

## **Gender Preference; the Harbinger for Fertility Reduction in Egor Local Government Area of Edo State, Nigeria**

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### **Abstract**

The study specifically examined the impact of sex preference on family size in Egor Local Government Area of Edo State, Nigeria using survey design. The study argued that the people in the area of study, in the course of looking for either male or female child, raise large families because of their preferences for specific sex. The study adopted empowerment theory to explicate the nexus between preferences for specific sex vis-a-vis large family size and concluded that women's empowerment in household bargaining power and the preference for specific sex is an important determinant of fertility choice among couples in the study area. The study, therefore, recommended that social security for the aged should be of top priority because number of the high fertility size result from the belief that it will secure the future especially when old.

**Keywords:** Education, Empowerment, Family size, Fertility intention and Gender Preference

### **Introduction**

In Africa, there is high and stable desire for large family size causing a halt on fertility decline. A common explanation for this high prevailing fertility is the wide spread desire for large families (Bongaarts, 2020). This situation poses a challenge to population policy makers and society at large. Fertility rate in Nigeria is one of the highest in Sub-Saharan Africa with a total fertility rate of 5.5 children per woman and desired family size of 6.7 (United Nations, 2019; National Demographic and Health Survey, 2013).

Fertility level in Nigeria remains high and this seems to be triggered by the preference for large family size as well as the desire for a specific sex which further increases the fertility intentions among families. Fertility preferences indicate the extent of intended control over reproductive outcomes, and are therefore vital components in the analysis of individual fertility behaviour and aggregate fertility trends of a country (Ahbab, 2014). For example, couples in Nigeria who have either all sons or all daughters are more likely to have

additional children to fulfil their fertility desire to have a child of a particular sex (Malhi, 1993). In the process of fulfilling this gender specific urge or desire, more children are given birth to. When the specific gender is not in view, more attempts are made that result in more children. This unmet fertility desire for specific sex seems to be a harbinger for reduced fertility size among couples in Nigeria.

Through the quantity-quality trade off, fertility choice is closely associated with reproductive outcome and the accumulation of human capital, which is a main driver of success at the individual level and of overall economic development at the aggregate level (Doepke & Tertilt, 2018). Having many children therefore, constitutes a great burden that drains the financial resources of couples and the nation which result in reduced standard of living and economic hardship. Some couples with large families find it difficult to provide for the basic needs of their children such as food, shelter, medical care and good education because they are poor and lack the means of sustaining the cost implication for large family size (Ebizie, 2008). Resources that would have been used for a smaller family size like four is divided to cover up for a large family size. This usually results in psychological and overwhelming emotional stress on most parents and also as a factor in the perpetuation of the circle of poverty and ill-health among families (Hyeladi, Alfred & Gyang, 2014).

The effort to raise income and living standard in which there is a rapid population growth as well as good family planning practiced in Nigeria has not achieved a meaningful success because families in general and couples in particular still see children as the hope for their future, thus, having many children is considered an investment for the families. The negative impact of large family size further exacerbates the health of the mothers and household food security (Adebayo, 2012) and reduces parental emotional attachment to child welfare, the social and emotional growth and development of children (Dibaba & Mitike, 2016). Children's access to qualitative basic life-sustaining needs like food, shelter, clothing, healthcare, and education amongst others are also affected when family size is very large.

The poverty level in Nigeria is increasing by the day. The level of ignorance is equally increasing and the family planning programmes in Nigeria are not yielding the desired results hence the low income earners are still having large family size compared to professionals like lecturers, doctors, lawyers, etc. As a result of this, there is a transfer burden from poor parents to their children and by implication to the society which now finds it difficult to attain the desired standard of living. It is therefore imperative to underscore the nature, structure and dimension of the preference for specific gender which in turn has great impact on the family size. The study will as well proffer a feasible panacea to the problem so that the standard of living and best practical welfare services delivery

systems can be attained. Larger family size as used in this study is the family size above four children and both parents.

### **Objectives of the Study**

The broad objective of the study is to assess the socio-economic determinants or factors that underscore sex preference on family size among couples in Egor L.G.A. The specific objectives include:

- i. to examine the impact of sex preference on the choice of family size in the study area?
- ii. to determine the effect of spouse bio-data on the choice of family size in the study area.

