

Has Fertility Trends Changed in Nigeria Since 1999?

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Abstract

There is a growing awareness of the increasing cost of rearing children globally. This awareness has led to a reduction in fertility and a preference for smaller family sizes. This is however not the case in Nigeria because the Total Fertility Rate (TFR) remains high (well over 5 percent). This study aimed at exploring the changing fertility trends among women in Nigeria. Specifically, it examined trends in total fertility rates, contraceptive use and knowledge of the fertile period. The study utilized secondary data from the Nigeria Demographic and Health Survey (NDHS) (1999 – 2014). Survey design was used to draw a nationally representative sample that was used to elicit information on these variables. This involved a multi staged sampling technique. The population was clustered into the thirty-six states and six geopolitical zones, two states from each zone were selected using simple random sampling. The immunization numbering of households was utilized to select the household heads that participated in the study. Results indicated that there is only a marginal change (decline) in fertility trend from 6.0 percent in 1999 to 5.5 percent in 2014. The trend in contraceptive use is changing very slowly – use of any method changed from 6 percent in 1999 to 15 percent in 2014. Knowledge of the fertile period is low. The study indicates a one-sided improvement in health-related services in Nigeria hence there is an urgent need to provide balanced services. That is providing information, services as well as access and utilization.

Keywords: Family planning, Contraception, Fertility Preferences, Nigeria Demographic Health Survey (NDHS)

Introduction

Family Planning refers to a conscious effort by a couple to limit or space the number of children they want to have using contraceptive methods (United Nations Foundation UNF, 2015). The frequency with which contraception is utilized determines the success or otherwise of the process. There is a growing awareness of the negative effects of unlimited childbirth on the health of women, the children and society. This is especially true because women and girls are now aware of their rights and have the means, to decide freely for themselves whether and when to have children (UNF, 2015). Access to voluntary family planning leads to transformational benefits across the development spectrum and is one of the smartest investments a country can make in its future. In 2013, donor government disbursed US\$1.3 billion in bilateral funding for Family Planning Programme representing a nearly 20 percent increase since 2012 as well as US \$ 460 million in core contributions to the United Nations Population Fund (UNF, 2015).

Meanwhile, one of the objectives of Nigeria's National Policy on Population is to reduce the high level of fertility in the country (National Population Commission, 1998). The guiding principles in achieving this objective is to emphasize the voluntary acceptance of family planning methods, in accordance with fundamental human rights, that all couples and individuals should decide freely and responsibly on the timing, number, and spacing of their children for a manageable family size and that government has a responsibility to facilitate people's ability to make informed choices and to create an enhancing environment in which they can effectively manage their lives (UNF, 2015; NPC, 1998). Women and reproductive health issues are more than ever before coming to the fore in the world and Nigeria. This study provides a framework for exploring the basic transformation in fertility preferences because of exposure to different family planning programmes. This is the case because childbearing women have been subjected to avoidable health conditions that often lead to death or life long disabilities because of

unplanned fertility and spacing. The chances of dying in early childhood are much higher when children are born to mothers who are too young or too old, children born two years apart are more likely to survive than children born too closely. Very young mothers may experience difficult pregnancies and deliveries because of their physical immaturity. Older women may also experience age-related problems during pregnancy and delivery. A mother is too young if she is less than 18 years and too old, if she is older than 34 years at the time of delivery. A short birth interval is a birth occurring within 24 months of a previous birth (Ugal, 2010; NPC, 2013).

From the analysis above, there is crucial need to assess and compare the impact of family planning on fertility preference among women in Nigeria. This will be done with a view to appreciating the status of this relationship to provide information and materials needed to formulate policies towards smaller family size. It will also provide ready and relevant baseline for the trend and differentials in the family planning programming and change in fertility policy over ten-year period. This will provide a ready reference for policy advocacy, planning and new directions at forming frontiers for intervention.

It is therefore common knowledge that when a country adopts a family planning programme, it is accepted that it will elicit a change in the fertility preferences in that country. Diffusion of information about and access to contraceptive methods aided by a rapid expansion of family planning programmes is one sure way of eliciting this change.

