**Social context of fertility intentions among unmarried young adults in Nigeria: Implications for fertility transition**

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## ABSTRACT

In this paper, we explored the social contexts of fertility intentions by documenting the effects of individual, household as well as contextual characteristics on desired family size among young unmarried men and women in Nigeria. Analytical sample comprised 5882 males and 7209 females aged 15-24 years from the 2013 Nigeria Demographic and Health Survey. The mean ideal number of children among them was 6.6 and 5.0 respectively. Linear mixed models showed that among males, education, ethnicity and religion were significant individual-level predictors of ideal number of children. The significant contextual factors include community education (β=-1.017), family planning message penetration (β=-1.451) and marital postponement (β=-2.471) all of which exhibited significant negative relationship. For females, the same individual-level characteristics were statistically significant correlates of ideal number of children. Further, the significant contextual factors were child mortality experience (β=0.368); opposition to family planning (β=1.024) and marital postponement (β=-1.607).

## BACKGROUND

Fertility trends and patterns in Central and Western Africa have continued to attract interest of demographers and many other stakeholders because of the slow pace of transition. While total fertility rate in many countries of Eastern and Southern Africa is following a downward trend, those of Western and Central Africa has stagnated at about 6.0 as of 2015 (1). This is not to say that the sub-region never experienced transition, but the speed is much slower than expected due to two major factors. The first is low uptake of family planning. The second factor which even impact negatively on family planning is the fertility intention which is predominantly pronatal (strong cultural norm and believe in having a large number of children) (2).

There are two common measures of fertility intention– desired family size [DFS] or ideal number of children and desire for additional children. Data on both indices are often collected in household surveys among men and women of reproductive age (15-49 years). Demographic evidence suggests a positive correlation between fertility levels and desired family size [DFS] (3, 4). By implication, fertility decline can be realized if there is downward

trend in DFS. Conceptually, DFS is more suitable and relevant if it is collected prior to family formation while desire for additional child(ren) is ideal for people who have commenced childbearing. Based on this premise, it is pertinent to look closely at fertility intentions (DFS) among young people who are yet to form families and have not commenced childbearing. Further, it is desirable to understand how the social contexts in which young people live affect their fertility intentions.

Generally, knowledge of fertility intention is important for the success of family planning interventions. For youths, it is even more critical because their fertility intention affects the success of sexual and reproductive health programs. For example, to reduce unwanted or unplanned pregnancies, abortion and related complications, it is necessary to design programs that support youth in achieving their fertility intentions. Secondly, young people are very strategic to the prospect of transition to low fertility. If young people desire large number of children, then further population explosion should be expected as they begin childbearing. Following the popular dictum "catch them young", interventions or advocacy programmes to tackle pronatalism in traditional African settings should not exclude young people. In order to design such programmes, it would be beneficial to have good contextual knowledge about their fertility intentions. Lastly, fertility intentions of young people can affect their reproductive health behaviour through the life course (5). During this period of transition from dependence on parents to independent adult life and eventual family formation, reproductive health behaviour and intentions may be easier to influence. For this to be possible, the social context that drives fertility intentions in early life need to be systematically appraised.

The domineering influence of cultural context on fertility preferences in sub-Saharan Africa is well documented and captured in theories such as intergenerational wealth flow (6). The socio-economic contexts, prevailing family norms and childbearing norms are very important. For example, the role of men as family heads cannot be discountenanced in fertility decision by women (7). Interestingly, contextual influence is not peculiar to SSA only because there are some evidences about importance of social contexts in fertility behaviour in Asia (8) and Europe (9). This discourse continues to remain relevant given influence of urbanization, educational and technological advancement, access to information; and economic realities. Quite a number of individual characteristics known to influence fertility intentions also depend on the larger context in which they operate (10). It is in view of these dynamics that this paper is aimed at exploring the relationship between social contexts and fertility intentions among unmarried young adults in Nigeria. The individual,

household and contextual characteristics associated with fertility intentions are documented and the implications for fertility transition will be discussed.

