



PREVIOUS MARRIAGE OUTCOMES AND FERTILITY PREFERENCE AMONG RE-MARRIED WOMEN IN NIGERIA: ANALYSIS FROM 2013 NIGERIA DEMOGRAPHIC AND HEALTH SURVEY

 **Olugbenga Olaseinde**

Olugbenga Sunday Olaseinde, Department of Sociology, Adekunle Ajasin University, Akungba-Akoko, Nigeria.
Email: olugbenga.olaseinde@aaau.edu.ng Tel: +2348066440247



ABSTRACT

Article History

Received: 10 February 2020

Revised: 16 March 2020

Accepted: 20 April 2020

Published: 12 May 2020

Keywords

Married women

Re-marriage

Fertility intentions

Patriarchy

Widowed

Women empowerment.

With increasing rate of re-marriage, women's decision to stick to their intended fertility may be influenced by the dictate of men who demand additional child to consummate the new union. This study examined the influence of previous marriage outcome on women's fertility preference by analysing 2013 NDHS weighted sample data of 2,671 Nigerian women, who reported to have re-married. The analysis employed Chi-square test and Multinomial Logistic Regression Model. The result indicates that, apart from previous marriage outcome, ideal number of children, wealth status, and ethnicity are predictors of re-married women's fertility preference. Women who lost their husband in their previous marriage were more likely to desire no more children than other categories of women. The study recommends enlightenment campaign to empower women, especially the widowed to make informed choices about their marital status after the death of husbands, also, to increase their sexual bargaining power in later remarried union.

Contribution/Originality: This study contributes to the existing literature on women's marital fertility preference in Nigeria by examining the influence of re-marriage in relation to outcomes of women's previous marital union on fertility intention of re-married women.

1. INTRODUCTION

The nexus between fertility and population growth across the world reveal a marked difference between the advanced countries and the less developed nations. Generally, the advanced countries of European and American continents have been noted to have achieved and sustained low fertility rate, with many of them having lower than replacement level fertility rate and non-rapid growth in population (United Nations Department of Economic and Social Affairs Population Division, 2015). By comparison, most African countries are still in the regime of high fertility and rapid population growth rate, particularly Nigeria fertility rate has been sustained in its high position for almost three decades now. For instance, according to Nigeria Demographic and Health Survey (NDHS) reports, from 1990 to 2013, there was only a decline of 0.4 percentage points in the total fertility rate (TFR) of the country (National Population Commission (NPC) [Nigeria] and ICF, 2019). This fertility indicator implies that, a Nigerian woman would give birth to an average total number of approximately 6 children by the end of her childbearing career throughout this period. By this analysis, a TFR of 5.9 was recorded in 1990, 5.7 in 2008, and 5.5 in 2013.

In addition, the World Bank projected that Nigeria, being the most rapidly expanding among the ten largest countries globally, will become the world third largest population by the year 2050, overtaking four larger countries from its current seventh position (United Nations Department of Economic and Social Affairs Population

Division, 2015). This is an implication for population explosion in the nearest future. Recently, the Nigerian Population Commission (NPC) in conjunction with the World Bank released a population estimate of about 198 million people for the country; this is 41.4% increase from 2006 population figure (The World Bank, 2020). This means Nigeria added 58 million to her population of about 140 million from 2006 to 2018. This increase alone is equivalent to twice current population of Ghana, and more than the combined 2019 population of five African countries; namely, Senegal, Sierra Leone, Togo, Mali and Guinea. Incidentally, sub-Saharan African continent, as stated in the 2012 World Population Data Sheet, has been predicted to double in population size from 1.1 billion to 2.3 billion people by 2050 (Population Reference Bureau [PRB], 2019).

However, the relationship between socio-demographic, economic and political development, and rapid population growth is such that rapid population growth retards development of a nation. Bongaarts, Cleland, Townsend, Bertrand, and Gupta (2012) noted that aggravated poverty level, economic retardation, poor maternal and infant health outcomes, and depleting natural resources with its effects on environment which currently reflect an unprecedented global climate change are all associated to rapidly expanding human population.

