Reproductive decision-making in Nigeria: an overview

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Abstract

Since 1960 the volume of research material being produced on reproductive decision-making has increased considerably. The research community now focuses on improving knowledge of specialized areas. On the other hand, unevenness of knowledge and capacity remains a major problem. Very little is known about population determinants in Northern Nigeria, where data on basic demographic indicators show growing differentials across regions in both fertility and health regimes. Very little insight has been shed on the determinants or consequences of regional differences in fertility regimes on women's lives and fertility transitions. It is becoming increasingly clear that women's position in the family and community has an important bearing on fertility regimes in Nigeria but the implications for policies and programmes remain unclear. One task for the research community in the years ahead consists in addressing the issue as to how women's position can be improved in societies that resist educating their daughters and allowing their women to work outside the home.

Depuis 1960 le volume des recherches menées sur la prise de décision en ce qui concerne la reproduction a considérablement augmenté. La communauté des chercheurs est actuellement essentiellement préoccupée par l'amélioration des connaissances dans les domaines spécialisés. D'autre part, l'insuffisance des connaissances et des capacités demeure un problème majeur. On sait très peu des déterminants de la population au Nord du Nigéria, où les informations sur les indications démographiques de base ont montré des différenciels croissants selon les régions à la fois au niveau de la fécondité et des systèmes de santé. On sait très peu des déterminants ou conséquences des différences régionales au niveau de la fertilité pour la vie des femmes et des transitions qui s'opèrent au niveau de la fécondité. Il est de plus en plus clair que la position qu'occupent les femmes dans la famille et dans la communauté a un impact majeur sur la fécondité au Nigéria mais les implications au niveau des politiques et des programmes ne sont toujours pas claires. La tâche de la communauté des chercheurs dans les années à venir consistera à aborder la question de savoir comment la position des femmes peut être améliorée dans les sociétés qui refusent d'éduquer leurs filles et de permettre à leurs
Introduction

In this report, we review selected literature on fertility and family planning in Nigeria. We document how research interests have changed since work was initiated on those issues in the 1960s and focus on the narrower issue of the role of women's decision-making inputs in reproduction. The secondary objective is to determine how women's position in the household and community shapes their inputs to reproduction. As Africa's largest country, Nigeria is an important country for the population community to monitor since fertility transition appears to have started in some parts of the country but not in others (Nigeria Federal Office of Statistics, 1992). Moreover, Nigeria is on course to becoming the 6th largest country in the world by the middle of the next century. Among today's large countries, Nigeria has the fastest population growth rate (3.1%), the lowest rate of contraceptive use (6%) and the second lowest per capita GNP ($320). Although women's reproductive health in Nigeria is probably comparable to the type found in other African countries, the fact that one out of six African women lives in Nigeria means that conditions for the region as a whole will be heavily influenced by Nigeria in the years ahead.

A couple of caveats are in order prior to turning our attention to the main question of what the Nigerian research literature tells us about reproduction in general, and women's decision-making inputs to that process in particular. The first caveat relates to the unevenness of research capacity and, concomitantly, of knowledge on various population issues for the country as a whole. Indeed, most generalizations found in the research literature on Nigeria tend to be based on studies carried out on a particular ethnic group or region. This is problematic in that research capacity and knowledge differ significantly across ethnic groups and regions of the country -- for the vast majority of Nigeria's 100 plus ethnic groups, no ethnographic or demographic studies are available. Even if we focus attention on Nigeria's largest groups -- the Hausa, Ibo, and Yoruba -- which together constitute about half of the population, we find differential capacity and knowledge. Much more literature is available, for instance, on the Yoruba population dynamics than on those of the Hausa. Some work also exists on the Ibo but not as much on the Yoruba. As we will often note in this review, women's status and decision-making inputs differ widely across ethnic groups, just as they do across countries, but lack of comparative research on different groups limits our understanding of these patterns and their implications for population policies and programs.