### **Hypothesis**

- i. Spouse bio-data has no significant effect on the choice of family size in the study area

### **Theoretical Framework**

Empowerment theory was adopted in the study. Empowerment theory as propounded by Julian Rapport in 1981 is concerned about the "person in the environment" by trying to understand the life experience of individual in relation to family, group and other aspects of community life. Empowerment suggests a sense of control over one's life in personality, cognition and motivation. It was propounded by Julian Rapport in 1981. That is, the expansion of people's ability to make strategic life choices in a context where this ability was previously denied to them (Karasek & Upadhyay, 2012; Kabear, 2001). It expresses itself at a level of feelings, at the level of ideas about self-worth, at the level of being able to make a difference in a world around us (Rappaport, 1985). Empowerment is a process of transition from a state of powerlessness to a state of relative control over one's life, destiny and environment. This transition can manifest itself in an improvement in the perceived ability to control, as well as in an improvement in the ability to control.

The element of empowerment that distinguishes it from other concepts is agency. In other words, women themselves must be significant actors in the process of change that is being described or measured. When women are empowered, they are given a platform to also have a say in decision making process as to the number of children to bear irrespective of the sex of the child and the unmet fertility preference (Parveen & Leonhauser, 2004). Empowerment theory, therefore, examines the concepts of power and powerlessness. It views power as the capacity of persons and organizations to produce intended, foreseen and unforeseen effects on others. Karl Marx viewed power as the ability of some people to exert their will over other people, derived from the economic base of society. Thus, in

capitalist society, the owners of the means of production clearly had industrial power (Alonge & Ajala, 2013). They have the power to hire and fire as well as determine who is employed, when and how. Their level of power creates a distinctive life style for themselves and their families. In the case of women and their reproductive behaviour, their gaining access to the productive sector will affect their reproductive behaviours. Thus, if women could gain access to the economic substructure of the society, they will invariably gain power (Alonge & Ajala, 2013).

On the other hand, powerlessness can be seen as the expectation of the person that his/her own actions will be ineffective in influencing the outcome of life events. In line with this, scholars of empowerment theory make a distinction between real and surplus powerlessness. Real powerlessness results from economic inequalities and oppressive control exercised by people. The class-dominated nature of our society means that few individuals have a vast economic or political power, while the majorities have little or none. Surplus powerlessness, on the other hand is an internalized belief that change cannot occur, a belief which results in a partly and an unwillingness of the person to struggle for more control and influence. Powerlessness has, over the years, come to be viewed as an objective phenomenon, where people with little or no political and economic power lack the means to gain greater control and resources in their lives. Today empowerment is most commonly described as a process in which people, organizations and communities gain power and control over decisions and resources of concern to them (Zimmerman & Rappaport, 1988). This theory is specifically relevant to this study because it established a nexus between empowerment and fertility choice especially among women who in some cultural settings are deprived of power to contribute or make decision(s) on certain issues in the home. In African societies, due to the cultural hegemony of men over women, they (the women) are easily over powered in the home as to what to say, when to say and how it is said. However, when empowered, a balance is created. This is because when people are empowered, it affects their functionality and to a large extent, influences family decision on issues relating to fertility choice. The theory however failed to make provision for the pitfalls of those who are empowered yet still subsumed in larger family size either due to preference for specific sex or because of the desire to have many children.

### **Method and Materials**

The study utilized the survey design. The study was carried out in Egor Local Government Area of Edo State, Nigeria. Egor Local Government Area is one of the 18 Local Government Areas in Edo State and one of the seven Local Government Areas in Edo

South Senatorial District. It is located within the Benin Metropolis in Edo State, Nigeria. Geographically, Edo State is located in South-South Nigeria.

The population of the study consist of all males and females between 18-64years resident in Egor Local Government Area of Edo State. Although the Nigeria Demographic and Health Survey put the child bearing age at 15years to 49 years, the study however did not put this into consideration because the study does not involve in child marriage. It adopted the estimated population cohort between age 18years to 64years in Egor Local Government Area.

The participants were selected without prejudice to tribe, sex or level of education. Egor Local Government Area had a population size of 340,287 in 2006. This figure comprises males (168,925) and females (171,362), that is, children and adult inclusive while persons within the age cohort 18 years and 64years in the Local Government were 209,715 (NPC, 2006). The estimated population of the LGA in 2016 was 445,800 and people within the age cohorts 18 years and 64years in the Local Government were 267,335. This figure therefore forms our target population while the study units were heads of households, assuming that each household would have a married couple. The sample size for this study was determined using an appropriate mathematical model for sample size. Thus, the time-tested Taro Yamane mathematical method was used to get the sample size of 399. The in-depth interview comprises 15 participants making the total sample size to be 415.

