



**SOCIO-CULTURAL AND ECONOMIC  
DISINCENTIVES AND INCENTIVES FOR  
REDUCTION IN FAMILY SIZE IN  
RIVERS STATE OF NIGERIA**

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## Introduction

### Statement of the Problem

For about three decades now, there has been a renewed interest in the adverse consequences of population explosion not only for developing countries but the world over. The enormity of this problem was first highlighted at the first World Population Conference held in Bucharest in August 1974. At that time the belief, mostly from developing countries, was that rapid population growth was a manifestation of more fundamental problems of underdevelopment and unequal utilisation of global resources between the rich and poor nations. Accordingly, it was felt that population growth rate would be slowed down if socio-economic development was accelerated sufficiently. Population was seen more as a resource that ought to be developed. This was further amplified in the 1984 Mexico city and Arusha, Tanzania Population Conferences. The general agreement was that a population policy was necessary to guide population growth in a positive direction. Each government especially from developing countries was encouraged to formulate its population policy. Consequently, Nigeria formulated the National Policy on Population for Development, Unity, Progress and Self-reliance in 1988. This policy, among others, seeks to lower population growth rates through reduction of birth rates by voluntary fertility regulation methods that are compatible with the attainment of economic and social goal of the Nation.

Prior to 1988, the government of Nigeria adopted a *laissez-faire* attitude towards population issues. The First National Development Plan of 1962-1968 simply noted that the country was experiencing a high rate of population growth but did not contain any specific population programme. The Second National Development Plan (1970 - 74) added that the demographic situation did not constitute a serious obstacle to the country's socio-economic development. Although the Third National Development Plan (1975-1980) contains explicit statements on fertility, mortality, migration and urbanisation, it argued that higher rates of economic development, if achieved, would bring down the fertility rate in the long run. However, from the Fourth National Development Plan

(1981-1985), provisions were made for greater encouragement of voluntary family planning with the objective of promoting smaller average family size.

The overall consequences of this attitude to population issues is high fertility rate, declining mortality rate and high population growth rate. In 1963 for instance, there were 55.7 million people with a population growth rate of at least 2.5 per cent. Twenty eight years later (1991) official population of Nigerian was put at 88.52 million. This rose to 97.2 million in 1995 growing at about 2.1 per cent per annum (Table 1). Presently, Nigeria's population is put at about 104 million people. The present population growth rate of 2.83 per cent is still very high compared to other developing countries of Asia and Latin America. It is perhaps because of this worrisome situation that the 1988 population policy sought to reduce the population growth rate to 2.5% by the year 2000. This is expected to be achieved through voluntary reduction in family size. In fact, one notable feature of "the Nigerian Approach" is respect for the right of each couple to determine voluntarily the number and spacing of their children. The success of this approach will, therefore, depend on the magnitude of social, cultural, religious and economic influences on the couples desire for small families.

**Table 1: Nigeria's Population and Growth Rate 1989 - 1995**

Year	Population (Million)	Growth Rate
1989	84.9	2.1
1990	86.7	2.1
1991	88.5	2.1
1992	91.3	3.2
1993	93.3	2.1
1994	95.2	2.1
1995	97.2	2.1

Source: CBN, Annual Report and Statement of Account/Various Years.

### Justification

It has been argued that African countries have been less successful in their population policies and programmes than Asian countries despite the fact that national family planning began at the same time in both regions. This poor situation has been described as arising from lack of efficiency in African Programmes. Caldwell and Caldwell (1988) have identified lack of demand to control family size and unwillingness of administrators and politicians to be identified with failure and with promoting programmes reportedly at odds with the African way of life as the major components of the inefficiency. They further argued that African governments would never be able to impose Chinese-type family planning programmes or those in India or Indonesia because of a strong belief that individuals and communities know more about the morality of fertility than do belief the governments, because fertility is the central concern of traditional religion.

There are evidences of a major shift-towards approval of fertility control by African governments after the 1974 and 1984 World Population Conferences. Lesthaeghe (1989, pp. 475-79) ascribed these changes to increasing concern over food and lack of economic growth and to the hope that successful population policies will help to overcome these crises, together with the realisation that traditional African birth spacing through post-pactum sexual abstinence is being eroded. Due to the fact that one-fourth of the population of Sub-Saharan Africa lives in Nigeria (Caldwell, 1990), success of Africa's population policies and programmes hinges on just how the Nigerian government implements its new population policies and on, how successful the implementation proves to be. Again since the Nigerian approach is based on voluntary fertility regulation method and the respect for the right of each couple to determine voluntarily the number and spacing of their children (family size), it becomes imperative that the success of the scheme will depend greatly on the identification of the basic sociocultural and economic incentives and disincentives for reduction in family size. It is on the basis of such findings that appropriate strategies for successful implementation of the population policy could be formulated.

