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# The Effect of Modernisation on Family Size and Reproductive Attitude of Yoruba Women, Nigeria

NlGERIA is among the most populous fifteen countries of the world. Its population growth rate, like that of other sub-Saharan countries, is among the world's highest. Nigeria also has one of the highest rates of mortality in the world.

The Yoruba is one of the three major ethnic groups in Nigeria. Oyo state, with 96 per cent of its population Yoruba, is the core of the Yoruba kingdom.

The Yoruba have a long history of urbanisation. For instance, in 1931 only two communities in the country (Lagos and Ibadan) had attained a population of 100,000. At the census of 1952-53 only seven had attained this population—six among the Yoruba in South-West Nigeria and one (Kano) in the North. By 1963, 24 towns had grown to 100,000 or more, Fourteen of these communities were in Yoruba area, five in the rest of the South and five in the North. In education, the Yoruba have made remarkable progress. It was in the Western Region in which the Yoruba are the dominant group that the free universal education scheme was first introduced in Nigeria on January 15, 1955 and the free primary education scheme is enjoyed till today, The civilian government in Oyo state during the Second Republic (1979-83) extended the free education scheme to post-primary institutions. From available records, Oyo state still has the highest number of pupils in primary schools in Nigeria and the number is currently put at 1,028,498 (Federal Republic of Nigeria 1981). The females, like their male counterparts, seized the advantage of the free primary education scheme especially when wage em-

ployment was made available to both sexes. The Yorut a have also exhibited a high level of political awareness, as evidenced in the struggle for Nigeria's independence. For instance, the former Western and Eastern regions became politically self-governing on August 8, 1957 followed by the Northern region on March 15, 1959. (The entire Federation of Nigeria became independent on October 1, 1960.) The Yoruba have also experienced considerable changes in health and occupational structure.

These socio-economic and political changes have brought new life styles, opened new economic opportunities, created new wants and brought a change in the socio-economic and political life of the Yoruba. Ths new socio-economic phenomena are not exactly identical with those in the western nations, but neither are they purely traditional.

The definitions of modernisation process by economists, sociologists and political scientists are found to be inadequate to lead us to the generic definitions of modernity since the starting point of any definition of modernisation is not in the character of the society, but in the character of individuals.

On the demographic front, modernisation involves significant alterations in fertility, mortality and migration, in place of residence, in family size and structure, in educational system and in public health services. Its influence transcends all socio-economic and cultural boundaries.

The process of modernisation influences reproductive behaviour through its elements that include innovations in public health and medical care, in formal schooling, urbanisation, female employment in the modern sector, mass media development, modernisation of government administration, changes in human attitudes and personality and the level of contraceptive prevalence. For instance, improved public health and medical care may increase the natural fertility of women within marriage. Even if natural fertility should remain unchanged, they increase the survival prospects of infants to adulthood. Formal education is one of the most pervasive influences on fertility control behaviour because education operates on all three of the intervening variables, namely demand, potential supply and regulation costs. Urbanisation on its own part is expected to promote ante-natal life styles. Other elements similarly exert their influences on fertility behaviour (Easterlin 1983).

In some empirical studies, the modernisation-fertility relationship has been confirmed. Some studies have illustrated how education of the western type, urbanisation, employment of women in modern sector jobs, improved health and well-being and other attributes of modernisation have led to fertility increase particularly in some sub-Saharan African countries, (Olusanya 1969; Morgan 1975; Romaniuk 1980; Page and Lesthaeghe, 1988). Generally, women with such 'modern' characteristics like higher age at first marriage, more urbanised, more employed in the modern sector are shown to be more likely to accept and to use effective methods of contraception. Therefore, the educated may be expected to exhibit lower fertility. But this may not be totally

true because previous studies have shown that these same women possess characteristics that often erode their beliefs concerning traditional practices that are fertility-restricting like prolonged breastfeeding and post-partum sexual abstinence with consequent shorter birth intervals. There is therefore, a tendency for short-run upward trend in fertility performance in the early stages of modernisation.