In order to overcome the problem of overpopulation, many studies have been conducted on fertility and a number of family planning interventions have been put in place in Nigeria. Meanwhile, no substantial success has been achieved in these efforts (Umoh, Abah, & Ekanem, 2012). According to many previous studies on fertility, findings have consistently shown that annual childbirth is becoming more concentrated at the older maternal ages (Ogunjuyigbe, Ojofeitimi, & Liasu, 2009; Olugbenga-Bello, Abodunrin, & Adeomi, 2011; Oyedokun, 2007). According to Ibisomi and Mudege (2014); Izugbara and Ezeh (2010) and Ozumba (2011) this situation can be explained in terms of cultural practice that places high premium on childbearing, and in contrast, places a burden of stigma on childless women, especially women suffering from primary barrenness. That is, married women who have been in a marital union for a considerable period of time but without a birth are culturally stigmatized in Nigerian societies. This situation ignites a strong desire for at least the birth of a child by such a woman no matter how old she has grown as long as she is yet to be menopausal.

Childbearing within marital union is accepted as a norm among many cultures in Nigeria (Ibisomi & Odimegwu, 2011). For instance, Yoruba culture strongly frowns at out-of-wedlock childbearing (Pearce, 1999) such that child so born may be derogatorily tagged a "bastard". Therefore, women are attached to marital union in order to explore their fecundity without being stigmatized. Meanwhile, there have been increasing awareness and consciousness about the implications of parity and maternal age for infant and maternal health outcomes. Studies (Mallick, Dahiru, & Kerry, 2016; Umoh et al., 2012) have affirmed that, apart from young maternal age below 20 years and a short birth interval, advanced maternal age above 35 years and high parity are strongly associated with poor maternal and infant health outcomes. Consequently, several social programmes have been directed at tackling these four high-risk fertility factors. This include advancing more educational opportunities to girl-child, women empowerment, enlightenment on family planning, and so on. This suggests that women should take precautions, especially about the maximum number of children to have in lifetime and healthy maternal age.

As a matter of great concern, the Nigeria Demographic and Health Survey (2013 NDHS) report and the trend analysis conducted on maternal health in Nigeria by Lindsay and colleagues in 2016 revealed that there was no significant positive change in high-risk fertility over a decade covering 2003 to 2013, as about two-thirds of the births within the reviewed period were to women with at least one of the four high-risk fertility factors (Mallick et al., 2016; National Population Commission (NPC) [Nigeria] and ICF, 2019). It, also, raises a concern that higher proportions of women are giving birth at older maternal ages than younger ages; while parity level has been relatively sustained at its high position for about two decades now (National Population Commission (NPC) [Nigeria] and ICF, 2019).

One of the contextual factors responsible for this worrisome trend may be explained through careful further examination of marital fertility, when it is considered that high parity and older maternal age are better traceable to

childbearing within conjugal union. Evidently, according to NDHS reports, majority of the women who gave birth at older maternal age and with high parity were married (Mallick et al., 2016; National Population Commission (NPC) [Nigeria] and ICF, 2019). This implies that more of such high-risk fertility occurs within marital union than non-marital relationship. However, according to 1994 Nigerian Population Policy amended in 2004, the recommended maximum number of children per a woman throughout her childbearing career was put at four (Federal Government of Nigeria (FGN) and National Population Commission (NPC) [Nigeria], 2004). Although, there is neither an incentive nor a sanction for keeping to or overshooting this recommended maximum, the fertility situation in Nigeria suggests that fertility level should be brought to a lower level for the country to be able to achieve some desired socioeconomic developmental progress.

Meanwhile, second-time marriage has become a trending issue among women in Nigeria with increasing rates of divorce, separation and widowhood (Avidime et al., 2010). Marital instability, in Nigerian societies, is gaining wide attention with the changing familial relationship as the practice of extended family is becoming eroded (Ogunjuyigbe et al., 2009). Extended family plays the role of dispute settler and promoter of cohesion, harmony and social norms within Nigerian family settings. Marital instability is one of the issues that fall within the purview of a range of familial problems handled by the extended family. However, according to Dibia (2014) this function has been suffering neglect as extended family practice is fading away due to urbanization and social and cultural changes. Re-marriage, on the other hand, may make it difficult for a woman not to overshoot her intended maximum fertility level as the new husband demands at least a child to consummate the new marital union (Kodzi, Casterline, & Aglobitse, 2010). More importantly, the outcome of a woman's previous marital union may be influencing her decision to give birth to an additional child in the re-married union. Re-married women have different experience of outcomes in their former marriage and this can shape their fertility behaviour in the subsequent union with respect to whether they have already fulfilled their fertility intention or not.