Moreover, the 1988 population policy, it is argued, contains rather ambitious targets. For instance the policy aims at reducing the

proportion of women bearing more than four children by 50 per cent by 1995 and by 80 per cent by the year 2000. It also seeks to reduce the number of children a woman is likely to have during her lifetime to four by the year 2000. Such targets cannot be met without proper identification of the social, cultural, religious and economic factors which will tend to encourage or discourage the acceptance of such targets by the women. This is even more important since as Caldwell (1982) has suggested, fertility decline depends to a considerable extent on the increasing emotional and economic nucleation of conjugal relations.

It is clear from the above that this study is justified on the grounds of the need to provide an input into the successful implementation of Nigeria's population policy. The study will also inform policy-makers on how best to formulate and implement robust population matters for Nigeria.

#### **Objectives of the Study**

As mentioned above there is a major shift in policy by the Nigerian government towards small family size (even though voluntary) as a way of containing the rapid fertility and population growth. The success of such a policy hinges on the identification of the basic social, cultural and economic, factors influencing the desire of couple to maintain small or large family sizes. The study aims essentially at identifying these factors in Nigeria. Specifically it seeks to:

- a. identify social, cultural and economic factors that influence family size;
- b. assess the perception of the people about the relative importance of these groups of factors in determining family size over time;
- c. quantify and measure the relative importance of these groups of factors in determining family size under the prevailing sociocultural and economic situation; and
- d. provide suggestions for the design and implementation of intervention policies and programs necessary to secure reduction of family size in line with the National Population Policy.

## **Literature Review, Research Scope and Methodology**

### **Literature Review**

The literature on population and population related issues are varied and diverse. This covers both the theoretical and empirical literature on demographic transition and demographic - economic theory among others. The demographic transition theory describes and seeks to explain a process whereby, as economic development occurs and as a global economy comes into being, both mortality and fertility ultimately and inevitably will decline to low levels. Caldwell's (1990 p. 210) review of earlier studies points to the fact that economic and social development not only would bring down fertility and population growth but would eventually help stimulate parents to new aspirations for themselves and their children - aspirations that are incompatible with large families. However, the empirical evidence on a variant of this theory - the threshold theory - which seeks to postulate a relationship between development and the onset of fertility decline in terms of economic and social indexes (per capita income, urbanisation, mortality levels, female literacy and cinema attendance) has shown it to be of little value. Van de Walle (1986), showed that there was some doubt about whether low child mortality was a threshold for fertility decline, or low fertility a threshold for mortality decline, and concluded that both occurred in Europe with modernisation.

The demographic - economic theories try to explain how the demographic change - especially declines in fertility - due to economic development may be self-sustaining and may accelerate economic development. Early proponent of this macroscopic aspects of demographic - economic interactions (Ladenstein, 1957 and Nelson, 1956), argued that high levels of population growth could prevent both economic take off and the onset of demographic transition. But the rapid economic growth in parts of East and South-East Asia despite high rates of population growth tends to make such observations of little use. Even the Malthus demographic trap (that is a situation where any economic growth would lower mortality levels thus speeding up population growth

to a point where the original per capita income and mortality gains were nullified) has also been faulted by the Asian experience.

Another area which has received considerable attention in the past twenty years is the economics of family fertility decline. The central focus is on the conditions for the existence of high fertility even where new family planning programmes to control family size exist and the circumstances under which fertility declines first occurred. The central argument for high fertility has been that each child represents a net economic gain to the parents because of such contributions as child labour or support to parents in their old age, especially in circumstances in which child rearing is not very expensive. Easterlin (1975), Easterlin, Pollak, and Wachter (1980), examined this situation in a 'market' context. Thus where the demand for children is higher than their supply and where the cost of reducing that demand (i.e. the cost of practising contraception - both economically, in terms of money and time, and psychically, in terms of disapproval of relatives and community) are high, high fertility and large family sizes are bound to occur. Becker (1960) and Schultz (1969), argued that fertility decline and hence small family size will occur when the cost of children (that is, expenditure on the children, the costs to mothers both in income forgone and also in the value of their time) become greater.

Caldwell (1976, 1978, 1982), used wealth flow theory to argue that fertility decline is inevitable when there is a reversal of the net flow of resources - towards children rather than parents - but that this economic change was the result of social changes that concentrated greater family concern on the children.

Ben-Porath (1980), argued that where family transactions are preferable to external transactions in markets, there is bound to be high fertility implying therefore that fertility decline begins as the market competes ever more effectively with family produced goods and services. Most of these theories, as noted by Caldwell (1990), emphasise that fertility decline arising from social change affect family economic calculus, as does market penetrations. It is also suggested that market penetration may affect social change and that family change may allow similar market penetration.