Significant progress had been made among the Yoruba since the past four decades in terms of improved health and standard of living, urbanisation, education and occupational restructure. Therefore, it is expected that the social setting of Yoruba society is bound to have experienced some changes. The main thrust of this paper is an assessment of the effect of modernisation on Yoruba family size and reproductive attitudes over time.

**Source of Data**

The data set is derived from the Oyo State Survey funded by the Rockefeller Foundation of New York. The survey was carried out in three zones, namely Oyo, Ogbomoso and Osogbo zones in order to have a wide spread of the study. The survey was carried out in three rounds. The first round was conducted in March 1983, but it was later realised that the sample size of 500 households was inadequate to have in-depth knowledge of the demographic situation in each of the three zones. It was then agreed to blow up the sample size up to 1,200 households per zone—800 in the town and 100 in each of the selected four surrounding villages in the second and third rounds carried out in March 1984 and March 1986 respectively. The same questionnarires were administered and the same households and women were covered in both rounds 2 and 3.

Each town is clearly divided into distinguishable residential zones : the traditional zone, comprising mainly non-migrants; the mixed zone consisting of the migrants and non-migrants; the modern zone comprising the migrants. The selected villages were on the basis of distance from the urban centres. The first rural area is closest to the urban centre and the fourth is farthest from the city.

For sample selection, two areas were randomly selected from each residential zone because the residential zones are usually found in more than one location in each town. They were later divided into blocks. The number of blocks varied in each town. In order to select 800 households in each town, we adopted a systematic random sampling technique. A similar technique was adopted in each of the selected four villages in each zone. The data used in this paper are from rounds 2 and 3.

**Preliminary Findings**

The Yoruba have attained remarkable educational progress over the years

and the level of urbanisation so far attained is far higher than that of other major ethnic groups in Nigeria. For instance, the data from round 2 of Oyo State Survey indicate that 40.K per cent of respondents (40.1 per cent in round 3) have no formal education; 25.5 per cent (26 per cent in round 3) have completed primary education, and 22.2 per cent (22.2 per cent also in round 3) have secondary and post-secondary education. In other words, respondents with primary education and above amount to 47.7 per cent (48,2 per cent in round 3). These rates may be compared with 21.2 per cent of respondents with primary education and above reported for the entire federation in the Nigeria Fertility Survey 1981-82 (National Population Bureau 1984). In this study, the interest is to demonstrate the impact of advancement in formal education and urbanisation on reproductive behaviour. Hence, respondents are distributed by their educational level and place of residence in the preliminary findings.

The data in round 2 (see Table 1) indicate that in the urban areas, mean live births per woman consistently decrease with educational advancement. Respondents with post-primary education report higher average live births than their counterparts with secondary education. The data on rural population in round 2 illustrate a similar pattern. However, the rural-urban fertility differential persists as indicated in Table 1. The data for the total respondents in round 2 similarly illustrate the negative relationship between education and fertility as respondents with secondary education report the lowe»t mean live births.

TABLE 1 -AVERAGE LIVE BIRTHS PER CURRENTLY MARRIED WOMAN BY EDUCATION AND PLACE OF RESIDENCE OYO STATE SURVEY

| | *Round 2 (1984)* | | | *Round 3 (1986)* | | |
|---|---|---|---|---|---|---|
| *Education* | *Urban* | *Rural* | *Total* | *Urban* | *Rural* | *Total* |
| None | 3.2 | 3.8 | 34 | 3.2 | 3.9 | 3.5 |
| Primary | 3.0 | 3.2 | 3.0 | 3.0 | 3.4 | 3.1 |
| Secondary | 2.5 | 2.6 | 2.5 | 2.8 | 3.0 | 2.9 |
| Post-Secondary | 2.9 | 3.5 | 3.1 | 3.0 | 3.3 | 3.1 |

The data from round 3 in Table 1 indicate a similar pattern. The average live births per woman inversely vary with educational advancement in both urban and rural locales. Respondents with secondary education, record the lowest rates in either case. The rural-urban differential in average live births per woman holds true also in round 3 data.