The second caveat underscores a point made over a decade ago in the Report of the International Review Group on Population and Development (Miro and Potter 1980), that knowledge on population issues within given countries tends to develop in stages and cannot be separated from overall research capacity. That being the case, we would proceed by providing some background to the institutions and issues which were instrumental in the growth of the population research community in Nigeria. We have divided our review of population research into three phases corresponding to the decennial intergovernmental population conferences: the pre-Bucharest phase (pre-1975); the post-Bucharest phase (1975-1984); and the post-Mexico City/pre-Cairo phase (1985-present). These international conferences are important markers for the population field since they signal shifts in population policy objectives which, in turn, shape funding priorities of donor agencies. Since the bulk of support to population research in Nigeria comes from international donors, at least some of the changes in research priorities across time respond to shifting foci within the population field as a whole rather than to scholarly research priorities or even country needs.

Table 1 provides tallies of research on selected population issues in Nigeria during each of these phases.
drawing on literature included in the POPLINE database. As expected, the database includes a relatively large volume of research material (3303 items) and the number of items increases across the three time periods, as expected. Although classification of research by time periods is useful from the standpoint of identifying shifting priorities, major themes reoccur with varying degrees of emphasis in each time period. The counts in Table 1 are based on a detailed record search. In particular, we searched titles, keywords, and abstracts of each record for word/topic occurrence. However, we did not attempt to differentiate between work that gives major versus minor attention to the topic. The main topic entries (shaded rows) are not mutually exclusive and, therefore, items may be included in the counts for more than one category. Subsets of two categories -- family planning and women's status -- are also identified to determine counts for sub-topics of interest (reproductive health, attitudes, and decision-making).

About a third of the items identified in the database give some attention to fertility (1125) and slightly more focus on family planning (1446). The fact that work on fertility increased only slightly in the third period whereas that on family planning almost doubled is consistent with the intergovernmental consensus reached at the 1984 Mexico City International Population Conference that countries should get on with the business of extending availability of family planning services. In accordance with that mandate, over half of the items on family planning in the database give some attention to family planning services (659). However, people's attitudes toward family planning (168) is addressed in only 11.6% of the family planning items and the decision-making process (55) in less than 4% of them. Indeed, no work in the pre-1975 period addressed family planning decision-making; rather, most of the work on that topic was produced in the post-1985 period. Women's status receives attention in fewer than 6% of the total records. Looking at subsets of the women's status records, 86 of them address family planning issues but the numbers decline quickly when we ask how many of them deal with either decision-making (10) or attitudes (8). A similar picture emerges when the literature is limited to women's status and fertility -- a total of 20 records address both issues but only one of them also looks at attitudes while 3 focus on decision-making.

First Period: Before the Bucharest World Population Conference

Growth of interest in population picked up after Nigeria achieved independence on October 1, 1960. Although concern about the number of illegal, induced abortions led to the establishment of the first family planning clinic in Lagos in 1958, for the first three decades following independence the federal government kept a low profile on population questions. Prior to the late 1980s, family planning services were mainly provided by the Planned Parenthood Federation of Nigeria (PPPFN), which was started in 1964 by the National Council of Women's Societies with assistance from the Pathfinder Fund, the International Planned Parenthood Federation (IPPF), and the Unitarian Universalist Service Committee. PPFN's efforts were assisted by teaching hospitals at the universities of Ibadan and Lagos, which took the lead in educating the public on the importance of birth control and by providing family planning services.

Research efforts were slowed during the early period due to the lack of trained indigenous demographers (Lucas 1972; Umoh 1972). Economists (Nigerians and expatriates) were the first to alert the research community and policy makers to dangers inherent in the dearth of demographic information on which to base present and future development plans. Two donor agencies -- the Rockefeller Foundation and the Population Council -- responded to this perceived need for demographers who would be able to assist with the effort to build a Nigerian database on population. To meet this need, those agencies used a multipronged approach that focussed on: increasing the
number of university-based research centres in Nigeria, staffing those centres with expatriate faculty advisers so that teaching and research could be launched on population dynamics and providing fellowships to enable Nigerians to pursue advanced demographic studies abroad with the expectation that they would return home and replace expatriates at the end of their studies. At the University of Ile Ife (now Obafemi Awolowo University), an Institute for Demographic Research was established in 1967 with Population Council support. This institute, which later became a Department of Demography and Social Statistics, continues today as the only training institution offering degree courses at both undergraduate and post-graduate levels.

