social pressures to conformity such as religions. He also an overview of "Institutional Statics and dynamics" (p. 454) which

succinctly explores the ways institutional and structural configurations influence the fertility decision making environment of individuals. In the "segmented decision making environment", McNoil, (1980) suggest that fertility behaviour takes place in a particular institutional and cultural environment, and responds to alterations in that environment. The above statement is giving with the assertion that a person does not experience his environment as a whole, but as separate domain, therefore said person's fertility behaviour is determined viz influenced by the particular segmented domain they inhibit.

2.3.5 The Ideational Theory of Fertility Transition

It can also be called demographic transition theory in population studies. The main argument here is that the growth of certain knowledge, strength, attitudes and values inadvertently lead to the a modification infertility behaviour and a decline in fertility (Casterline, 2001). It can be seen as a culture-centric perspective on fertility behaviour. It holds that idealization rather structural cum economic change, lies at the heart of fertility transition (Cleland and John, 1987)

This perspective to account for why school, increased education, more or less results in a decline in fertility, (Garbett, 2022)

CHAPTER THREE

METHODOLOGY

3.1 Introduction

This chapter deals with the systematic cum scientific processes used in carrying out the research work of this study. It entails apt description and exploration of the Research Design, Research Population, Sample Size and Sampling Techniques, the Methods of data collection, collation and analysis as well as the instruments used and its application therein.

3.2 Research Design

Research design is concerned with the decision that has to be taken or put into consideration that will help the researcher to collect and analyze data.The research design adopted for this study is the case-study research design. The case study research design was chosen for it ability to afford in-depth and detailed study of the subject, this fit into the problem and the objective of the study stated in the first chapter. The case study research design is useful to test the applicability of specific theories or model on the real life phenomena, making it especially useful in study social dynamics and relationships such as that found in the study.

3.3 Research Population

According to gay (1987),” the population is the group of interest to the researcher, the group size to which he would like the results of the study to be generalization”

The Research Population or Population of the Study is the census of all items or subject that possess the characteristics or that have knowledge of the phenomenon being studied. The research population include women in the communities of EGOR Local Government Area. Women in this study is defined as an adult female human beings, with adulthood starting legally from 18 years of age.

3.4 Sample Size

The sample or sample size is the number of respondents selected from the Research Population. Respondents were selected by age groups of 5 years. This works out as 18-23, 24-28, 29-33, 34-39, 40-44, with Fifteen (15) respondents per age group, totalling Seventy-Five (75) respondents.

3.5 Sampling Technique

Stratified Random Sampling was employed in the Research, so as to ensure a representative data collation. The strata in this study were the age group. Random sampling, convenience sampling as well as snowballing were adopted to select the respondents from the aforementioned communities of Ovia North East Local Government.

3.6 Method of Data Collection

Primary source were the chief method of data collection in the course of this research. Primary Data collection refers to the direct collectible and summation of data from the the research group/sample population/research respondents.

3.7 Data Collection Instrument

Semi-Structured questionnaires and unstructured, open ended questionnaires will be employed in order to get qualitative data for the research of this study.

3.8 Method of Data Analysis

The data collected wan analysed based on descriptive statistics such as frequency and percentage distribution,histogram and pie chart,inferential statistics such as Pearson correlation was used to analyse the collected data.

CHAPTER FOUR

DATA PRESENTATION AND ANALYSIS

This chapter presents the data collected from the respondents. Seventy-five questionnaires were administered and seventy-five were responded to returned for analysis.

The first part is the presentation of socio-demographic data of the respondents, simple percentage and pie charts was used to analysed the responses; for the second part relevant questions were selected and analysed for testing.

SECTION A

4.2 Social-Demographic Data

Table 4.2.1: Distribution of Respondents By Age

AGE	FREQUENCY	PERCENTAGE
18-23 YEARS	14	18.7%
24-28 YEARS	16	21.3%
29-33 YEARS	15	20%
34-39 YEARS	15	20%
40-45 YEARS	15	20%
TOTAL	75	100%

Source: Field Work, December 2022

The distribution on age shows that the research equally across each data-set. With the respondent of age sets 29-33 years, 34-39 years, 40-45 years,

occurring 20% of the time with 15 respondents each, while age set 18-23 occurred 18.7% of the time with 14 respondents and 24-28 occurring 21.3% of the time with a frequency of 16.