In Nigeria, studies have explained link between fertility and many social, demographic, and economic variables. Specifically, according to Ogunjuyigbe et al. (2009) and Mberu and Reed (2014) fertility has been shown to be affected by types of marriage (i.e., monogamy versus polygamy); while late or early marriage and re-marriage have, also, been found to be determinants of fertility (Ibisomi & Odimegwu, 2011). However, there is still a need to explain fertility preference in the context of previous marriage outcome; hence, this study.

2. THEORETICAL CONSIDERATION

This study employs the theory of social exchange to explain the influence of previous marriage outcome on fertility preference of re-married women in new marital union. The theory has been widely used to explain social interactions since it has been popularized by the writings of Homans (1961), Blau (1964) and Emerson (1976). The theory explains that social behavior often involves social exchange where people are motivated to attain some valued rewards for which they must incur costs in the form of forfeiting something of value. However, people seek profits in their exchange such that rewards are greater than the costs. Also, people are disturbed when there is no equity in the exchange or where others are rewarded more for the same costs incurred. The application of the theory to this study is that a re-married a woman, having suffered a particular loss in the previous union, would want to sacrifice some of valuable to her in order to exchange for love, care, and obligation offered by the new husband. Assessment of whether the costs are greater than the rewards may dwell on the examination of whether the outcome of the previous marriage plays a role in the fertility decision-making of the woman in her new union. Ultimately, in Nigeria, the possibility is high that the man's reward in the union may be the number of children the woman is ready to produce irrespective of the number of children she has had from previous marriage.

3. DATA AND METHOD

The study is quantitative and cross-sectional. Data on women who were interviewed about how previous marriage ended were extracted from the 2013 NDHS dataset – data obtained from a nationally representative sample of eligible respondents within all regular households in the entire country. The 2013 NDHS collected data on 38,948 women age 15–49, and 17,359 men age 15–49 in the entire country. The survey used individual questionnaire for women of childbearing ages and provided information on place of residence, respondent's age, respondent's level of education, knowledge and use of contraceptives, type of occupation, childbearing history and intentions, how previous marriage ended etc. Therefore, from the sampling frame of 38,948 women, with the application of a weighting factor, the data on 2,671 women who responded to question on the outcome of their previous marriage were extracted for analysis.

3.1. Operationalisation of Variables

Socio-demographic Variables: These included individual's characteristics such as age, age at first marriage, number of living children, educational level, wealth status, ethnicity, residence, media exposure and children ever-born.

Predictor variable: The predictor variable was previous marriage outcome. The re-married women were asked about the outcome of their previous union. The possible outcomes were three, which are: separated, divorced, and death of spouse.

Intervening Variables: Women's occupation and their ideal number of children were the intervening variables. Occupation was categorized into unemployed/domestic workers, professional/technical/clerical workers, agricultural workers, sales and services workers, and manual workers. Ideal number of children was categorized into childless, one to four children, and more than four children.

Response Variable: The response variable which was fertility intention, measured as wanted same number of children as husband, has 3 levels classified as: wanted same number of children as their husband, wanted more than their husband; and husband wanted more.

3.2. Method of Data Analysis

The weighted sample size obtained for analysis was 2,671 women who responded to question on the outcome of their previous marriage. Chi-square test and Multinomial Logistic Regression analysis were employed to examine the influence of previous marriage outcome on fertility preference. The rationale for employing Multinomial Logistic Regression is that the outcome variable exists in three categories. That is, previous marriage outcome has three probable categories which are: spouse's death, divorce and separated. The response variable which is fertility behavior is indicated by fertility preference was classified as: preferred more, wanted no more, undecided. By assumption, Multinomial Logistic Regression assumes that All analyses were performed at 5% margin of error (0.05 level of significance).