In this period, the research effort focussed on identifying Nigeria's basic demographic indices. To assist with that effort, a census was conducted in 1962 but the results were never released because researchers and policy makers disputed the regional population counts. Some surveys on marriage and family life were conducted during this period but they were limited to Lagos (the capital city which is mainly inhabited by the Yoruba ethnic group). *The Population of Tropical Africa* (Caldwell and Okonjo 1968) contains most of this early work and includes estimates of fertility, mortality and annual growth rates. Another important publication of this period, *Sub-fertility and Infertility in Africa* (Adadevoh 1974), contains research findings emanating from various university teaching hospitals (particularly those in Lagos, Ibadan, Zaria, Benin and Enugu) and from demographers.

KAP surveys conducted in the mid to late 1960s show growing awareness of family planning. For instance, Farooq and Adeokun (1974) analyzed data from a round of four KAP surveys conducted between 1969 and 1972 in the rural area of Irrua, home of the Ishan ethnic group in Midwestern Nigeria, to chart changes in fertility and contraceptive attitudes and practices following the establishment of a private family planning clinic in 1968. The authors concluded that both awareness and use of family planning increased in the study period. In addition, Caldwell and Igun (1972) reviewed data from two KAP surveys carried out in Lagos (1964, 1968) and concluded that knowledge and practice of family planning increased between the two surveys. Other KAP studies conducted in Lagos and in the Midwestern region also revealed a high value of children and preponderance of polygynous marriages (Ekanem 1973, 1974; Olusanya 1969). Although the latter led to a literary debate on the fertility impact of polygynous versus monogamous unions, scholars subsequently agreed that no significant differences by marriage type exist (Ahmed 1976; Ohadike 1968; Olusanya 1971). On the basis of these surveys and profiles of family planning acceptors, the main correlates of family planning use identified were age, women's formal education and urbanization (Caldwell 1968; Caldwell and Igun 1972; Farooq and Adeokun 1974; Ohadike 1969).

**The Second period: 1975-1984**

The second period, which covered the interim between the Bucharest and Mexico City international population conferences, spawned more literature on the paucity of information on Nigeria's basic population indices and trends (Igun 1976; Population Association of Nigeria, 1980). However, the number of trained Nigerian demographers was increasing, as reflected in the growing number of studies carried out in this period on diverse topics ranging from fertility determinants to the impact of rapid population growth on the growth of urban centres and on sectoral investments, particularly on health, education, and labour force (Fadayomi 1981; Fadayomi and Oyeneye 1984; Olusanya 1981). Many of these studies were reported at a national workshop held at the University of Lagos, 12-14 September 1979, and published in *Population and Economic Development in Nigeria in the Nineteen Eighties* (Chojnacka, Olusanya and Ojo 1981).
In the late 1970s, two large-scale studies on fertility determinants generated a number of research publications and new knowledge on Nigeria's fertility regime. Although the fieldwork for both studies was carried out in the early 1970s, most of the research publications emerged during the second period and are therefore discussed in this section. Much of this work is reviewed by Lucas et al. (1986) in An Annotated Bibliography of the Nigerian Fertility and Family Planning Literature up to 1982. An annotated bibliography by Coles et al. (1986) looks at the role of women in Nigerian development efforts, including population, up to the early 1980s.

