WOMEN'S EMPOWERMENT AND FERTILITY BEHAVIOUR IN OGBIA LGA OF BAYELSA STATE, NIGERIA

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Abstract

This study investigated the effects of women empowerment on fertility behaviour using Ogbia LGA, in Bayelsa State, Nigeria. The study sought to find out how different women empowerment indicators can affect different fertility behaviour. The Quality-Quantity theory and Feminist patriarchal theory served as the theoretical framework for the study. The sample selected for the study was made up of 394 women of child bearing age. Data collected for the study were analysed, using both descriptive and inferential statistics. Findings from the study revealed that women who are empowered are more likely to have positive fertility behaviour. Based on the findings, recommendations such as the need for the women to become more empowered by encouraging them to participate more in public spheres of life and to attain better education, etc. were made.

Key words: Women empowerment, Fertility behaviour, Ogbia LGA, Child spacing, contraception

Introduction

The question of enhancing the status of women which is seen as a correlate for improving the society has been a burning topic on the lips of almost all global discourses. It is based on this that several international conferences, workshops, symposia, etc. regarding strengthening the very fragile status accorded women have been held and are still holding. The World Population Plan of Action urges 'the full integration of women into the development process, particularly by means of their greater participation in educational, social, economic and political opportunities'. It also stated that 'The opportunity for women to   plan births also improves their individual statuses' (Dixon- Muller, 1998).

Similarly, the international Population Conference of 1984 asserted that 'The ability of women to control their own fertility forms an important basis for the enjoyment of other rights' (Dixon- Muller, 1998). Again, the International Conference on Population and Development (ICPD) Programme of Action in 1994 added that:

> 'The empowerment and autonomy of women and the improvement of their political, social, economic and health status is a highly important end in itself. In addition, it is essential for the achievement of sustainable development'.

In recent times particularly after the 1995 Women's Conference in Beijing, empowering Women has become a primary policy goal. According to Dyson and Moore, Caleall and Calwell , Mason, Hogan Eswaran, etal., apart from being an important goal in its own right, increase female autonomy has been

shown to confer other benefits like long-term reduction in fertility, higher child survival rates, and allocation of resources in favour of children in the household (Anderson and Eswaran 2005).

Researches, policy debates, and action programmes are beginning to recognize the centrality of gender-based power relationships in influencing the decision making process by which reproduction is determined. It is based on the present global recognition of the positive role of women empowerment on fertility behaviour that this work seeks to understand and explain the effects of women empowerment on fertility behaviour among women in Ogbia LGA, Bayelsa State. This study has been designed to meet the following objectives:

1. To explore how Socio-Demographic characteristics (employment status and age at first marriage) of Women affect their empowerment in Ogbia LGA.

2. To determine if women contribution in child bearing decision affect the desired number of children in Ogbia LGA.

3. To ascertain how women access and control over family resources affect the use of contraception among women in Ogbia LGA.

4. To investigate if women control over sexual relationship in the family affect child spacing levels among women in Ogbia L.G.A.

5. To examine if women empowered educationally are likely to have more ante-natal and post-natal visits in Ogbia LGA.

Literature Review

Studies in many parts of the world have shown that women's empowerment (that is given women more autonomy and opportunity to take control of their affairs and to reduce existing inequality when compared with men) is associated with reproductive health (Woldemicael, 2009; Upadhyay and Karasek, 2010; Wado, 2013). A study by Solanke, Ogunjuyigbe and Shobanke (2014) in Nigeria revealed that the proportion of contraceptive use was higher among women who had partial control over own cash earnings. Again, their study revealed that women who participated in decision making in the family had a higher percentage of using contraception than those with low decision making in the family. Still, their study also showed that as educational attainment progresses from none to primary and secondary levels, contraceptive use correspondingly increase.

Wado (2013) analysing the Ethiopian Demographic and Health Survey demonstrated that dimensions of women's empowerment are associated with their contraceptive use in Ethiopia and some dimensions, including household decision making and general knowledge and awareness, are positively associated with empowerment. They concluded that women's empowerment is an important determinant of contraceptive use.