## METHODS

### Study sample

The analytical samples were unmarried young adults aged 15-24 years. The DHS maintains separate dataset for males, females, couples, children and births. Therefore, in consonance with previous studies on reproductive health issues among adolescents, the data for males and females were analysed separately. The inclusion criteria were (i) age 15-24 years; (ii) never married (iii) not been declared infecund or sterile; (iv) never gave birth to children. After the exclusions, the final weighted sample for male and females were 5882 and 7209 aged 15-24 years respectively. We deliberately excluded young males and females who were married or have given birth to children because childbearing might have altered their fertility intentions.

### Description of variables

The dependent variable was "ideal number of children in life time". During the survey, data on this variable was collected via the question "*if you could choose exactly the number of children to have in your whole life, how many would that be*?" The responses were treated as numerical outcome. About 5% of the young adults gave non-numeric responses. These were substituted with randomly simulated values based on the distribution of mean and standard deviation of the numeric responses.

The variables at the individual level included age, highest educational attainment, religion, and ethnicity. The role of education in fertility decisions is well established in the literature. Generally, fertility intention is inversely related to educational attainment (11, 12). Some studies have shown that fertility desire tends to be higher among certain ethnic groups and religious adherents in Nigeria (13). Besides, religion and ethnicity are very important indices of "socio-cultural" contexts (14).

At the household level, we included household wealth index and household size. It is anticipated that young men growing up in a "large size" household may desire larger number of children as a reflection of their own household contexts (15).

The variables that best represent "social context" were those measured at the community level. In this study, "community" was represented by clusters or enumeration areas which

were the primary sampling unit during the sampling implementation for the NDHS. The first two variables at this level were directly measured and available in the dataset. These were type of place of residence and geo-political region. Place of residence was classified as urban or rural. The literature suggests that fertility expectations are usually higher in the rural area (16). There are six geo-political regions in Nigeria (North Central, North East, North West, South East, South South and South West). The Northern regions especially, North East and North West are known to be massively pronatal and hence the intended number of children is expected to be higher than other regions (13).

Other community-level variables were derived from individual characteristics by aggregating at the cluster level. This is a standard practice in several previous studies where community characteristics have been explored using DHS data (17-19).

**SUMMARY OF RESULTS**

The mean ideal number of children among them was 6.6 and 5.0 respectively. Linear mixed models showed that among males, education, ethnicity and religion were significant individual-level predictors of ideal number of children. The significant contextual factors include community education ($\beta$=-1.017, $p<0.05$), family planning message penetration ($\beta$=-1.451, $p<0.05$) and marital postponement ($\beta$=-2.471, $p<0.05$) all of which exhibited significant negative relationship. For females, the same individual-level characteristics were statistically significant as correlates of ideal number of children. Further, the significant contextual factors were child mortality experience ($\beta$=0.368, $p<0.05$); opposition to family planning ($\beta$=1.024, $p<0.05$) and marital postponement ($\beta$=-1.607, $p<0.05$).

The level of desired family size among unmarried young adults is likely to be a clog for fertility transition in Nigeria. Without active communication and programmatic interventions, large family size preference can impact negatively on reproductive health of young people.

**CONCLUSION**

The level of desired family size among unmarried young adults is a challenge for fertility transition in Nigeria. Until desired family size showed a downward slope, fertility would remain high with increasing population size. The consequence is explosive population growth without commensurate expansion in social infrastructure and other opportunities for young people who are economically active. Subsequently, the popular concept of "demographic dividend" may become "demographic liability".

At programmatic levels, there is need for sensitization, advocacy and campaigns on family planning should be expanded and sustained. This is because the opposition to family planning has to be overcome. Interventional projects along this line have shown some promising results that can be translated into programme actions (Babalola 2017; PMA2020 2018). Child survival programmes and interventions should continue to be promoted. Once women see that children are surviving better, they will review their desired family size downward. In summary, a social context favourable to desire for fewer number of children should be created in Nigeria to achieve a faster transition to lower fertility. One question of importance for further research is how do unmarried young male and female at early adulthood form fertility expectations about number of children?

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