The observed lower birth rate reported by respondents with secondary education vis-a vis their counterparts with post-secondary education deserves comment. Getting pregnant can curtail the former's life career, for no pregnant woman is officially allowed to continue her training in primary schools, secondary schools, teacher training colleges and nursing institutions. Early pregnancy of any school age girl may thus perpetually doom her life career. Consequently, both parents and school girls jealously guard against early and unwanted pregnancy (Orubuloye 1981; Ebigbola 1989). On the other hand, respondents with post-secondary education feel that because of their socio-economic and medical status, they can raise and support a large family especially when female education is closely associated with paid employment. Besides, a sizeable proportion of them have actually achieved the desired family size before attaining higher degrees.

The reported rates in this study are consistently lower than those reported for Surulere and Ebute-Metta in Olusanya's study (!980). Olusanya reported, for Surulere an average of 4.9 live births and for Ebute-Metta 3,9 live births for respondents with primary education, 3.8 (Surulere) and 3.1 (Ebute-Metta) live births for those with secondary education and 3.2 (Surulere) for those with post-secondary education. In Ebute-Metta, the average live births for those without primary education was 4.1. In the two study areas, the mean live births per woman were 3.8. This conclusion should, however, be taken with caution because of variations in sampling methodology and sample size in the two studies.

Education is closely associated with paid employment. The employment status of female employees exerts some influence on their fertility performance. Employees who have only primary education and less report higher rate of live births than employees with secondary education and above. Self-employed women and housewives in the former educational category also have higher average live births than their counterparts in the latter. But while education exerts its influence on fertility performance, fertility differentials occur within each educational group as a result of a difference in employment status. Olusanya (1980) reported similar findings. This suggests that the movement from agrarian occupation to modern wage employment can exert influence on demographic behaviour.

Questions were asked from the female Yoruba respondents on current use of modern contraceptive methods that comprise pills, IUD and condoms. The data from the survey indicate that in round 2, 13.1 per cent of the uneducated (15.2 per cent in round 3), 20.3 per cent of the women with primary education (21.1 per cent in round 3), 22.6 per cent of the respondents with secondary education (23.3 per cent in round 3) and 26.1 per cent with post-secondary education (26.1 per cent also in round 3) were currently practising contraception. Thus, contraceptive prevalence varies positively with the level of education. The rural-urban hypothesis is also confirmed with respect to

rural-urban contraceptive differentials, the rate of contraceptive prevalence being, in round 2, 21.5 per cent in the urban population and 13.9 per cent in the rural population. The round 3 data indicate a similar pattern.

There are differentials in contraceptive use as respondents are distributed by education and residence. Table 2 shows the frequency distribution of current contraceptive use by education and residence. On the face of it, the data show that the rates of contraceptive prevalence reported by respondents with no formal education and primary education seem to be on the high side in the two rounds regardless of the dwelling units. This may probably be due to the inclusion of traditional birth control methods such as post-partum abstinence and prolonged lactational period in the responses of interviewees. Evidence from available ethnographic material from two Yoruba towns indicates that the idea of birth control is closely linked with their belief system. The illiterate respondents may find it difficult to distinguish the traditional methods from the modern, and may even seek to please the interviewers by answering yes to some questions on sensitive issues like knowledge and practice of contraception, particularly if the respondents anticipate some socio-economic gains from the study.