In Africa, the high fertility rate and the consequent pronatalist nature of most families has been blamed on a number of factors. Prominent among these are religion and family economics which mutually reinforce the demand for high fertility. Lineage structure represented in terms of religion by the cult of the ancestors, who intervene in this life and who favour high fertility is stressed. The usual return from children that traditional societies offer to parents is reinforced by feeling of guilt, and even fear of filial duties are not adequately performed (Caldwell, 1990). The deep horror of barrenness, which led to the ill-treatment of barren women and to a dread among women of either having no children or of becoming childless through the death of all their children underscores the pronatalistic nature of African societies. There is also massive fostering of children implying little relationship between reproductive decisions and reproductive economic burdens. The prevalence of polygamy, the payment of bride price by men and increase burden of day-to-day child rearing on mothers place men in a situation where they make reproductive decisions with little extra economic burden in raising children and with near certainty of support in old age. This is because of the weakness of the spousal economic bond, women become increasingly dependent on their children, and few feel safe without a considerable number. Equally important is the decline in the durations of post-partum abstinence which according to Lesthaeghe and Eelens (1989 p. 90), is because of early and thorough 'christianisation', the lack of gerontocratic rulers, and the encapsulation of women in their husbands' patrilinies. To these factors are added low level of economic development and education.

Apart from theories citing economic and socio-economic determinants of fertility, there is also the "innovationist" theory which maintains, that the decline in fertility in developing countries is due to the diffusion of ideas about controlling fertility or even knowledge of and access to contraceptives. Empirical evidences tend to support the innovationists. Mauldin and Berelson (1978), for instance concluded that about 55 per cent of the 1965-75 fertility decline in developing countries could be explained by the new availability of contraceptives. Further buttressing the innovationist submission are several studies on Asian countries reported in Caldwell (1990 p. 273). It is stated that

respondents attributed their own ability to control fertility to the availability of family planning facilities and that they attributed the inability of their parents to do so to the lack of such facilities. Cleland and Wilson (1987 p. 29) concluded "that attitudes towards birth control, broadly defined, are of central explanatory importance for the timing of fertility transition even though it merely actualises and legitimises the existence of latent demand.

In Sub-Saharan Africa, contraceptive use is at a lower level than any other region in the world and less likely to be related to the control of family size (Caldwell, 1990). He further shows that the relationship between the use of family planning programmes in Asia, and fertility decline does not hold in Africa. Caldwell and Caldwell (1976), found that in Southwest Nigerian, 40 per cent of first contraceptive use was to substitute for post-partum sexual abstinence, with the obvious possibility of raising fertility, while other major uses were to prevent conception during premarital and extramarital sexual relations or after terminal abstinence was supposed to begin. Mauldin and Segal (1988, p. 341), show that even of Africa's limited use of contraceptive, only the birth control pill has been found to be particularly acceptable. The use of other techniques such as sterilisation, Intra Uterine Device (IUD) and tubectomies which are the major means by which contemporary developing world fertility transition have been achieved is very low.

### **Research Scope and Methodology**

This study basically concentrates on the specific socio-cultural and economic factors militating against or which may encourage voluntary adoption of small family size in Nigeria. In doing this we concentrated on Rivers State of Nigeria. The state is often regarded as minority and contain a great number of ethnic groups in addition to being educationally disadvantaged.

In carrying out the study we used both primary and secondary sources of information. For the primary source, we used field survey based on oral interview and structured questionnaires. To facilitate the administration of the questionnaire, we had to select five local government areas in each of the focused states.

For each of the selected local governments, at least an urban and rural settlements were chosen and equal number of questionnaires were

administered in each of the settlements. In administering the questionnaires, the focus was the family household and either the ever married men or women were interviewed. The choice of the household was done randomly. The selection was done such that none of those interviewed were outside the 15-69 year age group for men and 15-49 years for women. In all between 1000 and 2000 questionnaires were administered out of which 1,096 were retrieved.

The types of information collected from the questionnaires covered the background of the respondents, the prevailing types of marriage, the reproductive behaviour of the respondents, as well as the level of awareness and use of family planning techniques by the respondents.

In addition to the administration of questionnaires, we used Focus Group Discussion (FGD) technique. The size of the participants was restricted to between seven and nine and comprised of males and females from both urban and rural areas. The participants were mainly men of between 25 and 34 years and women of between 20 and 29 years. Apart from the general information on the participants (e.g sex, age, religion, marital status, types of marriage, number of children and occupation, the FGD sought to identify from the participants, the prevailing socio-economic and cultural factors in the areas and their influence on family size; the influences of the extended family system and family planning methods on family size as well as actual family size determinants and constraints to small family sizes. Here the participants were asked already prepared questions and their responses were recorded using audio tape recorder.

These primary information or data was supplemented by secondary sources especially journal articles, World Fertility survey, Demographic and Health survey, Demographic year book and National Population Commission (NPC) of Nigeria. Apart from supplying demographic information on Nigeria, these sources also provided comparable information on other countries and regions of the world.

The data, especially those collected through questionnaire were coded and analysed at the Nigerian Institute of Social and Economic Research (NISER), Ibadan using SPSS/PC+. For each of the questions information on frequency, percentage distribution of the responses,

mean, median, mode, standard deviation, standard error, variance, kurtosis, skewness, range and minimum and maximum values were provided. This report uses extensively this information. In the case of FGD the participants' responses were carefully transcribed and classified for easy analysis.