Table 4.2.2 Distribution of Respondents By Marital Status

MARITAL STATUS	FREQUENCY	PERCENTAGE
Never Married	30	40%
Married	42	56%
Divorced/Separated	3	4%
TOTAL		

Source: *Field work, December 2022*

The distribution by Marital Status shows that 40% of respondents were never married, occurring with a frequency of 30, while 52% of respondents were married, occurring 42 times,in the research sample. Consequently only 4% of respondents were Divorced/Separated with a frequency of 3.

Table 4.2.3: Distribution of Respondents By Religious Affiliation

RELIGIOUS AFFILIATION	FREQUENCY	PERCENTAGE
ISLAM	28	37.3%
CHRISTIANITY	42	56%
NON-RELIGIOUS	5	6.7%
TOTAL	**75**	**100%**

Source: Field work, December 2022

The above table shows the religious affiliation of respondents. With 56% of the respondents affiliated with Christianity, with a frequency of 42, while 37.3% of the respondents are affiliated with Islam, occurring 28 times, then 6.7% of the respondents are non-religious with a frequency of 5.

The finding above are similar to the religious demographic patterns obtainable in of Egor Local Government.

Table 4.2.4: Distribution Of Respondents By Levelof Education

EDUCATION LEVL	FREQUENCY	PERCENTAGE
Primary Education	1	1.3%
Secondary Education	10	13.3%
Tertiary Education	51	68%
Post-graduate Education	13	17.3%
TOTAL	**75**	**100%**

Source: Field work, December 2022

The above table showing the distribution of respondents by Education level, depicts that 68% of the respondents attained Tertiary Education with a frequency of 51, while 17.3% of the respondents attained post-graduate education with a frequency of 13, an 13.3% of the respondents attained Secondary school education, occurring 10 times. Finally only 1.3% of the population attained only a primary school education, occurring just 1 time.

Table 4.2.5: Distribution Of Respondents By Employement Status

EMPLOYMENT STATUS	FREQUENCY	PERCENTAGE
Employed (White-collar)	34	45.3%
Employed (Blue-collar)	13	17.3%
Self-employed	24	32%
Unemployed	4	5.3%
TOTAL	**75**	**100%**

Source: Field work, December 2022

In the above table, 25.3% of respondents are employed (white-collar) with a frequency of 34, while 17.3% of respondents are employed (blue-collar) occurring 13 times, then 32% of respondents are self-employed, occurring 24 times and 5.3% of respondents are unemployed with a frequency of 4.

SECTION B

4.3 Presentation Of Relavant Data

This section presents the data collected on relevant questions according to the Research Questions in chapter one, it utilises tabular analyses and the use of Bar-charts and Pie-charts.

4.3.1 Research Question 1: What are the child bearing patterns in Egor Local government?

The child bearing patterns can be observed from question 9 and question 12. The data is presented below:

Table 4.3.1.1 How Many Children Do You Have?

NUMBER OF CHILDREN	FREQUENCY	PERCENTAGE
0	22	29.3%
1	23	37.7%
2	14	18.7%
3	8	10.7%
4	4	5.3%
5	-	-
6	4	5.3%
7	-	-
8	-	-
OVER 8	-	-
TOTAL	-	-

Source: Field work, December 2022

Table 4.3.1.2 What Factors Influenced Your Decision To Have Children?

FACTORS	FREQUENCY	PERCENTAGE
Religious Reasons	22	29.3%
Financial Reasons	13	17.3%
Education and Career	9	12%
Personal Preference	29	38.7%
(Other) Spouse Preference	1	1.3%
(Other) Combination of all options	1	1.3%
TOTAL	**75**	**100%**

Source: Field work, December 2022

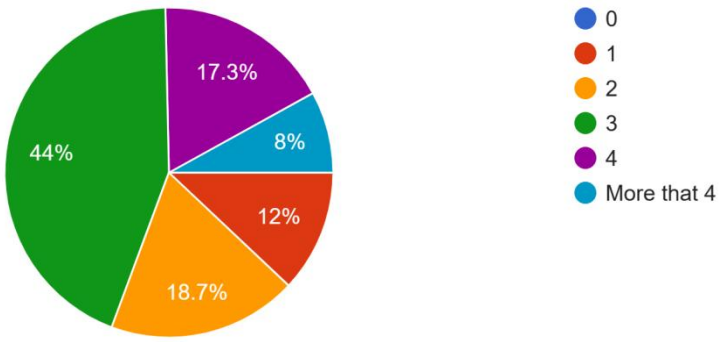
4.3.2 Resaerch Question 3: What are the Fertility Intentions and fertility expectations of "Fertility Actors" such as women and couples?