TABLE 2—PERCENTAGE DISTRIBUTION OF RESPONDENTS BY CURRENT CON TRACEPTIVE USE BY EDUCATION AND RESIDENCE IN ROUNDS 2 AND 3

| *Educational status* | *Round 2 (1984)* | | *Round 3 (1986)* | |
|---|---|---|---|---|
| | *Urban* | *Rural* | *Urban* | *Rural* |
| None | 33.2 | 37.1 | 32.7 | 56.8 |
| Primary | 26.3 | 19.2 | 27.1 | 19.4 |
| Secondary | 11.1 | 6.4 | 11.3 | 6.3 |
| Post-Secondary | 29.4 | 17.3 | 28.8 | 17.4 |
| Total | 21.5 | 13.9 | 21.9 | 13.9 |

The rates of contraception reported in Table 2 foi respondents with secondary school education and post-secondary education in the two rounds are plausible. Here, education and urbanisation exert their influence. Respondents with post-secondary education in both rural and urban areas report higher rate of contraceptive prevalence than those with secondary education. The rural-urban hypothesis is confirmed with respect to contraceptive differentials. In round 3 set of data, a similar pattern is observed.

In this preliminary finding, it is observed in both rounds that the mean

number of children ever born varies inversely with the level of education, with the exception that in both the rural and the urban population women with secondary education exhibit lower mean number of children ever born than those with poit-secondary education. The urban rate is lower than the rural for all educational categories. The rate of contraception varies positively with the level of education in both urban and rural areas and in both rounds. The urban-rural differential in contraceptive use is also confirmed.

It is seen from Tables 1 and 2 that modernisation has brought about a change in reproductive performance and attitude. It is expected that education, urbanisation and employment restructuring in the past four decades should have created some changes over time. For instance, cultural diffusion from the Western countries and from the middle class to the lower class is also expected to create variations in the fertility performance and attitudes of the Yoruba.

To assess the variation over time, the cohort index is used in which the respondents are distributed by duration of marriage. The cohort index will clearly show the trend of fertility performance and attitudes over time among the various educational categories, which is an important index of modernisation.

*Education and Changing Pattern in Children Ever Born Over Time*

The interval between rounds 2 and 3 in the Oyo State Survey is too short to

TABLE 3—DISTRIBUTION OF MEAN CHILDREN EVER BORN PER WOMAN BY DURATION OF MARRIAGE AND EDUCATIONAL STATUS OF RESPONDENTS IN ROUNDS 2 AND 3

| *Year of Marriage* | *Educational Status* | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | *Round 2. 1984* | | | | *Round 3. 1986* | | | |
| | *None* | *Prim.* | *See.* | *Post Sec.* | *None* | *Prim* | *Sec.* | *Post Sec.* |
| 1959 and before | *6.21* | 6.46 | 5.12 | 5.95 | 5.15 | 6.77 | 7.07 | 7.01 |
| 1960-64 | 4.96 | 5.65 | 9.16 | 5.99 | 5.02 | 5.24 | 10.95 | 9.64 |
| 1965-69 | 5.05 | 4.03 | 4.23 | 4.45 | 4.25 | 4.51 | 4.36 | 5.97 |
| 1970-74 | 3.88 | 5.16 | 5.02 | 3.57 | 3.97 | 5.26 | 5.44 | 3.80 |
| 1975-79 | 3.52 | 3.10 | 2.57 | 3.11 | 2.63 | 2.69 | 2.52 | 3.05 |
| 1980-84 | 3.90 | 4.25 | 1.53 | 3.61 | 3.89 | 5.09 | L65 | 3.48 |
| Total | 3.40 | 3.00 | 2.50 | 3.10 | 3.50 | 3.10 | 2.90 | 3.10 |

ascertain any trend in the reproductive performance and attitude of the respondents. The cohort index, therefore, has an advantage over the frequency distributions in Tables 1 and 2 in this respect. Table 3 shows the mean number of children ever born per married woman distributed by duration of marriage and educational status in rounds *2* and 3.

