THE INCIDENCE OF MARRIAGE AND FERTILITY TRANSITION IN GUMA LOCAL GOVERNMENT AREA, BENUE STATE

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Abstract

This study examined the incidence of marriage and fertility transition in Guma Local Government Area, Benue State. Simple random sampling technique was employed to select four hundred (400) respondents (224 males and 176 females) using Taro Yamane formula of sample size determination. Data for the study was elicited from semi structured questionnaire and key informant interviews. Triangulation was used in the course of analyzing the data. Quantitative data was analyzed using descriptive statistics such as frequency distribution table, and inferential statistics using Chi Square. Analysis of qualitative data was done using thematic approach and direct quotation of responses. The study found a high prevalence rate of marriage in all its ramifications with a high attitudinal support towards it by the people. This was associated with the high birthrate and high fertility within the study area. This scenario has delayed the onset of fertility transition in the area making it a pre-transition society in the fertility transition process. The study concluded that, the high prevalence of marriage and the culture-bond attitude of the people has resulted to high fertility, thus, hindering the onset of fertility transition. It recommended for culture based mechanisms such as mechanized farming, increased access to quality education, upgrading of local markets, girl-child education and mobilization and sensitization of the people using community based institutions. Most importantly, it called for a gradual check on the trend by first establishing social and institutional mechanisms (social welfare schemes, old age security, mechanized farming, quality accessible and affordable education) which will help to effectively checkmate high fertility and result to expected fertility decline (fertility transition).

Keywords: Marriage, Fertility Transition, Guma.

Introduction

Marriage is a relationship established between a man and one or more other persons, which provides that a child born to the woman under circumstances not prohibited by rules of the relationship is accorded full birth-status right common to normal members of his society or social stratum. No one definition of marriage applies to all cultures. Marriage has been documented by scholars as one of the factors affecting fertility in some Nigerian and African societies. These scholars points to proportion married, age at marriage, time spent within marital unions etc as determining the onset of fertility transition (Fargues 1989, National Research Council, 1982, Makinwa & Feyisetan, 1997, Bongaarts 1978, UN 1989, UNICEF, 2001, Makinwa 2006, Manda and Meyer, 2005, Pathfinder International, 2006).A list of rights associated with marriage includes sexual monopoly and rights with respect to children which of course differ across cultures (Kwaghga 2018). Fertility according to Ode (2006) is "the actual reproductive performance of an individual, a couple, a group or a population". Fertility behavior means all human actions related to the actual reproductive performance of an individual, a couple, a group or a population. Fertility transition refers to the downward trend or change/decline in the level of birth rate. It is a change in fertility from higher to lower levels.

The role of marriage in determining fertility levels in societies where most of child bearing is confined within marriage is well documented. Changes in the proportion married as well as increases in age at marriage have been identified as one of the factors responsible for fertility decline in some African countries (Kwaghga, 2018). In decomposing the factors responsible for differences in fertility among sub-population groups in Nigeria, Makinwa (2001), using Bongaarts framework (Bongaarts 1978), found that marriage was the second most important factor. For the entire country, the fertility inhibiting effect of marriage was 25 per cent.

Among the countries of Sub-Saharan Africa, Nigeria is one of the countries that

have a high prevalence of early marriage. The Nigeria Demographic Health Survey of 2008 indicates that 40% of females are married by the age of 18, with the highest concentration in the Northwest region where 78% of girls are married by the age of 18. It also shows that 23% of women have commenced child bearing by 19 years. In Nigeria, the scenario is typical for the existence of early marriage in developing nations. With a high population, high poverty level (84% live below $2 a day), high level of rural dwellers and prevalence of Islam in the Northern part of the country, the preconditions for early marriage are highly prevalent (Ozumba, 2012).

Also of importance are the fertility implications of marriage. Early marriage leads to having high number of children in the communities that practice it. This is as a result of a longer period of exposure to reproduction within marriage (Kwaghga 2018). As stated in Strulik and Vollmer (2010) almost all cases of fertility transition has been preceded by a secular fall of mortality rates thus it appears that reduction in mortality rates have caused fertility to fall. However, adolescent motherhood, a natural fall out of early marriage, is associated with a higher risk of neonatal deaths. The implication is that high infant mortality rate, which is associated with early marriage naturally sustains high fertility rates as women have as many children as possible to ensure that some will survive (Kwaghga 2018). As such it leads to high population growth rate which in turn hampers the fertility transition in such areas. Japan's fertility decline has been identified as primarily being caused by the increasing delay of marriage which effectively reduces time of exposure to the risk of pregnancy (Ozumba, 2012).