Fertility intentions and fertility expectations can be observed from questions 11 (What is the ideal number of children you plan to have?) and Questions 18 (Have you ever used any method of family planning?)

Table 4.3.2.1 What is the ideal number of children you plan to have?

IDEAL NO. OF CHILDREN	FREQUENCY	PERCENTAGE
0	-	-
1	9	12%
2	14	18.7%
3	33	44%
4	13	17.3%
More than 4	6	8%
TOTAL	**75**	**100%**

Source: Field work, December 2022



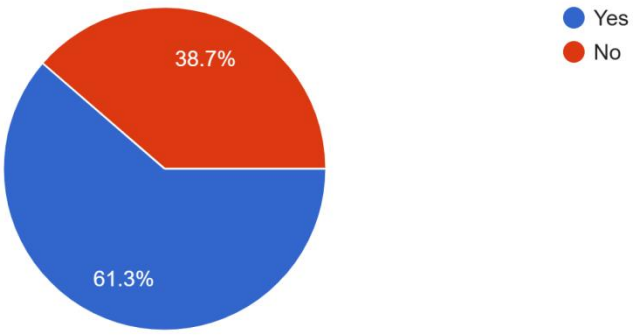
Pie-chart showing respondent ideal number of children

Source: Field Work, December 2022

Table 4.3.2.1 Have you ever used any method of family planning?