Again, a study by Upadhyay and Karasek(2010) demonstrates that several dimensions of women's empowerment and gender related factors are associated with a desire for fewer children in sub-Saharan African countries. In two of the four countries examined (Guinea and Zambia), women's egalitarian gender-role attitudes are important in predicting a smaller ideal number of children. In one country (Mali), women's egalitarian gender-role attitudes are associated with both a larger ideal number of children and with limiting fertility to their desired number of children. In Namibia, empowerment appears to be strongly associated with having more children than desired a finding that was contrary to
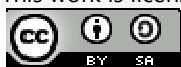
our hypothesis. This finding likely reflects dissatisfaction felt by more empowered women whose fertility is high, consistent with social norms, but who personally value smaller families according to their studies.

Several studies have examined women's empowerment effects on ideal family size preferences (El-Zeini, 2008; Isiugo-Abanihe, 1994). All found that at least some measures of women's empowerment were positively associated with smaller ideal family size preferences but all also had non-significant associations and significant negative associations. For example, Woldemicael (2009) demonstrated that women who reported their husbands had all the decision-making power regarding small or large household purchases were more likely to desire large families (five or more children) compared to women who had at least some say in household decisions. Studies that assessed women's empowerment and ability to make fertility decisions (Gwako, 1997; Mason and Smith, 2003) all found significant positive associations. In Hindin's study (2000), using Zimbabwe DHS data from 3701 women, those who had no say over household purchases were less likely to have discussed their desired number of children with their partners, even after controlling for women's status variables (e.g., work status, education, literacy).

Some other studies examined associations between women's empowerment and birth intervals, but two report the same findings, using the same data set and analyses (Al Riyami and Afifi, 2003). Among some others unique studies, five found significant associations, despite measuring birth spacing differently. They found that greater household decision-making power was associated with longer birth intervals (Upadhyay and Hindin, 2005).

Some articles addressed women's empowerment and unintended pregnancy, finding inconsistent effects. In an analysis of 1200 women from urban and rural areas of the Philippines, Williams, et al. (2000) explored the effects of several domains of women's agency (i.e., women's income, education, degree of comfort in discussing sex with husband, and fatalism regarding fertility) on the likelihood of an unintended pregnancy. For rural women, women's income was associated with a lower likelihood of unwanted pregnancy, whereas those indicating a higher degree of fertility fatalism were associated with higher odds of an unwanted pregnancy. The effects of other domains for rural women and for urban women were not significant or only marginally significant. In another study carried out by Kritz et al (2000) in Nigeria, showed that:

> Women who were empowered in economic, social, and political dimensions had improved reproductive health outcomes; that is, empowered women had fewer children and used different methods of reproductive health.

Despite much literature that examined the relationship between Women's empowerment and fertility behaviour, there are limited research exploring this same trend in the Niger Delta area where it has been documented that women have a higher socio-economic, political and cultural status compared to the Yorubas, Hausas and Igbos (Uzobo, Ogbanga, & Jack-Jackson, 2014, Sokari-George, 2003, Jaja 2003).

Theoretical Perspective

The Theoretical framework adopted for this study is the Quantity-Quality Theory of Fertility and the feminist theory of Patriarchy. The quantity-quality theory developed by Gary Becker in his '*Treaty on the family in 1960*' posits that as income increases, households substitute fewer children of higher quality for more children of less quality. Becker conjectured that parents derive utility from both child quantity (i.e., the number of children) and the quality of children, which can be proxied by the amount spent on each child at given prices (Doepke, 2014). On this basis, Becker concludes that the income elasticity for child quality (i.e. spending per child) should be high, whereas the elasticity of quantity (i.e., number of children) should be low (Doepke, 2014). In addition to household income and the costs of children,

Becker also considers knowledge of birth control (or the lack thereof) as a possible determinant of fertility.