The first project, entitled the Fertility, Family and Family Planning (FFFP) Survey of Nigeria, was conducted by G.M. Farooq, an expatriate adviser and member of the Department of Demography and Social Statistics at the University of Ile Ife. The main objective of the survey, which was carried out between 1971 and 1972 in Yoruba and Ibo speaking areas, was to obtain an understanding of household reproductive behaviour in a traditional African society that was undergoing rapid social and economic transformation. Findings from that survey (Farooq 1980) showed that fertility (measured by children ever born and family size preferences) in both ethnic groups was strongly influenced by socio-economic factors. Women's education had the most pervasive influence on CEB as well as on desired family size although the direction of the relationship differed -- education was negatively related to desired family size but had a curvilinear relationship to CEB. In particular, women with no education and those with secondary or higher levels had fewer children than women with some primary education (Ware 1981).

In 1972, John Caldwell and Frances Okedji initiated the second project, the Nigerian segment of the Changing Africa Family Project (CAFN), from their base at the Department of Sociology, University of Ibadan. That study aimed to identify the preconditions of stable high fertility and of fertility decline in Nigeria. Although it focussed only on the Yoruba in Ibadan City, a rich body of data was generated on: 1) the beginning of family limitation; 2) the value of children; and 3) the achieved small family (under-6 live births) (Okediji, Caldwell, Caldwell and Ware 1976). The data were analyzed by several scholars (see the volume Marriage, Fertility and Parenthood in West Africa by Oppong et.al. 1978) and were the basis for Caldwell's wealth-flow thesis, presented in Theory of Fertility Decline (Caldwell 1982).

Findings emanating from these two projects tended to provide support for modernization theories, which hold that, as urbanization, secular education and female employment proceed, changing attitudes toward family size and use of contraceptives occur (Adeokun and Ilori 1976; Arowolo 1978; Farooq 1979; Farooq et. al. 1977; Feyisetan 1985; Freeman et. al. 1983; Omideyi 1983; Orubuloye 1981). But researchers disagreed about the generalizability of these findings for Nigeria as a whole. Thus, while Caldwell (1978); Harrington (1978), and Ware (1981) found secondary education to be associated with work outside the home, type of occupation and type of marital union, Arowolo (1978) concluded that female employment is not related to fertility, based on analysis of the same Ibadan survey data. In 1976, McWilliam and Uche reviewed studies of fertility determinants and concluded that modernization may actually lead to higher fertility in the short term as traditional mechanisms of birth-spacing erode and fail to be replaced by modern contraception.

Other scholars pursued the issue of the effects of traditional birth-spacing mechanisms, notably, breastfeeding and postpartum and terminal abstinence on fertility. Traditionally, these mechanisms had kept fertility levels below the biological maximum but were being eroded by modernization processes, a fact which underscored the need to raise awareness of and use of modern contraceptive methods (Ekanem 1974; Dow 1977; Caldwell and Caldwell 1977, 1981; Ojofeitimi 1981; Adeokun 1981). Researchers also looked at other proximate determinants of fertility, particularly the relatively young age at
marriage or first birth (Ware 1976). Page and Lesthaeghe (1981) report important findings on breastfeeding and postpartum abstinence as methods of birth-spacing and/or fertility limitation in *Child-spacing in Tropical Africa: Traditions and Change*.

The implications of these often contradictory findings for government policy began to be debated during this period. While some researchers argued that high levels of fertility underscored the need for a national population policy and program, others countered that the high value of children, preponderance of polygynous unions and ignorance and lack of interest in modern contraceptives, except for spacing births, accounted for a low demand for contraceptives (Bradley and Giles 1981; Caldwell and Caldwell 1976; Lucas and Ukaegbu 1977; Okoje and Montague 1975; Okore 1977; Orubuloye 1977; Oyediran and Ewumi 1976; Trevor 1975; Uyanga 1979; Ware 1976; Weiss et. al. 1985), thereby suggesting that family planning services would not be a cost-effective investment.