In round 2 set of data (Table 3), the average live births per woman are consistently decreasing from the aged to the youngest married women in all educational groups. Women with primary and secondary education who have had about 15 years of marriage duration at the time of the survey are. however, an exception, being probably a flaw of sampling error or response error. The variation over the years becomes more apparent, consistent with expectation, among respondents with secondary and post-secondary education. The decline can further be ascertained by close examinaton of rates reported by respondents who have had about 20 years of marital life at the time of the survey and are close to menopause so that the probability of additional child at that age becomes minimal. For instance, the mean age at first marriage in South-Western Nigeria, which is the domain of the Yoruba, was reported as 20.1 years in the 1981-82 Nigeria Fertility Survey (National Population Bureau 1984). Nevertheless, the magnitude of the change is not convincing. The round 3 data set illustrate a similar pattern with a few exceptions that may be attributed to sampling errors in all educational categories. Even in the two rounds, the average live births of the uneducated indicate some variations over time and this change can be attributed to cultural diffusion from the western nations through the middle class to the lower class in terms of feeding habit, demand for luxury goods, high quality education and health services etc. that may have affected their reproductive orientation. If this change is true, modernisation is under way among the Yoruba and this may probably be a prelude to the emergence of an inverse relationship between socio-economic status and reproduction.

Another important issue is the attitude of the Yoruba to modern contraceptives in spite of several decades of urbanisation, education and political awareness. Table 4 illustrates the percentage distribution of current contraceptive use of respondents by marriage duration and educational status in rounds 2 and 3. This will enable us to ascertain variations that have occurred over time in each educational category in respect of modern contraceptive usage which is also an important component of the modernisation process.

The rates of contraceptive prevalence reported by the respondents who have married before 1964 in all the educational categories in the two rounds appear unrealistic in terms of modern birth control method. The robustness of the rates may be attributed to inclusion of traditional birth controls. But for those who married from 1965, the reported rates in all educational categories seem plausible. The rate consistently increases from the oldest married mothers to the youngest married women in all educational categories in the two rounds.

TABLE 4—PER CENT DISTRIBUTION OF CURRENT CONTRACEPTIVE USE OF RESPONDENTS BY YEAR OF MARRIAGE AND EDUCATION IN ROUNDS 2 AND 3

| *Year of marriage* | *Educational status* | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | *Round 2. 1984* | | | | *Round3, 1986* | | | |
| | *None* | *Prim.* | *Sec.* | *Post Sec.* | *None* | *Prim.* | *Sec.* | *Post See.* |
| 1959 and Before | 8.4 | 25.7 | 36.8 | 16.1 | 9.8 | 17.2 | 35.0 | 10.9 |
| 1960-64 | 13.7 | 29.1 | 38.2 | 25.0 | 16.0 | 26.4 | 30.2 | 23.3 |
| 1965-69 | 14.9 | 21.4 | 23.3 | 21.2 | 16.4 | 22.9 | 26.7 | 23.2 |
| 1970-74 | 17.3 | 20.3 | 28.8 | 23.5 | 15.6 | 18.7 | 36.5 | 19.6 |
| 1975-79 | 20.8 | 19.8 | 39.3 | 22.1 | 19.3 | 19.1 | 37.6 | 30.1 |
| 1980-84 | 13.6 | 15.8 | 28.3 | 17.6 | 12.6 | 18.0 | 17.2 | 22.2 |

The low rate reported by respondents who married less than six years before the survey time can be explained by the fact that the recently married women are bent on achieving the desired family size before recourse to practising modem contraception. This is & common feature in all educational categories in the two rounds. Another notable feature in the sets of data in Table 4 is that the increase in contraceptive usage is more pronounced among respondents with secondary education followed by those with post-secondary education in the two rounds. Premarital sexual relations are usually with a male whom the girl hopes to keep for marriage. There is evidence that schooling has increased premarital relations. Thus, schoolgirls are more likely to have used birth control methods and their use increase with the duration cf schooling because both the parents and the girls themselves greatly fear the destruction of the investment made in education by premature motherhood or marriage. Some parents go to the extent of procuring abortion. For instance in a study at Ibadan, the major city of the Yoruba, of unmarried women aged 14-25 years who became pregnant, nine out of every ten had an abortion including virtually all the university and polytechnic students and roughly four out of five secondary school students and working women (People 1988). The pressure to avoid pregnancy is even greater in primary and secondary schools, nurses training schools and teachers' colleges. There is also greater access to contraceptive knowledge in these institutions. Some of respondents with post-secondary education who are practising contraception had received the impetus to do so from their premarital experience. This really highlights the influence of education as an important agent of social change in any