Becker allows for the possibility that not all couples are equally skilled at controlling fertility, and he conjectures that knowledge of birth control is increasing with family income. Becker argues that variation in the knowledge of birth control explains why fertility strongly declines with income at relatively low income levels, whereas the relationship between income and fertility flattens and eventually turns upward at high income levels. In his theory, the relationship between income and desired fertility is generally positive (albeit with a low slope), but the relationship between income and realized fertility is initially declining, because lower-income households are less successful at controlling fertility. In the sense that the lack of knowledge of birth control among poorer households is assumed rather than derived from economic incentives, Becker's 1960 paper does not yet go all the way in founding fertility choice in economics (Doepke, 2014).

The second theory which is the Feminist theory of Patriarchy posits that the family is one of theprimary sources of women's oppression insociety. They argue that men exploit womenby relying on the free domestic labour thatwomen provide in the home. As a group, menalso deny women access to positions ofpower and influence in society.Radical feminists differ in their interpretationsof the basis of patriarchy, but mostagree that it involves the appropriation ofwomen's bodies and sexuality in some form.Shulamith Firestone, an early radicalfeminist writer, argues that men controlwomen's roles in reproduction and childrearing.Because women are biologicallyable to give birth to children, they becomedependent materially on men for protectionand livelihood. This 'biological inequality' issocially organized in the nuclear family.

In writing about what men control in the Patriarchal System, feminist theories concluded that men control different areas of women's lives. Firstly, men control women productive or labour power. Men, they stated, control women's productivity both within the household and outside, in paid work. Within the household, women provide all kinds of services to their husbands, children and other members of the family throughout their lives. Feminist writer Sylvia Walby calls this as the "patriarchal mode of production" where women's labour is expropriated by then husbands and others who live there. She calls housewives as the „producing class" and husbands are the expropriating class".

Secondly, men feminist theories asserted control women's reproduction. Men also control women's reproductive power. In many societies, women have no control over their reproduction capacities. They cannot decide how many children they want, whether to use contraceptives, or a decision to terminate pregnancy.

For example, in the Catholic Church, the male religious hierarchy decides whether men and women can use birth control contraceptives. In modern times, the patriarchal state tries to control women's reproduction through its family planning programmes. The state decides the optimum size of the country's population. In India, for example, the birth control programme limits the family size and discourages women from having more than two children. On the other hand, in Europe, where birth rates are low, women are lured through various incentives to have more children. Women are given long paid maternity leave, child care facilities and opportunities for part-time jobs. Patriarchy idealises motherhood and thereby forces women to be mothers. It also determines the conditions of their motherhood. This ideology of motherhood is considered one of the bases of women's oppression (Jane and Whelahan, 2005).

Again, the patriarchal theory opined that men have control over women's sexuality. Women are obliged to provide sexual services to their husbands according to their needs and desires. Moral and legal regulations exist to restrict the expression of women's sexuality outside marriage in every society, while male promiscuity is often condoned.
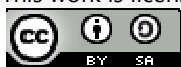
Finally, Women's Mobility is another area men have control over the women. The imposition of purdah restriction on leaving the house, limit on interaction between the sexes are some of the ways by which the patriarchal society controls women's mobility and freedom of movement. Such restriction is unique to women, while men are not subjected to such restrictions.

Based on the above review and theory, this research has formulated the following hypotheses to be tested:

1. There is no relationship between women employment status/age at first marriage and women's economic security and decision making in the family.
2. Women contribution in child bearing decision in the family does not affect the desired number of children by women
3. There is a no relationship between women access and control over family resources and the use of contraception
4. Women control over sexual relationship has no relationship with child spacing level among women
5. There is no significant relationship between educational level of women in the family and Ante-Natal/Post-Natal Visits.

Methodology

This research work is a non-experimental study which retrospectively links the cause of one variable (empowerment) to the outcome of another variable (fertility behaviour) without controlling any of the variables by the researcher. The population of study for this work was made up of all the women that are of child bearing age (15-49 years) in Ogbia Local Government Area. The sample size for this study was determined using the Yaro Yemen's formula which gave us 394.