4. RESULTS

4.1. Relationship between Various Characteristics of Re-married Women and their Fertility Preference

In Table 1 in the appendix, the cross-tabulation of women characteristics and their fertility preference with the Chi-square test of the relationship are tabulated. Interestingly, the relationships between women's fertility preference and all the characteristics examined are found to be statistically significant. The age of women ranged from 15 years to 49 years with a mean age of 34.8 and standard deviation of 0.2. Disaggregation of the women's fertility preference by age shows that preference for additional number of children decline with advanced age. That is, as the re-married women grew older, the preference for more children declined. For instance, all the women younger than 20 years preferred additional number of children compared to more than four-fifths among those aged

20 – 35 years (86.9%) and two-fifths among the oldest group of women who were older than 35 years (42.1%). The relationship between current age and fertility preference among the re-married women is statistically significant. The age at first birth indicates giving birth to the first child at an advanced age is an indicator for preferring additional number of children among the women. Nine in ten of the women who had the first birth at age older than 35 years wanted more children (90.2%), the proportion reduced to about two-thirds among women aged 20 – 35 years (63.8%); while it is approximately three-fifths among those who had their first child at the youngest age group (59.7%). Preference for additional children decline with older age of women at most recent birth. A third of those who had most recent birth at age older than 35 years (36.2%) compared to about two-thirds among women aged 20 – 35 years (63.8%) and about three-fifths among those who were younger than 20 years at their most recent birth (59.7%) preferred more children.

Classification by wealth status indicates that preference for more children reduces as re-married women changes status from being poor to being rich. Although, fertility preference was higher for all statuses, it was more than a half among the rich (54.8%), two-thirds among re-married women who were in the middle-class of wealth status (62.3%) and more than two-thirds among the poor women (67.1%). While those who wanted no more additional children among women with educational attainment lower than secondary school level were a bit higher than two-thirds (46.0%), the proportion was more than a half among women who had attained at least secondary school level of education (54.4%). About three-quarters of the women, also, preferred additional number of children among re-married women who were not working (74.6%) but the proportion dropped to less than a half among those who were working (48.6%).

Across ethnic groups, preference for more children was the least among the re-married Yoruba women as less than a half of them preferred additional children (47.8%); while about three-quarters among the Igbo women (74.4%), about seven in ten among Hausa/Fulani women (69.8%) and about two-thirds among women who belonged to other ethnic groups (58.3%), also, preferred additional children. Furthermore, preference for more children was very high among the women irrespective of religious affiliation. Christians women who had least preference still had more than a half among them who preferred additional children (53.6%); while two-thirds each among women who were of Islamic faith (66.8%) and those who were traditionalists (68.8%), also, preferred more children. Similarly, fertility preference was very high across residence for the re-married women. More than a half of women who were residing in the rural areas (65.3%) than those in the urban centres (56.6%) preferred additional number of children.

The preference for more children was high across level of exposure to family planning message, and husband's fertility desire. Less than those who were not exposed to family planning message (64.5%), those who preferred additional children among the women who were exposed were less than three-fifths (59.0%). Re-married women whose husbands wanted more children had the highest preference for additional number of children compared to those who wanted same number with their husband and those who wanted more than their husbands. Those who had ever given birth to more than four children had the least preference for more children compared to those who had four or less. Whereas, women whose ideal was to be childless had the less preference for additional children than those whose ideal was to have at least four children. Similarly, only two-fifths among the re-married women with more than four surviving children preferred additional children (42.4%); while the proportion rose to about three-quarters and four-fifths among those with at least one living child and at most four children (73.9%) and women with no living child (82.8%) respectively. Disaggregation of fertility preference of the re-married women indicates that preference for more children was least prominent among women who lost their husband in the previous marriage than the other two categories of women. Specifically, only more than two-fifths preferred additional children among widowed who re-married (46.8%); while exactly seven in ten among those who divorced in the previous marriage (70.0%) and about three-fifths among those whose previous marriage ended by separation (58.5%) preferred additional children.

Table-1. Chi-Square analysis of the relationship between various characteristics of re-married women and their fertility preference.