It has also been observed by Ozumba (2012) that the countries where women traditionally married at a later age also were among the first to experience fertility transition from high fertility to lower fertility. It is believed that the factors in those societies that encourage late marriage are also conducive for adoption of controlled fertility within marriage (Kwaghga, 2018). Examples of such societies include countries of Western Europe which had traditionally older mean age at marriage ranging from 23 to 28 years,

also showed 10% decline in marital fertility before 1910. This is in contrast to countries of Asia and Africa where mean age of marriage is less than 18years and as late as 1990 some were yet to show any fertility decline (Ansley, 1992). In consonance with this view, the fertility decline observed in Ghana between 1988 and 1998 has been linked to increased age at first marriage, among other proximate determinants (Chuks, 2002). The nexus between the incidence of marriage and fertility transition was aptly captured by (Ozumba 2012) when he asserts that:

> *Women who marry early may have a higher fertility rate due to the longer time of exposure to the risk of pregnancy. The resultant effect of high fertility is obviously a high population growth rate eventually leading to soaring population. In a developing country like Nigeria, the consequences may include insufficient resources and infrastructure for the populace which could lead to the populace struggling over the control of available resources, as has been the case in Nigeria. This situation could further exacerbate the negative health and socio-economic problems associated with early marriage. In other words, high population growth rate as occasioned by high fertility could be a factor in the continuation of the cycle of poverty and ill-health. This cycle in turn offers an enabling environment for the continuation of the practice of early marriage because early marriage is found to occur more in poor and uneducated families.*

The study by Ushie (2011) revealed that differences in age of entry into marital unions between rural and urban residents are significantly related to rural/urban fertility differentials. According to the Nigerian National Demographic and Health Survey (NDHS) 2008, the median age at first marriage in Nigeria was 17 years, with

variations occasioned by religion, culture and level of educational attainment. Again, result of multivariate analysis of age at first marriage carried out by Babalola (2002) revealed that women in the rural areas marry much earlier than their counterparts in the urban areas. According to him the average age at first marriage is 22.8 percent for urban dwellers and 19.8 for rural dwellers.

High fertility and marriage is not peculiar to Nigeria only. Wright (1998) writing about fertility and age at marriage in Sri Lanka estimated that almost the entire decline in fertility up to 1963 was due to a rise in the female marriage age. Fernando (1992), similarly attributed four fifths of fertility decline between 1963 and 1969 in Sri Lanka to the rising female age at marriage. According to Brodie (1994), rising age at marriage might precede or even stimulate a greater acceptance of family Planning. He also observed that whatever changes in fertility that did occur in Sierra Leone were largely the result of late marriage. Giving the ongoing debate on marriage and fertility outcomes, the main objective of this study was to examine the incidence of marriage and fertility transition in Guma, Benue State.

Methodology

This study was carried out in Guma Local Government Area in Benue state. The LGA has an estimated population of 314,630 as of 2018 (NPC, 2018). The area is dominated by Tiv made up mostly by Ihyarev and Nongor extractions. Other ethnic groups in the LGA are the Jukuns, Ibo, and Hausa speaking people. The LGA has an observed high fertility rate. The major occupations of the people include farming, self-employed businesses, fishing and politicking. The local government has series of environmental problems which are associated with high fertility. The study was cross-sectional and descriptive in nature, employing both quantitative and qualitative approaches.

People from 15 years and above of both sexes constituted the population of this study. 400 respondents were drawn to represent the entire population including male and female who were both single and married Combinations of cluster sampling and simple random sampling techniques

were used in this study. The ten council wards within the Local Government were used as clusters**.** All the ten clusters were covered in this study. Thus, 40 respondents were selected from each cluster making a sum of 400. Of these 40, 38 in each cluster were administered a semi structured questionnaire while 2 each from a cluster served as key informants.

Descriptive and inferential statistical measures were used to analyze and generate data into frequency tables. Cross tabulations were done to show the link between dependent and independent variables. Analysis of qualitative data was done using thematic narratives and direct quotation of responses. The bivariate analysis was done using cross tabulation and chi- square (X^2) statistical test of association.

Results

The findings of this study are discussed in the following sections:

Socio Demographic Characteristics of Respondents

The data collected shows that, males constituted majority of the respondents 56 % (224) and female formed 44% (176). The data on age of respondents shows that, the study population has a youthful population mostly within the reproductive age bracket. The educational attainment of respondents revealed that the level of education of respondents was low. It was however observed that, educational institutions mainly nursery, primary and secondary were located across the council wards of Guma Local Government Area. The area had only one government established tertiary education institution i.e. College of Health Technology located at Agasha. The data is summarized in Table 1 below.

