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Fertility Behaviour in Nigeria: Determinants, Consequences and Policy Implications

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Abstract
Fertility behaviour can be defined as patterns of childbearing among couples or women, which is mostly in relation to contraceptive behaviour, number of births, timing of births and other associated reproductive behaviours such as formation of union, co-habitation and marriage. The social implications of high fertility rate include poverty and unemployment,both of which are among the major reasons why there is a high number of destitutes in northern Nigeria and why this region of the country usually has low human development index (HDI). This study examined fertility behaviour, determinants, consequences and policy implications in Nigeria through extensive review of literatures. Review showed that high fertility level, most especially in vulnerable regions such as northern Nigeria, has deterred human development in terms of socio-economic development in the affected region. It was concluded that adequate policies need to be formulated and implemented towards reducing high birth rate in Nigeria. Adequately implemented population policies and sustained family planning programmes, among other factors, tend to lead to high human development index (HDI), an indicator of socio-economic progress and improved standard of living for the people.

Keywords: behaviour, fertility, pattern, determinants, policy, Nigeria

1.0 INTRODUCTION

Fertility behaviour can be defined as patterns of childbearing among couples or women which is mostly in relation to contraceptive behaviour, number of births, timing of births and other associated reproductive behaviours such as formation of union that includes co-habitation and marriage. In Nigeria, studies have showed that exposure of women to the risks of childbearing through early marriage (first marriage) is the most proximate determinant of high fertility in

Nigeria and this has accounted for the high fertility in the northern part of Nigeria and some south western part of the country. Studies have showed that fertility of women is usually dependent on birth spacing, breastfeeding, maternal age (age of entry into reproduction), post-partum sexual abstinence and birth order, to mention a few. These factors in turn have health implications on the women and children (Adebowale, 2020).

High-risk fertility behaviour is linked to some socio-demographic factors such as religion, place of residence, level of education and marital status. Regional variability pertaining to these factors determines eventual fertility levels. Some regions are dominated with religious doctrines that favour pronatalist behaviour while some are low in the level of education, most especially women education. Low level of education for women may have its attendant consequence of lowering the status of women, subjecting women to male dominance, and limiting women's autonomy regarding some fertility intentions and behaviour, such as birth spacing and contraception. Some localities are still prone to early marriage, thereby lengthening women's reproductive life span, and some regions are largely rural, which may favour pronatalist behaviour as against the modern nuclear living (Abdullah*et al.*,2021).

2.0 LITERATURE REVIEW

This section is divided into two. The first part addressed factors that have sustained high fertility behaviour in Nigeria. The second part addressed the policy response to fertility issues raised while subsequent paragraphs are devoted to the discussion..

2.1 Factors that Sustain High Fertility Behaviour in Nigeria

High rate of maternal mortality, infant and child mortality rates have their attendant effect on fertility increase in Nigeria. This is because in the demographic transition, fertility is always responding to mortality. There is need for a comprehensive strategy in helping women avoid unwanted pregnancies and strengthening their effective use of contraceptives. Government's effort needs to be accelerated towards increasing women's understanding about fertility intentions. There is also need for proper engagement of men on reproductive issues, spousal communication, preference for smaller family size, and the need to change pronatalist attitudes.

The practice of polygyny in most Nigerian societies has encouraged competition for childbearing among wives, thereby sustaining high fertility rate. The use of modern contraceptives was rejected by most traditional societies with the claim that such practice violates natural process of procreation and that the traditional long period of breast feeding and post-partum abstinence is adequate enough for child spacing. Nigeria is, however, witnessing fertility

transition due to changes in some of the socio-cultural factors such as increase in age at marriage, increase in use of modern contraceptives, and improvement in women education, all of which have gradually eroded the high value placed on childbearing (Bawole & Ajei, 2020).

By law of demographic transition, fertility naturally declines in response to falling child mortality; so that if the health and living conditions of the people are improved, there will be reduction in child and infant mortality rate, which will invariable lead to fertility reduction. The sustainable development goals of poverty reduction, zero hunger, good health and well-being of the people are, in this way, actualized. Erosion of patriarchal family structure, which will invariably give more autonomy to women, promotes gender equity and reduces inequality in the society, thereby fulfilling Goals 5 and 10 of the sustainable development goals. Achievement of female autonomy, and improved gender equity will also serve as supplements on government efforts towards encouraging the use of modern methods of birth control and family planning (Abdullah *et al.*,2021; Godswill, 2010).