Characteristics	Fertility preference				
	Preferred more	Wanted no more	Undecided/ Infecund	Total	
Age					618.726*
Younger than 20 years	19 (100.0)	-	-	19	
20 – 35 years	1,053 (86.9)	75 (6.2)	83 (6.9)	1,211	
Older than 35 years	601 (42.1)	480 (33.6)	347 (24.3)	1,428	
Age at first birth					16.196*
Younger than 20 years	714 (59.7)	257 (21.5)	225 (18.8)	1196	
20 – 35 years	842 (63.8)	296 (22.4)	182 (13.8)	1319	
Older than 35 years	8 (90.2)	1 (9.8)	-	9	
Age at recent birth					329.290*
Younger than 20 years	183 (87.3)	5 (12.1)	22 (10.6)	210	
20 – 35 years	1130 (69.7)	272 (16.8)	220 (13.6)	1,623	
Older than 35 years	251 (36.2)	277 (40.1)	164 (23.7)	692	
Wealth status					96.951*
Poor	977 (67.1)	215 (14.8)	264 (18.2)	1,456	
Average	304 (62.3)	110 (22.6)	74 (15.1)	488	
Rich	392 (54.8)	230 (32.3)	92 (12.9)	714	
Educational level					106.662*
No formal education	1,030 (65.6)	234 (14.9)	307 (19.5)	1,571	
Primary education	342 (57.2)	186 (31.1)	70 (11.7)	598	
Secondary education	269 (61.7)	122 (27.8)	46 (10.5)	436	
Tertiary education	31 (58.3)	14 (26.6)	8 (15.1)	53	
Occupation					40.971*
Not working	514 (74.6)	67 (9.8)	108 (15.6)	689	
Working	33 (48.6)	24 (35.6)	11 (15.8)	68	
Ethnicity					219.601*
Hausa/Fulani	935 (69.8)	157 (11.7)	247 (18.5)	1,339	
Igbo	49 (74.4)	14 (21.9)	2 (3.6)	65	
Yoruba	196 (47.8)	175 (42.8)	38 (9.4)	409	
Others	493 (58.3)	209 (24.8)	143 (16.9)	845	
Religion					108.062*
Christianity	427 (53.6)	263 (33.1)	105 (13.3)	795	
Islam	1,220 (66.8)	288 (15.7)	319 (17.5)	1,827	
Traditionalism/others	18 (68.8)	4 (16.0)	4 (15.2)	26	
Residence					66.105*
Urban	421 (56.6)	228 (30.7)	94 (12.6)	743	
Rural	1,251 (65.3)	327 (17.1)	337 (17.6)	1,915	
Exposure to FP message					56.065*
Exposed	446 (59.0)	221 (29.3)	88 (11.7)	756	
Not exposed	1,223 (64.5)	331 (17.4)	342 (18.1)	1,896	
Husband's fertility desire					25.021*
Both wanted same	348 (64.5)	137 (25.4)	54 (10.1)	540	
Husband wanted more	884 (66.2)	240 (17.9)	212 (15.9)	1,336	
Husband wanted fewer	53 (57.0)	26 (27.9)	14 (15.1)	93	
Children ever-born					332.887*
Never given birth	108 (81.0)	1 (1.1)	24 (17.9)	133	
1 – 4 children	884 (80.0)	114 (10.3)	107 (9.7)	1,105	
More than 4 children	681 (47.9)	440 (31.0)	299 (21.1)	1,420	
Ideal number of Children					20.265*
No child	11 (40.6)	7 (24.5)	10 (34.9)	28	
1 – 4 children	231 (57.1)	124 (30.7)	49 (12.1)	404	
More than 4 children	310 (55.6)	134 (24.1)	113 (20.3)	558	
Number of living children					338.965*
None	157 (82.8)	2 (1.0)	31 (16.1)	190	
1 – 4 children	1,098 (73.9)	199 (13.4)	189 (12.7)	1,487	
More than 4 children	416 (42.4)	354 (36.1)	210 (21.5)	981	
Previous marriage outcome					112.468*
Death of husband	236 (46.8)	161 (31.7)	109 (21.5)	506	
Divorce	1,079 (70.0)	236 (15.3)	228 (14.7)	1,542	
Separation	357 (58.5)	159 (26.1)	94 (15.4)	610	

4.2. Multinomial Logistic Regression Analysis

Further analysis of the relationship between fertility preference of the re-married women by previous marriage outcomes and other characteristics of the women is tabulated in Table 2.