Bongaarts posited that contraceptive behaviour in the developing world had changed markedly over the past three decades. (Bongaarts, 1978). This revolution in contraception behaviour has been driven by a desire to reduce family size, as social and economic changes have increased the cost of rearing children and reduce the benefits associated with having many children. The revolution and expansion in contraceptive use among women and men is expected to affect fertility preference. Though studies have pointed to this (Bongaarts, 1978; UNDP, UNICEF, & UNPFA 2000; Bongaarts,

2002 & Ross et al, 2005) but to what extent has this expansion affected fertility preferences in Nigeria? This forms the basis for this research.

The research generally seeks to access fertility trends in Nigeria using data from the National Demographic Health Survey (NPC 2003; NPC2008; NPC 2013; Feyistan & Bankole, 1994). Specifically, the research seeks to graphically: Assess the trend in fertility, examine trends in contraceptive use and explore trends in knowledge of fertile period.

METHODS

Study design

This was a cross sectional survey design. It involved the entire country. Data for the study was drawn from the Nigerian Demographic and Health Survey (NDHS). This was a nationally representative sample of more than 360,000 households. All women age 15 - 49 in these households and all men age 15-59 in a sub- sample of the households were individually interviewed.

The sample for the NDHS was designed to provide population and health indicators at the national, zonal and state levels. The design allowed for specific indicators such as contraceptive use and knowledge to be calculated.

Study setting and population

The study was carried out in each of the six geopolitical zones, 36 states, and the federal capital territory. The sampling frame used was the 2006 population and housing census of the Federal Republic of Nigeria. The Primary Sampling Unit (PSU) was used as a cluster for the 2006 census defined based on the Enumeration Area (EA) in the census. The sample was selected using a stratified sampling on a two- stage cluster design consisting of 888 clusters, 286 in the urban and 602 in the rural areas. A representative sample of 361,800 households was selected for the survey with a minimum target of 9500 completed interviews per state. In each state, the number of households were distributed proportionately among its urban and rural areas.

A complete listing of households and a sampling exercise were carried out for each cluster from April, to May, with the result of households serving in the sampling frame for the selection of households in the second stage. All private households were listed in the second stage of selection, an

average of 41 households were selected in each cluster by age 15-49 who were either permanent resident of the households or visitors present in the households on the night before the survey were eligible to be interviewed. In a sub-sample of half of the household all men age 15-59 who were either permanent resident of the households in the 2008 NDHS sample or visitors present in the household on the night before the survey were eligible to be interviewed.

Three questionnaires were used - the households' questionnaire used to list all the usual members and visitors of selected households. The women's questionnaire was used to complete information on all women age 15-49 and the men questionnaire administered to all the age 15-59 in every second household to all men. It collected much of same information found in the women's questionnaire.

Thirty-seven interviewing teams carried out data collection; each team consisted of one supervisor, one field editor, four female interviewers, two male interviewers and two drivers. The total number of women interviewed was 133,385. The analysis presented in the paper is therefore based on the number above. For this paper, the variables of interest were isolated and presented graphically - trends in fertility, trends in contraceptive use and knowledge of the fertile period were examined.

Measurement of data, data management and analysis

The study was interested in assessing the trend in fertility, contraceptive use and knowledge of fertile period. Following from here, the variables were isolated, and their percentages noted. Both the frequencies and the percentages were aggregated and imputed into the Statistical Package for Social Sciences (SPSS). Descriptive statistics was further used to show trends in fertility, contraceptive use and knowledge of the fertile period.

RESULTS

This section present results on the different objectives of the study as indicated.

Trends in total fertility rate

The total fertility rate (TFR) declined from 6.0 in 1999 to 5.5 in births per women in the 2013 NDHS. The trend is presented graphically below