society. Even the increase in contraceptive usage among the uneducated may be ascribed to the cultural diffusion from the educated middle class to the uneducated lower class. The cultural diffusion is in terms of food consumption, dress, style of life, demand for luxury goods and familiarity with modern contraceptive methods. In other words, education can be perceived as an important mechanism for population change (Caldwell 1980).

In the preliminary findings, it is observed that the urban rate of contraceptive usage is higher than the rural rate of contraception. This is, however, the expected pattern. But the cohort index examines the variations that have occurred in each locale over time. In other words, the distribution of the respondents by their year of birth will enable us to ascertain the changes that have taken place in both the urban and the rural settings, over time in Yoruba society. Table 5 shows the percentage distribution of current contraceptive use of the respondents in the two rounds by year of birth and residence.

TABLE 5-PER CENT DISTRIBUTION OF CURRENT CONTRACEPTIVE USE OF RESPONDENTS BY YEAR OF BIRTH AND RESIDENCE IN THE TWO ROUNDS

| *Year of birth* | *Place of Residence* | | |
|---|---|---|---|
| | *Urban* | *Rural* | *Total* |
| 1925-29 | 22.0 | 8.9 | 19.4 |
| 1930-34 | 20.4 | 10.8 | 16.4 |
| 1935-39 | 18.8 | 7.7 | 14.8 |
| 1940-44 | 21.7 | 7.8 | 16.8 |
| 1945-49 | 20.6 | 11.0 | 17.4 |
| 1950-54 | 24.5 | 15.9 | 21.3 |
| 1955-59 | 23.5 | 19.7 | 22.4 |
| 1960-64 | 18.3 | 15.9 | 17.6 |
| 1965-69 | 23.4 | 16.1 | 20.5 |

The data set in Table 5 give a broad outline of change in contraceptive usage among the Yoruba. Contraceptive evolution is not foreign to the Yoruba. For instance, in a study conducted in Ibadan, a paramount urban centre among the Yoruba, in 1974, it was realised that the use of modern contraception rose steeply during the 1960s and early 1970s from very low levels and it was observed that urban women were much more likely to have used contr-

aception than rural women and that such use was highly associated with education (Caldwell and Ware 1977).

***As*** can be observed in Table 4, these cohorts of women started to be married after the Second World War. By the 1950s, condoms, jellies and creams and limited number of diaphragms became available among the Yoruba, especially among the educated elite. By the mid-1960s, the oral and IUD evolution was under way. Hence, the sets of data in Table 5 seem plausible in their relevance to the Yoruba. They illustrate a consistent rise in contraceptive usage from the oldest to the youngest mothers. This pattern is common in both urban and rural settings of the Yourba, although the rise in contraceptive usage among the youngest generation cf mothers, especially those born from 1940 and after, is more pronounced in the urban than in the rural areas. The probable reason could be the impact of changes arising from modernisation—urbanisation, education, employment restructure, that made women more disposed to accept and to use effective methods of contraception as a result of erosion of their traditional beliefs in fertility-inhibitive norms like prolonged breastfeeding, sexual abstinence and grandmaternal status that prevented several grandmothers from having sexual relations after their first son/daughter starts childbearing. For instance.the premature shortening of the period of post-partum abstinence may be a major reason for practising contraception. The rate of contraceptive prevalence among the youngest generation of mothers only indicates that contraception is still in the early stage of modernisation among the Yoruba. The short periods of post-partum sexual abstinence currently being experienced by the Yoruba may be explained by the use of contraception and the substitute of contraception for abstinence is one of the most significant social changes currently occurring among the Yoruba.