2.1.1 Age of Entry into Reproduction and Marriage among Couples

Age of entry into reproduction is used in the context of early marriage, so that the earlier the marriage of every couple (either male or female), the longer the reproductive life span of such couples, thereby leading to increased fertility. Regionally, early marriage is mostly associated with the northern part of Nigeria and this is one of the factors that explain the high fertility rate in the northern part of the country when compared to other regions such as the south western part of Nigeria. Early marriage in the northern part of Nigeria can also be attributed to the low education status of women, high importance attached to childbearing and having families, cultural practices and religious beliefs, especially Islamic belief. Early marriage is very common in developing countries like Nigeria. Age at first marriage may have serious health implications on both the women involved and their under-five children (Aboluwaji, 2021; Stephen *et al.,* 2012).

There is need to abolish child marriage in Nigeria due to its attendant consequences. To achieve this objective, the constitution of Nigeria needs to be amended to ensure that the 18 years minimum age for marriage provided in the Child's Right Act is applicable throughout the country for customary, civil and religious marriages. There is need for adequate registration of marriages and births in both rural and urban areas in order to help the appropriate authorities to enforce the minimum age at marriage throughout the country. Rural dwellers need to be well enlightened and educated on the health hazards associated with child marriage. There is need to stress the importance and economic benefits of girl child education (Adebowale 2020; Miriam *et al.*, 2018).

Child marriage remains dominant in sub-Saharan Africa because early and child marriage is accepted within the customary law and tradition of the people. Government has failed to enact laws regarding this issue in northern Nigeria. Laws and provisions on early marriage within the context of marriage age should be fundamental in addressing the menace of child marriage in Nigeria. In Nigeria, adequate studies have not been conducted in examining the issue of early marriage and this is paramount in sub-Saharan Africa considering the low education, self-esteem of women coupled with religious doctrines attached to early marriage (Kingsley & Mudiaga, 2020).

2.1.2 Family Planning, Contraceptive Use and Birth Spacing among Couples

Researchers on family planning often overlook the importance of men's involvement in couples' contraceptive use and fertility choices. Male involvement is a very crucial factor that determines reproductive and sexual health programming. There is city and country variations across geographical contexts. There is need for gender-comprehensive and context-specific programmes in reducing unmet needs for family planning in Nigeria (Clifford & Yemi, 2020).

Modern contraceptive use in Nigeria remain low despite socio-economic and health benefits associated with its use. Given Nigeria's commitment towards doubling contraceptive prevalence and use within four years, there is need to investigate the factors affecting and mediating use behaviour for various government programmes pertaining to contraceptive use to be responsive and yield positive results. In overall, community and individual level where there is female education, autonomy and access to health care facilities, there is high percentage of contraceptive use. Communities with higher proportions of Muslims and polygamous families showed negative results in modern contraceptive use. Apart from South Africa, other parts of Africa, especially sub-Saharan Africa, have low use of contraceptives. Place of residence, poverty, community and individual characteristics were significant factors influencing use of modern contraception in Nigeria, and this needs to be taken into consideration in family planning programmes in the country (Abdullah *et al.*, 2021; Clara *et al.*, 2015).

There is low rate of contraceptive use despite widespread nature of sexual activity and awareness of various contraceptive methods among Nigerian youths and adolescents. As a result of this, there have been several abortions and unintended pregnancies among youths, which has contributed to high maternal mortality rate. This indicates large unmet need for contraceptive use. Several researchers have identified factors that have contributed to low prevalence of modern contraceptive use in Nigeria, with the most prevalent

factor being myth associated with the side effects of modern contraceptives. Lack of political is hindering large-scale provision of family planning programmes and adoption of community-oriented approaches aimed at changing the myths about side effects of modern contraceptive use in Nigeria. There is need for Nigeria to generate a political priority and will towards making a change in maternal health indicators with the ultimate goal of providing direction in guiding changes in the Nigerian population policy as it affects family planning and contraceptive use (Aboluwaji, 2021; Emmanuel *et al.,* 2010).