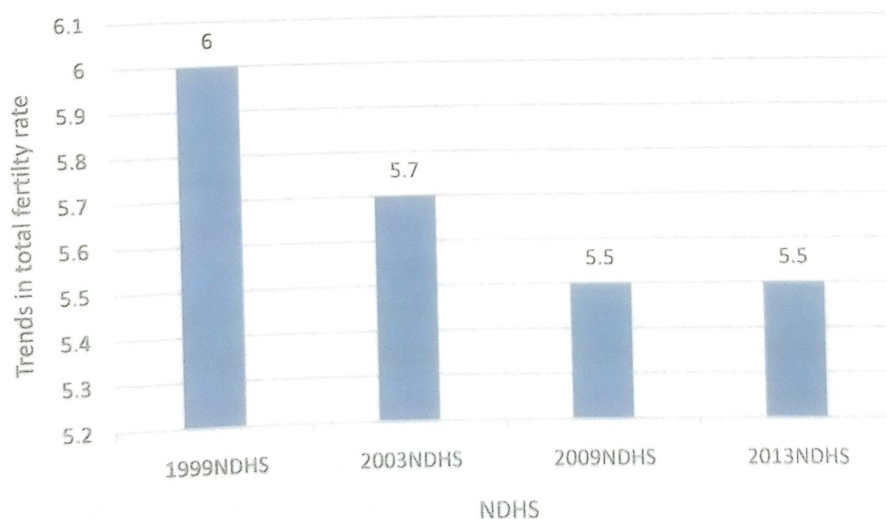


Figure 1: Trends in Total Fertility Rate (TFR)
Source NDHS 1999 - 2013

From above, it can be noted that fertility trends have changed only marginally. Women who desire to have one more child or none are most likely to have over four living children.

The proportion of women who either wanted no more children or have been sterilized increased rapidly with the number of living children from one percent among women with one child to 5 percent among women with two children and 33 percent or more among women with five or more children.

The knowledge an individual has about the fertility or reproductive period goes a long way to determining the plan on fertility and family planning services that the person may use.

The indication in all the NDHS shows very marginal differences. For instance, in 2009 from all statements posed for knowledge of the fertile period, only about 37 percent posited that the fertile period was right after menstrual period has ended.