Table 1: Socio Demographic Data of Respondents

	Categories	Frequency (400)	Percent (%)
	Sex		
.	Male	224	56
	Female	176	44
	Age category		
	15-19	54	13.5
.	20-24	60	15
	25-29	64	16
	30-34	58	14.5
	35-39	43	10.75
	40-44	61	15.25
	45 +	49	12.25
	Marital Status		
	Single	115	28.75
.	Married	285	71.25
	Religious affiliation		
.	Catholic	198	49.87
	Protestant	95	23.91
	Pentecostal	71	17.88
	Muslim	18	4.53
	Others	15	3.78
	Level of Education		
	No formal education	133	33.25
.	Primary education	81	20.25
	Secondary education	97	24.25
	Tertiary education	66	16.5
	Others	23	5.75

Source: Field Survey 2018

Marriage and Fertility Transition

This study sought to examine the current rate of marriage in Guma Local Government Area in order to understand its effect on fertility transition. The findings show that, 45.28% (24) and 54.72% (29) of male and female respectively maintained that, the rate of marriage is low. Furthermore, 56.14% (32) male and 43.86% (25) female stated that, the rate of marriage is moderate while 53.08% (138) male and 46.92% (122) female concluded that, the rate was high. The data is presented in Table 2.

Table 2: Sex by Rate of Marriage as perceived by Respondents

Sex of Respondents	Rate of marriage			
	Low	**Moderate**	**High**	**Total**
Male	24 (45.28)	32 (56.14)	138 (53.08)	154
Female	29 (54.72)	25 (43.86)	122 (46.92)	176
Total	**53 (100)**	**57 (100)**	**260 (100)**	**370**

Source: Field Survey 2018

Corollary from above, it can be inferred that the rate of marriage according to the respondents is high. This calls for concern giving its implications on fertility transition and socio economic development of the area. By implication, the rate of marriage in the study area is high. Furthermore, it is one of the proximate determinants of fertility (Bongaarts, 1978). Thus, high proportion of marriage translates to higher birthrate and by inference hinders the onset of fertility transition. The respondents expressed diverse opinions on what contributes to the rate of marriage in the area. The desire for children accounted for the highest percent 15.60% (58) respondents, followed by low level of education 12.40% (45) and the need for companionship 9.95% (37). Other reasons include increasing rate of celibacy 4.03% (15), assistance in farming 9.41% (35), fear of dying without children 7.53% (28), sign of maturity 8.87% (33). The list also includes sexual satisfaction 9.41% (35), pressure from parents/relations 6.99% (26), non-enforcement of marital pre-requisites 6.72% (25) and religious reasons 9.41% (35).

According to a 70 years old man:

> *The Tiv society stigmatizes children out of wedlock. To have children who are culturally and socially accepted, one must get married. Thus, the practices has come to stay. It is infact compulsory for all who are matured to get married, form a family and have children to get married, form a family and have children*

In the words of house wife:

> *The society has made no provision for unmarried women to live good lives. The life of a woman is complete only when she is married to a man. She needs the protection, support,*

> *care and name of a man to be recognized. As you can see, adult women who are not married face stigmatization and gossip among relations. It is seen as a curse*.

Also as noted by a traditional ruler:

> *Marriage occurs in our society for various reasons though it has been among our people from ancestral times. Some marry to have children, respect, companionship, sexual satisfaction, religious obligation, sign of maturity and to gain parental blessings. It gives sense of fulfillment and achievement. This is why most people in our society are married.*

It can be inferred from these findings that, the people had personal, social, educational and economic reasons that will likely sustain the tempo of marriage in the area. Thus, as long as this practice persists, higher birth will be inevitable thereby delaying fertility transition in the area.

An important aspect of marriage was observed and studied in Guma Local Government Area – early marriage. Early marriage connotes a socially approved and sanctioned union between male and female in which one of the couples is less than eighteen (18) years (UNICEF, 2001). It was found that the phenomenon was more common among females than males. However, this study examined the phenomenon among the sexes. The aim was to understand the people's attitude towards it and its related impact on fertility transition. The views of respondents on early marriage were cross tabulated with their marital status.As shown in Table 4 below, 39.80% (78) and 60.20% (118) of single and married respondents respectively supported the practice of early marriage. Also, 17.54% (30) and 82.46% (141) respondents who were single and married respectively did not support early marriage. The data is summarized in Table 4 below.

Table 4: Marital Status of Respondents Showing Attitude towards Early Marriage

Marital Status	Support	Not support	Total
Single	78 (39.80)	30 (17.54)	108
Married	118 (60.20)	141 (82.46)	259
Total	**196 (100)**	**171 (100)**	**367**

Source: Field Survey 2018

A trend was however, observed among the respondents. From the findings, majority of those who were single supported early marriage while majority of those respondents who were married did not support early marriage. These signal the readiness of young people to marry at younger ages. Interestingly, early marriage means early onset of childbirth which translate to higher fertility, a condition that does not allow for the onset of fertility transition. The larger percent of married people who did not support early marriage might be due to their experiences as a result of their early marriage or those of their relations.