## A Synthesis

The Oyo State Survey data confirmed the rural-urban differentials with respect to fertility performance and reproductive attitude. The same pattern is true of educational differential where the average live births per woman vary inversely with the level of education. In both rounds 2 and 3, however, those respondents with secondary education report the lowest mean of live births. This finding may not be a surprise because respondents in this educational category should have had premarital sexual experience during which they had been exposed to contraception in order to avoid the destruction of the investment made in education by premature motherhood. Furthermore, premarital pregnancy is officially abhorred in primary and secondary 'schools, teacher training colleges and nurses' training schools and there is greater access to contraceptive knowledge in these institutions. Premarital and early pregnancy among this group of interviewees can endanger their life career. Thus, the demand for modern birth control at an early age is to prevent births whereas

the respondents with post-secondary education would resort to practising contraception after achieving the desired family size. It is pertinent to note that marriage had long been late in Yoruba society.

The cohort index employed in this study has not clearly shown any evidence of change in fertility performance of the respondents over time. The observed change in the mean live births among respondents with secondary and post-secondary education may be attributed to some sampling and response errors. It may be true that an increasing number of couples are attempting to limit family size but their efforts may be counterbalanced by others who have increased sexual activity without practising contraception. One fact that emanates from the study is that there is no noticeable rise in the fertility of the Yoruba. With the significant social changes that have occurred in Yoruba society, it is probable that within the next decade or two, modern contraception will be the main instrument of birth control leading eventually to an actual decline in overall fertility in this society.

There are, however, certain surviving cultural factors that are likely to delay for some time to come the acceptance of modern contraception among the Yoruba. First is the traditional position of children in Yoruba families. In the Yoruba family system, children, especially males, are traditionally regarded as 'pillars' of the house. They perpetuate the family name and save the house from physical disintegration after the parents have passed away. For instance, in a study carried out at Ilesa in Oyo State in 1983, out of the total 451 respondents of married women, 51.7 per cent stated that they had children for the survival of the family name and 30.6 per cent gave inheritance as the reason for having children (Ebigbola and Omideyi 1988).

Apart from the love of children for perpetuation of family name, at the back of the parents' mind is the old age security aspect of childbearing. In a country like Nigeria, there is no official provision for the old people when they are powerless to provide for their living. The maintenance of the aged has traditionally been the responsibility of children and relatives. Therefore, the survival of these children is a constant source of fear especially in a society with a high incidence of mortality. Parents therefore aspire to have as many children as naturally possible so that a sizeable proportion can survive to adulthood to support them in old age. In the same study at Ilesa, Oyo State, 14.4 per cent of 451 respondents gave support in old age as one of the reasons for having children.

Another important institutional factor is the belief system of the people. High fertility is associated with joy, divine approval and approbation by both living and dead ancestors. On the contrary, low fertility or sterility is perceived as evidence of sin and disapproval of the ancestors. When births are slow in coming or children are frequently sick or die, it becomes the general concern of all relatives of both the bride and the bridegroom. Resort is made to diviners to identify the cause and to suggest ways to appease. The fear of barren-

ness is still deep rooted among the Yoruba regardless of class and educational differentials (Omideyi 1987). The cumulative effects of these beliefs is a. set of taboos and norms whose counteracting effects result in a tendency for rising fertility.