There were also too many deficiencies in the knowledge base to convince the government to change its attitude toward population policy. Most of the research focussed only on the southern parts of the country and on the Yoruba, in particular, although the Ibo had received some research attention. But women's conditions in the northern regions of the country where women were not being exposed to modernization forces had received scant attention. As late as 1981/82 when the Nigerian Fertility Survey was carried out, 81.2% of women in the Northeast and 96.5% of women in the Northwest had no formal schooling. In the southern regions of the country, in contrast, the proportions with no schooling ranged from 44 to 47%. Although there was growing awareness that women in different parts of the country led very different lives (Burnham 1974), no work had yet addressed the implications of this for fertility transition. The net effect of the fact that most research focussed on the southern region was that an overly optimistic view was provided in the 1975-84 period as to the potential for population change in Nigeria.

**The Third Phase: From 1985 to the Present**

In the early part of the third period, which covers the period from 1985 to the present, Nigeria engaged in a national discussion of its population trends, which was followed by the adoption of a national population policy in 1988 and subsequent expansion of government-sponsored family planning services. Not surprisingly, donor assistance for population programs increased in this period, focussing on strengthening national policy and program efforts through technical and financial assistance. The government's objective, shared by donors, was to increase the use of modern contraceptives as a means of improving maternal and child health. As such, the federal government set about building and extending its maternal and child health services under which family planning was one component. Some donors, however, channelled their support largely to the family planning component of those services (e.g. for training family planning personnel, equipping health facilities and supplying contraceptive commodities).

Donors also increased their support to operations and applied research during this period. For instance, studies were supported to improve understanding of: (a) barriers to effective family planning delivery (Aboderin 1986; Akintunde 1986; Coleman 1988; Masha 1986; NTA 1987; Rimon 1986); (b) contraceptive innovators and how their numbers could be increased (Oni 1986; Makinwa-Adebusoye 1991, 1992); and (c) impediments to contraceptive acceptance and how they could be removed (Covington et. al. 1986; Makinwa-Adebusoye 1993). A number of clinic-based studies were undertaken as services expanded (e.g. Kim et. al. 1992). The impact of modernization in reducing the duration of

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postpartum abstinence and on fertility was also emphasized (e.g. Aborampah 1987).

With the emergence of an official population policy and government support to family planning services, researchers aided the search for alternative strategies that could enhance awareness and use of these services. This work was spearheaded by Dr. O. A. Ladipo at University College Hospital, University of Ibadan and his colleague, Grace Delano. In Oyo State, two pilot projects in community-based distribution (CBD) were initiated to determine whether relatively unskilled personnel could be used in the service delivery process. Trained agents were provided with a box of supplies including some family planning commodities (pills, condoms, foam tablets) and simple health treatment kits such as remedies for malaria and diarrhea. The first project focussed on rural areas and the second on markets in Ibadan. The rural CBD project recruited men and women from their own communities while the market CBD projects recruited women traders as agents. Eventually, the market CBD project expanded to over 225 agents in 30 markets. With backup technical assistance from Colombia University, the CBD projects were evaluated by Ladipo and his colleagues (1987); also see UCH 1985); other findings were reported in the Proceedings of the Conference on Community-based Distribution and Alternative Delivery Systems in Africa, Harare, Zimbabwe, November 3-7, 1988. As population programs spread to other parts of Nigeria, the CBD project served as a model for reaching low-income sectors of the population.

Concern for adolescents generated large-scale surveys in Ibadan and other urban centres to determine their attitude toward knowledge and practice of contraceptives. Those studies found that adolescents initiated into sex at age 16 on average were abysmally ignorant of human physiology and seldom used contraceptive methods (Ladipo et. al.; Makinwa-Adebusoye 1991, 1992). Early initiation into sexual experience correlated with a high incidence of abortion, which was also of growing concern because of the risks associated with an illegal procedure. Nichols et. al. (1986) found that 17% of girls in secondary school had been pregnant and that 79% of them subsequently aborted or miscarried. Among university students, those rates increased to 25% pregnant of whom 97% aborted.