For the purpose of selecting the sample for this study, both probability and non-probability sampling techniques were adopted. Firstly, the multi-stage cluster sampling was used to divide the area of study into three clans namely: Oloibiri, Kolo and Anyama clan. In each of these clans, the simple random sampling technique was then used to select four communities in Oloibiri clan, four communities in Anyama clan and two communities in Kolo clan. The simple random sampling technique was further used to ensure that communities in each clan are given equal opportunity of being selected. Secondly, the quota sampling technique was used to divide the population in the selected communities into compounds. In each compound, the systematic sampling technique was used to select the houses for the study, where every 3th house in each compound was selected until the target population was gotten. Finally, the purposive/judgemental sampling technique was used where the researcher selected the respondents that possessed the required characteristics and information that the researcher was seeking for, in this case, women of child bearing age were used in getting our respondents.

This study made use of two sources of data collection. The first method is the secondary sources of data collection which was used to gather literatures relating to the subject under study. They include books, journals, statistical surveys and publications, internet sources, etc. The second source is the primary method of data collection, which adopted the questionnaire for data gathering.

For the analysis of data, frequencies and percentages were used in analysing the socio-demographic characteristics of the respondents since these data were nominal and qualitative in nature. On the other hand the data that were ordinal and quantitative in nature were analysed, using both descriptive and inferential statistics. The descriptive statistics used for analysing the ordinal data were the mean and standard deviation that were used in measuring the level of women empowerment and fertility behaviour, while the Spearman rank correlation coefficient (Spearman Rho), through the aid of Statistical

package for social sciences (SPSS) served as the inferential statistics used in testing the hypotheses in this study.

To ensure that

which obtained a variable measurement of 0.77 meaning that data collected were internally consistent, therefore the study is reliable.

Findings and Discussions

**Socio-Demographic Characteristics of the Respondents**

From table 1 below, majority of our respondents 187 (47.5%) are within the age bracket of 25-34. This is followed by those within the age bracket of 35-44 who are 119 (30.2%). Those within the ages of 15-24 are 78 (19.8%), while those who are 45 years and above have a frequency of just 10 (2.5%) making it the lowest number of respondents among our age brackets. With regard to employment status; majority of our respondents 208 (52.8%) were currently unemployed, 122 (31.0%) of them were self-employed, while only 64 (16.2%) of them were employed by the Government. With respect to educational level, the highest number of the respondents 169 (42.9%) had no formal education; this was followed by 137 (34.8%) of them who had just primary education. 66 (16.8%) of them had secondary education, and finally only 22(5.6%) respondents had tertiary education.

Furthermore, in determining the marital status of the respondents, table 1 below shows that 34(8.6%) of them were single, 263(66.8%) were married, 2(0.5%) of them were divorced, 79(20.1%) of them were separated, while 16(4.1%) of them were widowed. Still, regarding the type of marriage respondents were currently engaged in, the result revealed that out of the 360 respondents who were either currently married or were married before, most of the them 287(79.7%) were in a monogamous marriage, while only 73(20.3%) of them indicated that they were in a polygamous marriage. In finding out the number of them that shared a husband, out of the 73 respondents 44(60.3%) of them indicated that only two of them shared a husband, 23 (31.5%) of them stated that 3 of them shared a husband, while only 6 (8.2%) of them indicated that they were more than 3 that shared a husband. Again, in finding out the age first marriage among the 360 respondents who indicated that they were married, the following results were obtained. Majority of them 181(50.3%) indicated that they got married between the ages of 20-24 years, 91(25.3%) of them got married between the ages of 15-19 years, 77(21.4%) of them got married between the ages of 25-29 years, while only 11(3.1%) of them got married between the ages of 30 and above years.