2.1.3 Parity of Children Attributed to Every Couple

There are socio-demographic indicators that may influence family planning in terms of usage of contraception. Parity progression from parity 0 to 4 was consistently higher among women who never used contraception. Completed fertility was significantly higher among never-users of contraceptives. Contraceptive use is still low in various parts of the country despite the health benefits associated with birth spacing and family planning. There is need for continuous examination of various intervening variables that might have hindered the usage with a view to allowing various government programmes to yield positive results (Adebowale, 2020; Stephen *et al.,* 2011). Past family-planning programmes in Nigeria were mainly directed towards the women, ignoring the fact that family planning is a collective effort of both men and women.

Northern Nigeria remains a dominant patrilineal society characterised by early marriage. Men determine contraceptive and familial fertility decisions. Willingness of husbands to allow their spouses to adopt and use family planning practices will go a long way in determining the pace of fertility reduction in Nigeria. There is high knowledge of contraceptive use but a generally negative attitude towards limiting family size for economic reasons and consequently low rates of contraceptive use. Respondents who showed positive interest towards contraceptive use were more willing to use contraceptive for child spacing than use it for limiting family size. Attitudes of men are very important on making decisions regarding contraceptive use. Since knowledge of contraception is already high among respondents, both male and female, family planning programmes that focused mainly on women will continue to achieve limited success in northern Nigeria and other patrilineal societies where similar programmes are pursued (Mustapha & Ismaila, 2006).

3.0 METHODOLOGY

This study employed extensive review of scholarly articles as methodology. Meaning and definition of concepts relating to fertility behaviour, determinants,

consequences, as well as policy implications in Nigeria were accessed from the internet and other electronic search devices. Deductions were made from the literatures and discussed. The author's personal conclusion formed the last section.

4.0 SUMMARY OF DISCUSSION

Nigerian culture still places high premium on childbirth and on having large families. Most of the modern family planning techniques such as use of contraceptives are still confronted with strong contempt and rejection because they are against the natural process of reproduction. Religious factors on early marriage and polygamous family structure have also exerted influenced opinions in favour of having large families and boosting fertility, most especially in the northern part of Nigeria. These are some of the reasons why the northern part of Nigeria is still far behind in terms of the achievement of the sustainable development goals (SDGs) when compared to the southern part of the country. Girl-child education is still very low in northern Nigeria when compared to the southern region. This has in turn triggered gender inequity, increased poverty, and limited healthcare delivery and general well-being of the people of the region.

Variations in levels of fertility among populations are often attributed to four main factors, which are rate of induced abortion, proportion of sexual exposure, duration of postpartum abstinence and prevalence of contraceptive use. Low economic status of women has the tendency of leading to high fertility. Other social factors such as caste system, joint family, lack of social mobility, community life, lower status of women and joint occupation, which are common in developing countries, might have accounted for the high fertility rate in northern Nigeria. Davis and Blake proposed eleven determinants of fertility levels in the mid-1950s and their determinants include: prevalence of contraceptive use, proportion of married women, rate of induced abortion, sterility, frequency of sexual intercourse, duration of fertile period and spontaneous intrauterine mortality.

Practice of family planning in terms of contraceptive use and birth spacing among couples in Nigeria still leaves much to be desired, most especially in the northern part of the country. This is because of some cultural beliefs about contraceptive use that obstructs the natural process of reproduction. Also, some cultures attach great importance to having large families, believing that the children would be of assistance in the farm and would provide for their parents in old age. Some cultures prefer natural method of family planning such as post-partum abstinence to use of contraceptive devices; such cultures believe that use of modern methods may have negative effects on the couple, most especially the woman. Moreover, some religions do not support some of the modern

methods, like sterilization, and would rather throw their support in favour of modern methods such as prolonged natural breast-feeding and post-partum abstinence. This can explain why fertility levels remain high in sub-Saharan African countries when compared to other regions of the continent. In demography, family planning is a very important fertility variable that determines parity, birth spacing and even children-ever-born to a particular woman.