Findings from other studies cast additional light on adolescent sexual behaviour. For instance, the Caldwell’s also found relatively low rates of contraceptive use among teens, in their CAFN study, but they noted that those rates were actually two times those for married women. In other words, in a low contracepting society, teens were more likely than married women to be favourably disposed toward contraceptive use. That finding was reported in a 1992 article in which Caldwell, Orubuloye and Caldwell (pp. 5-7) argue that teens will be participants in Nigeria’s fertility transition, in contrast with patterns observed in other regions where teens are the last group to take up contraceptive use. (Also see Orubuloye, I.O., Caldwell, J.C. and Caldwell, P. 1991).

Research also expanded during the third period on specialized issues such as maternal mortality (Adetoro 1987; Chukwudebelu 1988; Okafor and Rizzuto 1994; and Okonofua 1992), abortion (Smith and Janowitz 1984), child health (Harrison, K.A. 1985; Scheer and Ebrahim 1985; Udjo 1987) and sexual practices and the spread of AIDS (Chikwem et al. 1989; Ladipo et al. 1984; Odebiyi 1992; Orubuloye et al. 1991).

Although the vast majority of work during the third phase focussed on the lines of research described above, another line of work examined a broader question, namely, what are the cultural props for high fertility and how can these be weakened and/or removed entirely? (See several articles in Van de Walle and Ebibgola 1987). In 1990, the Nigerian Demographic and Health Survey (Nigeria 1992) was carried out and it provided further evidence that considerable differences exist across regions in contraceptive
knowledge, attitudes and practices (Adewuyi and Isuigo-Abanihe 1991; Makinwa-Adebusoye and Feyesetan 1994). The correlates of these differences, however, could not be identified because the DHS contains almost no information on women's status, ethnicity, or other cultural factors that might underline those regional differences. In order to shed light on the socio-cultural issues underlying regional differences in Nigerian fertility, a project on Status of Women and Fertility (SWAF) directed by the authors of this report was initiated in the early 1990s. The principal objective of the study was to examine the determinants of differentials in women's status across Nigerian ethnic groups and evaluate the importance of those differences for reproductive processes. With the help of colleagues from six different Nigerian universities, Makinwa-Adebusoye and Kritz carried out a survey of husbands and wives in six ethnic groups -- the Hausa, Ibo, Ijaw, Kanuri, Tiv, and Yoruba. Findings from that survey are discussed in the next section since they are pertinent to the decision-making process.

Reproductive Decision-Making

As noted earlier in this report, research on family planning decision-making was ignored altogether in the pre-Bucharest phase but it began to receive some research attention in the second period. Only in recent years, however, have scholars started looking carefully at the decision-making process in Nigeria and how it affects service utilization. Two issues have dominated the work that has been done on decision-making: who makes the decision to use contraceptives, men or their wives; and under what conditions are women more likely to be involved in that decision-making process?

As regards the one who makes decisions on reproduction and use of contraceptives, a distinction should be made between who makes the decision on how many children to bear and who makes the decision on the use of contraceptives. On the basis of the CAFN project, Caldwell (1987) advanced the argument that men and their lineages rule over reproduction and decide on matters of family size in Nigeria and elsewhere in Africa. Although no study has evaluated that hypothesis with empirical data, the view continues to persist that men are the dominant decision-makers on fertility matters in Africa (Isiugo-Abanihe 1994; Renne 1993). In recent years, some researchers have started gathering data that allow them to address the issue of the role of husbands in fertility and family planning decisions in Nigeria. Oni and McCarthy (1991), for instance, surveyed men in Ilorin and asked them whether they or their wives should decide about contraceptive use. Most men in that survey said they should decide and those numbers are highest among men who have no education or who have only primary education (60%). Hardly any men said the wife should decide and only men with post-secondary education favoured the modern response, i.e. that both spouses should make the decision (57%).