### Result of the Findings

A total of 415 residents were included in the study but 410 participated fully. This therefore forms the basis of the analysis. The section is divided into two. The first part covers the socio-demographic data/variable of participants while the second section covers area that deals with the research questions and objectives.

**Table 1: The Socio-Demographic Characteristics of Participants**

Socio-Demographic Characteristics	Response(s)	Frequency	Percentage (%)
Age at last birthday	18yrs-24yrs	38	9.3
	25yrs-34yrs	148	36.1
	35yrs-44yrs	101	24.6
	45yrs-54yrs	90	22.0
	55yrs-64yrs	33	8.0
	TOTAL	410	100.0

Sex of participants	Male	143	34.9
	Female	267	65.1
	TOTAL	410	100
Marital Status	Single	4	1.0
	Married	302	73.7
	Divorced	8	2.0
	Separated	34	8.3
	Widowed	14	3.4
	Others	48	11.7
	TOTAL	410	100.0
Religious affiliation	Protestant	129	31.5
	Catholic/Christian	192	46.8
	Muslim	33	8.0
	ATR	24	5.8
	Others	32	7.8
	TOTAL	410	100.0
Family size	1-3	95	23.1
	4-6	165	40.2
	7-9	101	24.6
	10>	49	11.9
	TOTAL	410	100.0
Desired number of children	One	17	4.1
	Two	45	11.0
	Three	137	33.4
	Four	133	32.4
	Five >	78	19.0
	TOTAL	410	100.0
Level of Education	Primary	84	20.5
	Secondary	55	13.4
	OND/NCE	62	15.1
	>BSC/HND	209	51.0
	TOTAL	410	100.0

Source: Field Survey, 2018

Data in Table 1 show that majority of the participants are between 25years and 34years old while the least represented are those between 55years and 64years. For example, 36.1% of the participants are between 25years and 34years. This implies that the age distribution of the participants is a reflection of the fecundity level in Nigeria and the world at large. Women within this age are highly fecund but could either decide to have more children or not. Age is a good determinant of fertility choice. Going by the life-cycle hypothesis, it is expected for the level of fertility to be relatively high among the poor and poverty is said to be relatively high at young ages, decreases during middle age and then increases again at old age (Datt & Jolliffe, 1999). Knowledge of this hypothesis in places like Nigeria where social security for the elderly are visibly not available, could amount to having many children with the intention to prepare for the old age poverty.

According to Anyanwu (2013), a lot of persons take solace in having many children as security for old age since poverty increases at old age as the productivity of individual decreases especially when the individual has few savings to compensate for this loss of productivity and income. Thus, large family size could be seen as a bail out for security in old age. Data in Table 1 also show the distribution of participants by marital status. Among the participants, 302 representing 73.7% are married compared to 12 that indicated they are divorcees.

The data in Table 1 also show a higher percentage of the participants had B.Sc./HND as highest qualification compare to 20.5% of the participants that indicated secondary school certificate as the highest qualification. For instance, 209 representing 51.0% of the participants had B.Sc./HND as highest level of qualification. More than half of the males are well educated while one-third of the women had SSCE as the highest qualification. This is in line with the National Health Survey (2016, p.7) which states that ‘about half of the women and three-quarters of the men in Nigeria are literate. Literacy is higher among women and men in urban areas than those in rural areas’. The level of education therefore has a role to play when considering the choice or preference for large family size (that is, large number of children). Participants with higher qualification level indicated less desire for large family size compare to participants who had lower qualifications. For example, those who had M.Sc./Ph.D. as highest qualification indicated that they prefer maximum of two and four children while those that had secondary school and primary school certificate as the highest qualification indicated greater desire to have more children after 5 children. Religious beliefs according to Eboh, Akpata and Owoseni (2018), ‘form a fundamental part of society to the extent that they influence people's cosmology as well as fertility behaviour’. Data in the Table show that majority of the participants are Christians while ATR are the least represented in the distribution. The data further revealed that Muslim

participants have higher desire for more children compared to Christian participants and ATR worshipers. For example, most of the Muslim participants' average desire for children was 8 per head compared to Christian and ATR worshipers which indicated 5 per head. This implies that there is a strong link between religious affiliation and choice of family size.