RESPONSE	FREQUENCY	PERCENTAGE
YES	46	61.3%
NO	29	38.7%
TOTAL	**75**	**100%**

Source: Field Work, December 2022

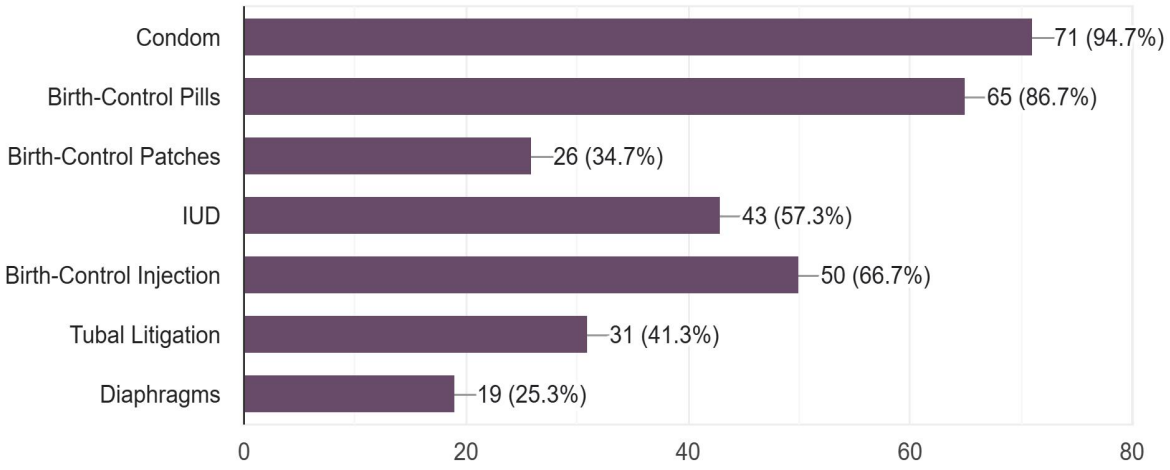


Pie chart showing respondent use of family planning methods

Source: Field Work, December 2022

4.4 Presentation of Collected Data

4.4.1 Knowledge of Family Planning Method

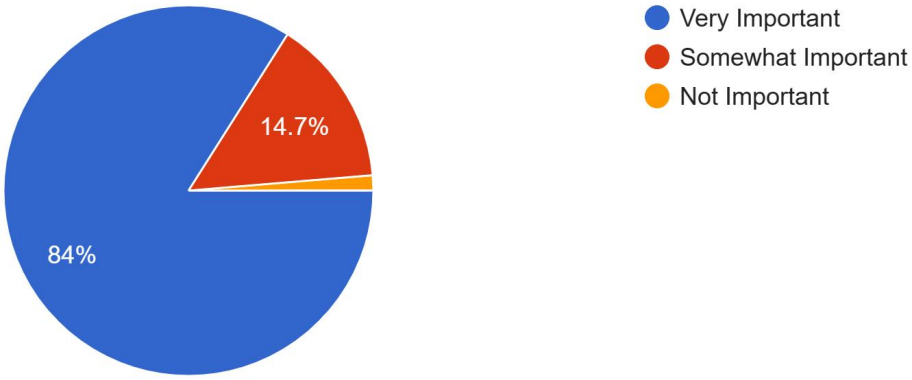


Bar Chart showing respondents knowledge of family planning method

Source: Field work, December 2022

The above Bar-charts shows respondents knowledge on the types of family planning methods available to them. The most known family planning method is the "Condom" which 94.7% (71) of respondents claim to know, while the least known family planning method is the "Diaphragms" with only 25.3%(19) of respondents know, followed by Birth-control patches (34.7%, 26), Tubal Litigation (41.3%, 31), IUD (57.3%, 43), Birth-control injection (66.7%, 50) and Birth-control Pills (86.7%, 65)

4.4.2 How Important Is Starting A Family To Your Partner?

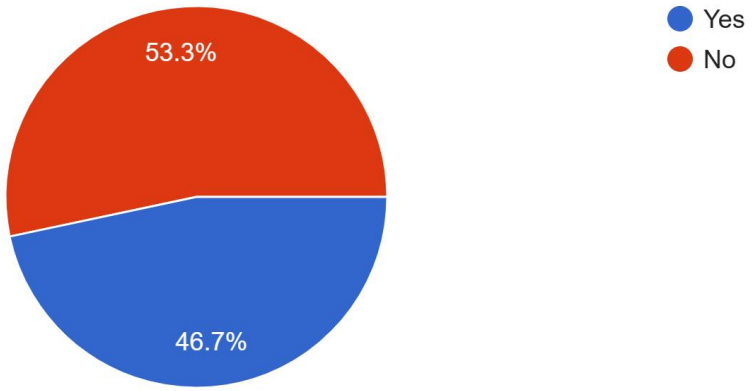


Pie-chart showing the Importance of starting a family to respondents

Source: Field Work, December 2022

The pie-chart above shows that to 84% (63) of the respondents starting a family is Very Important, while to 14.7% (11) of the respondents, starting a family is Somewhat Important, and to 1.3% of the respondents (1) starting a family is Not Important.

4.4.3 Do you have any cultural or religious beliefs that influences your decision to have children?

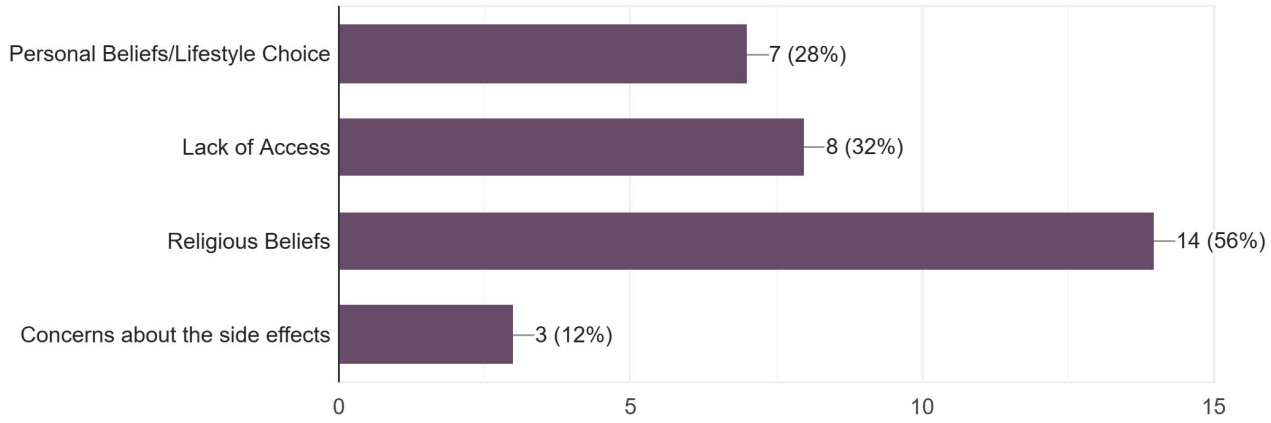


Pie-chart showing cultural/religious belief influence on respondents fertility behaviour an child bearing.