Table 1: Socio-Demographic Characteristics of the Respondents

Socio-Demographic Characteristics	Categories	Frequencies	Percentages
Age at last birthday	15-24	78	19.8
	25-34	187	47.5
	35-44	119	30.2
	45 and above	10	2.5
	Total	394	100.0
Employment Status	Employed by Government	64	16.2
	Self Employed	122	31.0
	Unemployed	208	52.8
	Total	394	100.0
Educational Level	Primary	137	34.8
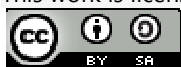
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	Secondary	66	16.8
	Tertiary	22	5.6
	No Formal Edu.	169	42.9
	Total	394	100.1
Marital Status	Single	34	8.6
	Married	263	66.8
	Divorced	2	0.5
	Separated	79	20.1
	Widowed	16	4.1
	Total	394	100.1
Marriage Type	Monogamous	287	79.7
	Polygamous	73	20.3
	Total	360	100.0
Numbers of wives sharing a husband	2	44	60.3
	3	23	31.5
	>3	6	8.2
	Total	73	100.0
Age at first Marriage	15-19	91	25.3
	20-24	181	50.3
	25-29	77	21.4
	30 and above	11	3.1
	Total	394	100.1

Source: Field Work (2015)

Levels and Types of Women Empowerment Measurements

Table 2 below shows the levels and types of women empowerment found in the area of study. From Table 4.2, the study revealed that the mean score of respondents concerning their ability to making larger purchase is 1.89 with a standard deviation of 1.37. This means that respondents' ability to making larger purchase is low. Furthermore, in measuring respondents' access and control over family resources, a mean score of 2.27 and a standard deviation of 1.51 was obtained showing that respondents access and control over family resources is still low. More so, with respect to measuring respondents' ownership of assets and lands, the study revealed that respondent ownership of assets and lands is low as a mean score of 1.82 and a standard deviation of 1.35 was obtained. Finally, in measuring the economic security of respondents, a mean score of 1.84 and a standard deviation of 1.36 was obtained showing that the level of economic security among respondents is low.

Additional, in measuring the second empowerment variable which is decision making in the family, the first item here which has to do with respondents' participation in decision making in the family obtained a mean score of 2.35 with a standard deviation of 1.53, meaning, respondents' participation in decision making in the family is low. Again, with respect to respondents' control over sexual regulation, a mean score of 2.23 and a standard deviation of 1.49 were obtained showing again that respondents control over sexual regulation is still low. In addition, the measurement for respondents' contribution in child bearing decision, the study revealed that respondents' contribution is low as a mean score of 1.81 and a standard deviation of 1.35 was obtained.

Finally, the measurement of the political/legal empowerment of our respondents indicated firstly that with respect to their involvement in political campaign and participation, respondents have a low empowerment as the mean score for this is 1.77 and a standard deviation of 1.33. Again, regarding respondents knowledge of human right, a mean score of 1.27 and a standard deviation of 1.17 was obtained showing that their knowledge of human right is low.
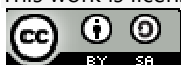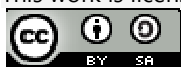
Table 2: Women Empowerment Measurements

Women Empowerment Measurement	Categories	Frequency	Mean (X)	Standard Deviation (SD)	Research Decision
Ability to make larger purchase	Very High High Low Very Low **Total**	31 40 178 145 394	1.89	1.37	Low
Access and control over family resources	Very High High Low Very Low **Total**	63 94 123 114 394	2.27	1.51	Low
Ownership of assets and Lands	Very High High Low Very Low **Total**	22 31 197 144 394	1.82	1.35	Low
Rating of economic security	Very High High Low Very Low **Total**	17 37 211 129 394	1.85	1.36	Low
Participation in decision making in the family	Very High High Low Very Low **Total**	76 84 134 100 394	2.35	1.53	Low
Control over sexual regulation	Very High High Low Very Low **Total**	57 93 128 116 394	2.23	1.49	Low
Contribution in child bearing decision	Very High High Low Very Low **Total**	22 31 192 149 394	1.81	1.77	Low
Involvement in political campaigns and participation	Very High High Low Very Low **Total**	32 24 161 177 394	1.77	1.33	Low
Knowledge of Human Right	Very High High Low Very Low **Total**	14 33 173 174 394	1.27	1.17	Low

Source: Field Work (2015)

4.3 Measurement of Fertility Behaviour

Table 3 below shows the measurement of fertility behaviour among respondents in the study. Firstly in measuring respondents' use of contraception, a mean score of 1.82 and a standard deviation of 1.35 were obtained thereby showing that the use of contraception among respondents is low. With regard to child spacing level among respondents, a mean score of 2.34 and a standard deviation of 1.53 were obtained thereby indicating that respondents' child spacing level is low.