5.0 POLICY INTERVENTIONS ON FERTILITY IN NIGERIA

The 2021 national population policy on fertility in Nigeria employed several strategies in addressing the country's rapid growth in population and addressing its negative effects on development. Some of the strategies employed include:

- providing resource allocation to ensure that sufficient funding on commodities and family planning services are available;
- focusing on making family planning materials accessible at little or no cost through various health care providers at various levels with insurance offerings;
- implementing multi-sectoral and coordinated approach to family planning management across various levels and sectors of the government in order to effectively manage population growth rate and harness the country's demographic dividend;
- executing effective communication that leverages on social media to raise public awareness and ensure wide dissemination of policy initiatives and engagement, thereby bridging communication gaps between end-users and implementers;
- building the capacity of community workers, health care providers, and other key stakeholders involved in delivering family planning and other reproductive health care services in the country;
- establishing national council for population management, which is a high-level council chaired by the president of the federation, to provide strategic direction and support for policy implementation;
- utilising reliable, credible and timely data in guiding policy implementation, especially with regard to the forthcoming censuses which are expected to provide necessary and credible information;
- investing in quality education by emphasizing the importance of quality education most especially for young adult girls in order to achieve human capital development and significant demographic transition in

Nigeria; and

- maximizing reproductive health and family planning initiatives by expanding access to modern contraceptive methods of family planning, counselling on family planning, provision of family planning commodities in order to improve birth spacing and reduce high fertility levels in the country.

These strategies are aimed at improving the quality of lives and standard of living of Nigerians through promoting sustainable development and harnessing the country's demographic potential.

The Nigerian 2021 national population policy has several merits and strengths towards addressing the country's rapid growth in population and assessing its impacts on national development. Some key benefits of the policy include, in no particular order:

a. reduction in fertility rate as the policy emphasized expansion in access to modern contraceptive methods and commodities and family planning counselling in order to promote birth spacing thereby enabling the country to achieve rapid control on fertility;

b. improvement of health outcomes in the country through focus on reproductive health and family planning geared towards improving the health conditions of adolescents, women, children and newborns with the ultimate goal of enhancing the overall wellbeing of the citizens;

c. focus on investing in quality education, as the policy underscores the importance of quality education, most especially of young girls, towards achieving significant development in human capital and demographic transition; and

d. promotion of sustainable development through addressing population growth and its negative consequences.

In general, the policy aims at facilitating sufficient demographic transition, harnessing the nation's demographic endowment and realizing sustainable development in the country. The national council on population management was established through this policy. The council is chaired by the president of the country and has the primary goal of providing strategic direction and support for policy implementation. The implementation of the policy is data-driven, as the policy recognizes the need for reliable, credible and timely data that will be needed in guiding implementation of forthcoming censuses. In all, the 2021 national population policy is a significant and sustainable national development that has potential implications for positive outcomes in maternal

health, adolescent and youth rights and women empowerment.

Despite these merits, the policy has flaws and weaknesses that has hindered its effectiveness and impact. The policy is confronted with insufficient funds as the success of the policy lies heavily on adequate funding, most especially regarding family planning services, and Nigerian budgets lack line item on family planning implementation. This resource allocation negligence has raised concerns about government's commitment to successful implementation of the policy.

There is limited public awareness regarding effective communication and public awareness of the policy. The National Orientation Agency (NOA) and National Population Commission (NPC) need to work together to bridge all communication gaps in order to reach the end-users. Challenges in implementation need to be approached on a multi-sectoral dimension that will involve joint participation of government agencies, civil society groups, and other private sector organisations. Coordinating these efforts need to be achieved in order to ensure effective collaboration. The policy also has a shortcoming in its heavy reliance on commitment from the national government for sustainable development and population management so that any defect in government's political will or prioritization could lead to adverse effect on the effectiveness of the policy. The policy is also confronted with religious and cultural barriers as diversity in religious and cultural norms of the country posed huge challenges to the success of the policy, most especially in areas where family planning is not widely accepted. While the policy relied on reliable and credible data, ensuring access to and availability of the data posed serious challenges, most especially in the rural areas. In all, addressing the potential shortcomings of this policy will be very crucial towards accelerating its effectiveness in promoting sustainable development and managing the country's population growth.

6.0 CONCLUSION

Fertility behaviour in terms of birth rate is still high in Nigeria. High fertility level, most especially in vulnerable regions such as northern Nigeria, has deterred human development in terms of socio-economic development. Adequate policies need to be formulated and implemented towards reducing high birth rate, especially in the northern part of Nigeria. Well-implemented population policies and sustained family planning programmes enhance socio-economic progress and improvement in the overall well-being of the populace.

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