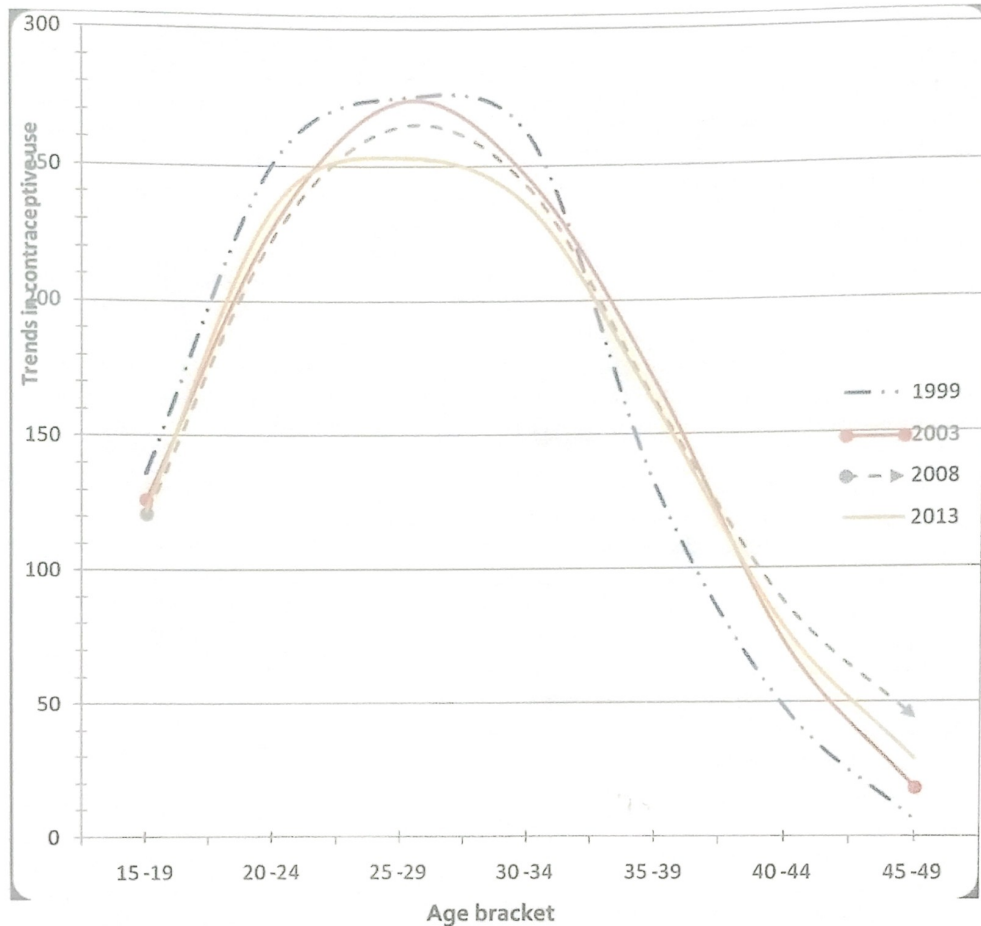


Figure 2: Age Specific Fertility Rate (1999 – 2013)

Trends in contraceptive use

The trend of contraceptive use in the period of assessment has been very slow. In fact, from the first NDHS in 1999 to 2013, there has been a marginal change in the trend of utilization of contraceptives. The 2009 and 2014 showed slight improvement. This is explained within the framework of expansion in the level of information concerning contraceptive use and the ravaging epidemic of sexually transmitted infection (STIs). In 2009, 29 percent of all women reported ever using a method of contraceptive at some time. By 2014, about 36 percent reported to have used contraception at some time, placing this side by side the desire to limit child bearing, the situation is similar. This is because limiting child birth is a function of the number of children that are living. By 2009, 20 percent of women aged 15 - 49 indicated no desire for more children and more women in urban areas (25 percent) than rural areas (10 percent) wanted to limit child bearing.

From the above, it is obvious that there is a very slow movement towards both use and desire to limit child bearing among women in Nigeria.

Discussion

The study utilized secondary data in exploring graphically the influence of family planning and fertility preference among women in Nigeria.

The findings from figures 1, 2 and 3 showed that fertility transition has been set in motion though the momentum may not be serious. This agrees with assertions that the NDHS suggest that fertility has been declining since the mid-eighties at least among some sub -population groups, though this has been slow (Mankinwa – Adeusoye & Feyistan, 1994). This observation was further stated by Bankole and Olajire(1985) in their analysis of the quantum and tempo of fertility in Nigeria between 1987 -1990 and 1983 – 1986. There was a significant difference in fertility transition as is the case in the present study hence indicating that fertility is transiting towards the third demographic transition level. This was also supported by Oriji, (1989) when he noted that fertility transition has been nonexistence until the mid-eighties, but the trend changed because of the difficult economic stress that started at the time. This led to a general preference for few