Table-2. Multinomial logistic regression analysis of the relationships between various characteristics of re-married women and fertility preference.

	Relative risk ratio (rrr)	p-value	95% Confidence Interval
Preferred more children (base outcome)			
Wanted no more children			
Age			
Younger than 20 years	RC		
20 – 35 years	331765.8	0.999	0 – 0
Older than 35 years	1298661	0.998	0 – 0
Age at first birth			
Younger than 20 years	RC		
20 – 35 years	1.274	0.755	0.278 – 5.834
Older than 35 years	-	-	-
Age at recent birth			
Younger than 20 years	RC		
20 – 35 years	2.512	0.557	0.116 – 54.498
Older than 35 years	11.016	0.193	0.298 – 407.613
Wealth status			
Poor	RC		
Average	0.052	0.039	0.003 – 0.861
Rich	0.239	0.322	0.014 – 4.044
Educational level			
No formal education	RC		
Primary education	0.658	0.726	0.063 – 6.863
Secondary education	4.168	0.281	0.311 – 55.816
Tertiary education	13.504	0.182	0.295 – 618.783
Occupation			
Not working	RC		
Working	0.226	0.219	0.0211 – 2.418
Ethnicity			
Hausa/Fulani	RC		
Igbo	8.118	0.277	0.186 – 353.731
Yoruba	107.352	0.005	3.960 – 2910.188
Others	78.256	0.001	6.126 – 999.695
Religion			
Christianity	RC		
Islam	0.254	0.217	0.029 – 2.242
Traditionalism/others	3.10e-06	0.999	0 – 0
Residence			
Urban	RC		
Rural	5.575	0.170	0.478 – 65.037
Exposure to FP message			
Exposed	RC		
Not exposed	0.714	0.736	0.101 – 5.045
Husband's fertility desire			
Both wanted same	RC		
Husband wanted more	2.387	0.312	0.442 – 12.886
Husband wanted fewer	0.189	0.296	0.008 – 4.291
Children ever-born			
Less 4 children	RC		
More than 4 children	0.173	0.123	0.019 – 1.605
Ideal number of Children			
No child	RC		
1 – 4 children	0.017	0.033	0.000 – 0.717
More than 4 children	0.041	0.070	0.001 – 1.296
Number of living children			
None	RC		
1 – 4 children	2141762	0.996	0.000 – 0.000
More than 4 children	2.45e+07	0.996	0.000 – 0.000
Previous marriage outcome			
Death of husband	RC		
Divorce	0.124	0.012	0.024 – 0.626
Separation	0.596	0.606	0.084 – 4.242

Among all the variables tested for further analysis, apart from previous marriage outcome which is the explanatory variable, only wealth status, ethnicity, and ideal number of children were found to be statistical predictors of fertility preference of re-married women. For instance, compared to being poor, which is the referent

category (RC), being in the average ladder of wealth status for a re-married woman ($rrr=0.052$, $p<0.05$) was 94.8% less likely to want no more children than to prefer more. Although, the result is not statistically significant for Igbo, all the three other ethnic groups (Igbo, Yoruba, and others) were more likely than a Hausa woman to desire no additional children. A re-married Yoruba woman ($rrr=107.352$, $p<0.05$) was 107 times more likely than Hausa/Fulani woman (RC) to want no more children than to prefer more. Also, a woman from other ethnic group ($rrr=78.256$, $p<0.05$) had more odds of wanting no more children than the Hausa/Fulani woman, as the referent category. However, having at least a child and at most four children as ideal ($rrr=0.017$, $p<0.05$) was 98.3% less likely for a re-married woman to desire no more additional children than having no child at all as ideal. Compared with being widowed in the previous marriage, as the referent category, formal dissolution of previous union ($rrr=0.124$, $p<0.05$) was 87.6% less likely for a re-married woman to desire additional children than to prefer more.