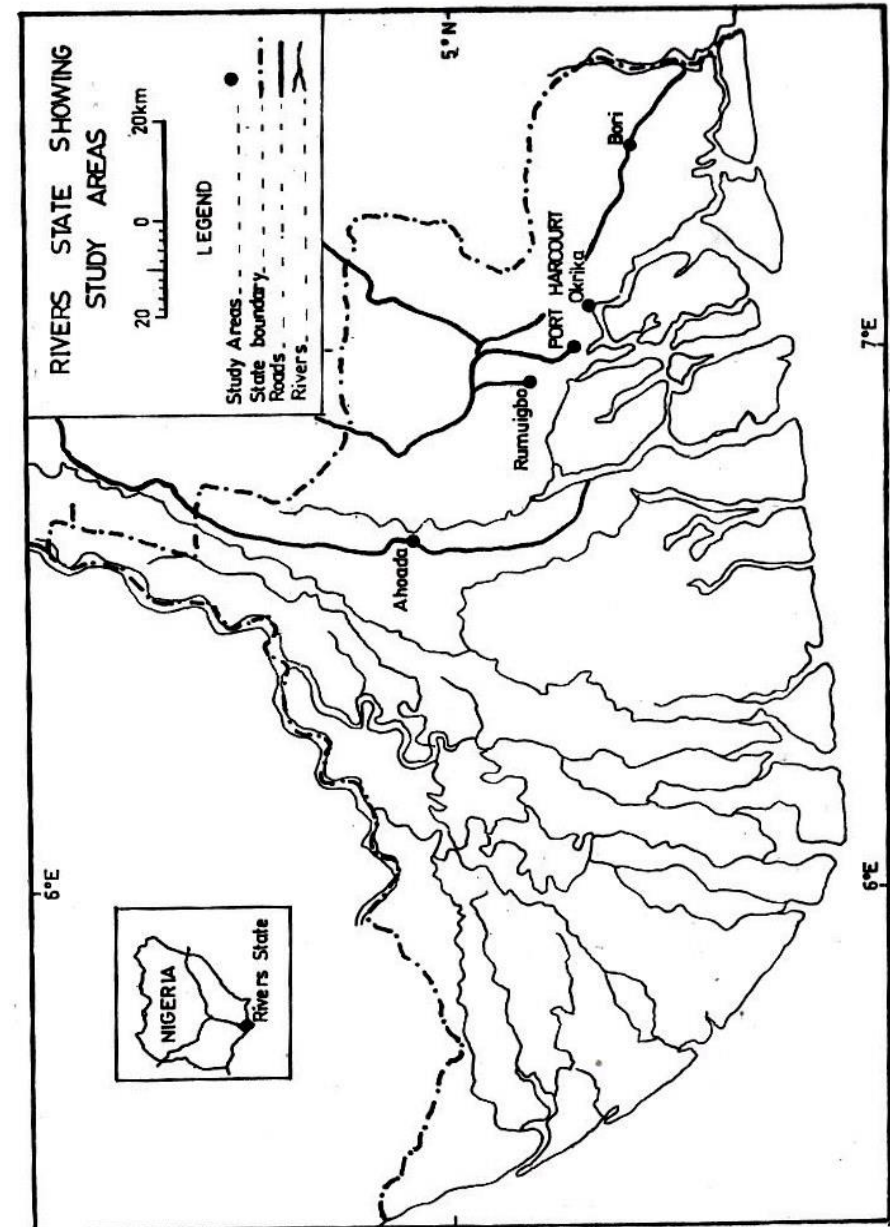
Furthermore, in order to assess the influence of socio-economic and cultural factors and family planning on family size, we used multiple regression technique with total number of children per household as the dependent variable.

### Study Area

Rivers State as one of the oldest states in Nigeria was created in 1967 with Port-Harcourt as the Capital. It is found in the South-Eastern part of Nigeria. It lies between latitude 040 15'N and 050 40N and longitude 050 25'E and 070 35'E, It covers a land mass of 21,850 sq km. The old Rivers State (which includes Bayelsa) is bounded in the North by Anambra State, Delta State in the West and North West, in the North East and East by Abia and Akwa Ibom states and in the South by the Atlantic ocean. As at 1991 the state population was 3,983,857 people. Presently, there are about twenty-four local government areas in the State. The main study areas are shown in the map below. As at the time the study was carried out, Bayelsa State was part of Rivers State.

Rivers State is an oil producing state. It has more oil installations than any other state of the Federation. Apart from hosting two refineries, it is also the home of major oil producing companies like Shell Petroleum and industries such as Fertilizer Company at Onne and the Bonni Liquefied Natural Gas Company. Given this situation, it means that many people will be working in these establishments as low level, middle level and high level professionals. However, farming comprising agriculture and fishing constitute the main occupation of those in the rural and riverine areas while trading is prominent among for the urban dwellers.

In carrying out the study we selected local governments in the mainland part of the states. This include Port Harcourt, Obiokpor, Eleme, Okrika and Khoadia. In each of these areas, people from both urban and rural communities were interviewed. The results are presented below.