Some of the reasons that were identified as influencing respondents' attitude towards early marriage are as follows: the drive to have more hands in farming was the basic reason while majority of the respondents 13.70% (50) supported early marriage, followed by timely training of children 11.51% (42), provision of sexual satisfaction within marriage 11.23% (41), companionship 6.58% (24), prevention of sexual immorality 8.49% (31) and high level of poverty 5.48% (20). Also, those who did not support early marriage gave the following reasons; leads to poor planning 6.85% (25), leads to infections/diseases 8.49% (31), forms a source of economic hardship 7.40% (27), leads to divorce 10.68% (39) and result to low level of educational attainment 9.59% (35).

One of the married women key informants recounted her experience as follows:

> *I got married at the age of fourteen. At that time, I had no knowledge of the duties of a housewife. As a result, I went through a lot of challenges in life including childbirth and childrearing. At twenty-two years, I had five children already. It is not a good experience*

Another married woman also notes;

> *I lost my parents when I was a child. While growing up, I had nobody to take care of me. When it became clear that, I could not feed for myself, I got married at sixteen years. Since then, I have been moving on with life"*

Furthermore, one of the heads of households notes;

> *In a society where farming is the major occupation, young persons will inevitably need supporting hands in their farming endeavour. It is why most of us resort to marriage. This helps us to raise a family where more source of labour is derived".*

Additionally, 28 years married man asserted that:

> *What reason would a young person give for avoiding marriage? Marriage helps to check sexual immorality, unplanned pregnancy, abortion, childbirth out of wedlock. It also helps young persons to give grandchildren to their parents while alive. For girls, it gives them the opportunity to repay their parents before they die.*

The relationship between marriage and fertility transition was assessed. The result is presented in table 3 below.

Table 3: Nexus between Marriage and Fertility Transition

	Marriage and fertility transition		
Age Category	**Hinders fertility transition**	**Enhances fertility transition**	Total
Youth	118	59	177
Adult	86	54	140
Aged	60	23	83
Total	**267**	**133**	**400**

Source: Field Survey 2018

From the foregoing, it can be inferred that the prevalence rate of the incidence of marriage hinders fertility transition. A test of relationship between the incidence of marriage and fertility transition revealed a chi square value of 45.084 and a likelihood ratio of 70.524. The data is summarized in table 4 below

Table 4: Chi Square test showing the Nexus between Marriage and Fertility Transition

	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	45.084[a]	2	.000
Likelihood Ratio	70.524	2	.000
Linear-by-Linear Association	44.782	1	.000
N of Valid Cases	**400**		

Source: Authors' computation

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 25.58.

A statistical test of the association between the incidence of marriage and fertility transition revealed a strong positive relationship as indicated by a Phil of .712 and Cramer's V of .536 as well as a contingency of coefficient of .574. The data is summarized in table 5 below

Table 5: Showing Symmetric Measures of the relationship between marriage and fertility transition.

		Value	Asymptotic Standardized Error[a]	Approximate T[b]
Nominal by Nominal	Phi	.712		
	Cramer's V	.536		
	Contingency Coefficient	.574		
Interval by Interval	Pearson's R	.160	.030	4.837
Ordinal by Ordinal	Spearman Correlation	.262	.042	5.758
N of Valid Cases		**400**		

a. Not assuming the null hypothesis.
b. Using the asymptotic standard error assuming the null hypothesis.
c. Based on normal approximation.

These views confirm the existence and persistence of early marriage practices among people in Guma LGA. As earlier noted, high prevalence rate of marriage leads to high birth-all things being equal. This leads to high fertility and by implication hinders the onset of fertility transition.

Conclusion / Recommendations

Nigerian government and Benue State in particular has not got a better alternative for her citizens that will substitute the benefits derived from adherence to prevailing cultural practices such as the marriage system that will set a turning point in the fertility behavior which will help to lower the current level of fertility. As long as the status quo continues, achieving desired fertility levels will remain a policy issue in the country.Such action will provide conducive atmosphere for fertility transitions from high to lower levels. Also, access to quality education among the inhabitants of Guma Local Government Area will make others to engage themselves in other occupations aside farming. This will help to reduce the short term emphasis on marriage to support farm work.

To ensure the realization of the long awaited fertility transition, the trend must be checked gradually until it reverses itself. Nigeria as a whole lacks the needed institutions (social welfare, pension services, and people oriented civil services, effective fertility regulation mechanisms) to externally, legally and forcefully enforce fertility laws that will help to achieve the desired fertility transition in the country.

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