Source: Field Work, December 2022

The above Pie-chart depicts whether cultural/religious belief in influence, fertility behaviour and child bearing of respondents.46% (35) of respondents responded YES, that cultural/religious belief influence their decisions to have children while 53.3% (40) of respondents answered NO, that cultural/religious beliefs do not influence decisions to have children.

4.4.4 If no, (do not use family planning methods) why do you not use you any family planning methods?



Bar-chart showing the reasons why respondents do not use family planning methods.

Source: Field Work, December 2022

The above bar chart shows the reason why respondents do not use family planning methods. In the response to the questionnaire 25 respondents answered that they do use family planning methods. Of the 25, 56% (14) hold that Religious Beliefs are the reasons for not using family planning methods. Personal Beliefs/Lifestyle choice accounts for 28% (7) of respondents reasons, 32% (8) for lack of access and 12% (3)for concerns about the side effects.

4.5 Findings

The following are the main findings of the Study:

1. Divorce is uncommon among females of child bearing age in Egor local government, with only 4% of respondents being divorced as opposed to 56% for married and 40% for never married. Also All divorced respondents have a monthly income of N100,000 to N300,000, have 3 or children, and do not plan or hope to have any more children.

2. Religion plays a central but diminishing role in influencing fertility behaviour especially among the younger demographic 18-23 years of age and 24-28 years of age.

3. Family planning discussion with spouse is not common,with 60% f respondents saying they do?have not discussed child bearing plans with their spouse

4. Personal preference (38.7%) and religious preference (29.3%) are the biggest influence of respondents ideal number of children

5. 3 children are ideal number of children of 44% of respondents, the most, with 2 children (18.7%) and 4 children (17.3%) coming next.

6. Starting a family is Very important to 84% or respondents and 68% believe starting a family is Very important to their spouses

7. 69.3% or respondents do not feel adequately informed about fertility and reproductive options.

8. Majority of the respondents (68%) have attained tertiary education.

CHAPTER FIVE

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

5.1 Summary

This research was conducted for the sole purpose of describing and providing a blueprint to understand fertility behaviour in Egor Local government area.The descriptive method was used in the research and strtefiedrandom sampling was employed. The semi-structured questionnaire was instrumented in data collection and the respondents are women of child bearing ages, domiciled in Ego local government area.

The findings of the research are as follows:

i. **What are the child bearing patterns in Egor Local Government Area?:** From the research we observe that 30 or 40% of the respondants have between 2-6 children, while 23% have one child.

ii. **What are the determinants of child bearing patterns in Egor Local Government?:** The determinants of child bearing patterns in Egor LGA are: Religion (29.3%), Personal preference (38.7%), financial reason (17.3%) and Career/Education (12%)

iii. What are the fertility intentions and fertility expectations of "fertility actors" such as women and couples?

From the research it is observed that 44% of respondents wants to have at least 3 children,while 2 and 4 children account for 18.7% and 17.3% respectively.

5.2 CONCLUSION

Child bearing has cultural underpinnings in Egor LGA and religiosity also features. But with the current of the economy, it has increasing had financial considerations as well as educational ones. The research shows that to an absolute majority of respondents having at least a child is must and also they have at least least a child and posit that 3 to 4+ number of children is the ideal.

Fertility Behaviour in Egor Local government is still geared towards have on average more than two children. This is largely due to the overtly traditional nature of the country as regards to fertility and child bearing, and the religiosity of the country, between two Abrahamic religions Christianity and Islam where children are seen as gifts from lord and the more one has, the better off one is. But despite this the younger demographic are having less and children. The could be due to their academic level (on average a tertiary education for the demography 18-28), financial conditions of the control, or knowledge of more family planning methods (contraceptive), more time spent at work(more women work on average of 7 hours daily 5 days a week)|. While this is good news for reducing fertility rate, there still lie visages of high fertility rate such as high importance of raising a family, high expected number of children (4) and less information of fertility and reproductive options.