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## **Socio-economic and Demographic Characteristics of Respondents**

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### **Socio-economic Characteristics of Respondents**

In Rivers State a total of 1,096 respondents were interviewed. About 75 per cent of them were males and the remaining 25 per cent were females. Although those interviewed were within the stipulated 15-69 years, about 63.8 per cent of them were within the 30-49 years age group. A breakdown showed that 0.2 per cent of the respondents were below 20 years, 3.1 per cent in their twenties, 32.7 per cent in the 30,39 years age group, 31.1 per cent in their forties, 25.9 per cent in their fifties and seven per cent between 60-69 years. However, the mean age of the respondents is 44 years. In terms of place of residence, about 74 per cent reside in the urban areas while only 26 per cent were in the rural areas. Available data showed that about 89 per cent of the respondents have lived in their respective places of residence for at least five years. About 32 per cent have actually lived for over 20 years, 20.4 per cent between 15 and 19 years, 20.7 per cent between 10 and 14 years and 16.2 per cent between five and nine years. Not less than 60 per cent of the respondents together with their spouse have successfully completed at least secondary education. In addition, about 14 per cent have completed primary education while only seven per cent had no schooling (Table 3.1).

There is also evidence of availability of health and social facilities. These facilities are also reported to be in a functional state. Even comprehensive health centres are both available and functional. These facilities are also accessible to the respondents.

Majority of the respondents (65 per cent) are Christians of both Catholic and Protestant denominations. However, more people (about 20 per cent) practise traditional religion, compared to only four per cent in Cross River State. The major ethnic groups of the respondents are Okirika, Igbo, Ijaw and Isoko and most of the respondents (about 76 per cent) come from Rivers State. This is followed by Akwa Ibom and Anambra States. A look at the occupation of the respondents, one finds that most of them are primarily engaged in public sector and informal

private sector activities. Each of them accounts for 22.3 per cent of the respondents. This is followed by trading (21.9 per cent) and organised private sector (18.6 per cent). Farming is not a very popular occupation apparently because of the urban bias of respondents. Trading and fanning are the most popular types of secondary occupation. For the spouses trading and public sector engagements are the most popular primary occupations while trading and farming are important secondary occupations. In the case of job, trading is the most important primary job. However, most of the respondents (46 per cent) are low to high level professionals. The same pattern is observed for the spouses. In both cases, trading and fanning are still the most popular types of secondary occupation. While primary and secondary occupations still remain the most important sources of income of the respondents, the mean annual income is generally higher than that of Cross River State. In absolute terms the combined mean annual income stands at ₦122,299.40. This is almost three times higher than the mean annual expenditure of ₦44,665.70. However, food, education and clothing remain the main items of expenditure.

**Table 3.1: Highest level of Education Attained by the Respondents and their Spouses in Rivers State**

Type of school	Self	Spouse
No Schooling	7.0	6.3
Quranic	0.8	0.9
Adult Literacy	2.0	1.6
Primary Incomplete	3.2	5.6
Primary complete	13.6	15.0
Secondary Incomplete	9.0	10.6
Secondary Complete	33.4	34.1
Tertiary/Post Secondary	30.9	25.9

Source: Field Survey

**Table 3.2: The State of Facilities in Respondents Communities in Rivers State**

Facilities	Available		Functional		Distance (mean) km
	Yes	No	Yes	No	
Health workers	85.8	14.2	96.2	3.8	2.00
Traditional birth attendant	93.8	6.2	99.7	0.3	0.00
Health clinic/primary health centre	92.0	8.0	99.3	0.7	3.00
Comprehensive health centre	63.8	36.2	99.5	0.5	0.00
Hospital	74.3	25.7	99.7	0.3	0.00
Electricity	87.1	12.9	98.9	1.1	0.00
Bore-hole	69.1	30.9	93.0	7.0	0.00
Pipe-borne water	77.2	22.8	73.0	27.0	0.00
Good roads	84.8	15.2	78.6	21.4	0.00
Primary schools	99.5	0.5	99.6	0.4	0.00
Secondary Schools	93.9	6.1	99.1	0.9	8.73

Source: Field Survey

**Table 3.3: Type of Occupation of Respondents in Rivers State (Percentage Distribution)**

Type of Occupation	Self (Repondents)		Respondents' Spouse	
	Primary	Secondary	Primary	Secondary
Farming	14.9	42.9	9.9	40.2
Trading	21.9	47.1	34.6	48.2
Public Sector	22.3	1.9	23.9	3.2
Org. private sector	18.6	2.3	17.9	2.4
Informal Private sector	22.3	5.9	13.8	5.9

Source: Field Survey

**Table 3.4: Types of Job of Respondents in Rivers State (Percentage Distribution)**

	Self (Respondents)		Respondents' Spouse	
	Primary	Secondary	Primary	Secondary
Fanning	15.9	45.8	11.2	42.5
Trading	23.1	45.3	34.7	49.7
Labour/Cleaner/Artisans	15.3	1.0	11.6	1.1
Low level professional	10.2	1.0	9.9	0.3
Middle level professional	17.3	1.2	18.2	3.1
High level professional	18.2	5.8	14.4	3.3