Furthermore, the table revealed that respondents' level of Antennal/Postnatal visits is low as a mean score of 1.70 and a standard deviation of 1.70 was obtained. Still, the table shows that the numbers of children respondents have is high as this item received a mean score of 2.50 and a standard deviation of 1.58. Finally, in measuring respondents' desired numbers of children, a mean score of 2.89 and a standard deviation of 1.70 were obtained showing that respondents have a desire for high number of children.

Table 3: Measurement of Fertility Behaviour

Fertility Behaviour Measurement	Categories	Frequency	Mean (X)	Standard Deviation (SD)	Research Decision
Use of Contraception	Very High High Low Very Low **Total**	23 43 167 162 394	1.82	1.35	Low
Child Spacing Level	1 Year 2 Years 3 Years 4/above Yrs **Total**	107 169 58 40 394	2.34	1.53	Low
Levels of Antenatal/Postnatal Visits	Very Frequent Frequent Not V. Freq. Not at all **Total**	21 32 147 194 394	1.70	1.30	Low
Numbers of Children Respondents have	1-2 3-4 5-6 7 and above **Total**	65 128 149 52 394	2.5	1.58	High
Desired Number of Children	1-2 3-4 5-6 7 and above **Total**	62 238 83 11 394	2.89	1.70	High

Source: Field Research (2015).

N/B: For uniformity of measurement, Very frequent/1years/1-2, frequent/2years/3-4, not very frequent /3years/5-6, and not at all/4/above years/7and above, in the above table have been rated in the same category with very high, high, low, and very low.
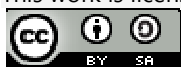
4.5 Hypotheses Testing

For the testing of our hypotheses, the spearman correlation coefficient was used. This statistical tool is used to compare degree of association between two variables. If the Spearman correlation is statistically significant, the two variables are strongly correlated. Conventionally, the 5% level of significance is used for hypotheses testing. Hench, if the probability value of the spearman ranks coefficient is less than 0.05, the coefficient is statistically significant, we therefor reject the null hypotheses of no significant relationship and conclude that the two variables are significantly related.

Hypothesis 1a. Ho: There is no relationship between women's employment status and women's economic security.

From table 4 below, the spearman ranks coefficient is 0.776 while the coefficient significant level is 0.000. Based on this, we therefor reject the null hypotheses of no significant relationship between women employment status and economic security and accept the alternate which states that women employment status and economic security are significantly related. Soumitro, Anant, and Amar (2013), in their study also found a relationship between women employment status and their economic independence and sustainability.

Table 4: Correlations of women employment status and economic security

	Employment status	Economic Security
Spearman Rho Employment Status correlation coefficient Sig.(2 tailed) N	1.000 . 394	.776 .000 394
Economic Security correlation coefficient Sig.(2 tailed) N	.776 .000 394	1.000 . 394

Source: SPSS Output result (2015)

Hypothesis 1b. Ho: There is no correlation between age at first marriage and participation in decision making in the family.

From table 5 below, the spearman ranks coefficient is 0.889 while the coefficient significant level is 0.000. From this analysis, the null hypotheses of no correlation between age at first marriage and participation in decision making in the family, while the alternate hypothesis of there is a correlation between age at first marriage and participation in decision making in the family is accepted. This is in tandem with similar findings from Alonge (2014), who stated that the older the age of respondents at first

marriage the lower the likelihood of empowerment.This is also in agreement with Mason (1984) who states that an early age at first marriage is likely to have a negative effect on empowerment by virtually terminating a women's access to some sources of empowerment.