Another probable factor may be the flow of support from the young to the old (Caldwell 1987). Among the present day youth, however, the attitude to the idea of intergenerational wealth flow is becoming unfavourable. For instance, in a study carried out by Oloko among Yoruba farmers, it was observed that none of the farmers interviewed took the cost of education of their children as an investment. They all agreed that anyone who expected educated children to give them much financial assistance when they got good jobs was in for disappointment. They said further that children nowadays are very selfish with their money (Oioko, n.d.). In the study at Ilesa, 81.8 per cent of respondents said that in the past parents' efforts to rear children were greater than benefits derived from children; 7.8 per cent said that efforts were less than benefits; and 65 per cent—especially the younger generation of mothers between ages 15 and 25 years—stated that the efforts of child rearing an: currently greater than the benefits of children; 24.8 per cent agreed that the efforts are less than the benefits. A sizeable proportion of parents arc; thus aware that the efforts are greater than the benefits, but it appears that the concern for perpetuation of the family name, inheritance and support at old age over-ride the cost of childbearing.

The past administrative machinery in Nigeria appears to have favoured high fertility. Prior to 1984 when the present economic deterioration reached the crisis stage, there was overdependence on the various governments forth; provision of some social services like education, health, employment etc. which in some cases were provided free while in others, the services were highly subsidised. But since 1984, the reverse had been the case. Subsidies for some services have been withdrawn and high fees introduced into the services previously provided free, like education, health and public water supply. The structural Adjustment Programme has worsened the well-being of the masses because some stringent measures have been taken that made some essential goods and services inaccessible to the people. The dwindling value of the naira vis-a-vis other hard currencies aggravated the hardship of the people.

Under this unpleasant economic situation, the people may reconsider procreation as a means of reducing costs. Currently, costs of education, feeding and shelter are sky-rocketing. Child rearing has become expensive. A 'crisis-led' fertility decline may be the result, which is different from the conventional fertility decline experienced by the western nations m the nineteenth century. The duration of the decline, however, depends on the length of time before the economy improves and on the political will and determination of the bureaucrats and the various governments who had been trying in the past to avoid any opposition based on religious and cultural differences.

The Oyo State Survey data have indicated an upswing in contraceptive usage since the mid-1950s. The increase is more pronounced among respondents with post-primary education. There is diffusion in contraceptive usage to the lower class. This pattern is common in both rural and urban areas. The rate of contraception is, however, much lower than those of other deve> loping countries on a similar level of socio-economic development, like South Korea, Indonesia, China, and Singapore. An examination of the recently approved package of national population policy for Nigeria indicates that the policy lacks clarity and strong determination on the part of the bureaucrats and the government. It was based on the principle of laissez faire without any force to achieve the desired goal, like all previous national population policies (Second National Development Plan 1970; Third National Development Plan 1975; Fourth National Development Plan 1981).

To accelerate the pace of fertility decline in the urban centres and to prevent the occurrence of an unpleasant situation in the rural areas, the prime strategy is an effective fertility regulation programme which should be reinforced by moral, political and financial-technical support. Since the Bucharest meeting (1974), several governments have tried to strengthen the administrative machinery intended to coordinate population with developing policies. In practice, however, these integrated approaches are proving difficult to organise. In other words, the 'new look' seems more conceptual than practical.

Berelson *et al.* (1979) have illustrated extensively, if not altogether clearly, what 'integration of population into development' is supposed to mean : inclusion of population policy as part of development policy, administrative integration of population policy units into planning boards or interministerial councils, 'restructured' developmental efforts as such for demographic outcomes, joint population/development research activities, integration in operational planning, integration in delivery services of various kinds—or all or none of these. This lack of clarity makes for a certain vagueness in the current policy options of several governments.

Therefore, family planning programme needs to be legitimised and strengthened. The news media have a great role to play in disseminating information. The radio, the press, the television, billboards, printed materials and personal communication are persuasive mass media which are commonly used for various instructional purposes in tribal languages by the various arms of government. In addition, the existing women's organisations which have adopted an income-generating function are also likely now to carry a greater potential for community delivery systems with respect to primary health care and contraception. The classic approach to contraceptive dissemination should be corrected by greater reliance on these existing communal networks. Government must act urgently in this regard. Silence is tantamount to postponing the evil day that is now in sight.

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