Source: Field Survey

**Table 3.5: Self and Spouse Participation in Decision Making in Rivers State**

	Self				Spouse			
	None	Low	Average	High	None	Low	Average	High
No. of children	1.9	12.9	35.2	51.0	4.3	17.2	4.01	38.5
Spacing of children	1.7	13.5	37.8	47.0	4.7	17.8	37.7	39.9
Childreil's Discipline	1.2	3.0	29.7	66.1	3.2	11.3	43.0	42.4
Children's Education	0.8	4.9	25.3	68.9	4.3	15.8	40.7	39.2
Employment Decision	1.4	7.9	35.3	55.4	4.9	19.9	46.2	29.0
Spending of family income	1.0	11.6	33.2	54.2	5.0	25.6	42.8	26.6
General Decision Making	0.5	3.0	27.6	68.8	3.7	19.6	43.1	33.6

Source: Field Survey

**Table 3.6: Mean Annual Income of Respondents in Rivers State (Naira)**

Item	Self (Respondents)	Respondents' Spouse
Primary Occupation	65,236.8	40,420.8
Secondary Occupation	13,211.7	9,453.7
Remittance	7,859.5	3,726.6
Gifts	3,478.2	1,734.2
Others	3,247.5	1,339.9
<b>Total</b>	<b>75,265.4</b>	<b>47,034.0</b>

Source: Field Survey

**Table 3.7 Mean Annual Expenditure of Respondents in Rivers State (Naira)**

Items	Amount
Food	9623.4
Rent	3510.9
Transport/Car Maintenance	3408.7
Electricity	478.6
Water	364.3
Extended Family Reihittance	2879.4
Health Help	4921.1
House Help	819.9
Education	6972.8
Clothing	6444.9
Entertaiiunent	1467.1
Gifts/Donation	1472.7
Savings	5347.0
Others	11540.1
<b>Total</b>	<b>44665.7</b>

Source: Fiel Survey

### Marital Characteristics of the Respondents

Available data showed that 89 per cent of the respondents are married, 2.1 per cent separated and 3.4 per cent divorced. Most of the respondents (58 per cent) and their spouse (62 per cent) first got married in their twenties while the corresponding proportion for 30 years and above are 39.4 and 20.4 per cent respectively. Thus, the mean age at first marriage is 28 years for the respondents and 24 years for their spouses. This is in consonance with the FGD participants who put the ripe age for a woman to marry at between 21 and 24 years. At this age according to them, the woman is matured for safe delivery. It is also found that about 90 per cent of the respondents have married only once

while 7.3 per cent and 2.2 per cent have married twice and thrice respectively. Monogamy is still the most popular type of marriage as indicated by 90 per cent of the respondents. For the 108 respondents (10 per cent of total) that are polygamous about 65 per cent have two wives in their household while 31 per cent have three. Some four per cent have four wives and above. Traditional marriage is the commonest form of marriage. This is noted by 70 per cent of the respondents. This is followed by church marriage (22.9 per cent), muslim (3.3 per cent) and court (2.6 per cent).

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## Reproductive Behaviour of the Respondents

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The reproductive behaviour of the respondents is reflected in the number of children (live or deceased) in the family and the extent of satisfaction with the current number of children by parents. Generally, the mean family size is five comprising three males and two females. However, 19 per cent of the respondents reported having total number of three children. About 17.6 per cent reported having four, 17.4 per cent five and 16 per cent six. Only 10.7 per cent reported having over seven and at most two children each. In terms of sex composition, 30.6 per cent, 28.3 per cent, 15 per cent and 14.6 per cent reported having two, three, one and four male children respectively.

Even with this family size, about 270 respondents (24.6 per cent of total) reported having children that are deceased. While about 46.4 per cent reported one deceased child, about 30.6 per cent reported two. A breakdown by sex showed that about 59.2 per cent had one deceased male child while 29.3 per cent had two. Similarly 67 per cent had one deceased female child while 25.5 per cent had two.

Available data also revealed that about 785 respondents (71.6 per cent of total) felt not satisfied with their present number of children they have. The main reasons being that they have only one child (34.9 per cent) and would therefore want to have more children (25.5 per cent). Another 16.6 per cent felt they need more children because they currently have small family. About 9.4 per cent felt they are looking up to God for children.

Of the 244 respondents, (22.3 per cent of total) that indicated that they wanted more children, 14.3, 35.3, 20.6 and 15.1 per cent wanted a total of one, two, three and four children respectively. Only 30 per cent desired a male child while 44.5 per cent desired two. Again while 47.2 per cent desired additional female child, 41 per cent desired two. Of all the reasons advanced for wanting more children, desire for a baby boy and every family requires a certain number stand out as the most important. Each of these reasons was pointed out by 21.6 per cent of the respondents. Other reasons are wanting a girl (14.7 per cent), help with household/farm work (10 per cent), pressure from family (8.9 per cent), spouse's desire (8.5 per cent), old age care (7.3 per cent) and pleasure from playing with children (7.3 per cent).