Table 5: Correlations of Age at first marriage and participation in decision making in the family

	Age at first marriage	Decision making in the family
Spearman Rho Age at first marriage correlation coefficient Sig.(2 tailed) N	1.000 . 360	. 889 .000 360
Decision making in correlation coefficient the family Sig.(2 tailed) N	.889 .000 360	1.000 . 394

Source: SPSS Output result (2015)

Hypothesis 2: Women contribution in child bearing decision in the family is not significantly correlated with the desired numbers of children by women

From table 6 below, reveals the spearman ranks coefficient to be 0.684 while the coefficient significant level is 0.000. From this analysis, the null hypotheses of no correlation between women contribution in child bearing decision and desired numbers of children, while the alternate hypothesis stating that there is a correlation between women contribution in child bearing decision and desired numbers of children is accepted. This is in line with similar findings from Woldemicael (2009), who stated that women's independent child bearing decision is associated with number of children a woman desires. Other studies such as that of Upadhyay and Karasek (2010) and Wado (2013), in a similar vein, stated that independent decision of women is more likely to affect their reproductive behaviours.

Table 6: Correlations of women contribution in child bearing decision and desired numbers of children

	contribution in child bearing decision	Desired numbers of children
Spearman Rho contribution in child correlation coefficient bearing decision Sig.(2 tailed) N	1.000 . 394	.684 .000 394
Desired numbers of correlation coefficient Children Sig.(2 tailed) N	.684 .000 394	1.000 . 394

Source: SPSS Output result (2015)

Hypothesis 3: There is no relationship between women access and control over family resources and the use of contraception.

From table 7 below, the value for the spearman ranks coefficient to be 0.735 while the coefficient significant level is 0.000. Based on these values, the null hypotheses of no correlation between access and control over family resources and use of contraception is rejected, while the alternate hypothesis stating that there is a correlation between access and control over family resources and use of contraception is accepted. Previous studies also confirm this. For instance, Lopamudra and Protap (2010) found out from their study in India that Women autonomy over family resources plays an important role in the utilization of the family planning services. Findings from Lasson and Stanfors (2014) in Sub-Saharan Africa also have similar outcome as they stated that women empowerment is linked with contraceptive use.
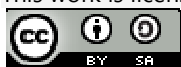
Table 7: Correlation of access and control over family resources and use of contraception

	access and control over family resources	Use of contraception
Spearman Rho access and control over correlation coefficient family resources Sig.(2 tailed) N	1.000 . 394	.735 .000 394
Use of contraception correlation coefficient Sig.(2 tailed) N	.735 .000 394	1.000 . 394

Source: SPSS Output result (2015)

Hypothesis 4: Women control over sexual relationship has no relationship with child spacing among women

The table (8) as seen below shows that the value for the spearman ranks coefficient to be 0.831 while the coefficient significant level is 0.000. This indicates that the null hypotheses of no relationship between women control over sexual relationship and child spacing level is rejected, while the alternate hypothesis stating that there is a relationship between women control over sexual relationship and child spacing level is accepted. This finding is in line with that of Longwe, Smits and Jong (2013) who found out those women that are employed have more control over their sexual relationship which in turn give them more child spacing of more than a year. Findings from Yohannes (2010) in Ethiopia also confirm from his analysis of birth intervals for women without control over their reproductive abilities, and stated that 27% of births occurred within less than 24 months after a previous birth among women who have no say over their sexual regulation.

Table 8: Correlation of control over sexual relationship and child spacing level

	Control over sexual relationship	Child spacing level
Spearman Rho control over sexual correlation coefficient relationship Sig.(2 tailed) N	1.000 . 394	.831 .000 394
Child spacing level correlation coefficient Sig.(2 tailed) N	.831 .000 394	1.000 . 394

Source: SPSS Output result (2015)

Hypothesis 5: There is no significant relationship between educational level of women in the family and Ante-Natal/Post-Natal Visits.

Data from table 4.9 below shows that the value for the spearman ranks coefficient to be 0.821 while the coefficient significant level is 0.000. This indicates that the null hypothesis of no significant relationship between women educational level and Ante/Post-natal visit is rejected, while the alternate hypothesis stating that there is a relationship between women educational level and Ante/Post-natal visits is accepted. This conforms to the study of Titaley et al (2010), where they discovered in Garut, Indonesia, that most women do not attend ante-natal and post-natal care services because of their low levels of education and awareness. Abou-Zahr and Wardlaw (2003) also made similar discovery in developing countries when they stated that education is a key factor in pre-care and post-care services for pregnant women and nursing mothers.