The findings by Oni and McCarthy (1991) are somewhat inconsistent with those reported by Caldwell and Caldwell (1978) almost twenty years earlier based on the CAFN data. In the latter's study of demographic innovators, they also reported that husbands usually made the decision to limit family size (in just over half of the marriages) but they found a higher proportion of marriages in which the wife makes the decision (this was the case in about a third of all the marriages). Oni and McCarthy (1991), however, report almost no incidence of wives taking the decision. Since both studies were carried out on the Yoruba, the discrepancy cannot be attributed to cultural context. A possible explanation, suggested by the Caldwell's study (1978), is that household decision-making does not follow the logic suggested by modernization theories, which hold that women become more involved in the decision-making process as modernization proceeds. In particular, the Caldwell found that marriages in which wives are more likely to make family size decisions tend to be traditional ones while husbands or both spouses are more likely to take joint decisions in modern marriages. They argued that this is consistent with the social organization of the traditional household in that women in polygynous households (e.g.
in Yoruba society) are economically and emotionally autonomous vis-à-vis their husbands (Caldwell 1976). That autonomy, however, may be eroding as social change spreads the practice of the nuclear household. Thus, the Oni and McCarthy study (1991), which was carried out almost 20 years after the Caldwells' study, may have encountered fewer cases in which husbands think their wives should decide on the use of contraceptives because that norm has now changed.

Other studies have looked at the decision-making process from the standpoint of the couple, based on data gathered from wives and their husbands. The first study of this type carried out by Mott and Mott (1985) found a high degree of couple agreement on the use of family planning but significant disagreement on prospective fertility intentions. They concluded, however, that those differences are not important for fertility outcomes because they tend to cancel out at the aggregate level.

Kritz et al. (1995) look at several dimensions of spousal agreement and find relatively high levels (a third or more) or spousal disagreement on the desire for more children, spousal communication on family planning in the past year, and wife say on family size. Those levels, however, vary sharply across ethnic groups and appear to be related to women's status in their respective societies. For instance, spouses from groups in which women's status is lowest (e.g. the Kanuri and Hausa) have higher levels of disagreement on fertility desires than those from ethnic groups in which women's status is higher (Yoruba, Ibo, and Ijaw). Moreover, they find higher levels of communication and joint decision-making among the Yoruba, Ibo, and Ijaw. In contrast with the Kanuri and Hausa groups in which most husbands and wives (about 80%) agree that they never talk about family planning and that the wife has no say on family size, Kritz et al. (1995) found that Yoruba, Ibo, and Ijaw spouses were much more likely to agreed that they did talk about family planning in the past year (over a third of Ibo spouses and about 20% of Yoruba and Ijaw spouses said they talked) and that the wife has some say on matters concerning family size (40-60% agreed that the wife had some say).

The study then addressed the question of whether agreement on fertility desires, communication on family planning and wife say on family size could predict spousal agreement on the use of family planning (Kritz et al. 1995). That part of the analysis showed that spousal communication on family planning was the best predictor of contraceptive use but that even after controlling for spousal agreement on the three issues examined in the study (fertility desires, communication on family planning, wife say on family size) and spouses' socio-economic characteristics (e.g. education, work, etc.), Kanuri and Hausa wives are still significantly less likely to indicate that they use or will use family planning. They conclude that "efforts to increase contraceptive use in groups such as the Hausa and Kanuri will be ineffective unless concerted IEC work is first directed toward men and a message is developed... that men themselves will benefit from smaller family size" (p.28).

Bankole (1995) also looked at the importance of spousal agreement for reproductive outcomes. In particular, he examined the effects of joint fertility desires on fertility using panel data from 1984 and 1986 surveys. He found that spousal agreement/disagreement is a significant determinant of subsequent fertility. In cases where the couple disagrees on the desire for more children, his analysis shows that subsequent fertility falls between the fertility of spouses who want more children and those who want to stop having more children. Although he found that the desires of both spouses carry the same weight on subsequent fertility, when he disaggregated the analysis by the number of living children, he found that the husband's desires are more important when the family size is small but that the wife's desires become more important when the number of living children is large. He interprets this finding using a life cycle argument, noting that in the Yoruba cultural context, women obtain increased autonomy and status within the household as they secure their position within their natal families.
Other recent work of interest indicates that maternal health and use of services is constrained by community perceptions and beliefs. For instance, Okafor and Rizzuto (1994) carried out 160 focus group discussions in four States (Akwa-Ibom, Enugu, Rivers, and Benue) and found that traditional birth attendants (TBAs) are "not only a significant source of misinformation, but may also, at times, be deliberately discouraging women from seeking higher levels of care" (356-7). They found, for example, that TBAs still hold superstitions regarding pregnancy and its complications that they pass on to women; they do not recognize the signs and symptoms of pregnancy complications and tend to have poor working relations with midwives in their communities, as well as with health care personnel at maternity centres and hospitals in their zones. Nonetheless, in the zones covered by the study, the TBAs are the most important providers of pregnancy service and they attend most pregnant women in rural areas. Efforts by Askew et al. (1994) to identify indicators for measuring the quality of family planning services may help improve maternal and child health services.