The observed high (respondents) and average (spouses) levels of participation in family decision making touching on children made 433

respondents (39.5 per cent of total) to indicate that they discussed the number of children to have with their spouses at marriage. About 44.5 per cent of them planned to have three children while 2.14 per cent planned to have four children. More than 50 per cent Planned to have two male and two female children. There is also evidence that a lot of the respondents (70 per cent) are aware of the National Policy of four children per woman. The main sources of information of this are radio/newspaper/TV, friends/acquaintance and parents/relatives.

**Table 3.8: Distribution of Respondents in Rivers State by Sex and Number of Children Ever Born (Percentages)**

Number	Male	Female	Total
1.	15.6	26.4	2.2
2.	30.6	28.0	8.4
3.	28.3	25.2	19.1
4.	14.6	12.1	17.6
5.	4.3	4.7	17.4
6.	3.2	1.5	16.0
7.	1.1	1.0	8.4
Over 7.	2.3	1.1	10.7

source: Field Survey

**Table 3.9: Distribution of Respondents in Rivers State by Sex and Number of Deceased Children (Percentages)**

Number	Male	Female	Total
1.	59.2	66.9	46.4
2.	29.3	25.5	30.6
3.	7.3	3.8	13.2
4.	2.1	2.5	3.0
5.	1.0	0.6	3.8
Over 5	1.0	0.6	0.3

source: Field Survey

**Table 3.10: Reason for Non-Satisfaction with the Number of Children by Respondents in Rivers State**

Reasons	Percentage
Want to have more	25.5
Has only one	34.9
Has none	4.3
Want to have own children	1.7
Want to have large family	1.3
I like baby	1.3
Has small family	16.6
Up to God	9.4
Cannot say but need more	2.1
Help at old age	3.0

Source: Survey.

**Table 3.11: Reasons for Wanting More Children by Respondents in Rivers State**

Reasons	Percentage
Want a Baby boy	21.6
Want a Girl	14.7
Every family requires certain number	21.6
Help with household/farm work	10.0
Pleasure from playing with children	7.3
Spouse's desire	8.5
Old age care	7.3
Pressure from family	8.9

Source: Field Survey

**Table 3.12** Distribution of Respondents in Rivers State by sex and Number of Additional Children Desired (Percentages)

Number	Male	Female	Total
1.	30.0	47.2	14.3
2.	44.5	41.1	35.3
3.	16.0	7.4	20.6
4.	6.5	2.5	15.1
5.	2.5	0.6	8.8
Over 5.	0.5	1.2	5.9

Source: Field Survey

**Table 3.13:** Number of Children Planned to have when Married by Respondents in Rivers State

Number	Male	Female	Total
1.	3.6	26.4	4.5
2.	52.9	62.7	14.6
3.	32.0	7.9	44.5
4.	8.2	2.0	21.4
5.	2.3	0.7	7.5
6 and above	0.3	0.3	7.5

Source: Field Survey

## Family Planning: Awareness and Adoption

There is high level of awareness of family planning by the respondents. In fact about 80 per cent of them reported that they heard of family planning before. Majority of the of the respondents are aware of various traditional and modern family planning methods. Only 17.4 per cent reported not hearing of any of the methods at all. In terms of the methods ever used and currently being used condom, oral tablets, spermicidal jelly/cream, withdrawal, intrauterine devices and traditional methods are the most popular. Apart from the fact that these methods are largely approved in marriages as indicated by 67 per cent of the respondents, about 76.6 per cent of the respondents have used them for between one and six years. These methods are preferred because they are affordable, readily available, convenient and highly effective. Some also preferred them because of spouse's preference and medical counsel/indications. However, the main sources of information on family planning, still remain the press (radio, newspaper and TV), health care institutions and friends/acquaintances

**Table 3.14:** Family Planning Methods Heard of, Ever used and currently being used by Respondents in Rivers State (Percentage)

Methods	Heard of	Ever Used	Currently Used
More	17.4	45.1	47.1
Condom	94.2	55.4	49.7
Diaphragm/cervical Cap	51.3	2.8	1.7
Spermicidal jelly/cream	58.0	7.6	5.4
Rhythm method	55.8	17.8	14.4
Oral tablets	77.7	23.3	18.1
Injectables	26.3	1.1	1.6
Implants (Nor plant)	14.7	0.0	0.0
Intrauterine devices	36.0	4.1	8.0
Tubal ligation	9.4	0.0	0.2
Vasectomy	12.9	0.4	0.4
Abstinence	41.4	1.3	0.8
Withdrawal	57.8	5.7	5.6
Traditional methods	46.8	4.1	3.7
Others	1.3	0.2	0.2

Source: Field Survey

**Table 3.15: Reasons for Preference of the Family planning method used by Respondents in Rivers State**

Reasons	Percentage
Spouse's Preference	35.7
Affordable	53.6
Readily Available	30.5
Minimal Side effects	9.2
Highly effective	25.0
Ease of discontinuation	15.4
Convenient	25.3
Medical counsel/indications	22.3
Religious beliefs	7.5
Reference Group influence	1.0
Others	0.2
Not applicable	2.7

Source: Field Survey

## Determinants of Family Size

The aforementioned discussions especially type and forms of marriage, reasons for desiring more children and family planning point to the probable influence of socioeconomic and cultural factors and family planning methods on family size. In order to establish the relative strength of these factors, we use the multiple regression results presented below.