5. DISCUSSION, CONCLUSION AND RECOMMENDATION

This study examines the predictability of outcome of the previous marriage on the fertility preference in the current union with a view to finding the possible predictors of fertility desire among Nigerian women who re-married. Data on a weighted sample of 2,671 Nigerian women who answered questions on how their previous marriage ended were extracted from 2013 NDHS and analysed. Analysis at bivariate level indicates that fertility preference declines as women grow older. The possible explanation for this is that women are conscious of fully attaining their fertility intentions before reaching age 50 years, as possibility of becoming menopausal at ages older than 49 is high; hence, it becomes somewhat biologically difficult, if not impossible, to become pregnant unaided. Therefore, as women grow older, they tend to reduce their demand for children as they must have become multiparous with passage of years. However, advanced age at first birth implies high preference for additional children at older ages of women. This is, also, explainable in consideration of the age factor in fertility as already pointed out earlier. Women who gave birth to their first child at advanced age would still crave for more births as their fertility intentions are yet to be met.

The findings, also, imply that poor re-married women, with neither formal education nor residing in urban centres, women who are not Christians, and who do not belong to Yoruba ethnic groups had higher desire for fertility. This corroborates the findings of [Ogunjuyigbe et al. \(2009\)](#) and [Mberu and Reed \(2014\)](#) which conclude that fertility preference was lowest among the Yoruba of the southwest Nigeria, and that the poor seek solace in the number of children to which they give birth in their life-time.

The study concludes that previous marriage outcome is a significant predictor of fertility behaviour in a re-marriage union. Compared with the women whose outcome from the previous union was separation from husbands and women who are infecund, those who were widowed in their previous marriage were likely to desire no more children than the other two categories. That is, childbearing may not be the ultimate goal for a previously widowed woman who re-married. However, due to the patriarchal nature of the society and the social stigma that is associated with status of a woman, who is no more in a union but desire to enjoy other benefits of a romantic relationship apart from childbearing, most women tend to re-marry after the discontinuation of a particular union. The new husbands, whose desire for an additional child is traditionally high, use the opportunity to demand more childbearing from a re-married woman. Probably due to the fact that, women who lose their husbands often fall the victims of oppression and maltreatment in the hands of the late husband's family, re-married widowed women tend to lack sexual bargaining power in the new union. This, therefore, may be responsible for overshooting their intended fertility level by producing babies for the new husbands against their own genuine will.

The study recommends strengthening of women's empowerment policies to improve their economic status in order to accord them respect, dignity and increase their sexual bargaining power in marital unions. Also, advocacy and enlightenment campaign on the need to protect the rights of widowed women should be designed. This will enable widowed women to make informed decision about their marital status after loss of husbands in the previous

union. Many of them do not desire a re-marriage but the fact that they need man's protection and financial assistance in the patriarchal society necessitates their re-marriage.

Funding: This study received no specific financial support.

Competing Interests: The author declares that there are no conflicts of interests regarding the publication of this paper.