It should be noted that while fertility rate seem to be slowing down, this not entirely true and it is actually remaining more or less the same. This spells unwelcome news for general population growth.

5.3 RECOMMENDATIONS

1. This research is only related to a small sample in Egor local government area on women's fertility and family planning behaviour. So, conducting research on larger samples and other areas and ethnic grouping will have provide more information and variation between them.

2. This study examined mean fertility only by socio-economic and demographic variables. So, in a future research, other ecological, biological and physiological variables can be taken consideration to fertility behaviour to create a more balanced understanding of this phenomenon.

3. There is need for government to increase the availability of information on fertility and reproductive options, through various forms of media such as the internet, television and radio.

4. There should be an increase in the supply of female health and family planning facilities Egor LGA, it may increase contraception use by women. The awareness about the women rights and equal social status may also help a lot.

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APPENDIX

DEPARTMENT OF SOCIOLOGY AND ANTRHOPOLOGY
FACULTY OF SOCIAL SCIENCES
UNIVERSITY OF BENIN,ENIN CITY, EDO STATE

Dear Respondents,

QUESTIONAIRE COMPLETION

This questionnaire solicits relevant data on the study: **"Fertility Bahaviour In Egor Local Government Area"**. This research work is in partial fulfilment of requirements for the award of a Bachelor of Science (B.Sc.) degree in Sociology and Anthropology.

Please answer the questions below to the best of your knowledge or perceptions. Thank you in anticipation of your responses and cooperation

Yours Faithfully,

Majemite Tega

Kindly Read the questions carefully and answer where relevant.

SECTION A: DEMOGRAPHIC DATA

How old are you?

18-23 [ ] 24-28 [ ] 29-33 [ ] 34-39 [ ] 40-45 [ ]

What is your marital Status?

Never Married [ ] Married [ ] Divorced [ ]

What is your religious affiliation?

Islam [ ] Christianity [ ] Non-religious [ ] Others (specify)____

What is your level of education?

Primary [ ] Secondary [ ] Tertiary [ ] Post-graduate [ ]

What is your employment status?

Employed (White-collar) [ ] Employed (Blue-collar) [ ] Self-employed [ ] Unemployed [ ]

SECTION B

If employed, how many hours a day do you work?

Less than 4 hours [ ] 4 to 6 hours [ ] 7 to 9 hours [ ] 10 hours and above [ ]

If employed, how many days a week do you work?
Less than 5 days [ ] 5 days [ ] 6 days [ ] 7 days [ ]

What is your current level of income

Less than N35,000/month [ ] N36,000 - N100,000/month [ ]

N100,000 - N300,000/month [ ] Above N300,000/month [ ]

How many children do you have?

0 [ ] 1 [ ] 2 [ ] 3 [ ] 4 [ ] 5 [ ] 6 [ ] 7 [ ] 8 and above [ ]

Do you plan to have more children in the feature?

YES [ ] NO [ ]

What is the ideal number of children you plan to have?

1 [ ] 2 [ ] 3 [ ] 4 [ ] 5 and above [ ]

What factors influenced your decision to have children?

Religious Reasons [ ] Financial Reasons [ ] Education and Career Others (specify) [ ]

How important is starting a family to you?

Very Important [ ] Somewhat Important [ ] Not Important [ ]

How important is starting a family to your partner?

Very Important [ ] Somewhat Important [ ] Not Important [ ]

Have you or do you discuss fertility and child bearing plan with your partner or spouse?

YES [ ] NO [ ]

Do you know of any family planning methods?

YES [ ] NO [ ]

What family planning methods do you know about?

Condoms [ ] Birth Control Pills [ ] Birth Control Patches [ ] IUD [ ] Birth Control Injection [ ] Tubal Litigation [ ] Diaphragms [ ]

Have you ever used any method of family planning?

YES [ ] NO [ ]

If no, why do you not use you not use any family planning methods?

Personal Beliefs [ ] Lack of access [ ] Religious Beliefs [ ] side effects [ ]

Do you have any cultural or religious beliefs that influences your decision to have children?

YES [ ] NO [ ]

Have you ever received any fertility related guidance or support from your religious community?

YES [ ] NO [ ]

Do you feel adequately informed about fertility and reproductive options?

YES [ ] NO [ ]