The major socioeconomic factors considered are income of the respondents and the highest level of education attained by the respondents and the spouses as well as type of primary occupation. In general the income of the respondents (TOTAN) and that of the spouses (STOTANU) are not statistically significant. While income of respondents has negative impact, that of the spouse has positive impact. The level of education of the respondents (HIGBEDUC) has positive sign while that of the spouses (SPHIEDUC) has negative sign even though both of them are not statistically significant determinants of family size. It is only the type of primary occupation that has significant positive impact on family size. Again the state of health and social facilities does not seem to have positive impact directly on family size, but given the fact that health institutions are important source of information, there is some indirect effect.

In the case of cultural factors, total number of wives in the household (TOTWIVES), age of respondents at first marriage (AGE AT NMR), religion and number of times married are the most important determinants of family size. While there is a positive relationship between family size and total number of wives and age at first marriage, negative relationship exists for religion and number of times married.

As regards family planning, it is only diaphragm/cervical cap and spermicidal jelly/cream methods currently being used that have positive and significant impact on family size. This is surprising since these methods are used by small proportion of the respondents. Surprisingly condom which is the most popular method has no significant impact on family size.

In all, the various socioeconomic and cultural factors and family planning methods explain about 89 per cent variation in family size (number of children in the family). Even though a lot of factors are not really statistically significant, they still exert both direct and indirect influence on family size.

**Table 3.16: Regression Result of the Determinants of family size in River State.**

Variable	Coefficient	T-ratio	Sig. T
USITADM	6.464	0.924	.386
TOTWIVES	6.328	3.184	.015
TOTAN	-2.854E-06	-0.134	.898
USIDIACP	14.324	1.837	.109
USITUBAL	-11.322	-0.931	.383
AGEATMAR	0.884	3.104	.017
USEWITVID	-4.587	-0.971	.364
USISPERM	13.787	1.989	.087
SPHIEDUC	-1.106	-0.899	.398
RELIGION	-2.609	-3.747	.007
USIORTAB	-7.077	-1.235	.257
TPROCC	5.054	4.010	.005
HIGHEDUC	0.572	0.539	.607
AGEFSTMA	0.095	0.568	.588
STOTANU	8.207E-06	0.394	.705
USIRHYTH	-6.309	-0.599	.568
USESPERM	-2.11	-0.516	.622
NTIMESMA	-5.645	-2.606	.035
USECONDM	0.593	0.120	.908
USERHYTH	-3.616	-0.328	.752
Constant	-27.181	-0.542	.605

multiple R	=	.945
R square	=	.894
Adjusted R Square	=	.590
standard error	=	2.728
F	=	2.945
signif F	=	.0740

## Summary of Major Findings, Conclusions and Recommendations

From the above, analysis, we find that there is still evidence of large family size even though there is a tendency to shift to small family sizes because of economic conditions. Even this shift is common among the highly educated urban dwellers. However, some cultural factors such as desire for baby boys since heritage is patrilineal, the need to have the number of children regarded by every family as normal, the need for help with household/farm work, old age care and family pressure still exercise great influence on family size. Polygamy is still common in the state. Even in monogamous families, the fertility rate is high especially in situations where the wife initially had more female than male children. Moreover, the traditional form of marriage is not so much against polygamy as church and court marriages. This probably explains why the total number of wives in the household have very positive and significant influence on family size in the state. It is also found that the age at first marriage, religion and the number of times married have significant influence on family size in the state.

Most family planning methods in use tend to have positive effect on family size. In other words they tend to increase fertility rather than reduce it. It is also found that the culture of the area as well as religion are not opposed to family planning. In fact, family planning is part of the people's culture even though they are based on the traditional methods. It is also reported that churches do teach family planning methods but such teachings is restricted to married people.

In order to achieve rapid transition from high to low fertility in the state, there is need for, proper enlightenment campaign and education regarding both the need for small family size and the need to adopt more effective family planning techniques. The target must be the husband and the wife since there is evidence that both jointly decide the number of children to have. In fact it is widely observed that fertility will fall if women decide they want to have fewer children and actively try to avoid becoming pregnant.



There is also the need to improve on the existing social and health facilities in the state so as not only to reduce high mortality rate but also to increase life expectancy. This is important because population policy analysts sometimes use a general rule that life expectancy at birth must be above 50 years for family planning programmes to succeed and consequently, for fertility to fall (Goliber, 1997).

Finally, concerted efforts should be made at improving the general economic condition of the people. Even though the mean annual income in this state appears to be high, there is some element of poverty. Farming which still constitutes important occupation in the area is associated with low income and large family size. On the whole, it is our belief that proper intervention policies along these lines could help reduce family size in no distant future in the state.

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