REFERENCES

- Avidime, S., Aku-Akai, L., Mohammed, A. Z., Adaji, S., Shittu, O., & Ejembi, C. (2010). Fertility intentions, contraceptive awareness and contraceptive use among women in three communities in Northern Nigeria. *African Journal of Reproductive Health*, 14(3), 65-70.
- Blau, P. M. (1964). *Exchange & power in social life*: Transaction Publishers.
- Bongaarts, J., Cleland, J., Townsend, J. W., Bertrand, J. T., & Gupta, M. D. (2012). *Family planning programs for the 21st Century: Rationale and design*. New York, USA: Population Council Inc.
- Dibia, E. O. (2014). The changing nature of the family and its duty as foundation for morals and sustenance of core societal value. *Journal of Sociology and Social Work Journal of Sociology and Social Work*, 2(1), 195-209.
- Emerson, R. M. (1976). Social exchange theory. *Annual Review of Sociology*, 2(1), 335-362. Available at: 10.1146/annurev.so.02.080176.002003.
- Federal Government of Nigeria (FGN) and National Population Commission (NPC) [Nigeria]. (2004). *National population policy for sustainable development*. Nigeria: Federal Government of Nigeria, FCT Abuja.
- Homans, G. (1961). Social behavior: Its elementary forms (pp. 13). New York: Harcourt Brace Jovanovich.
- Ibisomi, L., & Mudege, N. N. (2014). Childlessness in Nigeria: Perceptions and acceptability. *Culture, Health & Sexuality*, 16(1), 61-75. Available at: <https://doi.org/10.1080/13691058.2013.839828>.
- Ibisomi, L., & Odimegwu, C. (2011). Understanding resolution of differential fertility preferences among couples in Nigeria. *International Journal of Business and Social Science*, 2(4), 98-105.
- Izugbara, C. O., & Ezeh, A. C. (2010). Women and high fertility in Islamic Northern Nigeria. *Study of Family Planning*, 41(3), 193-204. Available at: <https://doi.org/10.1111/j.1728-4465.2010.00243.x>.
- Kodzi, I. A., Casterline, J. B., & Aglobitse, P. (2010). The time dynamics of individual fertility preferences among rural Ghanaian women. *Studies in Family Planning*, 41(1), 45-54. Available at: <https://doi.org/10.1111/j.1728-4465.2010.00223.x>.
- Mallick, L., Dahiru, T., & Kerry, L. D. M. (2016). Trends in maternal health in Nigeria, 2003-2013. DHS Further Analysis Reports No 102. Rockville, Maryland, USA: ICF International.
- Mberu, B. U., & Reed, H. E. (2014). Understanding subgroup fertility differentials in Nigeria. *Population Review*, 53(2), 23-46. Available at: <https://doi.org/10.1353/prv.2014.0006>.
- National Population Commission (NPC) [Nigeria] and ICF. (2019). *Nigeria demographic and health survey 2018*. Abuja, Nigeria, and Rockville, Maryland, USA: NPC and ICF.
- Ogunjuyigbe, P. O., Ojofeitimi, E. O., & Liasu, A. (2009). Spousal communication, changes in partner attitude, and contraceptive use among the Yorubas of Southwest Nigeria. *Indian Journal of Community Medicine*, 34(2), 121-125.
- Olugbenga-Bello, A., Abodunrin, O., & Adeomi, A. (2011). Contraceptive practices among women in rural communities in south-western Nigeria. *Global Journal of Medical Research*, 11(2), 1-8.
- Oyedokun, A. O. (2007). Determinants of contraceptive usage: Lessons from women in Osun State, Nigeria. *Journal of Humanities and Social Science*, 1(2), 1-14.
- Ozumba, O. I. C. (2011). *Family planning among married men: A pilot study in Abakpa-Nike Enugu State, Nigeria*. Paper presented at the Sixth African Population Conference.
- Pearce, T. O. (1999). She will not be listened to in public: Perceptions among the Yoruba of infertility and childlessness in women. *Reproductive Health Matters*, 7(13), 69-79. Available at: [https://doi.org/10.1016/s0968-8080\(99\)90114-3](https://doi.org/10.1016/s0968-8080(99)90114-3).

- Population Reference Bureau [PRB]. (2019). 2019 world population data. Population reference bureau, 1875 Connecticut Ave, NW Suite 520, Washington, DC 20009. Retrieved from: <https://www.prb.org/worldpopdata/>.
- The World Bank. (2020). National Population Commission (NPC) [Nigeria]. Nigeria Population Growth from 1960-2018.
- Umoh, A., Abah, G., & Ekanem, U. (2012). A study of fertility intentions of women in Uyo, Nigeria. *Journal Public Health Epidemiol*, 4(1), 14-18. Available at: <https://doi.org/10.5897/jphe11.141>.
- United Nations Department of Economic and Social Affairs Population Division. (2015). Population 2030: Demographic challenges and opportunities for sustainable development planning (ST/ESA/SER.A/389). Retrieved from: <https://www.un.org/en/development/desa/population/publications/pdf/trends/Population2030.pdf>.

Views and opinions expressed in this article are the views and opinions of the author(s), International Journal of Business Strategy and Social Sciences shall not be responsible or answerable for any loss, damage or liability etc. caused in relation to/arising out of the use of the content.