More than half of the participants are of the Benin extraction. This could be because the study area is dominated by the Benin. They occupy 57% of the total population of the state. Participants' incomes differ in the study area. For instance, among the participants, more than half indicated between N10,000 and N50,000 as monthly incomes. 97 representing 23.7% of the participants indicated their monthly income to be between N51,000 and 100,000. This indicates that though a large number of the participants are graduates but the monthly income is still below average. Data in Table 1 also reveal the family size of participants in the study area. Among the participants those with a family size of an average of five are more compared to the participants with family size of two. For example, the data show that 40.2% of the participants have a family size of 7-9 an average of 8 per head, 23.1% of the participants have a family size of 4-6 an average of 5 per household while 49 representing 11.9 have a family of 10>.

Data in Table 1 further reveal the profession of participants. Among the total participants, there are different professions and this was different from some of their occupation. Some of the participants are teacher, social worker, doctor, nurse, and farmer. More than half of the participants however indicated to be in other professions. The participants' occupations are at variance with their occupations. For example, 136 (32.2%) indicated to be into business and 168(41%) are civil servants, others include artisanship, hunting and others. This implies that most of the participant occupations are different from their professions.

### **Analysis and Interpretation of Research Questions**

In this study, five research questions were raised and analysed to determine the impact of socio-economic determinants on fertility choice in Egor Local Government Area of Edo State. While the hypotheses are tested using the Chi-square statistical tool, results are presented in turns below:

**Research Question one:** What is the relationship between couple bio-data and the choice of desired family size in the study area?



**Table 2: The relationship between couple bio-data and the choice of desired family size**

	<b>Response</b>	<b>Frequency</b>	<b>Percentage</b>
How old were you when you married?	18-25years	174	42.4
	26-35years	230	56.1
	35years above	6	1.5
	<b>TOTAL</b>	<b>410</b>	<b>100.0</b>
Does your religion advocate for many children?	Yes	17	4.1
	No	269	65.6
	Not Applicable	-	-
	<b>TOTAL</b>	<b>410</b>	<b>100.0</b>
Does marriage type encourage many children?	Yes	264	64.3
	No	106	25.8
	Not applicable	40	9.7
	<b>TOTAL</b>	<b>410</b>	<b>100.0</b>

Source: Field Survey, 2018

Data in Table 2 reveal that the marriage type determines to a greater extent the number of children to a family. The family that practices polygynous marriage where the man has the legal right to marry many wives and the wives all have children that automatically increases the family size of such marriage. For example, 264 representing 64.3% of the participants agree that the marriage type spouse practice encourages many children while 106 representing 25.8% said it does not, while 9.7% of the participants are indifferent as to whether it influences having many children or not.

Religion has a role to plays when it comes to considering family size by couple. Christianity, for example, values monogamy while Islam encourages a polygynous system. This has a way of encouraging a large family size. Although majority of the participants indicated that their religion does not encourage large family size. For instance, 17 representing 4.1% of the participants agree that their religion encourages large family size while 269 representing 65.6% of the participants said their religion does not encourage large family size. In an interview with Osaro, he said:

‘No religion is against large family size but what is expected is that the children are taken care of. When a woman has many children, nobody

frowns at it and there is nowhere in the Bible or my Koran where it is written that large family size is bad. As much as I know, no place like that. So there is nothing wrong with having many children but the couples should be able to take care of them. There are big men in this town that have many children and they are all well taken care of and nobody talks because there is enough for them but it only become an issue when it is happening to poor people and the funny aspect is, it is even the poor that have more children in my area.’(IDI-2018)

Female folks/Women that have diabetes, for example, have 50% chance of survival of having children as such woman cannot be allowed to take in because of the implication. Health is a major factor when you are talking about family size. Mrs Amaka said:

In the village setting, the number of children you have, the more hands you get to do more work but that does not apply today because most of us are not into farming again. So I will not subscribe to having many children because of farming. I have been marriage for 16years and I see children as blessing from God and make the home warm. Marriage is not all about having children but cherishing the partner. This is because children are not the primary reason for marriage hence; I will not subscribe to have many children. For instance, I and my husband determine the number of children to have that we can train before we have them. I don’t advise people to subscribe to the use of family planning because of the side effect it has on people hence other method can be used or adopted for the prevention of having many children (IDI-2020).