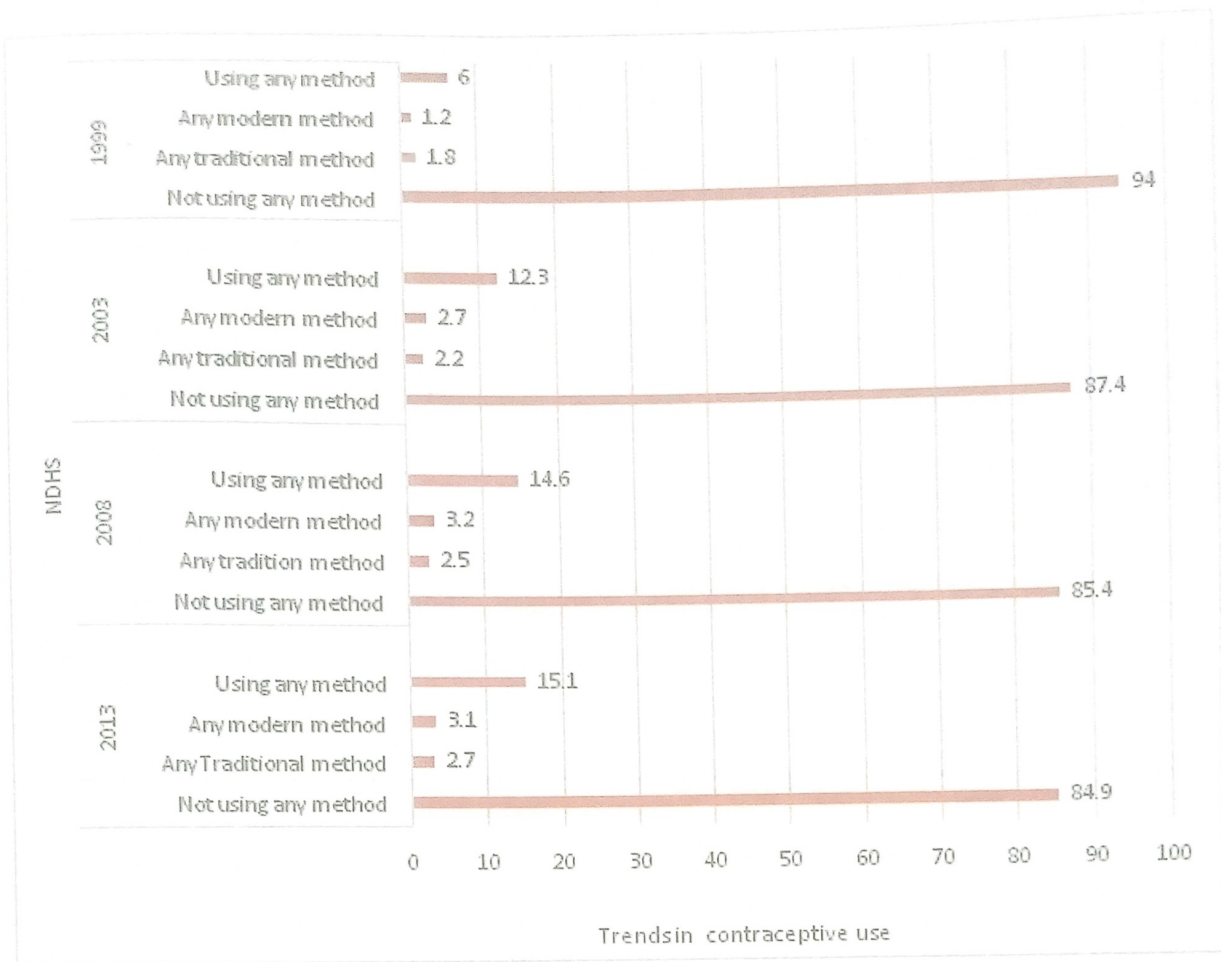


Figure 3: Trends in Contraceptive Use in Nigeria

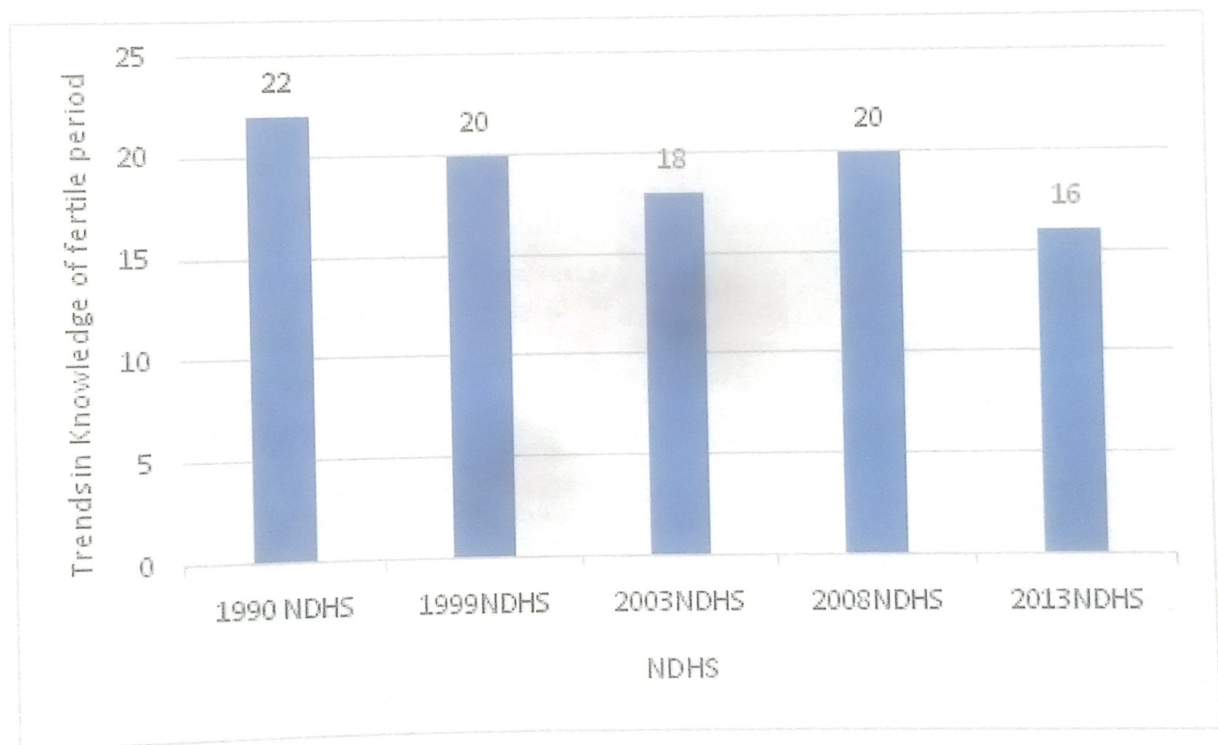


Figure 4: Trends in knowledge of fertile period

children especially among women who had many children alive. Mankinwa-Adeusoye and Feyisetan (1994) posited that sustained declines in fertility are a direct function of fertility norms towards smaller family sizes. This is usually manifested in the demand for an additional child; hence a trend of a decline in the demand for children will reflect in declining fertility transition. This is still very far from achieving the millennium Development goals (MDGs).

Scholars opined that marriage is the second most important factor in determining declining fertility transitions, especially where child bearing is confined within marriage. The proportion of married women is declining in Nigeria and polygynous unions are also not very fashionable hence the living arrangement has changed. This change does not favour many children because of less frequency of coitus. There is also an increasing contraceptive knowledge and use. According to Bankole and Olajire (1995) over seven percent of all women and six percent of currently married women were using contraception by 1990. According to figure 2, by 1999 contraceptive use had almost doubled. In the preceding NDHS, (figure 3), there have been indications that contraceptive knowledge and use have increased substantially and by the latest NDHS over fifteen percent of all women were using one form of contraception or another from figure 3. Furthermore, the expansion in the provision of family planning services is expected to increase access to family planning services. The fertility – based delivery is being complemented by the community-based distribution programme in order to reach more people. The participation of non – governmental organizations in providing sensitization, education, counseling and delivery of services have increased in recent times having a multiplier effect on access and use. The integration of family planning with the maternal and child health services under the primary health care system offers more opportunities to reach potential clients. With the increasing participation of males in family planning, a major barrier to contraceptive adoption would have been overcome Mankinwa - Adeusoye, 1994; Bankole and Olajire, 1985; Oriji, 1989; Fayiestan et al 1998).