Conclusion

In this review of the Nigerian research literature since independence, it is clear that the volume of material being produced has increased considerably and that the research community is now making efforts to improve knowledge in specialized areas. On the other hand, our assessment of available research also indicates that the problem of unevenness of knowledge and capacity mentioned at the outset of this report remains a major problem. The literature and search indicates that very little is known about population determinants in Northern Nigeria, where almost half of the population resides. Although the Nigerian WFS and DHS surveys provide information on basic demographic indicators and show growing differentials across regions in both fertility and health regimes, they have shed very little light on the determinants or consequences of regional differences in fertility regimes for women's lives and fertility transitions. As discussed in the decision-making section, it is becoming increasingly clear that women's position in the family and community has an important bearing on fertility regimes in Nigeria but the implications for policies and programs remain unclear. The task for the research community in the years ahead is to address the issue of how women's position can be improved in societies that resist educating their daughters and allowing their women to work outside the home. The only course toward doing so may be to convince men in highly patriarchal societies that advancing the position of women will also advance their own economic and social status.

Table 1 : Literature on population dynamics in Nigeria

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<td>(3b) Family planning attitudes</td>
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<td>(4) Reproductive health</td>
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<td>(5) Women's status</td>
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<td>(5a) Women's status &amp; family planning</td>
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<td>(5aa) Women's status, family planning and attitudes</td>
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<tr>
<td>(5d) Women's status &amp; decision-making</td>
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</tbody>
</table>

a October 1995

b All literature counts are for Nigeria alone

References


Bibliography. Los Angeles, Ca.: Crossroads Press.


Parenthood in West Africa. Canberra, Australia National University, (Changing Africa Family Project Monograph Series No. 4) (papers from the 15th Seminar of the International Sociological Association Committee on Family Research, Lome, Togo, January 1976).


**NOTES**

- Those countries, by population size order, are: China, India, United States, Brazil, Russia, Indonesia, Pakistan, Bangladesh, and Nigeria.
- Row 1 contains the total number of entries on Nigeria for the entire POPLINE database. The other rows give counts for subsets of the database. The POPLINE database includes only articles published in leading population journals and, as such, is not a compilation of all population literature on Nigeria.
- After reviewing the items included in the sub-categories shown in Table 1, we decided that the POPLINE classifications do not identify the best literature available on particular topics so we should not limit the discussion to the items identified via the POPLINE compilations.
- Articles cited provide an illustrative rather than exhaustive listing. We made an effort to select the most important work but other compilations might differ, given the large amount of material available. The internal ordering of sources is alphabetical.
- At several other Nigerian Universities, students receive training in demography in Social Science disciplines such as Geography, Economics, Sociology and Anthropology.
- In contrast, reporting on the characteristics of contraceptive acceptors at Ile Ife University Teaching Hospital, Ayangade (1984) reported that the majority of users (78.4%) were aged 30-39 and, therefore, concluded "that family planning is used to limit family size rather than to space births...".
- A division of labour between funding agencies emerged during this period. Bilateral and multilateral agencies focussed their research funding largely on provision of family planning services and operations research while private foundations (e.g. Rockfeller and Ford) supported research that could clarify the root causes of high fertility and the context underlying population policies and programs.


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