**Research Question 3: impact of sex preference on the Choice of Family Size?**

**Table 3: frequency distribution showing sex preference on the Choice of Family Size**

	<b>Response</b>	<b>Frequency</b>	<b>Percentage</b>
Is your spouse particular about the sex of a child?	Yes	196	47.8
	No	178	43.4
	Cannot Tell	36	8.8
	<b>TOTAL</b>	<b>410</b>	<b>100.0</b>
Will you like to have more children till you have the desired gender/sex?	Yes	139	33.9
	No	254	61.9
	Cannot Tell	17	4.1
	<b>TOTAL</b>	<b>410</b>	<b>100.0</b>
Do you have a specific sex preference in child birth?	Yes	276	67.3
	No	113	27.6
	Cannot Tell	21	5.1
	<b>TOTAL</b>	<b>410</b>	<b>100.0</b>
Do you have a say as to the sex of the child between you and your spouse?	Yes	85	20.7
	No	261	63.7
	Cannot Tell	64	15.6
	<b>TOTAL</b>	<b>410</b>	<b>100.0</b>

Source: Field Survey, 2018

Data in Table 3 reveal the role of sex preference on family size. Data revealed that the unmet desire for specific sex can make spouse to have more children even when the cost implication is beyond their reach. For example, the data revealed that 196(47.8% of the participants said their spouse is particular about the sex of a child, 178(43.4%) are not while 36(8.8%) cannot tell if their spouse is particular about their spouse. More than half of the participants said their will like to have more children till they get the desired sex.

The data further revealed that majority of the participants do not have a say as to sex desire of the family. This is not surprising since majority of the participants were female. For instance, 261 representing 63.7% of the participants do not have a say as to the number of children or the sex of a child hat should be desired while few others were undecided. The general view of the In-depth interview supported the quantitative data about preference for male child in the study area. One of the interviewee noted that she will keep having children until she has a male child. For instance, she stated thus:

At the moments, I have three children and they are all girls but my husband wants me to give him a male child. I cannot afford to see people pressure my husband to have a male child from another woman outside so if that is the last thing (that is, having more children till I get a male child) I will. I don't mind (IDI-2020, a female stylist).

Another interviewee, Mrs O stated thus:

I have nine children and they are all girls. It was in the process of trying to get a male child that I got that high number of children yet I still did not get a male child. The worst thing is that my husband has left me and the children. I am the only one taking care of them because i could not give him a male child. My husband was very particular about having a son. Because of not having a male child, we always have issues, quarrelling every now and then before he finally abandoned us (IDI-2020, a female trader at Uselu market).

This was however contrary to the view of another interviewee that stated that the sex of a child is not what determined what the child will become. She averred:

Although in my culture, male child is usually given much preference. Women hardly inherit his father's properties but the male children. This is the reason any woman will be willing to sacrifice their future just to get a male child. When a woman does not have a male child, she suffers at the demise of her husband. In fact, he family member who over power her and strip her of everything. As for me, I have two beautiful children and they are both females. I am my husband are happy about it and we have decided not have any more children so we can take good care of these ones. She further noted that even among the educated ones, they are aware of his cultural flaws that places premium on male child so they also try very hide to give birth to male child although not as hard as those less educated (IDI-2020, a secondary school teacher).

Another interviewee stated thus:

My husband family will not respect me and my children if I fail to give my husband a male child. One a woman has a male child in a home, she has secured her place otherwise, and she will be calling for troubles. In

marriage, in Africa and Nigeria having a male child for a man is one of the most significant things that are required of a woman if she must be treated as the sole owner of the home. It not really that I am particular about having a male child but our society made it so (IDI-20202, a female trader).

Mr Osifo stated that he will keep having children until his wife gives him a male child. Who will continue with my name? When the female children get married, they change their surnames to their husband name but it is my son that will carry on with my name. You see, having a male child is very important. I think me, and most men out there in the community will do everything possible to have a male child. So I will just have children with a son? No! If my wife fails to have a son, I will get it from other women out there (IDI-2020, a male Civil servant at Egor LGA).