These factors have contributed immensely to the expansion and increase in the adoption of contraception that invariably reduce number of child birth. The intensification of these factors will help in enhancing the rapid spread of contraceptive knowledge and adoption. The transition from 6 percent of use of any method in 1999 to 15.1 percent in 2013 is instructive. Analysis on knowledge of fertility period and need for family planning services indicates that over the years there has been increments in the general knowledge about fertility period, but there has been no corresponding improvement in the need for family planning services. This indicates that there is serious unmet need for family planning services, following from the unmet need, most women though may desire to delay or postponed or space another child, do not have the means of doing this since they remain sexually active through the cycle, the tendency of always being pregnant is therefore very high. The knowledge of the fertile period is crucially related to fertility behaviour of the members of society. This is the case as the present study indicates that the knowledge of the fertile period is increasing. If the tempo is sustained it is hoped that there will be a greater improvement in knowledge and a reduction in fertility.

Conclusion/Recommendation

The study explored various variables that impinge on fertility trend using data from NDHS 1999 - 2013. The progress made so far in fertility trend should be sustained to bring about an increased and sustained reduction in total fertility rate. This will affect the developmental aspiration of the country. From the study it is common knowledge that all the indicators are only marginally improved throughout the four NDHS. There is therefore an urgent need to aggressively pursue the Sustainable Development Goals (SDGs) to adequately achieve greater improvement on maternal and child health through controlling fertility by the provision of family planning services.

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