Table 9: Correlation of women educational level and Ante/Post-natal visits

	Control over sexual relationship	Child spacing level
Spearman Rho women educational correlation coefficient level Sig.(2 tailed) N	1.000 . 394	.821 .000 394
Ante/Post-natal correlation coefficient visits Sig.(2 tailed) N	.821 .000 394	1.000 . 394

Source: SPSS Output result (2015)

Conclusion and Recommendations

From findings in this study, we can conclude that women empowerment is intrinsically linked with fertility behaviour. The study found out that the women in the area of study have very low empowerment indicators which include low economic empowerment (as measured with ability to make larger purchases, economic security, access and control over family resources, etc), low decision making abilities in the family (Measured by involvement in child bearing decision, participation in decision making in the family, control over sexual regulation, etc), low educational empowerment levels, and poor legal and political empowerment. The study also found out that the fertility behaviour of the women in the area of study is very poor as they have a high desire for more children, poor use of contraception, low ante/post-natal visits, and low child spacing levels.

Also from the study, we can also state that women socio-demographic characteristics such as employment status and age at first marriage have impact on the empowerment of women. That is, women who are employed have a higher empowerment than unemployed women, and women who marry at older ages have higher empowerment than women who marry at lower ages. Furthermore, we can conclude again, that women's ability to be involved in child bearing decision is linked with
low desire for higher numbers of children. The study also concluded that women with access and control over family resources are more likely to make use of contraception, than those without any measure of control.

In addition, the study concluded that women who have control over their sexual behaviour or relationship will also have a higher child spacing level than those who do not have control over their sexual behaviour. Finally, the study reached a conclusion that the more educated a woman is, the more she is likely to visit the hospital for ante/post-natal care before and after delivery. Based on the fore going conclusion reached in this study, it becomes necessary to make relevant recommendations for the major

actors involved in study area in this case, the women, their male counterparts, the community as well as the government (policy makers), and Non-governmental organizations on the issue of women's empowerment and fertility behaviour.

Firstly, there is the need for the women to become more empowered in areas such as decision making within the family, educational level, participation in political activities and economic security. This can be done by encouraging the women to participate more in public spheres of life and to attain better education. If this is done, it will translate into more informed decisions as far as fertility decisions are concerned which will eventually reduce the fertility level of the women in the study area.

Secondly, the study also recommended that men in the study area should be encouraged to embrace the concept of women empowerment by seeing it as a condition for family well-being, and thereby work at encouraging their wives to become more empowered. This becomes very important because of the patriarchal nature of the study area and the fact that many men are still in opposition to the issue of women's empowerment. The reason for this is that the cultural practices in the study area accord women the position of 'second class' citizens who should totally and perpetually be in subjection to their husbands under all circumstances. Enlightenment programmes should be organized for men to intimate them of the benefits/advantages of women's empowerment at the family level and the society at large.

Still, at the community level, efforts should be geared towards raising public awareness about the issue of women's empowerment by community and religious leaders, as well as local government authorities. Non-governmental organizations and civil society organizations should stimulate community action toward their support for women's empowerment. This could include media campaigns targeted at the entire community or awareness campaigns in settings such as schools, work places and other institutions.

Government can play the role of supporting women in setting up small scale businesses with soft loan facilities, provision of education for women, giving women equal rights and privileges, encouraging women to be more visible in political arena, establishing of skill acquisition centres for women, organizing vocational trainings and subsidized female education in higher institutions.

Finally, various NGOs that promote women's right, and positive reproductive behaviour and health should deem it necessary to carry their programmes to the rural areas where most of the violations against the rights of women take place. This, to a great extent, will give the women an awareness of their inalienable rights and privileges while the oppressive men who are bent on the subjugation of the women should be discouraged preferably through legislations.
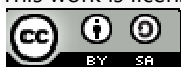
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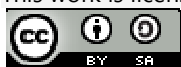
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