**Hypothesis**

H0: There is no relationship between sex preference and choice of family size in the study area

H1: There is relationship between sex preference and choice of family size in the study area

**Test of hypothesis on sex preference and choice of family size in the study area**

	Value	Df	Asymp. Sig. (2-sided)
Pearson Chi-Square	176.728 <sup>a</sup>	16	.000

Chi-square at alpha level 0.05

**Rule:** the rule of acceptance and rejection states that when the obtained value is more extreme than the critical value, the null hypothesis is rejected and the alternate hypothesis accepted. However, when the P-value is greater than the alpha level of 0.05, the null hypothesis is accepted while the alternate hypothesis is rejected, vice versa. The p-value is the 2 tailed significant figures in the chi-square table.

**Findings:** data in the chi-square table show that the obtained value is 176.728 while the p-value is 0.002. Testing the hypothesis at 0.05, the P-value is less than the alpha value thus; null hypothesis is thereby rejected indicating that there is no relationship between sex preference and large family size while the alternate hypothesis is accepted.

**Decision:** On the finding, alternate hypothesis is accepted thus, relationship between sex preference and large family size.

## **Discussion of Findings**

The study has examined the extent to which desire for a specific sex of a child influences choice of family size in Egor Local Government Area of Edo State. The findings revealed that majority of the spouse particularly those who not well educated prefer to have large family size as long as they are able to get the desired sex of a child irrespective of the number of children they have given birth. Spouse without male child were more willing to have more children as long as the women keeps getting pregnant. This however will be harbinger to the achievement of the Nigerian National population policy of reducing fertility rate.

Studies in Africa have shown that, most couples desire to have more children as a source of honour, wealth and prestige (Thompson, 2001). Most importantly is the preference of male child which seems to have significant impact on family size. However, some of the participants believe that the era where male is given preference is waning due to modernisation and globalisation. Religion and education over time encourage a monogamous system of marriage and reduce the excessive quest for a male child that once existed in the African society. This is why it is very pronounced among the uneducated people because of lack of moral check on quantity as against quality. The level of education is held to be directly associated with fertility rate, thus, it is a vital key that influences the choice of children a woman/ couple will have however, not in all cases as they are some rich couples that still prefer to have large family size.

This implies that the desire for specific sex can only be reduced by education. Studies conducted in Nigeria and Ethiopia show that women with higher level of education have reduced fertility compared to women with least or no education and they are not particular about the sex of the child as long as it is a child. For example, Alene (2008) found a link between education and reduced fertility among women. This is also in corroboration with Akpa and Ikpotokin (2012) that opined that women with low level of education were more likely to have more children than women who had tertiary education. They further opined that when only the socio-demographic characteristics are put into consideration, women with no formal education and those with only primary school education show almost fifty percent increase in the level of fertility compared with women who had tertiary education. The culture of the people is a strong force that still keeps the people behind.

## **Conclusion**

The study assessed sex preference as determinant of fertility choice in the Egor Local Government Area of Edo state. The study revealed that there is strong relationship between the preference for specific sex and large family size in the study area. Although other

factors could also account for fertility differentials or increase in fertility choice but the unmet desire for specific sex plays significant role in the choice of family size. Large family size without adequate resources for care could have a negative effect. Thus, they could be increase in rate of poverty and high fecundity in these areas.

### **Recommendations**

The following recommendations are made in relation to the findings of the study.

- i. Decisions as regards child birth should be a joint agreement reached by couples without one overpowering the other. This will help checkmate pressure from a partner on issues relating to child birth and fertility choice. That is, women should be seen and heard as partners in decision making enterprise not as a second fiddle that should only be seen and not heard.
- ii. Social security for the aged should be of priority for government. It should be target specific for all elderly persons. The social security programmes most as a matter of fact be all encompassing without any special preference on government retirees (pensioners) of who to benefit from the larges. This will help correct the notion of having many children for the purpose of social security at old age.
- iii. There is therefore the need for religious leaders such as the pastors, Imams, etc. and community heads to encourage couples on the need to visit and utilise the services of healthcare service providers so as to be enlightened on the various family planning choices that will meet their economic status.
- iv. Government should declare free medical care for children ages 5 and below to help reduce the menace of infant mortality. This when adequately executed will address the fears of couples that give births with the intention of having them as a survival strategy since the chances of survival will be higher compared to when there are no treatments.

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